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Department
for Work &
Pensions



Early process evaluation of new claims for Personal Independence Payment

July 2014

Research Report No 867

A report of research carried out by Social Policy Research Unit, University of York on behalf of the Department for Work and Pensions

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Summary

Personal Independence Payment (PIP) is a new benefit, replacing Disability Living Allowance (DLA) for eligible working age people nationally from June 2013.

This small-scale study comprised 36 qualitative interviews with claimants and those who support them, and 12 group discussions with Department for Work and Pensions (DWP) staff who are responsible for administering PIP's processes.

The aim was to provide a snapshot of the early implementation of the new benefit and identify potential areas for improving delivery.

At the same time as this research was conducted, DWP was closely monitoring the implementation of PIP and taking actions to address any issues during the settling in period.

It is recognised that the findings are not necessarily representative of PIP processes in general as the findings are based on a small number of claimants from a particular moment in its implementation during September – October 2013, and DWP has already taken action to improve the implementation.

Findings

Some of the claimants interviewed were well informed about PIP before they claimed but others appeared to know very little. Most claimants experienced the initial telephone call of the claiming process as unproblematic, although DWP call centre staff reported that many claimants did not have the requisite information available.

The form *How your disability affects you* (known as PIP2) worked well for most people. Claimants for whom the PIP2 worked less well included those who felt they were not able to get across adequately how their condition affected them and those who found particular questions stressful, intrusive or embarrassing to answer. Having access to help from professionals and third party organisations was much valued by those able to do so.

For most claimants the assessment by a health professional was largely straightforward. Those who found engaging with the process difficult included people with mental health problems which may have led to them not explaining fully how their condition affected them.

DWP case managers, relying on reports from health assessors to make decisions, found that the quality of reports varied. Having to ask for clarification or correction led to delays in processing claims.

Decision letters were generally well received by claimants. Disallowed claimants appreciated receiving a follow-up call to explain the decision. This helped some to understand better how to ask for a mandatory reconsideration.

Ideas for improving the PIP claiming process were made by claimants and by DWP staff. These included suggestions for improving: the way claimants were informed about the benefit; the effectiveness and efficiency of the claims process; the claimant experience; and internal processes.

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The Authors

Roy Sainsbury is a Research Director and Professor of Social Policy in the Social Policy Research Unit (SPRU) at the University of York where he leads the Welfare and Employment Research Group.

Anne Corden is a Senior Research Fellow in the Social Policy Research Unit at the University of York.

List of abbreviations

AA	Attendance Allowance
AP	Assessment Provider
CAB	Citizens Advice Bureau
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
GP	General Practitioner
JSA	Jobseeker's Allowance
NHS	National Health Service
PIP	Personal Independence Payment
QAM	Quality Assurance Manager
SRTI	Special Rules for Terminally Ill

Glossary of terms

Appointee	A person who is appointed to act on behalf of a claimant. It is a legal appointment under regulation 33 of the Social Security Claims and Payments Regulations.
Assessment Provider	An organisation external to DWP subcontracted to carry out health-related assessments of PIP claimants. Currently, there are two APs: Atos and Capita.
Attendance Allowance	A benefit to help with personal care for disabled people aged 65 or over.
Business Champion	DWP staff member working in a benefits centre with specialist expertise and knowledge of PIP rules who acts in advisory capacity to case managers.
Contact centre agent	DWP staff member, working in a contact centre, responsible for handling the initial telephone call to claim Personal Independence Payment.
Case manager	DWP staff member, working in a benefits centre, responsible for decision making on PIP claims.
Case worker	DWP staff member, working in a benefits centre, responsible for processing PIP claims.
Disability Living Allowance	The predecessor benefit to PIP introduced in 1992 for people of working age and for children.
DS1500	A medical report completed by a General Practitioner or other professionals, which contains medical information to support a claim under the Special Rules for terminally ill people.
Personal Independence Payment	A new benefit to help with some of the extra costs arising from ill-health or disability. It replaces DLA.
PIP1	A paper form, which may be requested as an alternative to making a telephone call to begin a PIP claim.
PIP2	A form sent to claimants, which allows them to explain how their disability affects them.
Proxy	Someone acting on behalf of a claimant but without the formal status of appointee.
Quality Assurance Manager	DWP staff member working in a benefits centre with responsibilities for quality assurance and liaison with APs.
Special Rules	Special Rules for Terminally Ill people, which ensure that claims from terminally ill people are dealt with quickly and sensitively.

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Support organisation	An organisation, such as the Citizens Advice Bureau, which may advise or assist a claimant when they make their claim.
SPRU	Social Policy Research Unit – an independent research institute at the University of York.
Task-based IT system	An informal term for the computer system introduced to administer PIP, which operates by allocating ‘tasks’ to staff.
Workflow staff	DWP staff responsible for routing scanned documents and other tasks to other members of staff.

Executive summary

This study was commissioned by the Department for Work and Pensions (DWP) as an early process evaluation of Personal Independence Payment (PIP) for new claimants. Its main aims were to understand what was working well and what was not working well in the claiming process for PIP and to identify potential areas for improving delivery.

The fieldwork for this research was carried out between November 2013 and January 2014. Therefore, this research provides findings and suggested improvements on the PIP process based on a snapshot at that point in time during the early implementation of PIP. It is recognised that all new administrative arrangements go through a period of settling in before a 'steady state' delivery can be achieved. Nevertheless, it was considered appropriate to undertake an early study in order to identify as quickly as possible what was working well and what was not working so well so that improvements based on sound evidence could be made as soon as practicable.

The study comprised individual qualitative interviews with 36 claimants (including people whose claims were awarded, people whose claims were not awarded and people who withdrew their claim, and those who supported them) who received a decision on their PIP claim between September – October 2013, along with 12 group discussions with DWP staff who are responsible for administering PIP's processes. The fieldwork generated findings relevant to each stage of the claiming process: thinking about claiming, making a claim, completing a PIP2 form, attending a face-to-face assessment and receiving a decision, from the perspective of claimants and staff. The research also examined: the mandatory reconsideration stage, in which claimants may ask for a decision to be considered; the Special Rules claiming procedures for people with terminal health conditions; and the effect of the claiming process and the decision on claimants. Since the research was a small-scale qualitative study, the results are not necessarily representative of PIP processes in general.

Thinking about claiming

Potential claimants got information about PIP from a wide range of sources. Some were well informed before they claimed but others appeared to know very little about the eligibility criteria. Many claimants wanted not only information but advice on the likelihood of them making a successful claim. Some got assistance from DWP or health-related sources, some found help from family, friends or professional support workers and others made claims without any assistance. Some claimants seemed to make claims that had little chance of success, or later withdrew their claims, because they did not understand the eligibility conditions. The main reasons given for initiating a claim were: financial reasons; believing that a health condition entitled them to claim; and an existing entitlement to DLA coming to an end.

Making a claim – the initial telephony stage

In general most claimants interviewed experienced this stage of the claiming process as unproblematic. DWP call centre staff said many claimants had minimal understanding of the new benefit or the status of their initial call and that many did not have all the information required to start a claim available. Validating identities of claimants created a large volume of

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work. Call centre staff also suggested that some claimants found certain questions intrusive or distressing.

Completing the PIP2 form

The *How your disability affects you* form (known as PIP2) worked well for most claimants. They felt that they could complete it without difficulty and that it allowed them to explain their health and its effect on their lives. In contrast, others found some questions difficult to respond to. They felt they were not able to explain adequately how their condition affected them. Some people found particular questions stressful, intrusive or embarrassing to answer. There was evidence that some claimants did not understand that PIP could be awarded to people in work as well as out of work.

The information booklet worked well for most of those who knew about it and used it. Claimants were generally positive in their comments about the PIP website. Most people understood the importance of supplying additional information with their PIP2 form and sent supporting documents.

Having access to help from professionals and third party organisations was much valued by those able to do so.

The assessment by a health professional

For most claimants in this study the assessment by a health professional employed by an Assessment Provider (AP) was largely unproblematic. Most people found the conduct of the assessor satisfactory (or better) and said they were able to describe their situations in full. However, some people had complaints about the way they were spoken to, and about being asked to do things that caused them pain. Some people with mental health problems found engaging with the process difficult, which may have led to them not explaining fully how their condition affected their lives.

There was some evidence that claimants did not have full knowledge of the assessment phase, in particular the possibility of having a home visit and of claiming reimbursement for their travel expenses.

The decision

DWP case managers said that the assessment report compiled by APs was the principal determinant of their decision. They felt that the quality of these reports varied and that it was often not easy to base judgements on them. They also believed that having to ask for clarification or correction led to considerable delays in processing claims. Staff, however, saw evidence that Special Rules claims were being prioritised by assessors. Claimants expressed frustration at not being able to get information from DWP about when they might expect a decision.

There was variation in how helpful claimants found decision letters. Some appreciated the scoring against the descriptors and explanatory text. A small number reported problems understanding their letter, or paid little attention to it beyond what the decision on their claim was. Claimants who remembered a follow-up call after a disallowance letter had generally

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found this a useful experience, and the call had helped some to understand better how they might ask for a mandatory reconsideration.

Effect on claimants

Some of the claimants interviewed spoke about the positive effect of being dealt with by polite and friendly staff. The costs of claiming PIP included the time involved, financial costs such as the expense of telephone calls and in seeking information required. Some had had to meet travel expenses involved in going for assessments, as they were not aware these could be reclaimed. The costs of claiming also included emotional effects of the procedure and for some people this meant embarrassment, frustration and the negative effect of being asked intrusive or insensitive questions.

Claimants who received awards said they spent the money on food, transport, heating, clothing, household bills and their families. PIP awards, particularly lump-sum back-payments, had been useful to some people in paying off debts, and some used the money in ways aimed at improving their chances of working.

The effect of a disallowance on claimants was generally described as having to go on managing on a low income, with the additional expenses for some of living with disability or ill-health. There were strong negative emotional reactions for some of those disallowed, who were angry and upset that they did not qualify for the benefit.

Administrative issues

DWP staff were critical of the 'task-based' system used for administering PIP, which they felt was inflexible and difficult to use. Some staff maintained more personal responsibility for different components of individual claims and believed this was efficient, speeded up processing and reduced claimant frustration. Staff reported frequent failures of both the computer and telephone systems and criticised the scanning system and process with unreadable documents having to be rescanned.

DWP case workers and case managers voiced concerns about training and the formal guidance documents they had received. Business Champions and Quality Assurance Managers (QAMs) could be helpful for case workers but all staff said they would prefer adequate formal guidance and good training to ad hoc or informal solutions. Telephony staff found it difficult talking to terminally ill people and sometimes experienced emotional distress. They felt that additional training would help with this.

Suggestions for improvement

Suggestions for improving the PIP claiming process were made by claimants and DWP staff – some of which are summarised in the table overleaf. It was beyond the scope of this project to attempt to evaluate the desirability or feasibility of these suggestions.

It is acknowledged that DWP has been monitoring the implementation of PIP and that some progress will already have been made in addressing some of the issues highlighted in this report.

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<p>Suggestions aimed at having better informed claimants</p> <ul style="list-style-type: none"> • Simplification of the information booklet; amend it to help people decide whether to make a claim as well as assist them completing the PIP2. • A stronger, clearer telephony message at the beginning of a claim, to explain what PIP is, and what items of information would be asked for. • More information for claimants about further sources of help and advice, including the possibility of a home visit. • Jobcentre Plus staff and call centre workers to act as sources of information and advice. • Provide more information about the assessment with a health professional. • Clearer and fuller information about the reconsideration stage. 	<p>Suggestions for improving effectiveness and efficiency</p> <ul style="list-style-type: none"> • Provision of a helpline to assist people completing the PIP2. • More nuanced questions on the PIP2 to allow claimants to describe their lives more fully. • A better designed assessment report form for completion by health assessors. • Create time for staff to spend more time on decision-making. • Improve computer interface for crafting letters notifying decisions. • Telephone calls to claimants awarded less than maximum awards.
<p>Suggestions for improving the claimant experience</p> <ul style="list-style-type: none"> • A less repetitive telephony script. • Greater sensitivity in the telephony script for terminally ill people and their families. • Free telephone services for all PIP-related contacts. • Health assessors to introduce themselves and explain their clinical qualifications. • Claimants to be offered a choice of assessor. • A single point of contact for people queries after the assessment. • More assessment centres; maps and directions to be improved. • Improved signposting and facilities within assessment centres. 	<p>Suggestions for improving internal processes</p> <ul style="list-style-type: none"> • Improvements to the PIP computer system; the telephone system; arrangements for scanning documents; and dealing with incoming mail. • Improve communication between government databases. • Improved training. • Review of computer-generated tasks to achieve greater consistency, transparency, and understanding for staff. • Review and revision of formal guidance.

Wider issues with possible policy implications

Findings of the use of advice sources provide an argument for policy interest in promoting a **well informed advice sector**, and more widely, a well informed population of potential claimants and their families. There could be potential administrative gains such as reducing the number of claims from ineligible people and improving the quality of PIP2s.

It is possible from this study to identify several places in the PIP claim journey where **delays** can be generated. Delays were unpopular with claimants, though there were only rare accounts of any major hardship or difficulty caused. DWP staff were concerned that they were offering poor customer service. Addressing delays can, therefore, be undertaken on a number of fronts, rather than focusing on any particular stage of the process only.

The **computer-driven 'task-based' PIP process** was a new approach in administering disability benefits. Findings suggest that continuous adjustment and refinement of the PIP system will be needed for some time before DWP has achieved a system which processes this new benefit in an efficient and speedy manner.

Findings have shown that some people claiming PIP find it hard to engage with the claiming process. It is useful to reflect, therefore, on how well the **PIP process fits the claiming population**. Any benefit delivery process is likely to work best, and to be equitable, if there is good fit between the requirements and components of the process and the characteristics and circumstances of the target population.

Differences in morale, and in contrast, reported stress levels, between DWP staff in call centres and those who work in the Disability Benefits Centres are reported. An issue for DWP policy makers and managers is, therefore, how **workplace well-being** can be strengthened and maintained among delivery staff while improvements in the overall delivery process are being made.

This study was undertaken soon after the phased implementation of PIP to replace Disability Living Allowance (DLA) from April and June 2013. It is acknowledged that progress will have been made in tackling problems since the fieldwork for this study was carried out in late 2013.

1 Introduction

In December 2010 the Coalition Government announced its intention to replace Disability Living Allowance¹ (DLA) for eligible people of working age 16-64 years with a new benefit, Personal Independence Payment (PIP). The rationale for reform was summarised as follows: *‘DLA has become confusing and complex. The rising caseload and expenditure is unsustainable, the benefit is not well understood and there is no process to check that awards remain correct.’*² The new benefit, in contrast, *‘... is simpler to administer and easier to understand, is fair, and supports disabled people who face the greatest challenges to remaining independent and leading full, active lives.’*³

Similarly to DLA, PIP is a non-means-tested benefit intended to contribute to meeting the extra costs of disability. PIP can be claimed on the basis of people’s capacities for daily living and for getting around. Claimants can, therefore, be awarded either or both of the daily living and mobility components respectively, each of which has a standard or an enhanced rate of payment. Claimants with a terminal health condition can apply under Special Rules that provide a separate (quicker and simpler) claiming process.

Following a controlled start introduction for new claims in selected locations in the north of England in April 2013, PIP was extended for new claims to the whole of Great Britain in June 2013. By December 2013⁴ nearly 230,000 new claims for PIP had been submitted. Existing claimants of DLA will continue to receive that benefit pending a programme to reassess them for PIP.

This report presents the findings of a qualitative research project commissioned by the Department for Work and Pensions (DWP) to investigate the early experiences of claiming PIP from the perspectives of new claimants and of DWP Disability Benefits Centre staff. The research was conducted by the Social Policy Research Unit at the University of York. The report is based on qualitative interviews with 36 new claimants of PIP (and people who supported them), and group discussions with staff in DWP telephone call centres and in Disability Benefits Centres who are involved in different stages of the claims process.

The fieldwork for this research was carried out between November 2013 and January 2014, with the claimant samples drawn between September and October 2013. Therefore, this research provides findings and suggested improvements on the PIP process based on a snapshot during the early implementation of PIP. It is recognised that all new administrative arrangements go through a period of settling in before a ‘steady state’ delivery can be achieved. Nevertheless, it was considered appropriate to undertake an early study in order to identify as quickly as possible what was working well and what was not working so well so that improvements based on sound evidence could be made as soon as practicable.

¹ DWP (2010) *Disability Living Allowance reform. Public consultation*, Cm 7984, London: HMSO.

² DWP (2010) *Disability Living Allowance reform*, p3.

³ DWP (2011) *Government’s response to the consultation on Disability Living Allowance reform*, Cm 8051, London: HMSO, p2.

⁴ DWP (2014) *Personal Independence Payment: Management Information*.

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While this research was being conducted, DWP was monitoring the implementation of PIP. Hence, actions have been taken to address some of the issues highlighted in the report since the fieldwork for this study was carried out in late 2013.

Nonetheless, the findings include other recommendations for further improvements that could be considered by policy makers and PIP implementation and operational managers.

As outlined below, this research uses qualitative methods. The staff and claimants interviewed are not intended to be representative of staff and claimants in general and findings in this report do not necessarily apply to PIP's processes as a whole. Instead, the findings are indicative: they indicate areas that may be worthy of further attention. The prime focus of this evaluative research was the claiming process for PIP which, as explained in more detail in Section 1.1, differs in some important respects from the previous process for claiming DLA.

In this chapter we present a detailed explanation of the claiming process and the roles of claimants and DWP staff (Section 1.1). We then set out the main aims of the research and the questions that were addressed (Section 1.2). The methods used are described in Section 1.3 followed by a summary of the characteristics of the claimants and staff who took part. (A fuller description of methods is presented in Appendix A.) The final section outlines the structure of the rest of the report.

1.1 The claiming process for Personal Independence Payment

The claiming process for PIP is set out in some detail in this section because it forms the essential context for the analysis of the empirical data presented in Chapters 2 to 8. The first perspective is that of 'the claimant journey' and the second is that of the underlying administrative structure and procedure, and the role of DWP staff.

1.1.1 The claimant journey

The two components of PIP, for daily living and for mobility needs, are assessed separately based on information provided by the claimant, supporting information from health professionals or others and (for non-Special Rules cases) an assessment of the individual's needs by an independent health professional usually in a face-to-face consultation. The stages of the claiming process that are the subject of this research are set out in Table 1.1 which describes the respective roles of the claimant and DWP staff.

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Table 1.1 The stages in claiming Personal Independence Payment

Stage	Brief description
Thinking about claiming	From available information, the claimant decides whether they want to make a claim. ¹
Making a claim	<p>The claimant, or someone on their behalf, makes a telephone call to DWP and is asked a series of security questions. The call centre agent enters the answers into the PIP Computer System (PIPICS). If the claimant is unable to make the claim over the telephone they can request a paper form to complete (known as the PIP1).</p> <p>If the claimant is claiming under the Special Rules for terminally ill people (see below), their claim is then referred to the AP. Otherwise, either a disallowance letter or a form called <i>How your disability affects you</i> (known as PIP2) is posted to the claimant.</p>
Telling your story	The PIP2 form allows the claimant to explain how their condition affects them. Claimants may ask someone (e.g. a family member or support organisation) to help them complete the form, which is returned to DWP with any supporting evidence.
Assessment	DWP passes the information to one of the APs (Atos or Capita). Most claimants (though not those claiming under Special Rules) will be asked to attend a face-to-face consultation with a health professional, who will send an assessment report to DWP.
Decision	A DWP case manager reviews the evidence and makes a decision on entitlement and length of award. A decision letter is posted to the claimant who may call DWP to ask for more information. If a claim has been disallowed, the case manager calls the claimant to explain the decision.
Mandatory reconsideration	The claimant may ask DWP to look at the decision again. This is called a mandatory reconsideration. Normally a different DWP case manager will review the decision. A Mandatory Reconsideration Notification is then sent explaining the outcome.

¹ An official information booklet is available on line to help potential claimants: <https://www.gov.uk/government/publications/how-your-disability-affects-you-pip-information-booklet>

It should be noted that claimants have a right of appeal to an independent tribunal if they still disagree with the reconsideration decision. However, the appeal stage did not form part of this research.⁵

The research commissioned from SPRU was designed and conducted within the general framework of the representation of the claimant journey described above. This includes the design of the research instruments and the general structure of this report.

⁵ The principal reason for this omission was timing. At the time fieldwork was planned to take place, it was projected that very few cases would have reached an appeal.

1.1.2 The role of DWP staff

A separate aspect of the PIP claims process is that of administrative structure and procedure.⁶

The key elements of the administrative process are:

- an initial telephony component and a separate telephone helpline;
- PIPCS;
- procedures undertaken by DWP delivery staff;
- assessment procedures undertaken by Atos and Capita;
- mandatory reconsideration and appeal.

A claim is submitted when a claimant takes part in the telephony component, by calling the PIP claim line telephone number. This is received in one of the dedicated call centres around the UK. During this call the claimant's details are entered into PIPCS. The software then generates appropriate actions on the claim, known as 'tasks', which are passed on to DWP staff in one of the DWP's regional benefits centres. In response to these tasks, a PIP case worker makes enquiries where appropriate. If eligibility rules are passed within PIPCS (for example it is established that the claimant is between 16-64 years old), a PIP2 form is posted to the claimant for completion and return. If eligibility rules are not passed, then a disallowance notification is then issued.

When the claimant returns the PIP2, it is scanned and the case is passed to one of the APs (Atos or Capita). Atos or Capita consider the evidence provided by claimants, carry out a face-to-face assessment, where appropriate, and complete an assessment report, which is returned to DWP. This is scanned and a task is created for a PIP case manager (acting as official DWP decision maker), who makes a decision based on all the evidence. This decision and the decision maker's reasons for that decision are input in PIPCS before the decision notification letter is sent to the claimant. The roles of case workers and case managers are explained in more detail below.

This automated approach to processing claims means that a number of different people can be involved in processing an individual claim. They may be working in different locations and in either public (DWP) or private organisations (Atos or Capita). This 'task-based' approach is essentially different from the clerical process (also called by staff the 'legacy' approach), which is the way in which DLA and Attendance Allowance (AA) have traditionally been processed, where individual DWP staff had overall responsibility for all aspects involved in progressing individual claims.

⁶ In this section we draw on information provided by DWP on the government website, additional details provided by staff who took part in the research, documentary materials made available to the researchers (including the telephony script used by DWP call centre staff, and explanatory notes on the role of the PIP *Workflow Officer* and on the principles behind the new computer system).

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The underlying design principles of the PIP task-based system are intended to have advantages over the process used for DLA. These include:

- using automation to minimise clerical and manual staff effort, and achieve efficiency economies and reduce errors;
- achieving optimum staff utilisation and work allocation mechanisms.⁷

We summarise below the main features of each of the five key elements described above.

Initial telephony component

The start of the process through which PIP is administered is the telephone call from a claimant to dedicated DWP call centres, in which staff (termed agents) use a standard telephony script designed to collect the initial information required in a template for the PIP computer system, namely:

- personal and contact details, including a National Insurance number;
- details of working and living abroad (known as residence and presence);
- any details of stays in hospital or care homes;
- whether the claim is made under Special Rules for terminally ill people;
- bank account details.

The call ends when a formal declaration is read out for agreement by the claimant, and they are told what happens next and where to get further information. The claim is submitted at this point, and the computer system automatically follows rules to progress the claim and may generate 'tasks' for DWP staff. The telephone call may be conducted on the claimant's behalf with an 'appointee' (who has completed a formal process with DWP to be accepted as having authority to act on someone else's behalf). It may also be conducted by another supporting person (a 'proxy'), such as a relative, friend or a representative from a support organisation: if so, then with the exception of Special Rules claims, the claimant must be present to give consent and undertake identity checks.

During the initial call, telephony staff may use computer screens accessible to them to help fill in some of the details the claimant cannot immediately provide, for example GP contact details. It is never possible for them to access bank details.

There are Special Rules for terminally ill people, defined by DWP as '*people with a progressive disease who are not expected to live for longer than another six months*'. Under these rules, the claimant will be asked whether they intend to send DS1500, a form to be completed by medical professionals to give information about claims for terminally ill people.

In exceptional circumstances, for example when a person cannot manage the telephone, they may ask for a paper version of the initial form (PIP1) to be posted to them. This personalised form captures the same information that is collected by phone, for return to the benefits centre.

⁷ Policy makers also note that the task-based system allows integration between the initial claim taken by telephone and the subsequent management of the case, and fits in with general moves towards a paperless business and DWP's Digital Agenda.

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There is a separate telephone service, known as the **PIP Enquiry Line**, if people have general enquiries about PIP or want to know what is happening to their claim. Since the PIP claim line is an 0800 number, it is free to call from landlines, but calls to the PIP Enquiry Line are not. If PIP Enquiry Line staff cannot deal with an enquiry immediately, they can raise a 'task' for staff at an appropriate benefit delivery centre to deal with the enquiry, which may involve calling the claimant back.

PIPCS

PIPCS was introduced specifically for PIP and represents a significant change in the way staff work. PIPCS deals with information provided by claimants and those supporting them through the claim process or acting on their behalf, and generates 'tasks' for DWP staff, which are passed on through their computer screens.

DWP staff with different roles have access to different parts of the system, and navigate through a number of screens. Tasks are allocated to them in different ways. Some work comes through from **Workflow staff** (see below), who receive and deal with incoming mail and documentation, which has been electronically scanned into the system. Some work comes through team leaders and Allocators, who have an overview of the build-up of work. The system is set so that tasks related with claims made under Special Rules are identified, throughout the system, and labelled as priorities. Other priorities may be set by team leaders managing the flow of work. DWP staff are discouraged from making paper-based notes at their desk to keep track of a claim's progress or be reminded of tasks, but instead to record these on the system where other staff can see them. There are facilities for adding notes to various screens within PIPCS, but the software is not currently developed to bring together on one screen the whole 'history' of an individual claim.

Telephony staff have access to PIPCS, providing the necessary screens to carry out their role. Atos and Capita staff can also access PIPCS as necessary to perform their roles. Assessment reports are scanned and made available to DWP staff as an electronic image within PIPCS.

Procedures undertaken by DWP delivery staff

Workflow staff manage the flow of incoming scanned items, such as medical and other supporting evidence, checking that these items are relevant to PIP and sending them on to delivery staff. When a document is matched to a PIP claim, it automatically generates a task for delivery staff.

They are expected to work flexibly, with the aim of ensuring that delivery staff processing claims and making decisions only receive tasks that have been filtered, categorised and prioritised, and sent to the appropriate queues of work. Items identified as relevant for a particular member of staff may be allocated directly: for example, when a claimant has returned information that has been requested.

Case workers are the delivery staff who deal with the 'tasks' generated in the PIP system, for processing new claims up to the assessment stage. Some are also engaged in tasks relating to 'maintenance activity', including over-payments, under-payments and changes in circumstances such as hospital stays.

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Work on new claims often involves telephone calls to claimants or their supporters, for example, to check discrepancies between information provided on in the telephone call and that held on the DWP Customer Information System, which should contain the person's most up-to-date personal details and address. Once all enquiries are complete, case workers mark this on PIPCS, which automatically issues the PIP2 form.

Case workers may also be tasked to make arrangements such as asking a local DWP Visiting Service to meet the claimant and provide support with claiming PIP.

Case workers deal with the 'call-back tasks' referred by the PIP Enquiry Line, as described above, by telephone or letter, or by assigning to a different relevant member of staff. Where issues arise such as whether a claimant who requires additional support needs a formal appointee, this may be tasked either to case workers or case managers, depending on the specifics of the task.

Case workers work in small teams, with a team leader who allocates work and is available for advice. There is also access to Business Champions, who are staff who have generally been involved with PIP since its inception. They, therefore, act as a single point of contact, with a particular depth of knowledge and experience on which case workers can draw for advice.

Case managers are the DWP delivery staff whose role is to review all the evidence they receive for a claim, in order to arrive at a reasoned decision about benefit entitlement, including level and length of any award. They look, for each claim, at the assessment report from Atos or Capita, medical evidence (e.g. a hospital or GP report), the PIP2 or DS1500, and other supporting documentation sent in by the claimant. If a case manager finds gaps or lack of justification of descriptors in the assessment report, it is referred back to the AP via a Quality Assurance Manager (QAM). When the case comes back for a decision it would normally be routed back to the case manager who raised the issue.

The case managers enter the decision into PIPCS, including the reasons for the decision. The claimant is sent a letter to inform them of this decision: this letter is generated by PIPCS from a template and allows the case manager to add free text. After an unfavourable decision (e.g. a disallowance), case managers attempt to contact the claimant via an outbound call to explain the decision and answer any questions they may have.

Assessment procedures undertaken by Atos and Capita

Assessments of claimants' health condition and how the condition affects them on a day-to-day basis are provided by two private sector organisations, Atos and Capita. These APs, which have different delivery models, receive information about the claim, completed PIP2 forms and any additional evidence. If there is need for further evidence, the AP makes arrangements to get this.

Once they have all of the information, the AP can then decide whether a face-to-face assessment is required or whether a paper based assessment can be made (which is the case for all claims made under Special Rules).

The majority of claimants are asked by Atos or Capita to attend a face-to-face consultation with a health professional. The professional asks questions about how the claimant's condition affects them, and may undertake, for example, a musculoskeletal examination of the claimant's joint movements. Claimants may take someone along to the consultation for support, and supporters may take an active part in discussions.

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The health professional reviews all the evidence against a set of everyday activities and uses a set of quantified descriptors to assess the challenges faced. They are required to fully justify their assessment of each descriptor within a report. That assessment report is then sent to DWP and scanned into the PIP system, to be available to the case manager, who decides entitlement.

As explained in Chapter 5, interviews with Atos and Capita health professionals were not included in the research design.

Mandatory reconsideration and appeals

If a claimant disagrees with the decision made about their claim they can ask DWP to look at it again. On receipt of such a request a different case manager from the one who made the original decision is allocated the task of carrying out the mandatory reconsideration. Their first task is to telephone the claimant to discuss the areas of dispute. Claimants are invited to send any additional evidence they have, including evidence of any deterioration in condition or any information which the assessor did not previously have. The decision is then reviewed by the case manager, involving the AP if new/additional evidence has been provided, and the claimant is notified of the outcome via a letter. This letter also informs the claimant of their formal right of appeal against the mandatory reconsideration decision. As noted already, appeals are not covered by this research.

1.2 Research aims and questions

The high level aims of the study were to understand what was working well and what was not working well in the claiming process for PIP and to identify potential areas for improving delivery. To meet these aims a number of more detailed research questions were agreed with DWP that were relevant to: (a) claimants and people who support them; and (b) DWP staff.

The research questions addressed to claimants were:

- How did claimants hear about PIP? How did they reach their decisions about proceeding with a claim?
- How did claimants experience each stage of the process?
- What was their experience of the staff they dealt with?
- What worked well, within the process? What worked less well? What difficulties, if any, did they experience?
- Were decisions communicated effectively?
- How did the decision affect them?
- How could the process be improved?

The research questions addressed to staff in call centres and Disability Benefits Centres were:

- How did staff experience each stage of the process?
- How did they respond to the administrative and procedural requirements placed on them?
- How, in the staff's perception, did claimants seem to experience each stage?
- What was the interaction with claimants like?

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- What problems, if any, arose with particular subgroups of claimants?
- How were problems overcome?
- What were their experiences of processing Special Rules cases?
- How did the processes compare with those for DLA?
- What worked well within the claiming process? What worked less well?
- How could the process be improved?

These research questions informed the development of topic guides for use in individual interviews with claimants and group discussions with staff. These can be found in Appendices B and C.

1.3 Research methods

The research aims and questions were best addressed using qualitative methods. It was agreed with DWP that individual telephone interviews with claimants and group discussions with DWP staff would allow the research team to maximise the amount of data that could be collected within the budget constraints.

The research design was, therefore, as follows:

- telephone interviews with 36 claimants (and/or people who supported them making their PIP claim);
- group discussions with:
 - three groups of call centre staff;
 - one group with staff in Workflow teams;
 - four groups of DWP case workers;
 - four groups of case managers.

In the course of the fieldwork it was also possible to conduct three additional, unplanned interviews with professionals who had supported claimants who had claimed under the Special Rules.

1.3.1 Claimant sample

The claimant sample was drawn from DWP computer systems in October 2013. In order to maximise the findings for each stage of the claimant journey the sample only included claimants who had an outcome on their claim (i.e. either an award or disallowance, or had withdrawn their claim). This research did not include claimants who were still awaiting a decision on their claim at the point of sampling.

A sample of PIP claimants was supplied by DWP. Letters of introduction were sent to around 300 claimants (see Appendix D) with an information leaflet (Appendix E). In accordance with standard 'opt out' procedure, claimants were asked to reply within two weeks if they did not want to participate in the project. After that a member of the research team made contact by telephone to provide any further information required, confirm people's willingness to participate and to arrange a time for the interview. They were offered the option of a face-to-face interview if that was their preference. One claimant interview was subsequently conducted in their home.

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The recruitment strategy adopted for the claimant interviews was to achieve, as far as possible, roughly equal numbers of men and women, and a range of ages and health conditions. It was also decided to recruit four people who had claimed under Special Rules and a minimum of six people with mental health conditions (as recorded on the DWP database).

Interviews with claimants were digitally recorded with the claimant's permission and transcribed professionally for analysis.

The characteristics of the achieved sample are presented in Table 1.2.

Table 1.2 Principal characteristics of the claimant sample

		Achieved
Sex	Men	18
	Women	18
Age	16-24	7
	25-39	9
	40-54	11
	55+	9
	Health	Physical condition
	Mental health condition	6
	Other (including sensory impairments)	11

Since this study is qualitative in nature numbers or breakdowns of claimants expressing a particular view are not reported. However, where differences in the experiences of various claimant groups were identified in the research, these are highlighted in the report.

1.3.2 DWP staff sample

Staff were selected for the research using the following principles:

- a range of staff who were representative of case workers/case managers/contact centre agents in general. i.e. not selecting staff who were the most helpful, the best or the most senior;
- staff across a range of PIP contact centres and Disability Benefits Centres;
- staff who were not still in training and who had handled a variety of PIP cases;
- staff who had experience of Special Rules for terminally ill claims, non-Special Rules for the terminally ill claims and mandatory reconsiderations claims.

The researchers sent information sheets for staff in advance of the discussions, although a small number of staff said that they had not received this. In all meetings the researchers gave full explanations about the purpose of the discussion, confidentiality, data security, and how findings would be reported. People attending indicated their voluntary participation and agreement to digital recording of the discussion.

Each group was attended by 6-12 members of staff and two researchers, with discussions taking between one and two hours.

Although the group discussions were digitally recorded they were not transcribed for analysis due to budget constraints.

1.4 Structure of the report

As explained above the structure of the report follows the stages in the claimant journey through the claiming process. After presenting findings, each chapter concludes with a discussion of ideas from claimants and staff about how the relevant stage of the process could be improved.

Chapter 2 presents data on how people learned about PIP, the sources of information and advice they accessed, and what motivated them to take the initial step in making a claim by making the telephone call to the claims line. We also draw on data from call centre staff who offered their views on the extent to which claimants seemed knowledgeable about PIP and what claiming entailed.

Chapter 3 explores the experiences of claimants in making the initial telephone call, and of the call centre staff who receive the calls. Findings are presented on how well prepared claimants are for the call, and how they receive support from third parties. We present findings on the interactions between claimants and staff, from both perspectives.

Chapter 4 draws mainly on data from claimants on the experiences of completing the PIP2 form. Claimants talked about how they dealt with the task of completing the form, what help and guidance they had, and whether the form allowed them to describe their circumstances fully. This chapter includes some experiences of those people who withdrew their claim.

Chapter 5 presents findings from those claimants in the sample who had experienced a face-to-face assessment meeting with a health professional of Atos or Capita, some of which were carried out in the claimant's home. We examine claimants' accounts of what happened during these assessments (what questions they were asked and what activities they were asked to do) and how they felt they were treated by the assessors.

Chapter 6 deals with the decision stage of the process. The chapter draws on extensive data from both claimants and staff, particularly case managers who make the formal decision on a claim, write the decision letter to the claimant and make follow-up telephone calls to claimants who are not awarded PIP. We also present data on the reconsideration stage which a number of claimants had begun (though some had not yet had a decision at the time fieldwork was carried out).

In Chapter 7 we look at two aspects of the effect of claiming PIP: the effect of engaging with the process of claiming (including the financial and other costs incurred, and the time taken); and the effect of either receiving an award or of being turned down.

Chapter 8 takes a different approach to the preceding six chapters. It does not deal with a specific stage of the process but identifies a number of cross-cutting administrative issues that emerged as important in the course of the research. These include the task-based design and implementation of the PIP computer system, the initial telephony, mail-opening and scanning processes, staff training, the quality of the official PIP Guidance, and the roles of Business Champions and QAMs.

Chapter 9 concludes by drawing together the main findings and summarising the suggestions for improving the PIP claiming process. The chapter also raises a number of issues arising from the project that might be used in future thinking about the development of PIP policy and delivery.

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Appendix A contains a more detailed account of the methods used in the research. Appendices B and C contain the topic guides for claimant and staff interviews. Appendices D and E contain the claimant invitation letter and information sheet respectively.

Throughout our report, words and phrases in italics are those used by claimants or staff who took part. We present such verbatim extracts from transcripts to show how people used language, and how they constructed and explained their views about claiming PIP.

2 Thinking about claiming

2.1 Introduction

The first stage in the claims process is when potential claimants make a decision to pursue a claim. Respondents were asked about this stage including how and where they first heard about the Personal Independence Payment (PIP), what sources of information they used or accessed and how useful these were. Respondents were also asked about their motivation for claiming.

The experiences of call centre staff are also useful in understanding these aspects of the claiming process. In the focus group discussions staff offered their views on the extent to which claimants seemed knowledgeable about PIP and what claiming entailed.

In this chapter, the sources of information used by claimants are described in Section 2.1, followed by an analysis of how and where people seek further information about PIP prior to starting a claim (in Section 2.2). People's motivations for claiming PIP are examined in Section 2.3.

2.2 Sources of information

Among the 36 PIP claimants the following types of sources of information were reported:

- NHS sources – including GPs, and hospital doctors and nursing staff;
- other third sector, health-related sources – including palliative care providers, and specialist physical and mental health organisations;
- local authority social work staff;
- citizens' advice bureaux (CAB);
- Department for Work and Pensions (DWP) staff – including claims processing staff and Disability Employment Advisers;⁸
- word of mouth – including family, friends and neighbours, and fellow hospital patients;
- miscellaneous sources – including poster displays, and Employment and Support Allowance (ESA) medical Assessment Provider (AP) staff.

The six claimants in the sample with mental health conditions tended to hear about PIP first in a health-related setting (GP surgeries, hospital or specialist organisation). None of these six respondents first heard about PIP from Jobcentre Plus staff.

⁸ Disability Employment Advisers are specialist officers within Jobcentre Plus offices who advise claimants with health conditions about moving towards employment.

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A small number had heard about PIP in the context of a Disability Living Allowance (DLA) claim that was either coming to the end of a fixed award period, or had expired soon before the transition date in April 2013. These claimants had been advised by benefit staff that DLA was being abolished and that a renewal claim could subsequently be for PIP.⁹

Call centre staff reported that people they spoke to had received information about PIP from a variety of sources, echoing the claimant data. In their view, however, many people had received only minimal information, for example, just being given the PIP telephone number with the suggestion to make an enquiry. People reported that the information they had received from health-related sources seemed to be fuller and advice more helpful than that they said they had received from Jobcentre Plus offices, and other advice sources. In some cases, claimants said they had been given wrong information, although we do not know from this data what claimants had actually been told. It did appear to staff that some professionals think PIP is the same as DLA or that people can claim both. Call centre staff were also concerned that from their conversations with claimants some appeared to have been given the PIP claim number by Jobcentre Plus staff just as a suggestion of one possible way to get some more money, as discussed in the following section, rather than on the basis of any consideration of their eligibility. One respondent who described herself as 'short of money' when she claimed benefit on losing her job said:

'I didn't think I was entitled [to PIP] but the Job Centre said "Well maybe you should claim this". So that's when I started ...'

(Female, 25-39, claim disallowed)

The PIP information booklet *How your disability affects you* is sent to claimants with the PIP2 form. However, there is evidence that some people had access to it before they made the initial telephone call to one of the call centres. Respondents who mentioned the information booklet at this stage generally spoke favourably about its contents, describing them as helpful.

2.3 Pursuing further information

Some claimants described wanting to get additional information before deciding whether or not to claim and being given telephone numbers to call or finding a number on the internet. From some claimants' accounts it is not clear whether they telephoned the claim number or the helpline but in other accounts there is a clear indication of which number was called. For example, one respondent talked about the expense of ringing an 0845 number from a mobile phone. It is also clear that some people called the claim number because they described how they were asked a number of questions and subsequently received a form (the PIP2) in the post.

⁹ From October 2013 a claimant coming up for a DLA renewal receives a letter advising them whether they need to claim PIP or be re-assessed for DLA. If the latter the claimant is able to choose to claim PIP or if they had been unsuccessful at re-assessment for DLA they could then look to claim PIP.

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There is some indication from the data, especially from the sub-sample of withdrawn claims, that people are drawn into the claims process (by ringing the claim number rather than the helpline) when all they wanted at this stage was more information. Some respondents described that when they received the PIP2 or when they had attended the assessment they changed their view about claiming and their own likely eligibility and withdrew their claim (either proactively by making a telephone call¹⁰ or by letting it lapse by not completing the form).

Almost a third of the sample talked about accessing the internet after initially hearing about PIP. Comments about the usefulness of doing this were predominantly positive, the remainder being non-committal or neutral regardless of whether their claim was eventually awarded or not. No-one offered a negative view of the government PIP website.

Although we must be cautious in interpreting qualitative data, two observations are worth making. First, the users of the website in our sample were mainly under 30 years of age. Secondly, none of the respondents in the sample of withdrawn cases had used the website. The inferences here are that the website is an effective channel for communicating with younger claimants, but not as much with older age groups, particularly the over-50s (none of whom used the website), and that claimants who do access it make more informed decisions about claiming (even if they are not eventually awarded PIP).

A small number of respondents referred to written material they received from either Jobcentre Plus staff or support workers: '*... [at the Job Centre] they gave me out like a letter, a booklet thing*', or that they accessed via the internet. Where comments were made these were generally positive, referring to the information contained in the booklet as useful. There was no evidence from this sample that people contacted advice organisations having accessed the website.

Analysis of the accounts of respondents suggests that there are qualitative differences in the amount and detail of information given by different types of source.

Respondents who first heard about PIP from a Jobcentre Plus source described how they had been told that they might qualify for PIP and given a telephone number to contact. This suggestion was made either proactively by Jobcentre Plus staff or in response to claimants asking what other benefits might be available to them in addition to ESA or Jobseeker's Allowance (JSA). As mentioned in the previous section, there was widespread belief among call centre staff that this was happening, sometimes as a way to help them manage difficult discussions with people who had lost entitlement to other benefits.

It is notable that, in the sample, everyone who heard about PIP from a Jobcentre Plus source made a claim that was later either disallowed or withdrawn, rather than being awarded. In contrast most of the claimants interviewed who were advised about PIP or learned about it from NHS or other health-related sources made claims that led to a decision to award PIP. These are not quantitative findings but it might nevertheless be useful for policy makers to reflect on the ways in which claimants receive advice and the quality of that advice.

It is also notable that call centre staff (see the following chapter) suggested that, when claimants made the call to claim PIP, they felt that claimants knew little about the benefit.

¹⁰ Respondents were not specific about which number they called, or could not remember.

2.4 Why people decide to claim PIP

The best information about why people decide to claim PIP comes from those who have done so. Claimants interviewed were asked what made them decide to initiate a claim for PIP. Their answers suggest there are three main triggers, though for some people a combination of factors provides a more complete explanation of why they claimed. It should be noted here though that, as explained already, some people are drawn into the claim process when their intention is to find out more information rather than lodge a claim at that immediate point. Nevertheless, the reason why they wanted to make an enquiry is still valid for this analysis.

2.4.1 Financial reasons

As mentioned in Chapter 1 PIP is intended to contribute to meeting the extra costs of disability. Perhaps not surprisingly, therefore, the most commonly cited reason for pursuing a PIP claim was financial (accounting for just under half of the sample of 36). At the time of making their claim almost all of interviewed claimants were not in paid employment (although some took up work while their claim was being processed). Most were in receipt of a social security benefit (or combination of benefits) including JSA, ESA, Industrial Injuries Benefit, Income Support, Housing Benefit, and Child Benefit. Some relied on benefits as their sole sources of income but others had partners in work (and were, therefore, not eligible for some benefits). Two respondents relied on student loans for their main income.

In talking about the reasons for applying for PIP some claimants described deteriorating and sometimes serious financial circumstances:

'I'm struggling now ... I needed the help and the extra money to help me as well so that's why I went for it ...'

(Female, 16-24, awarded PIP)

Some claimants had been in work before becoming ill or having an accident and were now adjusting to much lower levels of individual or household income. A small number had partners who had had to reduce their working hours or give up work in order to provide care for the claimant. They reported they were struggling with paying bills and keeping up with mortgage repayments. Others talked about money pressures in less severe terms and noted that PIP would help them rather than being needed.

Having learned about the existence of PIP most people appeared to have made the decision to apply quickly and easily regardless of their financial situation. Some made further investigations (for example on the internet) but others went immediately to contacting the claim line.

What appears to be the result of this chain of thinking is that some, perhaps many, claims could be seen as 'speculative'. In other words, claimants make their claims based on little knowledge beyond the existence of a benefit that they might qualify for but feeling they have nothing to lose in trying and possibly much (financially) to gain.

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2.4.2 Eligibility

About a quarter of the sample talked about how they thought they might be eligible for PIP by virtue of their health condition and their knowledge (gleaned from a variety of sources) that PIP was a health-related benefit. Some said they had been told of their possible or likely (in the case of a Special Rules claim) eligibility by an advice or support worker or by a Jobcentre Plus official. One respondent said he also had a sense of entitlement because he had 'paid in' for over 20 years and now he needed help.

2.4.3 Existing DLA claim coming to an end

As explained above a small number of respondents learned about PIP in the course of trying to renew a DLA claim that had come to end or was about to. These claimants simply pursued the next step in a continuing claim even though they were technically new claimants of PIP.

2.5 Discussion and conclusion

There is some suggestion from the data (see Section 2.2) that merely telling people about the existence of PIP or passing on written information (as seemed to be a typical experience in Jobcentre Plus settings) rather than imparting more detailed information about who it is aimed at or how one might qualify (as happened more in health-related settings) might lead to claims that are not well informed and, therefore, less likely to succeed.

DWP might, therefore, consider how it wants Jobcentre Plus staff to deal with enquiries about PIP (which are usually couched as questions about what help might be available to claimants other than their existing benefits) or how they want to introduce claimants to PIP as a service to them. One option would be to encourage, or facilitate, calls to the helpline or to put claimants in touch with appropriate advice services.

There is a common finding from the claimant and staff data that people hear about PIP from a wide range of sources. DWP might consider, therefore, how to ensure that each potential source is sufficiently resourced or trained (for Jobcentre Plus staff for example) in order that people can make more informed decisions about claiming. The number of claims with apparently little hope of success might be reduced in this way. There are strong arguments that can be made for increasing knowledge about PIP among professionals who are in contact with people with long term health conditions or disabilities. Alternatively (or in addition), there is a case for increasing and improving information leaflets or booklets that professionals can hand on to potential claimants.

The finding that many claimants want advice (as evidenced from discussions with call centre staff and the data on how claimants seek out more information through telephone calls and the internet) suggests that DWP might want to review the role of Jobcentre Plus staff and call centre workers as sources of information and particularly advice. For example, the role of call centre staff could be enhanced to include advice giving. Call centre staff said that the cost of calling the helpline from a mobile phone was clearly unwelcome for some claimants and so they sometimes took the decision not to recommend the helpline to callers in order to save them from further cost.

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There does seem a need to clarify and communicate better to claimants and their supporters the different roles and purposes of the claim line and the helpline. People who want to find out more about PIP before deciding whether to make a claim are not intended to find themselves talking to someone in the claims line call centre.

The evidence that some claimants have access to the information booklet *How your disability affects you* suggests that DWP might want to consider whether the booklet should be amended in some way so that it can be used to help people decide whether to lodge a claim as well as assist them completing the PIP2.

3 Making a claim

The second stage of the claiming process is when the claimant makes an initial telephone call to a Personal Independence Payment (PIP) call centre to register a claim. To summarise this stage in the claiming process: call centre staff respond to telephone calls that come through on the 'new claims' phone line. They use a telephony script to deal with calls that are treated as actual claims for PIP, entering data into their computers as claimants answer the prescribed questions. The claim is submitted after the claimant has agreed to the declaration of understanding and consent, when it is explained what will happen next. Not all the calls that come through on the 'new claims' line turn into claims for benefit, however. Staff taking calls must deal with all enquiries that come through from people who use the dedicated PIP line to contact the Department for Work and Pensions (DWP).

Data on the experience of this stage was collected from the 36 people in the claimant sample, and three professionals who had supported people making claims under Special Rules who could also draw on wider experience of making PIP calls on behalf of their clients and patients. Call centre staff who took part in the three discussion groups could also draw on long and varied experience of managing phone calls and gathering information for PIP. In the next stage of administration, PIP case workers in the benefits centres check details from the claim, and deal with issues arising, for example missing information, so that a PIP2 form may be issued. Their experiences also contribute to this chapter.

The chapter describes, first, how call centre staff open the telephone conversations and proceed, when appropriate, to the telephony script for making a claim (Section 3.1). The chapter continues with findings from staff and claimants about availability of information required to make a claim (Section 3.2); and participation of third parties supporting the claim (Section 3.3). Section 3.4 reports experiences of particular questions asked about residence and Section 3.5 reports experiences of discussions about the Special Rules procedures. Section 3.6 is concerned with the way in which claimants may indicate if they are likely to need some support in filling in a PIP2 form. Section 3.7 reports what call centre staff said about their overall approach in dealing with claimants, taking into account the need for efficiency and their aim for good service for claimants. We report how the claimants interviewed had generally found this stage unproblematic. Findings in this chapter are summarised in Section 3.8 where we bring together all suggestions from staff and claimants of ways in which this stage might be adjusted, to improve and speed the process and reduce subsequent delays.

3.1 Opening the conversation

Call centre staff talked about the time taken up with introductory discussion and explanation to callers. A range of enquiries come through on their line, including calls from people who have made a claim and want to know what is happening, calls from people claiming Disability Living Allowance (DLA) and people who know little or nothing about PIP. They frequently speak to people who say they have just been told to ring the number, or told that some help might be available if they phone.

A shared view among call centre staff was that some professionals and advisers (including GPs and medical personnel, money advice centres, and citizens' advice bureaux) did not fully understand PIP, and suggested calling the PIP number to some people definitely

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ineligible, such as people over retirement age. Another widely held view, arising from their conversations with claimants, was that advice agencies and Jobcentre Plus staff sometimes made suggestions to 'try PIP' to some of their claimants who lost Employment and Support Allowance (ESA) or were in financial difficulty. This view is reinforced by the accounts of some claimants that they were advised to ring the PIP claim line by staff in Jobcentre Plus offices (see Chapter 2, Section 2.1). Call centre staff also perceived that information about PIP that claimants said they received from family or friends was sometimes not correct.

Staff at all stages of administration noted that the name of the new benefit, Personal Independence Payment, did not signal any links with disability or chronic ill-health. They suggested that this did not help build general understanding about the new benefit within the general public, or among professional and medical advisers, and might be contributing to the volume of calls from people who know little about PIP or its relevance to themselves.

Understanding what callers wanted, and explanations to people with minimal understanding of PIP or the claiming process took time, as did explaining how to re-route enquiries, for example, to the 0845 enquiry line. Call centre staff wanted to give good service but were limited in the information they could provide, and it was not part of their role to give advice. Some said they used information about PIP available on the government website and some said they sometimes drew on knowledge gained from long experience in dealing with benefit calls. However, they agreed that some inconsistencies in treatment of callers were likely at this stage.

Another concern shared by call centre staff was that many callers did not understand the status of the telephone discussion that led to submission of a claim. Some callers asked for a claim pack to be sent by post, with information to read at home. Being asked a number of personal questions in what was often perceived as a preliminary phone call was often unexpected, and sometimes unwelcome. This kind of misunderstanding was one reason why some people did not have available at the time the information required to submit a claim (see Section 3.2).

To reduce some of these confusions and misunderstandings staff agreed there was need for greater understanding about PIP both within the general public and among supporting professionals and organisations. Although information was available online, their experience was that potential claimants and advisers often asked for leaflets or flyers, or said they had not seen any advertisements in newspapers or GPs' surgeries.

There was a general feeling among call centre staff that the telephony script they were using at the time was repetitive and too long, and not well suited to spoken dialogue. While the questions and narrative might be suitable for an on-line application, the design and sentence construction contributed to people losing interest, not listening properly and being annoyed by their perception that the person to whom they were talking was not listening. An example of the latter, mentioned by several staff, was during questions about hospital stays when a caller says they are not in hospital today but calling from home and is subsequently asked if they are in a hospice today. The current questions about hospitalisation and care, it was suggested, could be combined in a way that would both shorten this section and improve the caller's perception that staff were listening properly to their answers.

There was also agreement that by the time claimants reached the end of the telephone claim, some were not concentrating enough or too tired for the declaration and consent to have real meaning. They were particularly concerned that among such people were some with learning difficulties, some with mental health conditions and some whose health conditions or medication caused fatigue and loss of concentration.

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Although most claims are made by telephone, case workers in one location said that numbers of claims made on paper PIP1 forms were increasing. If people insisted on making a paper claim, arranging for the form to be sent became a task for case workers. Their view, arising from the frequency with which people asked for forms or expressed preference for forms, was that many people like paper forms, and knowledge was spreading that such a process does exist for PIP.

3.2 Provision of information

Among the claimants interviewed there were differing accounts about how prepared they were to respond fully and accurately to the questions they were being asked. Some described having all the relevant information to hand while others said they could not answer some questions. However, for the latter group this did not present a particular problem for them as the call centre staff generally just moved on to the next question.

The general experience of call centre staff was that many people did not have to hand all the required information when they telephone. This was often related to not understanding the status of the call. The information most frequently missing was said to be GP details, especially if people went to a large practice and often saw different doctors. Occasionally, callers were not registered with a GP. Some call centre staff said it was possible to search GP lists and prompt callers to help them establish GP details. However, this took time and some callers were embarrassed by their uncertainty, and claims could, therefore, be passed on with the need for follow-up tasks.

Case workers confirmed that checking missing information took up a great deal of their time, as did validating the identities of claimants. Telephoning people for the information that would allow their claim to progress was often not quick and easy, for example when claimants' mobile phones were switched off or if they needed a supporter to help them respond. Some of these calls were difficult, for example if people feel challenged, or did not understand the issue. Missing bank details, it was agreed, sometimes slipped right through the checking and tasking process until the need to make payment of an award, adding to delay. Staff did not explain or suggest exactly how this happened.

Even very slight discrepancies between data inserted in the PIP system and that held on the government Customer Information System (CIS) stopped the PIP process and had to be dealt with.¹¹ Case workers' also expressed a view that identification verification (IDV) 'failures' which held up claims were usually linked to system inconsistencies. Some said if they could not resolve an IDV 'failure' (known as a 'prospect case') it would be referred to a case manager for a decision, and might in turn be referred further to the Assessment Provider (AP) who would be asked to conduct identity checks. Staff believed this lengthened the processing time.

¹¹ Examples included differences in use of upper- and lower-case letters in a claimant's name or a wrong digit in a telephone number. Sometimes the CIS had no nationality recorded because a claimant had not made any previous benefit claims, but in making their PIP claim a precise nationality had been provided in the initial telephone call, therefore, generating a discrepancy.

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When documentation was required to support claims, for example evidence about residence and presence, this would be processed via the Mail Opening Unit and Scanning Unit, and then through Workflow teams who identified incoming mail and allocated it to appropriate work queues for sending on as tasks. In some cases, if a particular person was waiting for the additional information, the task might be allocated to them directly. Workflow staff, case workers and case managers agreed that improvements in the scanning system would reduce some of the current delays and this is discussed further in Chapters 8 and 9.

There were suggestions from case workers that some relaxation in procedures for identity validation would reduce delays, for example less sensitivity in the system so that slight discrepancies in spellings were accepted or greater acceptance of information already held in CIS. Issues to do with residence and presence are discussed further in Section 3.4.

3.3 Participation of third parties

Among those claimants interviewed who had recall of this stage of the claiming process most made the initial telephone call themselves. Where help was used, this came mainly from family members, CAB staff or (particularly in the case of people claiming under Special Rules) health professionals and support workers. Telephone calls were also often managed jointly with the claimant sitting in but not talking directly to call centre staff. No-one making the initial call in this way reported any difficulties.

Call centre staff also reported that it was common for people to have somebody to help them with their claim, but claimants and supporters often did not understand the difference between 'proxies' and formal 'appointees'. Calls initially made by supporting family members could not be accepted if the person claiming was not also part of the conversation. People were asked to ring back when they were able to take part together, and this led to some frustration and delay. Telephone calls that went '*backwards and forwards*' between a claimant and their supporter worked best when the callers had some expectation that this would happen, and understood why.

When case workers had to make enquiries to see whether a formal appointee was required, it was often a disadvantage not to know what the claimant's health condition was. Difficult situations arose, for example asking to talk to somebody who could not speak. Arranging an appointeeship usually involved asking a visiting officer from a local DWP service to meet the claimant/appointee. Staff had variable experience here. Some said it was fairly easy to arrange, but some said there were regional variations here, and some case workers reported that visiting officers had declined to visit unless they knew more about the claimant's condition. If a claim was made by a third party who was not an appointee, and a case manager decided an appointee was not needed, a PIP1 was issued to the potential claimant in a clerical process.

3.4 Questions about residence and presence

Call centre staff did not identify these questions as causing frequent problems, but when people had moved between countries, with and without working, and had large or complex families, it could take a long time to collect the details. Such callers were usually asked to send supporting documentary evidence. This lengthened the process, and staff said delays in the mail opening system and the scanning system further increased the processing time.

Issues that arose for case workers were related to particular difficulties they often met in reading scanned pages from passports and visas, and legal documentation about residence. Requests for re-copying or resubmission of original documents from claimants had sometimes led to long delays. Some case workers said they had struggled to understand some of the legal language on the submitted documents and its implications. They had had to decide whether to seek advice, by referring the case to a team leader who might then refer this to a case manager, therefore, delaying the process and creating more work, or accepting the evidence without checking it further. There were likely to be inconsistencies in treatment of claimants here.

No claimants interviewed reported any specific difficulties with the residence and presence questions (although it should be noted that they were not asked a direct question about these so we cannot be sure if there were problems that were not identified in the interviews). A small number of respondents expressed some annoyance at having to answer '*irrelevant*' questions but no-one specified the questions they were referring to.

3.5 Special Rules procedures

The experiences of the four people interviewed who had claimed under Special Rules were reported as largely unproblematic for the principal reason that, in all cases, a third party had taken on the task of making the claim for them. Their main memory, therefore, was of giving their support worker some basic information about themselves and soon after (except in one case which took longer) receiving a letter notifying them of their award.

The experiences of the three support workers involved had changed over the time since PIP was introduced in April 2013. By the time of the research interviews in December 2013 they had learned how best to engage with call centre staff. They were now finding the calls largely straightforward. They were pleased that there were no specific requirements to meet in order to make calls on behalf of their clients; they were accepted immediately as valid representatives of the claimant. They had learned what information was required and prepared fully in advance to answer all questions accurately and comprehensively. Their only frustration was having to respond to call centre staff going through the script in its entirety word for word which they thought unnecessary and repetitive. They appreciated the occasional call centre worker who seemed happy to move quickly through some of the explanatory material to the actual questions, or better still, skip over this. There was some concern that some call centre staff lacked a degree of sensitivity when asking questions about terminal illnesses. This could sometimes be upsetting for the support workers and they, therefore, feared that using a detached, matter-of-fact approach to asking questions carried the risk of distressing some claimants.

Call centre staff, generally, had concerns about their part in the Special Rules procedures. The general view was that referring to Special Rules three times is insensitive and unnecessary. Experience was that this was sometimes distressing for claimants and family members, and some calls were terminated at that stage. Case managers said that they often

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had to deal with complaints about lack of sensitivity in the telephony script about claiming under Special Rules when they made follow-up telephone calls.

Call centre staff said some people with long-term or progressive conditions appeared shocked by the definition of terminal illness (life expectancy of six months or less). They perceived some people becoming scared that DWP knew something about them that nobody had yet told them. They pointed out that the DS1500 form submitted as part of the Special Rules procedures does not use this definition of terminal illness.

Call centre staff said when people or their family members did want to claim under Special Rules some reacted emotionally to questions about the illness in ways call centre staff found hard to deal with. A general view was that they needed more training in talking to people approaching death and their family members. An alternative approach suggested was to deal with claims under Special Rules in a special section staffed by people with specialist training. There were mixed views here, however, and some staff saw potential disadvantages in further '*passing people around*'.

Call centre staff had some concerns about that part of their script which relates to the DS1500 form. The script stressed the importance of the DS1500, and despite the instruction not to wait for the form before completing the claim, experience was that some people did then decide to get the DS1500 first. Staff perceived how this would delay claims, especially when claimants told them they would wait for their next appointment with a doctor or nurse to talk to them about this form.

It was not clear to call centre staff why they were asking questions about '*getting around*' in the Special Rules procedures. It was hard to ask questions about journeys and walking when it was already clear that the terminally ill person was in bed. Such questions often caused distress, and they said they had no clear explanation to give about why they were needed. (We understand that the questions are asked to establish eligibility for the mobility component.)

Workflow staff said that dealing with incoming mail and tasks related to Special Rules cases was an absolute priority, and they cleared these each morning before anything else. They felt confident that their team had no backlog of work related to Special Rules. Indeed, they suggested that the procedures in place to prioritise these cases (special daily lists of DS1500s) might be leading to some duplication of work. They did not understand how it happened, but experience was that when they opened a task in this list, it was already marked as '*complete*'.

The length of time it was taking to process current claims made under Special Rules was a major concern of staff at all stages. In one location, case managers were now dealing with most of the processing of claims made under Special Rules, and case workers dealt only with maintenance procedures (as discussed further at the end of this section). In all the other locations, case workers were involved in initial procedures. They were often '*tasked*' to contact claimants or proxies who had telephoned to enquire what was happening to their claim. Dealing with frustrated claimants who were terminally ill, or their family members or professional supporters, could be very hard, especially as case workers could not tell people how much longer they would have to wait. Case workers taking part had experienced making telephone calls to respond to an enquiry and discovering that the claimant had died. Some had experience of talking to family members about what to do if they wanted to continue with a claim that had not been decided when the claimant died; some had to tell family members that the report from Atos about the person who had died had not been received yet. Such

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calls caused distress to case workers and workplace support from colleagues and team leaders was important.

Case workers who processed claims made under Special Rules said that this often happened more quickly when claimants did not submit a DS1500 form, or said they intended to submit this form. Claims made with no DS1500 went straight through to the AP. Waiting for a DS1500, which had to be scanned into the system and then 'tasked' to case workers again could add further time to the process. However, some case managers said they had seen claims that had been delayed as a result of **not** submitting a DS1500. For example, they had to deal with claims sent directly to assessors without a DS1500 but then sent back to DWP from assessors who reported being unable to get hold of medical contacts named in the claim and, therefore, having 'no evidence of Special Rules'. A shared concern was the additional delay for claimants who became subject to Special Rules only after submitting their claim, for example if their condition deteriorated or they received a new diagnosis during the long processing time. The claim had to restart, and staff were concerned that this could further lengthen the process. Such people were also among those who died before an award was made.

Benefits centres adopted different approaches to processing claims made under Special Rules. When such claims were all mainly dealt with by a small specialist team of case managers, the staff involved perceived advantages in this arrangement. Each case manager took individual responsibility for a case and tried to see it through to the finish. Staff could quickly become familiar with a case, track its progress and provide consistent responses. They believed that having the dedicated team of staff with previous experience of working with terminally ill people and their families helped both in developing skills in this kind of work and in speeding things up.

3.6 'Need for support'

Call centre staff reported having access to interpretation services for people who used languages other than English. Some staff had used such services, and experiences varied. Some said they had had quick access and this part of the process had been unproblematic for them. In a different call centre, those staff taking part said it had sometimes been hard to get through to the service, and the quality of service varied between interpreters.

Both call centre staff and case workers raised issues about the questions asked to establish whether a claimant needed support to fill in a PIP2 form. Specifically, they were concerned about the prompt which included 'anxiety and depression' among conditions which might make it hard to return forms. Experience was that people who initially said they had no such condition quite often changed their minds when told that 'anxiety and depression' might be such a condition. Depression and anxiety is widespread among people with chronic ill-health or impairments and staff found that claimants often readily identified themselves as experiencing such conditions. This could lead to identification of need where none existed and where follow-up action was unnecessary and wasteful. Such identification of need for support automatically lengthened the time allowed for return of PIP2, which could further lengthen the processing time.

Staff said there were some occasions when they felt a claimant probably needed support to deal with PIP2 but the person themselves said otherwise. They had no way of flagging this up to staff dealing with subsequent stages of the claim. When the need for additional support had been indicated, non-return of a PIP2 did not automatically stop the claim – the

case could be kept open and referred on to the AP. At the time of fieldwork, when claimants who had not indicated need for support asked for extra time to return their PIP2 (more than the four weeks allowed) the computer system triggered recategorisation of the claim as a reconsideration, rather than keeping it open.

3.7 The overall claimant experience and 'customer service'

The preceding sections have dealt with specific aspects of the claiming process. Much of the data presented has necessarily been drawn from the discussion groups with call centre and delivery staff. In this section we summarise how the claimants in our sample experienced their contact with call centre staff.

The predominant view was that this stage was mostly straightforward and easy. The call centre staff themselves attracted a range of positive comments. They were described variously as *'friendly'*, *'polite'*, *'helpful'* and *'understanding'*. Claimants particularly appreciated patient explanations given to them when they did not understand something. Claimants who made the call in some initial state of anxiety reported feeling reassured by the call centre worker.

Most found the questions easy to understand and answer but if they could not provide the information required this did not appear to be problematic:

'it was ... relatively quick, I thought. It was basically just acknowledging that I was in the process of actually claiming for PIP, who I was, where I was, little quick snippets like that.'

(Male, 40-54, awarded PIP)

One person said that he was pleased not to have been asked questions about his health by 'a stranger' which he would have found difficult and embarrassing.

However, for some claimants there were aspects of the telephone call that they did not like. One person (with a mental health condition) found the questions about hospital stays distressing to the extent that she terminated the phone call (making a further call the next day). Another was frustrated because while he wanted to ask questions about PIP, the call centre worker would only *'stick to the script'*. The high cost of ringing an 0845 number from a mobile phone was a complaint of a number of people.

The length of telephone calls seemed to vary considerably. Some claimants reported calls taking only a very short time (up to five minutes). However, more commonly people talked about calls lasting in the region of 15-20 minutes. Most people perceived these times as *'quick'*, *'very quick'* or *'quicker than expected'*. In contrast a small number of respondents complained about longer calls, that they felt were time consuming and repetitive.

Call centre staff were keen to give good service and for that service to be consistent. They generally recognised that having recommended call lengths (which were slightly different for the groups of staff who took part) did contribute to efficiency of service. There were some tensions, however, in trying to keep within averages for recommended times. Some calls did take longer, for example when three-way interactions, involved the claimant and somebody supporting them, lengthened the process or when it was hard to hear the caller. All staff had experience of dealing with calls from lonely or ill people who wanted to talk to somebody, and whom it seemed unkind to interrupt. Ways of dealing with the need to keep calls moving along included telling claimants how many minutes might be available.

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Explaining that they were working to a prescribed script was one way, some staff believed, of reducing some callers' frustrations and annoyances about what was asked.

3.8 Discussion and conclusion

Call centre staff had wide experience of discussions with people making the initial telephone call which leads to submission of a claim for PIP. Case workers who took over work required to process the claim had views on the process involved in making a claim. The experiences of claimants interviewed provided examples of some of the points made by staff. In general, however, most claimants in the study group experienced this stage of the claiming process as unproblematic.

Staff thought that from their experience many people who called the PIP line had minimal understanding of the new benefit, or the status of the telephone call. They often had to spend time in preliminary explanation or redirecting callers to appropriate other telephone lines. Their general experience was that many people who did want to start a claim for PIP did not have all the information required available, often related to not having understood the status of the call. Claimants who had been unable to answer all the questions did not experience this as a problem, because staff had just moved to the next question. However, for case workers dealing with the claim, checking missing information took up a great deal of their time.

Validating identities of claimants also created a large volume of work for case workers. Much of this was due to discrepancies between data inserted into the PIP system and that held on the government CIS.

Call centre staff said that many telephone claims were conducted in three-way conversations with claimants and their supporters. This worked well if people were prepared for this to happen, however, the difference between formal appointees and supporters such as family members ('proxies') was not well understood.

Call centre staff had some concerns about their part in the procedures for claims made under Special Rules, related both to the telephony script and to their perceived need for more training in dealing with claims from terminally ill people. Supporters of people in our sample who had submitted claims under Special Rules said that it had become quicker and easier to engage with telephony staff. However, the length of time taken to process claims made under Special Rules was a concern for staff in all stages. Staff also had concerns about other people who found some of the questions intrusive or distressing, and people who lost concentration and got tired during the call. One of the claimants interviewed who had a mental health condition said some of the questions were distressing. Others spoke of the financial cost of the call. Most claimants interviewed had not found initiating a claim problematic, and they had appreciated talking to staff who seemed friendly and polite, although some would have liked more opportunity to ask questions.

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Pulling together what call centre staff and case workers generally said about how the first stage in the current PIP process might be improved and delays reduced, and some ideas from claimants, the main suggestions were:

- a stronger, clearer initial 'options' menu, to divert from the 'new claims' line claimants who are chasing up on claims already submitted;
- a stronger, clearer telephony message at the beginning of the new claim process, telling callers what PIP is, the status of the call, how supporters might be involved, and what items of information would be asked for;
- a less repetitive script, better suited to telephone dialogue;
- greater sensitivity in the script for terminally ill people and their families, and improvement in service for this group (through further training for all call centre staff or a specialist role for some staff, in dealing with Special Rules claims);
- general improvement in the PIP computer system; the telephone system; arrangements for scanning documents, and dealing with incoming mail (these issues are discussed further in Chapter 8);
- a PIP system less sensitive to slight discrepancies between databases; and ways of verifying issues around residence and presence more speedily;
- (from case workers) further training around 'residence and presence' issues; dealing with changes in circumstances and issues around management of payments ('maintenance' issues);
- (from case workers) a question in the telephony script which would indicate a claimant's disability or health condition.

4 Completing the PIP2 form

The third stage in the Personal Independence Payment (PIP) claiming process is the completion of the form *How your disability affects you* (known as PIP2). This is sent out by post after the initial screening stage has been satisfactorily completed (as part of the telephone call to begin the claim). The form is accompanied by an information booklet which contains detailed guidance designed to help claimants present as full and accurate a picture of their health and abilities as possible. Claimants are notified in a covering letter that they have a time limit of four weeks to return the PIP2 although this period can be extended by two weeks when a claimant has been assessed as needing support to complete the form (see Chapter 3) or if a claimant requests additional time.

Disability benefits centre staff are responsible for checking that the form has been completed sufficiently before sending on to an Assessment Provider (AP). They do not check the forms for quality or accuracy however; their job is only to ensure that the forms do not contain gaps and are properly signed by the claimant (or formal appointee).

PIP2 forms are 35 pages long, collect information on a claimant's health conditions and medication, and ask a series of questions about how their mobility and everyday living activities are affected. There are sections on preparing food, eating and drinking, managing treatments, washing and bathing, managing toilet needs, dressing and undressing, communicating, reading, mixing with other people, making decisions about money, going out, and moving around. Each section asks a series of direct questions requiring 'tick box' responses and allows claimants space to elaborate their answers in free text. Claimants are invited to provide the contact details of up to three professionals best placed to advise on their circumstances. Suggestions for suitable people include 'a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor or support worker' (see PIP2 form, p.4).

The data we draw on in this chapter comes mainly from the interviews with PIP claimants, but excluding the four Special Rules cases for which there is no requirement to complete a PIP2 form. Claimants were asked about their experiences of completing the form, what help and guidance they needed, and whether the form allowed them to describe their circumstances fully. Throughout the interviews claimants were asked to identify what worked well for them in this stage of the process, what did not work well, and what suggestions they had for improvements.

Having been sent a PIP2 form not all claimants continue with their claim. Section 4.1 explores people's reasons for withdrawing. In Section 4.2 we explore the types of help that some claimants use. The experiences of claimants in completing the PIP2 are analysed in Section 4.3. Section 4.4 presents findings on the Information booklet, and Section 4.5 explores how claimants respond to the opportunity of presenting additional information to support their claims. Section 4.6 summarises the findings and presents ideas for improving this stage of the claiming process.

4.1 PIP2 forms leading to the withdrawal of a claim

On receiving the PIP2 form some people reconsidered their claim and decided to withdraw or discontinue it. There were two principal types of reason for this decision:

- reaching a view that they were not eligible;
- returning to work (although PIP is a benefit that can be claimed regardless of employment status).

Those who decided that they were probably not eligible for PIP included one claimant who had not had an occurrence of an intermittent health condition since submitting his claim and thought his condition had, therefore, improved. He also had no strong expressed need for the benefit as his wife was in work and had recently received an unexpected sum of money.

Another thought that the pain she experienced which was associated with a physical condition did not prevent her from performing the activities set out in the PIP2 form and so the benefit was 'not relevant' for her. (This claimant had received no advice about claiming PIP from any source after having learned about the benefit from a Jobcentre Plus official during an enquiry about her future retirement pension.)

A third claimant had suffered an injury at work but was recovering and hoping to return to work at some point in the future. Getting the PIP2 and information booklet made him realise that PIP was a benefit for people with long-term conditions, something he had not properly understood beforehand:

'I wasn't in need of day care; I wasn't going into a home to spend my last days ... or having extra help coming in to support me ...'

(Male, 40-54, claim withdrawn)

Four people who had resumed work (part-time) at some point during the claims process had withdrawn their claims. Two were at the PIP2 completion stage; the other two submitted their forms but withdrew before or during the assessment stage. Those who had some understanding that PIP was a benefit that could be claimed by people in work explained either that they did not now need the money or that they preferred, as a matter of personal choice, not to be a benefit claimant. For one, not pursuing his claim was an indicator to himself that he was successfully recovering from serious illness. Others explained their understanding that they could not work and claim PIP at the same time. None of these four claimants had sought advice from any source at this stage of the claiming process.

4.2 Getting support with completing the PIP2 form

It is not possible from this study to make any assessment of the amount and the quality of the information that claimants included in their PIP2 forms. (Nor is it possible to know what use was made of the PIP2 forms by the assessment staff of Atos or Capita.) However, there are findings from the interviews with the claimants that suggest a possible relationship between the help and support received in completing the PIP2 and the outcome of the claim.

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As noted already Special Rules claimants do not have to complete a PIP2 form. Furthermore, four other people in our sample reported that they did not fill in a PIP2 (three of whom withdrew their claims, while one was moved to the assessment stage by benefit centre staff). Hence, in this section we draw on the data from 28 claimants.

Most of these claimants completed the PIP2 by themselves or with the help of a family member only. The remaining claimants received some form of professional assistance with their form, either through health and social services professionals or third sector organisations. More of these claimants were eventually awarded PIP. There is some suggestion, therefore, that claimants who received advice from external organisations were also those who were eventually awarded PIP.

Another group of claimants are those who first heard about PIP through word of mouth. These claimants were not in contact with any external organisation likely to be able to offer help with claiming benefits (though all had contact with health services as would be expected) and they went on to make their claim either themselves or with the help of a family member only. Although this group did not receive professional assistance, there was no indication that they were more or less successful than other claimants.

Another distinctive group were those who first heard about PIP from contact with a Jobcentre Plus office. Of these claimants, one did not complete and submit a PIP2 and none of the claims from the others were awarded. About half completed the form themselves or with the help of family, while the others received help with completing the form (although not from sources they had had any previous contact with).

One person mentioned that finding an internet forum of disability benefit claimants was very helpful, while another was complimentary about the guidance she had received via the PIP helpline.

There is evidence emerging from this study, therefore, that the source of information about PIP (that leads to a claim being made) appears to be associated with whether claimants receive help with completing a PIP2 form. People who hear about PIP by word of mouth or from Jobcentre Plus do not appear to have an easy and reliable route to further (professional) help.

It is worth noting that, to find information about support organisations from the PIP website, the claimant must go through several steps and navigate other websites. There may be room for improvements here to allow claimants to find the support they require. The PIP website contains the following advice and weblink:

Help with PIP

You can contact a [local support organisation](#) to get help understanding PIP.

Despite this there was no evidence from this sample that the PIP website provided a route to **additional** help for the people who had accessed the website. None of these claimants accessed a new source of support – two were already in contact with a support worker, while others sought no external help.

4.3 Reflections on completing the PIP2 form

Respondents were asked about their experiences in completing the PIP2 form. Most reported that they found it 'OK' or 'straightforward'. People expected to fill in a form and treated its completion as a necessary part of the process. Some people felt comfortable and confident in supplying the information required. As noted in Section 4.2 many of the sample had either professional help or assistance from family members. There were some comments about the length of the form, but these were more often observations than criticisms. Some people needed several hours to complete the form and collate additional information, sometimes spread over more than one session. Most felt able to describe the effects of their health on their lives and were able to fit everything in on the PIP2 form or on additional sheets of paper.

In contrast some respondents had comments and reflections which were less positive. Such comments were made by only a small number of people (sometimes only one) but they are nevertheless useful in alerting policy makers to areas where changes or improvements can be considered.

There were a range of comments about the process being stressful or worrying, regardless of whether help was used (in particular some respondents with mental health problems). Some people reported they found form-filling always to be difficult and a challenge, regardless of the type or purpose of the form. Questions were hard to understand and they were uncertain about how to answer (even when they were being helped to complete the form).

There was some criticism that questions could be intrusive and embarrassing to answer (for example about washing and toileting), particularly when there was an expectation that the form would be read by 'a stranger'. In one case, a claimant withheld some information about himself for this reason which in retrospect he thought contributed to his claim being disallowed. (He also reported that he did not disclose everything to the assessor who conducted a home visit for the same reason – she was not known to him.) Some respondents made the criticism that there were not specific questions about aspects of daily living that they particularly struggled with. Mentioned here were housework, cleaning and washing clothes. Similarly, one person interviewed who had filled in the PIP2 form for her young adult daughter found the form unhelpful in putting across the subtleties of her life. She explained that her daughter could theoretically cook a meal using a microwave but that she, her mother, had to be in attendance to make sure her daughter remembered to remove the meal and also not scald herself:

'... it just says, can you cook or can you use a microwave. Well she can, but not really ...'

(Female, 25-39, awarded PIP)

Several respondents commented that the PIP2 form seemed, in large part, to be irrelevant to them, particularly those with mental health conditions, fluctuating conditions or whose main disabling condition was the pain caused by an underlying physical condition. As mentioned in Section 4.1 one respondent withdrew her claim because she thought pain was not relevant in addressing questions about her ability to carry out everyday activities.

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Other negative comments included the perceived repetitiveness of some questions in different sections (for example in the 'communicating' and the 'mixing with other people' sections), the apparent emphasis on 'black or white' answers that did not allow the complexities of everyday life to be explained, and the physical layout of the form with little space to write long descriptions of the effects of their health conditions. One respondent felt there was not enough space to list her medications so listed only some of them.

Overall, though, most people gave considered, balanced views about the necessity of providing the range and volume of information required. As one claimant put it:

'It's quite a lengthy process ... which is good, because I had a lot to put down ... but it was stressful to try to remember everything but I understand why they need all that information. I had some initial anxiety but once I actually got down to doing it, it wasn't so bad.'

(Female, 25-39, awarded PIP)

One respondent commented specifically on how helpful it was to receive a 'reminder letter' so that she was able to meet the deadline, and another appreciated being allowed extra time to submit her form because she was waiting for an appointment with her GP.

4.4 The information booklet

Many respondents referred to making use of the Information booklet *How your disability affects you* in the course of making their claim. This is sent to claimants at the same time as the PIP2 form, although a small number of respondents reported that they did not receive it. Some claimants said that they did not read it, only '*skimmed*' or '*browsed*' it, or passed it on to the person helping them. Of those that remembered the booklet and using it, the responses were generally very favourable; most people found it useful in helping them understand what information they should report on the PIP2 and how they could support their claim with additional information. Even when a claimant was not having difficulty completing the PIP2 she found the booklet 'reassuring' as it confirmed that she was providing the sort of information that would be helpful. Another followed the advice in the booklet to keep a diary of her activities, an exercise that allowed her to identify effects of her health that she would otherwise have overlooked when filling in the form.

In two cases, reading the information booklet led potential claimants to reassess their own eligibility for PIP and then to withdraw their claim.

Criticisms were not common. One respondent found the amount of '*technical speak*' hard to understand and thought that while experienced or regular claimants might not experience any problems, newcomers to the benefit system might struggle. She favoured more '*plain English*' therefore. Another made a similar point explaining that it took several attempts reading the booklet to understand what it meant:

'... it's just the way they write it isn't it? You can't understand it sometimes.'

(Female, 55+, claim withdrawn)

4.5 Supplying additional information

All of the respondents said they provided the names of one or more professional people who could supply further information about their circumstances. Most had good recall of who they suggested. GPs and hospital staff (consultants or nursing staff) were most frequently mentioned. Few said they put down the names of other professionals. The examples that were cited included a social worker, community psychiatric nurse, and an adviser in a specialist disability support organisation.

The information booklet contains detailed guidance and encouragement on providing what it describes as *'any relevant evidence or information you already have that explains your circumstances'*. Examples cited include *'prescription lists, care plans, reports or information from professionals such as a GP (or) hospital doctor ...'*. There is particular advice not to request medical reports that might attract a fee. In contrast, the PIP2 form refers to additional information in the covering letter in one sentence: *'Please send copies of any medical reports, care plan or letters from your doctor, consultant or health care professional, or other information you wish us to see, with this form.'* People who only read the PIP2 form and not the information booklet will, therefore, receive a limited, and less comprehensive, message about supplying supporting information.

Of the 28 respondents, just over half said they remembered attaching some form of additional information. Most sent copies of reports and letters from GPs, NHS medical or paramedical staff (such as opticians, physiotherapists or community psychiatric nurses), and social services staff. A smaller number said they sent copies of appointment letters or prescriptions. There was an indication that people who received help from support workers in completing the PIP2 were more likely to supply additional information. However, there was no indication that additional information was associated with a claim being awarded or disallowed. PIP processing staff said that it was not unusual for claimants to send their additional information separately, for example if they wanted to meet the deadline for returning PIP2 but had not yet got a copy of their prescription. There could then be problems for Workflow staff in identifying the purpose of the material, or where to send it further to associate it with the claim.

4.6 Discussion and conclusion

The PIP2 form worked well for most people. They felt that they could complete it without difficulty and that it allowed them to explain fully their health and its effect on their lives. In contrast others found some questions difficult to respond to and complained they were not able to explain adequately how their condition affected them, including those with mental health conditions or fluctuating conditions. Some found particular questions stressful, intrusive or embarrassing to answer. The length of the form attracted comments, though not necessarily critical. For some people receipt of the PIP2 was the trigger for them to withdraw their claim, although some appeared not to understand that PIP could be awarded to people in work as well as out of work.

The information booklet worked well for most of those who knew about it and used it, though some people found it difficult to understand.

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The PIP website received greater use by the younger people in the claimant sample compared with older claimants. People were generally positive in their comments about the site and found it useful. Despite there being a link to sources of further assistance this was not used by anyone in this study.

Most people understood the importance of supplying additional information with their PIP2 form and sent supporting documents.

Some claimants completed the PIP2 form by themselves or with the help of a family member, while others received assistance from health or social services professionals or third-party organisations. Having access to help from professionals and third party organisations was much valued by those able to do so and more of these claimants were awarded PIP. (This finding is discussed further in Chapter 9.)

Not all of the respondents had ideas for improvement, having found this stage of the process mostly straightforward or easy. Some suggestions appeared to be for services that were already in place, suggesting that there is a need for promoting greater awareness of these. Examples here include respondents who proposed the provision of PIP2s and Information booklets in large print for people with visual impairments, and the reimbursement of travel expenses to assessment centres.

Specific recommendations for improvement included:

- simplification of the information booklet through greater use of plain English;
- more information for claimants about further sources of help and advice, and more help (particularly from Jobcentre Plus staff) in making contact with them;
- more nuanced questions on the PIP2 that would allow claimants to describe their lives more fully;
- provision of a dedicated telephone helpline for people needing assistance with completing the PIP2 (i.e. intensive support to go through the entire suite of questions so that answers would be of most relevance and use to assessors and decision makers).

5 The assessment

The fourth stage in the PIP claiming process for PIP is a face-to-face meeting between the claimant and an assessor employed by one of the two external Assessment Provider (AP) organisations, Atos and Capita. Most claimants are required to attend an assessment in person but APs have the discretion to waive this and make an assessment on the basis of the evidence in the PIP2 form and any other supporting information supplied by the claimant or requested by an assessor if this is deemed sufficient to produce a fully justified report on their findings. Claims made under the Special Rules provisions never require a face-to-face assessment. An assessment can be organised without a claimant returning a PIP2 form when the claimant has provided information during the initial telephone call to say they require additional support, and are, therefore, vulnerable. One respondent reported that she did not submit a PIP2 but nevertheless had had an assessment.

Among our sample of PIP claimants, a small number received awards without having attended a face-to-face assessment. These claimants mostly had mental health conditions, although one had a learning difficulty and another had a physical condition as the main disabling condition, but also had a mental health condition.

None of the respondents in the sample who withdrew their claim had attended an assessment. Some had had appointments made for them but withdrew their claims without attending.

This chapter draws primarily on first-hand data from claimants who had attended an assessment. Taking into account all the cases where an assessment was not carried out the data for this chapter is drawn from 14 cases. Staff of Disability Benefits Centres had no direct involvement in this stage of the claiming process. However, they had views about the output of assessments, the assessors' reports, which they used in coming to decisions on claims. These views are reported in the next chapter.

It should be noted here that it was not possible to arrange access to Atos and Capita staff within the timeframe planned for the fieldwork, so data about the assessment was not collected directly from the assessors.

In this chapter, Section 5.1 explores claimants' expectations about this stage of the claiming process and their experiences of getting to the assessment centre. Section 5.2 analyses what happened in the assessment and how they were treated by their assessor. Section 5.3 summarises the findings and presents ideas for improving the assessment stage of the claiming process.

5.1 Expectations and logistics

Most respondents said they were aware that after submitting a PIP2 form the next stage of the claiming process would be an assessment of some kind (sometimes referred to as a '*medical assessment*' by respondents). Most thought this was '*reasonable*'. As one said:

'... if you're going to be giving somebody a large amount of money per month, of course you're going to see them and make sure. It all sort of seems quite standard to me really'

(Female, 25-39, awarded PIP)

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In contrast some claimants were unsure of the next steps, of whom some thought they would just receive a letter of decision after their PIP2 form had been considered. This group included five of the respondents with mental health conditions. One person, again with a mental health condition, had an adverse reaction to learning she would be required to attend an assessment. She called the idea '*horrible*' and missed her first appointment through the combined anxiety of travelling a long distance to a place she did not know to meet a person she had never met before. She did attend a second appointment after she had enlisted the help of a friend to drive her. Another claimant (with a learning difficulty) was surprised to be called for an assessment and found the idea stressful. However, she reported that after the intervention of a social worker she was awarded PIP without an assessment.

Typically, respondents reported waiting between three and six weeks for a letter informing them about the date and location of their assessment. Some were very surprised and upset to learn of the distance they would be required to travel to an assessment centre. One man who lived in a rural location said the centre was around 100 miles away. He requested a home visit but subsequently received a letter saying he had been awarded PIP on the basis of his PIP2 form and supporting information. Others lived closer and made the journey on public transport. Of those who were driven to their assessments, distances of between 15 and 40 miles were reported. Drivers included family, friends and in one case, a mental health support worker. There were a number of complaints that maps and directions to the assessment centre were poor, leading, in some cases, to people getting lost (one claimant reported having a panic attack as a result).

When asked if they received any reimbursement of their travel costs most expressed surprise that this was available having not been told. Only one person reported being reimbursed (for a train fare).

Some respondents, including those with severe mobility conditions and mental health conditions that prevented them from leaving their houses, had organised home visits. All had assistance from family or a professional support worker in negotiating a home visit but none reported that there had been difficulty in making the arrangements. The option of a home visit was welcome and a relief.

5.2 Experiences of the assessment

Overall, most people in the study described their experience of the assessment as '*fine*' or '*OK*', explaining that it was straightforward and unproblematic. A small number said that the experience was definitely positive. One commented:

'... it was actually quite a pleasant interview assessment. I didn't feel like I was being judged or anything ... I think it may have been who she was and the way in which she asked, but nothing felt it wasn't right in terms of the interview that we were having.'

(Male, 25-39, awarded PIP)

Claimants appreciated assessors who spoke to them in an open and friendly way, explaining why they were asking specific questions or asking them to demonstrate their physical capacity. Some people who had been anxious about the assessment reported having their worries allayed during the assessment by the way in which the assessment was conducted. Notwithstanding their overall views, there were sometimes aspects of the process, nevertheless, that respondents found less satisfactory or felt could be improved.

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In contrast there was a small group of claimants who reported largely, or wholly, negative experiences. As might be expected, the claimants who were eventually awarded PIP expressed mainly positive views. The more negative responses were made by claimants who were disallowed. One claimant commented:

'... you're sat in front of a total stranger who you've never met before and they're asking you loads of personal questions really, you know, it's daunting really. And especially as, it wasn't just one professional, there was a young lass with her. I don't know who she was.'

(Male, 55+, claim disallowed)

Only half the respondents could remember whether they had been assessed by Atos or Capita. From the limited information available, there did not appear to be discernable differences in the views of people who had been assessed by each of the two organisations.

All of the respondents recalled being asked a series of questions during their assessment, some of them saying that they very much mirrored the questions they had already answered on the PIP2 form. Two respondents said they were asked to do eyesight tests and exercises. The respondents with mental health problems said they were asked to describe a 'typical day' and how they managed with the tasks of daily living.

Several people described being asked to carry out a range of physical activities. Where these were described as *'brief'*, *'nothing that great'* or doing things *'slowly'* there were no problems for the claimant. However, some claimants were very critical when they were asked to do something that caused them pain, particularly in one instance when a claimant reported that she had told the assessor that she would find some bending movements painful, but the assessor had insisted that she do them. None of the claimants with mental health problems were asked to do any sort of physical activity.

Most respondents reported that their assessment took an hour or less. There were two exceptions. One person with a mental health problem who felt very uncomfortable in *'face-to-face situations'* and hence said very little, feeling afterwards that she certainly had not told the assessor (whom she described as *'not very sensitive'*) all that she could have about the effects of her mental health problem on daily living. The second example concerns the claimant referred to above who was caused pain by being asked to bend. This claimant had become angry and the assessor brought the assessment to an immediate end.

Where claimants made positive comments about their experiences they focused mainly on the conduct of the assessor and the way in which they carried out the assessment. It was welcome when the assessor was *'warm'* and *'friendly'* and sensitive to the claimant's needs and health conditions. Being able to explain themselves fully, being *'believed'* and *'not feeling judged'* was also important for people. Allaying concerns about the assessment and making people feel less anxious and relaxed also drew positive comments.

In contrast, what people did not like about their assessor included a *'cold'* and *'insensitive'* approach and when they felt pressured (for example by being asked similar questions repeatedly, or by being asked to undertake unwelcome physical tasks). Some claimants felt the assessor did not believe what they were telling them. Some people explained surprise and/or dissatisfaction at being assessed by someone they considered *'not medically-trained'* or lacking in experience of their particular condition. Assessors without mental health qualifications or experience drew specific criticism.

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Being allowed to take someone to support them into the assessment was welcomed by some claimants. As mentioned above, the option to have a home visit was welcome and appreciated by people.

The premises in which assessments were held drew a number of criticisms, including poor signposting, having to go outside to another building to use a toilet, and, for some people with mobility problems, having to walk up stairs to the assessment room.

5.3 Discussion and conclusion

The assessment is an integral part of the claiming process. For most claimants in this study it was largely unproblematic, even though there were some suggestions for how the experience might have been improved. Perhaps the most distinctive experiences were reported by people with mental health problems. First, there is some suggestion from the data that claimants with mental health conditions or learning difficulties were often those who received decisions without having an assessment. For the claimants who did proceed to an assessment there is evidence that they found the experience more difficult than people with physical health conditions and are perhaps more vulnerable to **not** presenting a full and accurate picture of how their illness affects their lives.¹² For example, they appeared to have more problems in engaging with the process: they more often showed a lack of knowledge about the process (for example failing to appreciate they could provide supporting information) and described finding the experience '*stressful*' to an extent that they did not explain their circumstances fully to the assessor. Nevertheless, most people said they were able to describe their situations in full.

There appears to be some evidence that claimants did not have full knowledge of the assessment phase, in particular the possibility of having a home visit and of claiming reimbursement for their travel expenses.

There were a number of ideas for improving the assessment phase of the claiming process. The respondents who reported that their experiences were largely satisfactory offered no suggestions.

Some of the suggestions concerned the conduct of the assessor and the interaction between assessor and claimant, while others related to the organisational arrangements around the assessment. It is clear that some of the suggestions from respondents reflect more a lack of knowledge about the claiming process than a lack of provision. For example, one respondent who would have preferred a home visit had not known she could have requested one.

Some respondents, as mentioned above, were not happy with the way the assessor treated them. They wanted assessors to be more sensitive to their conditions, and generally more welcoming and friendly. They wanted to feel at ease and comfortable rather than stressed or pressured and saw this as the role of the assessor.

¹² However, this vulnerability may be offset by the prior or on-the-spot support of an advice worker. The three claimants who were not required to attend an assessment had had support from a professional support worker at one or both of the previous stages of claiming (making the initial telephone call or completing the PIP2 claim form.) Furthermore the only claimant to be successful after an assessment had the support of a health professional on the day.

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Referring more to procedural and organisational arrangements, respondents suggested the following:

- assessors should introduce themselves at the start of an assessment, and in particular explain their clinical qualifications and experience;
- claimants should have a choice of assessor, for example their gender and clinical background;
- there should be a single point of contact (within Jobcentre Plus, Disability Benefits Centres or the AP) for people who have queries about their claim after the assessment;
- there should be more assessment centres so that travelling times and costs could be reduced;
- maps and directions supplied to claimants should be much improved;
- signposting nearer to assessment centre locations should also be improved, as should signposting inside buildings;
- facilities should include downstairs rooms and inside toilets.

In addition there were suggestions for providing more information to claimants in advance of their assessment. These included:¹³

- about the assessor, including gender and qualifications;
- about what would happen during the assessment itself;
- the possibility of requesting a home visit;
- about bringing additional supporting information (including the kinds of information that would be helpful and advice on how this will be used).

¹³ It is not known what information was provided to claimants by APs (with notification letters for example) prior to the assessment.

6 The decision stage

Decisions about entitlement to a Personal Independence Payment (PIP) are made by Department for Work and Pensions (DWP) case managers. Claimants then receive a letter notifying them of the decision. This letter explains to those awarded PIP the amounts of their award and how their payments will be made. The letter to claimants who have been disallowed PIP explains the reasons for this decision and informs them that they will receive a telephone call in the next seven days to answer any questions they may have about the decision. The letter also explains that it is possible to ask for a mandatory reconsideration and how to do this.

This chapter describes claimants' experiences of being told about the decision including, for some, reappraising their claim and applying for a mandatory reconsideration and PIP case managers' experiences of this part of the process. Section 6.1 is concerned with how case managers made their decisions. Of key importance here are the reports sent from Atos or Capita following the assessment interviews and Section 6.1 presents case managers' experiences of working with these reports. Particular issues arising for claims made under Special Rules are presented in Section 6.2. Composing letters explaining decisions, especially when claims are disallowed, raises a number of issues for case managers, which are described in Section 6.3, and Section 6.4 presents claimants' experiences of receiving and understanding their decision letters. Section 6.5 is concerned with the follow-up telephone call made to people disallowed PIP, including case managers' preparation for the calls and experience of the discussions, and claimants' experiences of these calls. Section 6.6 presents findings about reconsiderations from case managers which are complemented by what was said by the small number of claimants taking part in this research who had asked for a mandatory reconsideration. Findings in this chapter are summarised in Section 6.7 with some suggestions for improvement in this part of the process.

6.1 Decision making

Case managers said that the assessment report was the principal determinant of their decision. The report from the Assessment Provider (AP) was scanned into the PIP system for access by the case managers, who were also able to see the scanned PIP2. They then looked at each descriptor (the 'points' awarded to indicate the assessed effect of a health condition or disability on a series of day-to-day activities) and then looked at the assessor's justification for the descriptor in the narrative component, which includes general comments and observations from the assessment interview. Assessors wrote their report on standard forms, but there was variation in individual styles, for example in amounts of detail in the narrative component and in the emphasis on observations during the assessment interview.

Case managers in all benefits centres said the quality of reports was varied and it was often not easy to base judgements on the reports they received. It was often not possible to find the justification for descriptors within the narrative components, which were often lengthy, but with insufficient clinical detail. Not all reports addressed all descriptors, and it was often not clear whether this was a deliberate omission because there was no evidence of any support needed, or whether it was an oversight in the consultation or a mistake in writing up the report. Case managers said they were not expected to exercise any judgement themselves in interpreting the reports, although there were some differences of opinion as to how far it was acceptable to draw on assessors' implicit justifications, therefore, generating

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some inconsistencies in treatment of cases. When asked to describe 'a good report' case managers said such a report would allow a fast decision, listing all descriptors and the justification for each with the evidence. The structure of the report was said to be important, as discussed further below.

Reports often had to be returned to the AP, via Quality Assessment Managers (QAMs), for clarification, correction or validation. Case managers said their QAMs usually agreed with them when they suggested the assessor should be approached again. A typical request would be '*Please can you tell me if (claimant's health condition) causes this problem.*' The general view was that having to return so many reports led to considerable delays in processing claims. No QAMs were interviewed in this research, so we do not have their experiences of the process. Case managers in one location suggested that QAMs would typically ask for supplementary advice, with agreement to change the descriptor or not, and the evidence for this, rather than ask for full re-work. In this location staff said the three main issues that made the reports hard to use were:

- inconsistencies between observed behaviours during the assessment and claimants' descriptions of need for support on their PIP2 forms;
- lack of medical justification for descriptors in assessment reports;
- failure to address descriptors in assessment reports.

A particular concern of these case managers, and some in other locations, was the apparent acceptance by assessors of claimants' reports of aids and equipment at home as evidence of need for help, whereas the claimants' behaviour and capabilities demonstrated in the assessment suggested the aids were not necessary.

Conversely, there was concern about the way some claimants were being asked about the absence of aids and equipment at home. Not having an aid at home was not considered adequate evidence, in itself, for not having need for help. It could be evidence of not needing support if the claimant was able to undertake the activity without the aid or equipment. However, case managers said they sometimes could not find in the assessment report a clear description of questions asked that enabled them to accept lack of equipment as evidence of lack of need. Another example given was the situation of some people with mental health problems who had been discharged from hospital and were living independently in the community. Assessors sometimes seemed to interpret the lack of support and supervision as evidence that it was not needed.

After the AP had reviewed a report that had been returned, and adjustments had been made, it was sent back to the benefits centre, where the case was then considered (sometimes) by a different case manager. In such cases staff said that slight differences in the ways case managers looked for justifications for descriptors could result in a report being returned to an AP a second time. This part of the process, reviewing the evidence before the decision has been made, sometimes more than once, inevitably increased processing times further and contributed to inconsistencies in treatment.

The general view was that this stage of the process – receiving, returning and getting back assessment reports after rescanning – was further subject to lengthy delays as a result of DWP routing requests to the AP through QAMs, and in the audit and peer review processes they understood were being conducted by the APs. Although some case managers thought that there would be less delay if they had direct access to the AP to resolve queries, others thought that the volume of enquiries would be unmanageable without more controlled routing.

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There were other concerns shared by case managers who took part. Some said they saw little evidence in many reports that assessors had considered what claimants had written in the PIP2 forms about the effect of their health condition or disability. Examples included reports in which descriptors were based solely on observations made in the assessment interview, whereas the claimant had explained on the PIP2 that they were able to do some activities only on '*good days*' or only with extreme pain or exhaustion. Case managers also saw little evidence that assessors had sent requests for further evidence from professionals nominated by claimants on PIP2 (apart from some claims made under Special Rules (see Section 6.2)). They suggested that assessors knew it might take several weeks to get a reply from a doctor or consultant and chose not to send out for further evidence. Some case managers believed that assessors were also influenced here by wanting to meet their own '*target times*'. Some case managers believed, as a result, that decisions about entitlement to PIP (other than under Special Rules) were currently being made on much less medical evidence than was the case with Disability Living Allowance (DLA).

Case managers knew that there was a range of clinical qualifications among PIP assessors. However, a general concern was whether the qualifications and expertise of some assessors equipped them to conduct assessments with some of the claimants they interviewed. Case managers said the reports submitted from the Assessment Provider (AP) were frequently written by personnel with qualifications in general nursing or physiotherapy. They commented that it was rare to see a report written by a community psychiatric nurse or, indeed, anybody with qualifications to do with mental health provision. They saw few reports submitted by personnel identified as doctors. As we saw in Section 5.2 the suitability of their assessor was one of the issues often raised by claimants. Case managers said they explained to claimants that all the assessors had the training and qualifications required to complete the report. However, they said it was sometimes hard for claimants to understand this. When claimants asked, for example, how a physiotherapist had experience and training appropriate to assessing day-to-day needs of a person with a mental illness, case managers sometimes found it hard to answer, because they did not understand this themselves.

Case managers said that the number of decisions they made each day had been lower than it would have been if they had not had to do so much '*tidying up*' of cases before they could get down to considering the assessor's report. When PIP was introduced, the case manager role in decision making built up gradually, as they waited for the first AP reports to come through. They, therefore, had time to spend on other earlier parts of the process. As the number of cases increased, they had expected to be concentrating on decision making, but this had been constrained by the tasks they had to complete on a case before they got to decision making. This was reported as a particular problem in two locations. Here, case managers said it was not unusual to find that there had been work to do on identity verification, details of hospital admissions, change of address or appointees.

Case managers knew how to deal with such matters, especially those who had been working with PIP since it was introduced, but it took up time. Having to give so much attention to matters which should have been dealt with earlier in the process reduced the time available to spend on decision making, and back-logs of work built up. An example was offered to help us understand how much work may have to be done to '*tidy up*' a case. One case manager was dealing at the time with a person who had had a period in hospital since making her claim. She had told the assessor at her interview but the assessor had not recorded the relevant dates. The case manager then had to phone the claimant. When contact was

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made, the claimant was not sure of the dates, and had to be asked to phone the hospital. This involved her asking for support. The case manager tried to track what happened, which might involve the supporter phoning the helpline, information going through Workflow and being tasked out again.

Across all locations, case managers spoke of the time taken up trying to bring together from the system details of an individual case. They said that sometimes, when they opened a task, they did not know whether the case they were dealing with was a new claim, a mandatory reconsideration or an appeal.

After a decision had been made those claims which are awarded may be checked by a QAM. Any small changes suggested by a QAM, if they involve slight changes in the report form, were often not easy or quick to implement. Claims which were not awarded were not checked by QAMs. Instead, the case managers composed letters informing claimants of the reasons for the disallowance and providing information about procedures should they want to ask for a mandatory reconsideration of the decision (see Section 6.3).

6.2 Special Rules

Decision making for claims made under Special Rules was generally dealt with by case managers with specialist roles. As explained in Section 3.5 staff at all levels prioritised the work involved in these cases, but case managers were concerned about the length of delays that still happened for this group. Case managers said that assessments for Special Rules claims were being done by APs within 48 hours, but the reports then had to be sent to DWP, scanned into the system and referred on to Benefit Centres as new tasks, and could take a long time to get back to case managers. It was difficult and time-consuming to trace a report that '*goes missing*' in the scanning process.

Case managers generally agreed that medical evidence from people such as doctors, nurses and other professionals was being used by assessors more frequently for claims made under Special Rules than for other claims. There was some concern about claims which assessors reported should not be dealt with under Special Rules, which meant that the process had had to start again with issue of a PIP2, so that claimants went to the back of the queue again. When case managers had looked further into such claims, it appeared that some assessors contacted doctors to query their judgements that a claimant had less than six months to live. Another concern was that the AP staff who made telephone calls to get medical evidence were not the assessors themselves and were sometimes not medically experienced.

When case managers had decided to make an award, bank details for people who had claimed under Special Rules were frequently missing. Case managers understood why some nurses or advisers who had put in claims under Special Rules for claimants had been reluctant to ask people for bank details, but this then became a task for case managers before awards could progress to payment. Some had found this time consuming, and they said it had been challenging to phone for bank details and be told by a relation or other carer that the claimant was now close to death or that they had died.

6.3 Decision letters to claimants

Letters to claimants informing them of decisions are constructed from computer generated templates, but individually composed by case managers with insertion of free text to explain why and how many points have been awarded for each descriptor in the assessment report. Case managers agreed that these letters are important. The aim was to send clear explanations to claimants. At the same time, case managers were aware that if the claimant was not happy with the decision, the letter would form the basis for any follow-up discussions and, in particular, the telephone call which they subsequently made to people whose claims had been disallowed.

Case managers said that these letters could be hard to write, especially letters notifying disallowance. They said that less experienced staff sometimes struggled with the writing skills required. There was general agreement that improvements in the computer interface here would be helpful. Issues raised in all the discussions included the fact that the letter templates imposed some restrictions on the length of explanation possible. Another concern raised was that it was not possible to see a draft of the completed letter, when errors might be corrected, and grammar and style improved. As a result of this combination of problems some case managers said they composed parts of the letter as written notes, for transfer to the computer template when they were satisfied. Staff believed that the overall tone of the completed letter, and whether there was repetition or punctuation errors were all potential influences on its effect on the claimant, and that disappointing news was easier to understand and more acceptable if sent in a *'good letter'*. Some staff said they had discovered that they had crafted letters containing errors, after they had been sent out. We see in the following section that some claimants did not understand their letters. This was an area where some software improvement might make composing letters easier, particularly if case managers could see the drafts before posting.

6.4 Claimants' experiences of decision letters

There was some variation in the extent to which claimants interviewed found decision letters helpful and easy to understand. Some claimants awarded PIP reported that they did not pay much attention to the letter other than the amount of the award. However, many (including both awarded and disallowed claimants) described how they found the scoring against the descriptors and the explanatory text helpful and clear. A small number of claimants reported problems understanding their decision letter, including one for whom English was not their first language and one with a mental health condition. One claimant disagreed with the decision (a disallowance) and explained that the content of the letter did not reflect his experience of everyday living nor his own doctor's prognosis of his condition (the letter said he was expected to improve but his consultant had told him he would only ever maintain a stable condition and not get better).

There was also variation in the length of time that claimants described having to wait for their decision to come through after their assessment (or after submitting their PIP2 form in cases where an assessment had not been required). Claimants typically reported waiting for periods of between *'a few weeks'* and *'over three months'*. One claimant reported having to wait 22 weeks. Not unexpectedly, the claimants who had waited the longest times for a decision were more likely to make critical comments about the long wait. Several claimants had made follow up calls to the helpline to enquire about delays. Several expressed frustration about being told to ring the AP instead of getting any immediate assistance or

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information from DWP. This frustration was compounded when they were given no useful indication from the provider of when they might expect a decision. Typically an AP would only tell callers that they were waiting for report forms to be completed, or that there was a 'backlog' of cases.

Where people reported more tangible effects of delays these included putting off decisions about whether or not to look for work, and postponing purchases of goods that would help with everyday living activities.

Three of the Special Rules cases included in the sample had been decided within three to five weeks, which no-one criticised. One referred to the process as: '*very quick – they saw my needs and they just reacted to it really well*'. The fourth Special Rules claimant in the sample waited longer (over three months) but it was not clear to her why her claim had taken so long. The specialist support workers interviewed reported that decision making was initially slower than comparable DLA cases in the past but that processing times had been improving over time.

6.5 Follow-up telephone calls

As mentioned in the introduction one of the tasks of case managers is to ring claimants whose claim has been disallowed and offer to explain the decision further. In practice they are expected to make three attempts, after which they do not try further. Not all of the disallowed claimants remembered receiving a call, and a small number said that they definitely did not get a call despite remembering that the decision letter had said that a case manager would try to call them.

Among those who did have recollections of the call, the experiences were reported to be generally positive. The staff making the call were remembered as helpful and pleasant, though in one case the caller was described as '*a bit cold*'. The call was thought not to be necessary by some people because they said that the letter had already adequately explained the decision. One claimant, who described the follow up telephone call as 'a good thing' said:

'... he, like basically asked if I ... had any questions about the letter, so then I ... could ask him any of it that I didn't understand.'

(Female, 16-24, claim disallowed)

The most satisfied claimants were those who said they had received good advice in the telephone call about making a request for a mandatory reconsideration, especially when it was recommended to them that they supply more information in support of their claim as part of their reconsideration request. Some said that they would not have proceeded beyond the disallowance letter without this further information and advice.

Case managers all said they needed time to prepare for the telephone call which is meant to take place within seven days of a letter of disallowance. They needed to bring together details of the claim and the assessment and think about issues that might be important, for example how a person's health condition or disability might affect the discussion. All case managers had variable experiences of these calls. Some claimants were expecting the call, while some people were hard to contact on the telephone. As mentioned above after three unsuccessful attempts procedure was that case managers did not try again. However, preparing three times for the phone call added to the time involved, because case managers

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did not remember details of individual cases between attempts to call people, when they were dealing with other cases and tasks.

In general, case managers believed that claimants had understood the letter, even if they did not agree with the content. The purpose of the phone call, case managers thought, was not always so well understood, and some claimants used the time to express anger or frustration, especially if they had waited a long time for the decision or had had negative experiences at the assessment interview. Some claimants gave the impression that they felt patronised by being asked if they had understood the letter, and sometimes case managers ended a call feeling that they had been '*rubbing their noses in it*'. Some claimants told the case manager who phoned that they had not expected to get PIP anyway, but it had been worth trying.

On the other hand, case managers generally felt that the phone call did give claimants a chance to ask questions about the decision and to understand how the descriptors had been applied. The discussions, they felt, did give people an opportunity to think about the information provided with the PIP2 and at the assessment interview, and whether key bits of information had been missing, misunderstood or wrongly recorded by their assessor.

Claimants often did not understand the difference between an appeal and a mandatory reconsideration. Case managers were instructed not to suggest a reconsideration unless a claimant specifically mentioned this. They agreed that there was probably some inconsistency in interactions with claimants here, however, for example in the way claimants might be steered towards that part of the letter which explained they might ask for a mandatory reconsideration.

There were mixed views about the value of these phone calls. Some case managers felt that, although the calls took time, this part of the overall process was one component in which claimants did get a good service – talking directly to one person who had an overview of their claim, understood the process and could answer their questions. Others, however, felt that the phone calls sometimes encouraged dispute and requests for reconsideration. An alternative approach suggested was inviting people to telephone if they wanted to talk about the decision. The invitation could be on the disallowance letter, setting a timeframe. Not everybody thought this would be an improvement, as some vulnerable people might not take this initiative, for example, if they were not confident or were ill. It was suggested that just such vulnerabilities may have contributed to a disallowance where a mandatory reconsideration would be appropriate. But there were mixed views as to whether vulnerable people would be disadvantaged here – some case managers suggested that the most vulnerable people with health conditions or disability who had claimed PIP were likely to have support anyway, and this would extend to asking for a mandatory reconsideration.

Interestingly, two claimants whose claims were awarded mentioned spontaneously that they would have welcomed a telephone call from Benefit Centre staff to explain their decision. One claimant explained:

'I had to read it over a few times to understand, but then they done ... at the bottom there they said about the mobility and I didn't get the mobility I wasn't entitled to mobility, so a phone would have been, yes, more courteous ...'

(Male, 25-39, awarded PIP)

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One person made the point that an award is not straightforward because in his case although he was granted a mobility payment he had been turned down for the daily living component. He was extremely confused by this because he said he thought he probably had a greater claim to the latter than the former. (He did not request a mandatory reconsideration because soon after receiving his decision letter he was admitted to hospital, and the time to make a request soon elapsed.) The other claimant to make this suggestion explained that she had trouble understanding the decision letter even after reading it *'two or three times'*. She said she would have found a telephone explanation much easier for her.

6.6 Mandatory reconsiderations

In the claimant sample, about half of those whose claim was disallowed talked about challenging the decision in some way (though not always using a language of 'reconsiderations'). Almost all had known they could take further action from either the decision letter, from a case manager making the scheduled follow up telephone call or from a support worker. Those claimants with mental health conditions had not only learned about reconsiderations from a mental health support worker but were encouraged and helped by them to request one.

Some people appeared to have good knowledge of how to pursue a mandatory reconsideration. They understood the time limits and the advisability of providing further supporting information. The input and advice of case managers making follow up calls was evident here. However, there were also people who were less clear or confused about the process. One claimant clearly thought that the telephone call was actually the reconsideration as he described expecting to receive a letter after the call with a fresh decision on his claim (which of course never arrived). Others said they were very unclear about relevant time limits, and how and where to submit supporting information.

One claimant's account raises a number of issues. First, she described how she was strongly discouraged from pursuing a mandatory reconsideration by the case manager who called her who, she said, told her she had little chance of success: *'basically he said if I put this through the reconsideration they're still going to decline it'*. This was experienced as unwelcome and unhelpful by the claimant and raises the question of whether the case manager exceeded any boundaries in apparently trying to dissuade her from lodging a reconsideration request. The claimant nevertheless continued with the reconsideration on the advice of her social worker, who advised against submitting further information on the grounds that a subsequent appeal might be jeopardised. This raises a second issue of the extent to which external sources of support are informed about the reconsideration process and how claimants can best present their cases. The original decision was not changed after the mandatory reconsideration.

According to benefit centre staff some claimants request a mandatory reconsideration before they get the follow-up telephone call. From their discussions with claimants, case managers felt that there is widespread belief among the claiming population and their advisers that the reconsideration is a formality that must be undertaken before they can appeal. It is an 'appeal' they thought that many people wanted. Evidence from the claimant sample was mixed on this point. Many recalled information about reconsideration from the decision letter even though they thought that there were few details about timing, deadlines and the submission of supporting information. The letters could have been much more helpful in this respect. Several of the claimants interviewed used the word *'appeal'* in talking about their

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possible and actual responses to receiving a disallowance decisions. One claimant talked specifically about her professional advice worker encouraging her to appeal.

When a claimant makes a formal request for a mandatory reconsideration this is referred for action to a case manager who did not make the initial decision. Some case managers said that if they could reach the claimant by telephone they discussed why the claimant thought their claim should be looked at again, and the areas of dispute. They asked if anything had changed since the initial claim, for example, if the condition had deteriorated or the diagnosis had changed. They were often told about dissatisfactions with the AP service, including the content of the assessment, and whether the medical qualifications of the assessor were appropriate for assessing their condition. However, at the time of the fieldwork not all case managers who were dealing with mandatory reconsiderations were aware that this preliminary telephone call had recently been introduced. They said the guidance here had been amended frequently and still had many gaps, and case managers were likely to be doing different things. The cases more likely to lead to a different decision were those which were '*technical*' reconsiderations (such as late PIP2 submissions).

An observation raised in all discussion groups by case managers was that the overall PIP process might be shortened if they were allowed to discuss mandatory reconsiderations in the follow-up phone calls, as they could then start the process of gathering information and evidence. They also pointed to lack of consistency between the templates for information recording for reconsiderations, those in the assessment reports, and design of the PIP2 forms. Although this might seem a small detail, more consistency here would speed their work.

Case managers explained that it was unlikely that a mandatory reconsideration would lead to a different decision unless circumstances had changed or additional evidence was supplied. Their experience was that it could be hard for some claimants to get additional evidence together in the time allowed, and there were often financial costs involved, for example in getting letters from doctors. Echoing this point, one claimant explained that the reason he did not request a mandatory reconsideration was partly because he had been admitted to hospital and partly because he thought it would have been impossible to obtain a report from his consultant within the timeframe allowed.

When challenged by claimants about the AP service case managers explained that the assessors were all qualified to conduct assessment interviews.

The general feeling was that the telephone call following the letter of disallowance was not effective in reducing disputes which led to reconsiderations, but they were effective in helping claimants identify what could form the basis of a mandatory reconsideration request.

6.7 Discussion and conclusion

Case managers said that the assessment report was the principal determinant of their decision. The quality of these reports varied and it was often not easy to base judgements on them. Having to ask APs for clarification or correction led to considerable delays in processing claims. Concerns shared by case managers included seeing little evidence in reports that assessors had considered what claimants had written in their PIP2 forms or (apart from claims made under Special Rules) that assessors had asked for further evidence from professionals nominated by claimants. Case managers said that the suitability of their assessor was one of the issues often raised by claimants in telephone calls following the decision.

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Case managers saw evidence that assessments of claims made under Special Rules were being prioritised by assessors, but it was still taking a long time for some of these reports to get to case managers.

There was variation in the length of time that claimants interviewed said they waited for a decision, after their assessment. Several expressed frustration at not being able to get information from DWP about when they might expect a decision.

There was also variation in the extent to which claimants found decision letters helpful and easy to understand. Some paid little attention to the detail of the letter (particularly awarded claimants) but many (including both awarded and disallowed claimants) described how they found the scoring against the descriptors and the explanatory text helpful and clear. A small number of claimants reported problems understanding their letter.

Case managers believed the letters notifying the decision to be very important, and they needed time to prepare. Those claimants interviewed who remembered getting a follow-up call after a disallowance letter had generally found this a positive experience, which had helped some to understand better how they might ask for a mandatory reconsideration. The experience of case managers who made these calls was also that this opportunity was helpful to some people. Whether the follow-up calls have an effect in encouraging reconsiderations is discussed in the final chapter. Telephone calls from DWP would also have been welcomed by some of the claimants interviewed who had received a letter notifying an award which they found hard to understand (sometimes because their circumstances were complex).

A number of suggestions for improvements at the decision making stage emerged from staff and claimants:

- there was general, strong support among case managers for a better designed assessment report form. A form which set the explanatory narrative alongside each descriptor, rather than providing space for the narrative at the end of all the descriptors, would provide a structure which would itself steer assessors towards providing more appropriate information. There could also be some reinforcement of the need for clinical detail, for example in italicised reminders throughout the form. The general view was that such improvements in design of the standard form would lead to higher quality reports, less need for returns, greater consistency in treatment and much less waste of time and resources, and delay for claimants;
- staff wanted to be able to spend more time on decision-making rather than on 'tidying up' so many claims that came to them with missing information that might have been dealt with earlier;
- improvements in the computer interface for crafting letters notifying decisions were recommended. In particular, capacity to proof read the entire letter was wanted. This would speed letter writing, and improve letters, which in turn would save time later on when claimants queried decisions or errors had to be corrected;
- greater consistency between templates for information recording for reconsiderations, assessment reports and PIP2 would speed processing work;
- telephone calls to claimants awarded less than maximum awards (for example to explain why they received only a standard rate of award, or why they had been turned down for either the daily living or mobility component);
- clearer and fuller information for claimants about the reconsideration stage, including how to submit a request, how to support their request with further information, and timeframes.

7 Effect of claiming

This short chapter considers what was learned about the effect of claiming. This was not a main focus of the research, but there are some useful findings from both claimants and staff. The chapter discusses two aspects: effect of the claiming process itself (Section 7.1) and effect of monies received or not, as a result of claiming the Personal Independence Payment (PIP) (Section 7.2).

7.1 Effect of process

Throughout the interviews with claimants, and in the small number of interviews with supporters, people told us about some of the effects of engaging with the claiming process – how they felt about procedures in which they had taken part and what they had to do. They spoke about some of the costs they incurred (Section 7.1.1) and some of the beneficial effects to do with the process (Section 7.1.2). There are also some perspectives from staff, for example, from talking to people on the telephone. There are also some findings from staff about the effect of the delivery process on themselves.

7.1.1 Costs of claiming

Costs of claiming, identified by claimants and supporters, included:

- time expenditure;
- financial expense;
- negative emotional effect.

The overall time involved for people claiming PIP varied, according to how long each part of the process took (as described in earlier chapters). The strongest criticism was made about the time between attending an assessment and receiving a decision letter. While there was a general feeling of dissatisfaction with the length of time taken for the whole claiming process to be completed, few claimants reported actual, tangible negative effects. Some delays were outside the influence of both claimants and Disability Benefits Centre staff, such as waiting for appointments with medical or advice staff, or waiting for health professionals to respond to requests for medical reports.

Case managers said that they dealt with some professional support workers who expressed annoyance about the time involved for them. This was particularly related to claims made under Special Rules, where some professionals who regularly supported claims said that going through the standard telephony script wasted their time. Case workers and case managers had to deal with claimants who telephoned the helpline or the PIP claim line who were frustrated about the length of time their claim was taking. They said it was often puzzling and frustrating for such people when delivery staff could give them no firm time parameters for expecting a decision. In telephone calls following a letter of disallowance, some claimants said that going for their appointment with the assessor had taken up a whole day for themselves and their supporter.

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It was not just the length of time claimants spent on the process that affected people. Case workers said that finding an appropriate time to make a telephone call was sometimes not easy for people, for example, if they were at work or had other commitments for large parts of the day, or if a time had to be found when a claimant and supporter could be together to manage a call.

Some of the financial costs for claimants have been described in previous chapters. Costs of telephoning the helpline and keeping mobile phones running to get incoming calls were reported to case workers when they spoke to claimants. Delivery staff were aware that such costs were increased if there were failures in their telephone systems (discussed further in Chapter 8). It was not only phone calls to the Department for Work and Pensions (DWP) that contributed to the expense of claiming – there was evidence from both claimants and delivery staff that some people had to make calls to family or friends who supported their claim, GPs and hospitals, health professionals in the community and supporters in third sector organisations.

Going to their assessment appointment meant considerable travel expenses for some claimants and their supporters, which most claimants in the sample had not had reimbursed (most were not even aware that travel costs could be reimbursed).

Negative emotional effects for some claimants have been described in previous chapters. The claiming process, or particular stages of it, could be stressful or upsetting for some who found difficulty in understanding what was required of them or found questions embarrassing, intrusive or insensitive.

Such emotional effects for some claimants and some people supporting them were recognised by call centre and delivery staff, from their telephone conversations with them. Additionally, call centre staff sometimes perceived concerns and embarrassment of people who found telephone discussion hard, because they had learning difficulties, could not concentrate, could not answer questions, or had to ask staff to say things again.

In group discussions with staff, job satisfaction and the emotional effect of the nature of work involved in delivering PIP were discussed. The call centre staff who took part said that, in general, they thought that workplace morale was quite high. They were trained to deliver a telephony service, and although they had suggestions for improvement in their script (discussed in Chapter 3) they were generally maintaining job satisfaction. Negative emotional effect was most frequently related to discussions with terminally ill people and their families.

Delivery staff in Disability Benefits Centres who took part in discussions, however, described general low morale and loss of job satisfaction. Key factors contributing to this included:

- levels of claimants' frustration and anger, related particularly to claimants' lack of information about the progress of their claim; negative experiences of assessment, and length of processing time;
- inability to answer claimants' questions for example about their assessment, or how long it would take to get a decision;
- emotional effect of dealing with very ill or terminally ill people and their families;
- inconsistencies in service that staff perceived throughout the process, as they looked for solutions they could not find in guidance or dealt with matters not included within their training;

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- continued experience of system failure, and perceived inadequacies in scanning procedures;
- having no sense of professional '*ownership*' or overall responsibility for delivery of a benefit, which would bring some satisfaction in achieving goals;
- pressures of backlogs of work, and concerns about anticipated introduction of performance targets linked to quantified '*task objectives*'.

7.1.2 Beneficial effect of process

Positive experiences during the claiming process, as reported by claimants, have been discussed in earlier chapters.

With only one or two exceptions, the staff of call centres were described positively as '*friendly*', '*polite*', '*helpful*' and '*understanding*'. Some claimants explained how welcome and encouraging such treatment was. The initial telephone calls were also largely unproblematic for claimants, with some commenting on how (unexpectedly) quick these calls had been.

Experiences of the assessment by an Atos or Capita assessor were more mixed, but there were few complaints about the personal manner of the assessor. In contrast some claimants made positive, complimentary comments (as reported in Chapter 5).

There were also positive experiences for delivery staff, when claimants expressed thanks, appreciation, said they understood what they had been told or what was happening. Staff also said they thought average processing times were gradually shortening, which made them hopeful that improvements in delivery were beginning to have some effect. There was a general view that a rigorous review of guidance and training, some further training in dealing with people in very difficult circumstances, and technical improvement in the system would be beneficial in raising morale and job satisfaction.

7.2 Effect of the claim decision

7.2.1 Effect on claimants awarded PIP

As explained in Chapter 1 awards of PIP vary from a minimum of £21 a week (for the standard rate mobility component only) to £134 a week (for the enhanced rates of both the mobility and daily living components). In the sample of claimants interviewed this full range of awards was represented.

The responses of most of those receiving awards were very positive. People, particularly those whose principal source of income was social security benefits, talked about the additional money having significant effects on their lives in a variety of ways, including financial, social and on their mental health.

The sorts of expenditure that people said PIP had allowed them to make included:

- additional, or different, food (including more healthy options, such as fruit and nuts);
- transport (including to work and for leisure);
- clothing;

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- heating;
- gifts for children.

As one claimant explained:

'It's made life a lot easier ... it's given me a bit of freedom to try and get my life back together ... whilst also allowing me the ... time ... and a bit of financial freedom to get help ... both through the NHS and through private means.'

(Female, 25-39, awarded PIP)

For some their PIP money was absorbed into the family budget – *'it means I can eat a bit better and the heating can go on'* – but a small number of people talked about their award enabling them to do specific things that they hoped would increase their chances of finding work. These included training courses, further education and paying for driving lessons. A number of claimants said that PIP (and in particular the back payment they received with their first award) had allowed them to pay off some of their debts. One couple with young children said that PIP had given them financial independence from their parents on whom they had previously relied for help with their weekly shopping bill.

For a small number of claimants the award of PIP was reported to have less of a financial effect. These were people already living in households (for example, with spouses or parents) where one or more adults were in paid employment. The additional income from PIP was spoken about positively, allowing people to buy better food, more clothing or treats for children, but these effects were not spoken about as particularly significant differences from their existing lifestyles.

A number of people spoke about the 'relief' of getting a PIP award and how being able to meet their bills or pay off their debts had resulted in less 'stress' and 'anxiety' in their lives.

'I was so happy because I thought this just will get me out of a lot of trouble ... the extra money like'

(Male, 25-39, awarded PIP)

A number of people also spoke about how PIP had made them eligible for other forms of support, including reductions in car tax payments, disabled 'Blue Badges' and a local taxi card. Some others said that receipt of PIP had led to increases in the Employment and Support Allowance (ESA) and tax credit payments.

Two claimants who had been awarded maximum amounts of PIP under the Special Rules described how the money had allowed partners to give up or reduce their hours of work and, therefore, to have more time at home to care for them.

7.2.2 Effects on disallowed and withdrawn claims

The effect of not being awarded PIP was varied. Many of the disallowed claimants had low incomes at the time they submitted their claim. Most relied on a combination of benefits as their only income which for some was a relatively recent experience following the loss of employment. Most described how their health condition imposed additional costs such as transport (to hospitals for example), heating, laundry and special food, and hence, how they struggled to make ends meet. Some had accrued debts while other relied on financial support from family members.

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Depending on their financial circumstances at the time people said that their lives had been affected in different ways. Some had been looking forward to having additional money to spend but now had to continue with manage as they had done before. For others the effect was worse because their current expenditure had led them into debt or reliance on others:

'I needed that help to help my family and to try and pay mum some rent.'

(Female, 25-39, claim disallowed)

One person who had built up rent arrears which she hoped to be able to reduce or clear had she been awarded PIP explained that she had now been forced to look for smaller, cheaper accommodation.

Several people talked about their disallowance leading to their feeling additional 'stress', for example of having to reduce expenditure and/or increasing their reliance on other family members. One person, talking about their partner whose claim was turned down, explained that they were hoping that additional money would have allowed him to take part in some leisure activities that would have improved the quality of his life. Without such activities, she said, *'... he gets upset, he gets stressed out, bored ...'*

Three people expressed strong reactions to not receiving PIP. One talked about being *'angry, annoyed and stressed'* by her disallowance particularly because she struggled with the costs of attending her local hospital for treatment. Her travel expenses had increased because she could no longer use public transport. Another said he felt let down by the system:

'... when you need help it's not there ... you're surrounded by people who seem to be getting lots of help ... but you don't seem to qualify ...'

(Male, 40-54, claim withdrawn)

He was particularly unhappy because an award of PIP, he said, would have allowed his wife to take time off from work to aid his recovery, after which he would be able to return to work. The third claimant had a different complaint. She was upset because she felt the information she had supplied had been rejected:

'I was quite emotional ... it's just like you don't believe me, what more do you want, I don't understand ...'

(Female, 25-39, claim disallowed)

Some of the claimants who had withdrawn their claims because their financial circumstances had improved in some way included some who took paid work. Other people had come to the conclusion at some point in the claiming process that they would probably not qualify because their health was not sufficiently bad. The strength of feeling about not receiving PIP was mostly less than among disallowed claimants, but there was still some resentment that there was no help available to them to pay for the additional costs caused by their ill-health.

7.3 Discussion and conclusion

The costs of claiming PIP included the time involved, for family supporters and professionals involved as well as the claimants themselves. Financial costs included the expense of telephone calls involved, not only to DWP but also to supporters, and in seeking information required. Some claimants had to meet travel expenses involved in going for assessments, which could also involve expenses for family or friends who went with them. Among

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claimants interviewed who had been for assessments there was little awareness that travel expenses might be reclaimed.

The costs of claiming, for claimants, also included emotional effects of the procedure and for some people this meant embarrassment, frustration and negative effect of being asked questions that they experienced as intrusive or insensitive.

Case workers and case managers who took part referred to high stress levels in their teams, related to problems experienced in working with the system, the backlogs of work they faced, long delays in processing time and, for some, having to deal with frustrated or angry claimants.

Some of the claimants interviewed spoke about the positive effect of being dealt with by polite and friendly staff. Staff also recognised the positive emotional effects and job satisfaction they sometimes felt when claimants thanked them or expressed appreciation.

The uses to which people put their PIP payments were varied but consistent with previous research on how people used Disability Living Allowance (DLA) and Attendance Allowance (AA).¹⁴ People who received awards said they spent the money on food, transport, heating, clothing, household bills and their families. PIP awards, particularly lump-sum back-payments, had been useful to some people in paying off debts, and some used the money in ways to improve their chances of working – on training courses, further education or driving licences.

The effect on claimants of a disallowance was generally described as having to go on managing on a low income, with the additional expenses for some of living with disability or ill-health. People who had built up debt were not able to use PIP to reduce this, as they had hoped. One claimant with rent arrears said it would be necessary now to move to cheaper accommodation. There were strong negative emotional reactions for some of those disallowed, who were angry and upset that they did not qualify for help, or felt that they had not been believed.

There were few specific suggestions from claimants as to how the effect of claiming might be improved. However, there have been findings throughout the report that we would expect to have some influence: the match between awareness, understanding and expectation of PIP; the skills of staff at all levels in talking to people on the telephone; general understanding and accessibility for help among formal supporters and family members; the design of letters notifying awards and skills of staff making follow-up calls. There have been suggestions for improvements in all of these. There would seem to be a need for greater understanding among claimants that travel expenses to attend assessments would be met.

Case workers and case managers said that workplace morale and well-being would improve if they saw improvements in the PIP system, reduction in processing time, improved training and relevant guidance (as discussed further in Chapter 8). Work on PIP had been proving hard, and support from team leaders and managers was essential.

¹⁴ Corden, A., Sainsbury, R., Irvine, A. and Clarke. S. (2010) *The impact of Disability Living Allowance and Attendance Allowance: findings from exploratory qualitative research*, DWP Research Report No. 649, London: HMSO.

8 Cross-cutting themes and administrative issues

Many cross-cutting themes in this research are technical and administrative issues. This chapter brings together under each theme experiences and views reported by staff who took part in the research. We look first at the task-based design and implementation of the Personal Independence Payment (PIP) IT system (Section 8.1) and the telephone systems (Section 8.2). Section 8.3 is concerned with the mail opening and scanning systems, and Workflow. Staff views about their training and the formal guidance are brought together in Section 8.4. The concluding section, Section 8.5, summarises suggestions staff made for improvement and reducing delays.

8.1 The task-based IT system

Case workers and case managers were critical of the task-based IT system of processing claims, which was new to them. Staff felt it was inflexible and difficult to use, and that the way in which tasks were generated and allocated caused duplication, inefficiency and delay. Particular issues included: managing a large number of tasks and screens at once; dealing with several in-built system checks; difficulties in correcting mistakes; and working on what they often perceived as 'meaningless tasks' e.g. system alerts which they felt gave no useful information. Staff had issues with the way tasks were categorised and prioritised. When a lot of tasks were flagged or marked as 'urgent', either by the system or by staff, this was not helpful in managing work. Priorities set by team leaders in allocating work often changed. Staff felt that this system led to inconsistency in service to claimants.

There was further concern about perceived inconsistency because tasks were often sent to multiple members of staff who could be working on a single claim simultaneously and who could take different decisions about claims or how to progress them. Some teams, however, used a different method of working (similar to the Disability Living Allowance (DLA) claim processes), in which one case worker maintained responsibility for a single claim. They achieved this by allocating tasks back to themselves, rather than to a team leader or to the system, and by giving their name and direct contact number to claimants. Staff who worked in this way felt they provided better service to claimants, reduced the number of tasks generated and speeded up the process.

Staff working in all parts of the process were concerned about how frequently the computer system failed. Staff found this frustrating and believed that the time spent unable to work led to delays in processing.

Staff hoped that improvements to the system would be seen as the system matured. They felt that they were not yet providing the standards of service to the public that they had been achieving in the delivery of DLA and were keen to address this.

8.2 The telephone systems

Staff commented on the frequency with which telephone calls were disconnected. Some failures, due to poor reception or batteries running out in claimants' telephones, were outside staff's control, but others were due to technical problems in the Department for Work and Pensions (DWP) system. This meant that the claimant would then need to call back but would not be reconnected to the same person to whom they had been talking.

Additionally, both staff and claimants were concerned about the potential financial costs of claiming. While calls to the PIP claim line are free from landlines, 0800 numbers are not free from mobile phones. Calling the 0845 Helpline number from landlines or mobiles also has a cost attached. Additionally, staff observed that, during the course of a claim, claimants would often need to make calls to various other people and organisations, which would not be free.

8.3 Mail opening, scanning and Workflow

Staff in one Workflow team took part in this research. Their main work was described as identifying, categorising and then dealing with all the items which were received in the mail opening unit and scanned into the system. These staff reported various errors, including mail wrongly addressed by claimants, items wrongly allocated by staff and duplicate documents scanned into the system. They knew that items '*go missing*' in the mail opening and scanning systems because they received requests for searches from case workers for '*lost documents*' which claimants said they had sent in.

Staff working in all parts of the process were critical of the scanning process. There were particular problems with scanned items relating to evidence of residence and presence, which were often unreadable and had to be returned for reprocessing. All these issues introduced delays in the process from a very early stage. Staff felt that better scanning equipment and technique, and better quality control would reduce claim processing times.

Workflow staff who took part said that their role was developing, and they looked forward to further training and guidance. The range of items they saw was increasing, and there was continuous need to learn how to deal with things new to them. At the time they took part in this research they were starting to see a range of items related to appeals.

8.4 Training and guidance

Call-centre staff wanted refresher training in talking to people claiming under Special Rules and their supporters. They felt this would raise their confidence, equip them emotionally, improve customer service and possibly prevent some withdrawals from eligible people. Case workers felt that refresher training on managing existing cases e.g. over- and under-payments, and changes in circumstances and benefit rates should be a priority. Some said they needed more training to understand the legal language and implications of documents submitted as supporting evidence to meet residence and presence criteria. Case managers said they needed training on reconsiderations.

Case workers and case managers were strongly critical of the training they had received, which they felt had consisted in an overview of the process, rather than practical training in dealing with real cases and operating the system. In practice, these staff said that they

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had learned on the job and from each other, relying on 'desk notes' (i.e. informal notes and guidance) and 'work-arounds' (i.e. alternative ways of operating the system). These ways of working were often shared only with immediate colleagues, which staff suggested would lead to inconsistencies. Staff felt strongly that training for new staff should be delivered by people familiar with the live system and involve working through real claims. There were some ideas for increasing learning, for both current and new staff, including use of flow charts, a central advice line and a list of 'Frequently Asked Questions'.

Case workers and case managers were also highly critical of the content and presentation of current guidance, which they found hard to navigate, unclear and sometimes inaccurate (e.g. referring to non-existent forms). It also changed frequently, which created confusion and hindered knowledge building. Staff wanted to be involved in improving the guidance system and suggested various changes to make it easier to navigate, such as an inclusive index, hyperlinks and step-by-step guides.

Case workers said that Business Champions (i.e. staff who had been engaged with the PIP process from early implementation and had an overview of the whole process) could certainly be helpful. They also acted as contacts with the technical system support staff, bringing technical problems to their notice and consulting with them to solve problems. However, Business Champions were not always accessible, and often could not give answers straight away. More Business Champions would be helpful, but there was still a need for good training and formal guidance. Quality Assurance Managers (QAMs) were the only route by which case managers might query aspects of the assessment procedures. They were reported by case managers as being generally supportive, but currently very busy, because of the volume of reports to be returned to assessors. More QAMs would be helpful.

Case workers and case managers believed that quantified work targets might be introduced in the near future. In some locations, case managers were already encouraged to think about the number of decisions they made each day. Staff felt that, if such targets were introduced, they should reflect the lengths of time that different tasks took and the way these were prioritised and distributed.

8.5 Discussion and conclusion

This chapter has brought together cross-cutting technical and administrative issues discussed mainly by staff.

Problems perceived to arise from the design and implementation of the task-based PIP system included duplication of work, inefficiency and delays. There were particular concerns about how tasks were categorised and prioritised so that it was difficult to get '*an overall view*' of a claim. Staff who maintained more personal responsibility claims believed this was efficient, speeded processing and reduced claimant frustration.

Breakdowns in the PIP computer system, and telephone disconnections were reported to be frequent, contributing to processing delays and wasted time for staff. Delays were also attributed to the quality of material scanned into the PIP system.

Telephony staff expressed a need for refresher training in talking to people claiming under Special Rules and their supporters, which they believed would raise their confidence, improve customer service, possibly prevent some withdrawals from eligible people, and reduce emotional distress for themselves. Case workers and case managers in all locations said the inadequate training they had received contributed to processing delays. They were

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critical of the formal guidance they were using. The number and frequency of amendments was not helpful and sometimes increased confusion.

Business Champions could certainly be helpful for case workers, although not always accessible. All staff said they would prefer adequate formal guidance and good training to ad hoc or informal solutions (such as keeping their own 'desk notes'). QAMs were reported to be generally supportive when case managers needed to discuss issues. However, they were usually very busy and not easy to access.

There was general agreement that the following improvements would reduce inefficiency and shorten processing times:

- continuous refinement of the PIP system, taking note of practical suggestions from staff working on the live system;
- review of categorisations and urgency labels for tasks generated by the system, to achieve greater consistency, transparency, and understanding for staff;
- addressing the potential financial cost for claimants using telephones to make and progress claims;
- review of the internal technical telephone systems necessary to PIP, and improvements made;
- improvement of scanning equipment and practices, and attention to quality control of scanned items;
- refresher training for telephony staff in talking to people claiming under Special Rules and their supporters;
- better training for new staff in all other stages of the process;
- refresher training for case workers on 'maintenance' issues and dealing with legal documents about residence and presence;
- refresher training for case managers on reconsiderations;
- re-writing formal guidance, with clear instructions about how to do things on the PIP system and where responsibility starts and ends; and a thorough, inclusive index.

9 Conclusion

In this final chapter we bring together key findings about the claiming process for Personal Independence Payment (PIP), summarise the suggestions from claimants and Department for Work and Pensions (DWP) staff for improvements and raise a number of issues that could usefully be considered as the delivery mechanisms and processes for the new benefit continue to develop.

To recap, this study was commissioned by DWP as an early process evaluation of PIP for new claimants. Its main aims were to understand what was working well and what was not working well in the claiming process for PIP and to identify potential areas for improving delivery. The methods adopted for the study comprised qualitative interviews with 36 claimants (including people whose claims were awarded, people whose claims were not awarded and people who withdrew their claim, and those who supported them), who received a decision on their PIP claim between September-October 2013, along with 12 group discussions with DWP staff who are responsible for administering PIP's processes. The fieldwork generated findings relevant to each stage of the claiming process: thinking about claiming, making a claim, completing a PIP2 form, attending a face-to-face assessment and receiving a decision, from the perspective of claimants and staff. The research also examined: the reconsideration stage, in which claimants may ask for a decision to be considered; the Special Rules claiming procedures for people with terminal health conditions; and the effect of the claiming process and the decision on claimants.

The chapter begins (in Section 9.1) with some reflections on the conduct of the study. We discuss how the time and budgetary constraints on the project placed some limitations on the scale and scope of the project. Despite any limitations of the study we are confident that robust and useful findings have emerged that can usefully inform the development of PIP delivery processes.

Section 9.2 brings together the main research findings from each of the chapters looking at each stage of the claiming process, followed by a summary of the suggestions for improvement (in Section 9.3). In Section 9.4 we draw on findings to raise a number of issues that have been identified in the course of the project that policy makers might find useful to consider. These include the role of third party advisers and supporters in helping people make their PIP claim, some reflections on delays and backlogs, the effect of the PIP Computer System, the demands that the PIP claiming process places on potential claimants and the effect of delivering PIP on DWP staff.

9.1 Reflections on the conduct of the study

We have already mentioned in Chapter 1 some of the constraints on the project. The most significant of these was the omission of Atos and Capita assessors from the research design. Had we been able to include these staff we would have had a different and important perspective on the conduct of the assessments they carry out. In addition, because we concentrated resources on interviewing call centre staff, case workers and case managers (as the staff with the most direct involvement with processing claims) we did not include other DWP staff, such as Quality Assessment Managers (QAMs) and Business Champions. We, therefore, lack their perspective. It was also not possible to conduct any systematic interviews with people who advise and assist people in making claims. We did pick up three

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support workers of claimants using the Special Rules provisions but that was all. There remain, therefore, some gaps in our knowledge about the perspectives of these key players that policy makers might consider how best could be filled in the future.

The budget constraint also dictated the number of PIP claimants we were able to interview. The total size of the sample of 36 was however, sufficient to be able to include the main groups of interest: men and women, people of varying ages and people with physical and with mental health conditions. It should be noted that claimants who had not received a decision on their claim were not included in the research. This has the advantage that we learned about claimants' end-to-end experience of the PIP process, but may mean that claimants whose claims took a long time to process (and, hence, had not received a decision at the time we conducted the research) were omitted from the research.

We were also able to include a small number of people claiming PIP under the Special Rules provisions. One group of claimants, people with sensory impairments, proved difficult to recruit however, principally because they only constitute a very small percentage of the overall claiming population.

It should be reiterated that, as this research was a small-scale qualitative study, the results are not necessarily representative of PIP processes in general. As with any qualitative study, the results are indicative, rather than conclusive: they indicate aspects of PIP's processes that are worthy of further investigation. The findings represent a snapshot of these processes at an early moment in their implementation and it is recognised that all new administrative arrangements go through a period of settling in before a 'steady state' delivery can be achieved.

Furthermore, while this research was being conducted, DWP has been monitoring the implementation of PIP and addressing any issues raised. Hence, it is acknowledged that progress will have been made in tackling problems since the fieldwork for this study was carried out in late 2013. Some of the findings and suggested improvements within the report may have already been acted upon by the DWP and changes in the process may have been made.

Despite these limitations, many of which affect any research study, we have been able to generate a rich body of data that has enabled us to generate findings that should be of use and interest to policy makers and other stakeholders.

9.2 Summary of findings

In this section we begin by summarising the main findings across the different stages of the claiming process, followed by the findings from Chapter 8 on the cross-cutting themes and administrative issues.

9.2.1 Thinking about claiming

Potential claimants got information about PIP from a wide range of sources. Some claimants were well informed before they claimed but others appeared to know very little about the eligibility criteria. Many claimants wanted not only information but advice on the likelihood of them making a successful claim. Some got assistance from DWP or health-related sources, some found help from family and friends or professional support workers from health backgrounds or advice agencies and others made claims without any assistance. Some claimants seemed to make claims that had little chance of success, or later withdrew their

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claims, because they did not understand the eligibility conditions. The main reasons given for initiating a claim were: financial reasons; believing that having a health condition entitled them to claim; and an existing entitlement to Disability Living Allowance (DLA) coming to an end.

9.2.2 Making a claim – the initial telephony stage

In general most claimants interviewed experienced this stage of the claiming process as unproblematic. However, call centre staff said many claimants had minimal understanding of the new benefit or the status of their initial call and that many did not have available all the information required to start a claim. Also, validating identities of claimants created a large volume of work. The difference between formal appointees and supporters such as family members they felt was not well understood. Call centre staff also suggested that some claimants found certain questions intrusive or distressing and some lost concentration and became tired during the call.

9.2.3 Completing the PIP2 form

The PIP2 form worked well for most people. They felt that they could complete it without too much difficulty and that it allowed them to explain their health and its effect on their lives. In contrast others found some questions difficult to respond to. They felt they were not able to explain adequately how their condition affected them. Some found particular questions stressful, intrusive or embarrassing to answer.

For some people receipt of the PIP2 prompted them to withdraw their claim. There was evidence that some people did not understand that PIP could be awarded to people in work as well as out of work.

The information booklet worked well for most of those who knew about it and used it, though a small number people found it difficult to understand. People were also generally positive in their comments about the PIP website and found it useful. Despite there being a link to sources of further assistance this was not used by anyone in this study.

Most people understood the importance of supplying additional information with their PIP2 form and sent supporting documents.

Having access to help from professionals and third party organisation was much valued by those able to do so.

9.2.4 The assessment by a health professional

For most claimants in this study the assessment by a health professional employed by an Assessment Provider (AP) was largely unproblematic. Most people found the conduct of the assessor satisfactory (or better) and said they were able to describe their situations in full. However, some people did have complaints about the way they were spoken to, and said that they had been asked to do things that caused them pain. There was also evidence that some people with mental health problems found engaging with the process difficult, which may have led to them not explaining fully how their condition affected their lives.

There appears to be some evidence that claimants did not have full knowledge of the assessment phase, in particular the possibility of having a home visit and of claiming reimbursement for their travel expenses.

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At a practical level, some claimants commented on being sent poor maps and directions, and on poor signposting near and within assessment centres. Some people were unhappy at the long distances they were required to travel. In contrast, home visits were much appreciated.

9.2.5 The decision

Case managers said that the assessment report was the principal determinant of their decision. They felt that the quality of these reports varied and it was often not easy to base judgements on them. They also suggested that having to ask APs for clarification or correction led to considerable delays in processing claims. Staff, however, saw evidence that Special Rules claims were being prioritised by assessors.

There was variation in the length of time that claimants interviewed said they waited for a decision, after their assessment. Several expressed frustration at not being able to get information from DWP about when they might expect a decision. There were varying degrees of interest in, and understanding of the decision letters.

There was also variation in the extent to which claimants found decision letters helpful and easy to understand. Some (including both awarded and disallowed claimants) described how they found the scoring against the descriptors and the explanatory text helpful and clear. A small number of claimants reported problems understanding their letter, or paid little attention to it beyond what the decision on their claim was. Case managers believed the letters notifying the decision to be very important.

Claimants who remembered a follow-up call after a disallowance letter had generally found this a useful experience, and had helped some to understand better how they might ask for a reconsideration. The experience of case managers who made these calls was also that this opportunity was helpful to some people.

9.2.6 Effect on claimants and staff

Some of the claimants interviewed spoke about the positive effect of being dealt with by polite and friendly staff.

The costs for claimants of claiming PIP included the time involved and financial costs such as the expense of telephone calls and in seeking additional information. Some had had to meet travel expenses involved in going for assessments and did not appear to be aware these could be reclaimed. The costs of claiming also included emotional effects of the procedure and for some people this meant embarrassment, and frustration. Some claimants also felt that some of the questions asked were intrusive or insensitive.

Staff recognised the positive emotional effects and job satisfaction they sometimes felt when claimants thanked them or expressed appreciation. However, case workers and case managers referred to high stress levels in their teams, related to problems experienced in working with the computer system, the backlogs of work they faced, long delays in processing time and, for some, having to deal with frustrated or angry claimants.

People who received awards said they spent the money on food, transport, heating, clothing, household bills and their families. PIP awards, particularly lump-sum back-payments, had been useful to some people in paying off debts, and some used the money in ways to improve their chances of working – on training courses, further education or driving licences.

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The effect on claimants of a disallowance was generally described as having to go on managing on a low income, with the additional expenses for some of living with disability or ill-health. There were strong negative emotional reactions for some of those disallowed, who were angry and upset that they did not qualify for the benefit, or felt that they had not been believed.

9.2.7 Administrative issues

Staff were critical of the 'task-based' system used for administering PIP, which they felt was inflexible and difficult to use. Problems perceived by DWP staff included duplication of work, inefficiency and delays. Some staff maintained more personal responsibility for different components of individual claims and believed this was efficient, speeded processing and reduced claimant frustration.

Breakdowns in the PIP computer system, and telephone disconnections were reported to be frequent, contributing to processing delays and wasted time for staff. Delays were also attributed to the quality of material scanned into the PIP system, when documents were unreadable by case workers and had to be asked for again.

Case workers and case managers in all locations said the inadequate training they had received contributed to wasted time and processing delays. The formal guidance they were using was also judged inadequate, and the number and frequency of adjustments was not helpful in building up knowledge, and sometimes increased confusion. Business Champions and QAMs could be helpful for case workers but all staff said they would prefer adequate formal guidance and good training to ad hoc or informal solutions.

Telephony staff found it difficult talking to terminally ill people and their families which they sometimes experienced as emotional distress. They felt some claimants' experience of having to have an initial telephone call led to them withdrawing their claim.

9.3 Ideas for improvement

In this section we draw on two distinct types of data. Individual claimants (and people assisting them during the interview) were able to draw on their personal experience of making their claim and what happened to them. Their reflections were often about how they felt treated by the people they dealt with (principally call centre staff, assessors and case managers) the costs they incurred (i.e. financial and emotional), the time taken, and the effect of the decision on their claim. In contrast, DWP staff were able to draw on their experiences of dealing with a large number of claims. Their experiences also extended to the internal procedures and administrative requirements involved in processing claims. They, therefore, had a different and somewhat broader view than the claimants we interviewed.

Throughout this report we have listed at the end of each chapter the ideas for improvement that have been raised by claimants and staff. We bring these together here under four main themes: creating better informed claimants, enhancing the effectiveness and efficiency of the claims process, improving the claimant experience, and improving internal processes.

It is not the intention here to attempt any evaluation of the desirability or feasibility of these options. This would be beyond the scope of this project and require input from a wider set of stakeholders.

9.3.1 Suggestions aimed at having better informed claimants

- Simplification of the Information Booklet through greater use of Plain English.
- Consider whether the booklet should be amended in some way so that it can be used to help people decide whether to make a claim as well as assist them completing the PIP2.
- A stronger, clearer telephony message at the beginning of the new claim process, telling callers what PIP is, the status of the call, how supporters might be involved, and what items of information would be asked for.
- More information for claimants about further sources of help and advice, and more help in making contact with them.
- A review of the role of Jobcentre Plus staff and call centre workers as sources of information and advice.
- Provision of more information about what would happen during the assessment with an Atos or Capita health professional.
- Clear information about the possibility of having a home visit for the assessment.
- Clearer and fuller information about the reconsideration stage.

9.3.2 Suggestions about improving effectiveness and efficiency

- Provision of a dedicated telephone helpline for people needing assistance with completing the PIP2.
- More nuanced questions on the PIP2 that would allow claimants to describe their lives more fully.
- A better designed assessment report form for completion by Atos and Capita assessors.
- More time for staff to spend more time on decision-making rather than on 'tidying up' claims with missing information.
- Improvements in the computer interface for crafting letters notifying decisions.
- Greater consistency between templates for information recording for reconsiderations, assessment reports and PIP2.
- Introducing telephone calls to claimants awarded less than maximum awards.

9.3.3 Suggestions about improving the claimant experience

- A less repetitive telephony script, better suited to a telephone conversation.
- Greater sensitivity in the telephony script for terminally ill people and their families.
- Provision of free telephone services for all PIP related contacts.
- A stronger, clearer initial 'options' menu, to divert from the 'new claims' line claimants who are chasing up claims already submitted.
- Atos and Capita assessors to introduce themselves at the start of an assessment, and explain their clinical qualifications and experience.
- Claimants to be offered a choice of assessor.

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- A single point of contact (within Jobcentre Plus or the AP) for people who have queries about their claim after the assessment.
- Increased number of assessment centres.
- Maps and directions to assessment centres to be improved.
- Improve signposting to and within assessment centres.
- Facilities to include downstairs rooms and inside toilets.

9.3.4 Suggestions for improving internal processes

- General improvement and continuous refinement of the PIP computer system; the telephone system; arrangements for scanning documents, and dealing with incoming mail.
- Make the PIP system less sensitive to slight discrepancies between government databases.
- Improved training on 'residence and presence', responding to people with terminal conditions, dealing with changes in circumstances, and the management of payments ('maintenance' issues).
- Review of categorisations and urgency labels for tasks generated by the system, to achieve greater consistency, transparency, and understanding for staff.
- Major review and revision of formal guidance.

9.4 Wider issues with possible policy implications

9.4.1 Access to support and advice services

Although it is not possible to draw generalised conclusions from a study based on qualitative methods with a small sample of claimants, it is striking that the experiences and outcomes for people who had had the benefit of some form of professional help and advice at some point (particularly from health-related staff) in the claiming process were mostly very positive. It is not intended here to suggest that there is a proven, direct causal relationship between claimants receiving support from a health-related source and being awarded PIP. However, it is possible to present a plausible argument or explanation for such a relationship. Informed advisers should be equipped to make an initial assessment from their knowledge of the claimant about their eligibility for PIP and their likely chances of success. They would, therefore, be able to advise a claimant on whether or not to make a claim but also on how best to present their circumstances on the PIP2 form, what supporting information to collect and present, and if necessary how to conduct themselves at an assessment later in the process.

It might be argued, therefore, that there is a policy interest in promoting a well informed advice sector, and more widely, a well informed population of potential claimants and their families. DWP may want to consider, therefore, making more widely available a range of different ways of providing information, to get to the population of supporters. In doing so, there could be potential administrative gains such as reducing the number of claims from ineligible people and improving the quality of PIP2s.

9.4.2 The PIP computer system

The computer-driven 'task-based' PIP process was a new approach in administering disability benefits. This, along with the compartmentalisation of staff roles within the different procedural stages, was different from the previous approach in delivery of Disability Living Allowance. In that more traditional approach, staff had greater overall responsibility for various parts of individual claims, and there was more clerical input. It was likely that some staff would initially find it hard to adjust to such a new way of working. Seeing the backlogs of work building up and the long delays for claimants waiting for decisions has contributed to some of the disappointments and frustration voiced by staff who took part in this research.

It is not possible to assess the extent to which problems in design and software identified by DWP staff can be seen as 'teething problems', or how confident we can be that longer experience for staff navigating the PIP system will resolve many of their difficulties. Our findings do suggest, however, that continuous adjustment and refinement of the PIP system will be needed for some time before DWP has achieved a system which processes this new benefit in an efficient and speedy manner. All stakeholders – policy makers, software designers and DWP delivery staff at all stages of procedure – have a role, therefore, in continuous improvement. Delivery staff have a particularly valuable contribution to make. They currently know how some features of design and software slow the delivery process, both as a result of the chronology and routing of component tasks, and as a result of display. They also understand how confusions and problems that arise slow their own learning process and lower their confidence and morale.

9.4.3 Delays in the process

The National Audit Office (NAO) undertook a value for money study of PIP between June and October 2013, published on 27 February 2014, which highlighted areas for improvement and suggestions for reducing delays in the PIP claim process. Their study found that on average processing times for PIP claims have been taking longer than expected: 107 days compared with a target time of 74 days for non Special Rules cases, and 28 days compared with ten for Special Rules cases.¹⁵ In this study delays were unpopular with claimants, though there were only rare accounts of any major hardship or difficulty caused. Staff were concerned that they were offering poor customer service.

This research has highlighted that delays in the PIP claim process are being experienced by both claimants and DWP staff, although the fieldwork was carried out after the NAO study. These include time taken to despatch PIP2 forms to claimants, additional time needed by claimants to complete the form and collate the additional information to support their claim, delays and errors within the scanning and internal mail systems, time taken to chase missing or conflicting information, waiting times for assessments, time take between the assessment and the receipt of a report by DWP and the quality of the reports resulting in case managers having to follow up information with the AP.

Reducing these delays could, therefore, be undertaken on a number of fronts, rather than focusing on one stage of the process only.

¹⁵ National Audit Office (2014) *Personal Independence Payment: Early progress*, HC 1070, London: Her Majesty's Stationery Office, p.22.

9.4.4 Fitting a process to a population

Any benefit delivery process is likely to work best, and to be equitable, if there is good fit between the requirements and components of the process and the characteristics and circumstances of the target population.

People potentially eligible for PIP have health conditions or impairments which impose constraints and challenges such that they need support and help to manage their day-to-day lives. Among them are people with a range of moderate and severe mental health conditions, learning difficulties, sensory impairments and various physical health conditions. Many such conditions include pain and fatigue, and some people also live with side effects of medication, such as loss of concentration and poor memory. Some people who are eligible for PIP are terminally ill. Many people in the target population for PIP also have low incomes and/or live in low income households, related to constraints on doing paid work for themselves and/or other family members who provide their care and support. In addition, there are extra expenses related to ill-health and disability (which PIP is intended to ameliorate).

Findings have shown that some people claiming PIP find it hard to engage with the requirements of the claiming process. It is useful to reflect, therefore, on how well the PIP process fits this population. There may be ways in which the current mix of telephony, paper forms, telephone enquiry from DWP staff, and structural aspects of assessment (location, procedure, 'snap-shot' observation) do not provide the best fit or, at least, a fit which will minimise delay, and withdrawal of people who would be entitled. For some people, using the telephone causes problems. Apart from cost, speaking on the phone may be hard for a range of other reasons – mobility constraints, sensory impairments, poor communication skills, low concentration, or mental health conditions (such as paranoia). Answering questions from a stranger about unexpected or sensitive issues, including how long they expect to live may cause embarrassment and distress. For such people, looking at such questions privately, in a printed form or letter, may be more effective and efficient in the long run. DWP may want to consider potential gains in making paper PIP1s more generally available, and promoting claimant choice in communication methods.

9.4.5 Workplace well-being for DWP staff

We have already noted the differences in morale, and in contrast, reported stress levels, between staff in call centres and those who work in the Disability Benefits Centres.

All groups of staff talked about their strong commitment to customer service, which included being able to provide information claimants wanted, and to process claims speedily and efficiently. Feeling unable to do this increased disappointment and frustration, which was compounded by experiences of inadequate training and poor formal guidance.

An issue that arises here for DWP policy makers and managers is how workplace well-being can be strengthened and maintained among delivery staff while improvements in the overall delivery process are being made. Readiness of staff to engage positively with a new process, to address problems and find solutions, is a strong influence on implementation. Finding the appropriate structural and attitudinal support components to maintain workplace well-being for delivery staff is likely to be important in improving the overall PIP process.

9.5 Final thoughts

As mentioned in the Introduction chapter, the fieldwork for this research was carried out between November 2013 and January 2014, with the claimant samples drawn between September and October 2013. Therefore, this research provides findings and suggested improvements on the PIP process based on a snapshot during the early implementation of PIP. As mentioned in Section 9.1 it is recognised that all new administrative arrangements go through a period of settling in before a 'steady state' delivery can be achieved. Nevertheless it was considered appropriate to undertake an early study in order to identify as quickly as possible what was working well and what was not working so well so that improvements based on sound evidence could be made as soon as practicable.

While the research has been in progress DWP has been monitoring implementation from the start of implementation and throughout the course of the research. PIP has been the subject of enquiry for the National Audit Office (as noted in Section 9.4.3 above) and the House of Commons Work and Pensions Select Committee.¹⁶ It has been useful, therefore, to be able to include an account of the progress that has been made in tackling problems since the fieldwork for this study was carried out.

One of the next main challenges for PIP delivery processes and for DWP staff will be the migration process for existing DLA recipients in 2015. It is hoped that their experiences will benefit from the improvements in delivery that can be made before then partly as a result of this research.

¹⁶ See <http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/inquiries/parliament-2010/dlapip-one-off/>

Appendix A

Methods

A.1 Recruitment of Personal Independence Payment claimants

In order to explore views and experiences of Personal Independence Payment (PIP) claimants it was appropriate to conduct qualitative interviews with a purposively built study group of claimants. Taking into account the diversity of claimant groups and budgetary constraints, the decision was taken to aim to achieve interviews with 36 claimants of PIP (including as appropriate people who supported them in making a claim¹⁷) in the following categories:

- 13 claimants awarded PIP;
- 13 claimants whose claim was disallowed;
- 10 claimants who withdrew their claim during the claims process.

The claimant sample was randomly drawn from the Department for Work and Pensions (DWP) computer systems in October 2013. In order to maximise the findings for each stage of the claimant journey the sample only included claimants who had an outcome on their claim (i.e. either an award or disallowance, or because the person had withdrawn their claim). This research did not include claimants who were still awaiting an outcome on their claim at the point of sampling.

A sample of 310 eligible claimants was supplied to the Social Policy Research Unit (SPRU) by DWP, after their staff made repeated checks in their records to avoid, as far as possible, any attempts to contact somebody who had died. Letters of invitation (with an information leaflet) were sent to each claimant on the list provided to the researchers. The letters included instructions on what to do if they did not want to take part (claimants could opt out by telephone, email or by returning a reply slip). After one week, the researchers started to telephone those people who had not 'opted out' in this way. When contact was made, the researchers reminded people about the letter and asked whether they were interested in taking part in an interview. Some people wanted further information at this stage, such as how the research team knew their names and addresses, and what would be involved in a research interview. Some declined the invitation but most of those contacted agreed to take part.

Most participants agreed to be interviewed on the telephone; in one case the parent of a PIP claimant with learning difficulties requested a home interview. This was arranged.

¹⁷ We use 'supporter' to mean professionals in advice or other organisations that provide support to people with health problems, but also family members, friends, carers and appointees.

Early process evaluation of new claims for Personal Independence Payment

In carrying out recruitment the aim was to achieve a gender balance among recipients, with a spread of ages and geographical locations, and a range of impairments and health conditions. It was also the intention to recruit four participants who had claimed under the Special Rules procedures, and to include people with sensory impairments.

A.2 Opt outs of PIP claimants

In total 78 people opted out of the study. Sixty-nine of these opted out in response to the invitation letter, usually by telephoning or returning the pre-paid opt out reply slip (22 per cent of the original sample of 310). A further nine claimants opted out when contacted by a researcher after the two-week opt out period had elapsed.

People were not asked systematically for their reasons for opting out, but some did explain. The most common reason was ill-health, followed by an unwillingness to participate because their claim has been disallowed. One person rang to say that the letter had been sent to a relative who had recently died.

A.3 Achieved sample of PIP claimants

The achieved sample largely met the aims of the research team with two exceptions. First, 14 awarded and 12 disallowed claimants were interviewed instead of the planned 13 each. Secondly, even though contact was attempted with every participant with a sensory impairment on the list provided, it was only possible to recruit one (with a hearing impairment).

The achieved sample is described in the table below.

		Achieved
Claim status	Awarded (including 4 Special Rules cases)	14
	Disallowed	12
	Withdrawn	10
Sex	Men	18
	Women	18
Age	16-24	7
	25-39	9
	40-54	11
	55+	9
Health	Physical condition	19
	Mental health condition	6
	Other (including sensory impairments)*	11

*Other includes: neurological, learning disabilities, limiting illnesses, social or communication disabilities, hearing impairments, visual impairments, and other.

A topic guide was used to conduct the interviews. This had been drafted and revised in collaboration with DWP research and policy colleagues. The topic guide is reproduced as Appendix B. Interviews were digitally recorded with the consent of the participant and transcribed professionally for analysis.

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In the course of interviewing the four claimants who had made claims under the Special Rules procedures it became clear that they had had very little personal involvement in their claims. Rather, the task of making the claim had been taken over by a support worker in organisations the claimants had been in contact with. In an attempt not to miss important data from these sources, a decision was taken to conduct interviews with these support workers where possible. Contact details were supplied by the main research participant in three cases and their permission obtained to make contact. Interviews were subsequently arranged with the three support workers, and successfully completed. The fourth claimant did not remember sufficiently well who had helped them.

A.4 Group discussions with DWP staff

Views and experiences of DWP staff engaged on the various stages of PIP administration were collected in a series of discussion groups:

- three groups of call centre staff;
- four groups of case workers;
- four groups of case managers;
- one group of Workflow staff.

Staff were selected for the research using the following principles:

- a range of staff who were representative of case workers/case managers/contact centre agents in general. i.e. not selecting staff who were the most helpful, the best or the most senior;
- staff across a range of PIP contact centres and Disability Benefits Centres;
- staff who were not still in training and whom had handled a variety of PIP cases;
- staff who had experience of special rules for terminally ill claims, non-special rules for the terminally ill claims and mandatory reconsiderations claims.

The researchers sent information sheets for staff in advance of the discussions, although a small number of staff said that they had not received this. In all meetings the researchers gave full explanations about the purpose of the discussion, confidentiality, data security, and how findings would be reported. People attending indicated their voluntary participation and agreement to digital recording of the discussion.

Each group was attended by six to 12 members of staff and two researchers. In each group, one researcher had main responsibility for steering discussion across the topics for enquiry, using a topic guide designed by the SPRU team taking account of suggestions from the DWP research staff. The topic guide is reproduced as Appendix C. The second researcher had main responsibility for managing the digital recording, and took careful hand written notes throughout the discussion, covering content of discussion and important aspects apparent to an observer such as levels of agreement. These hand written notes were typed out as soon as possible, usually the following day.

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Discussions with call centre staff were arranged to last one hour; those with other staff lasted up to two hours. Each group discussion started with introductions, when staff explained their roles in the PIP process. Some case workers and managers had worked on PIP since its initial introduction in April 2013, and before this had worked on Disability Living Allowance (DLA) administration. A few had joined the PIP teams more recently. Among call centre staff fewer had previous experience with DLA.

Everybody who took part was dealing with PIP new claims, but there were staff with additional responsibilities in all the discussion groups. Among call centre staff, some were also dealing with PIP re-assessments, and some had dedicated days during the week when they took calls about income support or Jobseeker's Allowance (JSA).

Although the group discussions were digitally recorded they were not transcribed for analysis due to budget constraints.

A.5 Data extraction and analysis

A.5.1 Claimant data

As mentioned above, the recordings from the interviews with claimants were transcribed professionally. Data were extracted from the transcripts, alongside any additional notes made by the researchers during or after the interviews.

The 'Framework' method was used for data extraction, display and analysis. Framework is a matrix based method for ordering and synthesising qualitative data, originally developed during the 1980s by the National Centre for Social Research. Ritchie *et al.* (2003) provide a full explanation of the Framework approach currently widely used by qualitative researchers.¹⁸ The central component of Framework is a set of thematic charts, which are used for classification and organisation of data according to key themes, concepts and categories. Some of the themes and concepts are issues identified in the research design and some are emergent categories, which evolve through study of the transcripts. The main themes divide into a succession of related subtopics, providing an integrated thematic framework.

Excel worksheets were used for electronic file management and storage. Themes and topics were displayed as column headings and each interview or case formed a new row in the worksheet. Descriptive comments and explanations from the transcripts were entered in each cell of the matrix accordingly. The charts were then printed on A3 sheets of paper, for visual display and inspection, to facilitate interrogation of the data and interpretation. This approach enabled practical management of a substantial amount of qualitative data; and both within-case and across-case thematic analysis.

Data were extracted as soon as possible after each interview, by the member of the team who conducted the interview. This meant that all the qualitative material was accessible to the other members of the team as it was collected, and could be interrogated and discussed as the fieldwork progressed.

¹⁸ Ritchie, J., Spender, L. and O'Connor, W. (2003) 'Carrying out qualitative analysis', in Ritchie, J. and Lewis, J. (eds), *Qualitative research practice*, London: Sage, pp.219-262.

A.5.2 Group discussions with DWP staff

One researcher took main responsibility for analysis of material from the group discussions, listening carefully to each audio recording, corroborating and elaborating on the detailed notes taken during the discussions, and extracting all the additional material not captured by hand at the time, inserting this on the hard copy of the notes. All the material on each 'master copy' was then extracted manually onto display sheets, which drew material together from all the discussions under a series of headings. Some of the headings set in advance reflected the different stages in progression through a claim (thinking about claiming; making a claim; dealing with PIP2; assessment and decision making). Other headings reflected key themes that emerged during the data extraction and discussions within the research team, for example 'the role of technical equipment' and 'staff training and guidance'.

The findings were drawn through interrogation of the data displays. These enabled the researcher to look for general patterns in experiences and views across all staff; and across staff working on different stages. The aim was to identify agreements about concerns and problems, and suggestions for reducing delays and improving customer service, and differences in experiences and views, and in practice between teams and/or office locations. Any suggestions about ways to build on positive aspects of the process were also identified.

Appendix B

Claimant topic guide

Personal Independence Payment: early process evaluation

Topic guide for interviews with claimants

This is a generic version of the basic topic guide, which was adapted appropriately for interviews with claimants who had received awards; and those whose claims were disallowed. Additional questions were added, for interviews with people who had withdrawn claims, to explore reasons for withdrawal.

December 2013

Overall aim

The aim is to explore peoples' experience of the claiming process, to identify what is working well and not so well, and how delivery might be improved.

Introduction

- Introduce self and SPRU
- Explain that PIP (Personal Independence Payment) is a new benefit and research is needed to provide information for DWP about the process of claiming the benefit. DWP needs to know what is working well for people, and what does not work so well, where they might make some improvements.
- Explain that DWP has asked SPRU to do the research, but SPRU is independent of DWP.
- Explain what we will talk about:
 - a bit about your own circumstances and how you came to make a claim for PIP
 - what happened for you in the different stages in making the claim
 - what worked well for you, and what worked less well or caused problems
 - how the process of claiming might be improved.
- Explain about confidentiality of the discussion; that we will write a report for DWP covering the experiences of everybody we talk to, but it will not be possible to identify anybody (their family/doctor etc.) in the report. Check they are happy for their experiences to be included in the report.
- Explain the discussion will take 45 – 60 minutes and will be recorded, but this recording will be destroyed once the research is complete; with a money gift of £20.

Early process evaluation of new claims for Personal Independence Payment

- Any questions? If person is happy, explain the interview will be recorded and ask for permission.
- Turn on recorder now. Use check list for recorded consent.

A. Personal circumstances

A1. First, may I ask a bit about you and your circumstances?

- Age
- Type of accommodation and household members
- Employment status and benefit receipt

A2. PIP is designed to help people who are disabled or have a health condition.

May I ask about your own circumstances here?

- Conditions mentioned
- Does anybody provide support or help?
- Did you ever claim Disability Living Allowance? explore

A3. And may I ask about the main sources of income for you and your household?

- Ask for claimant/partner/other adults in household

B. Recollection of overall process for claiming Personal Independence Payment

Thank you for telling me that about yourself. Now let's talk about making the claim.

B1. What was involved, overall? I mean, were there different stages in making the claim?

Seek spontaneous comments; which stages are recalled and have salience; which are not mentioned.

Then prompt to remind/inform the stages, and get a quick picture of the time-line, and who helped, for:

- making the phone call to claim
- getting the claim form (PIP2)
- filling in the claim form (PIP2)
- face to face assessment with a health professional
- receiving the decision letter and follow-up phone call
- reconsideration process

May we think about these different stages in more detail.

C. Thinking about claiming

C1. How did you know about PIP, I mean before you did anything or made the first phone call?

- Sources of information and support How much did you know about PIP at that stage? Money value?
- Did you think you might be entitled to it? Why?
- How much did you know about what you had to do to make a claim? What made you decide to go ahead and make a claim?
- Did you know where to go for help with making a claim?

D. Making a claim

Be alert to circumstances in which particular health conditions may affect the process of claiming, for example in relation to sensory impairments, learning difficulties.

D1. Do you remember the phone call that was the first part of claiming PIP?

- How did you find this phone call? (e.g. easy, difficult, stressful?)
- Who made this phone call? When?
- As you understood it, what part did this call play in the process of claiming PIP?

D2. Did you seek any support at this stage of the process?

- Why? Who from?
- Did you get the help you were looking for?

D3. Can I ask what worked well for you at this stage?

D4. And what worked less well?

- What difficulties, if any, did you experience?
- Did you find any of the questions difficult to answer?
- Any difficulties linked to health/disability
- Did anything appear to take too long?

D5. How did you find the (staff) you were dealing with?

D6. Overall, how did you find this stage of the process?

D7. Thinking about your experience of this stage of the process, how could it be improved?

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D8. (Special rules cases only) Can I check: were you asked about giving names of people who could provide more information about the claim? Did you give any names?

- If yes – Who did you put down? Why choose them? How could they have helped?
- If no – why did you decide not to name anyone?

D9. (Special rules cases only) You may remember being asked to get a medical report (it's called a DS1500) and send it to DWP – how did you go about this?

- Who was involved; time involved; any difficulties?
- If DS1500 not sent, why?

D10. Was it clear what the next stage of the process would be?

E. Telling the claimant's story (not for claims made under special rules)

E1. Do you remember filling out the claim form?

- How did you find this stage of the process?
- How long did it take you?
- Did you return it within the expected timeframe?

E2. What was your understanding of what you needed to do at this stage of the process?

- Was the Information Booklet helpful?

E3. Did you seek any support at this stage of the process?

- Why? Who from?
- Did you get the help you were looking for?

E4. Can I ask what worked well for you at this stage?

E5. And what worked less well?

- What difficulties, if any, did you experience?
- Did you find any of the questions difficult to answer?
- Any difficulties linked to health/disability
- Did anything appear to take too long?

E6. (If not covered already) Can I just check how you found filling in the claim form?

- Were you able to describe how your condition affects your day to day activities? Did you feel you had the opportunity/space to say everything you wanted?

Early process evaluation of new claims for Personal Independence Payment

- E7. The form lets you put down the names of people who can provide more information about you. Did you put down any names?**
- If yes – Who did you put down? Why choose them? How could they help?
 - If no – why did you decide not to name anyone?
- E8. Did you send anything with the form as evidence to support your claim?**
- Were you clear about what evidence you should send?
 - What was sent (such as medical or other reports), and why . Did you have to pay for it?
- E9. Did you contact DWP staff during this stage to ask any questions or did DWP staff contact you to follow up on any of the information you had provided?**
- Reason for contact; experience
- E10. Thinking about your experience of this stage of the process, how could it be improved?**
- E11. Was it made clear what the next stage of the process would be?**
- Face-to-face assessment with a health professional

F. Assessment (not for claims made under special rules)

- F1. Did you go for a face to face medical assessment?**
- If yes – How did you find this stage of the process?
 - If no – check that after submitting PIP2 they received a decision. What was the reason for you not having a face to face medical assessment? Then go to Section G.
- F2. What was your understanding of what you needed to do at this stage of the process?**
- What did you understand was the purpose of the medical assessment?
 - Was the Information Booklet helpful?
 - Was it made clear how the assessment worked?
- F3. Did you seek any support at this stage of the process?**
- Why? Who from?
 - Who from?
 - Did you get the help you were looking for?

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F4. How did the arrangements suit you?

- Suitability of time of appointment;
- How did the location suit you? access/journey/time/expense involved?
- Were there any specific issues related to your disability? How were these handled?
- How long after posting your claim form was the date of your appointment?

F5. Can you describe what happened at your assessment?

- What staff were involved; how did you find them?
- Who was the Assessment Provider – Atos or Capita?
- What kinds of questions did they ask you?
- Did they ask you to do anything physical?
- Did anybody accompany them at the assessment? Who and why?
- How long did the assessment take?

F6. Can I ask what worked well for you at this stage?

F7. And what worked less well?

- What difficulties, if any, did you experience?
- Did you find any of the questions difficult to answer?
- Any difficulties linked to health/disability?
- Did anything appear to take too long?

F8. (If not covered already) Can I just check how you found the assessment?

- Were you able to describe how your condition affects your day to day activities?
- Did you feel you had the opportunity/time to say everything you wanted?

F9. Did you provide any additional evidence to support your claim before or during the assessment?

- What was sent (e.g. medical or other reports), and why?

F10. Thinking about your experience of this stage of the process, how could it be improved?

F11. Was it made clear what the next stage of the process would be?

- Receiving a decision on entitlement, level of award and the length of any award

G. Receiving a decision/mandatory reconsideration

G1. What happened next? (*prompt for letter informing claimant of outcome and follow up phone call*)

- How soon did the letter come?
- Did you get a phone call to explain the decision? If so, how soon did it come?

G2. If awarded PIP: Can we talk in more detail about how you found out you were awarded PIP?

- Did you understand the letter that had been sent to you?
- Did you understand how much benefit you would get and why? For how long?
- Did you ask them to look at your claim again? What happened?

Interviewer: Now go to G4

G3. If disallowed PIP: Can we talk in more detail about how you found out your claim for PIP was turned down?

- Did you understand the letter that had been sent to you?
- Did the phone call from DWP to explain the letter help? How did you find the DWP staff you spoke with?
- Did you ask DWP to look at your claim again?

If yes: why?

- What happened, outcome, did you decide to do anything next? Was it clear what options you had?

If no: Did you know what options you had?

- Is there any reason why you didn't ask them to look at the claim again?

G4. Did you seek any support at this stage of the process?

- Why? Who from?
- Did you get the help you were looking for?
- If not, probe for perceived reasons

G5. Can I ask what worked well for you at this stage?

G6. And what worked less well?

- What difficulties, if any, did you experience?
- Any difficulties linked to health/disability?
- Did anything appear to take too long?

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- G7. Thinking about your experience of this stage of the process, how could it be improved?**
- G8. Ask for those going through the RECONSIDERATION process What was your understanding of what you needed to do at this stage of the process?**
- G9. Did you seek any support at this stage of the process?**
- Why? Who from?
 - Did you get the help you were looking for?
 - If not, probe for perceived reasons
- G10. Did you send anything further evidence to support your claim?**
- What was sent (such as medical or other reports), and why
- G11. Did you contact DWP staff during this stage to ask any questions or did DWP staff contact you to follow up on any of the information you had provided?**
- Reason for contact
 - How did you find them?
- G12. Can I ask what worked well for you at this stage?**
- G13. And what worked less well?**
- What difficulties, if any, did you experience?
 - Did you find any of the questions difficult to answer?
 - Any difficulties linked to health/disability
 - Did anything appear to take too long?
- G14. Thinking about your experience of this stage of the process, how could it be improved?**

H. Impact of decision

- H1. Thank you for explaining all the details of your claim. In the last part of our discussion, can we talk about how getting/not getting/waiting for conclusion is affecting you?**
- In general, how has the PIP decision affected you? financially, emotionally, etc.
 - How do you expect it to affect you in the next few months?
 - Has the PIP decision had any effect on your employment status? or thinking about work?

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- Access to other benefits/services (for example, Blue Badges, local concessions, Access to Work)
- Paying for the things you need (explore items, services – affording, cutting back)
- How you deal with social services, health services
- Effects for other people
 - effect on others' financial/employment/caring decisions
 - effects on Carer's Allowance claims
- The effect on your health

H2. So, our final question – if you were asked how claiming PIP could be made easier or quicker for somebody like you, what would you say?

- Was it better/worse than claiming other benefits?

END OF INTERVIEW

Thank respondent.

Confirm confidentiality.

Check that the person is happy for the information to be used in a report for DWP.

Explain that we will send £20 gift.

Appendix C

Staff topic guide

Discussions with DWP Staff – Generic Topic Guide

November-December 2013

This is a generic form of the topic guide used in discussions with DWP staff. The guide was adjusted to be relevant, in each case, for discussions with call centre staff, case workers, case managers and Workflow staff. Further adjustments were made as fieldwork progressed, to pursue emerging issues and to seek detailed information.

Aims of the discussion

- To explore the early experiences of DWP staff about ways in which PIP processes are working in practice
- To find out what is working well and what is not working well
- To find potential areas for improving processes and delivery

Introduction

Explain the background to the study. Explain that the focus of this research is the **new claims process from June 2013 onwards**.

The PIP claim process comprises several stages:

- **Thinking about claiming**
- **Making a claim (telephoning the call centre)**
- **Telling your story (filling in PIP2)**
- **Assessment**
- **Decision**
- **Mandatory reconsideration**
- Registering an appeal
- Managing the appeal
- Outcome of the appeal

This study is focusing on the stages up to and including mandatory reconsideration (the final three stages do not fall within the remit of this project).

The focus of the research is on processes and areas for improvement. We are looking for views on/reactions to the way the policy is delivered, rather than to the policy itself.

Visual tool to aid discussion: DWP flow chart of the PIP claim process

The diagram is used in Part A of the discussion, as a reference point to consider roles and responsibilities. It, therefore, helps guide discussion with a shared understanding of the 'process'. It can be used as a focal point/prompt for discussion of each stage of the claim process.

Part A Preliminary introductory questions

- A1** From where did you gain your initial understanding of how the process of making a PIP claim works? *e.g. formal training, written circulars/guidance, training/desk aids.*
- A2** How, as you understood it, does your role fit within the PIP process as a whole? (1)
- A3** Please will you explain your main responsibilities, and how you spend most of your time.

Part B Views and experiences of key aspects of the claim process

B1 THINKING ABOUT CLAIMING

- B1.1** Before making the telephone call to begin the claim process, claimants must decide whether to claim PIP. This is the first stage of the process. Do you have any comments about this stage of the process?
- B1.2** From talking to claimants, what information and guidance have they used in helping decide whether to claim?
- Is information and guidance useful/accessible/informative? Do you have any suggestions as to how this stage of the process could be improved or refined?

B2 MAKING A CLAIM (the telephone call to the PIP line)

B2.1 How is this part of your work going? How are you finding the task of assisting new PIP claimants with this first stage of their claim?

Prompt for views/experiences on the following, in each case probing to draw out views on **what is working well or less well** and suggestions for how this part of the process **could be improved**:

- Do claimants have the necessary information to hand when they call to make their claim?
- When a support person makes the call on behalf of a claimant, how is the call different? Do different issues arise?
- How does the identity check for a support person work?
- What needs for alternative formats (e.g. translator) or additional support are being identified? Can these needs be met?
- What improvements could be made to the script you follow, the IT system or anything else you use during the phone call?

Are there particular issues about claiming under special rules?

B2.2 Overall, how do you think claimants are experiencing the initial claim process?

Prompts (picking up on earlier comments as relevant):

- Which parts are working well/going smoothly? Why is this?
- Which parts are more difficult and why?
- How do you think these difficulties could be resolved?

B2.3 How do you find the interaction with claimants during the call?

B2.4 Are there any issues with particular groups of claimants (e.g. those with special communication needs, those with terminal medical conditions, people with mental health problems)?

B2.5 What improvements could be made to this part of the process?

B2.6 Right at the end of the interaction, what do you say about what will happen next? Do you think claimants understand what will happen next?

B3 TELLING YOUR STORY (PIP2 form)

B3.1 How is this part of your work going? How are you finding the task of working with the claim forms that new PIP claimants complete and return?

Prompt for views/experiences on any involvement with PIP2, drawing out views on **what is working well or less well** and suggestions for how this part of the process could be improved:

B3.2 Overall, how do you think claimants are experiencing the process of completing their forms?

B4 ASSESSMENT

B4.1 Before a decision is made on a PIP claim, most claimants attend a face-to-face assessment. Do you have any views or experiences about this stage of the process that you would like to share?

- Which parts are working well/going smoothly? Why is this?
- Which parts are more difficult and why?
- How do you think these difficulties could be resolved?

B4.2 How do you think claimants are experiencing the assessment process? What makes you think this?

Prompts (picking up on earlier comments as relevant):

- What is working well/going smoothly? Why is this?
- What is more difficult and why?
- How do you think these difficulties could be resolved?

B4.3 Are any problems arising for particular groups of claimants (e.g. those with special communication needs, people with mental health problems or physical disabilities)?

- If so, are these being overcome and how?

B4.4 Do delays arise at the assessment stage?

B4.5 What improvements could be made to this part of the process?

B5 DECISION

B5.1 How is this part of your work going? How do you make decisions on the outcome of new PIP claims?

Prompt for views/experiences on the following, in each case probing to draw out views on **what is working well or less well** and suggestions for how this part of the process **could be improved**.

B5.2 How are you finding working in partnership with Atos and/or Capita?

- Are the reports produced by Atos and Capita sufficiently comprehensive/informative and timely?
- To what extent are further communications required with Atos/Capita following the receipt of their reports?

Any particular problems? How could these be resolved?

Do you feel as though you have sufficient evidence to make a decision on a claim?

Are there any ways in which the process could be improved to help you make your decision?

B5.3 What is your experience of notifying claimants of the decision?

What are your experiences of writing the decision letters? Any improvements you feel could be made to these (e.g. format, length, content etc. ...)?

'When you speak' to claimants on the telephone, what do they say about receiving the decision letter?

What are your experiences of the telephone call to explain disallowances?

When claimants disagree with the decision, what reasons do they give?

B5.4 Overall, how do you think claimants are experiencing the process of receiving the decision on their claim?

Prompts (picking up on earlier comments as relevant):

- What is working well/going smoothly? Why is this?
- What is more difficult and why?
- How do you think these difficulties could be resolved?

B5.5 Are any problems arising with particular groups of claimants (e.g. those with special communication needs, those with terminal medical conditions, people with mental health problems)? If so, are these being overcome and how?

B6 MANDATORY RECONSIDERATION

B6.1 How is this part of your work going? What are your experiences of dealing with mandatory reconsiderations?

Prompt for views/experiences on the following, in each case probing to draw out views on what is working well or less well and suggestions for how this part of the process could be improved:

What do claimants seem to think is the purpose of this stage of the process? Do they understand the distinction between reconsideration and appeal?

Do claimants (tend to) submit the further evidence that is requested, or do they abandon the claim? How often does evidence emerge that was not submitted earlier on in the claim?

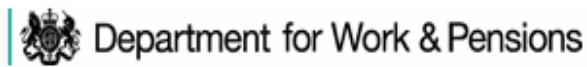
Do you think the telephone call to explain a disallowance is acting to reduce the number of reconsiderations/appeals?

Part C Summing up

Looking back over the discussion we've just had ...

- C1 What are the parts of the process that you think have been working particularly well so far (and why)?**
- C2 What are the parts of the process that you think have been particularly problematic so far (and why)?**
- C3 DWP is particularly interested to know about how the process is working for communicating decisions and next steps to claimants. How effectively is this part of the process working**

Appendix D Claimant opt out letter



Heslington, York, YO10 5DD

Telephone: (01904) 321950

Fax: (01904) 321953

Website: www.york.ac.uk/inst/spru

Email: roy.sainsbury@york.ac.uk

Dear

Research to find out about your experiences of claiming Personal Independence Payment

We are writing to you to ask for your help in a research study to find out about people's experiences of claiming the new benefit, Personal Independence Payment (sometimes called PIP). Your name has been selected from records of people who have recently began claiming the benefit and we would like to speak to you to hear more about your experiences of the various stages of making a claim and getting a decision.

The research is being conducted by a team of independent researchers at the Social Policy Research Unit from the University of York on behalf of the Department for Work and Pensions (DWP). We are interested in everything you have to say, whatever your circumstances and thoughts and whether or not you were awarded PIP.

Please find enclosed an information leaflet about the research study. We hope you find it useful.

In a week or so, a member of the research team may get in touch with you to ask if you are willing to participate in an interview that we hope to do by telephone. If you do not want to be called, or if you do not want to take part in an interview, please contact Dawn Rowley, whose details are below, or just tell the research team when they call you. If you choose to take part, the interview will last for no longer than 60 minutes.

If you choose to take part, the researcher will discuss a convenient time to interview you, and any special requirements you may have which will make it easier for you to take part. The interview will be like a conversation, so you can answer questions in your own words. If you would like a family member, carer, support worker to sit with you during the interview, please let us know. If this person submitted the claim on your behalf, we also would like to hear about their experiences of the claim process.

Early process evaluation of new claims for Personal Independence Payment

Please be assured that taking part is voluntary and is for research purposes only; it will not affect any benefit you receive or any dealings you have with any government department or agency, now or in the future.

Any information you provide will be held in the strictest confidence and will be handled securely throughout the study. The research findings will not identify you and no personal information will be shared with any third parties. All the information you give will be destroyed at the end of the project.

Everyone who is interviewed will be sent £20 as a token of thanks for their time and help. This gift will not affect your entitlements to benefits in any way.

I hope that if contacted by a researcher you do decide to take part in the study. If you **do not** wish to take part please let us know by **[insert date]**. You can either:

- Fill in the attached form and return it in the pre-paid envelope;
- Telephone, the Research Administrator, on 01904 321280, Monday to Friday between 9-5pm; or
- Send an email to address above

If you would like to talk to someone to find out more about this research, please do not hesitate to get in touch with Roy Sainsbury, the Research Manager, on 01904 321951.

Your participation will provide us with valuable information that will help us to understand your experience of claiming PIP and how the claim process could be improved, so we hope you decide to take part.

Yours sincerely

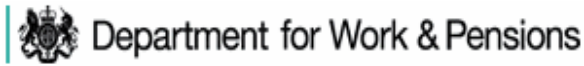
Graham Walmsley
Department for Work and Pensions

Roy Sainsbury
Social Policy Research Unit

Encs.

Appendix E

Claimant information sheet



Personal Independence Payment research

Information Sheet

This leaflet answers questions you may have about taking part in this research.

Who are we?

We are an independent research organisation called the Social Policy Research Unit (SPRU). We are based at the University of York. We have been asked by the Department for Work and Pensions (DWP) to talk to disabled people to find out about their experiences of claiming Personal Independence Payment.

What is this research study about?

The Government has introduced a new benefit, Personal Independence Payment (PIP), to help people with the costs of long-term sickness and disability.

This research will look at the experiences of people as they move through the various stages of claiming the benefit to the point of receiving a decision. Some of the stages people go through are new (such as claiming over the telephone and receiving an explanation call following a decision) and some are similar to other benefits (such as filling in a claim form). The overall aim of the research is to help DWP identify what is working well and what is working not so well so that improvements can be made where possible.

The main questions we would like to talk about are:

- What did you know about PIP before you began claiming? What was your understanding of how to make a claim?
- Did you find each stage of the claim process easy to follow? How could the process be improved?

The interview will last no longer than an hour, depending on how much you want to say.

Why did we choose you?

As part of this research, we are going to interview a range of people who claimed PIP, including those who were awarded PIP, those who had their claim turned down and those who withdrew their claim. If you are not clear about if you should take part please ask the researcher when they contact you.

How did we get your name and contact details?

We got these from your application for Personal Independence Payment to the DWP. DWP then passed these to SPRU for this project. DWP and SPRU are handling your contact details securely and using them for research purposes only. No-one outside the research team has access to your personal data.

Can someone else take part on my behalf?

If your claim for PIP has been made by a carer, friend, family member, support worker or someone else on your behalf we would be interested to hear what their experience of the claim process was. You can choose to have a friend, relative or other person with you during the interview if you do not want to be interviewed alone.

Making sure you are happy to take part

Taking part in the research is voluntary but we do hope that you decide to take part. If you decide not to take part for any reason there will be no effect on your benefits or anything else. We only want people to take part if they are willing to do so.

So, before starting your interview we will check with you that you are happy to proceed. We do this verbally by checking the following:

- You understand that taking part is voluntary. You are under no obligation to participate and are free to withdraw at any time, without giving a reason and without there being a penalty of any kind.
- You understand about the research project from this information sheet.
- You understand that we will treat anything you tell us in confidence. We will not mention your name in anything we write or use your name in our dealings with the Department for Work and Pensions.
- You understand that any information you give us will be held securely and disposed of at the end of the project in accordance with DWP guidelines.

The interviewer will also ask you if they can record the interview, so they do not have to take notes while you speak. No one outside the project team will have access to the recordings. These will also be destroyed at the end of the project. If you do not want the interview to be recorded, just tell the interviewer when they ask you.

Will I be paid?

You will be given £20 as a thank you gift for your help. This will not affect any benefit that you may be receiving.

Early process evaluation of new claims for Personal Independence Payment

For further information about this research project, please contact:

Roy Sainsbury (Research Manager)
Social Policy Research Unit
University of York
Heslington
York
YO10 5DD



01904 321975



roy.sainsbury@york.ac.uk