

Written evidence submitted by the Citizens Advice SVC0090

For 85 years, Citizens Advice has been helping to shape a society that's fairer for everyone - working on issues that affect the whole of society. We can all face problems that seem complicated or intimidating. At Citizens Advice we believe no one should have to face these problems without good quality, independent advice. That's why we're here: to give people the knowledge and the confidence they need to find their way forward - whoever they are, and whatever their problem.

In 2023-24 we:

- Helped 2.7 million people with one-to-one advice across England and Wales, the highest number since the pandemic
- Had 52 million views to our website, resulting in 67 million page views
- And 84% of people using our local services would recommend them to a friend

Our network of independent charities offers confidential advice online, over the phone, and in person, for free. When we say we're for everyone, we mean it. People rely on us because we're independent and totally impartial. We see how problems can be linked. By helping people with the underlying cause of their problems and making sure they don't get worse, we save the government and public services hundreds of millions of pounds every year.

The response below specifically addresses questions outlined in the Select Committee's terms of reference for the inquiry into safeguarding vulnerable claimants .

Question 3a. What are the main challenges that vulnerable claimants face when trying to make a new benefit claim?

There are two main challenges that vulnerable claimants face when trying to make a new benefit claim

- 1. How effective is the Universal Credit "Help to Claim" service at supporting vulnerable claimants to register a claim? (Note from ToR: people in evidence have spoken about the benefits of when Help to Claim had been in person e.g.)*
- 2. What should DWP do to improve support for vulnerable people to make a claim and to ensure they do not delay making a claim?*

Citizens Advice response; vulnerable clients that are supported by Help to Claim

Last year Help to Claim supported 131,000 people through phone and webchat, and a further 194,000 through the self-serve content on our website. Significant numbers of our clients are digitally excluded and many clients are finding it difficult to access phone claims. Our analysis indicates that in future a higher proportion of our clients are likely to need non-digital claims.

Over 4 in 10 (44%) of our clients last year were disabled or had a long term health condition. Clients with multiple impairments were the largest subset of disabled clients and clients with health conditions, making up 33% of all these clients (England & Wales data only).

Rising numbers of clients were also supported on internet access, digital literacy and phone claim issues. Our client experience survey found that some clients say they're finding it particularly difficult to apply for Universal Credit (UC) because of conditions ranging from dyslexia to severe mental and physical health problems. And managed migration clients are more likely to find it difficult to apply for UC. Specific barriers for clients with health problems include concentration, fatigue, difficulty processing information, problems with vision, migraines, arthritis, chronic pain and dizziness.

Nearly 1 in 5 (17%) of the clients surveyed who were moving from legacy benefits to UC said digital exclusion was a significant problem. This means that as managed migration is rolled out across ESA and other benefits, we are likely to see a significant increase in clients facing substantial barriers around digital access. In turn, there will be implications for Help to Claim's service delivery, as digitally excluded and phone claim clients take longer to support.

Disabled clients and clients with long term health conditions have a very positive overall experience of Help to Claim, with 94% of disabled people and people with long term health conditions rating their overall experience as good or very good (compared to 93% for all clients).

In addition, disabled clients and clients with long term health conditions saw a financial benefit of approximately £22.5m during 2023/24 at an average of £390 per month per client.

Support with phone claims

Almost 4 in 5 (78%) of our advisers say at least several times a week, they advise clients who experience general problems accessing the internet. Phone claims are the alternative to digital (online) claims for our clients. The top 5 reasons for needing a phone claim include a lack of digital skills, limited or no English, lack of internet access, health or physical disability or a learning disability. Advisers tell us many clients are able to make a digital claim with help, but are unable to manage a digital claim on an ongoing basis.

The need for phone claims is likely to increase significantly as more clients move across from Employee Support Allowance (ESA) to UC over the coming year. We have already found that clients naturally migrating from ESA are twice as likely to need advice on phone claims (27% compared with 13% of non-ESA clients). This is unsurprising, as ESA is a benefit for people who are sick or disabled - a key profile of phone claim clients. It takes longer to advise a phone claim client than a digital claim client.

Advisers supporting clients with phone claims often make a 3-way call with the DWP Priority Line. This is because clients who need phone claims often also find it difficult to call the DWP independently to apply over the phone. As a result, our advisers will stay on the line while the client makes the claim. This usually takes more time than supporting a client with a digital claim. And it takes even longer for joint claims or if an interpreter is needed.

Preparation for the 3-way call can take a significant amount of time. Clients need to collate information such as landlord, GP and bank account details in advance, and often they do not have these to hand.

Despite widespread need, our clients often experience problems accessing phone claims. Almost 2 in 5 (37%) of Help to Claim advisers say at least several times a month they request a phone claim for a client but experience barriers from DWP staff. Advisers say some DWP agents actively discourage clients from phone claims. Sometimes this occurs after our adviser explained why a phone claim is needed.

Managed Migration (ESA clients)

In October 2024 the Help to Claim service advised 1,816 ESA clients with a migration notice. As we would expect, there are notably larger proportions of clients with disabilities and long term health conditions.

Similar to the Help to Claim general client base, but to a greater extent, the highest proportions of ESA managed migration clients have health needs/disabilities described as multiple impairments and mental health.

Contact and write up times with ESA clients are taking longer. ESA clients need more than one contact to resolve their problem compared with other clients.

Lack of face-to-face advice

The shift to phone and webchat advice represents a very significant change in provision since the start of Help to Claim. In the first year of operation 60% of clients received face-to-face advice, but this channel has not been provided since March 2022. Demand for in person support remains strong. Over half of respondents (55%) to our client experience survey in 2023/24 said they would have liked face-to-face access to Help to Claim. Older people (aged 55+), male clients, people of colour, disabled people and people with long term health conditions are most likely to say they would prefer in person support. The lack of face-to-face advice is also one of the most common access problems raised by clients responding to our experience survey.

Our data and research show claimant need for more extensive support and face-to-face advice is highly likely to increase as more people are migrated from ESA. Since the start of year 4 we have not been commissioned to deliver face-to-face advice. We remain concerned that the absence of face-to-face advice in Help to Claim has many negative impacts for clients, particularly older people, disabled people, and people with English as an additional language (EAL). Our research and data indicates ESA claimants have higher levels of digital exclusion and are less likely to be confident to apply without independent help. As a result we anticipate significant levels of need amongst this cohort.

Referrals/ signposts into the jobcentre and DWP home visiting team

When someone contacts Help to Claim and says that they are unable to make a claim online or over the phone and require support face to face, the primary mechanism we have been advised to follow is to signpost that person to their local jobcentre. That process is laid out in official guidance given by

DWP to their jobcentres and on their intranet, in which it says that when a client calls Help to Claim "those who need face-to-face support will be signposted to their nearest jobcentre for support."

We have been advised that where a client needs face-to-face support we are able to refer into the DWP visiting team through Partnership Managers. Our current understanding however, is that signposting or referral for a home visit is extremely rare. It is very clear in the guidance on the DWP intranet and in the jobcentre district provision tool, that home visits are not to be used regularly. When giving advice to a jobcentre employee on when to signpost/refer to Help to Claim or not, it says that they should consider whether "a home visit is needed, this must only be considered in exceptional circumstances".

We are unsure of the exact capacity of the home visiting service at DWP and therefore don't know whether it would be able to support the number of referrals or signposts from Help to Claim that would be required if we were to send all of those clients who say that they require face to face support with their claim.

In relation to signposting clients to the jobcentre from the Help to Claim service, if they state that they need face to face support, it is worth highlighting the differences between the service offered there and with Help to Claim. Help to Claim is an independent advice service where advisers are able to do a thorough exploration of the client's circumstances, give details of how much a client will receive if they move to UC and help them compare that to their existing legacy benefits to see whether they would be better off on UC. They are also able to give them detailed information about how UC works as well as, if required, supporting them through a telephone claim for UC. Whereas jobcentres are not allowed to give any advice which is specific to an individual's circumstances, so the client can only receive information and will not be able to find out exactly how much they will get on UC and whether they will be better off on UC.

Client outcomes

Results from our client experience survey in 2023/24 show clients continue to have a very good experience of Help to Claim. Over 9 in 10 (93%) clients said their experience was good or very good. This is the same for disabled clients and clients with a long term health condition as it is for clients with no disability or long term health condition. The vast majority of clients (92%) said Help to Claim supported them to find a way forward. And nearly 9 in 10 (87%) said their problem was now partly, mostly or completely resolved. Most clients (87%) said they would have been unable to sort out their problem without the help they received from us and almost all of our clients (90%) are likely or very likely to recommend Help to Claim.

Our client outcomes survey from 2023/24 finds that before receiving support from Help to Claim, only 1 in 3 clients (34%) were very or fairly confident about what benefits they could claim. But after receiving support this had risen to more than 3 in 4 clients (78%) - a steep increase of 44 percentage points. Similarly, only 32% of clients say they were confident about making a Universal Credit claim before receiving support and after support from Help to Claim, this had risen to 77%.

The support we offer in Help to Claim helps to prevent detriment occurring or escalating for clients. This includes the service we provide directly, as well as any links we make for clients to other services. Our client surveys consistently provide very clear evidence of how Help to Claim assists clients across many aspects of their lives. Our client outcomes survey found nearly 3 in 5 (57%) of

clients say that as a result of the help they received, they now feel less stressed, depressed or anxious. In addition, 2 in 5 say their physical health has improved.

Question 3b. What should DWP do to improve support for vulnerable people to make a claim and to ensure they do not delay making a claim?

It is our view that the provision of face to face advice is the single most important factor that would improve the support offered to vulnerable people in making a claim. The provision of this support by an independent charity, like Citizens Advice, is much more likely to ensure people do not delay making a claim.

Access to face to face

The evidence presented under 3a clearly shows a continued and strong preference for face to face advice under Help to Claim since this offer ceased in March 2022.

The lack of face-to-face advice is one of the most common access problems raised by clients responding to our experience survey. Over half of respondents (55%) to our client experience survey in 2023/24 said they would have liked face-to-face access to Help to Claim. Our evidence shows that people of colour, disabled people, people with long term health conditions, people aged 55 and over and males are most likely to prefer in person support from Citizens Advice.

We remain concerned that the absence of face-to-face advice in Help to Claim has many negative impacts for clients, particularly older people, disabled people, and people with English as an additional language (EAL).

Our concerns are compounded by research and data which indicates ESA claimants have higher levels of digital exclusion and are less likely to be confident to apply without independent help. As a result we anticipate significant levels of need amongst this cohort.

Trust in Citizens Advice

Citizens Advice is an independent charity. People rely on our confidential and impartial advice and support, trusting us to help them to find a way forward.

Our impartiality from the government gives peace of mind to people who may have a high distrust in the benefits system. People who are unlikely to engage with government agencies are more likely to turn to Citizens Advice.

We are also one of the most well known charities across England and Wales, with over 9 in 10 people recognising our brand and what we do. The role of independent agencies, like Citizens Advice, is crucial in supporting vulnerable people to access the support they need, in a timely manner.

Question 5. Does DWP have an adequate understanding of the vulnerable claimants that use the benefit system and the support they require?

In this section we highlight concerns with DWP's approach to supporting vulnerable claimants, focussing on the following areas of the benefits system:

1. The suspension of UC claims for people being investigated for fraud (the enhanced review process)
2. The administration of deductions from UC
3. Safeguarding at Jobcentres
4. Engaging with Personal Independence Payment (PIP), including application, assessment and decision making processes.

People seek Citizens Advice support for a wide range of issues relating to the benefits system - the 4 topics covered here reflect some of the issues about which people seek our advice, and are not intended to capture all elements of the benefits system where vulnerable claimants might require additional support. While each of these areas has distinct processes which can support or pose challenges to vulnerable claimants, we have a number of concerns about the DWP's overall approach which cut across the 4 topics.

In general, the DWP's processes for identifying vulnerable claimants need to be more consistent. Where processes are in place, their robustness is undermined by relying on the discretion of individual DWP agents to determine whether needs are considered serious enough to warrant additional support, as in the enhanced review process. In addition, once additional needs are identified, the support on offer can fail to meet the claimants' needs.

All names have been changed throughout.

The enhanced review process

When the DWP investigates a claimant for a potentially fraudulent benefit claim, their Universal Credit claim is suspended and their benefit payments may be stopped. Claimants are asked to submit evidence of their entitlement to Universal Credit, typically by uploading photographs of documents such as their ID, tenancy agreement, and proof of bills. Given that the government's own data suggests that 76% of investigated claims contain no fraud or error,¹ a cautious approach to suspensions is necessary, particularly for vulnerable claimants. We are concerned that claimants in vulnerable circumstances, who will be most affected by a suspension of benefit payments, are not being adequately identified and supported.

In addition to following the [Six Point Plan](#) (to be applied if someone expresses intention of suicide or self-harm), the DWP maintains that its staff check for 'vulnerability' at every stage of the enhanced review process. However, we are concerned that there are 3 main points where people can fall through the net and fail to receive the support they need:

1. When issues are flagged,
2. When cases are assessed,
3. When support is, or is not, offered.

At present, it is difficult for claimants to flag any vulnerable circumstances to the DWP (or for our advisers to flag these circumstances on claimants' behalf). We are additionally concerned that even when additional needs are flagged, this usually amounts to only a marker within the UC claimant database that could be missed by DWP agents.

¹In 2023/24, the DWP Enhanced Review Team reviewed over 165,000 claims, and corrected over 39,500, leaving almost 126,500 (76%) which were investigated but not corrected. See [DWP Annual Report and Accounts 2023-24](#), p.103, Chart F: Counter Fraud and Compliance Teams.

Secondly, even where the Enhanced Review Team (who carry out the investigations into potentially fraudulent claims) is aware of issues such as homelessness or severe disability, our understanding is that they do not always deem these as serious enough to warrant additional support.

Finally, the support offer for those identified as being in vulnerable circumstances is currently limited to the offer of a home visit, or the ability to submit evidence at a Jobcentre. Our understanding is that delaying the suspension of benefit payments is also an option at the DWP's disposal, but it is not clear how, and in what circumstances, such decisions are made.

Our research on this issue shows that many people in need of extra support are not being identified or offered enough support. This makes it more difficult for them to resolve their benefit suspensions and can result in prolonged, severe hardship. We have therefore proposed to the DWP the creation of a baseline vulnerability criteria and a tailored offer of support for those identified as needing extra help or protection. We have identified 2 groups who may need different kinds of support throughout the benefit suspension process:

1. Those who would suffer significant detriment due to a lack of funds throughout the suspension process.
2. Those who would struggle most to engage with the evidence submission process.

Those who would suffer significant detriment due to a lack of funds

The DWP could establish a baseline vulnerability criteria and additional support offer for households meeting these criteria. This criteria would ensure the safeguarding of people who are likely to suffer the greatest harm through any benefit suspension, while still allowing Enhanced Review Team officers to use their discretion to identify other people who may need additional support.

Drawing on information they are already likely to hold about claimants, the DWP could identify households including those with children under the age of 5 or where someone has a disability or long-term health condition, and those affected by domestic abuse or temporary circumstances like pregnancy or bereavement. To reduce the risk of harm for households meeting this vulnerability criteria, or otherwise identified as requiring additional support, the DWP could:

- Not suspend payments while the household engages with the fraud review process. Our understanding is that the Enhanced Review Team already has the discretion to reinstate funds when appropriate.
- Withhold only part of payments, either in percentage terms or exempting certain elements of UC from suspension, such as the Child Element.
- Provide a hardship fund accessible to affected claimants.

Overall, we understand the advantages of the DWP's flexible approach to identifying vulnerable claimants. However, the potential detriment caused by removing 100% of claimants' benefit payments during a suspension warrants a greater level of caution than in other parts of the benefits system, and a framework for identifying potentially vulnerable claimants.

Amanda's* Universal Credit payments were stopped on a Friday in summer 2023. Upon receiving notification of her suspension, she immediately rang the DWP who told her that her claim had been suspended by the Risk Review Team. They told her they would contact her within 1 to 2 working days to request information from her. Amanda told the DWP adviser that she had a small baby, and with less than £20 in her bank account and in pre-payment meter credit, wouldn't be able to cope over the weekend without any funds. The DWP adviser was unsympathetic and told her there was nothing they could do.

Those who would struggle most to engage with the evidence submission process.

Claimants whose needs make the evidence submission process challenging require additional support, to ensure they are not unfairly penalised by the fraud review process. Those who need extra support include claimants with non-digital phone based claims, or who do not have access to the internet, as well as households where somebody has a disability or long-term health condition (especially those with mental health issues or disabilities affecting communication), and those for whom English is a second language.

The offer of support could include allowing claimants more time to submit evidence, or to submit evidence in person at a Jobcentre. To facilitate claimants receiving support from third parties, they could be allowed to nominate someone to act on their behalf during the investigation, or to schedule callbacks from the Enhanced Review Team at specific times to arrange support during the call.

Neve's* UC payments were stopped in 2023. She was pregnant at the time and gave birth while her benefits were suspended. She is also disabled and in receipt of the Limited Capacity for Work element. English is not her first language and she needed a translator to engage with her fraud review.

When she came to us, Neve told us she had submitted all the information that had been asked of her, but she still had not received an official decision from the Enhanced Review Team. She also told us that she found it difficult to process the information given to her over the phone by the Enhanced Review Team. She had repeatedly requested that the information be confirmed in writing in her Journal, but this was never done. Neve struggled financially during her suspension, including needing food bank support. Her payments were reinstated 5 months after her last payment.

For further research on the impact of benefit suspensions, please see [Caught up in the Net: how Universal Credit benefit suspensions are affecting people who come to Citizens Advice for help \(2024\)](#).

Deductions from UC

Deductions from UC, particularly for debts to central government, are a widespread issue. 45% of Universal Credit claimants have a deduction from their award²; and specifically:

- over 700,000 households have deductions for benefit transfer or new claim advance loans, necessary due to the 5 week wait before the first UC payment,
- over 600,000 households have deductions for tax credit overpayments,
- over 450,000 households have deductions for DWP benefit overpayments.³

Inevitably, some of the households affected by these deductions include claimants in vulnerable circumstances. Vulnerable claimants face additional challenges in experiencing and managing their deductions, both because of the greater risk of detriment when their income is reduced, and because of the added barriers they may face to reducing the level of their deductions. Although measures announced in the October 2024 budget will reduce the overall level of deductions from 25% to 15% of the standard allowance, deductions will continue to reduce incomes below the level of assessed need; our concerns about the impact of deductions on claimants in vulnerable circumstances, and the barriers they face to understanding and lowering their deductions, remain.

The impact of deductions on vulnerable claimants

² PQ 191819. Available at <https://questions-statements.parliament.uk/written-questions/detail/2023-06-29/191819>.

³ PQ 191730. Available at: <https://questions-statements.parliament.uk/written-questions/detail/2023-06-29/191730>.

Deductions for advance loans and overpayments are typically made without specific affordability or hardship checks. In the first instance, all claimants tend to experience the same automatic deductions, regardless of additional needs or circumstances related to their vulnerability.

The prevalence and automatic nature of deductions is particularly concerning given that 64% of the people we help with advance loan deductions, and 61% of those we help overpayment deductions, are disabled or have a long-term health condition.⁴ Our advisers report that UC incomes reduced by deductions can leave people unable to afford health-related costs, such as specialist baby cream or adequate heating for their home. Over 75% of frontline advisers reported that overpayment and/or advance loan deductions have a negative impact on the mental health of the people they support.⁵ Advisers described the financial pressure caused by deductions as detrimental to claimant's mental health, and reported cases of self-harm and suicidality.⁶

Barriers to reducing the level of deductions

The many steps required to first access information about deductions, and then negotiate affordable repayments, are more challenging for claimants with additional needs or in vulnerable circumstances. Given the automated nature of deductions, the onus is placed on claimants both to inform themselves about their deductions, and to take action if their deductions are unaffordable - an approach that is particularly unsuitable for claimants in vulnerable circumstances.

In general, it is challenging for claimants to anticipate and mitigate the financial hardship caused by deductions, given the minimal communication before deductions start, the high automatic rate of deductions, and lack of awareness that deduction amounts can be negotiated. Claimants' main option for mitigating the financial impact of deductions is to ask the DWP to pause advance loan recovery for up to 3 months, and pause or reduce the rate of overpayment deductions.

In addition, it is usually difficult to challenge DWP decisions, with complex rules around requesting a mandatory reconsideration. To request a waiver of the amounts owed, there must be evidence that the claimant is experiencing severe hardship or ill-health as a result of the deduction. However, requests for waivers are rarely successful. We are concerned that the level of hardship required for a waiver request to be granted is both unclear and unreasonably high, leaving vulnerable claimants liable for debts they should not repay.

Although the DWP should notify claimants before deductions begin, particularly in the case of overpayments, claimants in vulnerable circumstances face barriers to engaging with this process. As a result, they are less likely to act on concerns about the affordability of their deductions before they begin. For example, our advisers have raised concerns that mental health conditions can make it challenging for claimants to engage with letters from the DWP. People who are digitally excluded and have a phone claim are also less likely to see their deductions clearly broken down than those with a digital UC claim. Our advisers reported specifically that people they help who have learning difficulties, limited literacy, and mental health problems found it harder to understand their deductions, and that information in other languages wasn't accessible for people with limited English.

⁴ Citizens Advice caseload data, 01.04.2023 - 31.03.2024.

⁵ 78% and 19% of 201 advisers surveyed in February 2024 reported that clients' mental health and physical health respectively had been negatively affected by overpayment and/or advance loan deductions.

⁶ In the cases advisers discussed, it was not clear whether the claimant had also expressed their intention to harm themselves to the DWP.

Matt* split up with his partner, who stayed as the carer of their children. Because of the relationship breakdown Matt became homeless, and was initially staying with a friend until the friend asked him to leave. Matt came to his local Citizens Advice for support when he became street homeless. After his relationship ended, Matt set up a sole Universal Credit account, after having had a joint account with his partner. The child element of Universal Credit continued to be paid to his partner, but Matt was also having deductions for the child element taken off his Universal Credit - even though he had never been paid it. Matt told his local adviser that without these incorrect deductions, he might have been able to afford some accommodation rather than sleeping in the street. Matt challenged his incorrect deductions through his Universal Credit journal, but has waited weeks for a response.

For further research on advance loan and overpayment deductions, please see [Designing out Deductions: how to address the welfare debt trap \(2024\)](#).

Safeguarding at Jobcentres

Jobcentres' approach to safeguarding relies on the [Six Point Plan](#) (to be applied if someone expresses intention of suicide or self-harm). From conversations with Work Coaches, we also know that the Universal Credit Journal picks up words including "suicide", which are then flagged to Work Coaches. However, we are concerned that there is not enough focus on preventing possible safeguarding issues from arising in the first place.

The existing tools that can be used to support vulnerable claimants are discretionary and mandatory easements, i.e., lowering or removing conditionality requirements for a specified period of time when it is "unreasonable to require claimants to complete such requirements" (discretionary easements) and when such action is prescribed for in legislation (mandatory easements, for example, in cases of domestic violence). Our data suggests that these easements are not consistently applied and medical conditions (especially "invisible ones", such as arthritis or mental health issues) are often dismissed or minimised. This can exacerbate health issues, which in the most serious cases can put vulnerable claimants at risk.

Eva* is in her late 40s and suffers from severe mental health problems and some physical health conditions. She had two sanctions for having missed phone appointments with a work coach because of health reasons and because she doesn't have access to the internet at home. Eva has sleep and memory issues, and is suicidal. She had £26 a month to live on and was also paying back two hardship payments, and is falling further into debt. She has had previous suicide attempts, of which her GP was aware. Our advisors updated Eva's UC journal to include this information, and helped her successfully appeal the sanction decision.

Another problem with the Six Point Plan is that it addresses the immediate safeguarding incident, without leading to longer-term adjustments to UC conditionality. Vulnerable claimants who have previously expressed intent to harm themselves may still be asked to attend in-person appointments, or see their sanction continue. Not enough consideration is given to how these requirements can exacerbate mental health conditions. To better support vulnerable claimants to engage with the benefits system, safeguarding and conditionality should be considered together. Approaching conditionality requirements without adequately considering the risks to claimants with complex needs can undermine safeguarding efforts.

For further research on sanctions, please see [The Sanctions Spiral: the unequal impact and hardship caused by sanctions in Universal Credit](#) (2023). Citizens Advice will be publishing further research on claimants' experience of Jobcentres in early 2025.

Personal Independence Payment (PIP)

The disability benefits system places a significant burden of responsibility on disabled people. This makes it challenging for claimants to find and access the support they need, particularly for vulnerable claimants and those with complex needs. Many people will also be dealing with multiple benefits processes simultaneously - e.g. PIP, Universal Credit and Access to Work - which adds to this challenge.

In 2023/24 we helped more than 100,000 people manage and make a PIP claim, 28,500 with PIP renewals and reviews, and 27,000 with obtaining medical evidence for their PIP claim. In a 2023 survey, almost all of our advisers said people weren't confident applying for PIP on their own, and the majority said people have difficulties understanding the process. In addition, over half of advisers surveyed said clients typically need more than one advice session to resolve their PIP issue satisfactorily.

Initial application

Our advisers report that navigating the complexities of the PIP processes can negatively affect clients' wellbeing. Some clients struggle to understand the points system or that decisions are based on their ability to describe the impact of a health condition on their day-to-day living. The PIP2 form is lengthy and difficult to complete, and makes applying for PIP particularly challenging for people with language or literacy barriers and those with certain mental health conditions. In addition, collecting supporting evidence including medical evidence can be difficult, time consuming, and costly.

Assessments

In general, the current model of PIP assessments can fail to reflect claimant's health needs, and works particularly badly for those with certain conditions. Our advisers report that people with fluctuating or episodic conditions often have poor experiences at PIP assessments, especially if they are having a 'good day', where their symptoms are less prominent. We are also concerned that claimants may be assessed by someone with a limited understanding of their condition(s), which can result in a poor quality medical report, incorrect decision-making, and a lengthy review process before PIP is awarded. In addition, unnecessary assessments can negatively impact health, particularly the mental health of the people we support, as well as being a time consuming and distressing process.

Decision-making

After the hurdles of the initial application and assessment, poor decision making can add to the challenges vulnerable claimants face engaging with PIP. By definition, when the wrong PIP decision is reached, a disabled claimant or a claimant with long-term health conditions has gone without the support they require. Waiting for decisions can also cause significant anxiety for claimants. We helped 67,000 people challenge a PIP decision last year, a process that can take years. Among PIP decisions going to tribunal, 69% are ruled in favour of the claimant.

Malcolm* applied for PIP following a stroke which left him unable to live independently. As well

as serious physical complications, he was also left with memory loss and difficulties communicating. However, following an assessment he wasn't awarded enough points to be eligible for PIP. Our advisers helped Malcolm to appeal this decision. Though a Mandatory Reconsideration left him with an unchanged result, Malcolm eventually had the decision overturned at a tribunal. He was awarded the standard rate of daily living and the enhanced rate of mobility and received a backdated award of nearly £12,000. It took 18 months for Malcolm to receive what he was entitled to. In this time, he went without the financial support he needed and was forced to rely on food banks. He also endured significant stress during the lengthy process.

Ben* was diagnosed with cancer a couple of years ago. He's been working as an electrician for 10 years, but had to greatly reduce his hours when his health worsened. His doctor also recommended he stop working to protect his health. Ben visited his local Citizens Advice for benefits advice, and an adviser supported him to apply for PIP, expecting him to receive the enhanced rate for daily living and for mobility. However, Ben was only awarded the standard rate for both elements, leaving him over £300 worse off every month. Ben felt the assessment summary was inaccurate, leaving out important information he'd told his assessor, and failing to take into account how cancer was affecting his mental health, memory, and concentration. Though he disagreed with the assessment outcome, Ben was reluctant to challenge the decision. He felt like he'd been called a liar, and was anxious that if he challenged the decision, he risked losing more of his benefits.

For further analysis, please see [Disability Benefits: Lessons from the front line \(2024\)](#).

*All names have been changed.

December 2024