



House of Commons  
Work and Pensions Committee

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# Health assessments for benefits

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**Fifth Report of Session 2022–23**

*Report, together with formal minutes relating  
to the report*

*Ordered by the House of Commons  
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## Work and Pensions Committee

The Work and Pensions Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department for Work and Pensions and its associated public bodies.

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# Glossary of Terms

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## Abbreviations

AA	Attendance Allowance
AP	Assessment Provider
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
HMCTS	His Majesty's Courts and Tribunal Service
HP	Healthcare Professional
HTP	Health Transformation Programme
IAS	Independent Assessment Services (provided by Atos)
IIDB	Industrial Injuries Disablement Benefit
IPR	Internal Process Review
MR	Mandatory Reconsideration
PIP	Personal Independence Payment
SDG	Severe Disability Group
SRTI/SREL	Special Rules for Terminal Illness/Special Rules for End of Life
UC	Universal Credit
WCA	Work Capability Assessment

## Benefits discussed in this Report

Attendance Allowance	Extra-costs benefit for those over state pension age whose disability means they need personal support
Disability Living Allowance	Extra-costs benefit for children under 16. Replaced by PIP for adults.
Employment and Support Allowance	Income replacement for people with a disability or health condition that affects how much they can work:  –'New Style': contributory, not affected by savings or household income.  –Income-related: closed to new claims, replaced by UC.
Industrial Injuries Disablement Benefit	Paid to people who became ill or are disabled because of an accident or disease at work.
Personal Independence Payment	Extra-costs benefit for people aged 16 or over who have not reached State Pension age.
Universal Credit	Replaced income-related ESA as income replacement benefit with equivalent components for people with a disability or health condition that affects how much they can work



## Summary

DWP currently uses health assessments to help inform decisions on a range of benefits that provide important financial support to people who cannot work, or who face extra costs, because they are disabled or have a health condition. For many this extra support is vital, so the assessments must be fit for purpose and fairly assess people's needs. However, our predecessor Committee found in its 2018 inquiry that there were significant problems with these assessments. We found many of these remain, despite some improvements. Important changes to improve trust and transparency have not been made, and the system continues to let down some of the often vulnerable people who rely on it. The Government has announced major reforms in its Health and Disability White Paper, including abolishing the Work Capability Assessment (WCA). However, this will take several years to implement, and assessments for Personal Independence Payment (PIP) are expected to continue. Prior to any changes to the health assessment process, including the abolition of the WCA, an external assessment should be undertaken on the potential physical and mental health effects of these changes on affected claimants. There are changes the Government can make now to improve the experience of health assessments for claimants.

We were deeply concerned that nearly five years after our predecessor's Report, people are still experiencing psychological distress as a result of undergoing health assessments. In some cases, issues or errors in the system are associated with or have been found at Coroner's Inquest to have contributed to the deaths of claimants. The Government should commit to undertaking regular reviews of the impacts of assessments, as well as making data available to external researchers. In particular, the Government should make clear how it identifies cases for Internal Process Reviews, and publish disaggregated data to help establish how far health assessments specifically are contributing to cases of death or serious harm among benefits claimants. We also recommend that all staff and contractors involved in any DWP health assessment process should undertake claimant safeguarding and suicide prevention training.

Our survey responses were clear that trust in the system is low, and this will not improve without better transparency. We recommend, as our predecessor Committee did, that the contracts with assessment providers require them to record assessments by default, either in video or audio, with clear opt-out options, to ensure an objective record exists. All three providers support this. This would be the key step in allowing systematic audit of the reasons for assessments reaching the wrong conclusions, as evidenced by subsequent change at Mandatory Reconsideration (MR) or appeal. The Department should also commit to sending assessment reports to claimants as standard as soon as possible.

The data on MRs and appeals show there is still a fundamental problem with decision-making. The Department's decisions were overturned in 69% of Tribunal rulings for PIP in the quarter ending December 2022, despite the operational changes it has introduced at earlier stages. We heard the failures identified at Tribunal are not reliably fed back to assessors and the Department has not conducted significant research on appeal overturns since 2012—before both PIP and MR were introduced. The Department must commission new research and start learning from these outcomes. It must also start

publishing figures on Universal Credit (UC) MRs, and work with His Majesty's Courts and Tribunal Service to ensure it understands the scale of health and disability-related UC tribunals. This is vital to understanding how the system is working for one of the biggest groups of claimants.

Covid-19 forced the Department's hand in making greater use of remote and paper assessments. This has both improved accessibility and reduced stress for claimants, but one size does not fit all. The Department must build on this success and commit to allowing claimants a choice of format when booking their assessment. Just as one size does not fit all for assessments, the same is true for contact channels and applications. As the Department moves towards a single digital platform for health assessments, it must maintain alternative formats, so that people's independence is not compromised by a lack of choice. We also recommend the Government extend the deadlines to return forms. As the impact of the pandemic on waiting times recedes the Department must focus on how to keep delays to a minimum against a backdrop of increasing demand for health-related benefits. We recommend clearance-time targets be included in new contracts with assessment providers, and an assessment rate for PIP be introduced where claimants are waiting beyond these times.

We heard that there have been improvements in the quality of reports from assessment providers, with all three now meeting their targets. However, our witnesses and survey respondents still talked about problems with the use of evidence and a lack of knowledge of conditions. This was especially true of fluctuating conditions, and mental health conditions. Despite the then Government accepting our predecessor's recommendation on improving understanding about what constitutes good evidence, many of the same concerns remain, such as carers' and family members' evidence not being considered, even though guidance states that it should be. The Department must review this again, to understand why key evidence is not being given due weight. We also heard worrying examples of covert surveillance, which the Government should investigate further, working with organisations that support claimants to establish if this practice is widespread. We welcome plans for specialist assessors and improvements to assessing fluctuating conditions but were surprised to see no detail on updating descriptors in the White Paper and ask the Government to update us on this work.

We welcome the work the Department is doing on the Health Transformation Programme, particularly to improve data sharing and streamline the process for applicants. We also look forward to more detail on testing of the Severe Disability Group, and we support measures to end unnecessary reassessments for PIP. We urge the Government to recognise, however, that many people with severe disabilities work, so the criteria for ending PIP reassessments cannot simply be linked to work capability as it currently is for Employment and Support Allowance (ESA) and UC.

We were reassured to hear that Attendance Allowance (AA) and Industrial Injuries Disablement Benefit (IIDB) appear to be working well, with fewer cases being overturned at MR and appeal. Awareness and take-up of AA, much like Pension Credit, appears to be low however, and we recommend the Government develop targeted interventions to address this. For Disability Living Allowance (DLA), most of the concerns we heard were around the transition to PIP at 16, and we recommend the Government follow the route taken by the Scottish Government of allowing people to stay on DLA until they

are 18 instead, with only light-touch paper-based assessments for people who claim PIP before they turn 18. In developing an equivalent of the severe conditions criteria for PIP, the Government must carefully consider those who are moving from DLA, to ensure those with conditions that will not improve do not have to start attending assessments when they claim PIP.

We were very interested to hear from the Scottish Government and Social Security Scotland about plans for the Adult Disability Payment, which is replacing PIP. This is likely to provide a good test of whether problems with PIP are in its policy framework or its implementation. We look forward to seeing its evaluation and urge the Department to watch this process closely and consider what changes, if any, it should make following this.



# 1 Introduction

1. There are a range of benefits that provide important financial support to people who cannot work or who face extra costs because they are disabled or have a health condition. In December 2022 the Department for Work and Pensions (DWP, or the Department) estimated it would spend £66bn in 2022/23 on these, including £29bn on extra-costs benefits.<sup>1</sup> DWP currently uses health assessments to inform decisions on awards of these benefits, although it announced changes to this process on 15 March in its *Health and Disability* White Paper. For many disabled people, extra support is vital, so assessments must be fit for purpose and fairly assess people's needs. We will illustrate in this Report that there is not only a cost to the individual if the system is not functioning effectively, but also to the system itself. For example, through increased Mandatory Reconsiderations and appeals and increased pressure on other services, such as the NHS, who feed into the health assessments process. We make a series of recommendations in this Report which seek to make the system function more effectively for all of those involved in it.

## Our inquiry

2. We launched an inquiry in Autumn 2021 to examine the assessment processes for health-related benefits. We asked for information about assessments used by DWP decision makers to determine entitlement for Personal Independence Payment (PIP), Employment and Support Allowance (ESA) and its Universal Credit (UC) equivalent components, Disability Living Allowance (DLA), Attendance Allowance (AA) and Industrial Injuries Disablement Benefit (IIDB). Our call for evidence sought views on:

- a) the suitability of these assessments;
- b) their impact on claimants;
- c) timeliness and delays associated with the process; and
- d) proposals for change by the UK Government and devolved Administrations.

We also examined what progress had been made since our predecessor Committee's 2018 Report, *PIP and ESA assessments*.<sup>2</sup>

3. We received over 100 pieces of written evidence from organisations, including disabled people's organisations, health and disability charities, and advice and advocacy services, as well as individuals who shared their personal experiences of assessments. To allow more people to participate we launched a survey, and more than 8,500 people responded. We include a summary of those responses in Annex 1 and discuss the main themes in this Report. We would like to thank everyone who shared their personal stories, which we know can be distressing to revisit. We also took oral evidence from 14 panels over nine sessions, hearing from support organisations, leaders of independent reviews, academics, Assessment Providers, and UK and Scottish Government Ministers. We are very grateful to all of those who gave evidence, to those who took part in our engagement event in Glasgow and to Social Security Scotland, who hosted our visit in June 2022.

1 PQ [1107 6](#) [Social Security Benefits: Disability] 14 December 2022

2 Work and Pensions Committee, [PIP and ESA assessments](#), Seventh Report of Session 2017–19, (HC 829) 14 February 2018

4. We took evidence for this inquiry prior to the publication of the Government's *Transforming Support: The Health and Disability White Paper*.<sup>3</sup> While some of the measures announced in the White Paper will make fundamental changes to the health assessments and benefits we are discussing, current assessments will continue to be used for several years, and beyond in the case of PIP. We outline measures that can improve claimant experience now, while more wholesale reform is developed.

## What are health assessments?

5. DWP outsources assessments to external Assessment Providers (APs), who employ Healthcare Professionals (HPs) to assess claimants and compile reports with recommendations. A decision maker within DWP then decides whether to award benefits and at what level. The majority of the evidence we have received relates to two assessments:

- **Work Capability Assessments (WCAs):** These are used to help determine entitlement and level of support for ESA and equivalent components in UC.<sup>4</sup> These are income replacement benefits, so the assessment is primarily concerned with the impact of a claimant's health condition or disability on their ability to work, or to prepare to work in future. WCAs are currently carried out by Maximus.<sup>5</sup> There are currently 1.67 million people with entitlement to ESA, and 1.27 million in the equivalent UC groups.<sup>6</sup> In March 2023 the Government announced plans to scrap WCAs, although they are expected to remain in place until at least 2026/27.<sup>7</sup>
- **PIP Assessments:** These help DWP decision makers to assess entitlement and level of award for PIP. This is an extra-costs payment for those of working age with a long-term health condition or disability and can also be claimed by people in work. There are currently 3.26 million people with entitlement to PIP.<sup>8</sup> The assessment looks at how their condition or disability affects daily activities and mobility and what level of help and support they need. PIP assessments are split

3 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023

4 UC is replacing income-related ESA. New claims can still be made for 'New Style' ESA, which is contributory and not subject to household earnings or savings limits, unlike UC. For UC, claimants undergo the same WCA as for ESA and are placed in equivalent groups: Limited Capability for Work (LCW) reflects WRAG in ESA, and Limited Capability for Work and Work Related Activity (LCWRW) reflects the ESA support group. Additional payments are made to those classified as having LCWRA. Since 2017, LCW classification does not usually result in additional payment to the standard allowance. (DWP Guidance: [Changes to limited capability for work payments in Universal Credit](#), Updated 22 February 2019)

5 DWP "has begun work to procure health assessment services for the period 2023–28." Department for Work & Pensions ([HAB0079](#)). We will refer in places in this Report to claimants' 'disabilities'. We recognise that the social model of disability states that people have 'impairments', and that people are disabled by the barriers they face. As in most cases this Report is referring to Government policy and to eligibility criteria where the term 'disability' is used, we have chosen to use this term for consistency.

6 Stat-Xplore, Employment and Support Allowance - Data from May 2018; PQ [1198 7](#) [Universal Credit: Work Capability Assessment] 19 January 2023. Claimants can receive ESA and UC, but equivalent UC components will be reduced by amount of ESA payment.

7 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para. 156

8 Stat-Xplore, PIP Cases with Entitlement

regionally between Capita and Atos Independent Assessment Services (IAS).<sup>9</sup> Extra-cost benefits are devolved in Scotland, and the Scottish Government is currently replacing PIP with the Adult Disability Payment (ADP). We discuss this further in Chapter 6.

We will also discuss AA and DLA, which are extra-costs payments for those over state pension age and under 16s respectively, and IIDB, which is a payment for those who become ill or are disabled because of an accident or disease at work, in Chapter 5.<sup>10</sup>

6. WCAs and PIP assessments are functional assessments. They do not focus on the diagnoses of particular conditions or disabilities, but instead look at the impact these have for a range of activities. There are two components for PIP: daily living and mobility. To reflect this, PIP assessments cover 10 ‘daily living’ activities, such as preparing food, washing and bathing, managing one’s condition and communicating, and two relating to mobility.<sup>11</sup> For the WCAs, there are 17 activities forming a physical assessment, and a mental, cognitive and intellectual function assessment.<sup>12</sup> For each activity in both assessments there are a series of descriptors, with points attached, to determine how far the claimant is able to carry out each activity. Awards are made on the basis of the points determined by a DWP decision maker. For both assessments there are ‘reliability criteria’, meaning the person being assessed should be able to carry out the activity repeatedly, safely and reliably.<sup>13</sup> We heard concerns about both how well the activities and descriptors actually reflect living with a disability or condition, and particularly how well the reliability criteria were being applied. We discuss this further in Chapter 3.

7. The assessment providers collect evidence from an initial form and information supplied by the claimant, such as medical records, often followed by an assessment either in person or, more recently, remotely.<sup>14</sup> The assessment providers then complete a report, which is passed to DWP decision makers. This report will include recommendations, but the award made is determined by the DWP decision maker. Figure 1 shows the claims process for PIP. The process is similar for WCAs, with an ESA50 or UC50 form issued instead of a PIP2 form.

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9 Divided into ‘lots’, Capita currently covers Wales and central England, and Northern Ireland under a separate contract. Atos/IAS (referred to as IAS going forwards) provides assessments for the remainder of England and Scotland for PIP. For more information about the contracts and background to outsourcing see: House of Commons Library, [Debate Pack, Disability benefits assessments and the Government’s health and disability green paper](#), 31 January 2022 pp.10–12

See also DWP, Map: [Postcodes for Personal Independence Payment \(PIP\) assessment providers](#)

10 More details on eligibility and current payment rates for all health-related benefits can be found at Department for Work and Pensions, [Benefits and financial support if you’re disabled or have a health condition](#). PIP has replaced DLA as the working-age extra costs benefit, but some still receive it if they have yet to move over, or were born before 1948.

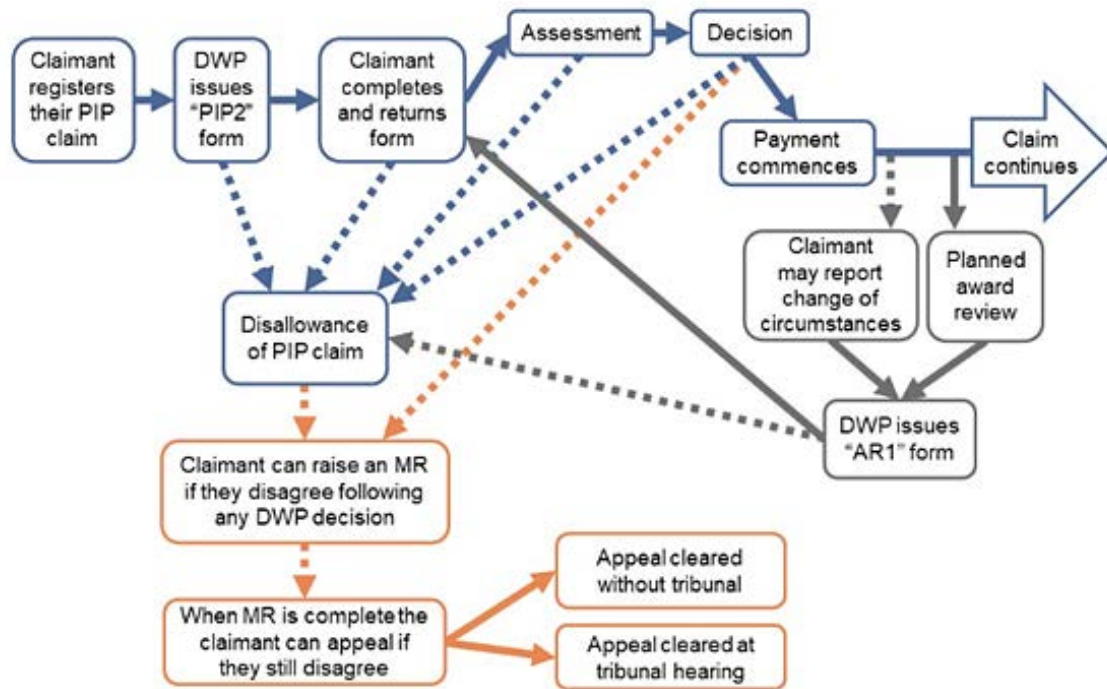
11 For more information including descriptors and guidance for assessors see: Department for Work and Pensions, Guidance: [PIP assessment guide part 2: the assessment criteria](#), updated 21 July 2022

12 Department for Work and Pensions, Guidance: [Employment and Support Allowance: the Work Capability Assessment: detailed guide](#), updated 7 July 2016, and DWP Guidance: [Work Capability Assessment handbook: for healthcare professionals](#), updated 21 December 2022.

13 See [PIP assessment guide part 2: the assessment criteria](#), 2.2 Reliability for detail.

14 See Chapter 2, Tables 2 and 3 for proportion of paper-based, face-to-face and remote assessments.

Figure 1: PIP - Summary of Customer Journey



Source: Department for Work and Pensions, [Official Statistics: Personal Independence Payment](#)

## Decision-making and overturns

8. One of the recurring themes in both our inquiry and that of our predecessor Committee is the quality of assessments and the decisions that follow them. Decisions can be challenged by Mandatory Reconsideration (MR), where the Department looks at the claim and initial decision again, and by appeal to His Majesty's Courts and Tribunals Service (HMCTS). MR can be requested for a decision at any stage, and in most cases an MR must be completed before an appeal can be lodged.<sup>15</sup> Defending the quality of assessments, the Department pointed to the low proportion of overall decisions that are overturned:

We work hard to make the right decision first time. In the majority of cases that already happens; for example, in PIP, of the 4.4 million initial decisions made following an assessment up to March 2021, 9% per cent have been appealed and 5% overturned at a tribunal hearing. Similarly, in ESA between April 2014 and March 2021, 5.2m ESA (post WCA) decisions have been made, of these 7% have been appealed and 4% have been overturned at a tribunal hearing.<sup>16</sup>

The fact that a minority of total decisions are challenged as far as Tribunal and overturned might give the impression that the system works for the majority of claimants. However,

<sup>15</sup> Following a 2020 High Court decision—[2020] EWHC 1999 (Admin)—MR has been discontinued for any claimant who, having been found Fit for Work following a WCA would, if they appealed, be paid ESA pending the outcome of that appeal. Not all claimants qualify, and it applies only to Fit for Work disallowance decisions. Benefit appeals are heard by the First-tier Tribunal (Social Security and Child Support).

<sup>16</sup> Department for Work & Pensions ([HAB0079](#))

where decisions are challenged, the percentage overturned is high. For example, overturn rates at tribunal had been consistently over 50% for ESA and PIP since 2014/15, peaking at 77% for both in 2019/20.<sup>17</sup> The overturn rate for ESA has since fallen to 49% in the quarter ending December 2022.<sup>18</sup>

## Response to 2018 inquiry and developments since

9. In 2018 our predecessor Committee published a Report, *PIP and ESA assessments*, making a series of recommendations to improve assessments. The Report said: “Most claimants proceed through their PIP and ESA assessments without significant problems, but a sizable minority do not.”<sup>19</sup> The experience of this minority “contributed to a lack of trust in both benefits” which risked “undermining their entire operation.”<sup>20</sup> Table 1 details the recommendations and our summary of the then Government’s Response.

**Table 1: Previous Committee’s recommendations and summary of Government Response (2018)**

<b>Recommendation 1</b>
We recommend the Department co-design, with expert stakeholders, guidance in a range of accessible formats on filling in forms and preparing for assessment. This should include accessible information on the descriptors for each benefit, to be sent out or signposted alongside application forms. We also recommend the Department makes clear to claimants being reassessed that they should not assume information from their previous assessment will be re-used, and should be prepared to re-submit any supporting evidence already provided.
Government response: Accepted in part. The response highlighted work underway to improve accessibility, including Easy Read versions.
<b>Recommendation 2</b>
We recommend that the Department commission and publish independent research on the impact of application and assessment for PIP and ESA on claimant health. This should focus initially on improvements to the application forms, identifying how they can be made more claimant-friendly and less distressing for claimants to fill in. The Department should set out a timescale for carrying out this work in response to our Report.
Government response: Accepted <sup>21</sup>
<b>Recommendation 3</b>
We recommend that the Department enables claimants with hearing impairments to apply for PIP and ESA via e-mail, ensuring this service is appropriately resourced to prevent delays to claims. In the longer term, it should look to offer this option to all claimants. It should also ensure key forms and communications—especially the PIP2, appointment and decision letters—are available in Easy Read format, allowing claimants to register this as a communication preference at the start of their claim.
Government response: Rejected. The response highlighted security risks for using email, but outlined other improvements planned and in progress.

17 MOJ Official Statistics, [Tribunal Statistics Quarterly: October to December 2022](#), 9 March 2023

18 *Ibid.*

19 Work and Pensions Committee, [PIP and ESA assessments](#), Seventh Report of Session 2017–19 (HC 829), 14 February 2018, p.3

20 *Ibid.*

21 Research published: DWP, [Research and analysis Claimant views on ways to improve PIP and ESA questionnaires](#), 20 July 2021

**Recommendation 4**

We recommend the Department issue new guidance to PIP and ESA assessors on the procedure for determining whether claimants receive a home visit. This should specify that GP letters are not required where other forms of evidence and substantiation are available. This should include evidence from the claimant, as well as from carers, support workers and other health professionals. To ensure guidance is being followed, we recommend contractors be required to gather evidence and the Department audit requests made and granted for home visits, as well as reasons for refusal.

Government response: Rejected

**Recommendation 5**

We recommend that the Department sets out in response to this Report its approach to improving understanding amongst health and social care professionals and claimants of what constitutes good evidence for PIP and ESA claims. This should include setting out how it will measure, monitor and report on the supply of evidence into PIP and ESA assessments.

Government response: Accepted. Response highlights some actions, however not all have been implemented, including data sharing.

**Recommendation 6**

The case for improving trust through implementing default audio recording of assessments has been strongly made. We recommend the Department implement this measure for both benefits without delay. In the longer term, the Department should look to provide video recording for all assessments.

Government response: Rejected. The Government agreed to improve access to optional recording.

**Recommendation 7**

We recommend that the Department develop detailed guidance on the role of companions, including case studies demonstrating when and how to use their evidence. Contractors should also incorporate specific training on companions into their standard assessor training. After implementing default recording of assessments, a sample of assessments where claimants are accompanied should be audited on a regular basis to ensure guidance is being followed.

Government response: Rejected. The response outlines how the Department considers current guidance and practice adequate.

**Recommendation 8**

We recommend the Department proceed without delay in sending a copy of the assessor's report by default to all claimants, alongside their initial decision. We also recommend it issues instructions to contractors on ensuring claimants are able to see what is being written about them during assessment, and allowing their input if they feel this is incorrect or misleading. This should include, for example, emphasising to contractors that rooms should be configured by default to allow the claimant to sit next to the assessor or be able to see their computer screen.

Government response: Rejected. Response noted that reports can be requested and DWP did not want to be prescriptive in configuration of rooms.

**Recommendation 9**

We recommend that the Department introduce a checklist system, requiring [Health Care Professional] HCPs to confirm whether and how they have used each piece of supporting evidence supplied in compiling their report. Decisions not to use particular pieces of evidence should also be noted and justified. This information should be supplied to Decision Makers so they can clearly see whether and how supporting evidence has been used, making it easier to query reports with contractors. It should also be supplied to the claimant along with a copy of their report.

Government response: Rejected

**Recommendation 10**

We recommend the Department review a representative sample of MRs conducted between 2013 and December 2017, when it dropped its aspiration to uphold 80% of MRs, to establish if adverse incorrect decisions were made and, if so, whether there were common factors associated with those decisions. It should set out its findings and any proposed next steps in response to this report.

Government response: Rejected, and refuted that 80% was a target.

**Recommendation 11**

The Department must learn from overturned decisions at appeal in a much more systematic and consistent fashion. We recommend it uses recording of assessments to start auditing and quality assuring the whole assessment process. When a decision is overturned, the Department should also ensure that the HCP who carried out the initial assessment is identified and that an individual review of how the assessment was carried out is conducted. Given what we know about reasons for overturn, this should focus on improving questioning techniques and ensuring claimants' statements are given due weight. We also recommend the Department lead regular feedback meetings with contractors and organisations that support claimants. These should keep the Department informed of emerging concerns and ensure that swift action is taken to rectify them.

Government response: Rejected. Highlighted auditing already in place.

Source: Work and Pensions Committee, [PIP and ESA assessments: Government Response to the Committee's Seventh Report of 2017–19](#), Eighth Special Report of Session 2017–19 (HC 986), 23 April 2018

### **Key policy developments since 2018 report**

10. Since 2018 there have been a number of policy developments, including the Health Transformation Programme, the Health and Disability Green Paper and White Paper, and updates to the special rules for terminal illness. We discuss each of these in turn.

#### **Health Transformation Programme**

11. The Government launched the Health Transformation Programme (HTP) in 2019, although work was delayed by the pandemic.<sup>22</sup> The Department explained the key features of this programme in its response to our inquiry:

The Programme will integrate the services that deliver Personal Independence Payment (PIP) and Work Capability Assessments (WCA), through the new Health Assessment Service. Our ambition is to make the assessment process simpler, more user-friendly, easier to navigate and more joined-up for claimants, whilst delivering better value for money for taxpayers.<sup>23</sup>

It is currently being developed in small Health Transformation Areas in London and Birmingham.<sup>24</sup> We discuss the HTP further in Chapter 6.

22 [HCWS353](#) [Health Transformation Programme update] 9 July 2020

23 Department for Work & Pensions ([HAB0079](#))

24 [Q460](#)

### *Transforming Support: The Health and Disability White Paper*

12. In July 2021 the Government published its Health and Disability Green Paper and opened a consultation that ran until October 2021.<sup>25</sup> In addition to the work of the HTP, the Green Paper considered:

- improvements to signposting, advocacy and employment support;
- how to provide assessments in different formats;
- reducing repeat assessments for those with severe disabilities or conditions;
- improving decision-making and appeal processes; and
- options for long-term reform.<sup>26</sup>

The Government's response to the consultation was published on 15 March 2023 in the form of *Transforming Support: The Health and Disability White Paper*.<sup>27</sup> It included updates on improvements to accessibility and efficiency, and a more radical proposal to scrap WCAs and introduce a new health component to UC linked to receipt of PIP.<sup>28</sup> Recognising many of the problems and barriers that both our inquiry and that of our predecessor have highlighted, the Government said:

These issues and barriers cannot be fully resolved by making small changes to the health and disability benefits system, but instead require fundamental changes to the design of the system.<sup>29</sup>

Replacing WCAs will take several years to legislate for and roll-out.<sup>30</sup> We will return to this elsewhere in this Report, and in future work.

### *Special rules for terminal illness*

13. While most claims for health-related benefits are made under 'normal rules', there are 'special rules' in place to improve access to benefits for those with a terminal illness.<sup>31</sup> The rules are currently called the 'Special Rules for Terminal Illness' (SRTI) and apply to people who have been diagnosed with a progressive disease and are expected to have six months or less to live.<sup>32</sup> These are changing to the 'Special Rules for End of Life' (SREL), which apply to people who have 12 months or less to live.<sup>33</sup> Broadly, the rules

25 DWP, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, July 2021

26 *Ibid.* p.7

27 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023

28 *Ibid.*

29 *Ibid.* para 141

30 *Ibid.* Para 156 states "The degree of change in our proposals will require primary legislation, which we would aim to take forward in a new Parliament when parliamentary time allows. These reforms would then be rolled out, to new claims only, on a staged, geographical basis from no earlier than 2026/27. We would expect the new claims roll-out to be completed within three years (so by 2029 at the earliest), when we would then begin to move the existing caseload on to the new system."

31 The terminology 'Special Rules' is not used in Universal Credit but the rules relating to terminal illness are comparable to other DWP benefits.

32 [Social Security Act 1990](#), Section 1 (2C) (a). The Regulations say "a person is "terminally ill" at any time if at that time he suffers from a progressive disease and his death in consequence of that disease can reasonably be expected within 6 months".

33 See DWP, [Guidance: The 'Special Rules': how the benefit system supports people nearing the end of life](#), updated 13 December 2022

speed up access to benefits by fast-tracking claims and removing qualifying periods and requirements for face-to-face assessments. They also result in awards at the higher rates in most cases.<sup>34</sup>

14. The six-month time limit was subject to criticism, with our predecessor Committee saying it was “too restrictive” and could “exacerbate what is already a difficult and distressing time.”<sup>35</sup> It called on the Government in 2018 to remove it and adopt a more “humane approach”, replicating the definition now in use in Scotland, and allowing access to special rules if:

It is the clinical judgement of a registered medical practitioner that the individual has a progressive disease that can reasonably be expected to cause the individual’s death.<sup>36</sup>

The Government rejected this recommendation, but in July 2021 announced changes to the rules, replacing the six-month element with 12 months, first for UC and ESA and then for AA, DLA and PIP.<sup>37</sup> The staggered approach was due to the need to amend primary legislation to make the changes for AA, DLA and PIP. The Social Security (Special Rules for End of Life) Act 2022 gained Royal Assent in October 2022.<sup>38</sup> The Government confirmed in the Health and Disability White Paper that these rules “will come into effect from April 2023.”<sup>39</sup>

**15. We welcome the changes to the process for accessing benefits via the special rules for terminal illness, specifically replacing the six month rule with 12 months.**

**16. For most people, disability and health-related benefit assessments go smoothly. But in a sizable minority of cases, things continue to go very wrong. This has implications for claimant trust in the systems that extend beyond those directly affected by poor decision-making. Our predecessor’s inquiry focused on improving technical aspects of PIP and Employment and Support Allowance (ESA) assessments. There is a remarkable similarity between the recommendations made in evidence to this inquiry, and those made by our predecessor Committee in 2018. The Department has recognised that fundamental change is needed, but this will take time. The Department has taken some welcome and significant steps to improve health-related benefit assessments, but nearly five years on from the previous inquiry, important changes that could greatly increase transparency, improve trust in the process among claimants, and ensure more accurate assessments and fewer appeals, have still not been made. *While it develops plans to replace the Work Capability Assessment, we urge the Government to make the changes we and our predecessor have called for to improve the current system for claimants. We recommend that the Department provide, in response to this Report, a list of actions it will take to improve the claimant experience of PIP assessments and Work Capability Assessments, while they remain in use.***

34 Excludes mobility component of PIP. For more information see House of Commons Library Research Briefing CBP-8995, [Accessing benefits with terminal illness](#), 1 March 2022, Section 3

35 Work and Pensions Committee, [Universal Credit: support for disabled people, Twenty-First Report of Session 2017–19](#) (HC 1770), 19 December 2018, p.4

36 Work and Pensions Committee, [Universal Credit: support for disabled people, Twenty-First Report of Session 2017–19](#) (HC 1770), 19 December 2018, pp.28–29; [Social Security \(Scotland\) Act 2018](#), Schedule 5.1(2)

37 DWP, [Press release: Fast-tracked access to benefits for people with terminal illness expanded](#), 8 July 2021

38 [The Social Security \(Special Rules for End of Life\) Act 2022](#)

39 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para. 129

## 2 The impact of assessments on claimants

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17. People claiming health and disability benefits often have complex needs or multiple, intersecting conditions. We heard concerning evidence about the impact undergoing health assessments can have on people who may already be vulnerable. This Chapter will outline what we have heard about these impacts, including from those who responded to our survey. It will also consider what the Department has done to recognise and mitigate against these impacts.

### Health impacts

18. Around half of ESA claimants, and a third of PIP claimants, have a mental or behavioural disorder as their main condition or disability for their claim.<sup>40</sup> Secondary conditions are not listed in the data, so there may be further claimants whose mental ill-health contributes to their award. The previous Committee heard that many claimants felt the process of claiming health-related benefits itself could have adverse effects on both their mental and physical health.<sup>41</sup> It concluded:

Many PIP and ESA claimants have multiple health conditions that bring with them severe limitations. Focusing on what they are able to do is a common coping strategy—one that is often incompatible with filling in PIP and ESA application forms. It is impossible to draw a causal link from application to claimant health. The Department should demonstrate, however, that it is alert to the risk to mental health posed by parts of the application processes and seek to offset this.<sup>42</sup>

This led to the recommendation that the Department commission research “on the impact of application and assessment for PIP and ESA on claimant health.”<sup>43</sup> The research DWP commissioned in response focused on the forms used in the claim process. Its findings reflected the conclusions of the Committee:

PIP and ESA claimants commonly saw the experience of completing the PIP and ESA questionnaires as negative and upsetting and described the process of completing the questionnaires as “stressful”, “worrying”, “daunting”, “overwhelming” and “emotional”. There was a feeling amongst the claimants that the questionnaires encourage you to focus on your worst experiences and the lowest points in your life.

PIP and ESA claimants felt that they struggled to know what information DWP was looking for. They felt the award process lacked transparency and left them feeling anxious about what information to include. They sometimes felt that they included very personal and difficult experiences in their responses to the questionnaire but were unsure if this information

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40 DWP, Stat-Xplore. 49% (ESA, Aug 2022), 36% (PIP, Jan 2023).

41 Work and Pensions Committee, [PIP and ESA assessments](#), Seventh Report of Session 2017–19, (HC 829) 14 February 2018, p.16 para 19.

42 *Ibid.* p.16 para 20.

43 *Ibid.* p.16 para 21 and Box 1, Recommendation 2

was used in assessing whether they were eligible for the benefit. All of this created a feeling of ‘getting through to the next round’ of an arduous process.<sup>44</sup>

The Department cited this research in its Health and Disability Green Paper, and some of the consultation questions focused on issues raised by it, including the appropriateness of descriptors for fluctuating conditions and mental health conditions.<sup>45</sup>

### Our survey

19. We launched a survey alongside our call for written evidence, to gather the views of individual claimants on the WCA and PIP assessment processes and the impact they had.<sup>46</sup> We asked about people’s experiences of applications and assessments, MR and appeal, and their views on the Government’s proposals for a single digital platform under the Health Transformation Programme. More detailed analysis of the responses is available in Annex 1 of this Report. The survey ran from November 2021 until May 2022 and responses were anonymous.

20. We are unable to ascertain whether the respondents to our survey are an accurate reflection of the common experience with health assessments for benefits. A small number of respondents reported a generally positive experience:

My assessment, following face to face, was accepted as the assessor was able to see and understand my physical mobility needs along with my poor mental health needs.<sup>47</sup>

Two assessors showed empathy throughout, they listened from start to finish and didn’t rush me to finish what I was saying. They filled out their form accurately according to the information that I had given in person.<sup>48</sup>

Others were less complimentary of the system, telling us of problems they encountered at different stages of the process, as well as delays within it. Some highlighted continuing accessibility issues with the application form, which meant they could not complete it independently and had to rely either on friends and family, or support organisations:

Having arthritis in my hands which makes it painful to grip. It is therefore impossible to fill out the forms myself by hand. I had to rely on someone to do this for me which causes a great deal of embarrassment as you are having to ask someone to write down such personal details whereas having a form online would have simplified this process.<sup>49</sup>

People reported having to fill the forms in in stages and being left exhausted afterwards.<sup>50</sup>

21. Some of the strongest criticism was of the impact of the assessment that followed:

44 DWP, [Research and analysis Claimant views on ways to improve PIP and ESA questionnaires](#), 20 July 2021, 4.1

45 DWP, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, July 2021, Summary of Consultation Questions

46 Work and Pensions Committee, [MPs want to hear your experiences of applying for PIP and ESA](#), 4 November 2021

47 Anonymous survey respondent. See Annex 1 for more detail.

48 *Ibid.*

49 *Ibid.*

50 *Ibid.*

The aftereffects of the assessment should be taken into account and the impact to people with already debilitating conditions. Every assessment I have had has resulted in me at least 2 days in bed afterwards to recover.<sup>51</sup>

Most worryingly, some described it causing or exacerbating psychological distress. One person told us:

I was too traumatised by the process to be able to do a mandatory reconsideration. I was suicidal after the assessment.<sup>52</sup>

Accounts such as this could suggest the MR and appeal figures do not fully represent the number of people who disagree with the outcome of their claims, as some may simply give up in order to spare themselves further distress. We will discuss some of the other findings from our survey in the chapters that follow. The key themes are summarised in Box 1.

**Box 1: Survey responses–key themes**

- Factual errors in reports.
- Difficulty completing forms, in particular the stress and anxiety caused.
- Lack of knowledge of conditions from assessors.
- Mandatory Reconsideration and appeal process, effectiveness and impact on claimant.
- Inconsistent support and access arrangements at all stages.
- Poor communication from DWP at all stages, including issuing communications in formats which people cannot use.
- Delays and consequent financial and health impacts.
- Over-frequent requirements to re-apply, particularly in circumstances where no improvement in the claimant's condition may reasonably be expected.

Source: Annex 1, Survey summary

### **Other research on assessments**

22. We heard from academics who research the impact of assessments, and benefits more broadly. Professor Ben Barr, Professor in Applied Public Health Research, University of Liverpool, told us:

The prevalence of mental ill health among people with disabilities has increased since 2014. Wellbeing measures such as the ONS wellbeing measures show anxiety increasing among people with disabilities quite considerably since 2013.<sup>53</sup>

51 *ibid.*

52 *ibid.*

53 [Q388](#)

Professor Barr also detailed the findings of a 2015 study he undertook which looked at the impacts of a rapid increase in WCAs as claimants were reassessed to move onto ESA:<sup>54</sup>

We found a very strong association between those places where more people had been through the process, and a rise in mental health problems and suicides. We estimated that during that period, across England, the process had led to an additional 600 suicides, 300,000 additional cases of mental health problems and a large rise in the prescribing of antidepressants. We looked at whether it could be explained by other factors or other economic trends, but there was quite a unique pattern in the increase in mental health problems, and the most likely explanation was that it was due to the reassessment process.<sup>55</sup>

Given how troubling these findings were, we discussed the methodology at some length. On establishing causation, Professor Barr told us:

It is impossible to prove with 100% certainty the effect of these processes on people's health with any design of research, but what we can do is identify what is likely. The pattern of mental health problems and the lack of explanation by any other cause means that it is likely that the process did lead to those outcomes.<sup>56</sup>

23. Professor Barr told us it was difficult to measure any improvement since this study, as the Department still had not put systems in place “to monitor the impact and provide active surveillance of adverse outcomes for people going through the assessment process.”<sup>57</sup> Dr Ben Baumberg Geiger, Reader in Sociology and Social Policy, University of Kent, speaking in June 2022, agreed it was difficult to measure improvement without adequate monitoring, but added:

In a survey that we have just run, the very provisional results among 7,000 benefit claimants are that over half of claimants who have been through a WCA say that it made their mental health worse. It is not sufficient to say that this is a historical problem and that everything is fine now. If there were more transparency, it would be easier to know a bit more about it, but the evidence suggests that there are still major problems with the WCA that could lead to an increased risk of poor mental health.<sup>58</sup>

### **Data on deaths and serious harms**

24. These studies suggest the assessment process can in itself cause psychological distress, and possibly help precipitate mental illness, although causation can be difficult to determine.<sup>59</sup> Chloe Smith MP, the then Minister for Disabled People, Health and Work, said in December 2021 “the department does not make estimates of the number

54 ESA replaced Incapacity Benefit (IB), Severe Disablement Allowance (SDA) or Income Support (IS) from 2008.

55 [Q407](#). Study referenced: Barr B, Taylor-Robinson D, Stuckler D, Loopstra R, Reeves A, Whitehead M. ‘First, do no harm’: are disability assessments associated with adverse trends in mental health? A longitudinal ecological study. *J Epidemiol Community Health*. (2015)

56 [Q408](#)

57 [Q417](#)

58 [Q418](#)

59 [Q39](#); [Q408](#)

of benefit claimants who have died by suicide.”<sup>60</sup> She confirmed that between 2013 and 2021 the Department received six ‘Prevention of Future Death (PFD)’ reports, two relating to suicide.<sup>61</sup> A PFD report was issued to DWP and Capita for their role in the case of Philippa Day, who died in 2019 after multiple errors, including requiring her to attend an assessment for PIP despite “clear and abundant medical evidence that an assessment outside of the home would exacerbate her mental health.”<sup>62</sup> In our evidence session with providers, Antony King, Managing Director and Client Partner of Capita, apologised “to the Day family for the errors that Capita made that contributed to her death.”<sup>63</sup> There are other cases where issues or errors in the system have been associated with or found at Coroner’s Inquest to have contributed to the deaths of claimants.<sup>64</sup>

25. In addition to PFD reports, DWP has a process for investigating cases of death or serious harm of benefit claimants, called Internal Process Reviews (IPRs).<sup>65</sup> 140 Internal Process Reviews (IPRs) were opened into deaths between July 2019 and June 2022.<sup>66</sup> These include the categories ‘death’, ‘alleged suicide’ and ‘confirmed suicide’ but the figures are not disaggregated, and do not relate only to health-related benefit assessments. In 2020, an NAO report, *Information held by the Department for Work & Pensions on deaths by suicide of benefit claimants* found that it was “highly unlikely” that the number of cases investigated by the Department represented the true number that could have been investigated, due to a combination of insufficient guidance for staff and insufficiently robust records of contact from Coroners.<sup>67</sup> DWP had noted that Coroners were not required to inform the Department of suicides, and contact from them came through various routes, making collating the information difficult.<sup>68</sup>

26. The Equality and Human Rights Commission is currently negotiating a ‘Section 23’ agreement with the Department, to address:

Longstanding concerns about shortcomings in how DWP’s administration of welfare benefits meets Equality Act requirements to make reasonable adjustments to avoid disadvantage to disabled people, and to prevent indirect discrimination.<sup>69</sup>

This legally binding agreement “will ensure that DWP complies with its obligations under the Public Sector Equality Duty.”<sup>70</sup> The agreement was expected to be signed by “summer

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60 PQ [876 8](#) [Social Security Benefits: Suicide] 15 December 2021

61 *Ibid.* A Prevention of Future Deaths (PFD) report is written by Coroners following an inquest, if it appears there are factors which represent a continuing risk. It is issued to people or organisations to take preventative action to reduce the risk of future deaths.

62 [Regulation 28: Report to Prevent Future Deaths](#), 12 February 2021

63 [Q309](#)

64 See for example, the case of [Errol Graham](#).

65 Previously known as Peer Reviews. For more detail on background of IPRs see House of Commons Library, Research Briefing CBP 8221, [Suicide Prevention: Policy and practice](#), 2 February 2022, Section 6.2

66 PQ [276 1](#) [Social Security Benefits: Injuries and Death] 5 July 2022

67 NAO, [Information held by the Department for Work & Pensions on deaths by suicide of benefit claimants](#), 2020, p.8–9

68 *Ibid.* p.5

69 Correspondence from ECHR, [21 April 2022](#). A Section 23 agreement is entered into under the [Equality Act 2006](#).

70 *Ibid.*

2022”, but as yet discussions have not concluded.<sup>71</sup> In January 2023 the DWP Permanent Secretary Peter Schofield told us there was “momentum leading us and EHRC to believe we can conclude an agreement within a reasonable time.”<sup>72</sup>

**27. *The Department should provide the Committee with a quarterly update on progress with implementing the Section 23 Agreement once it is agreed.***

**28. We are deeply concerned to hear that nearly five years after our predecessor’s Report, people are still experiencing distress as a result of undergoing health assessments. In particular, our survey respondents spoke of the stress, anxiety and in some cases severe mental health impacts of the assessment process. That we are still hearing accounts of poor accessibility, factual inaccuracy, delays, and communication problems speaks to a system that is still not adequately supporting often vulnerable people. Accurate data is vital to addressing the serious impacts of assessments on claimants that this inquiry and other research have exposed. *Prior to any changes to the health assessment process, including the abolition of the Work Capability Assessment, an external assessment should be undertaken on the potential physical and mental health effects of these changes on affected claimants.***

**29. *In response to this Report, we ask the Government to outline the methodology used to determine when Internal Process Reviews are carried out, and how it has improved its collection of data on deaths and serious harms since the NAO report on Information held by the Department for Work & Pensions on deaths by suicide of benefit claimants in 2020. In addition, DWP should publish anonymised data annually on all instances of deaths or serious harms associated with health assessments, disaggregated to show incidence of suicide, the issues that led to these deaths, and the steps it has taken to remedy issues raised.***

### **Other impacts**

30. While many understandably focused on the health impacts of WCAs, we also heard other concerns. Professor Barr told us that a well-functioning system should also improve employment chances and reduce the risk of poverty for disabled people.<sup>73</sup> Dr Baumberg Geiger cautioned against simply seeing the falling disability employment gap as progress, explaining that “disability rates are going up, including people who on average are less severely disabled than the people who have always reported having a disability.”<sup>74</sup> In addition to reduced barriers to work, this has led to a reduced disability employment gap, but Dr Baumberg Geiger put this down to a “bad measure”.<sup>75</sup> Professor Barr also told us that his earlier work on the reassessment of people on incapacity benefits:

Found that that had not had a positive effect and had not increased the chances of employment. It had moved people off benefits, but it tended to move them into unemployment benefits such as jobseeker’s allowance, and many of them subsequently ended up back on employment and support

71 ECHR, [EHRC taking action to improve the treatment of disabled benefit claimants](#), 19 April 2022

72 Correspondence with Permanent Secretary, [31 January 2023](#)

73 [Q388](#)

74 [Q391](#)

75 [Q391](#)

allowance. The OBR recognised at the time that that was one of the reasons why it had not realised some of the cost savings that had been predicted from that policy.<sup>76</sup>

We set out recommendations to improve data on the employment of disabled people in our 2021 report, *Disability employment gap*.<sup>77</sup> During that inquiry, the then Minister for Disabled People, Health and Work, Justin Tomlinson MP, told us that the WCA:

Creates perverse incentives within the system for people to then feel that they cannot seek to engage for employment opportunities for fear of potentially losing additional financial support.<sup>78</sup>

We called on the Government to use the Health and Disability Green Paper as a “starting point to carry out wholesale reform of the WCA.”<sup>79</sup> The Government has recognised the barriers to work in the current system and the White Paper outlines some plans to address these.<sup>80</sup>

31. On the poverty impacts of disability, Professor Barr added:

We see the disability poverty gap increasing since 2013, particularly with rising poverty among people with disabilities who are out of work. It is likely that that is due to reduced access to and adequacy of disability benefits.<sup>81</sup>

Louise Rubin, Head of Policy and Campaigns, Scope, cited a 2021 report from the Social Market Foundation that found that “of all families who are relying on disability benefits at the moment 42% are still living in poverty.”<sup>82</sup> This compared with 18% for people in families that do not include a disabled person.<sup>83</sup>

32. Some told us that rather than supporting people back to work, the assessment process impacted them so negatively that they were less likely to return. For example, Catherine Hale, Founder and Director, Chronic Illness Inclusion Project, talked about the impact on claimants who fear losing payments following reassessment. She said:

That financial insecurity of knowing that you are going to be constantly reassessed and whether you will be able to keep your home depends on whether your assessor tells the truth or not. All these factors combine to create huge amounts of stress and anxiety. We invariably see people’s health deteriorating and they are moving further away from the labour market than they might have otherwise if the process had been supportive rather than hostile.<sup>84</sup>

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76 [Q388](#)

77 Work and Pensions Committee, [Disability employment gap](#), Second Report of Session 2021–22 (HC189), 22 July 2021

78 Oral evidence taken on 19 May 2021, HC 189 (2021–22) [Q252](#)

79 Work and Pensions Committee, [Disability employment gap](#), Second Report of Session 2021–22 (HC189), 22 July 2021, p.65, para 168

80 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para. 141

81 [Q388](#)

82 [Q81](#)

83 Social Market Foundation, [Time to think again: Disability benefits and support after COVID-19](#), (2021) p.14

84 [Q152](#)

## Addressing these impacts

33. We outlined in the previous Chapter some key policy developments since the previous Committee's Report, including the Health and Disability Green Paper and White Paper, the HTP and the changes to SRTI. We also heard about improvements in internal processes to reduce some of the risks and impacts we have described.

### *Safeguarding, awareness and training*

34. Beyond the health assessment process, we have regularly discussed safeguarding with the Department. In correspondence in September 2020 the then Secretary of State, Dr Thérèse Coffey MP, outlined developments since the 2020 NAO report on information held by the Department on deaths by suicide of benefit claimants and provided guidance that was available to call-handlers.<sup>85</sup> For health assessments more specifically, both the Department and the APs highlighted work to improve training for HPs around mental health and safeguarding, and process changes. Laura Erskine, Clinical Director, Capita, explained changes made since the death of Philippa Day and the PFD report:

We now have a flag on claimants' claims where there is an indication that they could be vulnerable, such as expressing suicidal ideation, engaging in deliberate self-harm or talking about self-harm. We do our absolute utmost to conduct a paper-based report where possible, so that that individual is not invited to a clinic assessment.<sup>86</sup>

Dr Barrie McKillop, Clinical Director, IAS, explained the unexpected findings process, where Healthcare Professionals (HPs) can raise concerns directly to an individual's GP, has been in place since PIP began.<sup>87</sup> Suzie Frew, Lead Nurse and Head of Quality, Maximus, confirmed it also used this process for WCAs. She added:

That is the most common way that we safeguard, but we also have a formal safeguarding policy. If we feel that someone is experiencing abuse or may be at risk from abuse, we have a formal process that allows us to escalate it to the local safeguarding authority.<sup>88</sup>

The then Minister told us changes had been made by the Department to improve its service:

That includes mandatory mental health training for all new DWP telephony staff before they begin to handle calls from claimants. We are encouraging our staff to signpost the most vulnerable claimants towards support and to ensure that chances to flag concerns to agencies with statutory safeguarding responsibilities are not missed.<sup>89</sup>

35. Dr Baumberg Geiger called for greater transparency and access for researchers so that the impact of policies could be measured.<sup>90</sup> He added:

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85 Correspondence with Secretary of State, [September 2020](#)

86 [Q309](#)

87 [Qq311–312](#)

88 [Q375](#)

89 [Q496](#)

90 [Q419](#)

It is critical to conceive of this as a duty of care: with the large number of people going through the system, the Department has a responsibility to make sure that it is there to help and is not causing harm. It is not just about saying, “We have large numbers of people going through the system. We are going to make an attempt at doing it, but it is not going to be perfect.” I do not think that that is good enough, given the burdens that the system places on people.<sup>91</sup>

Dr Baumberg Geiger and Professor Barr also contrasted the DWP assessments with assessments for social care, encouraging learning from other systems and noting that, despite resource limitations in social care, the assessment process was focused on “working in the best interests of the person with a disability.”<sup>92</sup>

36. We heard about impacts on specific groups, including veterans who may develop PTSD, sometimes many years after leaving the Services.<sup>93</sup> Philip Martin, Research Fellow, University of Salford: Sanctions, Support and Service Leavers, cautiously welcomed some improvements in health assessments:

We have seen a slight improvement in more recent times in terms of how empathetic the assessors are. Certainly, when we started, many people’s experiences of assessments, either work capability assessments or the assessments for personal independence payment, were dire. A lot of veterans talked about how they were anxious and nervous going to the assessment. The assessment often re-traumatised them and made things a lot worse afterwards.<sup>94</sup>

He also noted investment in the Armed Forces Champions Network and that there was an armed forces marker on the UC system now.<sup>95</sup> Andy Pike, Head of Policy and Research, The Royal British Legion, added that it was not yet included on PIP forms, and “nothing describes what happens when somebody ticks that.”<sup>96</sup>

**37. We note the Department has made changes to improve training for health professionals around mental health and safeguarding, and process changes, and also improved training for call handlers. *Staff and contractors involved in any DWP health assessment process should undertake claimant safeguarding and suicide prevention training.***

**38. Following our predecessor’s 2018 Report, the Government commissioned research into the impacts of health assessment questionnaires and is now feeding that learning into its policy development. We have also heard important insight from academics on the mental health impacts of assessments, but studies have been sporadic and rely on the data made available to them. As the Government reforms health assessments, quality research will be vital to measure success. *The Government should commit to undertaking regular reviews of the mental health impacts of its end-to-end process of***

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91 [Q420](#)

92 [Q406](#) [Professor Barr]

93 [Q184](#)

94 [Q183](#)

95 [Q184](#)

96 [Q185](#)

*health assessments, including comparing them to assessments undertaken elsewhere in Government, such as social care. It should also ensure external researchers have access to good quality, anonymised data to complement this with independent research.*

### Remote assessments

39. One of the main improvements to the process has been the shift from face-to-face assessments to telephone or video, prompted by the covid-19 pandemic. The requirement to travel to assessments was part of the reason people found them so challenging, either due to practical barriers they faced as a result of their disability, or the additional stress and anxiety it caused.<sup>97</sup> Emma-Jane Bannister, Customer Director at Maximus, who carry out WCAs, told us:

The feedback has been incredibly favourable towards telephone assessments. As you heard earlier, not having to navigate travelling into a centre has made having an assessment from the comfort of their own home a preference for many customers.<sup>98</sup>

We asked the APs to supply statistics about the number of remote and face-to-face assessments, shown in the tables 2 and 3. The majority of assessments continue to be remote despite the resumption of face-to-face services.

**Table 2: WCAs (Maximus) by contract year since 2015 (000s)**

	CY1	CY2	CY3	CY4	CY5	CY6	CY7
	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Face-to-Face	550	714	752	761	762	31	27
Remote	-	-	-	-	-	337	487
Paper-based	245	230	231	257	292	128	83
Total (000s)	795	944	983	1,018	1,054	496	597

Source: Maximus ([HAB0158](#)) Note: Paper-based in table above relates to customers who, following a paper-based review, did not require a face-to-face or remote assessment. All applications are initially reviewed on paper, with customers only called to an assessment if additional information is required to make a recommendation to a DWP Decision Maker.

97 See for example: Sense ([HAB0069](#)); Derbyshire County Council ([HAB0061](#)); Scope ([HAB0083](#)); Marie Curie ([HAB0102](#))

98 [Q340](#)

**Table 3: PIP assessments (combined provider stats) 2013–22**

Year	Remote	Paper-based	Face-to-face
Jun-13 to Dec-13	0	12,890	24,950
2014	0	103,680	295,170
2015	0	148,220	534,230
2016	0	182,050	786,080
2017	0	160,620	871,000
2018	0	136,050	818,820
2019	0	154,050	776,080
2020	441,390	139,040	153,180
2021	611,530	125,130	22,380
Jan-22 to Apr-22	236,180	53,330	14,720

Source: PQ [26035](#) [Personal Independence Payment] 5 July 2022

40. Stuart Paterson, Client Executive Partner, IAS, acknowledged that the move away from face-to-face assessments “has predominantly been a positive and significant change for the service.”<sup>99</sup> He also confirmed that there was no financial incentive for APs to do more face-to-face assessments.<sup>100</sup> While they made up a smaller proportion of outcomes, all providers were also keen to stress that they tried to do paper-based assessments where possible.<sup>101</sup>

41. While the move to remote assessments was welcomed by most, some were keen to stress that telephone and video assessments do not work for everyone.<sup>102</sup> The National Deaf Children’s Society explained:

Some of our families and young people have found Telephone and Video assessments useful during the pandemic. However, others have found them completely inadequate. For example, we had one young adult who was not allowed to participate in their telephone assessment - the assessor insisted on talking to their parent, even though they were not the appointee. It was simply because the assessor found it easier to communicate with the hearing parent than the claimant on the phone as the deaf young person required the assessor to speak more slowly and repeat some of the questions. Online meetings can be harder for deaf young people as lipreading is more challenging off a computer screen.<sup>103</sup>

Sophie Corlett, Director of External Relations, Mind, told us:

For some people having a face-to-face, real-life assessment is very difficult, the journey is very difficult. For other people, having a telephone or a video assessment is the thing that will ramp up their anxiety. Therefore, it is very

99 [Q277](#)

100 [Q286](#)

101 [Q277](#) [Stuart Paterson, IAS]; [Q285](#) [Antony King, Capita]; [Q342](#) [Emma-Jane Bannister, Maximus]

102 See for example Macmillan Cancer Support ([HAB0094](#)); National Association of Welfare Rights Advisers ([HAB0034](#)); [Q54](#) [Louise Rubin, Scope]

103 National Deaf Children’s Society ([HAB0049](#))

important that people are given a choice of the assessment that they have because we want people to be able, first, to attend their assessment and, secondly, to feel very comfortable about sharing their information.<sup>104</sup>

Stuart Paterson explained how IAS allocates PIP assessment appointments:

As part of our initial review process, we also identify claimants who would require a face-to-face or telephone assessment based on some clinical information. Those cases would be routed for a manual booking into their appropriate channel. The remainder of our cases receive the next available appointment, whether that is a face-to-face or a telephone assessment. At the moment, the vast majority of those are still telephone assessments. We also have a clear process in place that if a claimant is to call us on receiving their appointment, whether it is face-to-face, telephone or video, and they explain to us that that is not a suitable assessment channel for them and that they need to move to a different assessment channel, we will accommodate that.<sup>105</sup>

The Government confirmed in the Health and Disability White Paper that it is continuing to evaluate remote assessments and its mix of assessment channels.<sup>106</sup>

**42. Face-to-face, in person assessments were the main form of assessment for Personal Independence Payment and Employment and Support Allowance/Universal Credit before the pandemic, despite widespread agreement amongst claimants and the organisations that support them that they are frequently unnecessarily stressful and poorly suited to measuring the impact of some health conditions. The pandemic forced the Department's hand in making greater use of other formats, and feedback from stakeholders has been broadly positive. One size does not fit all, however: what matters in reducing the stress associated with assessment is choice. *We recommend that the Department build on its successes introducing video and telephone assessments during the pandemic. In particular, now it knows that remote assessments are possible on a large scale, that it completes its evaluation as soon as possible and commits to informing claimants of the options available and allowing them to choose what suits them best before booking an assessment.***

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104 [Q54](#)

105 [Q285](#)

106 [DWP, Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para 110

## 3 Technical and operational challenges

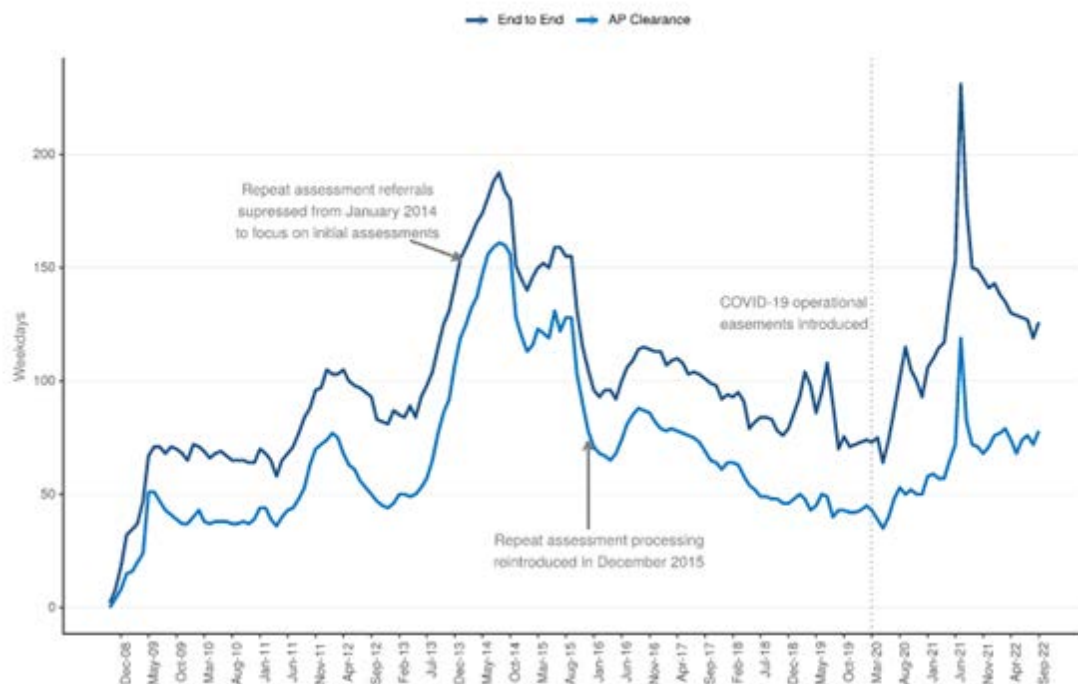
43. We have discussed some of the wider impacts the experience of health assessments can have on claimants. In this Chapter we turn to some specific operational issues which have contributed to a poor claimant experience.

### Timescales and waiting times

#### *Waits for assessments*

44. There are currently long waits for both PIP assessments and ESA Work Capability Assessments (WCAs), although they have decreased. For initial ESA WCAs, the median end-to-end clearance time was 126 working days in September 2022.<sup>107</sup> This had peaked at 233 days in July 2021.<sup>108</sup> The end-to-end figure includes all steps from application to decision. The part played by APs is usually around half of the total time. Figure 2 shows ESA WCA clearance times with key operational changes marked.

**Figure 2: ESA: Median clearance times for initial claims: showing end-to-end clearance times and referral to assessment provider recommendation (Working days) December 2008 to September 2022**



Source: DWP: National statistics, [ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2023](#)

<sup>107</sup> DWP: [National statistics, ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2023](#), 9 March 2023

<sup>108</sup> *Ibid.* The Department notes: With the suspension of face-to-face assessments, DWP focused on individuals who were more likely to attract a higher benefit award rather than in date order which is usual practice. When face to face assessments resumed in May 2021, DWP was able to revert to prioritising WCAs in date order. This caused a spike in customer journey times in July 2021, when many older cases were assessed.

The Government does not provide UC WCA waiting time statistics, saying in response to a written question in January 2023 that “these could only be provided at disproportionate cost.”<sup>109</sup>

45. For PIP assessments there are similar delays. End-to-end clearance times peaked at 26 weeks (approximately 182 days) in August 2021 before starting to decrease, down to 14 weeks (approximately 98 days) in January 2023.<sup>110</sup> The increased clearance time was mostly due to the AP stage—21 weeks in August 2021 compared to nine weeks in January 2023.<sup>111</sup> Figure 3 shows clearance times since April 2013 for new and reassessed claims. Both DWP and the APs pointed to increased demand as well as delays caused by the pandemic for driving up waiting times. Katie Farrington, Director General for Disability, DWP, told us:

The first quarter of 2022 we had more claims for PIP than we have ever had—200,000 claims in that period compared with 135,000 claims for the equivalent period in 2019. We are seeing extremely significant demand for this service.<sup>112</sup>

Providers told us they were responding by increasing capacity. Stuart Paterson explained IAS had:

Made significant improvements in our capacity through various changes that we have made in our recruitment, onboarding and training strategies. We are seeing the capacity of our service grow significantly: it has grown by about 35% in the last 12 months in the number of assessments that we can deliver.<sup>113</sup>

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109 [PQ 1200 8](#) [Employment and Support Allowance and Universal Credit: Work Capability Assessment] 16 January 2023

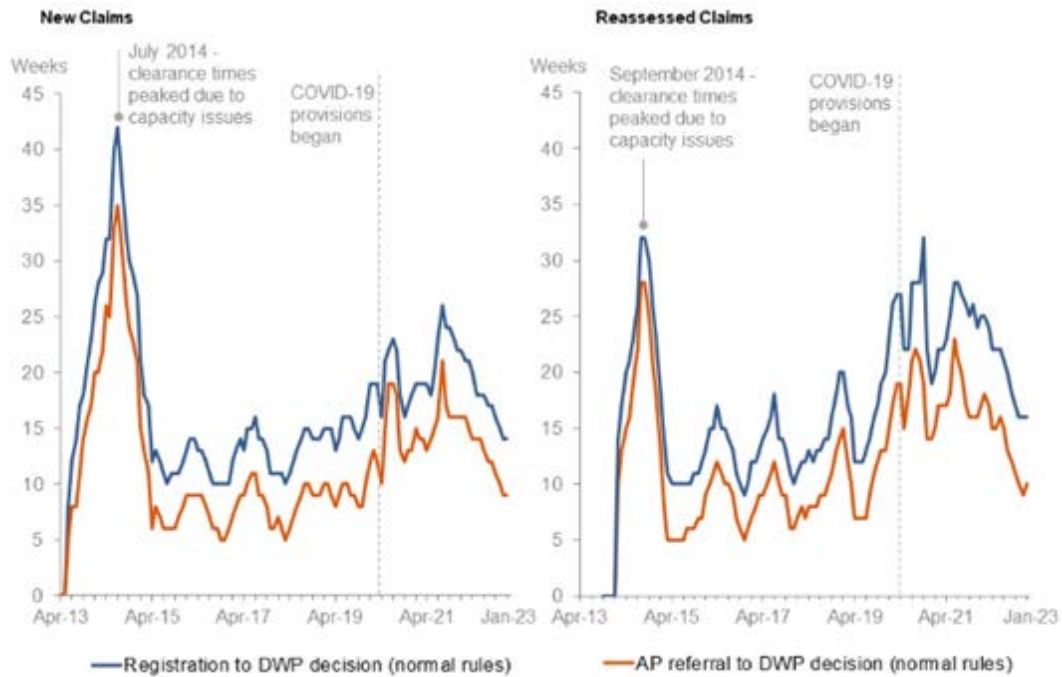
110 DWP, [PIP: Clearance/Outstanding Times and Customer Journey statistics to January 2023, England & Wales \(XLS\)](#), 1A

111 *Ibid.*

112 [Q463](#)

113 [Q304](#). See also Independent Assessment Services ([HAB0130](#))

Figure 3: PIP clearance times (median weeks) to January 2023



Source: DWP, [Official Statistics: Personal Independence Payment statistics April 2013 to January 2023](#) Official Statistics: [Personal Independence Payment statistics April 2013 to January 2023](#)

46. Once decisions are made, there are further delays if the claimant wishes to challenge. Charles Smith, Senior Policy Researcher, Citizens Advice, told us:

The latest stats say around 78 days for a mandatory reconsideration decision. That has gone up and down massively during the pandemic but that is almost as long as the initial application process. That still indicates that MR is acting as a bit of a hurdle to pass rather than a quick decision that avoids people having to go to tribunal.<sup>114</sup>

Waiting times for MRs have fallen since this peak and are now at 30 days for PIP and 47 for ESA WCAs.<sup>115</sup> However, if MR does not lead to an overturned decision, there is another prolonged wait for appeals. At tribunal, between October and December 2022, the average age of Social Security and Child Support cases at disposal was 24 weeks.<sup>116</sup>

**47. The application and assessment process can be very stressful for claimants, and unacceptable delays are exacerbating these problems. We recognise that waiting times have begun to fall but are concerned that with increasing demand this could be a recurring problem. We recommend that the new contracts for assessment providers contain explicit clearance time targets with appropriate sanctions where these are missed.**

114 Q54

115 DWP, [Official Statistics: Personal Independence Payment statistics April 2013 to January 2023](#), Section 7; DWP: [National statistics, ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2023](#), Section 6

116 MOJ [Official Statistics, Tribunal Statistics Quarterly: October to December 2022](#), 9 March 2023, main tables, T2. Mean age of cases, includes all social security benefit appeals.

## Assessment rates

48. For ESA claimants, the delays may cause uncertainty, but they can claim ‘assessment rate’ payments while they wait, by providing fit notes to DWP.<sup>117</sup> For PIP claimants, there is no such assessment rate, so delays leave claimants without payments for longer. We raised this in our final session and Katie Farrington explained:

PIP is a bit more complicated [than ESA]. We are trying to work out the impact that the health condition has on somebody’s daily life. About 40% of the people who apply for PIP get an award, so about 60% do not. The risk there is if we were to give someone an assessment rate up front and then later find out down the journey that they are not entitled to the sum, we would end up having to go after them and recover the amount of money, which does not feel like the right thing to do for the customer.<sup>118</sup>

The then Minister Chloe Smith MP added that successful PIP claims were backdated.<sup>119</sup> However, some believed there should be an assessment rate for PIP, as ESA did not cover the extra costs faced by disabled people.<sup>120</sup> The National Association of Welfare Rights Advisers (NAWRA) described mixed views among its members and said that “some felt it was more important to focus on shortening the time for assessing benefit entitlement. If an assessment rate were to be paid [for PIP] it should be non-repayable.”<sup>121</sup>

**49. We recognise that reducing waiting times is vital to ensuring people get the support that they need. However, we are keenly aware that delays are still happening. In line with our recommendation that the Department set clearance time targets, we also recommend that where these are missed, PIP applicants are paid an assessment rate for the remaining time until their claim is decided. This should be non-repayable in the event that a claim is disallowed. Where an award is made, claims should continue to be backdated at the rate awarded, less any amount paid at assessment rate.**

## UC50 delays

50. While DWP does not report figures on UC WCA clearance times, we did hear about a specific issue with UC50 forms, the questionnaire issued when a claimant is referred for a WCA. Daphne Hall, Vice Chair, NAWRA, told us:

The UC50, the form that starts the work capability assessment, is not reliably sent out, so sometimes people are on Universal Credit for months and have not even started the work capability assessment process. [ ... ] The DWP say to us, “Well, if the UC50 does not happen, they just need to let us know,” but the person does not know about the UC50. They think that they

117 Assessment rate is £77 per week for over 25s, equal to that paid to WRAG and to JSA claimants. Normally assessment rate is for 13 weeks but DWP advice currently states: “Because of coronavirus (COVID-19), it’s taking longer than usual to assess claims. Your payments will end after one year if you have not received a decision. You should continue sending fit notes until you get an assessment. Your ESA will be backdated if you’re owed any money after 13 weeks.” DWP, [Employment and Support Allowance \(ESA\), What you’ll get](#), [accessed 3 February 2023] In UC, there is an equivalent 3 month ‘relevant’ period before additional rates are applied on top of standard award for those found to have LCWRA, with some exemptions.

118 [Q462](#)

119 *Ibid.*

120 See for example Sheffield ME and Fibromyalgia Group ([HAB0019](#)); Citizens Advice Sutton ([HAB0022](#)); Royal National Institute of Blind People (RNIB) ([HAB0052](#)); Scope ([HAB0083](#))

121 National Association of Welfare Rights Advisers ([HAB0034](#))

are submitting fit notes and they have told the DWP that they are not fit for work. They do not know about the work capability assessment process, and why should they?<sup>122</sup>

Without official data available, NAWRA and the Strategic Public Law Clinic used evidence from their members and FOI requests to try and build a picture of the extent of this issue.<sup>123</sup> Their investigation suggested the process used internally to trigger a UC50 being sent out had been changed at some point, and was not working reliably.<sup>124</sup> Macmillan Cancer Support also told us that their advisers had spoken to people who had waited longer than expected for their UC50 form, where they could register their cancer diagnoses, “resulting in delays to protection entitlements.”<sup>125</sup>

**51. The process of issuing a UC50 form should be automatic, and claimants should not have to remind the Department to send it to them. DWP should investigate the process for issuing UC50 forms urgently and confirm in its response to this Report what steps it is taking to fix any points of failure identified to improve the process while the Work Capability Assessment and UC50 forms remain in use.**

### **Timeframes for returning evidence**

52. Claimants must complete and return the relevant form—UC50, ESA50 or PIP2—and supporting evidence to begin the assessment process. The deadline is one month for PIP and 28 calendar days for ESA/UC. The Association of Disabled Professionals explained problems with the deadlines:

Upon making initial contact for a claim form, a letter is sent out for a response within four weeks of the date of the letter. However, we are made repeatedly aware that in both PIP and ESA claims, the letter from the DWP (with the attached claim form) is dated at least one week prior to the letter being received by the client. Indeed, in our experience, it is extremely rare for a letter to reach the claimant within five to seven working days of the letter being sent. This results in claimants only having two weeks to gather all the information they need and arrange to complete the form, as well as return it to the DWP. Considering that the PIP form consists of 33 pages that require a detailed response, and the ESA form of 55 pages, this is highly inappropriate. Although we appreciate that the DWP allows claimants to call and ask for further time, if required, we believe that the inappropriate deadlines for a response are unrealistic and intimidating.<sup>126</sup>

Beyond the delays receiving forms, others told us that four weeks was simply not enough time to provide a response. Andy Pike, Head of Policy and Research, The Royal British Legion, told us about the extra challenge veterans might face in accessing their Service medical record within the specified time.<sup>127</sup> Dr Sharrock, representing the BMA, explained that individuals generally should not be requesting information from their GP, and where requests were made a cost might be incurred:

122 [Q273](#)

123 National Association of Welfare Rights Advisers ([HAB0034](#)) See appendix.

124 *Ibid.*

125 Macmillan Cancer Support ([HAB0094](#))

126 Association of Disabled Professionals ([HAB0031](#))

127 [Q185](#)

We would encourage people to not ask for extra information from their GP but to get the Department for Work and Pensions to do it. There is a mechanism within our contract and within the Department for Work and Pensions to fund this work. If a patient then says, “I want you to provide more information” but the Department for Work and Pensions has not requested it, then we would have to charge for that because it is taking me away from clinical work.<sup>128</sup>

Nonetheless, regardless of how the information is requested this still adds to the workload of GPs. The MS Society suggested eight weeks should be standard, with clear information about the right to request an extension.<sup>129</sup> The Disability Benefits Consortium concluded: “there should be no need to return forms within an arbitrary time limit.”<sup>130</sup>

53. Claims are disallowed when the forms are not returned on time, although this can then be challenged by MR. Mind explained how easements during the pandemic helped:

The DWP should also extend the time people have to return the ESA50, UC50 and PIP2 forms and their evidence to three months. During the pandemic, when the usual one month was extended to three, it has been easier for people to get the evidence they need and has meant the DWP has made the right decision the first time more frequently. Permanently making this time period three months instead of one would reduce the need for Mandatory Reconsiderations or Appeals.<sup>131</sup>

DWP’s PIP statistics confirm this, noting:

The spike in the proportion of awards that changed in July 2021, following a dip in the preceding months, was a natural consequence of the rise in MRs relating to patterns of disallowances pre-referral to the Assessment Provider. This was mainly due to the non-return of PIP2 forms following changes in the time allowed for these returns and automatic disallowances for those who missed the deadlines.<sup>132</sup>

**54. Giving people sufficient time to gather relevant evidence for their claim could reduce the stress involved for claimants and improve the quality of information available to the assessment provider. In turn this could lead to better initial decisions and reduce the number of Mandatory Reconsiderations due to either unreturned forms, or missing evidence. DWP should extend the deadline for returning ESA50, UC50 and PIP2 forms and accompanying evidence to two months.**

## Accessibility

55. The previous Committee discussed accessibility problems in its Report.<sup>133</sup> We heard that there have been some improvements in this area since that Report was published. Citizens Advice described the introduction of remote assessments as a “leap forward in

128 Q218

129 MS Society (HAB0059)

130 Disability Benefits Consortium (HAB0104)

131 Mind (HAB0040)

132 DWP, [Official Statistics: Personal Independence Payment statistics April 2013 to January 2023](#), Section 7

133 Work and Pensions Committee, [PIP and ESA assessments](#), Seventh Report of Session 2017–19, (HC 829) 14 February 2018, p16–17

accessibility for many claimants.”<sup>134</sup> The APs also highlighted work they had undertaken since to improve information available to claimants, such as video explainers.<sup>135</sup> Hannah Nicholls-Harrison, Policy Officer, Mencap, welcomed the push for more Easy Reads.<sup>136</sup>

56. However, we continued to hear of challenges people faced at different stages of the process, often due to limited options available for different formats, and the very slow move to digital solutions. On accessible formats, Tracey Lazard, Chief Executive Officer, Inclusion London, told us:

There have been a few improvements, but they are quite ad hoc and reactive. Some information has been provided in easy-read, for example, but overall it is patchy. Apparently there is a reasonable adjustments policy now, but you cannot get hold of it so it is rendered quite useless. Therefore, we need the DWP to have a policy and to publicise that policy about what it will do, what adjustments it will make. It has a duty to anticipate those adjustments and to share that. It would make the process so much easier if claimants knew what they could ask for, but that is not happening.<sup>137</sup>

Some survey respondents noted differences between the PIP and ESA forms, saying the latter was easier to complete. One told us:

ESA was stressful but straightforward. PIP is a nightmare. There is no possible way anyone can complete a PIP form on their own. I have a degree but needed the help of a support worker. It made me feel like a criminal.<sup>138</sup>

In its Health and Disability White Paper, the Government highlighted work to improve the PIP application process, including digital solutions, clearer instructions and information sharing.<sup>139</sup>

**57. We welcome the improvements that have been made on accessibility but are concerned that these efforts have not gone far enough. Support and guidance are also welcome, but simplifying forms will improve the experience for all. *In response to this Report, the Department should detail what changes it plans to make to the PIP2 form to make it easier for claimants to complete it themselves.***

**58. We welcome that DWP has made some improvements so that the assessments process is more accessible. However, we heard that these changes “are quite ad hoc and reactive”. *In response to this Report, the Government should set out how many legal challenges it has faced relating to failure to make reasonable adjustments for health assessments for benefits in the last five years, broken down by year.***

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134 Citizens Advice ([HAB0065](#))

135 Maximus ([HAB0145](#)); Independent Assessment Services ([HAB0130](#))

136 [Q54](#)

137 [Q130](#)

138 Anonymous survey respondent.

139 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, paras 115–123

## Digital services

59. The previous Committee recommended allowing PIP applications by e-mail, which DWP rejected on security grounds.<sup>140</sup> Paul Gray, leader of the independent reviews of PIP, contrasted the ‘digital by default’ focus of the UC rollout with the PIP process, characterising it as “digital when we can eventually get round to it.”<sup>141</sup> There has been improvement, with an online PIP2 form now offered once claimants have called to begin their application, and DWP Director Katie Farrington also highlighted “PIP Apply”, the small scale online service launched in January 2022.<sup>142</sup> One of the key features of the HTP is the creation of “a single digital platform”, although timescales are still not clear. Responding to a question in January 2023 about the creation of an online portal for PIP, Tom Pursglove MP detailed work on the HTP and said DWP was “developing the new PIP service carefully and incrementally.”<sup>143</sup>

60. On the opportunity to manage claims online, Cambridge ME Support Group explained why choice would be needed:

It also improves accessibility as many people with ME/CFS struggle with verbal communication on the phone. However, it should not be mandatory as other people have issues with processing written information, typing, screen use etc. Also, basic access to the internet at home is not a given, so alternatives must be kept available.<sup>144</sup>

Charles Smith of Citizens Advice echoed concerns about digital access:

One thing to emphasise there is we need to both maintain offline methods and invest in offline methods of applying, and also make sure any innovations and changes that are happening to make the process better are happening in the offline methods as well as on the new platform. Because we think going forward—and probably for as long as we can see—a very large number of people will need to apply offline; far more than applied for certain other benefits.<sup>145</sup>

**61. Just as a one-size-fits-all approach does not work for assessments, the same is true for applications and contact channels. We welcome progress towards better online provision, but digital does not work for everyone and people’s independence should not be compromised by poor accessibility. As the Department moves towards a single digital platform for health benefits, it must ensure the system is accessible to everyone, and that alternative formats and channels are easily available to those that need them, and maintained and updated in the long-term alongside the digital platform.**

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140 Work and Pensions Committee, [PIP and ESA assessments: Government Response to the Committee’s Seventh Report of 2017–19](#), Eighth Special Report of Session 2017–19 (HC 986), 23 April 2018, p.7–8

141 [Q28](#)

142 [Q491](#)

143 PQ 129779, [Personal Independence Payment] 26 January 2023

144 Cambridge ME Support Group, CBME ([HAB0041](#))

145 [Q74](#)

## Reassessments

62. We have detailed already how stressful and time consuming many find the initial assessment process. Most claimants will need to undergo periodic reassessment to continue receiving their benefits. NAWRA explained that some claimants “live in fear of reassessments, particularly where they previously had to go through the appeal process.”<sup>146</sup> It was also a common frustration for our survey respondents, and the Disability Benefits Consortium said that “repeat assessments where there is clearly no possibility of change are both frustrating, stressful and a waste of resources.”<sup>147</sup> The Government introduced a mechanism in 2017 to ‘switch-off’ reassessment for ESA/UC claimants under the ‘severe conditions criteria’.<sup>148</sup> By November 2020, this had led “to 120,000 people on ESA no longer needing routine repeat WCAs.”<sup>149</sup>

63. The Health and Disability Green Paper outlined plans to build on the severe conditions criteria and introduce a Severe Disability Group (SDG) which would apply to PIP as well as ESA and UC.<sup>150</sup> The Government said it was “working with a group of health and social care professionals to help us develop the criteria for the SDG and identify the evidence that would be required to meet them.”<sup>151</sup> The White Paper confirmed that “a test of the SDG began in Autumn 2022. This policy will be tested on a small scale across a range of health conditions.”<sup>152</sup> While welcoming moves to reduce reassessment, some told us they had concerns about the criteria and a perceived focus on physical health conditions. Jasmine Wyeth, Senior Policy Officer, Rethink Mental Illness said: “We want to see a redesign of that criteria to focus more on mental illness. We also think it fails to account for fluctuating and invisible conditions.”<sup>153</sup>

64. Evan John, Policy and Public Affairs Adviser, Sense, explained that many people with complex conditions that will not improve still work, and that focusing only on those who will never work “would mean that lots of people who we support would miss out.”<sup>154</sup> Jane Hunt, Chair, Association of Disabled Professionals, also noted “PIP and WCA [ESA/UC] are totally different benefits and there are severely disabled people who work.”<sup>155</sup> Tracey Lazard added:

The disabled people’s rights movement and disabled people’s organisations have been led by people who would have been labelled as unable to ever work, but because the right support was put in place, that was not the case. So let’s stop unnecessary reassessments and let’s base that on somebody’s impairment rather than recreating another group of people, another label for people.<sup>156</sup>

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146 National Association of Welfare Rights Advisers ([HAB0034](#))

147 Annex 1; Disability Benefits Consortium ([HAB0104](#))

148 DWP [Severe Conditions criteria](#) V3.0 To qualify they must have a severe, lifelong disability, illness or health condition that is unambiguous and with no realistic prospect of recovery of function, and they must be unlikely to ever be able to move into work

149 DWP, [Shaping Future Support Green Paper evidence pack](#), part 10 [updated 21 July 2021]

150 DWP, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, July 2021, paras 210–214

151 *Ibid.* para 214

152 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para 128

153 [Q174](#)

154 [Q60](#)

155 [Q135](#)

156 [Q136](#)

In the quarter ending January 2023, 9% of new claims awarded were ongoing, with no end date and a “light-touch review at the 10-year point.”<sup>157</sup> The Disability Benefits Consortium welcomed these but said “there is still scant information on what this light touch review will look like in practice”.<sup>158</sup> Citizens Advice said: “Auto-renewals/life-long awards need to be applied more often.”<sup>159</sup>

**65. We welcome efforts to reduce unnecessary reassessments for people whose conditions or needs are unlikely to change. However, ESA/UC and PIP are different benefits with different purposes, and this must be reflected in any criteria for reassessment. The Department should adopt a version of the severe conditions criteria for PIP, effectively ending the need for reassessment as it does in ESA/UC. If this is achieved through the Severe Disability Group, which the Department is currently testing, the criteria must be developed to recognise the differences between ESA/UC and PIP, and not focus solely on a claimant’s ability to work.**

## Use of evidence

66. The previous Committee found problems around the use of evidence, with claimants often not knowing what was needed.<sup>160</sup> In the Response to the Report the Government committed to improving information for claimants and medical professionals to improve the provision of relevant evidence.<sup>161</sup> We heard concerns that HPs were not using evidence, or not seeking it where they should, with some questioning the Department’s assertion that overturns were due to new evidence.<sup>162</sup>

## Descriptors and understanding conditions

67. Louise Rubin, representing Scope, noted that the descriptors were “still very medical in nature. They do not reflect the social model, the real-world barriers that people face.”<sup>163</sup> Tracey Lazard, of Inclusion London, characterised the WCA as “crude”, noting it did not consider barriers such as transport in different areas which may affect whether someone could work.<sup>164</sup> Chronic Illness Inclusion recommended a “more holistic assessment model”, saying that “fit for work/not fit for work is a false binary” and the WCA does not take account of external factors such as support available and the attitude of employers.<sup>165</sup>

68. Citizens Advice told us the descriptors in both assessments were not always appropriate for mental health conditions:

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157 DWP, [Official Statistics: Personal Independence Payment statistics April 2013 to January 2023](#), Section 4

158 Disability Benefits Consortium ([HAB0104](#))

159 Citizens Advice ([HAB0065](#))

160 Work and Pensions Committee, [PIP and ESA assessments](#), Seventh Report of Session 2017–19, (HC 829) 14 February 2018, p.22 e.g. claimants assuming DWP had access to their medical information.

161 Work and Pensions Committee, [PIP and ESA assessments: Government Response to the Committee’s Seventh Report of 2017–19](#), Eighth Special Report of Session 2017–19 (HC 986), 23 April 2018, p.10

162 For example. [Q114](#) [Marc Francis]; [Q253](#) [Minesh Patel]; Zacchaeus 2000 Trust (Z2K) ([HAB0054](#))

163 [Q65](#)

164 [Q120](#)

165 Chronic Illness Inclusion ([HAB0129](#))

Claimants find it difficult to relate how their experiences measure against them, as they are centred around many activities that they may be physically able to complete, but instead are lacking the energy or motivation to take on reliably, or everyday.<sup>166</sup>

DWP has recently had to review around a million PIP claims after a ruling that a descriptor on a claimant's ability to plan and follow a journey was not being applied correctly in cases of overwhelming psychological distress.<sup>167</sup>

69. Several organisations thought that the descriptors were not appropriate for fluctuating conditions, where the 'reliability' criteria were also important.<sup>168</sup> Coventry Citizens Advice noted:

The biggest flaws are the lack of emphasis given to whether claimants can perform listed tasks 'safely, repeatedly, competently and in a timely manner'. These requirements are frequently ignored.<sup>169</sup>

Citizens Advice Gateshead provided an example for PIP:

Sometimes clients can manage to perform an activity in the moment—such as a short walk, climbing stairs, or other daily living activities in one day—but then due to this exertion, are unable to get out of bed the next. This is particularly true of ME/CFS (Myalgic encephalomyelitis or chronic fatigue syndrome) and post-viral chronic conditions such as long covid.<sup>170</sup>

70. The Brain Charity, which supports people with neurological conditions, suggested some changes for PIP descriptors including increasing the mobility criteria to 50m and including a wider range of activities, such as laundry or shopping, to get a more well-rounded assessment.<sup>171</sup> They added that: "the ESA descriptors are much better than the PIP descriptors in that they cover a much wider range of activities which claimants may struggle with."<sup>172</sup> The Government rejected calls to widen access to the mobility component in the Health and Disability White Paper.<sup>173</sup> It did not detail any plans to update the descriptors, although on fluctuating conditions it said the Department would "explore options for introducing a new way of gathering evidence of fluctuation in a person's condition before their assessment."<sup>174</sup>

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166 Citizens Advice ([HAB0065](#))

167 DWP, [Research and analysis: PIP administrative exercise: progress on cases cleared, at 30 November 2022](#) Published 15 December 2022. We have recently written to the Department seeking more information about this review: Correspondence with Minister Tom Pursglove, [21 February 2023](#). A similar exercise reviewing 4,000 cases was recently completed for another ruling, involving impaired/ deaf claimants: DWP, [Research and analysis, PIP administrative exercise \(decision KT and SH\): progress on cases cleared, at 28 February 2023](#), Published 16 March 2023

168 See for example: [Q236](#) [Mark Jackson]; Sheffield ME and Fibromyalgia Group ([HAB0019](#)); Mind ([HAB0040](#)); Cystic Fibrosis Trust ([HAB0050](#)); Disability Rights UK ([HAB0051](#)); Nottingham Trent University ([HAB0056](#)); MS Society ([HAB0059](#)); Money and Mental Health Policy Institute ([HAB0062](#)); Chronic Illness Inclusion ([HAB0066](#)); Scope ([HAB0083](#)); Crohn's & Colitis UK ([HAB0093](#)); Royal British Legion ([HAB0097](#)); Endometriosis UK ([HAB0098](#))

169 Coventry Citizens Advice ([HAB0014](#))

170 Citizens Advice Gateshead ([HAB0032](#))

171 The Brain Charity ([HAB0038](#));

172 *Ibid.*

173 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para 97

174 *Ibid.* para 124

71. In addition to the descriptors, we heard that the lack of specialism on the part of assessors meant they often had a poor understanding of conditions, which made it harder to apply them effectively.<sup>175</sup> Evan John, representing Sense, explained:

We recognise that it would be impossible for somebody to be an expert in every single condition, but in that case assessors should have access to perhaps a briefing put together by a specialist or a conversation with a specialist to make sure that they understand the challenges that the person having the assessment might face.<sup>176</sup>

Antony King noted that most claimants “have multiple conditions. Having a specialist in one particular area may not be that advantageous.”<sup>177</sup> Stuart Paterson told us that for IAS the “operational challenge would be real” if they were to introduce specialisation for HPs but that they were open to testing it.<sup>178</sup> The then Minister said she was “unwilling to place any constraints on the overall system that might slow it down.”<sup>179</sup> However, in the Health and Disability White Paper DWP confirmed that “this year, we will begin testing matching people’s primary health condition to a specialist assessor.”<sup>180</sup>

### Medical evidence

72. One of the most common sources of evidence will be a claimant’s GP, or other medical professionals involved in their treatment. However, while they can confirm diagnoses and prescriptions, we heard that they may not know exactly what is needed for a functional assessment. Dr Kieran Sharrock, Acting Chair of the General Practitioners Committee (GPC), British Medical Association, told us:

Most GPs have done very minimal training in occupational health medicine and, therefore, we are not in the best position to advise people about whether they are fit or not to work. What we can do is to provide factual information about their medical condition, and we can obviously advise about management of said medical condition. We do not really understand how medical conditions impact on people’s ability to work and, therefore, it is not something that a general practice is best positioned to do.<sup>181</sup>

Dr Sharrock told us GPs relied on patients telling them about the impact of their condition on their lives, and added that:<sup>182</sup>

I think that maybe we don’t necessarily have the information that is needed because, as I say, we are treating the patient’s condition and not necessarily asking about activities of daily living or the further and deeper impacts on their lives.<sup>183</sup>

175 For example: Zacchaeus 2000 Trust (Z2K) ([HAB0054](#)); Citizens Advice Gateshead ([HAB0032](#)); Crohn’s & Colitis UK ([HAB0093](#)); MS Society ([HAB0059](#)); Endometriosis UK ([HAB0098](#))

176 [Q58](#)

177 [Q328](#)

178 [Q328](#)

179 [Q449](#)

180 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para 114

181 [Q213](#)

182 [Q221](#)

183 [Q224](#)

73. In his second review of PIP in 2017 Paul Gray highlighted the limitations of medical evidence for what is a functional assessment.<sup>184</sup> He told us that, while guidance had improved:

I suspect this is a journey that is not yet complete and there is a difficult point for people to recognise that people with the same underlying medical conditions can have very different functional impacts.<sup>185</sup>

### **Carers and family members**

74. Carers and family members are often the people who spend the most time with claimants, and we heard they can provide vital evidence. Paul Gray recommended in 2017 that their evidence should be given “due weight in the assessment process”.<sup>186</sup> Patricia Vespucio, Team Leader, Advice Service, GIPSIL, explained:

There is also a group of people who might lack insight into their conditions, or not their health condition but how it affects them. I have had clients who will say, “I love reading. I love cooking”, but it is only when you talk to their carers that you understand that there is a real need there. That evidence needs to be sought when there is evidence that the person lacks insight.<sup>187</sup>

However, Aaron Dryden, Director of Carer Support, Carers UK told us:

What carers tell us is that when they engage with medical assessments with their cared-for person, it is incredibly patchy how their input is received and whether it is welcome.<sup>188</sup>

The PIP Guidance for Assessors is explicit that evidence from carers and family can be considered, and that “companions may play an active role in helping claimants answer questions where the claimant or HP wishes them to do so.”<sup>189</sup>

### **Informal observations**

75. At the assessment, HPs can make ‘informal observations’ about the claimant, and these can be fed into the report. Examples include their appearance, manner, hearing ability and walking ability.<sup>190</sup> Louise Rubin told us:

When we talk about trust, we also hear a lot about informal observations and how that erodes trust in the system. People feel that it does not matter what they say, people are going to make a judgment based on what they are wearing or how they look or how they move before the assessment begins.<sup>191</sup>

184 DWP, [Independent report: Personal Independence Payment \(PIP\) assessment: second independent review](#), Paul Gray (March 2017) Chapter 3, p.32

185 [Q37](#)

186 DWP, [Independent report: Personal Independence Payment \(PIP\) assessment: second independent review](#), Paul Gray (March 2017) p.8 para 17

187 [Q137](#)

188 [Q226](#)

189 DWP, [PIP assessment guide part 1: the assessment process](#) [Updated on 21 July 2022] p.44 & p.31

190 DWP, [PIP assessment guide part 1: the assessment process](#) [Updated on 21 July 2022] p.26

191 [Q77](#)

Some of our survey respondents perceived that these observations were inaccurate or misinterpreted their conditions based on superficial appearance. For example:

I am jovial by nature and self-deprecating in regard to my lifelong illness. The assessor who laughed along with me even though I was exhausted and in agony stated in my assessment that I couldn't have depression as I was joking.<sup>192</sup>

76. Worryingly we also received anonymous personal accounts of claimants feeling they were tricked or tested in some way. Examples included being made to park further away to see if they could walk a specified distance, lifts being unavailable, and a glass of water being spilled on them, which they suspected was to test if they could move to avoid it.<sup>193</sup> Examples like these were put to the Minister, with the Department writing to us afterwards to say that it wanted:

to stress strongly that the department has no policy permitting providers to engage in the 'covert surveillance' practices [ ... ], and we aim to make assessment centres fully accessible for disabled people.<sup>194</sup>

While covert surveillance may not be policy, informal observations are allowed and encouraged, with the guidance stating:

They [informal observations] may also show discrepancies between the reported need and the actual needs of the claimant. However it is important to balance informal observations with evidence from professionals who may have observed the claimant more regularly."<sup>195</sup>

**77. DWP provides assessors with guidance on issues including evidence use, contributions of family members and carers, and informal observations which, if correctly followed, would address many of the concerns raised in this area. The accounts we have heard in this inquiry, and those from the previous Committee's inquiry, suggest that, too often, guidance is not followed correctly. We believe this points to fundamental weaknesses in the Department's quality control over its contractors, which we return to later in this Report. We recommend the Department reviews the guidance on carers' and family members' evidence to assess why they may still not be being given due weight, and confirm what action it will take to ensure assessment providers are following it correctly. We also recommend the Government urgently investigate the use of covert surveillance by assessors, working with organisations that support claimants to establish whether this practice is widespread, and work with the assessment providers and contractors to ensure claimants are treated fairly and in line with the guidance.**

**78. We welcome the plans outlined in the Government's Health and Disability White Paper to test specialist assessors and to address the challenges of assessing fluctuating conditions. But we were disappointed that there do not appear to be wider plans to**

192 Anonymous survey respondent.

193 Anonymous ([HAB0162](#)); Anonymous ([HAB0161](#))

194 Correspondence with Minister of State for Disabled People, Health & Work, [24th August 2022](#)

195 DWP, [PIP assessment guide part 1: the assessment process](#) [Updated on 21 July 2022] p.26

**overhaul descriptors. We request that the Government confirm in response to this Report whether it is still reviewing the descriptors, and if not, what evidence it has found that those currently in use are fit for purpose.**

## 4 Decision-making

79. As we outlined in the introduction, while most claimants get a correct decision first time—or at least do not challenge the initial decision—MR and appeal data suggest there are problems with decision-making for a sizeable minority. This Chapter will explore the extent of this problem and consider what may be going wrong in the assessments and the DWP decision-making that follows them.

### Mandatory Reconsiderations and Appeals

#### *Personal Independence Payment*

80. Since PIP was introduced in April 2013, 6.4 million registrations have been cleared.<sup>196</sup> Of these, 3.2 million, or 51%, were awarded PIP, and 3.0 million, or 47%, were disallowed.<sup>197</sup> Claimants can ask for an MR for claims disallowed at any stage, or if they disagree with the rate awarded. In the last five years, 34% of all the 1.2 million PIP MRs cleared resulted in a change to award.<sup>198</sup> This includes all stages including those disallowed prior to assessments.<sup>199</sup> DWP's 'experimental statistics' show that for MRs of initial decisions—where an assessment has taken place—the overturn rate is lower, at 21%.<sup>200</sup> There has been significant variation in the MR overturn rate. After the Department introduced a new operational approach in 2019—seeking additional evidence at MR stage—the overturn rate increased from around 20% to 40% by December 2019, before covid-19 changes caused further fluctuation. It has since decreased back to 23% in January 2023.<sup>201</sup>

196 DWP, [Official Statistics: Personal Independence Payment statistics April 2013 to January 2023](#), Section 3

197 *Ibid.* The remainder of claims were withdrawn.

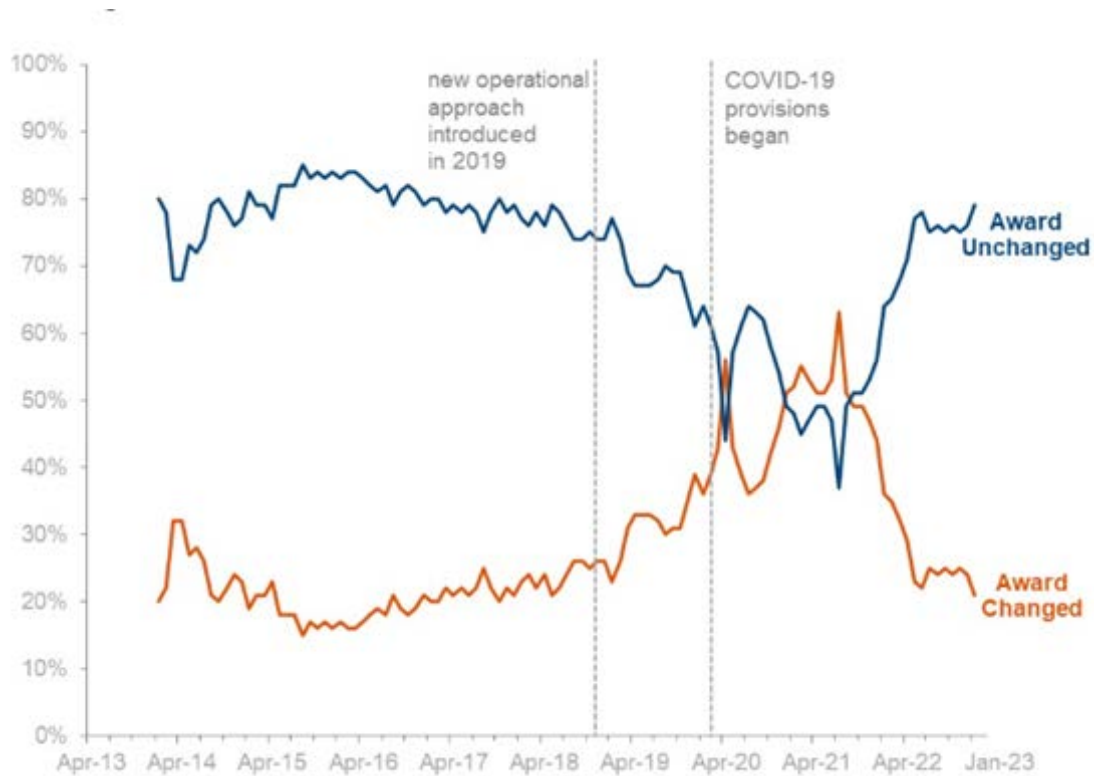
198 *Ibid.* [Section 7. Mandatory Reconsiderations \(MRs\)](#)

199 *Ibid.* These included claims disallowed when forms or evidence are not returned in time, before an assessment.

200 *Ibid.* [Section 8. Customer Journey \(Experimental\) Statistics.](#)

201 *Ibid.* [Section 7. Mandatory Reconsiderations \(MRs\)](#)

Figure 4: PIP—MR clearance outcomes (excluding withdrawn MRs) to January 2023



Source: DWP, [Official Statistics: Personal Independence Payment statistics April 2013 to January 2023](#)

81. If claimants are unhappy with the result at MR, they can then proceed to tribunal. At this stage, the overturn rate is higher, with 69% of decisions overturned between October and December 2022, consistent with the overturn rate since 2013.<sup>202</sup> The number who pursue their challenge through to appeal is substantially lower. Less than half of PIP applicants whose award was unchanged at MR following an assessment continued to appeal between April 2013 to September 2022.<sup>203</sup> We discuss claimants' experience of the MR and appeal process in our survey summary in Annex 1. Some suggested the stress of challenging decisions was a deterrent, even if they felt they deserved a different award, and some feared losing their award altogether.<sup>204</sup>

### **Employment and Support Allowance**

82. As UC replaces income-related ESA, the caseload for ESA WCAs has declined. All initial WCAs are for contributory, New Style ESA. In the quarter to September 2022 there were 25,400 assessments, less than 10% of the number carried out in 2017.<sup>205</sup> In line with this, the number of MRs has fallen dramatically, from 22,000 in March 2017, to 300 registered in January 2023.<sup>206</sup> As with PIP, the MR overturn rate has varied, and is also higher where all stages from the start of a claim are included, rather than just those where

202 MOJ Official Statistics, [Tribunal Statistics Quarterly: October to December 2022](#), 9 March 2023, DWP, [Official Statistics: Personal Independence Payment statistics April 2013 to January 2023](#), Section 8

203 DWP, [Official Statistics: Personal Independence Payment statistics April 2013 to January 2023](#), Section 8

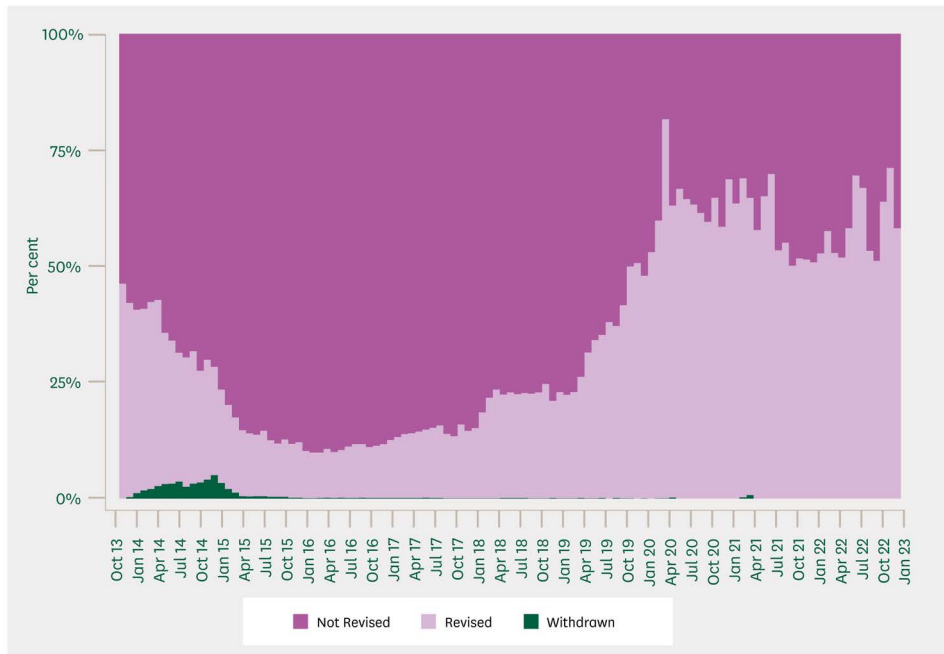
204 Annex 1.

205 DWP: [National statistics, ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2023](#), Section 3. Cases peaked in Q1 2017 at 270,000.

206 *Ibid.* [Section 5](#)

an assessment has taken place.<sup>207</sup> In January 2023 the overturn rate was 57%.<sup>208</sup> It had previously increased to 81% in April 2020, reflecting the new operational approach, as well as the covid-19 impact.<sup>209</sup>

**Figure 5: Monthly percentages of ESA WCA Mandatory reconsideration by outcome, October 2013 to January 2023**



Source: DWP: National statistics, ESA: outcomes of Work Capability Assessments including mandatory reconsiderations and appeals: March 2023, Section 6

83. For claimants who went on to appeal, the overturn rate has also varied. For all appeals since October 2013, it was 66%, similar to that for PIP.<sup>210</sup> In the quarter ending in January 2023, it was 48%, although the number of cases has fallen substantially, making the averages more volatile.<sup>211</sup>

### **Universal Credit WCAs and other health-related benefits**

84. Unlike for ESA, the Government does not publish detailed statistics for UC WCAs. In February 2023 the Department announced it would start to publish quarterly experimental statistics on UC WCAs in June this year.<sup>212</sup> However, it is unclear whether this will include figures on MRs.<sup>213</sup> Tribunal figures for UC include all UC claimants and do not separately identify those appealing decisions relating to WCAs.

207 For example, between October 2013 and March 2022, there were 3.3 million ESA WCAs completed and 410,000 MRs, and 17% of these resulted in a revised decision. Overturn rates are higher when a claim is disallowed because the customer failed to attend WCA, provide medical evidence or return questionnaire (82% in quarter ending Oct 22) *Ibid.* [Section 6](#) and [Section 9](#)

208 *Ibid.* [Section 6](#)

209 *Ibid.*

210 *Ibid.* [Section 9](#) Vs 68% for PIP

211 *Ibid.* [Section 7](#) This is based on 320 appeals against Fit to Work findings in the period.

212 DWP, [Official statistics announcement Universal Credit Work Capability Assessment statistics, April 2019 to March 2023](#), 8 February 2023

213 DWP, [Universal Credit statistics, Consultation: Universal Credit Work Capability Assessment statistics](#) [updated 8 February 2023]

85. For Disability Living Allowance (DLA), the overturn rate at MR is quite high and has increased in recent years from 27% in 2016 to 43% in 2021.<sup>214</sup> At appeal, the overturn rate for DLA was similar to PIP and ESA, at 61% for the quarter October–December 2022.<sup>215</sup> Attendance Allowance (AA) and Industrial Injuries Disablement Benefit (IIDB) have lower rates of overturn at MR—less than 10% for IIDB and 22% for AA in 2021.<sup>216</sup> The overturn rates at appeal for AA and IIDB are also lower than for PIP, DLA and ESA, at 33% and 48% respectively for the quarter ending December 2022.<sup>217</sup> We discuss these further in the next chapter. The table below shows the number of cases, the proportion cleared with and without a hearing, and the rate at which the DWP decision was overturned, by benefit type, for the last five years.

**Table 4: Tribunal cases and percentage overturned by benefit type 2017/18 to 2021/22**

		AA	DLA	ESA	IIDB	PIP
Financial year	Disposals and outcomes					
2017/18	Total disposals	550	7,452	80,371	1,283	98,488
	Cleared at hearing	82%	89%	87%	90%	85%
	Cleared without hearing	18%	11%	13%	10%	15%
	Overturn rate at hearing*	25%	60%	68%	45%	68%
2018/19	Total disposals	648	10,189	65,362	1,361	103,183
	Cleared at hearing	86%	89%	85%	92%	81%
	Cleared without hearing	14%	11%	15%	8%	19%
	Overturn rate at hearing*	29%	66%	73%	51%	73%
2019/20	Total disposals	678	9,607	38,814	1,127	110,675
	Cleared at hearing	89%	85%	83%	91%	70%
	Cleared without hearing	11%	15%	17%	9%	30%
	Overturn rate at hearing*	34%	69%	77%	48%	77%

214 PQ 1436 9 [Grouped response on Disability Living Allowance, Attendance Allowance, Industrial Injuries Disablement Benefit] 21 February 2023

215 MOJ Official Statistics, [Tribunal Statistics Quarterly: October to December 2022](#), 9 March 2023

216 PQ 1436 9 [Grouped response on Disability Living Allowance, Attendance Allowance, Industrial Injuries Disablement Benefit] 21 February 2023

217 MOJ Official Statistics, [Tribunal Statistics Quarterly: October to December 2022](#), 9 March 2023

Financial year	Disposals and outcomes	AA	DLA	ESA	IIDB	PIP
2020/21	Total disposals	617	7,647	9,033	658	89,633
	Cleared at hearing	89%	86%	83%	93%	61%
	Cleared without hearing	11%	14%	17%	7%	39%
	Overtake rate at hearing*	38%	69%	76%	52%	76%
2021/22	Total disposals	392	5,409	4,261	468	56,683
	Cleared at hearing	86%	79%	73%	90%	58%
	Cleared without hearing	14%	21%	27%	10%	42%
	Overtake rate at hearing*	33%	65%	59%	43%	70%

Source: Ministry of Justice, [Official Statistics: Tribunal Statistics Quarterly: July to September 2022](#), Main tables \*Excludes those cleared without hearing. These include strike outs, superseded and withdrawals prior to a hearing (including lapsed as below) where there is no Tribunal judgement.

### Lapsed appeals

86. Lapsed appeals occur when the Department changes its decision before the appeal is heard.<sup>218</sup> As they are not counted in the overturn rate for cases cleared at hearing, this suggests a higher incidence of incorrect initial decisions than the overturn rates show. Around a fifth of PIP appeals registered were lapsed between 2013 and 2022.<sup>219</sup> The Department suggested their use was a positive in the Green Paper, as it meant decisions were changed earlier.<sup>220</sup> Caroline Selman, Research Fellow, Public Law Project (PLP), observed “that resolving things at sooner stages is better than at an even later stage, but it is still at a very late point when you are lapsing it at that point.”<sup>221</sup> PLP brought a case against DWP to challenge their practices after their client ‘K’ was pressured into allowing her appeal to be lapsed for a lower award than she was seeking.<sup>222</sup> PLP explained that “in settlement of this case, DWP agreed to amend its policies and guidance as detailed in a Consent Order.”<sup>223</sup>

### Why are decisions overturned?

87. We heard different explanations for the high overturn rate at appeal. The Department told us in response to our call for evidence:

218 42% of PIP appeals were cleared without a hearing in 2021/22, increasing since 2014/15. For ESA it was 27% in 2021/22. Ministry of Justice, [Official Statistics: Tribunal Statistics Quarterly: July to September 2022](#), Main tables

219 PQ, [3655](#), [Personal Independence Payment: Scotland] 23 May 2022 (figure relates to GB)

220 DWP, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, July 2021, para 195

221 [Q269](#)

222 Public Law Project ([HAB0058](#))

223 Public Law Project ([HAB0058](#))

Decisions are overturned on appeal mainly because of the claimant’s oral and new written evidence and tribunals taking a different view of the same evidence.<sup>224</sup>

In response to a written question in September 2022, the Department included internal statistics showing that 59% of overturns were recorded as the Tribunal having “reached a different conclusion on substantially the same facts”.<sup>225</sup> This has increased significantly since 2015 when only 13% of overturns were recorded against this reason.<sup>226</sup> This suggests a substantial change since the Department carried out research on Tribunal outcomes in 2012.<sup>227</sup>

88. Dr Paul Litchfield, who led the 2013 and 2014 independent reviews of the WCA at DWP, pointed to the strict protocols governing the initial decisions, and greater discretion available to tribunals:

I witnessed that in the tribunals I attended. People were able to express how they were coping and the tribunal made a common-sense decision, built on compassion, which said that clearly this person is not going to be capable for work.<sup>228</sup>

Others told us the assessment system was about ‘gatekeeping’, or catching people out, and that disabled people felt they were often not believed at assessment.<sup>229</sup> Some told us the overturn rates revealed a system that was simply not working, and in some cases was causing harm.<sup>230</sup> Dr Litchfield added:

I do think sometimes we try to devise systems to catch out the relatively small minority that is trying to cheat the system. By doing that we will quite often disadvantage vulnerable, very genuine people.<sup>231</sup>

### ***DWP decision makers and a new operational approach***

89. While the majority of the evidence we received concerned the assessment providers (APs), some noted the role of DWP decision makers. Paul Gray highlighted the lack of dialogue, and a “mutual suspicion” between the APs and DWP decision makers when he undertook his reviews of PIP.<sup>232</sup> Suzie Frew, Lead Nurse and Head of Quality, Maximus, told us she was “very conscious that the decision maker may never get to speak to or see the customer”, so it would be the report that would “portray the difficulties that the customer is having.”<sup>233</sup> Dr Litchfield told us that the “decision maker is held back, deliberately kept away from the claimant” and that when they did make contact it often resulted in an increase in points.<sup>234</sup>

224 Department for Work & Pensions ([HAB0079](#))

225 PQ, [42121](#), [Personal Independence Payment: Tribunals] 5 September 2022

226 *Ibid.*

227 DWP, [Social Security and Child Support tribunals: early analysis of appeals allowed from pilot data](#), November 2012

228 [Q6](#)

229 For example: [Q523](#)(Katie Farrington); Mind ([HAB0040](#)); MS Society ([HAB0059](#)); Scope ([HAB0083](#)); Endometriosis UK ([HAB0098](#)); JUSTICE ([HAB0101](#)); Wiltshire Citizens Advice ([HAB0118](#))

230 See for example [Q132](#) (Tracey Lazard); [Q254](#) (Minesh Patel); [Q54](#) (Hannah Nicholls-Harrison)

231 [Q26](#)

232 [Q46](#)

233 [Q350](#)

234 [Q10](#)

90. In 2019, the Government adopted a new “holistic approach to decision-making”, initially for PIP at MR stage and then for ESA/UC and at initial decision stage.<sup>235</sup> This includes extra time and evidence gathering by DWP decision makers, and the Department has credited it with more overturns at MR and fewer appeals.<sup>236</sup> For PIP, both the number of appeals and the overturn rate has decreased since 2019/20.<sup>237</sup> This may be due to a combination of reasons, including covid-19 disruption, but could suggest some improvement in initial decisions.

91. **DWP has introduced changes to the Mandatory Reconsideration process that it says make it a more effective check on decision-making. A worryingly high number and proportion of appeals still result in the Department’s decision being overturned, with implications for wider trust in the system beyond those directly affected. The Department does not provide any data on Mandatory Reconsideration decisions for UC WCAs. Without this, we cannot know whether Mandatory Reconsideration is functioning effectively for one of the largest groups of claimants that rely on it. We recognise the Government has announced it intends to scrap WCAs, but they will remain in use for several years. *When the Government begins to publish data on UC WCAs from June 2023, it must also include data on Mandatory Reconsiderations. DWP should also work with HM Courts and Tribunal Service to ensure it has an accurate understanding of the scale of disability-related UC Tribunals as part of the wider Tribunal Service caseload.***

92. **DWP has not conducted any research on reasons for its losses at Tribunal since 2012—before either PIP or Mandatory Reconsideration were introduced. *We recommend DWP commission and publish research focusing on the costs and effectiveness of Mandatory Reconsideration, as well as practical recommendations for learning from Tribunal, and options for incorporating this into wider reform of health assessments. The Department should commission this work within three months of this Report.***

## The quality of assessments

93. The Department audits the assessment reports of HPs, looking at a random sample and grading them ‘acceptable’, ‘acceptable: HP learning required’, ‘acceptable: report amendment required’ and ‘unacceptable’.<sup>238</sup> The PIP APs targets are:

- 3% or less ‘unacceptable’ reports; and
- a minimum of 85% of reports must be assessed as ‘acceptable’ or ‘acceptable: HP learning required’<sup>239</sup>

235 DWP, [Shaping Future Support: The Health and Disability Green Paper](#), CP 470, July 2021, paras 191–194

236 *Ibid.*

237 Table 4.

238 DWP, [Guidance: PIP assessment guide part 3: health professional performance](#), Updated 21 July 2022, 3.4 Quality audit

239 *Ibid.*

Maximus is subject to similar requirements, varying slightly by service contract year.<sup>240</sup> There are also internal auditing processes within the APs, particularly for new assessors.<sup>241</sup> The previous Committee was unequivocal about the quality of assessment reports:

The Department’s quality standards for PIP and ESA set a low bar for what are considered acceptable reports. The definition of “acceptable” leaves ample room for reports to be riddled with obvious errors and omissions. Despite this, all three contractors have failed to meet key performance targets in any given period.<sup>242</sup>

Since the 2018 report, AP performance against these targets has improved, and we heard that all three were now meeting their contractual quality targets.<sup>243</sup> In addition to the quality targets there are also customer satisfaction targets. The then Minister told us that “they have consistently exceeded those targets of 90% for PIP and 92% for the work capability assessment.”<sup>244</sup>

94. Given the high levels of overturn at appeal we asked the APs how they learned from these. Suzie Frew, representing Maximus, told us:

I have several meetings each month just looking at things like presenting officer outcomes. We take that away, look at it and feed back. If there is a learning need for the practitioner, we will address that. We do not get huge numbers back, but we pick up any specific ones that the DWP feels are important.<sup>245</sup>

Asked if APs heard when decisions were challenged, Suzie Frew added: “We hear in broad terms, but we do not hear individually.”<sup>246</sup>

### **Recording and sharing reports**

95. The Government has so far rejected calls to automatically record assessments and send claimants copies of reports, and instead these are only provided on request. The then Minister explained on recording:

We think that is the right balance, in the sense that recording assessments can indeed improve trust in the process for some claimants. I accept that concept, but it is also true that it is not desired by or appropriate for everybody.<sup>247</sup>

We did hear that the availability of recording when it is requested has improved.<sup>248</sup> In written evidence, Maximus added:

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240 DWP, [Contracts: Health and Disability Assessment Services](#), Published date: 29 April 2022, Section S2.2 Performance Levels

241 *Ibid.*

242 Work and Pensions Committee, [PIP and ESA assessments](#), Seventh Report of Session 2017–19, (HC 829) 14 February 2018, p.44 para 87

243 Maximus ([HAB0158](#)) (as of May 2022); Capita Plc ([HAB0133](#)); Independent Assessment Services ([HAB0130](#))

244 [Q447](#)

245 [Q372](#)

246 [Q374](#)

247 [Q452](#)

248 [Q277](#); Maximus ([HAB0158](#)); Independent Assessment Services ([HAB0159](#)); Capita ([HAB0157](#))

We would be supportive of the recording of assessments becoming standardised with an ‘opt out’, rather than opt-in by request. However, this is ultimately a policy decision for DWP.<sup>249</sup>

Antony King also suggested Capita would support default recording, with an option for opt-out.<sup>250</sup> However, despite the providers being supportive in principle, very few assessments are currently recorded. Only Capita was able to supply data, which showed a peak of 177 assessments recorded in one quarter, equivalent to 0.25% of assessments in 2021.<sup>251</sup> IAS told us they only started tracking requests in May 2022, when they estimated only nine assessments were recorded.<sup>252</sup> In 2021, over 600,000 PIP assessments took place either remotely or face-to-face.<sup>253</sup>

96. Zacchaeus 2000 Trust, an anti-poverty charity, said: “To have made such little progress on this over a period of nearly four years is extremely worrying.”<sup>254</sup> Improving access to recording was widely recommended by respondents to our call for evidence.<sup>255</sup> Asked what proportion of audited assessments were recorded, Antony King told us that “the recording rates are less than 1%, that is a pretty small number overall.”<sup>256</sup>

97. On sending reports to claimants automatically, the then Minister said:

I think it is trusting people to make a request if they wish to. I am comfortable with that as a concept. When claimants receive a letter from DWP informing them of the outcome of their claim, they can request a copy of their assessment report. I have no reason to doubt that claimants would do that if they wished to.<sup>257</sup>

She also shared similar concerns to those she expressed about introducing specialist assessors, saying “I would be very cautious of taking a decision or accepting an argument that risked slowing the system down for everybody.”<sup>258</sup> The Health and Disability White Paper details improvements to the availability of recording, but suggests it will remain an opt-in.<sup>259</sup> On sharing reports, it says:

We have begun to test the feasibility of sharing assessment reports with people making the claim before a decision is made, offering them the opportunity to clarify evidence so that we can make the right decision as early as possible.<sup>260</sup>

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249 Maximus ([HAB0158](#))

250 [Q281](#)

251 Capita ([HAB0157](#)) ; Capita Plc ([HAB0133](#))

252 Independent Assessment Services ([HAB0159](#))

253 Table 2

254 Zacchaeus 2000 Trust (Z2K) ([HAB0054](#))

255 See for example, MS Society ([HAB0059](#)); Zacchaeus 2000 Trust (Z2K) ([HAB0054](#)); Inclusion London ([HAB0064](#)); Citizens Advice ([HAB0065](#)) JUSTICE ([HAB0101](#)); Disability Benefits Consortium ([HAB0104](#)); Sense ([HAB0123](#)); POhWER ([HAB0027](#)); Association of Disabled Professionals ([HAB0031](#)); National Association of Welfare Rights Advisers ([HAB0034](#)); The Brain Charity ([HAB0038](#)); Mind ([HAB0040](#)); Cambridge ME Support Group, CBME ([HAB0041](#)); Disability Rights UK ([HAB0051](#))

256 [Q292](#)

257 [Q455](#)

258 [Q456](#)

259 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para 113

260 *Ibid.* 112

98. The vast majority of assessments are still not recorded and auditing the reports may not pick up discrepancies between what a claimant has said or done in an assessment, and what is recorded in the report. *We recommend the Department instructs providers to record assessments by default, with a clear opt-out rather than opt-in option, as recommended by the previous Committee and endorsed by all three current contractors. This will ensure that an objective record of assessments exists, providing reassurance to claimants and enabling quality auditing. This should be included in the new contracts for assessments from 2023.*

99. *When recordings are available, in cases where the findings of assessments are overturned on MR or appeal, the recordings of the original assessment should be checked at least on a sampled basis, to establish whether the erroneous assessment outcome should have been avoided. We welcome the plans to test sending reports by default and recommend that this be rolled out as soon as possible.*

## 5 Other health-related benefits

100. This Report has primarily focused on PIP and ESA/UC. This Chapter will consider other health-related benefits administered by DWP—Disability Living Allowance (DLA), Attendance Allowance (AA) and Industrial Injuries Disablement Benefit (IIDB).

### Disability Living Allowance

101. PIP was introduced to replace DLA for working-age adults, but it remains the additional-costs benefit for under 16s. There are still over 16s with ongoing DLA claims who have yet to be reassessed for PIP, as well as some State Pension age claimants who can remain on the benefit. As of August 2022, around 710,000 cases in payment were for claimants aged 16 or over, with around 500,00 of these over State Pension age.<sup>261</sup> 600,000 claimants were under 16.<sup>262</sup> Unlike PIP, most DLA claims are decided based on a paper application reviewed by DWP case managers, and “only very rarely include an assessment”.<sup>263</sup> Another key difference between DLA and PIP is typical award length—more than 900,000 of the 1.3 million ongoing DLA claims are for awards lasting five years or more.<sup>264</sup> Only a third of PIP awards are for more than five years.<sup>265</sup>

102. We heard different opinions about the two systems. Helen Wild, Welfare Benefits Adviser, Down’s Syndrome Association, told us:

Moving from DLA to PIP has been more beneficial for our members. They can explain better, the form is better for people who have a learning difficulty, through what our parents have found. There is a lot of worry about claiming it initially but once they go through it, they are guided through it, we found it is beneficial for our members certainly.<sup>266</sup>

Marc Francis, Director of Policy and Campaigns, Zacchaeus 2000 Trust, thought it was not an improvement, and highlighted that more people of working-age lost their award or had it reduced than had it increased, following a DLA to PIP reassessment.<sup>267</sup>

103. Most of the evidence we heard about DLA related to the point at which young people must move to PIP—once they turn 16—and start to experience the full assessment process. Child Poverty Action Group gave this example:

In one case submitted to our Early Warning System, a mother and her 16-year-old argued about whether to challenge his PIP refusal. He had been receiving awards of both components of DLA before turning 16, but his PIP claim had been refused after a particularly fraught assessment. The young claimant wanted nothing more to do with the process. He felt

261 Stat-Xplore, Disability Living Allowance: Cases in Payment - Data from May 2018

262 *Ibid.*

263 PQ, [154198](#) [Disability Living Allowance: Medical Examinations] 22 April 2022

264 Stat-Xplore, Disability Living Allowance: Cases in Payment - Data from May 2018

265 1.2m of 3.3m cases with entitlement are 5 years +. Stat-Xplore, PIP cases with Entitlement Jan 2023.

266 [Q84](#)

267 [Q84](#) Latest statistics show for those of working age 39% had their award increased, 16% received the same award, 19% had their award decreased and 26% had their award disallowed, or withdrew it. DWP, [Personal Independence Payment: Official Statistics to October 2022](#), 13 December 2022, part 11

doubted and looked down on, and did not want to “beg”. His mother tried unsuccessfully to persuade him to change his mind, knowing the family’s financial challenges.<sup>268</sup>

Despite finding moving to PIP beneficial for the Downs Syndrome Association’s members more broadly, Helen Wild highlighted the challenge of face-to-face assessments:

Yes, the decisions coming out at the end are an improvement but the face-to-face can be demeaning and humiliating. If there is a face-to-face assessment and the parents or the appointee, as they are, have to say what a young person cannot do, a young person thinks that, “Hang on a minute, I can do that” but we do not see the support behind it. That is a humiliation. It can cause a lot of stress and a lot of upset. Paper-based assessments are a lot better. I think when they are younger or in that kind of situation there is not a lot you can get out of it.<sup>269</sup>

Others agreed and highlighted the changes in Scotland which allowed claimants to continue to claim DLA until the age of 18.<sup>270</sup> Helen Wild suggested that even if claimants move to PIP, full assessments could be delayed, especially for lifelong conditions:

I think paper-based for a little bit longer would be better, certainly from 16. Existing evidence should be relevant. Down’s Syndrome: people are born with the condition. It is not going to change. Their needs are going to be the same and, as they get older, the needs are likely to increase.<sup>271</sup>

In the Health and Disability White Paper, the Government recognised:

That turning 16 is a key development milestone in a person’s life, and important to their parent or carer too. To help with the transition from DLA to PIP, we can use the previous relevant evidence for the DLA claim to assist with our decision making. However, PIP is a different benefit from DLA with different rules, so it will remain important to ensure people meet the criteria.<sup>272</sup>

**104. We heard that PIP assessments can be particularly challenging for young people. We recommend that young people in receipt of Disability Living Allowance should not be required to claim PIP until they are 18, as is the case in Scotland. Where under 18s decide to claim PIP, they should be given light-touch, paper-based assessments until they are 18. DWP should also ensure that in the development of an equivalent of severe conditions criteria for PIP, consideration is given to those moving from DLA, to ensure that young people whose conditions are unlikely to improve do not have to undergo repeated assessments when they move to PIP.**

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268 Child Poverty Action Group ([HAB0048](#))

269 [Q85](#)

270 For example: Disability Benefits Consortium ([HAB0104](#)); The Brain Charity ([HAB0038](#)); [Q87](#) [Helen Wild]; Disability Rights UK ([HAB0051](#))

271 [Q86](#)

272 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para 125

## Attendance Allowance

105. AA is the extra-costs benefits for those over state pension age whose disability means they need personal support and is paid at two rates according to the level of care needed.<sup>273</sup> Like DLA, the application is based on a paper form, with an assessment only required where it is unclear how a claimant's illness or disability affects them.<sup>274</sup> We did not receive a large volume of evidence about AA and the appeal numbers and overturn rates are far lower than for PIP, ESA and DLA.<sup>275</sup>

106. We heard some similar concerns about applying for AA to those around other benefits, including the length of the forms, the need to complete it on paper, and the impact of having to detail what claimants could not do.<sup>276</sup> Morgan Vine, Head of Policy and Influencing, Independent Age, called for better information and guidance for those completing forms:

For example, people think that if they say, "I have Parkinson's", that is enough. They do not know what they need to detail: what does that mean in your daily life? What are you unable to do? We think it would be helpful for the application to have more examples of what is needed. Also, the guidance could be improved around the fact that people are allowed—and probably should—repeat. Again, if somebody has put an answer in a question up above and then on page 25 they think, "Oh, I have already said that, I won't say it again" it could mean that they do not get something. Our advisers are constantly telling people, "You will need to say the same thing at regular points throughout the application form", and that does not come naturally to people. Also, what we heard from somebody who volunteers to support people to fill in the Attendance Allowance Form, is that there is quite a big difference between coping with something and making do and then what you actually need to happen.<sup>277</sup>

107. Witnesses told us that one of the main problems with AA was awareness. Marc Francis, representing Zacchaeus 2000 Trust, told us more needs to be done "to ensure the take-up of Attendance Allowance."<sup>278</sup> Morgan Vine highlighted the similarity with Pension Credit around the challenge of take-up, although she noted DWP does not publish estimates of eligibility for AA.<sup>279</sup> Age UK also agreed about the need for more awareness:

The first barrier to claiming Attendance Allowance is a lack of awareness that it exists or who it might apply to. Many older people only find out about it by chance, and often people will have met the criteria for some time before they apply. We would like to see it promoted more widely to the general public and through professionals in contact with disabled older people.<sup>280</sup>

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273 For rates and eligibility see DWP, [Attendance Allowance](#)

274 *Ibid.*

275 Table 4

276 [Q89](#) and [Q96](#) [Morgan Vine]

277 [Q89](#)

278 [Qq91–93](#)

279 [Q96](#)

280 *Ibid.*

108. We heard that many older people needed support to apply. Joanne Gordon, Chair, Asbestos Victims Support Groups' Forum UK, welcomed the ability of advisers to sign the form for those who are terminally ill.<sup>281</sup> Age UK said:

While sometimes we hear about delays or difficulties with the process, especially when the pandemic was affecting staff levels, often it works relatively smoothly, and people do not face the delays and stress associated with face-to-face assessments that those applying for other benefits routinely experience.<sup>282</sup>

Both Age UK and Independent Age stressed that people often needed support to complete the forms, with Independent Age suggesting DWP should offer financial support to organisations who can provide it.<sup>283</sup>

**109. We are reassured to hear that the process for claiming Attendance Allowance seems to broadly be working well. However, we were concerned about the challenges around take-up, which reflect those around Pension Credit. We recommend DWP develop targeted interventions to improve awareness of Attendance Allowance, working closely with organisations that could reach people who may be eligible. The Department's work on support and advocacy as part of the Health Transformation Programme should also specifically consider tailored support for Attendance Allowance applicants.**

## Industrial Injuries Disablement Benefit (IIDB)

110. IIDB is paid to those who become ill or are disabled because of an accident or disease at work.<sup>284</sup> Claims can be assessed based on information provided in the initial claim form, or at face-to-face medical assessments if required. Face-to-face assessments were suspended during the pandemic but resumed in April 2021.<sup>285</sup> Joanne Gordon said the Asbestos Victims Support Groups' Forum welcomed the move to paper-based assessment during the pandemic:

Very often people do not understand why they are going for a separate medical because they will say, "The evidence is there. I have been through my consultant. Why am I going to another assessment?" That is the first thing. Again, we are talking about elderly people who have to travel and it is a very stressful process for them. We have found that the paper-based medicals have been very useful. The problem is obviously getting hospital records. We still have a number of outstanding IIDB claims where they cannot get the hospital records. There has to be some sort of process put in so that where the paper-based assessment breaks down there is still an option to go for a face-to-face medical.<sup>286</sup>

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281 [Q92](#)

282 Age UK ([HAB0124](#))

283 Independent Age ([HAB0111](#))

284 See DWP, [Industrial Injuries Disablement Benefit](#) for full criteria and list of diseases.

285 In October 2022 there were 1030 face-to-face assessments for IIDB: PQ [877 4](#), [Industrial Injuries Disablement Benefit: Medical Examinations], 18 November 2022

286 [Q106](#)

Joanne Gordon also told us that the ‘easement’ brought in during the pandemic to allow them to sign forms on behalf of people with terminal mesothelioma and lung cancer should be continued.<sup>287</sup> The Forum explained:

It would bring the process in line with Attendance Allowance where advisors can sign forms on behalf of claimants. Many people are still understandably concerned about COVID and are likely to be going forward. The process also helps where claimants are terminally ill and, in fact, are too ill for visits or to sign forms.<sup>288</sup>

**111. We agree that the easement for signing forms on behalf of people with terminal mesothelioma and lung cancer was a positive development in the pandemic. *The Department should make this permanent and bring the rules on advisers signing forms in line with those for other benefits, including Attendance Allowance.***

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287 [Qq108-109](#)

288 Asbestos Victims’ Support Groups Forum, Derbyshire Asbestos Support Team (DAST) ([HAB0013](#))

## 6 The bigger picture: reforming health assessment systems

112. The final Chapter of this Report will consider what reform of health assessments is already in progress and look at some of the options for more fundamental change. We will also consider the changes being implemented in Scotland with the introduction of Adult Disability Payment (ADP), and what the impact of this policy may be able to tell us about the flaws we have discussed in the PIP system.

### The Health Transformation Programme

113. Through the HTP, the Department plans to develop “a new integrated Health Assessment Service, which will bring the assessments for PIP and UC/ESA onto a single digital system.”<sup>289</sup> It highlighted the opportunities this would bring as providing “better signposting from the outset” and making processes more efficient, such as by allowing medical information to be shared, where there is consent.<sup>290</sup> However, the Department was clear that unlike the approach taken by the Scottish Government with ADP, there were “no plans to in-house the assessment service beyond the small Health Transformation Area”.<sup>291</sup>

114. Organisations supported greater sharing of data, as long as the necessary safeguards and consent processes were in place.<sup>292</sup> Citizens Advice welcomed the plans for a:

Digital platform that would make it simpler and easier for claimants to submit, and use relevant medical evidence more than once when claiming multiple health and disability benefits. Advisers have highlighted how currently DWP will not collect or use medical evidence from previous DLA/PIP/ESA claims or renewals.<sup>293</sup>

However, we heard this should not extend to a single assessment for PIP and ESA/UC. Hannah Nicholls-Harrison, Policy Officer, Mencap, said:

While we are very supportive of integrated IT, we are very much against a single assessment or merging. PIP and ESA are very different benefits and they assess different things and require different information. We think that it would exacerbate people’s stress in undergoing PIP and WCA assessments if, in a single stroke, it can knock out all financial support and leave the claimant in serious hardship.<sup>294</sup>

The Health and Disability White Paper has confirmed that while PIP and UC will remain separate benefits, entitlement to the new UC health element will be linked to receipt of PIP.<sup>295</sup> This could mean that anyone who loses their PIP award would automatically lose the UC health element. Protection has been promised for those who would currently be

289 Department for Work & Pensions ([HAB0079](#))

290 Department for Work & Pensions ([HAB0079](#))

291 Department for Work & Pensions ([HAB0079](#))

292 [Q274](#) [Daphne Hall, Hannah Nicholls-Harrison], [Q33](#) [Paul Gray]

293 Citizens Advice ([HAB0065](#))

294 [Q74](#)

295 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para 145

found to have limited capability for work and work-related activity due to pregnancy risk, and for cancer patients, but it is unclear at present if this will be extended to other groups who may not receive PIP, beyond some “transitional protection” outlined in the White Paper.<sup>296</sup>

**115. We welcome the opportunity the Health Transformation Programme presents to improve data sharing and reduce the frequency with which claimants have to submit the same information. We recommend that as well as accessing medical information, the single digital platform should allow evidence from previous applications and renewals to be saved and used again, with the appropriate consent processes and safeguarding practices in place.**

**116. We recommend that the Government evaluate the performance of the Health Transformation Programme within the current Health Transformation Areas, and publish its findings, before further rollout, akin to the Scottish Government’s evaluation of the Adult Disability Payment.**

## Advocacy

117. In the Health and Disability Green Paper the Government said it wanted “to test providing advocacy so that people can get the right level of support and information first time.”<sup>297</sup> DWP said that “this support would be accessible at any point in the claims process and would complement existing third sector provision.”<sup>298</sup> Better access to advocacy was welcomed, with many highlighting the vital role it played in helping people navigate complex benefits processes.<sup>299</sup> POHWER, a human rights advocacy charity, noted access to current provision varied, and said:

Creation of independent professional advocacy service for all people who wish to access this and the same rights for every postcode across the UK would remove geographical disparity and promote fairness and consistency.<sup>300</sup>

Child Poverty Action Group were concerned that the new service was intended to be offered only “to those that need it most”, observing this may “create accessibility barriers for people already struggling to understand their rights within the benefits system”, and calling for support to be provided on a universal basis<sup>301</sup> We heard that testing was taking place on a small scale in Kent.<sup>302</sup> The Government confirmed in the White Paper that testing of the ‘Enhanced Support Service’, as it is now referred to, has expanded to Birmingham, Blackpool and King’s Lynn.<sup>303</sup> However, it also confirmed it “will not be a universal offer and will instead provide targeted help to the people who need it most, such as those who do not have friends or family to support them.”<sup>304</sup>

296 *Ibid.* paras 153–156

297 *Ibid.* Para 87

298 Department for Work & Pensions ([HAB0079](#))

299 See for example: Sheffield ME and Fibromyalgia Group ([HAB0019](#)); POHWER ([HAB0027](#)); Cystic Fibrosis Trust ([HAB0050](#)); Disability Rights UK ([HAB0051](#)); MS Society ([HAB0059](#)); Inclusion London ([HAB0064](#)); JUSTICE ([HAB0101](#)); Advice ([HAB0065](#)); Scope ([HAB0083](#))

300 POHWER ([HAB0027](#))

301 Child Poverty Action Group ([HAB0048](#))

302 [Qq500–506](#)

303 DWP, [Policy paper - Transforming Support: The Health and Disability White Paper](#), 15 March 2023, para 90

304 *Ibid.* para 87

## Adult Disability Payment (Scotland)

118. While UC and ESA remain reserved, extra-costs disability benefits are now devolved in Scotland.<sup>305</sup> The Scottish Government is replacing PIP with the Adult Disability Payment (ADP) for disabled people of working age, delivered by Social Security Scotland.<sup>306</sup> We heard its development had included extensive consultation with disabled people.<sup>307</sup> Ben Macpherson MSP, Minister for Social Security and Local Government, Scottish Government, explained the Scottish Government’s priorities in developing the new system:

We have considered how to, first, make sure that we design a system that is easy for them to access and to relay the information that relates to their disability or health condition, and, secondly, make sure that we have a process where we aim to get the decision right first time.<sup>308</sup>

119. In the short term, the rates of payment and eligibility criteria will be mostly the same, to prevent a ‘two-tier’ system as it is rolled out.<sup>309</sup> Future changes will then be considered after a “full, independent review in 2023–24”.<sup>310</sup> However, from the outset there will be key differences in application and assessment processes, many of which have been recommended by witnesses to this inquiry and that of the previous Committee for PIP and WCAs. They include:

- The option to apply online, by phone or paper;
- Face-to-face assessment only when it is the only practicable way to make a decision;
- In-house assessment instead of external APs;
- Audio recording as standard and recordings available at appeal;
- Reports shared with clients as standard and to include any informal observations made at consultation;
- Social Security Scotland will be responsible for acquiring evidence, rather than the onus being on the claimant to source and provide it;
- Rolling awards with no end date and light-touch reviews; and
- Greater provision of support and independent advocacy services.<sup>311</sup>

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305 For details of devolved powers for social security including since The Scotland Act 2016 see: House of Commons Library, [Social security powers in the UK](#), CBP 9048, 9 November 2020

306 Child Disability Payment has replaced DLA for new claims for children, and Pension Age Disability Payment will replace AA in future.

307 [Q434](#)

308 [Q428](#)

309 [Q426](#)

310 [Q426](#)

311 Scottish Government, Disability Benefits Policy Position Papers: [making applications](#); [extra support options](#); [how decisions are made](#); [challenging decisions](#) 23 October 2020; and [Q428](#)

See House of Commons Library, [Debate Pack, Disability benefits assessments and the Government’s health and disability green paper](#), 31 January 2022 Section 1.8 for detail on policy development and consultation process.

Where further information is required from the claimant, the Minister explained the design of the consultations that will take place:

They will not be like a DWP-style assessment, but a very different conversation with an in-house health and social care practitioner from Social Security Scotland. Where a consultation takes place, practitioners working for Social Security Scotland are not trained to assess clients. Instead, they are being trained to gather information from clients by speaking with them, starting from a position of trust, as well as then advising the case managers of the information that is acquired.<sup>312</sup>

Decisions can be challenged in a similar way to PIP, with an internal ‘re-determination’ followed by an appeal. However, the process differs in some ways from DWP’s, including a longer timeframe to lodge a challenge, a time limit for re-determinations to be completed and support payments while awaiting an outcome.<sup>313</sup>

120. The Minister explained there would be a cost to making these changes, of around £500 million by 2026–27, adding:

That demonstrates the changes that we have made, in that we are being proactive about encouraging people to claim benefits if they are entitled, helping them to do so by making sure that our system is accessible, and providing our local delivery teams in our 32 local authority areas across the country to support people with their applications.<sup>314</sup>

The small group of claimants who took part in our engagement event in Glasgow seemed much better disposed towards the ADP than claimants usually are towards PIP assessments.

121. Some welcomed the Scottish Government’s approach and urged DWP to “evaluate and learn from” it.<sup>315</sup> NAWRA recognised the extra costs involved, but added:

That investment will lead to a fairer system for disabled people enabling them to access the financial support they are entitled to, and as a result to live more independent lives.<sup>316</sup>

DWP said:

It is entirely a matter for the Scottish Government how they deliver their own benefits. Our view is that assessments with the claimant, whether through face to face or telephone/video consultations, give them the best opportunity to describe how their condition affects them on a daily basis. Making a decision on the basis of clinical evidence alone may also have a negative impact in terms of the quality and accuracy of decision-making.<sup>317</sup>

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312 [Q429](#)

313 See Scottish Government, Disability Benefits Policy Position Papers: [challenging decisions](#) 23 October 2020, p.7 for breakdown of differences.

314 [Q436](#)

315 Child Poverty Action Group ([HAB0048](#)). See also: MS Society ([HAB0059](#)); The University of Salford ([HAB0057](#)); All Wales People First ([HAB0092](#)); National Association of Welfare Rights Advisers ([HAB0034](#)); Zacchaeus 2000 Trust (Z2K) ([HAB0054](#))

316 National Association of Welfare Rights Advisers ([HAB0034](#))

317 Department for Work & Pensions ([HAB0079](#))

122. **The Scottish Government is attempting to take a different approach to disability assessment. Its Adult Disability Payment (ADP) is likely to prove a good test of whether problems with Personal Independence Payment are in its policy framework, or its implementation. We are encouraged by its plans to evaluate fully the ADP pilot, and in particular plans to engage with disabled people as part of the evaluation. We recommend DWP take a similar approach in evaluating its Health Transformation Programme measures. Furthermore, when the Scottish Government publishes its planned evaluation, DWP should learn from the results and consider what changes, if any, it should make to its benefit assessments.**

### Further review and reform

123. Our predecessor Committee focused on technical changes that could be made to the existing system to reform and improve assessments, recognising the potentially disruptive impact of a more fundamental overhaul on disabled people, given that PIP was still relatively new.<sup>318</sup> While we have also looked at ways to improve the current system, we asked our witnesses whether wider reforms were necessary to improve the experience of disabled people and mitigate the harms we have heard about. We also asked whether further reviews would be useful and received a mixed response. Dr Ben Baumberg Geiger said:

Trying to set up a further review would be great, but it should be tasked very specifically and given resources to think about what different assessments could look like in the UK and provide some evidence for them. I do not think that there is much mileage left in trying to make incremental changes to the existing system.<sup>319</sup>

Sophie Corlett observed that: “We have had quite a lot of reviews; we now need to take some action.”<sup>320</sup> Charles Smith of Citizens Advice added:

There are so many changes we know should happen. For instance, reforms of important observations, sharing reports automatically, and the pandemic showed with the introduction of flexible assessments that we can make changes a lot quicker. Any review process and more radical reforms should not get in the way of making changes we know could be useful right now.<sup>321</sup>

124. Dr Litchfield talked about the challenges his reviews of WCAs tried to address and suggested “inertia” in the Department may be responsible for the lack of progress.<sup>322</sup> He told us:

I constantly got the impression with the operational side, though, that it was all a bit of a nuisance and that when I made recommendations about ways that the process might be improved it was always pushed back quite quickly,

318 Work and Pensions Committee, [PIP and ESA assessments](#), Seventh Report of Session 2017–19, (HC 829) 14 February 2018, p.8

319 [Q423](#)

320 [Q78](#)

321 [Q78](#)

322 [Q2](#)

saying that it is not cost effective or it is impractical or, “We will accept it in principle, provided—”. Then you look at things seven years down the road and as far as I can see things have not been taken forward.<sup>323</sup>

Dr Litchfield acknowledged some of the progress we have discussed elsewhere in this Report, but asked whether he thought there had been an improvement in the perception of fairness of WCAs, he replied: “not that I could elicit, I am afraid, no.”<sup>324</sup> To improve trust, we heard that key improvements would include recording assessments and sharing reports, measures that have already been recommended and that are being adopted in Scotland.<sup>325</sup> Patricia Vespuccio, representing GIPSIL, concluded that:

Despite whatever changes you are going to make, fundamentally for us what seems to be the main issue is that people do not feel that their testimony is being believed and their evidence is being given its due weight.<sup>326</sup>

We completed taking evidence prior to the publication of the Health and Disability White Paper, and the announcement that the Government intends to scrap WCAs.

**125. The Department has made, and continues to make, reforms to improve PIP assessment and WCA processes. But the pace of change has been extremely slow. The plans to scrap WCAs are significant and will require further scrutiny in the months and years to come. In the meantime, too many people claiming disability and health-related benefits, even those not directly affected by poor decision-making, continue to view the processes with great trepidation, and for a minority the experience of assessment can be devastating. The continuing high overturn rates at appeal suggest fundamental flaws in the assessment system. We recommend that while it develops its long-term plans to remove WCAs, DWP accelerates improvements to health assessments in the short-term. We have suggested some areas for change in this Report to start that process—recording of assessments and sharing reports to increase transparency are key, and these should be implemented without delay.**

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323 [Q3](#)

324 [Q6](#)

325 E.g. [Q124](#) [Patricia Vespuccio]; [Q78](#) [Charles Smith]; [Q66](#) [Hannah Nicholls-Harrison]

326 [Q120](#)

## Annex 1: Summary of survey responses

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This summary includes first-hand accounts of people's experiences of the assessment process. Some of these comments describe distressing and stressful situations, including references to mental health crises and thoughts of suicide.

### Safeguarding and support

**If you have immediate concerns about yourself or someone else, you should contact the Police on 999.**

In addition to your GP, the following organisations may be able to offer support or further information:

**Samaritans:** Support and guidance for everyone. Call 116 123 - 24 hours a day every day or email [jo@samaritans.org](mailto:jo@samaritans.org)

**Mencap:** If you have a learning disability and need advice, you could contact Mencap by phone on 0808 808 1111 or email: [helpline@mencap.org.uk](mailto:helpline@mencap.org.uk)

**Mind:** For information, advice, and support for anyone experiencing a mental health problem. Call: 0300 123 3393 or email: [info@mind.org.uk](mailto:info@mind.org.uk)

## Summary of survey responses

1. The survey ran between November 2021 until May 2022. It gathered more than 8,500 responses from people who have themselves been through the PIP assessment and the ESA or Universal Credit (UC) Work Capability Assessment (WCA) processes, or have supported friends, family or clients through them.
2. The survey was set up so that all answers were submitted anonymously. Many of the responses spoke of immensely challenging personal circumstances and experiences which must have been difficult to share. We are very grateful to everyone who gave their time and effort to reply, with such courage and honesty, to help us understand their experiences.<sup>327</sup>

## Methodology

3. Committee staff manually reviewed thousands of individual comments and answers, using both subject searches and randomised selection. Some of the survey questions which produced statistical results have been included in the summaries of key themes, or graphically where appropriate.

## Our survey

4. We asked people to tell us:
  - Have you claimed or tried to claim PIP and/or ESA (including as part of a Universal Credit claim) at some point since 2008?
  - Do you receive PIP, ESA or both?
  - Can you tell us the year when you last had a PIP assessment?
  - Can you tell us the year when you last had an ESA assessment?
  - Do you think DWP's proposed "single digital platform" is a good idea? Why/why not?
  - Is there anything that you would particularly like an online portal to contain?
  - What worked well about the application process, and what didn't work well?
  - What suggestions would you make to improve the application process?
  - What worked well about the assessment, and what didn't work well?
  - What suggestions would you make to improve this part of the process?
  - Did you ask for a Mandatory Reconsideration from DWP?
  - Did you go to appeal/Tribunal?

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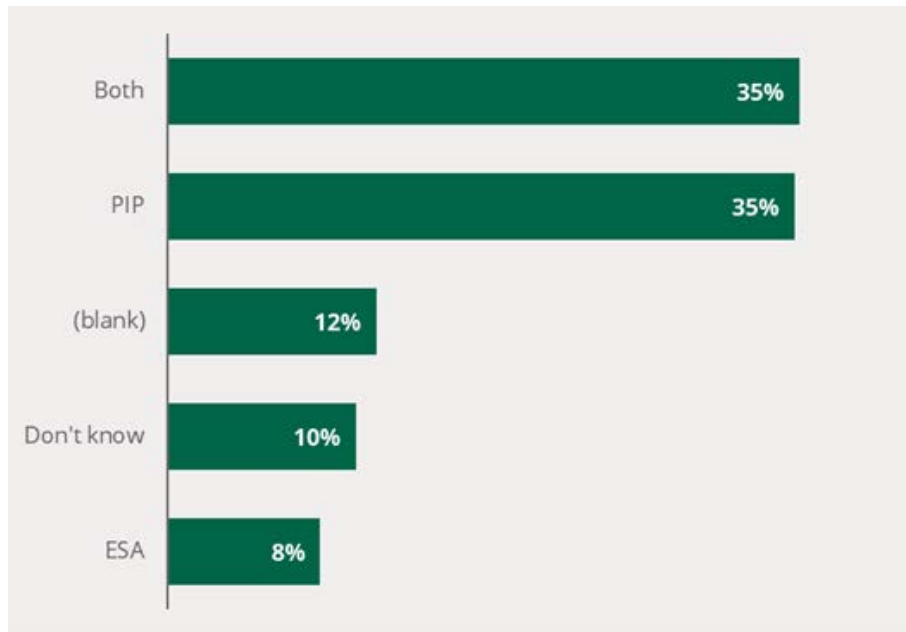
327 Some of the submissions reproduced in this report have been lightly edited for readability or to put them into context.

- Can you tell us what happened? For example, you could tell us why you asked or decided not to ask for a reconsideration, what worked well or didn't work well with the Mandatory Reconsideration process, how you found the appeals process, or whether you were happy with the overall outcome?
- Is there anything else you would like to tell us about Mandatory Reconsideration or appeals?
- What suggestions would you make to improve these parts of the process?<sup>328</sup>

### Responses

- 84% of people who responded to the survey (7,131 responses) said they were filling it in about their own experiences.
- 16% (1,332 responses) were filling it in for someone they knew.

#### Benefits claimed by survey respondents



### Key themes

5. Some of the most common themes in responses included:
  - Factual errors in reports;
  - Difficulty completing forms, in particular the stress and anxiety caused;
  - Lack of knowledge of conditions from assessors;
  - The effectiveness and impact on claimant of the Mandatory Reconsideration and appeal processes;

- Inconsistent support and access arrangements at all stages;
- Poor communication from DWP at all stages, including issuing communications in formats which people cannot use;
- Delays and consequent financial and health impacts; and
- Over-frequent requirements to re-apply, particularly in circumstances where no improvement in the claimant's condition may reasonably be expected.

The most frequent requests or recommendations among respondents were:

- Ability for claimants to record assessments, or to have free access to the DWPs/ assessors recordings;
- More space on forms for claimants to explain how their disability/health condition impacts them;
- An online portal where claimants can receive confirmation that their forms have been received, upload medical documents and receive updates on their claim. Option for participants to complete their forms online;
- Fully trained medical staff conducting assessments;
- Better training for staff in talking to people with long-term conditions, mental health conditions or those who are terminally ill;
- Consultation with disability organisations when designing or updating the process, to allow the system to work better for people with disabilities;
- Letters and medical documents from GPs, specialists and consultants should hold more weight than health assessors' observations; and
- For those reapplying, start the process from the last award and ask for changes rather than asking claimants to start from the beginning each time.

## Further analysis and quotes

### *Positive experiences*

6. Some respondents reported a generally positive experience:

“Annoying you have to make a phone call to start the claim but everything else was fine.”

“This process does work. I used it before and the system found in my favour.”

“My assessment, following face to face, was accepted as the assessor was able to see and understand my physical mobility needs along with my poor mental health needs.”

“Two assessors showed empathy throughout, they listened from start to finish and didn’t rush me to finish what I was saying. They filled out their form accurately according to the information that I had given in person.”

### ***Distressing experiences***

7. However, we heard that where the system fails, the impact of these systemic problems on claimants and their families can be devastating:

“This whole process is humiliating. Everything about it. The letters I get in the post from the DWP automatically drive [me] into a panicked mess. One day I fear my children will no longer have a mother because it was just too much for me. [ ... ] I understand the need to make sure that people aren’t defrauding the system, but it’s too far. Long-term illnesses shouldn’t have to be brought in every single year. And that includes life-long conditions [ ... ]. Bipolar disorder doesn’t just go away. It can be managed. But I do want it to be known that more than once I’ve thought the government was trying to bait me into suicide.”

“My little boy sat in the kitchen hitting himself and calling himself stupid because I was so upset and he thought it was his fault. It is an entirely destructive process.”

“The whole process was one of the most distressing experiences I have had. I became suicidal and wanted to self-harm daily. I ended up back on a higher dose of antidepressants (I had been off them for over a year). Having been in an abusive marriage many years ago, the process was very similar. I felt as if I was in an abusive relationship with the state, being disbelieved, judged, patronised, lied about and also abandoned without support.”

### ***Barriers to applying for benefits—initial forms***

8. People who had applied for PIP and ESA/UC told us that the application and initial assessment process presented a number of barriers to a successful claim. In some cases, barriers arose because of basic deficiencies in the accessibility of the processes for people with some health conditions. For example:

“The application form for PIP (the PIP2 form) is on paper. It must be requested by phone, filled in by hand and posted. The comparable UC50 form is available electronically but must also be printed and sent by post. This phone/hard copy process was inaccessible without support to people who are deaf, unable to speak or have cognitive or visual impairments.”

“It’s a long form. For people with memory problems it’s easy to forget to add something which may be important and once filled in and sent off it’s really too late to change or add anything.”

“Having arthritis in my hands which makes it painful to grip. It is therefore impossible to fill out the forms myself by hand. I had to rely on someone

to do this for me which causes a great deal of embarrassment as you are having to ask someone to write down such personal details whereas having a form online would have simplified this process.”

9. The provision of adjustments appeared to be patchy. One BSL-using respondent told us that they had positive interactions with DWP and were provided with BSL interpretation for their assessment. A visually-impaired claimant however wrote that a large print form had not been automatically provided, while a Deafblind respondent reported “often” being left voicemails by DWP despite making clear that they relied on the text relay service. We were also told that the physical demands of completing the form’s “endless pages”, compiling evidence from medical notes and other sources, was immensely stressful, tiring and exacerbated some peoples’ health conditions:

“Having to handwrite answers on a paper form. I have severe OCD meaning a small mistake means restarting the form. It took 4 attempts for PIP and 7 for ESA.”

“I had to complete mine over many days, just doing a small amount per day and even though I carefully managed the energy I expended on it, it nevertheless had a huge impact on my physical condition and caused me to physically deteriorate.”

“I’m no idiot, but when you’re stressed and scared, the forms are huge, intimidating and confusing. They’re asking for information (particularly dates) that can be hard to remember or find, especially if you’ve been suffering for a long time.”

“Applying for PIP can be soul destroying. Not only do you have to try and obtain evidence from every doctor you’ve ever seen, but you also have to relive all those diagnoses and issues that they’ve caused. How this condition affects you? Well, this form affects my mental health. Does that count?”

10. Some applicants said the requirement in the form to focus on their disability or illness, rather than their capability, had a profound and detrimental psychological impact:

“The questions made me realise how bad my health was, I was an emotional wreck trying to fill it in, being honest with myself about the degrading things I do to try and hide the disabilities from others. Especially the toiletry complications. The whole process is an emotional nightmare. It means so much because you need the help, yet you are so worried about how to word things and admitting some REALLY PERSONAL behaviours that you normally wouldn’t even tell your partner/best friend. I had to stop filling in the form so often because of crying.”

“As a disabled person I spend my days concentrating on what I can do, not what I can’t. But when it comes to this, you have to completely turn this on its head and admit the extent of your disability.”

People who had to rely on someone else to help them apply or complete the forms also wrote about how difficult it was to disclose very sensitive personal information, whether to a stranger or someone close to them:

“Having to rely on a friend to fill in the forms because my disability affects my dominant arm and I can’t hold a pen to fill them out myself I found really degrading.”

“I had help with the forms but because it was a stranger, I felt shy about telling them how bad things really are and I probably would have scored more points if I was able to be braver. As one of my conditions is anxiety that didn’t happen.”

11. We were told that the layout of the form appeared to limit the space available for claimants to provide information about their conditions. We also heard questions were often vague or ambiguous, leaving claimants unclear how they should respond and what evidence they should provide:

“The forms encourage people to fail from start. They contain tiny boxes, which put people in the mindset of they want it simple. There is almost a mindset when someone sees a box that they are limited to that space (even though it says additional pages).”

“The questions in the forms are very broad requiring a yes/no tick box answer which is simply unable to include nuances or different levels of disability. For example, Can you walk 200 yards? Yes, but not if I am carrying something. Can you cook? yes if cooking is boiling an egg under supervision.”

12. We heard that the questions on the form demonstrated a ‘one-size-fits-all’ approach which did not allow claimants to express the complexity of health conditions or disabilities:

“For someone with mobility problems, the questions aren’t all relevant. There’s nothing wrong with my brain, I just can’t walk. And am in constant debilitating pain, but how do you quantify that?”

“I have autism and struggle to get this across, so I was no good at filling in the forms.”

“The whole process was intimidating, the forms and questions are geared towards a person with a physical disability that can be pinned down and quantified. As an applicant with Mental Health illness it’s near impossible to quantify how often it affects you when the nature of the illness is such that you have no insight to the fact you are ill i.e. psychosis. Since when can someone who is on a slow decline mark on a calendar or in their diary - The first indications of my psychosis began today, 3 months later - I’m in full psychosis today, plan to be sectioned later? It just does not work.”

### *A difference between ESA and PIP applications*

13. While the questions on the ESA and PIP application forms were similar, we heard that the ESA form was easier and required less information to complete:

“ESA was stressful but straightforward. PIP is a nightmare. There is no possible way anyone can complete a PIP form on their own. I have a degree but needed the help of a support worker. It made me feel like a criminal.”

“The ESA assessments were more service user friendly than the PIP assessments and paperwork for ESA is easier to complete.”

### **Experiences at assessment**

14. Overwhelmingly, respondents told us their experience of the assessment carried out by DWP contracted providers was poor:

“The assessor employed by the contractors did not report what I had told them about how my condition affected my abilities to carry out tasks or had not understood how my condition affected me on a day- to-day basis.”

“No assessors should be able to ask ambiguous questions. I was once asked “Can you drive?” The answer to that was yes & the assessor moved on swiftly. My award came back lowered because my driving indicated a better level of health & less disability. I contacted them to explain I wasn’t asked “Do I drive.” The answer would have been no, even though I have a licence.”

“The assessments were always incorrect - saying I should be able to walk 200 meters because I can lift my leg once, but not taking into account that my condition is exercise intolerance and orthostatic intolerance which is why I can’t walk far. Moving your leg once while sitting down is not a measure of whether you can stand and walk 200 meters repeatedly. Or saying I should be able to cook because I have normal dexterity, when my condition doesn’t affect dexterity and the reason I can’t cook is because I get muscle weakness, fatigue and can’t stand up for longer than a few seconds. In short, the assessments were very poor quality, often the reports contained lies about what I had said, and parts were copied and pasted from other claimants’ reports. I thought it was very unprofessional and badly done.”

Some told us that the interviews were degrading and potentially damaging given the vulnerability of people applying for PIP and ESA/UC:

“The assessments asking people to bend and do exercises is humiliating, saying no is seen as refusal to comply.”

“It was the MOST DEGRADING & HUMILIATING EXPERIENCE I have had - worse than any medical investigation of my intimate body parts by medical professionals who treat you very differently.”

“STOP asking people who are suicidal why they haven’t achieved their death. That is not anything that someone who is not qualified should delve into.”

‘The assessment made me suicidally unwell. I needed crisis care as a result and the assessor let me leave the appointment supervised despite my expressing suicidal intent. It nearly killed me.’

“The aftereffects of the assessment should be taken into account and the impact to people with already debilitating conditions. Every assessment I have had has resulted in me at least 2 days in bed afterwards to recover.”

15. The most common criticisms were about the quality and accuracy of face-to-face assessments and the resulting reports. Very many respondents recounted discovering significant errors. A substantial number stated that their entitlement to benefits had been either reduced or removed because of errors and inaccuracies in assessment reports, and many had to go through MR and then appeal to get the correct award. People felt this happened for a number of reasons, including: that the assessors were “not careful or diligent” when writing up their reports; that they lacked understanding of the conditions or symptoms being assessed, had apparently not read the claimant’s application and evidence before beginning the assessment and treated the assessment as a “tick-box exercise” rather than seeing the claimant as an individual. For many people the errors suggested the assessor had not listened to them, had made assumptions or—as reported by many—had lied:

“I felt I was judged on how I appeared rather than what I said or what my doctors said. My illnesses can change massively in an hour, I can go from “fine” to “emergency hospital admission” in an hour or two and this was not understood.”

“I regularly fall so relied heavily on my car to visit family and for food shopping. This was taken away by someone who knew absolutely nothing about MS and saw me for 25 minutes. She ruined my life in under half an hour.”

“I am jovial by nature and self-deprecating in regard to my lifelong illness. The assessor who laughed along with me even though I was exhausted and in agony stated in my assessment that I couldn’t have depression as I was joking. I also had to hang on to my husband as a walking aid and the assessor said I walked to the office unaided.”

“The assessor lied about some of my answers and the help I needed. My sister came into the room just after the assessor phoned and she recorded the whole interview on her phone because she was horrified at the assessor’s manner. They disregarded the fact that I had proof of the distress I was in throughout the phone assessment and believed the assessor when she said I was calm and relaxed throughout.”

We also received criticism of the assessments from someone who wrote that they saw reports as a serving Disability Member of the Tribunal Service:

“The quality of assessment we are seeing at tribunal is frankly appalling. Cut and paste answers, suggestions that independence in one area is always

transferable. For example, driving an adapted vehicle or holding what they see as an unlikely job are often seen as evidence. Also just simple accuracy is regularly poor.”

16. Given the perception of widespread poor-quality reports, respondents criticised the lack of opportunity to correct assessment errors before the decision was issued which, they noted, could save taxpayers’ money and time in subsequent appeals. One person suggested:

“Make the assessors actually read the application. Have the assessors discuss the point assignment directly with the applicant. It should be a dialogue, with the applicant involved in the decision-making discussion. If we talked directly with those making the decision, we could supply the information they want rather than the information we think they are asking for. Misconceptions could be corrected immediately, instead of taking months of back-and-forth paperwork. Ideally, this would be a three-way conversation with the GP as well, to allow for medical input.”

Some told us that they had recorded their assessment because they lacked confidence in the assessor: they had subsequently used the recording or transcript to overturn elements of the assessment at appeal:

“The MR process for me was very straightforward as I was able to fully point out the errors made by the assessor however, this really wasn’t for me to do. I audio recorded my assessment and was able to show the errors and inconsistencies. DWP did reconsider and I was awarded higher rates for a longer period of time. It does concern me that many claimants may not have the insight or ability to do this correctly.”

17. People suggested to us that better and more consistent support should be provided to claimants from the start of the process. For example, claimants might be offered a pre-assessment conversation to check they understood what would happen in the assessment, the range of possible outcomes and that they had the evidence they would need. We were also told that it would be helpful if short breaks were allowed during assessments and if any supporter or advocate attending with the applicant could be more actively involved. These are both already provided for, as reasonable adjustments and in guidance, however, people asking for these improvements indicates that contractors’ current practice is inconsistent.

## ***Mandatory Reconsideration***

### *Deciding whether to challenge decisions*

18. Just over half the respondents (52%, 4,472 respondents) told us they had asked for a Mandatory Reconsideration (MR). 38% of respondents (3,209 responses) told us they did not ask for MR, while the remaining 10% (853 responses) did not answer this question.

19. Clearly, those who were satisfied with the outcome of the original assessment would not seek reconsideration but there were other, common, reasons for not going to MR. In particular, people told us that they found the claim process was damaging their physical

and/or mental health; they did not know they were able to request a reconsideration or how they could do this; and/or they were scared that reconsideration would result in a further reduction in their benefit entitlement:

“Filling in these forms is incredibly upsetting and can cause you to doubt your own symptoms/illnesses, only for someone to reinforce that by saying ‘Yeah, there’s nothing wrong with you, you don’t deserve help’. That’s how it comes across.”

“I was emotionally exhausted after the whole assessment process [so] that I had no fight left in me. The letter I received to say I was not eligible knocked my confidence and I just accepted it. It was also not made very clear how to go about the process. The letter was confusing which also put me off.”

“I should have appealed as I think I am eligible for the higher rate, but was frightened of losing the award I had received.”

“I didn’t ask for either [MR or Tribunal] as I was too scared.”

“I was too traumatised by the process to be able to do a mandatory reconsideration. I was suicidal after the assessment.”

### *The experience of MR*

20. A few people told us they had positive experiences at MR:

“The Atos assessor lied and misrepresented the applicant. [ ... ] The Mandatory Consideration process worked well because I had taken accurate notes throughout the interview, I suspect the assessor was known to the DWP and they could also see a consistent history of disability dating back decades with copious notes from consultant psychiatrists. None of this tallied with what Atos had written up. I found the DWP very good to deal with on this occasion.”

“I did a mandatory reconsideration and the woman who phoned me went through everything I wrote and understood everything I was saying and checked with my doctor.”

“I applied for MR, later on I received an unexpected phone call. The assessor was lovely and listened to me. He awarded me both parts immediately.”

Most respondents who commented were however deeply critical. Some told us that they had rung DWP to ask how to apply for MR, only to have this enquiry treated as their formal application and subsequently rejected for lack of evidence:

“I asked for a mandatory reconsideration because PIP lowered my mobility component and yet UC had me in the LCWRA category. I called to ask how to do it and got asked what my reasons were that I thought their decision was wrong. I blurted out a rough answer and the call handler said ok, I’ll submit that for you. If I had known it would be taken over the phone like

that I would have prepared before the call. Needless to say the decision maker upheld DWP's decision and I lost the enhanced mobility component of my PIP claim."

"I phoned PIP to ask how the MR worked. I had no idea this enquiry phone call launched an MR. A few weeks later I got a letter saying MR had been refused because I didn't send in extra evidence. I didn't because I didn't know I was in an MR process. The letters were rude too."

21. Some wrote that the reconsideration was rushed, or carried out without notice, while others described it as time consuming and stressful to be required to set out all their evidence again:

"Received a phone call unexpectedly some weeks after submitting and requesting mandatory reconsideration. Had no time to prep or recall the answers I had entered, I was at work and so it was stressful, asked if they could call back, told no this was my only chance for reassessment. Should book a time to allow people to be in a quiet location, available and have access to documents."

"The trouble is you are really being asked all the time to provide "further proof" when often there just isn't any. They ask for medical evidence but very often medical reports don't show what the DWP want. You are being asked to prove a negative and it is difficult to prove you cannot for example walk 30 yards. The MR basically comes back the same if you can't find more "proof". You are assumed to have to prove yourself rather than the DWP prove it is not the case."

22. Most noticeable however was a lack of trust in the MR process because it remained under the control of DWP and was closely linked to the original assessment: some people suggested that MR was simply a step the claimant needs to go through in order to appeal to an independent tribunal. It is not clear exactly when respondents had been through the MR process, so some may have done so before the operational changes for MR (of seeking further evidence) were introduced:

"It is not right that the same people who refuse the claim get to look at it again - that's just marking your own homework."

"The decision will still be based on the notes that the assessor has made, which quite often bear no resemblance to what actually happened."

"Mandatory Reconsideration was not worth the exercise. The DWP don't relook at it they just reply that it's no change. Most people give up as they don't have the strength to fight for what they need. The DWP know this."

"MR never changes anything and it's tribunal or give in."

### **Tribunal**

23. 30% of respondents (2,587 responses) said they had gone to appeal. Responses relating to the tribunal were noticeably more positive than those about earlier parts of the

process. We were told that “appeals tribunals tend to be very disparaging of the work of the assessment teams” and that the panel “saw through the errors of the decision makers quickly”:

“At tribunal I was awarded PIP there and then. The panel appeared to be only too accepting of the inadequacies of the PIP assessors.”

Some people still reported difficulties. A striking number referred to the fact that their tribunal was held in a court room, causing them to feel judged:

“I do think it should be in a different setting. Feeling like you are in a court with three people on a desk in front of you is extremely intimidating and makes you feel like a criminal. I was relieved with the outcome but I never wanted to go through it again.”

“Going into a real courtroom is shocking, you’re treated like a criminal. It triggers my PTSD.”

“The process makes you feel like you are on trial, it is horrendous to anyone with mental health problems.”

Others said that the size of the appeal panel was “overwhelming” and the requirement to rehearse their experiences again was harrowing, even when it led to them getting a revised award:

“Panel of 4 or 5 (can’t remember) sat with me & my parent. They asked me to describe how certain things impacted me. Describing things like using incontinence pads in front of my dad was humiliating and degrading. Also, the panel asked my dad how I and my life have changed since getting ill? My dad broke down and cried explaining how broken I am.”

“I won the appeal but it was the worst thing I have ever been through. Had to collect so much evidence and hear from doctors and carers about how useless and unfunctional I am. Made my mental health so much worse, caused paranoia, tore me to shreds. I won, but at such a huge cost to myself and my health.”

24. We also heard that accessibility issues persisted, making participation and engagement difficult or impossible for many people with health conditions and meaning they had to rely on additional support. We were told that the location of tribunals deterred some people from attending in person, for example, a couple living in the Midlands told us they could not attend an appeal hearing in Scotland. We also received reports of a lack of parking for people with mobility problems or there being no lift for wheelchair users to reach their hearing upstairs. One person noted that the court room was not set up for deaf applicants who relied on lip reading or a hearing loop to participate.

25. While it can take many months to get to tribunal, we were told that consideration could be rapid because of the greater medical expertise of panellists and their degree of preparedness for the hearing. People welcomed the inclusion of a disabled panellist and the willingness of tribunals to involve a carer or supporter in the hearing. This contrasted with the concerns reported by people who had struggled to involve a supporter directly in their previous assessments:

“I was impressed with the actual hearing, which was done in a professional way. The panel seemed to have a thorough knowledge of my medical conditions and the questions they asked me were pertinent, with my permission they questioned the friend who had accompanied me about my day to day health and how I cope. It would have been better if the original assessment had been more like that, and it would have saved a great deal of time, stress and taxpayers’ money.”

“It is very important to keep a disabled person on the appeals panel. This will be the only person who may spot why a person has answered in the way they have and they may still meet the criteria but have not understood how to answer the question. The disabled person is the most likely to spot this and may be able to help them provide the correct information.”

26. A few people told us that the DWP representative at their hearing was “more interested in being overly adversarial than fair”, or “aggressive”, in one case causing them such distress that “the judge told her to stop”. Another told us that the tribunal panel apologised to them for the stress they had been put through, having to take a flawed assessment to appeal. A claimant representative told us that their client’s case was accepted at tribunal after the DWP representative “failed to turn up on 2 occasions”:

“At tribunal there were very few questions asked by the panel as I had so much evidence [ ... ] The DWP were also present in the hearing which caused me to have a shutdown where I was barely able to speak, especially as they took such an aggressive stance in denying my right to the PIP claim. The judge was fantastic and allowed my counsellor to elaborate on my evidence as he needed.”

27. Despite some positive experiences, other people felt again, at tribunal, that panels were trying to trick them and were not appropriately qualified to assess their condition or illness:

“Tribunals are more honest because of them being transcribed but they still try and trick you out. Offer you water and then leave it too far from reach, they’d throw your entire case out from reaching for water for one time.”

Many more however described panellists positively, using words such as “professional”, “considerate”, “polite” and “fair”.

### *Lapsed appeals*

28. We heard from respondents whose cases were resolved by the DWP after they had applied to go to tribunal but before their hearing took place (lapsed appeals). For some this was a positive outcome:

“I asked for a reconsideration as I had a PIP award previously and this time was given a lower award even though my condition was worse and I was struggling a lot more. At the reconsideration the award was left the same so I had started an appeal/tribunal but I received a phone call from DWP

to say they were upping my award to what it was previously and -- if I was happy with that -- they would cancel the appeal, which I was. I didn't want to go to court."

Others accepted the second DWP decision more reluctantly:

"The mandatory reconsideration was intercepted by a phone call offering me a settlement. I don't feel that it was a fair one, but I took it because I just needed help."

"I was going to tribunal but received a phone call telling me I had received higher rate care and lower rate mobility. Given I am unable to walk to the end of my street I should have had higher rate mobility as well but I was frightened to try and claim that as I was told on the phone call, if I did not agree to what they were telling me and went for the higher rate mobility, I might lose it all again."

Some people said that they felt pressured by the DWP to make a decision quickly, and without notice, which they felt ultimately favoured the DWP:

"I still wished to go to Tribunal as I had grievances against the assessors, but fairly soon afterwards received a telephone call from DWP. I was asked if I still wished to go ahead with the tribunal, and the caller asked me to confirm if this was based on the treatment I had received from ATOS/IAS, to which I replied, 'yes'. He then decided he could make a unilateral decision to award me the mobility element of PIP - which I strongly believed I had qualified for from the start of my award yet had been refused, despite evidence that supported my claim. I was frankly amazed and taken aback, and was then asked whether I would like to accept the extra award, but that if I did it would mean the tribunal could no longer go ahead. I decided to accept the award, and this meant the stress of the tribunal was not going to happen. But I have since read [that ...] had I refused the offer and the tribunal gone ahead I may have won the extra award anyway, and possibly had it backdated to the start of my PIP claim [ ... ] It is unreasonable to ask a client to make a snap decision on something they are not expecting, and this is particularly difficult for people on the Autism Spectrum who need time to absorb, process and respond. I may have made a decision, therefore, that in the long run will not benefit me."

## Delays

29. Many people told us that the assessment process was too slow throughout:

"I am 10 weeks into the wait to hear the outcome of my Mandatory Reconsideration. I had a text about 6 weeks ago, telling me that the DWP now had all the information they needed to make a decision. [ ... ] Why 6 weeks later am I still waiting to hear their decision, if they knew six weeks ago, they had enough information to make their decision, why didn't they just get on and make it and put me out of my misery?"

“I have telephoned to see why it is taking so long and was told there was a twelve-week delay on Mandatory Reconsideration decisions.”

While some respondents noted the potential cost of such delays for the taxpayer, many focused on the unfairness of a process in which the DWP took its time handling cases but required claimants to return papers quickly:

“When I’m sent a DWP form I’m given a date by which it must be sent back, in my view, the DWP should have no more than 2–4 weeks to conduct a mandatory reconsideration because it’s not fair to impose time limits on me, but allow themselves as long as they like while I sit starving and cold, all because whoever conducted my medical didn’t write down what I told them, invented things I’ve never said (has happened multiple times). Or the decision maker didn’t take into account evidence such as a report from my doctor who has known my condition for 10 years.”

30. Claimants have 28 days to request MR after a decision on their claim: we were told, however, that notice of the decision could take two to three weeks to be delivered in the post, leaving claimants very little time to consider their options and gather further evidence:

“You only have a month from the date on the initial decision letter to start the MR process. However, they send the letter out using UKMail bulk mailing and it takes over a week to be delivered thus reducing the time you have to get your MR to the DWP.”

“I didn’t ask for an MR as due to covid the process had already taken a very long time. I wasn’t awarded mobility which is the biggest part of my problem. Doing an MR only gives you 1 month from the letter date and I got the letter 3 weeks after it was sent out so had no real time to get extra information together.”

Similar experiences were also reported at later stages of the process:

“I asked for a mandatory reconsideration and I was sent a letter to say that the answer was still no, the letter was received 28 days after the date on the letter which meant I couldn’t appeal because you only had 28 days to do it so I was out of time. I did phone the department but after a long time on hold I gave up and broke down.

Some also noted that it was not possible to get an appointment with an advice or advocacy service within the 28-day period, because of the level of demand for assistance:

“1 month to re[turn] the form is ridiculous as trying to get an appointment for someone to help you can take up to 6 weeks.”

“Post isn’t great for many, it’s difficult to get appointments at places that can help you write and process the challenge. On top of that if you also need new evidence it can also be difficult in that time limit to get it all sorted from your GP, your social services, your support network and your occupational health. And all this rush for a decision that can then take months or even a year from the DWP.”

31. Process delays may impact severely on people whose benefits payments or other entitlements—such as access to the Motability scheme—are reduced or stopped on the basis of a flawed initial assessment. The financial pressures caused by the withdrawal of benefits can increase the stress for people seeking to appeal:

“When taken to a tribunal, who do listen to the evidence, the decision was overturned. I was happy to finally get the money I needed, but I had to sit through 3 winters without heating. I nearly killed myself twice. Instead I had to beg friends and family for money for food, and lost a lot of weight, and suffered a worsening of my health conditions.”

“I had to wait for 14 months for an appeal date, during which time I was on minimum benefits despite having additional needs. Due to the financial hardship this caused, I had to take a capital drawdown from my occupational pension—this had major repercussions, which I’ve been living with ever since. I was forced to accept fixed pension payments from that date (i.e., my investment was stopped). The payments were deducted from my benefits until I reached my ever-receding State Pension Age. The pension I receive from my provider now is tiny, and dwindling in value, whereas it could have been quite helpful if the tribunal delay had not forced me to make this change.”

32. Some wrote that stress, anxiety and financial difficulties were compounded by a lack of communication from the Department about the progress of their case prior to decisions being made:

“The long delays need to be communicated—with set dates for ‘you will hear back on this date’ information given for the next stage.”

“Give regular updates at least every thirty days to claimants to ensure the error hasn’t occurred and their tribunal is still happening. Many claimants like myself were lost in the system no fault of our own and had to go through the system multiple times before getting to tribunal which wasted three years of my life and didn’t result in any sort of compensation or back payment.”

Respondents suggested that there should be formal timescales for assessment and responses to the claimant about their case, including progress updates; they also said that benefits should not be stopped until the full process had concluded:

“The reality is that people have all their income removed and then have to wait for months, even years, to have it put back in place. In the mean time they incur debts and often their conditions deteriorate because they cannot access care/support they need, are pushed into inappropriate work or training situations and suffer from stress and worry due to the system of assessment. If you can’t fix the wait times then benefit should NOT be withdrawn until the case is finalised.”

“Benefits being paid should continue until the full process has been fulfilled rather than just getting back pay after a positive decision. It’s hard for people to exist with no money at all and this would likely help speed up the process too.”

### **Reassessment**

33. We were told that requirements to attend reassessments were particularly inappropriate where a claimant had a lifelong or progressive condition for which there was no prospect of improvement:

“My daughter will always be autistic, her epilepsy is uncontrolled despite trying many medications and there is no cure for her neurological disorder. Her DLA award was indefinite, why not do the same for PIP [ ... ] Assessments cause her much psychological distress, there has to be another way.”

“I got my PIP and was awarded it for 6 years. I have a progressive illness that will not improve. It will kill me. So why do I have to be reassessed. I’m getting worse not better.”

“Keep previous award decisions & evidence on file to not force people to have to re-invent the wheel each time. If someone is evidenced by many consultants over many years to never improve, but only ever get worse, accept it.”

### **The proposed “single digital platform”**

34. We asked for view on plans to create a single digital platform under the Health Transformation Programme. We were told that an online platform could be more accessible for people with a range of conditions:

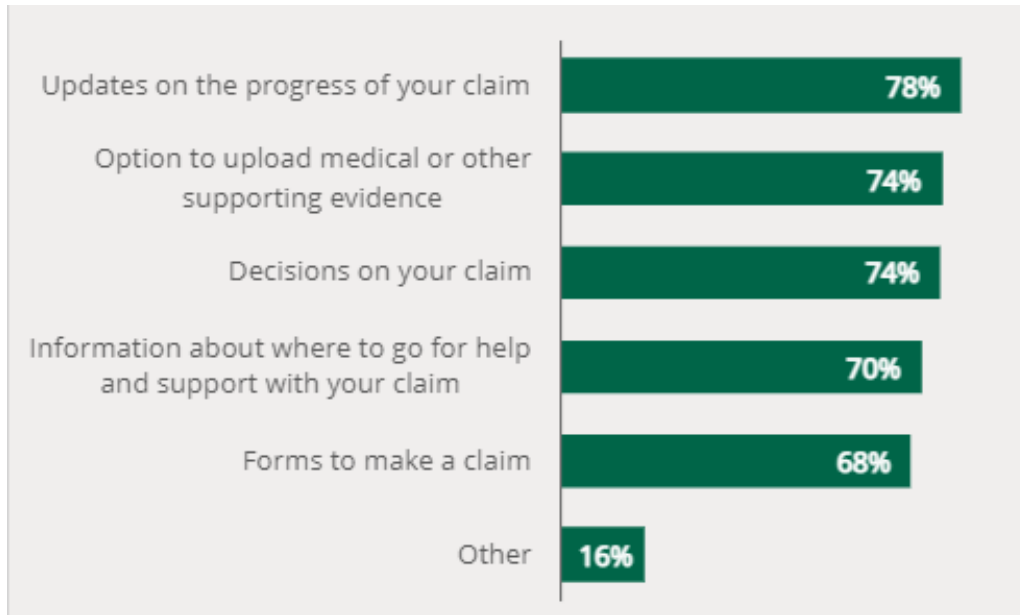
“I think it’s a good idea and easier - I have difficulty holding pens and writing, typing is better for me and the issues I have with my hands and fingers.”

“Having an online portal would also benefit people with severe hearing loss who find using phones either difficult or impossible then face hurdles being able to get another person to speak and act on your behalf.”

“I have autism/Asperger’s syndrome and find telephone and face-to-face communication very difficult. I welcome any plans to increase service provision online. I would prefer an entirely online service.”

“Yes. As filling out paperwork is very stressful and if you have memory and fatigue problems (after a stroke) like me it really drains you. Online you could stop and start, change things, keeps you updated hopefully as trying to phone is a nightmare and you can never get through.”

35. We asked what people would particularly like an online portal to contain:



Among the ‘other’ suggestions included complaints procedures, ability to contact someone, and options to print and email forms.

36. Some people said that a portal would not be accessible to them, and others wrote that while they supported the development of a digital platform alternatives should remain available where these were needed:

“I have a neurological illness called cadasil which means that I suffer from blinding migraines and other symptoms which makes it difficult for me often to carry out tasks online.”

“It’s not a good idea at all. I find it very difficult to even use a digital platform as I have a visual impairment due to Corneal ulcers and find digital platforms very painful as I experience Photosensitivity when using them. I have Post Traumatic Stress Disorder, Mixed Anxiety and Depressive Disorder, Emotionally Unstable Personality Disorder so it’s very difficult to use digital platforms”

“... the process of putting everything online is also a deliberate way that the claimants are not able to have any human interaction when things go against them.”

37. Some people told us that they found it easier to fill in paper forms than to use digital systems; concerns were also raised about digital exclusion, noting that some people may not be able to afford personal devices and internet access while others may not have the IT skills to be comfortable with online systems. Some wanted reassurances that the portal would be secure, and that access to their personal medical information would be restricted to those assessing the claim:

“Keep the paper version. About 3% of the UK population, or 2 million, don’t have internet access. They are among the poorest of us and most likely to be claiming benefits.”

“Disabled people are among those least likely to have internet access or know how to use digital media - how will they be supported, or will they just be abandoned to seek help on their own?”

“Due to the level of very personal details ‘required’ for PIP applications, the protections should be very extensive, and access restricted on a need to view basis. This should follow a strict authorisation code of practice to view, and I would want to know the names of people who have viewed it, the date of viewing and for what purpose. The data should also be locked down once processed and destroyed after a time limit, in accordance with data protection rules.”

# Conclusions and recommendations

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## Introduction

1. We welcome the changes to the process for accessing benefits via the special rules for terminal illness, specifically replacing the six month rule with 12 months. (Paragraph 15)
2. For most people, disability and health-related benefit assessments go smoothly. But in a sizable minority of cases, things continue to go very wrong. This has implications for claimant trust in the systems that extend beyond those directly affected by poor decision-making. Our predecessor's inquiry focused on improving technical aspects of PIP and Employment and Support Allowance (ESA) assessments. There is a remarkable similarity between the recommendations made in evidence to this inquiry, and those made by our predecessor Committee in 2018. The Department has recognised that fundamental change is needed, but this will take time. The Department has taken some welcome and significant steps to improve health-related benefit assessments, but nearly five years on from the previous inquiry, important changes that could greatly increase transparency, improve trust in the process among claimants, and ensure more accurate assessments and fewer appeals, have still not been made. *While it develops plans to replace the Work Capability Assessment, we urge the Government to make the changes we and our predecessor have called for to improve the current system for claimants. We recommend that the Department provide, in response to this Report, a list of actions it will take to improve the claimant experience of PIP assessments and Work Capability Assessments, while they remain in use.* (Paragraph 16)

## The impact of assessments on claimants

3. *The Department should provide the Committee with a quarterly update on progress with implementing the Section 23 Agreement once it is agreed.* (Paragraph 27)
4. We are deeply concerned to hear that nearly five years after our predecessor's Report, people are still experiencing distress as a result of undergoing health assessments. In particular, our survey respondents spoke of the stress, anxiety and in some cases severe mental health impacts of the assessment process. That we are still hearing accounts of poor accessibility, factual inaccuracy, delays, and communication problems speaks to a system that is still not adequately supporting often vulnerable people. Accurate data is vital to addressing the serious impacts of assessments on claimants that this inquiry and other research have exposed. *Prior to any changes to the health assessment process, including the abolition of the Work Capability Assessment, an external assessment should be undertaken on the potential physical and mental health effects of these changes on affected claimants.* (Paragraph 28)
5. *In response to this Report, we ask the Government to outline the methodology used to determine when Internal Process Reviews are carried out, and how it has improved its collection of data on deaths and serious harms since the NAO report on Information held by the Department for Work & Pensions on deaths by suicide of benefit claimants in 2020. In addition, DWP should publish anonymised data annually on all instances*

*of deaths or serious harms associated with health assessments, disaggregated to show incidence of suicide, the issues that led to these deaths, and the steps it has taken to remedy issues raised.* (Paragraph 29)

6. We note the Department has made changes to improve training for health professionals around mental health and safeguarding, and process changes, and also improved training for call handlers. *Staff and contractors involved in any DWP health assessment process should undertake claimant safeguarding and suicide prevention training.* (Paragraph 37)
7. Following our predecessor's 2018 Report, the Government commissioned research into the impacts of health assessment questionnaires and is now feeding that learning into its policy development. We have also heard important insight from academics on the mental health impacts of assessments, but studies have been sporadic and rely on the data made available to them. As the Government reforms health assessments, quality research will be vital to measure success. *The Government should commit to undertaking regular reviews of the mental health impacts of its end-to-end process of health assessments, including comparing them to assessments undertaken elsewhere in Government, such as social care. It should also ensure external researchers have access to good quality, anonymised data to complement this with independent research.* (Paragraph 38)
8. Face-to-face, in person assessments were the main form of assessment for Personal Independence Payment and Employment and Support Allowance/Universal Credit before the pandemic, despite widespread agreement amongst claimants and the organisations that support them that they are frequently unnecessarily stressful and poorly suited to measuring the impact of some health conditions. The pandemic forced the Department's hand in making greater use of other formats, and feedback from stakeholders has been broadly positive. One size does not fit all, however: what matters in reducing the stress associated with assessment is choice. *We recommend that the Department build on its successes introducing video and telephone assessments during the pandemic. In particular, now it knows that remote assessments are possible on a large scale, that it completes its evaluation as soon as possible and commits to informing claimants of the options available and allowing them to choose what suits them best before booking an assessment.* (Paragraph 42)

### Technical and operational challenges

9. The application and assessment process can be very stressful for claimants, and unacceptable delays are exacerbating these problems. We recognise that waiting times have begun to fall but are concerned that with increasing demand this could be a recurring problem. *We recommend that the new contracts for assessment providers contain explicit clearance time targets with appropriate sanctions where these are missed.* (Paragraph 47)
10. We recognise that reducing waiting times is vital to ensuring people get the support that they need. However, we are keenly aware that delays are still happening. *In line with our recommendation that the Department set clearance time targets, we also recommend that where these are missed, PIP applicants are paid an assessment rate for the remaining time until their claim is decided. This should be non-repayable*

*in the event that a claim is disallowed. Where an award is made, claims should continue to be backdated at the rate awarded, less any amount paid at assessment rate. (Paragraph 49)*

11. The process of issuing a UC50 form should be automatic, and claimants should not have to remind the Department to send it to them. *DWP should investigate the process for issuing UC50 forms urgently and confirm in its response to this Report what steps it is taking to fix any points of failure identified to improve the process while the Work Capability Assessment and UC50 forms remain in use. (Paragraph 51)*
12. Giving people sufficient time to gather relevant evidence for their claim could reduce the stress involved for claimants and improve the quality of information available to the assessment provider. In turn this could lead to better initial decisions and reduce the number of Mandatory Reconsiderations due to either unreturned forms, or missing evidence. *DWP should extend the deadline for returning ESA50, UC50 and PIP2 forms and accompanying evidence to two months. (Paragraph 54)*
13. We welcome the improvements that have been made on accessibility but are concerned that these efforts have not gone far enough. Support and guidance are also welcome, but simplifying forms will improve the experience for all. *In response to this Report, the Department should detail what changes it plans to make to the PIP2 form to make it easier for claimants to complete it themselves. (Paragraph 57)*
14. We welcome that DWP has made some improvements so that the assessments process is more accessible. However, we heard that these changes “are quite ad hoc and reactive”. *In response to this Report, the Government should set out how many legal challenges it has faced relating to failure to make reasonable adjustments for health assessments for benefits in the last five years, broken down by year. (Paragraph 58)*
15. Just as a one-size-fits-all approach does not work for assessments, the same is true for applications and contact channels. We welcome progress towards better online provision, but digital does not work for everyone and people’s independence should not be compromised by poor accessibility. *As the Department moves towards a single digital platform for health benefits, it must ensure the system is accessible to everyone, and that alternative formats and channels are easily available to those that need them, and maintained and updated in the long-term alongside the digital platform. (Paragraph 61)*
16. We welcome efforts to reduce unnecessary reassessments for people whose conditions or needs are unlikely to change. However, ESA/UC and PIP are different benefits with different purposes, and this must be reflected in any criteria for reassessment. *The Department should adopt a version of the severe conditions criteria for PIP, effectively ending the need for reassessment as it does in ESA/UC. If this is achieved through the Severe Disability Group, which the Department is currently testing, the criteria must be developed to recognise the differences between ESA/UC and PIP, and not focus solely on a claimant’s ability to work. (Paragraph 65)*
17. DWP provides assessors with guidance on issues including evidence use, contributions of family members and carers, and informal observations which, if correctly followed, would address many of the concerns raised in this area. The accounts we have heard in this inquiry, and those from the previous Committee’s

inquiry, suggest that, too often, guidance is not followed correctly. We believe this points to fundamental weaknesses in the Department's quality control over its contractors, which we return to later in this Report. *We recommend the Department reviews the guidance on carers' and family members' evidence to assess why they may still not be being given due weight, and confirm what action it will take to ensure assessment providers are following it correctly. We also recommend the Government urgently investigate the use of covert surveillance by assessors, working with organisations that support claimants to establish whether this practice is widespread, and work with the assessment providers and contractors to ensure claimants are treated fairly and in line with the guidance.* (Paragraph 77)

18. We welcome the plans outlined in the Government's Health and Disability White Paper to test specialist assessors and to address the challenges of assessing fluctuating conditions. But we were disappointed that there do not appear to be wider plans to overhaul descriptors. *We request that the Government confirm in response to this Report whether it is still reviewing the descriptors, and if not, what evidence it has found that those currently in use are fit for purpose.* (Paragraph 78)

### Decision-making

19. DWP has introduced changes to the Mandatory Reconsideration process that it says make it a more effective check on decision-making. A worryingly high number and proportion of appeals still result in the Department's decision being overturned, with implications for wider trust in the system beyond those directly affected. The Department does not provide any data on Mandatory Reconsideration decisions for UC WCAs. Without this, we cannot know whether Mandatory Reconsideration is functioning effectively for one of the largest groups of claimants that rely on it. We recognise the Government has announced it intends to scrap WCAs, but they will remain in use for several years. *When the Government begins to publish data on UC WCAs from June 2023, it must also include data on Mandatory Reconsiderations. DWP should also work with HM Courts and Tribunal Service to ensure it has an accurate understanding of the scale of disability-related UC Tribunals as part of the wider Tribunal Service caseload.* (Paragraph 91)
20. DWP has not conducted any research on reasons for its losses at Tribunal since 2012—before either PIP or Mandatory Reconsideration were introduced. *We recommend DWP commission and publish research focusing on the costs and effectiveness of Mandatory Reconsideration, as well as practical recommendations for learning from Tribunal, and options for incorporating this into wider reform of health assessments. The Department should commission this work within three months of this Report.* (Paragraph 92)
21. The vast majority of assessments are still not recorded and auditing the reports may not pick up discrepancies between what a claimant has said or done in an assessment, and what is recorded in the report. *We recommend the Department instructs providers to record assessments by default, with a clear opt-out rather than opt-in option, as recommended by the previous Committee and endorsed by all three*

*current contractors. This will ensure that an objective record of assessments exists, providing reassurance to claimants and enabling quality auditing. This should be included in the new contracts for assessments from 2023. (Paragraph 98)*

22. *When recordings are available, in cases where the findings of assessments are overturned on MR or appeal, the recordings of the original assessment should be checked at least on a sampled basis, to establish whether the erroneous assessment outcome should have been avoided. We welcome the plans to test sending reports by default and recommend that this be rolled out as soon as possible. (Paragraph 99)*

### Other health-related benefits

23. *We heard that PIP assessments can be particularly challenging for young people. We recommend that young people in receipt of Disability Living Allowance should not be required to claim PIP until they are 18, as is the case in Scotland. Where under 18s decide to claim PIP, they should be given light-touch, paper-based assessments until they are 18. DWP should also ensure that in the development of an equivalent of severe conditions criteria for PIP, consideration is given to those moving from DLA, to ensure that young people whose conditions are unlikely to improve do not have to undergo repeated assessments when they move to PIP. (Paragraph 104)*
24. *We are reassured to hear that the process for claiming Attendance Allowance seems to broadly be working well. However, we were concerned about the challenges around take-up, which reflect those around Pension Credit. We recommend DWP develop targeted interventions to improve awareness of Attendance Allowance, working closely with organisations that could reach people who may be eligible. The Department's work on support and advocacy as part of the Health Transformation Programme should also specifically consider tailored support for Attendance Allowance applicants. (Paragraph 109)*
25. *We agree that the easement for signing forms on behalf of people with terminal mesothelioma and lung cancer was a positive development in the pandemic. The Department should make this permanent and bring the rules on advisers signing forms in line with those for other benefits, including Attendance Allowance. (Paragraph 111)*

### The bigger picture: reforming health assessment systems

26. *We welcome the opportunity the Health Transformation Programme presents to improve data sharing and reduce the frequency with which claimants have to submit the same information. We recommend that as well as accessing medical information, the single digital platform should allow evidence from previous applications and renewals to be saved and used again, with the appropriate consent processes and safeguarding practices in place. (Paragraph 115)*
27. *We recommend that the Government evaluate the performance of the Health Transformation Programme within the current Health Transformation Areas, and publish its findings, before further rollout, akin to the Scottish Government's evaluation of the Adult Disability Payment. (Paragraph 116)*

28. The Scottish Government is attempting to take a different approach to disability assessment. Its Adult Disability Payment (ADP) is likely to prove a good test of whether problems with Personal Independence Payment are in its policy framework, or its implementation. We are encouraged by its plans to evaluate fully the ADP pilot, and in particular plans to engage with disabled people as part of the evaluation. *We recommend DWP take a similar approach in evaluating its Health Transformation Programme measures. Furthermore, when the Scottish Government publishes its planned evaluation, DWP should learn from the results and consider what changes, if any, it should make to its benefit assessments.* (Paragraph 122)
29. The Department has made, and continues to make, reforms to improve PIP assessment and WCA processes. But the pace of change has been extremely slow. The plans to scrap WCAs are significant and will require further scrutiny in the months and years to come. In the meantime, too many people claiming disability and health-related benefits, even those not directly affected by poor decision-making, continue to view the processes with great trepidation, and for a minority the experience of assessment can be devastating. The continuing high overturn rates at appeal suggest fundamental flaws in the assessment system. *We recommend that while it develops its long-term plans to remove WCAs, DWP accelerates improvements to health assessments in the short-term. We have suggested some areas for change in this Report to start that process—recording of assessments and sharing reports to increase transparency are key, and these should be implemented without delay.* (Paragraph 125)

# Formal minutes

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**Wednesday 29 March 2023**

## **Members present**

Sir Stephen Timms, in the Chair

Debbie Abrahams

Siobhan Baillie

Neil Coyle

David Linden

Steve McCabe

Nigel Mills

Selaine Saxby

Dr Ben Spencer

Sir Desmond Swayne

## **Health assessments for benefits**

Draft Report (*Health assessments for benefits*), proposed by the Chair, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 125 read and agreed to.

Annex and Summary agreed to.

*Resolved*, That the Report be the Fifth Report of the Committee to the House.

*Ordered*, That the Chair make the Report to the House.

*Ordered*, That embargoed copies of the Report be made available (Standing Order No. 134).

## **Adjournment**

Adjourned till Wednesday 19 April 2023 at 9.00 am

# Witnesses

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The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

## Wednesday 01 December 2021

**Dr Paul Litchfield CBE**, Leader of the 2013 and 2014 independent reviews of the Work Capability Assessment, Department for Work and Pensions [Q1–26](#)

**Paul Gray CB**, Leader of the independent reviews of PIP, Department for Work and Pensions [Q27–52](#)

## Wednesday 12 January 2022

**Louise Rubin**, Head of Policy and Campaigns, Scope; **Hannah Nicholls-Harrison**, Policy Officer, Mencap; **Charles Smith**, Senior Policy Researcher, Citizens Advice; **Sophie Corlett**, Director of External Relations, Mind; **Evan John**, Policy and Public Affairs Advisor, Sense [Q53–82](#)

**Morgan Vine**, Head of Policy and Influencing, Independent Age; **Joanne Gordon**, Chair, Asbestos Victims Support Groups' Forum UK; **Helen Wild**, Welfare Benefits Advisor, Down's Syndrome Association; **Marc Francis**, Director of Policy and Campaigns, Zacchaeus 2000 Trust (Z2K) [Q83–118](#)

## Wednesday 16 March 2022

**Tracey Lazard**, Chief Executive Officer, Inclusion London; **Patricia Vespuccio**, Team Leader, Advice Service, GIPSIL; **Jane Hunt**, Chair, Association of Disabled Professionals [Q119–147](#)

**Sarah Rawlings**, Executive Director of Research & External Affairs, MS Society; **Catherine Hale**, Director, Chronic Illness Inclusion Project; **Jasmine Wyeth**, Senior Policy Officer, Rethink Mental Illness [Q148–179](#)

## Wednesday 30 March 2022

**Caroline Cooke**, Head of Policy, Forces in Mind Trust; **Philip Martin**, Research Fellow, University of Salford/Sanctions, Support and Service Leavers; **Andy Pike**, Head of Policy and Research, The Royal British Legion [Q180–210](#)

## Wednesday 11 May 2022

**Dr Kieran Sharrock**, Acting Chair of the General Practitioners Committee (GPC), British Medical Association; **Minesh Patel**, Head of Policy, Macmillan Cancer Support; **Aaron Dryden**, Director of Carer Support, Carers UK; **Mark Jackson**, Policy Manager, Marie Curie [Q211–255](#)

**Daphne Hall**, Vice Chair, National Association of Welfare Rights Advisers (NAWRA); **Hannah Nicholls-Harrison**, Policy Co-Chair, Disability Benefits Consortium; **Caroline Selman**, Research Fellow, Public Law Project [Q256–275](#)

### Wednesday 25 May 2022

**Stuart Paterson**, Client Executive Partner, Independent Assessment Services; **Dr Barrie McKillop**, Clinical Director, Independent Assessment Services; **Antony King**, Managing Director and Client Partner of Capita Health & Welfare, Capita; **Laura Erskine**, Occupational Therapist in Forensic Mental Health, Capita [Q276–335](#)

**Emma-Jane Bannister**, Customer Director, Maximus; **Suzie Frew**, Lead Nurse and Head of Quality, Maximus; **Dr Paul Williams**, UK Division President, Maximus [Q336–386](#)

### Wednesday 22 June 2022

**Professor Ben Barr**, Professor in Applied Public Health Research, University of Liverpool; **Dr Ben Baumberg Geiger**, Reader in Sociology and Social Policy, University of Kent [Q387–424](#)

### Wednesday 29 June 2022

**Ben Macpherson MSP**, Minister for Social Security and Local Government, Scottish Government; **Matthew Duff**, Disability Benefits Policy Manager, Scottish Government; **Professor Paul Knight OBE**, Chief Officer Health and Social Care Operations, Social Security Scotland [Q425–444](#)

### Wednesday 20 July 2022

**Chloe Smith MP**, Minister of State (Minister for Disabled People, Health and Work), Department for Work and Pensions; **Gill Holmes**, Contract Management and Partner Delivery Director, Department for Work and Pensions; **Katie Farrington**, Director General for Disability, Health and Pensions, Department for Work and Pensions [Q445–526](#)

## Published written evidence

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The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

HAB numbers are generated by the evidence processing system and so may not be complete.

- 1 Advice NI ([HAB0144](#))
- 2 Age UK ([HAB0124](#))
- 3 All Wales People First ([HAB0092](#))
- 4 Anonymised ([HAB0074](#))
- 5 Anonymised ([HAB0008](#))
- 6 Anonymised ([HAB0087](#))
- 7 Anonymised ([HAB0140](#))
- 8 Anonymised ([HAB0162](#))
- 9 Anonymised ([HAB0161](#))
- 10 Anonymised ([HAB0135](#))
- 11 Anonymised ([HAB0115](#))
- 12 Anonymised ([HAB0112](#))
- 13 Anonymised ([HAB0110](#))
- 14 Anonymised ([HAB0089](#))
- 15 Anonymised ([HAB0080](#))
- 16 Anonymised ([HAB0076](#))
- 17 Anonymised ([HAB0073](#))
- 18 Anonymised ([HAB0053](#))
- 19 Anonymised ([HAB0021](#))
- 20 Anonymised ([HAB0009](#))
- 21 Anonymised ([HAB0150](#))
- 22 Asbestos Support Central England ([HAB0011](#))
- 23 Asbestos Victims' Support Groups Forum; and Derbyshire Asbestos Support Team (DAST) ([HAB0013](#))
- 24 Association of Disabled Professionals ([HAB0031](#))
- 25 Bennetton, A ([HAB0018](#))
- 26 Brown ([HAB0131](#))
- 27 Budimirovic, Alan ([HAB0010](#))
- 28 Burnell, Ms Gillian ([HAB0003](#))
- 29 Cambridge ME Support Group, CBME ([HAB0041](#))
- 30 Capita ([HAB0157](#))
- 31 Capita Plc ([HAB0133](#))
- 32 Carers UK ([HAB0156](#))
- 33 Carpenter, Neil (Volunteer advocate, Cornwall Advocacy) ([HAB0007](#))

- 34 Child Poverty Action Group ([HAB0048](#))
- 35 Chronic Illness Inclusion ([HAB0129](#)), ([HAB0066](#))
- 36 Citizens Advice ([HAB0065](#))
- 37 Citizens Advice Gateshead ([HAB0032](#))
- 38 Citizens Advice Nottingham ([HAB0035](#))
- 39 Citizens Advice Scotland ([HAB0155](#))
- 40 Citizens Advice Service in Three Rivers ([HAB0096](#))
- 41 Citizens Advice Sutton ([HAB0022](#))
- 42 Clout, Jane (Retired - voluntary welfare rights advisor, UK M.E. and chronic illness benefits advice group/Disability and Benefit support - don't go alone. (private facebook groups, membership 31,000 and rising fast)); and Admin Teams ([HAB0081](#))
- 43 Commission on Social Security ([HAB0106](#))
- 44 Coventry Citizens Advice ([HAB0014](#))
- 45 Crohn's & Colitis UK ([HAB0093](#))
- 46 Currie, Mr Andrew ([HAB0017](#))
- 47 Cystic Fibrosis Trust ([HAB0050](#))
- 48 Day, Mr William (Graduate teaching assistant/PhD student, Aston University, Birmingham); Shepperd, Dr Dan (Lecturer in Psychology, Aston University, Birmingham); and Shaw, Dr Rachel (Associate Dean Education (Postgraduate & Non-Standard Programmes), Director of Postgraduate Learning & Teaching in Psychology Health Psychologist, Reader in Psychology , Aston University, Birmingham) ([HAB0085](#))
- 49 Department for Work & Pensions ([HAB0079](#))
- 50 Department of Public Health, Policy and Systems, University of Liverpool; and School of Law and Social Justice, University of Liverpool ([HAB0055](#))
- 51 Derbyshire County Council ([HAB0061](#))
- 52 Disability Advice Project ([HAB0091](#))
- 53 Disability Benefits Consortium ([HAB0104](#))
- 54 Disability Rights UK ([HAB0051](#))
- 55 Dolan, Miss P m ([HAB0141](#))
- 56 Egan, Mrs Anne ([HAB0047](#))
- 57 Endometriosis UK ([HAB0098](#))
- 58 Feeding Britain; Independent Food Aid Network; and University of York ([HAB0125](#))
- 59 Foreman, Ian ([HAB0082](#))
- 60 GIPSIL Community Support Centre ([HAB0037](#))
- 61 Gale, Ms Jayne (Art Psychotherapist and Council clerk, Creative Futures Art Therapy) ([HAB0147](#))
- 62 Geiger, Dr Ben Baumberg (Reader in Sociology & Social Policy, University of Kent) ([HAB0099](#))
- 63 Gordon, Mr Howard (Director, Deepness Ltd) ([HAB0121](#))
- 64 Gordon, Mrs Joanne (Chair, Asbestos Victims Support Groups' Forum UK) ([HAB0113](#))

- 65 Grand Union Housing Group ([HAB0033](#))
- 66 Harris, Mrs Barbara ([HAB0078](#))
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