Review of the Personal Independence Payment Assessment Process
Department for Communities’ Interim Response
Please note this document is available in alternative formats. Please contact the team using the contact details in Section One of this document.
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Introduction

Why Personal Independence Payment (PIP) was introduced

Disability Living Allowance (DLA) was introduced in 1992 and built on the rules developed for disability benefits introduced in the 1970s. It was designed to help disabled people meet the extra costs associated with their condition. In 2010 the Westminster Government consulted on the reform of DLA. Northern Ireland was fully involved in this United Kingdom-wide consultation. DLA was viewed as no longer in step with the needs of disabled people as it did not reflect changes in society with respect to disability, such as legislation supporting disabled people. The definitions used in DLA were subjective and reflected views of disability held at the time. It had proved to be complex and confusing, lacking objective assessment criteria and systematic checking processes. In November 2015 around 99,000 of the Northern Ireland DLA working-age caseload had indefinite awards with no mandatory checks in place, or other arrangements, which ensured regular contact with the Department.

PIP aims to target support on those disabled people who face the greatest barriers to leading full, active and independent lives. Entitlement depends on the effects a disability or a long-term impairment has on a person’s ability to carry out a range of everyday activities, rather than on any specific medical diagnosis. Each case is considered on its own merits as to how each individual is affected, which will vary from case to case. Each award is for a set duration, at which point the case will be reviewed.

The Department for Communities (DfC) fully recognises that the introduction of a change, on the scale of PIP, can cause anxiety and stress for those affected, in particular those who have had an award of DLA for some time and who have had minimal interaction with the Department during that period. We recognise the apprehension DLA claimants feel when presented with a PIP assessment and understand and continually seeks to address their concerns.

Purpose of the Independent Review

In recognition of the scale of the challenge of implementing this new benefit and assessment process, a commitment was made, in the Welfare Reform (Northern Ireland) Order 2015, to carry out two independent reviews of PIP Assessment Process, in order to learn from the experience. Walter Rader was appointed as the independent reviewer in December 2017.
In carrying out his review Mr Rader gathered a range of evidence to provide insight on how the PIP assessment process is working, and what more can be done to improve it. The review made a total of 14 recommendations which focussed on the various stages of the PIP process as well as general awareness of the nature of the PIP assessment process amongst those affected by its introduction.2

A second independent review will be carried out and laid before the Assembly by June 2020.

**Progress with PIP so far**

PIP was introduced in Northern Ireland from 20 June 2016 for new claims, persons reaching 16 years of age, persons reporting a change of circumstance and those whose DLA fixed term award expires. From December 2016 the Department began a phased approach to randomly reassessing existing DLA claimants who had an indefinite award. By December 2018 it is intended that all working age DLA claimants will have received an invite to claim PIP.

PIP was introduced on a phased basis in Great Britain from April 2013. As such, Northern Ireland benefited from a number of enhancements and procedural changes which were developed by the Department for Work and Pensions (DWP) in the time between the Great Britain and Northern Ireland go live dates.

These included changes made following the first independent review of the PIP process in Great Britain. These changes covered areas such as the wording of notifications and increased use of text messaging. Departmental representatives were involved at all stages of these changes.

Due to the later introductory date for PIP in Northern Ireland, it was agreed that the cut off date for working age reassessment should be aligned with the Northern Ireland go-live date. Therefore Northern Ireland claimants who reached State Pension age on or before 20 June 2016 were not be reassessed for PIP. This decision benefitted 14,000 DLA claimants who were not reassessed for PIP.

The Department also introduced, from the outset, an additional step in the process whereby an Outreach Officer will contact reassessment claimants who do not respond to the invitation to claim PIP within 4 weeks.

This provides an additional safeguard for vulnerable claimants when they commence their PIP reassessment journey. In addition, the PIP Centre has also put in place a ‘Good Reason’ team who investigate reasons for non return of PIP forms or failure to attend an assessment with the claimant in the first instance, before any negative determination is made and payment of benefit stopped.

Published statistics show that up to end of May 2018 almost 77,000 PIP claims are in payment with an average clearance time of 12 weeks. Of these, 57,710 (75%) have been reassessed from DLA. 23,680 (41%) of the reassessed claims in payment received the highest level of award, enhanced rate for daily living and mobility components. This compares favourably with the working-age DLA caseload prior to PIP implementation, where 15% were receiving the equivalent award rate.

In August 2018 the Department enhanced the guidance used by Case Managers when determining the length of award. In cases where a claimant has a progressive condition, with no prospect of improvement, and are awarded the highest level of PIP support, Case Managers will consider if it would be appropriate to make an ongoing award. This type of award does not have an end date and will be subject to a light touch review at the 10 year point. From October 2018 the Department has commenced an exercise to apply this approach to existing claims decided before August 2018 getting the highest level of PIP award to change them to ongoing awards where appropriate.

The review acknowledged that Northern Ireland has also benefited from an additional £8m funding made available by the Stormont House Agreement. This has allowed the independent advice sector to support people through the welfare reform changes, including PIP.

Wider context
Work ongoing by DWP in response to the two Independent Reviews carried out by Paul Gray, and in response to the Work and Pensions Select Committee Report on PIP and Employment and Support Allowance (ESA) Assessments, may impact on some of the recommendations made in the Northern Ireland review.

This DfC response
Given this context, this interim response details the current position with respect to the recommendations made by the review and, where possible, what the Department and the Northern Ireland Assessment Provider, Capita have done, or propose to do, to address the recommendations. The interim response has been prepared in the absence of Ministers with responsibility for devolved functions in Northern Ireland, including the functions of the Department for Communities. In these circumstances, the content of this interim response must remain subject to review and possibly change by an incoming Minister.

The Department must also operate within the existing statutory framework for the delivery of PIP in Northern Ireland and the general provisions that a single system of social security should operate in the UK unless a local Executive and Assembly determine otherwise.

3 www.communities-ni.gov.uk/articles/personal-independence-payment-statistics
4 www.gov.uk/government/publications/the-stormont-house-agreement
Awareness of the PIP Process

Clear communications and an understanding of what to expect form an essential part of an individual claimant’s experience of the PIP process. It is vital that claimants are well informed when making a claim, throughout the assessment process, and when receiving their final decision. The Department values stakeholder engagement as an important means to communicate with claimants.

Ahead of the introduction of PIP in Northern Ireland, the former Social Security Agency established a specific forum for local disability groups and the advice sector. This Customer Representative Forum consisted of over 60 organisations. There were 17 meetings held of this forum and these provided attendees with the opportunity to ensure the particular circumstances of individual groups were represented and factored into the design of the new benefit.

This forum also gave the Agency the opportunity to discuss implementation plans, listen to concerns, provide clarification on the process and offer reassurance where possible that individuals will be fully supported throughout the process. Claimant journeys for various aspects of the PIP process, including claimant notifications, were also shared with the forum. In addition to this forum individual disability organisations were offered, and availed of, the opportunity to have one-to-one meetings.

Since the introduction of PIP this level of engagement has been maintained through quarterly meetings of the Disability Consultative Forum. This is comprised of senior DfC officials, senior members of the advice sector alongside senior officials from Capita who discuss operational issues. The Department continually seeks to improve its communications to ensure claimants have clear expectations and an understanding of the process in which they are participating. The review made the following recommendation:

**Recommendation 1:**
That the Department, in conjunction with advice and thematic support organisations, coordinates a series of information and outreach events, across Northern Ireland. The aim of such events would be to assist and support claimants, their family members and support workers to have a clear understanding of the PIP assessment process and purpose. Such events should aim to clarify the type of relevant information which is required in support of a claim and when it should be submitted.

The Department accepts this recommendation.

The Department working with thematic support groups and advice sector will be coordinating a series of events, beginning in January 2019, to further publicise the nature of the PIP assessment process and what is required of claimants in support of their application.
The Department agrees that continuous communication of the PIP process is very important and will continue to engage with key stakeholder groups to deliver the outcomes identified by the Reviewer in ensuring claimants understand the PIP process and what is required and expected of them.

In addition, the Department has developed a series of supporting videos which describe the PIP process for claimants. Each video focuses on key messages relating to particular stages of the PIP process. These videos were made available on nidirect \(^5\) from 12 October 2018 and are also offered in sign language. The content of the videos are summarized below.

**Video 1 – Is PIP for you or someone you know?**
This video explains what PIP is, who it is for and some of the basic entitlement conditions such as how long you have had a condition and what age group PIP applies to. It also explains how PIP affects other benefits and clarifies that it is not means tested. Other sources of support and information are also signposted for claimants.

**Video 2 – Claiming PIP.**
This video explains how to apply for PIP. It contains contact details for the PIP Centre, telephone number and postal address, and explains what details a claimant will need when applying. It explains what to expect during the application and assessment process, including the forms claimants will complete and the face-to-face assessment. The potential for Paper-Based Reviews is also covered.

**Video 3 – PIP- Providing information to support your claim.**
This video explains how relevant supporting information plays a part in the PIP Assessment and gives examples of types of relevant information. It advises claimants to send in any information they currently have that is relevant to their claim. It explains that further evidence, not held by the claimant, will be requested by Capita and advises claimants not to contact anyone who may charge them to provide information as this will be done on their behalf.

**Video 4 – Your face-to-face PIP assessment.**
This video explains the nature of the face-to-face assessment carried out by an independent qualified health professional. It explains what to expect when an appointment is being scheduled, what the face-to-face assessment will cover and how to prepare for it, including additional support required at an assessment.

It also explains that you can have support available at the assessment such as a family member or carer. The assessment itself is discussed including that the assessment may involve some musculoskeletal checks. It explains that after the assessment the

\(^5\) www.nidirect.gov.uk/articles/personal-independence-payment-pip
In order for claimants to fully understand the PIP process they need to understand clearly the roles and functions of all involved. The review made the following recommendation:

**Recommendation 2:**
That the Department updates the terminology used to describe roles and functions throughout the PIP assessment process and simplifies and consolidates the terms used in advice and guidance documents. Particular care should be taken to ensure that the terms, words and titles used do not misrepresent the roles undertaken, or the nature of the PIP assessment process.

The Department accepts this recommendation.

It is in the interest of all that there is consistency of terminology used throughout the process. The Department has begun reviewing the terminology used throughout the PIP process to ensure it aligns with the terms recommended by the review. DWP has announced its intention to commission independent research to support improvements to the PIP2 questionnaire. As a key stakeholder DfC will ensure the recommendations and views of the Reviewer are considered when reviewing any revised literature. This will include forms and information available to support claimants. This should further support claimants in understanding the roles and functions at each stage of their PIP application by ensuring a consistent message is delivered.

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6 Personal Independence Payment: Written Question - 173586
Use of DLA Evidence

The Department has arrangements in place to allow the most recent medical evidence from a DLA claim to be made available to Capita and Case Managers dealing with DLA to PIP reassessment cases. Claimants are asked during the initial claim telephone call “Do you wish medical evidence in relation to your current DLA award to be taken into account as part of the PIP assessment process?”

The Reviewer took the view in his report that some claimants took this to mean that they did not need to submit any more recent evidence they may have in their possession, in support of their PIP claim. Their expectation was that the DLA evidence would be enough, particularly if they had a high or indefinite award of DLA and/or a lifelong medical condition.

The review contained the following recommendation:

**Recommendation 3:**
The use of DLA evidence to support reassessment cases should cease.

**The Department does not accept this recommendation.**

Whilst the Department accepts that the relevance of DLA evidence to PIP claims varies on a case-by-case basis, it is conscious that this evidence has been relevant in a proportion of cases. Given that the usefulness of this evidence cannot be established definitively, as acknowledged by the review, the converse must also be true that there is no definitive evidence that it is of no benefit to claimants. In this situation the Department sees no reason to move from the current position of offering claimants the option of having their DLA evidence considered as part of their PIP assessment.

A sample of recent reassessment cases showed around 95% of claimants opting to have their DLA evidence considered as part of their PIP assessment. In addition the option of DLA evidence has already been made available to 113,000 claimants out of the 128,000 claimants that are required to be reassessed and, given that all reassessment invitations will be issued by December of this year, it would be inequitable to offer a different service to those remaining DLA claimants still to undergo reassessment.

In making this decision the Department has also taken into consideration the reactions to the review from various groups who did not favour removing the use of DLA evidence.

The Department, however, does recognise and acknowledge the review’s concerns that some claimants may overly rely on their DLA evidence, which they assume will be relevant, in some instances to their detriment. The Department has strengthened its call scripts to advise...
claimants that the inclusion of this evidence does not guarantee a PIP award equivalent to their current DLA award, and that they should still provide any further relevant evidence they currently hold in support of their PIP claim.

This aims to ensure that claimants do not overly rely on their DLA evidence and that they are encouraged to provide any other available evidence, which they may have, in support of their claim.

**The Assessment Process**

**Recommendation 4:**
(A) The Department should review written material, particularly
(i) The initial letters to claimants
(ii) The subsequent decision letters to claimants, ensuring clarity of message and the avoidance of jargon
(B) The Department should develop simple straightforward material describing the PIP assessment process

**The Department accepts this recommendation.**

As previously stated, the Department believes clear communications and an understanding of what to expect form an essential part of an individual claimant’s experience of the PIP process. It is vital that claimants are well informed when making a claim, throughout the assessment process, and when receiving their final decision. The clarity of materials advising and informing claimants of the PIP process is central to achieving this aim.

The Department uses DWP Information Technology systems to administer PIP including issuing forms and notifications to claimants. These systems are owned and maintained by DWP with DfC acting as a stakeholder inputting into the functionality of the systems and format of the notifications issued via them from a Northern Ireland perspective.

DWP are currently examining the PIP application process to identify and implement improvements to it. This work stems from recommendations made by the two independent PIP reviews in Great Britain and from the recent Work and Pensions Select Committee report on ESA and PIP assessments. DWP is to commission independent research to support further improvements to the PIP2 questionnaire. DfC will be a key stakeholder in any amendments to literature stemming from this work and will ensure the recommendations of this review are considered when reviewing any revised literature. Furthermore any amendments will be discussed with

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7 Personal Independence Payment: Written Question - 173586
The Department agrees with the review that it is important those with specific communications needs do not face unnecessary obstacles in applying for PIP, and in communicating with the Department and Capita. The Department, via nidirect, already provides information regarding PIP in various formats, such as audio recordings and sign language, while alternative formats can be produced on request.

As noted when responding to the first recommendation, the Department has developed a series of supporting videos which describe the PIP process for claimants. Each video focuses on key messages relating to particular stages of the PIP process.

These videos are now available on nidirect and are also offered in sign language. The Department considers that this work, along with the other materials available to claimants, will help to address the second part of the above recommendation.

Applying for PIP

The Department agrees with the review that it is important those with specific communications needs do not face unnecessary obstacles in applying for PIP, and in communicating with the Department and Capita. The Department, via nidirect, already provides information regarding PIP in various formats, such as audio recordings and sign language, while alternative formats can be produced on request.

The review made the following recommendation:

**Recommendation 5:**
(A) That the Department ensures there are suitable, accessible options for those with particular needs such as communication requirements, including those with visual and hearing impairment, as well as those who cannot hand write, to allow them to apply for PIP where telephone and hand written completion of PIP forms is not suitable.
(B) That the Department reviews the training provided to staff ensuring that awareness is raised regarding the options available for claimants who find it challenging or impossible to communicate by telephone.

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8 [www.nidirect.gov.uk/articles/personal-independence-payment-pip](http://www.nidirect.gov.uk/articles/personal-independence-payment-pip)
The Department accepts this recommendation.

The Department is committed to ensuring there are suitable accessible options for claimants and will continue to take on board the requirements of those with particular needs. To this end we will shortly implement a Video Relay Service that sign language users can avail of when making a claim to PIP.

The Department’s primary method for claimants to apply for PIP is by phone. There is also a text phone service available for claimants who may wish to use this facility. This is via a free phone service with calls generally lasting no more than 15 minutes. If a claimant has difficulty using these channels to apply, they, or anyone else acting on their behalf, can request a paper claim form which they then have four weeks to complete and return. Provided they return this form within the four week period their claim will be backdated to their initial date of contact with the Department.

Alternatively a claimant can provide consent, either verbally or in writing, for a nominated person to make a claim to PIP on their behalf. This person may then ring the PIP claim line and apply on the claimant’s behalf.

To support the accessibility options that are in place we will also reinforce with telephony staff the various options that are available. Telephony staff will be provided with an accessibility options desk aid to ensure they are fully aware of the options available when advising claimants or when claimants request assistance. Capita has also enhanced its use of interpreters by ensuring they are all fully trained sign language interpreters.

DWP has carried out a small-scale pilot for online PIP applications. They have obtained feedback on this exercise and remain committed to testing further digital activity. The Department will track any digital development in DWP with respect to providing an online claim facility.
Claims made under Special Rules

In addition to supporting those with accessibility needs, the Department is committed to supporting the needs of terminally ill claimants applying for PIP, and ensuring that benefit rules are applied sensitively for these individuals. Those applying for PIP, who have a short life expectancy, are considered under the Special Rules for Terminal Illness process which does not require any face-to-face contact and under which the average clearance time for a claim is two weeks.

To process a claim under these rules the Department requires confirmation from a medical practitioner that the claimant is terminally ill and not expected to live longer than six months. Awards made under special rules have three year durations.

The review considered the Special Rules for Terminal Illness process and made the following recommendation:

**Recommendation 6:**
That the clinical judgment of a medical practitioner, indicating that the claimant has a terminal illness, should be sufficient to allow special rules to apply. The 6 months life expectancy criterion should be removed.

The Department cannot implement this recommendation

The special rules for the terminally ill in disability benefits provide important support to people who have only a short time to live. The provision in PIP \(^9\) mirrors the provision that has been in place in Attendance Allowance and DLA since the 1990s \(^10\). These arrangements were consulted on with stakeholders back in 2010, both in Great Britain and Northern Ireland, as part of the reform of DLA and development of the rules for PIP \(^11\).

The Westminster government response to the consultation at that time noted that a majority of respondents indicated that the special rules currently in place worked well and should remain the same \(^12\).

Under the statutory framework provided for in the Northern Ireland Act 1998 \(^13\) social security law in Northern Ireland is maintained in parity with provision brought forward by DWP in Great Britain, unless the Executive and Assembly determine otherwise. While the Department acknowledges the opinion of the reviewer, it will be for incoming Ministers to determine if they wish to initiate any review of the current arrangements in place for the special rules in Northern Ireland, taking account of the position in Great Britain.

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\(^9\) Welfare Reform (Northern Ireland) Order 2015, Article 87
\(^10\) Social Security Contributions and Benefits (Northern Ireland) Act 1992, Sections 66 and 72(5)
\(^11\) Disability Living Allowance Reform
\(^12\) Government’s Response to the Consultation on Disability Living Allowance Reform, Page 16
\(^13\) Northern Ireland Act 1998
Further Evidence

As the PIP assessment looks at the impact of an individual’s disability or health condition on their ability to carry out key everyday tasks, getting the right evidence about that impact and a claimant’s needs has always been a core consideration to ensure accurate decision making. Information comes in many forms, including what the individual provides themselves as well as evidence from other people who are involved in supporting them, such as carers, support workers or healthcare professionals.

In addition to ensuring that claimants receive the right award, good quality and relevant information, provided in a timely manner, can lead to a quicker decision without the need for a face-to-face assessment for claimants.

The review considered the provision of supporting evidence and recommended:

**Recommendation 7:**
So that relevant up-to-date medical information is available early in the PIP assessment process, the Department should reach agreement with the relevant professional bodies as to how they may best obtain a GP Short Summary Report to support the PIP2 submission. This should be requested for every claim.

The Department partially accepts this recommendation.

The consideration of evidence is a key part of the decision making process. The Department accepts that, ideally, all relevant information should be available as early as possible in the process. We acknowledge that this is often an area of some difficulty. Paul Gray’s reports, and the Work and Pensions Select Committee Report on ESA and PIP assessments, commented on both the misconception of the PIP functional assessment as a medical one, and the perceived pre-eminence of medical evidence in the decision-making process.

Indeed the second Gray Review went as far as to include a recommendation that stated:

**Assessments should begin with gathering a functional instead of a medical history. Options for confirming the medical history in advance of the assessment should be explored to ensure that the assessment has a more functional focus and there is sufficient time to explore functional impacts in sufficient detail.**

DWP accepted this recommendation and are exploring with their assessment providers how to develop a more ‘Function First’ approach to the assessment. DfC is closely

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14 Paul Gray Second Independent PIP Review, P12
tracking these developments from a Northern Ireland perspective.

It has been acknowledged by DWP 15 and by the Gray Reviews 16 that some level of non-functional clinical information can still be relevant and useful to assessors to inform the advice they give on the level of functional impairment a claimant experiences. We have begun engagement with the British Medical Association to consider how a General Practitioner (GP) Short Summary Report could be provided in every case in a timely manner that would be achievable for GPs given the pressures they face.

Once discussions around the feasibility of obtaining GP Short Summary Reports have been progressed the Department will need to carry out a cost and benefit analysis of the proposal. Any final decision will be for a Minister to determine.

15 PIP and ESA Assessments: Government Response to the Select Committee Report, P9
16 Paul Gray First Independent PIP Review, P58
Receipt of Further Evidence

In order to ensure accurate decision making it is vital that all relevant information is available at key stages of the process. All the evidence received by the Department relating to PIP is routed to a centralised Mail Opening Unit where it is opened and scanned. The Department relies on DWP Information Technology systems to process benefit claims, including those in the Mail Opening Unit and the PIP Centre. The Department receives over one million items of post each year relating to benefits in general and around four hundred thousand relating to PIP in particular.

After post is scanned it is routed to the PIP Computer System either automatically, in the case of recognisable documents such as the PIP2 form, or, in the case of post the routing software does not recognise, it is routed to a workflow team within the PIP Centre who manually index it and route it to the appropriate work queue in the PIP Computer System for action.

The Department acknowledges that automatic routing of post is preferable and quicker, and this is in place for a large number of the forms and letters PIP receives. However, it is not possible to do this in all instances as the Department has no control over the style and format of all post it receives. Post of a similar nature, such as evidence from GPs for example, may be produced in different formats by different surgeries and therefore require human intervention to identify and route. This will mean it will not reach the PIP Computer System as quickly as automatically routed post.

The review considered this flow of information and made the following recommendation:

**Recommendation 8:**
The Department should introduce steps to ensure that Capita are made aware, as early as possible in the process, when additional evidence is received with the PIP2 and advised that it will follow. Capita should be afforded time in the process to await any additional evidence.

The Department accepts this recommendation.

The Department agrees that it is important that Capita should know, as early as possible, whether there is additional evidence to consider. This will allow for quicker decision making at key points of the process. The review identified that documents submitted with the PIP2 were being separated on arrival at the Mail Opening Unit and scanned as separate documents. This caused a difference in the time taken for a PIP2 to route to Capita and the time for related additional evidence to arrive with them. The Department has now implemented a revised process where these documents are linked to arrive simultaneously. This was implemented in early October and addresses the recommendation.
The Initial Review

At the centre of the proposals for PIP was the development of a transparent and objective assessment which considers people as individuals and assesses their entitlement to support fairly and consistently. The assessment for entitlement to the two components looks at an individual’s ability to carry out a range of key everyday activities that are fundamental to daily life. Entitlement to PIP is not based on any condition(s) a claimant has but on how their functionality is affected by their condition(s).

Prior to the assessment Capita complete an Initial Review of each case to decide the most appropriate assessment route.

Accurate and thorough completion of the Initial Review stage is essential to ensure a positive claimant experience and mitigate risks to the safety of claimants, their representatives and Capita staff. A timely decision at Initial Review is vital to ensure cases are progressed through to report completion without unnecessary delay. This enables the Department to make a decision on entitlement in a timeframe that minimises stress and anxiety for claimants.

The review recommended:

**Recommendation 9:**
The Department should establish a short term ‘Task and Finish’ group, involving stakeholder organisations and medical experts, to develop a set of criteria detailing which conditions would be more appropriately addressed through the Paper-Based Review Approach.

This should cover conditions with no prospect of improvement and/or with life-limiting implications. It could also cover those who face challenges representing their condition and functionality in the face-to-face assessment. It will be vital to set out clearly the relevant information and evidence which would be required to permit an assessor to complete a Paper-Based Review in these cases.

The Department partially accepts this recommendation

As the Review notes, some claimants have been required to attend an assessment where they have, due to the nature of the assessment and their own conditions, faced challenges. We would not want anyone to be required to undergo a face-to-face assessment unnecessarily. Working to ensure the Initial Review addresses cases where a Paper-Based Review is appropriate is vitally important. However, it is a legislative requirement that the
appropriate descriptor must be chosen for every activity; this is set out in regulations. As Departmental Case Managers need full, comprehensive evidence in order to make accurate decisions about entitlement, it would not be in the best interest of claimants to place limitations on the evidence gathering process.

The availability of information to assess against all 12 activities is therefore the key factor in determining what type of assessment can be carried out for each claimant. Additionally, a significant number of claimants have more than one condition or disability.

Exempting these claimants from face-to-face assessments based on one condition may disadvantage them if a face-to-face assessment would be most appropriate to determine the total impact their other conditions or disabilities have on their daily life.

The legislation governing PIP in Northern Ireland is the same as in the rest of the United Kingdom and to ensure that the assessment criteria are applied in a consistent manner across Great Britain and Northern Ireland the same PIP Assessment Guide is used by the Department and DWP. The PIP Assessment Guide provides guidance for Disability Assessors carrying out assessments, as well as guidance for those responsible for putting in place and delivering processes to ensure the quality of assessments. The PIP Assessment Guide has been regularly updated since the introduction of PIP to further clarify and improve assessor’s understanding and application of the guidance. This has been in response to feedback from claimants, assessors and Departmental staff.

The purpose of the Initial Review carried out by Capita is to determine whether:
- There is sufficient evidence at this point to complete a Paper-Based Review
- Further evidence is required before a Paper-Based Review can be completed
- A face-to-face consultation is required

If Capita has sufficient evidence available to allow the case to be progressed as a Paper-Based Review they will complete the assessment in this fashion. It is only when there is insufficient evidence, or they have been unsuccessful in obtaining evidence in a timely manner, that a face-to-face assessment is required to obtain the necessary additional information. It should be emphasized that Capita is required by legislation to assess all claimants against all activities and if they believe more information is required relating to any of the 12 activities consideration must be given to a face-to-face assessment as a means to obtain this information.

Capita use a “decision making matrix”, developed by their senior clinical governance leads, with input from thematic support groups. This includes a list of conditions and the associated clinical risks, based on the severity

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As a result of the review, the Department and Capita have examined how the Initial Review is conducted. The decision making matrix has been enhanced and will be discussed with stakeholders at the Disability Consultative Forum. The Department considers this forum to be the appropriate group to consider the revised approach adopted in response to this recommendation.

The Department views this process, properly managed and rigorously applied, to be sufficient to address the issues raised by the review and to produce the desired outcomes. The Department will continue to monitor this process to ensure its effective operation.

The review also highlights that a paper-based review would be appropriate for claimants who have conditions with no prospect of improvement and/or life-limiting implications. In August 2018, the Department enhanced the guidance used by Case Managers when determining what type of assessment is most appropriate for each individual claimant. In cases where a claimant has a progressive condition, with no prospect of improvement, and is awarded the highest level of PIP support, Case Managers are to consider if it would be appropriate to make an ongoing award. This type of award does not have an end date and will be subject to a light-touch review at the 10-year point. The Department views this as a significant development to ensure those claimants whose conditions have no prospect of improvement are engaged with in as sensitive a manner as possible and unnecessary assessments are avoided.

In October, we commenced an exercise on the current caseload to apply this approach to existing claims decided prior to August 2018 and amend award durations retrospectively.
Appointments and the Assessment Centre

The Department is consistently sensitive to the needs of claimants when considering how we interact and engage with them. We are committed to ensuring that claimants’ needs are met by Capita and that any reasonable adjustments required by a claimant are met.

The review made the following recommendation when considering the assessment appointment:

**Recommendation 10:**
The Department should urgently address the issues raised by claimants. This includes but is not limited to:
- How appointments are scheduled
  - This should include reasonable adjustments, taking account of claimants’ conditions and the practicalities of attending appointments
- Cancelling or rescheduling appointments
  - Ensure changes or cancellations are minimal and, if they occur, that claimants are informed as soon as possible and by an appropriate communication method
- The assessment room – layout of the room should consider both the space required for claimants with mobility aids and the presence of their accompanying person

The Department accepts this recommendation.
The Department agrees that appointments should be scheduled, where possible, with due consideration given to the requirements of claimants. Previously appointments were scheduled automatically by Capita’s scheduling system which chose the earliest possible opportunity for each appointment. This was to ensure cases were moved along in as timely a manner as possible. If the appointment did not suit the claimant they could ring the Capita Enquiry Centre and ask that it be rearranged manually, or that reasonable adjustments were put in place to allow them to attend.

Taking on board the recommendation of the review, this process has been enhanced to allow for more flexibility for front line Capita staff to reschedule appointments. If reasonable adjustments, a request for an interpreter for example, are identified at the Initial Review stage Capita will put these in place and an appointment letter will be issued to the claimant. If a claimant requires a particular time for their appointment, or be unavailable for certain dates, the appointment can now be subject to enhanced manual scheduling by Capita staff, bypassing the scheduling system.
Should an appointment, scheduled via the system or otherwise, present particular difficulties for the claimant, which Capita were unaware of at the scheduling stage, they can still reschedule via the Enquiry Centre. Following collaboration with stakeholders and the Department, the appointment letters issued to claimants by Capita have been improved making it clearer that there is an opportunity available to reschedule appointments if required. This should ensure that the needs of claimants are reflected in how and when their appointment is scheduled, and that they are fully informed of the options available to them. Overall, these letters now have a clearer, more straightforward layout and provide key information about the assessment process such as:

- What happens when an individual’s case is passed from the Department to Capita
- What to do before an appointment
- What to expect during an appointment
- How to change an appointment date and time
- How to contact Capita

The Department has approved these improved letters and they carry the Plain English Crystal Mark for clarity. The Department considers this work to also contribute to addressing the issues raised in the review’s fourth recommendation.

The Department understands it is often the case that claimants must make significant efforts to attend their assessment. This can involve rearranging their schedule, and that of those supporting them, to be available for their appointment. We appreciate that it may involve changing their daily routine and include varying treatments or medications they take to manage their conditions, to allow them to participate in the assessment.

The Department is aware of a review to be undertaken by DWP into how requests for home assessments are dealt with and will track the progress of this piece of work from a Northern Ireland perspective. It is our understanding this review will consider all aspects of the process, including how claimants requiring a home visit can be identified more effectively at the beginning of the process, the ease with which a claimant can request a visit and how more efficient use can be made of existing evidence to support the decision on whether a home visit is required.

Regrettably, it may be necessary to cancel appointments due to circumstances beyond the control of Capita. Should this happen, every effort is made by Capita to contact the claimant at the earliest opportunity using the appropriate communication method. On rare occasions appointments may be cancelled at very short notice, for example, due to assessor sickness, severe weather or road traffic accidents; again every effort is made to advise the claimant at the earliest opportunity.

It is acknowledged that cancellation of appointments is inconvenient for claimants and
does nothing to reduce the anxiety that may be experienced during the assessment process.

The Department recognizes how important it is for claimants to undergo their assessment in a suitable environment to ensure the assessment is as considerate of their needs as is possible. We accept that issues with space and layout of the assessment room could cause unnecessary anxiety for claimants. We have begun discussions with Capita to investigate removing any unnecessary items from the room, such as the examination bench, and ensuring there is enough room for the claimant and any accompanying person.
Disability Assessors

The review considered in some depth the conduct and experience of the Capita Disability Assessors and the skills required to carry out that role.

The following recommendation was included:

**Recommendation 11:**
The Department and Capita should develop enhanced training for assessors specific to certain groups of conditions, which could be informed by the prevalence of those conditions as recorded in the Departmental statistical analysis. If a claimant indicates, and can prove, they are affected by one of these conditions they should have the opportunity to see an assessor with enhanced training relevant to their condition, or to have a Paper-Based Review.

The Department does not accept this recommendation

The Department accepts that it is vitally important that Disability Assessors have the most appropriate training to allow them to deliver the assessment effectively. The PIP assessment is not a clinical assessment involving diagnosis of conditions or the recommendation of options for treatment. Instead, the Disability Assessor must engage objectively with the claimant and record any information that clearly explains the functional effects of the reported conditions. Understandably this involves a very different set of skills from those required to diagnose and treat individuals, with less requirement for specialist knowledge.

The Department considers that, whether a health professional is a specialist in a given area or not, this should not impact on their ability to carry out a functional assessment. The Gray reviews in Great Britain supported this position albeit with the prerequisite that adequate training had been provided to the assessor 19.

All PIP assessors in Northern Ireland are health professionals with specialist training in conducting functional assessments. They must go through the formal Department for Communities’ approval process to ensure they meet the Department’s experience, skills and competence requirements. There are two fundamental elements to the qualifications and experience of assessors. The first is their qualifications and experience relevant to the health care field they work in. It is required that:

- They are an occupational therapist, nurse, physiotherapist, paramedic or doctor
- They are fully registered with the relevant licensing body (doctors must have a licence to practise)
- They have no sanction attached to the registration unless they relate to disability; in individual cases this requirement may be waived, subject to prior written agreement with the Authority
They have at least two years’ post full-registration experience (this refers to either United Kingdom registration or equivalent overseas registration for non United Kingdom Health Professionals) or less than 2 years’ post full registration experience by individual prior written agreement with the Authority.

All the above criteria are mandatory before anyone can become an assessor with the average length of post-registration experience for assessors at the time of the review being 11 years. The second fundamental element is the disability analysis training all assessors receive from Capita. The Capita Disability Assessor Foundation Programme has been developed to ensure assessors carefully explore each claimant’s particular circumstances to assess their individual needs. Candidates must achieve the required standard throughout this programme in order to move into a Disability Assessor role. This training, which is continually improved based on feedback, has been signed off by the Departmental Health Assessment Advisor as well as DWP clinicians. This training has been tailored locally to include specific content relating to victims and survivors which was developed with the support of the Victims Commissioner’s Office. This highlights the uniqueness of victims and survivors in Northern Ireland, and the experiences of those individuals, relatives and carers that have been directly impacted.

Capita must demonstrate that a Disability Assessor meets all the criteria above before they are then approved by the Department’s Health Assessment Advisor. Assessors must undergo a Continuing Professional Development programme for practitioners and their assessment reports are subject to regular audit. Failure to complete the mandatory Continuing Professional Development, failure to maintain the required standards at audit, or failure to cooperate with feedback or retraining will result in approval being withdrawn.

After an assessor is approved to carry out assessments there is further support available in the form of the Capita clinical governance team who oversee the standards of practice within the assessment process. Assessors also have access to clinical coaches and specialists in areas such as mental health. A number of condition-specific champions are also available to support assessors and to oversee the development of condition-specific information for use in an assessor’s personal development. Assessors have access to a wealth of online material and enhanced training covering a broad range of topics and specific conditions such as psychiatric disorders, musculoskeletal conditions, learning difficulties and neurological diseases which can be used as reference material to ensure they are familiar with the conditions reported by claimants when carrying out assessments.

Given the extensive training received by assessors, and the continual learning and auditing of the assessors, the Department considers them appropriately trained to carry out the PIP functional assessment.

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10 Paul Gray Second Independent PIP Review, P8
Accuracy of Assessor’s Reports

The Department places great value in claimants having confidence in the PIP process, and in their assessment report in particular, given it is one of the building blocks of the final decision on their entitlement. The review included claimants’ accounts of occasions where information contained in assessment reports did not, in their opinion, accurately represent the discussion that was conducted with the assessor. The number of complaints against the accuracy of reports is extremely small, less than one per cent, in the context of the number of assessments carried out. Some 140,000 assessments have been carried out since PIP was introduced.

The review made the following recommendation:

**Recommendation 12:**
The Department should introduce audio-visual recording of assessments in both home and assessment centre locations.

The Department partially accepts this recommendation.
The PIP Assessment Guide does clarify that the assessor’s report is not intended as a verbatim record of what was discussed at the assessment; instead its purpose is to provide the Department with a robust assessment of the claimant’s functionality against all 12 activities. For PIP assessments claimants can currently audio record their face-to-face assessment if they provide appropriate equipment. The equipment must generate two copies at the end of the assessment; one for the claimant, the other for Capita. Media types that are acceptable are standard Compact Discs and audio tapes. While this arrangement means that claimants can in theory record their assessments, in practice the complexity and potential costs to claimants means that very few take up this option.

The reviewer noted the intention of DWP to pilot video recording of assessments in line with a Ministerial decision and urged the Department to maintain parity with developments in DWP. The Department is tracking progress in DWP in line with the reviewer’s recommendation. DWP are currently exploring potential options and testing the recording of assessments, including video recording. Over the summer DWP gathered views from claimants, representative bodies and health professionals on video recording which will inform a live pilot later in 2018. The outcome of this pilot will inform wider rollout decisions.

The Department recognises that this recommendation has been supported by a number of groups and attracted considerable comment, therefore, in addition to tracking the work in DWP, we will carry out a pilot of audio recording in Northern Ireland. The outcome of
this pilot will inform decisions around a broader rollout. There will no doubt be a range of issues to be resolved such as whether recording will be mandatory or optional for claimants; how recordings would be validated and stored; what uses could be made of such recordings; and who would have access to recordings and in what circumstances.

Questions asked and observations made during the assessment

When assessing the functional impact of a claimant’s condition or disability on their daily life, it is vital that all areas of their life that are impacted are considered. As mentioned previously, Capita and the Department are obliged to assess and decide the level of support required based on a holistic assessment of functionality considering all the activities for every claimant. Furthermore, concerns have been raised by the review, and others, as to whether some claimants are capable of fully representing their conditions in the assessment. The review has also challenged some of the methods used, and questions asked, during the assessment.

**Recommendation 13:**

(A) The Department, in conjunction with the assessment provider Capita, should remove or revise the use of informal observations to support assessors’ reports. If revised, assessors should be required to justify the conclusions which they have drawn from their observations.

(B) The Department and Capita should remove all questions about suicide and self harm from the assessment. If they deem this information essential they should source it in an alternative manner.
13 [A] - The Department accepts this recommendation

The Department will continue to use Informal observations as part of the PIP assessment process. It also uses them in ESA Work Capability Assessments.

The purpose of informal observations is to provide essential factual information and evidence to support and justify descriptor selections. In general these are observations of physical behaviours such as how a claimant walks, their ability to sit or stand or the use of their limbs. The Department accepts these should not contain the assessor's opinion and that any use must be fully justified. Informal observations are only carried out during the face-to-face assessment.

Informal observations may indicate if a claimant has problems that haven’t been referred to elsewhere and they can help to check the consistency of the evidence provided on the claimant’s functional ability. This helps identify things not reported by the claimant during the assessment or on their application. They also help identify contradictions in the information presented to the assessor.

We do acknowledge however that it is critical that these informal observations are factual observations and not opinions. Departmental Case Managers have been advised to challenge the observations, if they deem them unjustified, to ensure their correct application.

13 [B] – The Department partially accepts this recommendation

The Department appreciates that the questioning carried out during an assessment must be conducted in a sensitive manner. Many of the areas covered throughout the assessment are of a sensitive and personal nature. It is acknowledged that the issues of mental health, and in particular suicidal ideation and self-harm, are particularly sensitive. This is clearly demonstrated through the evidence gathered during the independent review and published in the subsequent report. The Department has discussed with Capita how questions regarding suicide and self-harm should not be asked unless raised by the claimant in the assessment or included on the PIP2 questionnaire.

Following this Capita completed a review of its processes for observing both the mental and cognitive state of claimants where suicidal intent or self-harm may be relevant to their daily living or mobility components. This has resulted in updated guidance to assessors to ensure that the subjects of suicide and self-harm are only addressed where it is relevant and that this is done in a sensitive and professional manner. The delivery of training on this revised guidance, to the assessor community, commenced on 1 October 2018.

The assessment process does not include mandatory questions in relation to suicide or self-harm. However where a claimant is identified as expressing suicidal ideation
or intent to self-harm it is essential that the assessor and other Capita staff who have contact with the claimant are in a position to sensitively explore this area to ensure the safety of the claimant and that, where appropriate, relevant evidence is gathered to support the claimant’s PIP application.

The Reviewer’s recommendation to obtain evidence relating to suicidal intent or self-harm in an alternative manner is understandable. Capita’s experience in seeking and obtaining such supporting information, from sources other than the claimant, in a reliable and timely manner, have almost exclusively proven to be unsuccessful due to constraints on those health professionals who may be in a position to support. Such an approach would almost certainly lead to undesirable delays in the processing of claims and potential gaps in the evidence available to support claimants in their application for PIP.

Any information shared with the Department, for the purposes of a claim for support, is handled appropriately and in line with data protection regulations. Capita explains the purpose of the consultation to claimants and their companions. It is for the claimant to select their companion (including giving them any information they wish in advance of the assessment), however, it is not possible for Capita to know what level of insight the companion has about the claimant’s condition. It would be reasonable for Capita to operate in the belief that the claimant has selected a companion they would be comfortable discussing the information in the PIP2 form in front of.

The Department does not consider discussing information contained in the PIP2 a breach of confidentiality in this context; we consider an appropriate approach would be to review communications from DfC and Capita, to ensure it is clear that information in the PIP2 is likely to be discussed in the assessment. This may include information the claimant has included, but is not yet known to their companion. It is for the claimant to then choose how to proceed, for example by raising issues at the start of the assessment, selecting an appropriate companion, or attending unaccompanied. The information videos, recently made available on nidirect, clarify to claimants that the information included on the PIP2 questionnaire will be discussed at the assessment.
The Department is committed to delivering assessments in a transparent fashion in order to build claimant trust. Claimants are provided, in their decision letter, with the number of points they scored against each activity and a summary of the reasons that informed our decision on their entitlement to support. We believe that sending this information is the best way to explain to claimants how a decision has been reached.

In addition, claimants can request a more detailed explanation of our decision, and a full copy of their assessment report. Copies of the assessment report, including any previous iterations and audit findings, are provided as standard if a claimant lodges an appeal.

When considering how decisions are communicated the review made the following recommendation:

**Recommendation 14:**
The Department should put in place arrangements for a copy of the assessor’s report to be made available to claimants along with their decision letter.

The Department does not accept this recommendation.
As part of its response to the Work and Pensions Select Committee Report on ESA and PIP Assessments, DWP has already undertaken to improve PIP communications to clearly highlight to everyone that they can request a copy of their assessment report should they wish to. Changes to DWP notifications are normally carried through into Departmental notifications unless there is reason not to follow suit. Therefore it is expected that DfC will also have updated notifications clarifying the availability of the report to claimants.

Once we have improved the PIP communications to clearly highlight to all that they can request their report we believe those claimants who want to see their report will do so. We believe this is the best way to achieve transparency without providing claimants with material that they do not want. To date 75% of PIP claims have not resulted in a disputed decision with 36% of claimants receiving the highest rate of support. The Department does not see the need to issue more paperwork with the decision letter in large numbers of cases where claimants are content with the decision they have received. The review itself acknowledged how claimants can be intimidated by the amount of literature they must read when applying for PIP. This would appear contrary to that assertion and the concept of more simplified communications with claimants in general.