

Work and Pensions Committee PIP and ESA Assessments inquiry Written evidence submitted by Making Every Adult Matter (MEAM)

November 2017

Introduction

1. Making Every Adult Matter (MEAM) is a coalition of Clinks, Homeless Link and Mind formed to improve policy and services for people facing multiple needs. Together the charities represent over 1,300 frontline organisations that have an interest in the criminal justice, substance misuse, homelessness and mental health sectors. MEAM supports local areas to use the MEAM Approach, which helps them to design and deliver better coordinated services for people with multiple needs. It's currently being used by partnerships of statutory and voluntary agencies in 15 local areas across England.
2. People with multiple needs face a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They are likely to live in poverty and experience stigma, discrimination, isolation and loneliness. It is estimated that 58,000 people face problems of homelessness, substance misuse and offending in any one year. Within this group, a majority will have experienced mental health problems.
3. We welcome the opportunity to provide evidence of the effectiveness of assessment processes used to determine eligibility for PIP and ESA for people facing multiple needs. Our response provides challenges and recommendations from people who have direct experience of multiple disadvantage and the PIP and ESA assessment processes, including people who have had ESA support during a change in employment circumstances. It has also been informed by people working on the front-line in local areas that we are supporting.
4. In particular, evidence was gathered through the following channels:
 - i. Stoke Expert Citizensⁱ ran a focus group with people with experience of the ESA and PIP and assessment processes
 - ii. A workshop was delivered with Expert Linkⁱⁱ and Homeless Link's Expert Panel, with people with experience of the ESA and PIP and assessment processes
 - iii. The WY-FIⁱⁱⁱ project provided evidence on ESA support during a change in employment circumstances through their Co-Production Champions, WY-FI Network (of people with lived experience) and frontline staff
 - iv. A workshop was delivered around the PIP assessment process with Homeless Link member organisations at a West Midlands regional network meeting.
 - v. A telephone interview was held with a beneficiary of Opportunity Nottingham^{iv} with experience of the PIP assessment process
5. MEAM and the people involved in providing this evidence would be glad to elaborate further on any of the information provided.

Question: Are some groups of claimants particularly likely to encounter problems with their assessments – and if so, how can this be addressed?

The general process

6. People with multiple needs often have ineffective contact with services, as in most cases they are designed to deal with one problem at a time and to support people with single, severe conditions. Services that work successfully with people with multiple needs adopt a person-centred approach that builds trust and engagement and does not place additional pressures upon people.
7. People with multiple needs are likely to live in poverty and experience stigma, discrimination, isolation and loneliness. 85% of those in touch with criminal justice, substance misuse and homelessness services experienced trauma as children.^v
8. The evidence we have received indicates that the ESA and PIP assessment processes are failing people with multiple needs. Where people did engage with the process it had a negative impact on their mental health; both in anticipation of the assessment and during the assessment process itself.
“I was frightened to claim PIP”
Expert Citizens Focus Group member
“(the assessment process) raised anxiety which made meetings harder.”
Expert Citizens Focus Group member
“Assessment pulls you apart, and then expected to put (yourself) back together”
Expert Citizens customer
9. A lack of support when individuals were re-assessed due to transitioning from ESA to employment was also cited by staff working at WY-FI as having the potential to undermine the positive steps made by people in recovery.
10. As this inquiry notes, official statistics highlight that 70% of those appealing a PIP decision are overturned. Many individuals raised that the PIP assessment process adopts a ‘failure first’ approach.
‘If you’re on your own, you fail. If you don’t turn up, you fail. If you make eye contact, you fail.’
Homeless Link Expert Panel member
11. The negative reputation of the ESA process, in particular the perception of a ‘failure-first’ approach and the negative impacts the process can have on individuals’ mental health, can act as a deterrent to people claiming legitimate entitlements, increasing disengagement with the process.
“I had been on JSA for 12 years, due to long-term substance misuse. Looking back, I should really have been on ESA during my illness, but having seen how difficult the process was for others, I couldn’t face it and chose to make do with JSA.”
Worker at a drugs service in West Yorkshire (WY-FI)
12. The evidence gathered highlighted four key parts of the processes which in their current form are ineffective (initial application forms, waiting period for initial assessment, the assessment and the appeals process). Solutions are provided on how these areas could be improved, thereby improving the process and increasing engagement.

Initial application forms

13. People reported that it was difficult to complete initial application forms for both ESA and PIP. The forms are complicated, and there is a lack of support available on how to complete them.

14. Forms contain broad questions around how “disabilities, illnesses and health conditions” affect individuals. These do not prompt responses relating to the interplay of multiple disadvantage (aside from substance misuse), or issues that fluctuate or have debilitating periods, such as some mental health conditions.
15. Further, the forms require individuals to talk about themselves in a negative light, focussing on their needs and what they cannot do, rather than their assets. The process of completing these forms can therefore impact negatively on someone’s mental health.

“ESA50 assumes everyone can convey how illness effects them – some people can’t even write!”
Expert Citizens Focus Group member

“I can’t put into words what’s wrong with me – the care system, the prison system?”
Expert Citizens customer

16. **Recommendation: Application forms should be designed so that they are accessible to the groups using them. This should be achieved through developing them with people with lived experience of multiple needs.**
17. **Recommendation: Forms should also be more readily available, for example at public services and agencies who are in contact with people with multiple needs.**
18. **Recommendation: Appropriate support should be provided to people to complete the form, and to mitigate the effect completing the form can have on people. This should be provided by people who have a developed understanding of the individual and their requirements.**

Delay for assessment

19. Individuals reported lengthy delays between receiving the ESA50 form and getting an initial assessment, with one individual reporting waiting 6-8 months for an assessment. In this time, people can be subject to financial hardship and are at risk of falling into rent arrears.

“I only had the clothes on my back, and no bank. I don’t know what I would have done if I hadn’t got help from my mum and dad.”
Expert Citizens Focus Group member

“How do they expect people to cope? You can use food banks, but can only go 3 times.” Expert Citizens Focus Group member

20. The delay can further lead to a deterioration in people’s mental health. An individual reported that the wait for initial assessment caused increased anxiety, and they were then subject to further delay as their appointment was cancelled, leading to financial problems.
21. Although advance payments are available and had been claimed by one person providing evidence, there was a general lack of awareness of these. It was felt that no-one was pro-actively informing people of the availability of advance payments.
22. **Recommendation: Individuals should be pro-actively offered financial support which adequately covers the initial wait for the assessment. This support should be widely publicised by work coaches.**

Assessment

23. As part of the ESA and PIP assessment, evidence can be included from GPs. Individuals felt that GPs were likely to have a better understanding of individuals than a one off ‘point-in-time’ assessment, particularly for those with fluctuating mental health conditions.

- 24. Recommendation: DWP should work with GPs to ensure they collect information relevant to the assessment and that this is supplied as part of the assessment process.**
25. In the experience of all the people who provided evidence, the questions asked during assessments questions focussed solely on the physical ability of a person, and did not consider individuals' mental health. In specific reference to PIP, it was felt that the indicators which were not effectively assessing variability of symptoms, motivation, ability to engage with strangers, and controlling temper and coping in social situations.
- "Makes you feel like an imposter, I answered yes to all the questions. Maybe I am alright?"*
Expert Citizens Focus Group member
- "If you can lift a box, raise your hand, wash your hair, it's fine, you are fit for work. I knew I couldn't hold a job, because my life and I were in chaos."*
Individual employed by WY-FI with lived experience of multiple needs
- "I went on me own to assessment, waited all afternoon, got asked questions... was suicidal, crying all the time in interview. Don't think to take into consideration mental health, don't consider how I can't get out of bed because of mental health."*
Expert Citizens Focus Group member
26. Although opportunities are available to provide information relating to drug and alcohol use and individuals' housing situations, these are not routinely followed up. For example, we received evidence of an individual who was recorded as staying at a 'hostel' when they were living in supported accommodation with a high level of support. The individual did not initially receive ESA but this was reversed on appeal.
- 27. Recommendation: Assessment indicators should allow assessors to consider the impact of an individual's mental health condition including how this fluctuates over time.**
- 28. Recommendation: Assessors should be empathetic, sympathetic and non-judgmental to mitigate the negative effects of undertaking an assessment.**
- 29. Recommendation: Staff who carry out assessments should be trained to fully understand how an individual's combination of mental health, housing situation, drug and alcohol use and contact with the criminal justice system affects their ability to meet the indicators. This may include ensuring staff adopt a Trauma Informed Care approach to ensure that assessors do not re-traumatise individuals undertaking an assessment.**
30. The assessment environment was also considered by some to be "like a prison visiting area...it's cold, [you] feel under scrutiny."
- 31. Recommendation: Assessment environments should be designed and assessments delivered in a way that takes into account the emotional and psychological needs of individuals. The design of the environments should be conducted in partnership with people with lived experience of multiple needs.**
32. Although people are entitled to have someone accompany them at the assessment, this practice is not pro-actively advertised to people. Many individuals highlighted how having an advocate who could prompt them to respond to questions could mitigate problems caused by the lack of mental health awareness by assessors.
- 33. Recommendation: Communications around the assessment processes for ESA and PIP should encourage people to be accompanied by an advocate where appropriate.**

Contact

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ⁱ Expert Citizens are an independent group of people who have all experienced multiple needs and use their unique skills and experiences to be a voice for others. More details:

<http://www.expertcitizens.org.uk/about-us/>

ⁱⁱ Expert Link is a peer-led network which aims to amplify the voices of people who have experienced severe and multiple disadvantage. More details: <http://expertlink.org.uk/>

ⁱⁱⁱ WY-FI is one of the 12 projects in the Big Lottery Fund Fulfilling Lives Multiple Needs Programme, which aims to improve the lives of people with multiple and complex needs. The work of WY-FI is focussed on people experiencing 3 out of 4 of the following: homelessness, addiction (drugs and alcohol); re-offending and mental ill-health (HARM), and who are currently not accessing support services in respect of some or all of these. WY-FI aims to achieve system change so that people who experience multiple needs are supported more effectively and are able to live fulfilling lives. More details: <https://wy-fi.org.uk/>

^{iv} Opportunity Nottingham is part of the National Fulfilling Lives Programme and Big Lottery Funded until 2022. They exist to improve the lives of people with multiple and complex needs in Nottingham City, and deliver work through a partnership of local agencies. More details:

<http://www.opportunitynottingham.co.uk/>

^v [*Hard Edges: Mapping Severe and Multiple Disadvantage in England*](#) (Lankelly Chase, 2015)