

Second Independent Review of the Personal Independence Payment Assessment Process in Northern Ireland

Response to the Consultation by the Rural Residents' Forum

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Background on the Rural Residents' Forum

The Rural Residents' Forum was established in 2009 as part of the NI Housing Executive Rural Homes and People Strategy. The need for a Rural Residents' Forum was re-affirmed by the NIHE Rural Unit's Rural Housing Strategy 2013-2015. The Rural Residents' Forum is an integral part of the NIHE's Community Involvement Structures.

The Rural Residents' Forum provides a consultation mechanism for NIHE on all policy, strategy and financial decisions affecting rural dwellers of all tenures that live in estates where there are NIHE properties.

The Rural Residents' Forum identifies and articulates issues that affect rural dwellers across all tenures that live in estates where there are NIHE properties.

Response to the Consultation

The Rural Residents' Forum (RRF) welcomes the opportunity to respond to the Second Independent Review of the PIP application process. The implementation of PIP and the welfare reform programme in general has been a recurring theme at Rural Residents' Forum meetings since 2011. This response is based on comments made at a Zoom discussion held by the Independent Reviewer Marie Cavanagh and RRF members on 3 July 2020 and on the experience of one RRF member who voluntarily supports applicants in her area to make applications for Personal Independence Payment.

This activist estimates that she has supported approximately 150 applicants to the Personal Independence Payment process over a 35-month period from November 2017 to October 2020.

Issues with the PIP application process for rural applicants.

All the PIP applicants this activist has supported lived in rural communities (settlements of 5000 people or less and open countryside) and despite the unique circumstances of their individual conditions they shared similar challenges in attempting to access PIP:

All applicants who sought support were extremely apprehensive about the PIP application process. There was a lack of awareness of where to turn to for support in completing PIP applications. Applicants were reluctant to go to local elected members surgeries as they felt uncomfortable discussing their personal life and issues with them. They were aware of Benefits Advice offices, but these were hard to access for many rural applicants who all had serious health/disability issues and found services difficult to access.

Some applicants were unaware how they could initiate the PIP application process and had to be advised of the PIP contact number to begin the process and request that an application be posted out.

None of the applicants had the capacity to fill in the PIP application form independently. At their first reading of the application no one could see how the PIP descriptors were relevant to their condition and most would have ticked no to every question. When it was explained to them that they had to consider how the descriptors fitted their experience of their condition and that every question had a relevance they were more comfortable proceeding with the application.

This community activist attended PIP assessments with many of these applicants. This included assessments carried out in an assessment centre and those carried out in the applicant's home, to offer support to them during the assessment session before the Covid 19 pandemic and subsequent lockdown. All applicants reported that they found this support valuable and said it had helped them in completing the assessment process. The recent move to telephone assessments only, as a result of the lockdown, has had a detrimental impact on the applicants' experience of the assessment process. Many applicants with accompanying evidence who meet the descriptors are currently being turned down for PIP. We believe that the telephone assessment process has led to a higher percentage of applicants being turned down for PIP.

Pre lockdown, in most cases, this community activist attended the claimants' homes to support them in making their application as most had no private transport and public transport was very limited in most areas. Some of these applicants live in remote rural locations. Applicants were more at ease in their own home and as the completion of the PIP form requires detailed information on medication, medical appointments etc. these were to hand in the applicant's home. Post lockdown claimants have been supported to complete application forms using phone calls or where broadband is available over Facetime or other applications although this presents challenges as it can take several hours to complete an application and the detail required to complete the application can be emotionally draining for applicants who are unwell.

Home visits were requested for many of these PIP assessments pre lockdown and many of these applications were assessed in the client's home. The home visit facility was a significant help for disabled rural applicants with mobility issues. Since lockdown home visits have ceased due to public health advice. This activist has found that on several occasions PIP assessors have not enabled claimants to have independent support through conference calls so that claimants are not receiving the support they are entitled to during their initial assessment.

Mandatory reconsiderations and appeals have also been supported by this activist, but this has become more challenging since the pandemic. It is now much more difficult to access medical notes to build up evidence for mandatory reconsiderations and appeals. Medical centre staff and GPs are much busier, and applicants now wait longer due to the need to redact information and prepare medical notes for release. This activist supported one case where the appeal process took 2 years to resolve. In this case PIP was awarded and the payment was fully backdated, but the claimant suffered significant stress and hardship due to an inordinately long wait on a resolution to the appeal.

In most of the cases lack of reliable broadband access was a problem that hindered the PIP application process. Applicants were supported to complete the hardcopy of the PIP form, but it is useful to have access to the internet when completing a PIP form to research additional detail and specialist medical terminology. Most areas had little or no broadband coverage and 4G coverage on personal devices (where applicants had access to a smartphone/tablet) was patchy.

The attitude and manner of a minority of assessors to claimants also, unfortunately, remains an issue. Most assessors are respectful and courteous and treat applicants with dignity. There are a minority who are disrespectful and, in some cases, rude to vulnerable applicants.

So, in conclusion, there were issues with the lack of transport and poor broadband as well as distance from benefit advice services for these rural dwellers. All the welfare rights advice offices are in the larger towns in this district with limited rural outreach and are difficult to access for the applicants involved. We would question whether the Department has complied with its due regard duty to consider the needs of rural dwellers as set out under the Rural Needs Act NI 2016¹ when Personal Independence Payment was introduced.

¹ <https://www.legislation.gov.uk/niu/2016/19/contents>