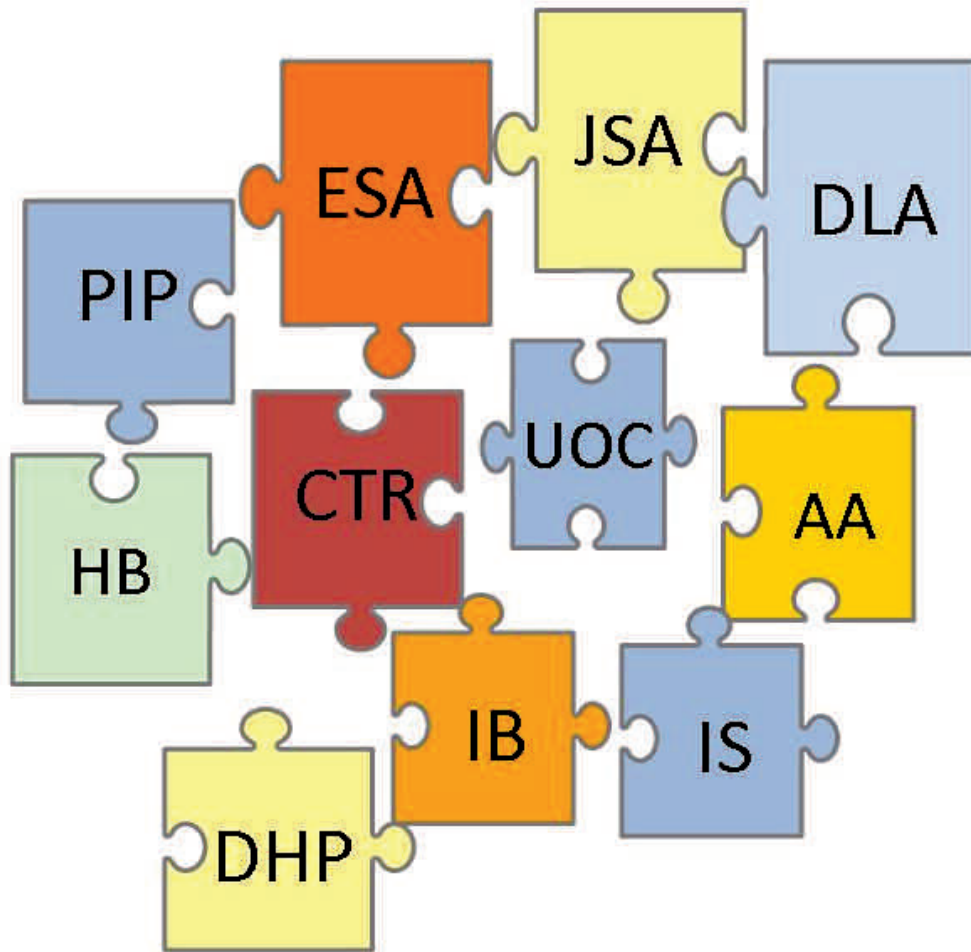


# Not a Good Time to be Disabled?

An investigation into the experiences of disabled people who need to claim benefits



Dorset Citizens Advice Social Policy Group



## EXECUTIVE SUMMARY

- 1 The report sets out findings, conclusions and recommendations from research undertaken between October 2013 and March 2014 to identify a sample of cases that illustrate the difficulties that disabled and ill people are experiencing in claiming, keeping or renewing welfare benefits.
- 2 149 cases were identified from eight Citizens Advice Bureaux – Dorchester, Poole, East Dorset, Bridport, Sherborne, Christchurch, Purbeck and Weymouth.
- 3 By far the largest number of issues (90 or 60%) were around Employment and Support Allowance (ESA). There were also significant numbers of issues identified for Personal Independence Payments (PIP) (22 or 15%), Disability Living Allowance (DLA) (12 or 8%), and Job Seeker’s Allowance (JSA) – often combined with ESA (11 or 7%).
- 4 There were also issues relating to other benefits administered by the Department for Work and Pensions (DWP) – Attendance Allowance (AA) (2 or 1%), Income Support (1 or 1%) and Incapacity Benefit (1 or 1%). More local benefits (Under-Occupancy Charge, Council Tax Reduction and Discretionary Housing Benefit) were excluded from the analysis.
- 5 The cases were analysed to identify the main reason for claiming benefits. In many cases people have multiple issues and the reasons are not straightforward. 52% of claimants were identified as having physical health issues and 38% with mental health issues. The number with both (10%) is probably an underestimate as a lot of people with physical health issues are also suffering from significant depression and anxiety.
- 6 The project highlighted 90 cases where there have been problems for clients in claiming, renewing or keeping ESA.
- 7 The largest category of problems for clients (42 or 47%) relate to poor customer service and practice on the part of Job Centre Plus (JCP) offices that administer the benefit. JCP is an arm of the DWP. The category includes inflexible rules, poor administration and delays.
- 8 The analysis points up issues with specific job centres: for example, there are several instances of poor practice at Bridport Job Centre.
- 9 The project also identified five cases of poor administration and practice at ATOS, the Government’s approved provider for delivering medical assessments for ESA.
- 10 The second largest category is the long delays that people are experiencing waiting for an ATOS assessment. 11 (12%) of ESA clients experienced unacceptable delays.
- 11 The next largest category relates to the ATOS assessment declaring people fit for work when they are clearly not, and/or the assessment leading to claimants being allocated to an inappropriate group.

- 12 Altogether there were at least 29 cases (32%) that directly involve poor service from ATOS. During the production of this report it was announced that ATOS have withdrawn from the contract and will not be undertaking the work after the end of this year.
- 13 Other issues identified in relation to ESA were:
- delays in allocation to the correct group following an assessment
  - problems in obtaining medical evidence
  - habitual residence
  - sanctions
  - delays in getting ESA paid
  - problems following a change in circumstance
  - mandatory reconsideration
- 14 Of the 22 cases of difficulties with PIP, 45% involved waiting for an assessment from ATOS. 18% involved poor customer service at ATOS. 64% directly involved a failure by ATOS. I
- 15 Twelve (8%) cases involved DLA. 67% of these involved poor customer service at the DWP.
- 16 11 (7%) cases involved JSA or both JSA and ESA. To get JSA claimants must be fit for work so this is not a benefit that is appropriate for a large number of disabled or ill claimants. However when a person “fails” a medical for ESA they have no option but to apply for JSA. The advisers at the Job Centre often then tell people that in their view they are not fit for work. This puts claimants in a Catch 22 situation, leaving them with no money or support.
- 17 Many claimants have multiple problems. Benefit rules cannot take all individual circumstances into account and staff often appear to be inflexible – indeed some staff do not appear to know the regulations properly and give incorrect advice or are very off-putting to claimants because of their manner.
- 18 By definition the people who apply for ESA or PIP are disabled and/or very ill. Many have mental health problems and are extremely vulnerable in situations of anxiety or distress. Many people with physical disabilities also struggle with their mental health, and day-to-day living is very difficult for them.
- 19 The impact on claimants is illustrated in the examples given in the report, but it is worth stressing that the delays and general inefficiency of the way that claims are dealt with only exacerbates often extremely stressful situations. This often impedes any progress that a person with mental health problems might be making in their recovery.
- 20 In addition to the distress caused there is the very practical problem that claimants often suffer financial hardship because of the problems they experience with getting their benefits.

## CONCLUSIONS

- 1 The report demonstrates that disabled and ill claimants are experiencing considerable difficulties with claiming benefits following the introduction of the welfare reforms. The reforms appear to have had a detrimental effect on people who are sick or disabled and as a result Dorset residents have suffered genuine hardship.
- 2 The difficulties and inadequacies identified in the report are primarily centred on the administration of ESA, although the report has also identified failings in the administration of PIP, DLA and other DWP benefits. (Evidence from bureaux in the months since the figures were collected shows that PIP claimants are experiencing the same difficulties as ESA claimants, particularly with regard to long delays in getting an assessment, and if the research was repeated now the figures would be even higher.)
- 3 The evidence points to poor administration and practice at the Department for Work and Pensions, specifically Job Centre Plus. The examples point to a level of inefficiency and poor customer service that is unacceptable. Specific examples from the research include:
  - complicated and misleading forms and/or incomprehensible letters;
  - the requirement to make applications on-line;
  - difficulty making contact with benefits staff by phone;
  - poor communication skills of telephone advisers;
  - lack of sensitivity and flexibility on the part of benefits staff that indicates poor training and understanding;
  - long delays;
  - unreasonable sanctions.
- 4 The reasons for poor customer service are not entirely clear. There may not be enough staff to deal with the volume of claims or the complexity of claims - certainly some staff appear to be poorly trained, poorly motivated and poorly managed.
- 5 The system of Work Capability Assessments by ATOS is also clearly under severe strain. Claimants who are found not fit for work or placed in the wrong group can appeal, and the number of successful appeals nationally suggests that assessments are often not realistic in identifying the potential for work. The statistics for the period April to June 2013 showed a 42% success rate for ESA appeals in England and a 41% success rate in the South West. This is backed up by evidence collected locally in this report. Appeals are costly for the DWP both in time and money as well as causing significant distress and anxiety to the claimants.
- 6 ATOS is also failing to meet reasonable customer service standards. The delays that claimants experience in being called for assessment for both ESA and PIP are unacceptable and causing huge anxiety to claimants, many of whom have mental health problems.
- 7 The majority of claimants have very limited financial resources and cannot manage without regular payments – any delay or refusal of benefit can lead to debt and consequent further worry and anxiety. It should be remembered that these benefits are passports to benefits such as Housing Benefit and Council Tax Reduction so any problems with them often lead to non-payment of other benefits, with severe financial consequences.

- 8 It would appear from the evidence presented in the report that staff at all levels in both the DWP and ATOS are failing in their duty to provide a reasonable service to ill and disabled claimants.

## **RECOMMENDATIONS**

- 1 The Department for Work and Pensions (DWP) should listen to evidence from the health and social care professionals who know claimants best, and this evidence should be provided free of charge.
- 2 The DWP should ensure that the process for claiming benefits offers appropriate support for disabled and ill claimants and does not disadvantage those who are unfit for work.
- 3 The DWP should ensure that contracts are tightly monitored and penalties imposed when standards fall below those specified.
- 4 The DWP and ATOS should be carrying out assessments and making decisions within the published timescale.
- 5 The administration and customer service provided by DWP should be improved so that claimants are not disadvantaged. DWP staff should be trained to understand the difficulties that claimants with disabilities and poor health experience. This training should cover the problems experienced by specific groups, for example people with Asperger's Syndrome and people with mental health conditions. Local Job Centres should increase the training of staff to provide a better service.
- 6 The DWP should instigate a customer feedback system in order to gather evidence about the customer experience and take action accordingly.
- 7 The DWP should continue to pay claimants the assessment ESA while the mandatory reconsideration is carried out.
- 8 The companies running the work capability assessment and medicals should be held accountable for poor quality assessments and bad customer service. Specifically the contract for the provider that will follow ATOS should be tightly specified to ensure that acceptable quality standards for customer service and efficiency are paramount
- 9 GPs should be encouraged to consider how they might improve their support to patients who are making claims, for example by faxing letters rather than expecting patients who are ill and/or disabled to pick them up from the surgery.

# NOT A GOOD TIME TO BE DISABLED?

## 1 INTRODUCTION

- 1.1 Owing to the number of clients presenting at local bureaux needing help with benefit issues, the Dorset Citizens Advice Social Policy Campaigns Group became aware that the recent welfare benefits reforms seemed to be having a disproportionate impact on disabled people and people who are unable to work because of illness.
- 1.2 The Group was also aware that the national organisation, Citizens Advice, was undertaking research on the impact of the introduction of Employment Support Allowance on the welfare of sick and disabled people.
- 1.3 It therefore decided to undertake a piece of local research on the difficulties that disabled people were experiencing in claiming, keeping, renewing or knowing about benefits. This would give valuable local information to inform policy but also help inform the national research.

## 2 METHODOLOGY

- 2.1 Each bureau routinely collects evidence on social policy issues where interaction with clients demonstrates injustice, unfairness or poor service and submits them to national CAB on bureau evidence forms so that a national picture of specific issues can be collated.
- 2.2 It was agreed that a sample of bureau evidence forms relating to difficulties over disability benefits should be separately identified over a period of six months from 1 October 2013 to 31 March 2014. The information would then be collated to form the basis of a report. However further information, anecdotal or otherwise, from other local agencies might also be included.
- 2.3 Examples of cases were collected from eight bureau offices – Dorchester, Poole, East Dorset, Bridport, Sherborne, Christchurch, Purbeck and Weymouth.

## 3 FINDINGS

- 3.1 Over the six month period 149 examples of cases where disabled or ill clients experienced difficulties with their benefits were collected.
- 3.2 This is only a small sample of the cases dealt with by the eight bureaux involved in the project. To put it into context, 53,843 issues were dealt with in the year 2013 to 2014. Of these 19,516 cases (36%) were benefit issues, of which a high proportion would be benefit issues affecting disabled people. However although 149 cases is

only a snapshot compared to the number of cases dealt with, it is a representative sample in terms of the problems and issues faced by claimants.

3.3 The research identified a range of benefits that caused problems for disabled people. These were:

- Employment Support Allowance (ESA)
- Personal Independence Payments (PIP)
- Disability Living Allowance (DLA)
- Job Seeker's Allowance (JSA)
- Attendance Allowance (AA)
- Incapacity Benefit (IB)
- Income Support (IS)
- The Under-Occupancy Charge (bedroom tax) (UOC)
- Discretionary Housing Payments (DHP)
- Council Tax Reduction (CTR)

3.4 Table 1 below gives a breakdown of the specific benefit identified as causing problems for claimants.

**TABLE 1 – Breakdown of benefit type**

<b>Benefit</b>	<b>Total</b>
ESA	90
PIP	22
DLA	12
JSA/ESA	7
JSA	4
AA	2
IB	1
IS	1
UOC	5
DHP	2
CTR	3
<b>TOTAL</b>	<b>149</b>

3.5 By far the largest number of issues (90 or 60%) were around Employment and Support Allowance. There were also a significant number of issues identified for Personal Independence Payments (22 or 15%), Disability Living Allowance (12 or 8%) and Job Seeker's Allowance (JSA). Issues with JSA were often combined with ESA (11 or 7%).

3.6 There were small numbers of issues relating to other benefits administered by the DWP – Attendance Allowance (AA - 2 or 1%) Income Support (IS - 1 or 1%) and Incapacity Benefit (IB - 1 or 1%), and these have been included in the analysis that follows in section 4. In a few cases benefits administered by the local authority were mentioned (i.e. Under-Occupancy Charge, Council Tax Reduction and Discretionary Housing Payment) but these are not explored in this report.

3.7 The cases were analysed to identify the main reason why people were claiming benefits, i.e. did they have mental health problems, physical health problems or were off work because of an accident or injury. In many cases people have multiple issues



and the reasons are not straightforward, but the following table identifies the primary reason for needing to claim.

**TABLE 2 – Breakdown of reasons for making a claim by benefit type**

<b>Benefit type</b>	<b>Mental health issue</b>	<b>Physical health issue</b>	<b>Both mental and physical health issues</b>	<b>No of cases</b>
ESA	37	44	9	<b>90</b>
PIP	4	14	4	<b>22</b>
DLA	7	4	1	<b>12</b>
Both JSA and ESA	1	5	1	<b>7</b>
JSA	4	0	0	<b>4</b>
UOC	1	4	0	<b>5</b>
CTR	1	2	0	<b>3</b>
AA	0	2	0	<b>2</b>
IB	0	1	0	<b>1</b>
IS	1	0	0	<b>1</b>
DHP	1	1	0	<b>2</b>
<b>TOTAL</b>	<b>57</b>	<b>77</b>	<b>15</b>	<b>149</b>

- 3.8 This shows most people having physical health issues (52%) but also many with mental health problems (38%). The number with both (10%) is possibly an underestimate as it is the case that a lot of people who present with physical health issues are also suffering from significant depression and anxiety.
- 3.9 The following five sections explore the findings under the headings of the main benefits that were identified, i.e. ESA, PIP, DLA, JSA and other DWP benefits. The project was focused on the problems that disabled people experience claiming, keeping, renewing or knowing about benefits. However the cases dealt with by the bureaux were overwhelmingly concerned with issues connected with claiming, keeping or renewing benefits. By definition the people coming to us for help knew that they were entitled to some help even if they were unclear about the detail of the benefits involved, so there are no examples of clients not knowing about benefits.
- 3.10 In many cases the problems were multi-faceted and not easy to categorise, for example a situation involving a change of circumstance which led to a delay in payment could potentially be described under change of circumstance, delay or poor administration. The analysis attempts to identify the key factor in each case but the examples given illustrate the complexity of the situations that disabled people find themselves in.

## **4 EMPLOYMENT AND SUPPORT ALLOWANCE (ESA)**

- 4.1 ESA is a benefit for people with limited capability for work because of ill health and/or disability. It has replaced Incapacity Benefit, Income Support paid on the grounds of incapacity for work, and Severe Disablement Allowance.



- 4.2 There are two types of ESA, contribution-based and income-based.
- 4.3 The rules surrounding who can claim ESA and how the benefit is worked out are complex and the following description covers only the basics. For further information a helpful guide is:  
[http://www.adviceguide.org.uk/england/benefits\\_e/benefits\\_sick\\_or\\_disabled\\_people\\_and\\_carers\\_ew.htm](http://www.adviceguide.org.uk/england/benefits_e/benefits_sick_or_disabled_people_and_carers_ew.htm) (go to Employment Support Allowance).
- 4.4 The rates of payment for ESA differ according to whether the person is in the Assessment Phase or the Main Phase, and within the latter in the Support Group or the Work Related Activity Group (see 4.5 to 4.10 below). An individual's circumstances will affect the level of benefit he or she receives, but the basic rates are currently:

Assessment rate:-

- up to £57.35 a week if aged under 25
- up to £72.40 a week if aged 25 or over

Work-related Activity Group: -

- up to £101.15 a week

Support group:

- up to £108.15

- 4.5 In most cases once a person has claimed ESA he or she will receive it until a decision is made on the claim. The DWP aim is for this to take 13 weeks.
- 4.6 During the Assessment Phase, a claimant will have a Work Capability Assessment (WCA).
- 4.7 The WCA is carried out to determine whether the claimant is sufficiently sick or disabled to qualify for ESA.
- 4.8 The WCA is made up of two separate assessments (although not all ESA claimants will have both assessments). The assessments are:-

*The limited capability for work assessment.* This determines whether or not a person remains entitled to ESA after the assessment or has to claim another benefit, for example, Jobseeker's Allowance (JSA). To be entitled the claimant has to be awarded 15 points.

*If the claimant is entitled then the next assessment is: the limited capability for work-related activity assessment.* This determines which group of ESA claimants the person joins. If it is deemed that the claimant is unable to work and unlikely to be able to do so in the future, they join the 'Support Group'. A person who has limited capability for work but not limited capability for work-related activity joins the 'Work-Related Activity Group' (WRAG). A claimant in the WRAG has to satisfy certain work-related conditions whereas those in the Support Group do not.

- 4.9 The WCA will be carried out by a healthcare professional, currently employed by ATOS Healthcare. Most claimants will be asked to attend a face-to-face medical assessment. This will usually take place at a medical centre, but if the claimant is unfit to travel or lives more than 90 minutes' journey from the nearest centre, the healthcare professional may make a home visit. The medical assessment may or may not involve a physical examination.
- 4.10 Following the assessment ATOS provide advice to the Department for Work and Pensions (DWP) but the decision on entitlement will be made by a DWP decision maker.
- 4.11 The project identified 90 cases where there have been problems for clients in claiming, renewing or keeping ESA.
- 4.12 Table 3 gives a breakdown of the main problems faced by clients. However it should be noted that in many cases claimants experience a number of problems. This is a problem in itself as it becomes very difficult to get to the bottom of what is going on. The table attempts to highlight the main reason, but the more detailed analysis following will illustrate the complexity of some claimants' circumstances.

**TABLE 3 – Main categories of problems faced by ESA claimants**

<b>Issue</b>	<b>Total</b>
Poor customer service and practice on the part of the DWP/ JCP, including poor administration, delays, insensitivity and lack of support	<b>42</b>
The ATOS assessment declaring people fit for work when they clearly are not or the assessment leading to claimants being allocated to an inappropriate group	<b>6</b>
ATOS decisions overturned on appeal	<b>4</b>
ATOS medical professionals undertaking the assessments who are not qualified in mental health issues	<b>2</b>
Delays waiting for an ATOS assessment	<b>11</b>
Poor administration and practice in ATOS	<b>6</b>
Delays in moving people into the correct group following an assessment or appeal	<b>3</b>
Sanctions	<b>4</b>
Problems with obtaining medical evidence	<b>6</b>
No entitlement, habitual residence	<b>1</b>
Mandatory reconsideration	<b>1</b>
Problems arising from change in circumstances	<b>2</b>
Delays in waiting to be paid	<b>2</b>
<b>TOTAL</b>	<b>90</b>

4.13 The largest group of problems for clients (42 or 47%) relate to poor customer service and practice on the part of the Job Centre Plus offices that administer the benefit. Job Centre Plus is an arm of the DWP.

4.14 Examples of this include:

<ul style="list-style-type: none"><li>• the DWP refusing to take a claim over the telephone from a homeless man.</li></ul>
<ul style="list-style-type: none"><li>• a client diagnosed with pancreatic cancer for whom it took 45 minutes on the telephone to file a claim, despite requesting the fast track procedure.</li></ul>
<ul style="list-style-type: none"><li>• a JCP sent a letter to a client that he found very threatening, telling him to attend for an interview or his benefit would be stopped and no reason given.</li></ul>
<ul style="list-style-type: none"><li>• a depressed and suicidal client with incurable liver disease was sent a letter saying that she had failed to attend an interview. She had already phoned to cancel but spoke to someone at JCP who appeared not to believe or understand the full extent of her health conditions and was extremely rude.</li></ul>

4.15 The category includes inflexible rules, poor administration and delays, for example:

<ul style="list-style-type: none"><li>• a client received a very poorly written letter from JCP that was difficult to understand and gave him incomplete information that affected his ability to appeal</li></ul>
<ul style="list-style-type: none"><li>• a decision maker at a Benefit Delivery Centre failed to take case law into account when making his decision not to award ESA to a client with mental health problems.</li></ul>
<ul style="list-style-type: none"><li>• a client with a diagnosis of terminal cancer was denied ESA because while making a claim over the phone he said he was not making a claim under "special rules". He did not understand what this meant and it was not explained to him.</li></ul>
<ul style="list-style-type: none"><li>• a client who has lived and worked in the UK for 8 years and who now is undergoing treatment for cancer is not receiving ESA because of delays in processing habitual residence forms.</li></ul>
<ul style="list-style-type: none"><li>• a client who suffers from schizophrenia, paranoia, anxiety, depression and insomnia. He requested not to have to attend WRAG meetings as he couldn't cope and he had a letter from his specialist to support this, but the DWP claimed it did not receive his letter of appeal and his ESA was stopped, leaving him with no income.</li></ul>

- a 60-year-old client with multiple health problems was awarded ESA and allocated to the WRAG without a medical assessment. His work activity provider and JCP adviser have said that he is not fit for work but the rules say that he has to be referred to the WRAG as this is mandatory because the initial ESA award was time limited to 12 months.

4.16 It also includes a case of a client where the DWP erroneously moved to a tribunal hearing without taking additional medical evidence into account as it is bound to do.

4.17 The analysis also points up issues with specific job centres. For example there are several examples of poor practice at Bridport Job Centre. In one case it failed to keep accurate records or give appropriate support to a blind claimant and in another case a claimant was given incorrect information about the medical information he needed to submit an ESA application. Another client went into the Job Centre to ask what the rules were on ESA and had a very unhelpful initial contact and was made to feel that she was a fraud.

4.18 The project also identified five cases of poor administration and practice at ATOS:  
For example:

- a client who claimed ESA, but did not hear anything, found out that ATOS had fixed a date for a medical assessment but the client had missed it because he was not informed of the date. This caused further delay.

- a vulnerable client was called for a medical despite letters from her GP and the CAB asking for an exemption because of danger to the client. The client had a history of self harm and had been sectioned 5 months earlier. The Bureau was with great difficulty able to get the medical cancelled.

4.19 The second largest category, and one which is becoming increasingly apparent, is the long delays that people are experiencing waiting for an ATOS assessment. 11 (12%) of ESA clients experienced unacceptable delays. During this period, they remain on the assessment rate. Examples are:

- a client who has cancer who in October 2013 had waited three months for an appointment.

- a 24-year-old client who is physically disabled has been receiving ESA since October 2013 but as of March 2014 had not had an ATOS medical.

- a 60-year-old client with both physical and mental health problems who in March 2014 had been waiting 5 months for an assessment.

- a client filled in the ATOS questionnaire in July 2013. As of April 2014 she had not had the limited capacity for work assessment. ATOS admitted they had a backlog of cases.

4.20 The next largest category (6 cases or 7%) relate to the ATOS assessment declaring people fit for work when they clearly are not, or the assessment leading to claimants being allocated to an inappropriate group. Although the DWP is the final decision maker the assessments are undertaken by ATOS. Clients who have long-term health problems, particularly mental health problems, have found themselves declared fit for work when they are clearly unable to work or have found themselves placed in the Work Related Activity Group, which they are unable to cope with. Samples of cases are highlighted below:

<ul style="list-style-type: none"> <li>• a client who has both physical and mental health problems and is unable to maintain activity for more than an hour was assessed as fit for work. Her benefit was stopped immediately, leaving her with no money.</li> </ul>
<ul style="list-style-type: none"> <li>• a client who has many health problems following years of domestic abuse and is often too ill to get up scored 0 points and was declared fit to work by ATOS.</li> </ul>
<ul style="list-style-type: none"> <li>• a client who is suicidal and also suffering from physical health problems being placed in the WRAG despite this affecting her current treatment.</li> </ul>
<ul style="list-style-type: none"> <li>• a client who has mental health problems and social phobia has been given ESA on condition that he attends the Work Related Activity Group. He is very distressed as he feels unable to do this and fears his ESA will be stopped.</li> </ul>
<ul style="list-style-type: none"> <li>• a client who was in the WRAG but with the support of his GP and OT appealed that he should be in the Support Group. This was refused on the basis of the ATOS assessment despite providing further medical evidence. The client is very distressed as she cannot manage the work related activity demanded of her.</li> </ul>

4.21 Three clients have had the original decision overturned on appeal, which throws grave doubt on the quality of the original assessment. These were:

<ul style="list-style-type: none"> <li>• a client with severe mental health problems and also hypertension and back problems. She was found fit for work at the WCA. The case went as far as a tribunal and the client was put in the Support Group.</li> </ul>
<ul style="list-style-type: none"> <li>• a client awarded 0 points at the initial assessment was placed in the support group by a tribunal.</li> </ul>
<ul style="list-style-type: none"> <li>• a client with Meniere's disease who cannot walk for more than 20 metres was given 0 points in the ATOS assessment but an appeal put him in the Support Group. The appeal took 9 months, during which time the client was short of money and very worried about the final outcome.</li> </ul>

4.22 In one case a client with Asperger's Syndrome was assessed by a physiotherapist who did not understand the client's condition and rushed the assessment. This

caused the client to freeze, so that he was unable to answer any of the questions, leaving him in an extremely distressed and agitated state. The use of appropriately qualified medical professionals to assess people with mental health problems is also discussed in paragraph 9.2.

4.23 Altogether there were at least 29 ESA cases (32%) that directly involve poor service from ATOS, the Government's approved provider for delivering medical assessments for ESA. During the production of this report it was announced that ATOS have withdrawn from the contract and will not be undertaking this work after the end of this year. However it is still under contract at the moment, and from ongoing evidence it appears that the situation for claimants is getting worse with delays of seven or eight months being experienced before assessments are taking place.

4.24 There were three cases of clients experiencing delays in moving them into the correct group following an assessment or an appeal. In cases where people should be moved from the Work Related Activity Group to the Support Group this means a loss of income. The cases are:

<ul style="list-style-type: none"><li>• a client who has fibromyalgia, hernia, depression, asthma and osteoarthritis is appealing against being denied the Support Group but has been left in the WRAG for a year waiting to be moved.</li></ul>
<ul style="list-style-type: none"><li>• a client who is undergoing chemotherapy and stem cell treatment has waited 9 months to be moved to the Support Group, which has caused a loss of approximately £1,200 when he has additional expenses because of his illness.</li></ul>
<ul style="list-style-type: none"><li>• a client who has been left in the WRAG after scoring 36 points in the ATOS assessment, which means that she should be in the Support Group.</li></ul>

4.25 Six cases (7%) involve problems with obtaining medical evidence. For example:

<ul style="list-style-type: none"><li>• the GP of a client who was suffering from severe psychotic episodes refused to sign him off as unfit for work which meant that he failed to get ESA.</li></ul>
<ul style="list-style-type: none"><li>• a 58-year-old client with no income and a disabled son and who cannot work at present because of a shoulder injury was told she would have to pay £20 for a doctor's certificate.</li></ul>

4.26 It should be noted that the issue of the support local GPs are prepared to provide for claimants is currently being addressed through work by Healthwatch, of which Citizens Advice in Dorset (CaiD) is a partner. A survey of all GPs in Dorset has shown that the majority are happy to provide supporting letters as evidence to the DWP but a small minority are reluctant to do this and/or make a charge for the service.

4.27 One case involved habitual residence. The client came to the UK from Italy and has been diagnosed with cancer but is unable to go home because of the treatment he is undergoing. He is not entitled to claim ESA so has no income.

4.28 ESA sanctions can leave claimants with no money. Four people were left in this situation, for example:

- a single man aged 61 who is physically ill and also has mental health problems was claiming ESA but failed to keep an appointment because of his illness. His benefit was stopped leaving him with no money.
- a client in the WRAG missed several appointments because he had pneumonia and as a result was sanctioned. It took three months to sort the problem out, during which time the client was left with insufficient money for food and bills.

4.29 There were also two cases of people experiencing delays in getting their ESA paid, which left them without money. For example:

- a client who made a claim for ESA after previously claiming JSA. There was a delay in sorting this out, which left the client with no money. He had to use the food bank and the situation caused him great distress.

4.30 Two cases involved problems encountered following a change of circumstance. These were as below:

- a 45-year-old disabled man who had been declared unfit for work and received ESA, as did his partner, had his benefit stopped when the family were told that the claim had to be made in their joint names rather than individually. They have a young child and faced hunger and debt as a result.
- a client who has suffered from MS for 20 years was moved from Incapacity Benefit to the ESA Support Group but has now been sent a complicated form to complete about his condition that has distressed him as he is worried that he could lose his benefit. The client is very disabled and his condition hasn't changed, so this seems unnecessarily bureaucratic.

4.31 A further case involved a client being left without money because of the mandatory re-consideration rules:

- a client was re-assessed for ESA and moved from the Support Group to the Work Related Group. He appealed this decision, and while this happened he received no money, which left him and his wife (who is also disabled) in financial difficulties as well as worried about how he would manage the requirements of the Work Related Group.



## 5 PERSONAL INDEPENDENCE PAYMENTS (PIP)

5.1 Personal Independence Payment (or PIP) was introduced in 2013 and replaced the Disability Living Allowance (DLA). PIP is designed to help with some of the extra costs caused by long-term ill-health or a disability for people aged 16 to 64. Unlike DLA people have to undergo a medical assessment before they are awarded the benefit. The assessment is carried out by ATOS in this region, and there is a backlog of claims. Unlike with ESA, ATOS is continuing with the PIP element of its contract with the DWP.

5.2 PIP is made up of two parts known as components:

- the daily living component
- the mobility component.

5.3 Each component has two rates:

- a lower rate, known as the standard rate
- a higher rate, known as the enhanced rate.

5.4 If a claimant qualifies for PIP they may get one or both components. Each component will be paid at either the standard rate or the enhanced rate. The current weekly rates are as follows:

Daily living component: Standard rate 54.45pw . Enhanced rate 81.30pw

Mobility component: Standard rate 21.55pw Enhanced rate 56.75pw

5.5 More information about PIP can be found on [http://www.adviceguide.org.uk/england/benefits\\_e/benefits\\_sick\\_or\\_disabled\\_people\\_and\\_carers\\_ew.htm](http://www.adviceguide.org.uk/england/benefits_e/benefits_sick_or_disabled_people_and_carers_ew.htm) and go to Personal Independence Payments.

5.6 22 cases (15%) involved PIP. Table 4 gives a breakdown of the main problems areas for clients by bureau:

**TABLE 4 – Main categories of problems faced by PIP claimants**

<b>Issue</b>	<b>Total</b>
Poor customer service and practice on the part of the DWP and JCP, including poor administration, delays, insensitivity, rudeness and lack of support	<b>8</b>
Delays waiting for an ATOS assessment	<b>10</b>
Poor administration and practice in ATOS	<b>4</b>
<b>TOTAL</b>	<b>22</b>

5.7 Of the 22 cases that involved PIP, 10 (45%) involved waiting for an assessment from ATOS. Examples include:

<ul style="list-style-type: none"> <li>• a client with both physical and mental health problems applied for PIP in August 2013 and it was confirmed that this had been passed to ATOS on 10 September. As of March 2014 he had still not had a medical – a delay of 7 months.</li> </ul>
<ul style="list-style-type: none"> <li>• a young woman who is severely disabled following an operation for a tumour on her spine. She applied for PIP on 4 December 2013 and was advised on 9 January that her claim was with ATOS. She had still not received a date by the end of March 2014.</li> </ul>
<ul style="list-style-type: none"> <li>• a client who had not heard about a date for an assessment after a three month wait.</li> </ul>
<ul style="list-style-type: none"> <li>• a client confirmed that a PIP application had been received by ATOS in August 2013 but no assessment date had been arranged by April 2014.</li> </ul>
<ul style="list-style-type: none"> <li>• a 46-year-old client with MS who works full time made a claim for PIP in December and by February had still not heard anything from ATOS.</li> </ul>
<ul style="list-style-type: none"> <li>• a client with severe arthritis in his hands and feet and is having to stop working. 4 months after applying for PIP he had still not had a date for a medical assessment.</li> </ul>

5.8 The long delays waiting for a medical assessment for PIP is of great concern. PIP is a non-means-tested benefit designed to help disabled people to retain their independence by helping with the additional costs associated with having a disability. It is unacceptable for claimants to have to wait for months before they are assessed.

5.9 The second largest category (8 or 36%) involved poor customer service and practice by the DWP. For example:

<ul style="list-style-type: none"> <li>• a client with severe arthritis applied for an application pack but had not received this three weeks later, and the PIP helpline could give no indication of how long she would have to wait for it.</li> </ul>
<ul style="list-style-type: none"> <li>• a client applied for a pack that did not arrive. After a month he rang again to find that the initial request had been lost so he had to apply for another one.</li> </ul>

5.10 The remaining four cases (18%) involved poor customer service and practice at ATOS. For example:

<ul style="list-style-type: none"> <li>• a client applied for PIP and was sent a form by ATOS to fill in that was applicable for ESA and not for PIP. The client assumed that the application had been turned down, when in fact ATOS had sent the wrong form.</li> </ul>
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5.11 As with ESA, it is clear that many problems are caused by ATOS. In the cases above 14 cases or 64% directly involve a failure by ATOS. It is worrying that ATOS will retain the PIP element of the DWP contract.

## 6 DISABILITY LIVING ALLOWANCE (DLA)

- 6.1 DLA has been replaced by PIP and is gradually being phased out as from April 2013 in this area of the country. However people who were receiving DLA are continuing to receive it for the time being. 12 cases (8%) involved DLA.
- 6.2 Table 5 gives a breakdown of the main problem areas for clients.

**TABLE 5 – Main categories of problems faced by DLA claimants**

<b>Issue</b>	<b>Total</b>
Poor customer service and practice on the part of the DWP and JCP including poor administration, delays, insensitivity, rudeness and lack of support	<b>8</b>
Poor administration and practice in ATOS	<b>1</b>
ATOS assessment declaring people fit to work when they are not, or the assessment leading to allocation to an inappropriate group	<b>1</b>
Sanctions	<b>1</b>
Mandatory reconsideration	<b>1</b>
<b>TOTAL</b>	<b>12</b>

- 6.3 Of the 12 cases identified in the survey 8 (67%) involved poor customer service at the DWP. For example:

<ul style="list-style-type: none"><li>• a client with severe mental health problems failed to re-apply for DLA at the right time but later did so with the help of CAB and his GP. The client is in the ESA Support Group. There was a 4 month delay in dealing with the claim because the doctor who wrote the letter of support was no longer the client's GP and because the medical report was not on the correct form.</li></ul>
<ul style="list-style-type: none"><li>• a client with long-term mental health problems who had been awarded DLA made a claim for Severe Disability Premium but did not hear anything. When the Bureau enquired on her behalf it was discovered that her claim had been rejected, but they had not contacted the client with this information and no explanation was given for the refusal.</li></ul>

## 7 JOB SEEKER'S ALLOWANCE (JSA)

- 7.1 11 (7%) of cases involved JSA or both JSA and ESA. Job Seeker's Allowance is a benefit for people who are unemployed or work a limited number of hours.
- 7.2 To get JSA claimants must be fit for work, so this is not a benefit that is appropriate for a large number of disabled or ill claimants. However when a person "fails" a medical for ESA they have no option but to apply for JSA. The advisers at the Job

Centre often then tell people that in their view they are not fit for work. This leaves claimants in a Catch 22 situation, leaving them with no money or support.

7.3 Table 6 gives a breakdown of the main problem areas for clients by bureau:

**TABLE 6 – Main categories of problems faced by JSA claimants**

<b>Issue</b>	<b>Total</b>
Poor customer service and practice on the part of the DWP and JCP, poor administration, delays, insensitivity, rudeness and lack of support	<b>8</b>
The ATOS assessment declaring people fit for work when they clearly are not, or the assessment leading to claimants being allocated to an inappropriate group	<b>1</b>
Poor administration and practice in ATOS	<b>1</b>
No entitlement, habitual residence	<b>1</b>
<b>TOTAL</b>	<b>11</b>

7.4 Examples of the kind of situation clients find themselves in are given below:

<ul style="list-style-type: none"> <li>a client was unable to fulfill the conditions of JSA – he has a physical impairment and is also caring for a disabled son. He therefore decided to live off his savings and his son’s benefit income, but when he applied for Housing Benefit and Council Tax Relief he was told he would only be eligible if he claimed JSA or ESA. He knows he is unable to undertake the requirements demanded by JSA but is not sufficiently disabled to claim ESA as he is technically fit for work.</li> </ul>
<ul style="list-style-type: none"> <li>a client has a physical disability affecting his arm for which he is awaiting surgery. He has had two ATOS medicals: the first confirmed he was unable to work, the second decided he was fit for work. ESA and CTR stopped and he was told to apply for JSA. But this was declined on the grounds that he was unfit for work.</li> </ul>

## **8 INCOME SUPPORT (IS), INCAPACITY BENEFIT (IB) and ATTENDANCE ALLOWANCE (AA)**

8.1 Income Support on the basis of incapacity and Incapacity Benefit are being phased out. Only two cases involved these benefits, both of which involved poor administration on the part of the DWP. One example is:

<ul style="list-style-type: none"> <li>a 47-year-old single man had IB paid into his Post Office account on Thursdays. This was changed without notice to Fridays leaving him unexpectedly without any money for a short period without any notice.</li> </ul>
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8.2 Attendance Allowance is payable to people with a disability aged over 65. Two cases involved this benefit. Again both involved poor customer service, practice and administration at the DWP. One example is:

- a client told DWP his mother had gone into a care home but they would not speak to him until he had Power of Attorney. When he got this and told them, the AA payments continued, and a few months later he was asked for the money back plus a civil penalty of £50. He disputed this and eventually DWP conceded that it had been their mistake. The client had notified the change in circumstance for his mother on 23 September 2013 but it took till February 2014 to sort the matter out.

## 9 COMPLEXITY OF BENEFITS ISSUES

- 9.1 As mentioned in paragraph 4.12 many claimants have multiple problems and the examples outlined in the sections above give some idea of the complexity involved in many of the situations that claimants are in. Benefit rules cannot take all individual circumstances into account, and staff often appear unable to be flexible – indeed some staff do not appear to know the regulations properly and give incorrect advice or are very off-putting to claimants because of their manner.
- 9.2 An example of a case where more than one issue is involved is that of the client already mentioned in paragraph 4.16 as having been moved to a tribunal hearing without proper consideration being taken of additional medical evidence. He also experienced an ATOS assessment undertaken by a medical professional who was not qualified in mental health issues. This is inappropriate and should not happen as unqualified assessors will often have no experience of the problems faced by people who are mentally ill. In this case the client was given 0 points by a registered general nurse with no mental health qualifications.
- 9.3 The further examples below illustrate how more than one issue is often involved in an individual case and how complex this can often be, not only for the claimant involved but for advice agencies such as the CAB who are attempting to help them.

- a client who has panic attacks had her ESA stopped and she appealed. However because of her condition she cannot leave the house to go to a tribunal at an unfamiliar venue. After refusing a request to have the hearing at her home she was told it could be at her GP surgery. This in itself caused great distress but this was then changed and she was told she had to have it at the Civic Offices. The case therefore involves poor and unsympathetic administration but also delays, as the client has been waiting for a long time for the hearing and has been without her benefit in the meantime.

- a client had his ESA stopped when his sick note had expired. The GP agreed to issue another but the Job Centre said his benefit could not be resumed until the valid note had been received. This would take 5 days by post and meant a wait before his benefit was restored, leaving him with no money in the meantime. He could have gone to the JCP for the certificate to be validated but this would have required a bus journey that he was not well enough to undertake.

- a client with a long term disability including severe arthritis has difficulty in reading and writing. When he was migrated from Incapacity Benefit to ESA he was put into the Work Related Activity Group. He was not able to travel to these and was told by the Job Centre to complete activities on line. He didn't have a computer and couldn't read or write but was told by the Job Centre to "pretend" that he was doing them. This caused the client huge distress and confusion and was not only threatening his mental health but his marriage.

- a pregnant young woman client had to stop work early after a fall. She was refused ESA on the grounds that she had failed to return a form for a previous claim five months before (this had been for a broken arm). The client was adamant that she had returned it, but it appears to have been lost and she was told to complete another. She was then unable to apply as regulations state that you cannot re-apply within 6 months. The client is angry and frustrated as the two claims were for two totally different conditions and she has no money while she is unable to work.

9.4 The difficulties of the situations facing some clients with complex needs can be a challenge to benefits staff and is why proper and comprehensive training is very important. This is illustrated by two examples provided to the project by Autism Wessex:

- a letter to a client with Asperger's Syndrome for a PIP assessment had incorrect venue details. The venue itself was a hotel several miles away and not on a regular bus route. One of the advisers agreed to meet the client at the venue as he was extremely anxious about the journey. On arrival the adviser went to the front desk, where the receptionist said she had no knowledge of any assessments there. The adviser had to make several phone calls, only to find that the assessor was in the hotel but had failed to inform the receptionist. Meanwhile the client was tearful, agitated and extremely stressed and in no fit state for an assessment.

- a man with Asperger's Syndrome was placed in the ESA WRAG. He was consistently given incorrect information about meeting dates and times with his work provider. Suffering from extreme anxiety he prepared a short statement for advisers to read before they began talking to him to help both him and them with communication. The advisers ignored this information and did nothing to modify their behaviour to ensure the client received the best possible service.

## 10 IMPACT ON CLIENTS

10.1 By definition the people who apply for ESA or PIP or who are still receiving DLA or AA are disabled and/or very ill. As shown in Table 2 (para 3.7) many have mental health problems and are extremely vulnerable in situations of anxiety or distress. Many people with physical disabilities also struggle with their mental health and day-to-day living is very difficult for them.

10.2 The impact on claimants has been touched on in the examples outlined above but it is worth stressing that the delays and general inefficiency in the way that claims are dealt with only exacerbates often extremely stressful situations. This often impedes any progress that a person with mental health problems might be making in their recovery.

10.3 In addition to the distress caused there is the very practical problem that claimants often suffer financial hardship because of the problems they experience with getting their benefits. ESA and other benefits are set at a level to cover day-to-day living expenses and a delay in receiving a benefit or being put into the wrong category can cause significant hardship. Some examples are given below:

<ul style="list-style-type: none"> <li>• a 24-year-old man was discharged from an in-patient unit without any money or a place to live. He has claimed ESA but is having to rely on charity handouts for bus fares and Emergency Local Assistance for food.</li> </ul>
<ul style="list-style-type: none"> <li>• a client was left in the assessment phase for 7 months before being asked to complete a medical form or being sent for an assessment. He therefore had less money to live on during that time.</li> </ul>
<ul style="list-style-type: none"> <li>• a disabled man with both mental and physical health problems was found fit to work. However the Job Centre decided that he wasn't able to work and advised him to reapply for ESA. But the claim was refused as it was less than 6 months since his last claim. This left the client with no money until the situation was sorted out, which took some time.</li> </ul>

10.4 All bureaux report regular referrals to the local food banks because benefit delays have left people without money for food.

## 11 CONCLUSIONS

11.1 The report demonstrates that disabled and ill claimants are experiencing considerable difficulties with claiming benefits following the introduction of the welfare reforms. The reforms appear to have had a detrimental effect on people who are sick or disabled and as a result Dorset residents have suffered genuine hardship.

11.2 The difficulties and inadequacies identified in the report are primarily centred on the administration of ESA, although the report has also identified failings in the administration of PIP, DLA and other DWP benefits. (Evidence from bureaux in the months since the figures were collected shows that PIP claimants are experiencing the same difficulties as ESA claimants, particularly with regard to long delays in getting an assessment, and if the research was repeated now would produce even higher figures.)

11.3 The evidence points to poor administration and practice at the Department for Work and Pensions, specifically Job Centre Plus. The examples point to a level of inefficiency and poor customer service that is unacceptable. Specific examples from the research include:

- complicated and misleading forms and/or incomprehensible letters;
- the requirement to make applications on-line;
- difficulty making contact with benefits staff by phone;
- poor communication skills of telephone advisers;
- lack of sensitivity and flexibility on the part of benefits staff that indicates poor training and understanding;
- long delays;
- unreasonable sanctions.



- 11.4 The reasons for poor customer service are not entirely clear. There may not be enough staff to deal with the volume of claims or the complexity of claims - certainly some staff appear to be poorly trained, poorly motivated and poorly managed.
- 11.5 The system of Work Capability Assessments by ATOS is also clearly under severe strain. Claimants who are found not fit for work or placed in the wrong group can appeal, and the number of successful appeals nationally suggests that assessments are often not realistic in identifying the potential for work. The statistics for the period April to June 2013 showed a 42% success rate for ESA appeals in England and a 41% success rate in the South West. This is backed up by evidence collected locally in this report. Appeals are costly for the DWP both in time and money as well as causing significant distress and anxiety to the claimants.
- 11.6 ATOS is also failing to meet reasonable customer service standards. The delays that claimants experience in being called for assessment for both ESA and PIP are unacceptable and are causing huge anxiety to claimants, many of whom have mental health problems.
- 11.7 The majority of claimants have very limited financial resources and cannot manage without regular payments – any delay or refusal of benefit can lead to debt and consequent further worry and anxiety. It should be remembered that these benefits are passports to benefits such as Housing Benefit and Council Tax Relief so any problems with them often lead to non-payment of other benefits, with severe financial consequences.
- 11.8 It would appear from the evidence presented in the report that staff at all levels in both the DWP and ATOS are failing in their duty to provide a reasonable service to ill and disabled claimants.

## **12 RECOMMENDATIONS**

- 12.1 The Department for Work and Pensions (DWP) should listen to evidence from the health and social care professionals who know claimants best, and this evidence should be provided free of charge.
- 12.2 The DWP should ensure that the process for claiming benefits offers appropriate support for disabled and ill claimants and does not disadvantage those who are unfit for work.
- 12.3 The DWP should ensure that contracts are tightly monitored and penalties imposed when standards fall below those specified.
- 12.4 The DWP and ATOS should be carrying out assessments and making decisions within the published timescales.
- 12.5 The administration and customer service provided by DWP should be improved so that claimants are not disadvantaged. DWP staff should be trained to understand the difficulties that claimants with disabilities and poor health experience. This training should cover the problems suffered by specific groups, for example people with Asperger's Syndrome and people with mental health conditions. Local Job Centres should increase the training of staff to provide a better service.

- 12.6 The DWP should instigate a customer feedback system in order to gather evidence about the customer experience and take action accordingly.
- 12.7 The DWP should continue to pay claimants the assessment ESA while the mandatory reconsideration is carried out.
- 12.8 The companies running the work capability assessment and medicals should be held accountable for poor quality assessments and bad customer service. Specifically the contract for the provider that will follow ATOS should be tightly specified to ensure that acceptable quality standards for customer service and efficiency are paramount.
- 12.9 GPs should be encouraged to consider how they might improve their support to patients who are making claims, for example by faxing letters rather than expecting patients who are ill and/or disabled to pick them up from the surgery.

## Appendix 1 – THE WELFARE REFORM ACT 2012

The aim of the Welfare Reform Act 2012 was to reform welfare to improve work incentives, simplify the benefits system and tackle administrative complexity.

It provided for the introduction of a 'Universal Credit' to replace a range of existing means-tested benefits and tax credits for people of working age, starting from 2013.

It also made other significant changes to the benefits system, i.e.

- introduced Personal Independence Payments to replace Disability Living Allowance.
- restricted Housing Benefit entitlement for social housing tenants whose accommodation is larger than they need.
- up-rated Local Housing Allowance rates by the Consumer Price Index.
- amended the forthcoming statutory child maintenance scheme.
- limited the payment of contributory Employment and Support Allowance to a 12-month period.
- capped the total amount of benefit that can be claimed.
- provided for the establishment of a Social Mobility and Child Poverty Commission.

## Appendix 2 – ALPHABETICAL GLOSSARY OF TERMS

**Asperger's Syndrome:** Asperger's Syndrome is a form of **autism**, which is a lifelong disability that affects how a person makes sense of the world, processes information and relates to other people. Asperger's Syndrome is mostly a 'hidden disability', which means that you can't tell that someone has the condition from their outward appearance. People commonly have difficulties with social communication and interaction.

**Attendance Allowance:** Attendance Allowance (AA) is a non-means-tested benefit for people who are aged over 65 and have care needs. It is payable at a higher or lower rate depending on the person's needs.

**ATOS:** ATOS Healthcare is a private company that has a contract with the Department for Work and Pensions to provide independent assessments on the Department's behalf, across a range of different government benefit schemes. Their website says that their role is to "provide DWP with a report that meets their rigorous quality standards and forms part of an evidence pack that enables their Decision Makers to reach a decision on a person's entitlement to benefit."

**Autism Wessex:** Autism Wessex is the regional charity providing high quality specialist services for people affected by autism and associated difficulties across the counties of Dorset, Somerset, Hampshire and Wiltshire.

**Benefit Delivery Centre:** Benefit Delivery Centres (BDC) are now known as Benefit Centres and are non-customer-facing offices that administer and pay benefits. They are an integral part of Job Centre Plus.

**Council Tax Benefit:** See Council Tax Reduction

**Council Tax Reduction:** Council Tax Reduction (CTR) replaces Council Tax Benefit. If a claimant is on a very low income they may be entitled to CTR. Since April 2013 local authorities have been responsible for running their own schemes and the amount of relief can vary. In almost all schemes people have to pay something towards their Council Tax – for example in West Dorset people who qualify for the reduction have to pay 8.5% of their Council Tax themselves.

**Department for Work and Pensions:** The Department for Work and Pensions (DWP) is the UK's biggest public service department and is responsible for welfare, pensions and child maintenance policy. It administers the State Pension and a range of working age, disability and ill health benefits to over 22 million claimants.

**Discretionary Housing Payments:** These are discretionary payments that a local authority can make to people who appear to the authority to need further financial assistance to meet their housing costs in addition to Housing Benefit.

**Disability Living Allowance:** Disability Living Allowance (DLA) is being replaced by Personal Independence Payment (PIP). From June 2013 new claims can only be made if the claimant is under 16. DLA is similar to PIP in that it was designed to support disabled people who lived independently and had mobility and care needs but it was not subject to an independent medical assessment.

**Dorset Citizens Advice Social Policy Campaigns Group:** The twin aim of Citizens Advice is to "improve the policies and practices that affect people's lives". Within CAB this is called Social Policy. The Dorset Citizens Advice Social Policy Campaigns Group is a group of officers who are responsible for ensuring that Social Policy is implemented throughout the service in Dorset. They meet regularly to campaign about current issues that they are aware of, primarily through consideration of bureau evidence forms that bureau advisers complete when they encounter unfair or discriminatory policies and practices in their interviews with clients.

**Employment Support Allowance:** Employment and Support Allowance (ESA) is a benefit payable to people who can't work because of sickness or disability, and who are not getting Statutory Sick Pay. There are two types of ESA: contributory ESA, which is for people who have paid enough national insurance contributions, and income-related ESA, paid if a person's income and capital are below certain limits. For both types of ESA, claimants have to undertake various tests to confirm they have limited capability for work.

**Housing Benefit:** Housing Benefit (HB) is a benefit for people on benefits or who are in work but on a low income to help them pay their rent. It is not payable to help with the costs of a mortgage or home loan. It is administered by local authorities.

**Incapacity Benefit:** Incapacity Benefit (IB) has been replaced by Employment Support Allowance and new claims have not been accepted since 2008.

**Income Support:** Income Support (IS) is a benefit for people on a very low income who are not available for work because of, for example, caring responsibilities.

**Job Centre:** Job Centres are the local offices of Job Centre Plus. They employ advisers to help people look for work or claim benefits. Much of their work is done on-line or on the telephone and the offices are primarily used for booked appointments.

**Job Centre Plus:** Job Centre Plus (JCP) is part of the Department for Work and Pensions (DWP) and is the organisation that supports working age people to find work. It also administers benefit claims for unemployed people.

**Job Seeker's Allowance:** Job Seeker's Allowance (JSA) is a benefit for people of working age who are unemployed and looking for work. In order to continue to qualify for the benefit job seekers have to fulfill certain requirements to demonstrate that they are genuinely looking for work. The current rate for a single person under 25 is £57.35 per week, for aged over 25, £72.40 per week and £113.70 for couples who co-habit.

**Mandatory Reconsideration:** Mandatory reconsiderations were introduced from October 2013. For example, it means that if someone applying for ESA is found fit for work and they wish to appeal against this, they cannot go straight to appeal but have to ask for a reconsideration. This is when the original decision is looked at again by another decision maker. While the reconsideration is taking place they are not able to claim any ESA. They are expected to claim Job Seeker's Allowance or make do without any benefit income. A mandatory reconsideration notice is issued once the reconsideration has taken place. If the claimant is still unhappy they can appeal, during which time they are paid ESA at the assessment rate.

**Personal Independence Payment:** Personal Independence Payment (PIP) is a benefit for people aged 16 to 64 with a long-term health condition or disability. A long-term condition means one which is expected to last 12 months or longer. Getting PIP depends on an assessment of how the disability or health condition affects someone's ability to live independently and has two components – daily living and mobility. Special rules apply if someone is terminally ill. PIP is non contributory and is not means-tested.

**Sanction:** If a claimant does not comply with the rules attached to the benefit they are receiving, for example not going to an interview or medical examination, the claimant can lose benefit – this is called being sanctioned. The loss of benefit can be anything from a few days to weeks or even months.

**Support Group (ESA):** Claimants who have undertaken a Work Capability Assessment and who have been judged unfit for work are put into the ESA Support Group which means that they will not be expected to attend for work-related interviews. The current rate for a person in the Support Group is £108.15 per week.

**Under-Occupancy Charge:** The Under-Occupancy Charge (UOC) is also known as the Bedroom Tax or Spare Room Subsidy. Tenants who rent from a social housing landlord are subject to the charge if they claim Housing Benefit and their home has more bedrooms than is considered necessary under the rules. If this is the case Housing Benefit is cut accordingly. The charge does not apply to pensioners.

**Work Capability Assessment (WCA):** To get Employment and Support Allowance (ESA), a claimant has to prove that they cannot work by sending in medical certificates to the Department for Work and Pensions (DWP). During the first 13 weeks of the claim they will have two tests – the limited capability for work assessment and the limited capacity for work-related activity test. Together these make up the Work Capability Assessment. Most people will have a face-to-face medical with an independent medical assessor (ATOS in this area of the country) to see if they satisfy the limited capability for work assessment. The limited capacity for work-related activity assessment is usually carried out at the same time as the limited capability for work assessment and decides whether the claimant is put into the Work Related Activity Group or the Support Group.

**Work Related Activity Group (WRAG):** If following a Work Capability Assessment for ESA a claimant is found to have a limited capability for work they will be placed in the Work Related Activity Group and be expected to attend work-focused interviews and work-related activity such as voluntary work. If they refuse to do this they can be sanctioned and lose benefit. The current rate for the WRAG is £101.15 per week.

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