



Shaping future support: The Health and Disability Green Paper

NAWRA Response

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NAWRA: Secretary - Kelly Smith C/O CPAG, 30 Micawber Street, London N1 7TB

Contact for queries: vice-chair daphne.hall@nawra.org.uk

web: www.nawra.org.uk

The National Association of Welfare Rights Advisers

1. The National Association of Welfare Rights Advisers (NAWRA) was established in 1975 as the Welfare Rights Officers' Group, and then the National Welfare Rights Officers' Group before becoming NAWRA in 1992. It represents advisers from local authorities, the voluntary sector, trade unions, solicitors, and other organisations that provide legal advice on social security and tax credits. NAWRA currently has more than 200 member organisations.
2. We strive to challenge, influence and improve welfare rights policy and legislation, as well as identifying and sharing good practice amongst our members.
3. NAWRA holds four conferences throughout the year across the UK, attended by members from all sectors of the industry. An integral part of these events are workshops that help to develop and lead good practice.
4. Our members have much experience in providing both front line legal advice on benefits and in providing training and information as well as policy support and development. As such NAWRA is able to bring much knowledge and insight to this consultation exercise.
5. NAWRA is happy to be contacted to provide clarification on anything contained within this document. NAWRA is happy for details and contents of this response to be made public.

Executive summary

6. This response is informed by a survey of NAWRA members setting out the questions within the Green Paper to which we received 63 separate responses. In addition, at our September 2021 conference (attended by around 200 members) we held a workshop looking at the key issues within the Paper and feedback from the session also informs this response. While inevitably there are varying views among so many people, this report attempts to summarise the over-riding view of the members of NAWRA.
7. While NAWRA welcomes the publication of the Green Paper and the opportunity to submit our views, we have concerns about the aim expressed in the Paper to make the system 'more affordable'. NAWRA believes this consultation should be focused on how to improve the lives of disabled people and those with long-term health conditions, to empower them, and to give them choice. Investing in social security and employment support will not only help achieve these aims, but is also likely to lead to higher employment among disabled people, and reduced demands on other services such as health and housing.
8. We have addressed each chapter individually and the following is a summary of our key recommendations from each.
9. Providing the right support: NAWRA recommends that the DWP should –

- Move away from a ‘one size fits all’ approach and allow the claimant choice in how they claim benefits, receive communications, submit evidence and, where required, how assessments are carried out.
- Have a default position of believing the claimant and, where something goes wrong, offer support rather than punishment.
- Fund independent advice and refer claimants directly to it.
- Fund independent advocacy support which supports a person through claiming, managing a claim and, where necessary, challenging a decision
- Use markers across the board to indicate vulnerability, choices for communications etc.
- Extend Motability to a wider range of people

10. Improving employment support: NAWRA recommends that the DWP should –

- Promote Access to Work more widely to both employers and disabled people and increase funding to meet the demand that is likely to arise.
- Remove any form of conditionality – employment support should be empowering not punitive.
- Introduce specialist work coaches with more extensive training in disability and mental health awareness
- Improve financial support within universal credit, eg by reinstating the LCW element which can help with extra costs of working, and removing the Minimum Income Floor which prevents many people from trying out self-employed work because of the fear of losing the safety net and being left destitute.
- Recognise that not everyone can access digital support – facilitate access where it would help, and offer alternatives where it would not.
- Remove all barriers to disabled students accessing benefits – any person in receipt of a disability benefit at any rate should be able to access education without losing entitlement.

11. Improving current services: NAWRA recommends that the DWP should –

- Offer a choice in how assessments are carried out and look towards offering greater use of triage and paper-based assessments.
- Use evidence from people that know the claimant rather than HCPs.
- Record all assessments and provide both the claimant and the decision-maker with a copy.
- Introduce ‘holistic’ decision-making at the start of the process rather than waiting for the mandatory reconsideration stage – focus on quality rather than quantity.
- Provide multiple channels for claimants to communicate with the Department.
- Where a decision is changed pending appeal, notify the claimant of the increased award, lapse the original appeal and allow the new appeal to continue without detriment (ie do not put it to the back of the queue) if the claimant wishes it to.
- Increase the upper age limit for DLA to 18, or put in place safeguards to protect it from being lost on transition, eg short term assistance which maintains payments pending the appeal process.
- Ensure that any Severe Disability Group simplifies the process for claimants with a long-term condition and does not become an additional hurdle to jump.

12. Re-thinking future assessments to support better outcomes: NAWRA recommends that the DWP should –
- Provide more flexibility within the point-scoring regime which enables benefit to be paid for conditions such as bipolar, eating disorders, epilepsy, and psychotic episodes.
 - Introduce a risk to health criteria for PIP that can override the point-scoring system.
 - Use evidence from people that know the claimant (including non-medical) rather than HCPs without the relevant skills or background knowledge of the person.
 - Start from a position of believing the claimant.
13. Exploring ways to improve the design of the benefits system: NAWRA recommends that the DWP should –
- Centralise information collected so the claimant does not have to repeat themselves.
 - Take a holistic view of benefits so that, if a person claims one benefit, checks are made to ensure they are claiming any other appropriate benefits.
 - Use less assessments and make more use of passporting.
 - Make changes to universal credit that support people financially as they move into work (eg increasing work allowances and applying them to everyone) and take away the fear of trying out employment (eg by restoring linking rules so that a person can return to the level of benefits they were on previously if employment does not work out).
 - Get away from the idea of making the system ‘more affordable’ but focus instead on what disabled people need to give them independence and equal opportunities.

Chapter 1 - Providing the right support

What more could DWP do to improve reasonable adjustments to make sure that services are accessible to disabled people?

14. NAWRA members highlighted that huge improvements could be realised by asking claimants about their needs and respecting them, rather than expecting people to adhere to a ‘one size fits all’ approach. The Expert Patients Programme¹ - a Department of Health research project – clearly established that giving people more control over their situation can have huge benefits. In particular, NAWRA recommends –
- Offering choice in methods for claiming benefits and attending assessments or appointments, eg on paper, by phone or video, online, face-to-face (including home visits). There should be no need to have a battle to access the method most suitable – NAWRA members report that all too often adviser intervention is needed to access the most suitable method.

¹ <https://www.gov.uk/government/case-studies/the-expert-patients-programme>

- Offering choice in how communications will be made, eg paper, phone, online or by email. This should be offered from day 1.
- Carrying out assessments less often – focusing on the quality of assessment and evidence gathering rather than the frequency.
- Carrying out more disability awareness training for staff – particularly around hidden disabilities.
- Listening to the claimant and believing them when they explain any barriers they may face.
- Offering a private room for appointments and advertising the availability of them.
- Funding schemes that provide ‘buddy’ support.
- Acting flexibly when things go wrong, eg missed appointments, and not assuming the person has deliberately failed to do something but checking what happened and offering support.
- Where adjustments have been requested, recording the request and ensuring that those adjustments are continued on an ongoing basis, eg providing communications in large print, needing a private room etc.

What more information, advice or signposting is needed (in particular to health services)?

How should this be provided?

15. Access to independent, expert advice should be a basic right and research has shown² that supporting free, legal advice would save the Treasury £4 billion in one year alone. NAWRA believes that there should be a statutory obligation for local authorities to provide welfare benefits advice, either directly or through the voluntary sector, and ring-fenced funding should be provided from national government to enable them to do this. We welcome the developments that have been made along these lines in the devolved nations.
16. As recommended previously by NAWRA, signposting to advice is most effectively done by pointing people to the [advice.local website](https://advice.local.uk)³ where up-to-date information on advice services in a range of areas (including welfare benefits, disability and social care, debt, employment and housing) can be accessed by inputting a postcode. Inserting this URL on all communications, leaflets and relevant gov.uk pages would be a simple and effective way of enabling people to get in touch with services in their area.
17. While signposting is effective for some, for others direct referral is necessary in order to ensure that a person gets the help they need. This can often be best achieved by co-locating advice services in a range of local and accessible locations, eg in healthcare settings or public buildings. Research has shown⁴ that getting advice has a positive impact on health and well-being, and that two-thirds of those referred to co-located

² <https://atjf.org.uk/supporting-free-legal-advice-would-save-treasury-4bn-next-year>

³ <https://advice.local.uk>

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https://www.citizensadvice.org.uk/global/public/impact/understanding%20the%20effects%20of%20advice%20in%20primary%20care%20settings_research%20report%20%28final%29.pdf

and <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/impact-of-colocated-welfare-advice-in-healthcare-settings-prospective-quasiexperimental-controlled-study/6A924BB98D8AF5FBF9B8CB9F7C6A1CCE>

advice would not have otherwise have accessed advice. NAWRA recommends that funding should be made available to place advice services both within the jobcentre and within healthcare settings. Empowering work coaches to make direct referrals to them would be hugely beneficial and enable people to access appropriate support much more reliably and effectively.

Do you agree with DWP's principles for advocacy support and, if not, why not?

18. In our survey, 50 per cent said they agreed with the principles. However, considerable concern was raised at the suggestion that it should only be offered 'to the people who need it most'. NAWRA members felt strongly that it should be available to all who either indicate a need or request it without having to reach some arbitrary threshold.
19. Concerns were also raised about adequate funding and resources being put into the proposal. The failure to fund universal support remains a major hurdle for universal credit to achieve its objectives. While advocacy can save money in the long-term by ensuring that things run smoothly, it is necessary to put in the investment to achieve this. The advocacy must also be from quality providers with a track record of providing such support and independent from the DWP. Any monies available should be there for the long-term and reflect the true cost of the service(s) provided.
20. NAWRA welcomes the moves made by Scotland in providing advocacy support for the devolved disability benefits⁵ and suggests the DWP might learn from the Scottish experience.

How might DWP identify people who would benefit from advocacy and what kinds of support should advocacy include?

21. NAWRA members listed a number of flags that would indicate a person may benefit from advocacy including those who –
- Are upset, frustrated or confused.
 - Disclose a health problem or disability.
 - Are either alone, a victim of abuse, recently bereaved or a lone parent.
 - Fail to meet the requirements asked of them, eg do not return forms in time, answer phone calls, make appointments etc.
22. Using vulnerability markers across the board (all benefits and employment services) would also help flag up those who may be in need of more support.
23. Advocacy support should be proactive and seek to avoid problems either happening at all or escalating. It should include –
- Not only help making a claim but also help managing a claim (including any possible appeal).
 - Allowing implicit consent so the advocate can speak on behalf of the claimant even when they are not there.
 - Facilitating partnership working linking up with others involved in the person's life, eg support workers, CPNs, social worker etc.

⁵ <https://www.gov.scot/news/independent-advocacy-support-for-disabled-people/>

Are DWP meeting disabled people’s mobility needs and, if not, why not?

24. In our survey, 100% said that the DWP was not meeting the mobility needs of disabled people. A number of points were raised –

- The law around the mobility descriptors is often incorrectly applied, with insufficient attention being paid to a person’s ability to carry out a function reliably.⁶
- The threshold for qualifying for Motability is too high requiring that someone is in receipt of the enhanced rate mobility component of PIP (or equivalent DLA, AFIP, war mobility supplement). Many who do not meet the criteria for this have significant problems getting about including not just those with physical disabilities, but also those who are neurodiverse or have mental health conditions. Isolation and loneliness can cause health to deteriorate – investing in Motability and enabling people to get out and about can change the quality of people’s lives, particularly in rural areas.
- Protection is needed if a person loses their entitlement to the mobility component – a person should be allowed to keep their car or mobility vehicle until their appeal rights are exhausted with no penalty.
- More recognition of people’s mobility needs should be taken into account when scheduling appointments or assessments and options should be given including phone/video, online or home visits.
- When arranging assessments for benefits, our members have raised issues around the ‘real’ travelling time not being taken into account. Where there are long distances involved, or public transport is not reliable such as in rural areas, a ‘90 minute each way’ trip can be a full day event often involving an early start and several changes in buses/trains, which can be extremely stressful. Allowance for late arrival or alternatives need to be offered as a matter of course.

Chapter 2 - Improving employment support

What more could the Department do to further support employers to improve work opportunities for disabled people through Access to Work and Disability Confident?

25. Generally NAWRA members felt that, while Access to Work could make an ‘immeasurable difference’, there was not enough information available about the programme and that many claimants and employers were unaware of its existence or how to use it. This is especially true for people who have ‘invisible disabilities’, and there are some that believe that Access to Work is only available to those that have an award of PIP. More promotion is needed and funding needs to be made available to meet the inevitable increased demand – there was concern that already it did not meet all the required needs.

26. A certain amount of scepticism was expressed about the Disability Confident scheme, which was seen by some as a ‘meaningless badge’ and a ‘tick box’ exercise for

⁶ <https://pipinfo.net/issues/reliably>

employers. NAWRA suggests that more needs to be done to monitor those who are signed up as Disability Confident to ensure that action is being taken as committed to.

27. Other suggestions put forward by members to increase support for employers and improve opportunities for disabled people include –
- Providing disability awareness training for all employers and information about how to make reasonable adjustments.
 - Ensure that there are a range of suppliers who provide support through Access to Work so that the most appropriate support can be provided.
 - Provide meaningful training for disabled people, which is tailored to their skills, needs and wishes, rather than just what is available.
 - Acknowledging that, for smaller business or charities, finding the funding for the needs of disabled workers can be the reason that a disabled applicant is not successful at interview despite them having the same skills or qualifications as a non (or non-disclosed) disabled candidate. Additional funding may need to be made available for such organisations.

How could people who have fallen out of work be supported to consider suitable alternative work before their WCA?

28. The over-riding view among NAWRA members was to remove conditionality and any pressure to work. The fit note should be accepted as evidence that the person is currently not able to work. However, support *with no strings attached* can be offered to those who feel it may be helpful. And, if a person does manage to get back into work, there should be no penalty if it doesn't work out. If support is going to be genuinely helpful, there needs to be complete removal of any kind of threat or punishment.
29. Similar concerns also apply after a WCA. Many claimants would want to dip their toe in the water helped by incentives such as ESA permitted work and UC work allowances. However, the experience on the road to having LCW/LCWRA status accepted can leave people on the margins of untried employability fearful of taking up employment support offers in case it cast doubts on that hard won status (whether for fear it may trigger a WCA review or cause doubts at a future re-assessment.)
30. If the DWP is serious about making the most of the potential win-win gains of employment/return to work support, it must find better ways of separating tests for financial eligibility from genuinely effective tailored support back into work, tackle the disincentive effect of high marginal tax rates and move completely away from sanctions and control. Building trust and working together in a positive, enabling way is the way to yield dividends.
31. NAWRA also believes that there is a need for specialist work coaches with more extensive training in disability and mental health awareness. It is unrealistic to expect generalist work coaches to have the skills needed to deal with all circumstances, but there should be a system in place to routinely refer to those that do have the knowledge and experience.

What further support or information would help work coaches to have more effective conversations with disabled people and people with health conditions?

32. A range of suggestions were put forward by NAWRA members including –

- Listen to the claimant and believe them.
- Ask the claimant what would help make a difference in their life (which may or may not be anything to do with employment) and try and enable that through appropriate referrals.
- Provide proper training around how to empower people and how to discuss disabilities.
- Bring back specialist disability advisers – while jobcentres do have disability employment advisers, frontline staff are told that they should be able to support people with disabilities into work.
- Being in a private room so there is no chance of being overheard.
- Allow sufficient time for appointments – without the pressure of a high workload – quality rather than quantity of contacts.
- Use vulnerability markers so that the same questions do not get asked repeatedly.
- Provide guidance on health conditions for work coaches to increase awareness and knowledge

What improvements could be made to employment support, and how might other organisations and services join up in providing it?

33. NAWRA notes the findings of the recent report from the Public Accounts Committee⁷ which highlighted the inflexibility of the DWP in adapting its employment support. NAWRA agrees that support is not tailored to the individual or their wishes.

Improvements suggested include –

- Remove all conditionality and threat of sanctions.
- Using disability led organisations to provide support.
- Making support less outcome-focused and more focused on the needs of the individual.
- Providing more training for employers to try and change attitudes and practices in respect of disabled people.
- If someone does get into employment, providing follow-on support working with both the individual and the employer.

34. Alongside employment support, NAWRA believes that making changes within universal credit could help disabled people into employment such as –

- Re-instating the limited capability for work element – this helps provide much needed financial support for people who may be longer term sick and face costs not covered in basic short term subsistence rates, enables people to arrive in a better state at a point of easing back into work as health allows, and helps people move into work which often entails extra costs for disabled people.
- Removing the minimum income floor – self-employment can be a good way to gradually move back into work. The threat of the minimum income floor being

⁷ <https://committees.parliament.uk/work/1263/dwp-employment-support/news/157314/dwp-unable-to-explain-shocking-inequality-as-unemployment-among-young-black-people-surges-to-416-in-pandemic/>

applied at some point in the future may stop someone exploring self-employment options. Providing genuine support to move someone into 'gainful' self-employment will be much more effective than taking money away from them.

What support could be offered to encourage those with LCWRA to take up employment support?

35. As set out in paragraph 28 and elsewhere, NAWRA members overwhelmingly support the removal of any conditionality or any risk of losing benefits if things don't work out. Any support should take into account the person's views and be –

- Voluntary.
- High quality and effective.
- An opportunity to gain skills, experience and personal development – not just about getting a job

What should be considered when developing digital employment support?

36. NAWRA members highlight that many people cannot access digital support and, while we welcome it being offered, it should be just one of many alternatives. In order to facilitate those who have digital skills but may not have access to the equipment needed, thought should be given to ensuring that all jobcentres have assistive technology and can provide devices free of charge for claimants to use, or award grants so that they can be purchased.

37. There are many reasons why people cannot access digital support and some of these may overlap. Our members tell us of clients that they see who have language difficulties as well as disabilities. Some of the assistive technology may not be suitable for use in jobcentre offices, for example voice-activated software will not work at an optimum level in a busy jobcentre as the programme is designed to pick up words from anyone around and to try to turn that into text. In addition, people are likely to need training in how to use such programmes, including people who are partially sighted or neuro diverse and need a programme to read the text of pages aloud to them. When someone has difficulty with language, the need for that training increases exponentially.

How can the Department better support young disabled people into work?

38. NAWRA strongly opposes the continual removal of access to benefits for disabled students demonstrated most recently by the regressive legislation introduced by the government to prevent disabled students from accessing universal credit unless they had already passed a work capability assessment.⁸ If the government truly wants to support young disabled people into work then they must enable them to get the education and training they need to do so. NAWRA believes removing all benefit restrictions for disabled students is essential and non-negotiable.

39. Alongside this, other steps that can be taken include talking to schools, further education establishments and higher education leavers, and introducing specialist long-term career planning.

⁸ <https://www.legislation.gov.uk/uksi/2020/827/made>

Chapter 3 - Improving current services

What mix of methods should be used to conduct health assessments and what improvements could be made to telephone and video assessments?

40. NAWRA believes that a range of methods should be used – including paper, phone, video, face-to-face and home visits. Furthermore it should be the claimant's choice which method is most suitable for them. NAWRA also recommends making a greater use of paper-based assessments and triaging cases to see if further evidence can be obtained elsewhere as proposed in Scotland for its devolved disability payments. The DWP should consider whether the expense of an assessment – or the need for a re-assessment – is actually necessary and whether the results are likely to shed more light on the claimant's limitations than is available from asking the people who know the claimant best or by evaluating the claimant's own description?

41. Improvements that could be made to phone and video assessments include –

- Listen to the claimant, ask open questions and do not make assumptions – examples of comments on health care professional reports are 'no sounds of pain', 'no emotions were heard', 'did not sound anxious'.
- Listen to parents, carers, friends or anyone who might be supporting the claimant.
- Have less frequent assessments, particularly where there is an ongoing, progressive or permanent condition – justification should be provided for the review time suggested.
- Use previous assessments, again particularly where a condition is ongoing.
- Health care professionals should read the papers before the assessment so they do not ask unnecessary or inappropriate questions.
- Record all assessments and provide a copy to claimants and to the decision maker who should listen to the recording as well as read the report.
- Do not put too much reliance on medication prescribed or services accessed – there may be any number of reasons why a person may not be getting the treatment expected, for example where a person has a chronic condition or an increase in pain or falls, this may not trigger a visit to a doctor. The fact that someone may prefer an alternative treatment should not be seen as detrimental or contrary.

What more could be done to reduce repeat assessments?

42. As a number of members commented, 'Just do it'! The basis on which review dates are given could easily be reassessed ensuring it takes age, history and prognosis into account. Where appropriate, light touch reviews every ten years would be more than adequate. The revolving door of unnecessary repeat assessments instills fear into claimants and prevents any relationship of trust developing.

What further improvements could be made to decision-making?

43. NAWRA welcomes the introduction of 'holistic' decision-making, which has led to a significant increase in the number of decisions overturned at mandatory reconsideration

stage. However, we question why holistic decision-making – using evidence from the claimant and other sources, rather than just the health care professional (HCP) – is not introduced at the first stage of the decision-making process. If it were, it would both improve the experience for the claimant as well as reducing costs for the Department. Asking the claimant who knows them best, and ensuring evidence is obtained from that person, would reduce the need for an external assessment by an HCP enabling more paper-based decisions as suggested at paragraph 40. Indeed the case study highlighted in the Green Paper itself⁹ demonstrates that the report from the HCP often fails to pick up key information.

44. Other ways to improve the quality of decision-making include –

- Offering more routes to send in further evidence, eg email /online.
- Make it easier for decision makers and claimants/advisers/advocates to speak to each other
- Focus on quality not quantity – take time to collate all the information so that the correct decision can genuinely be made first time, saving time and expense further down the line not to mention stress and anxiety to the claimant.
- Ensuring that information about vulnerable claimants is easily available.

45. There may be much to be learned from evaluating the results of Social Security Scotland’s very different intended approach to assessments and decisions.

Where a decision has been changed after an appeal has been lodged, how should that new decision be communicated?

46. NAWRA recommends that any changes in the decision should be notified in writing to both the claimant and representative, and also via the method that the claimant prefers to be contacted by. However, it must be made clear that their appeal rights continue as set out in the latest best practice memorandum¹⁰ following the judicial review challenge¹¹ to DWP practice. In addition, NAWRA believes the claimant should not be prejudiced by the new decision, and that any new appeal should maintain its place ‘in the queue’ and not be put back to the start.

How could the Department improve the experience for young people transitioning from child DLA to PIP?

47. NAWRA would like to see the upper age limit for DLA raised to 18 as it is for child disability payment in Scotland. This is a much better point in transition into adulthood to make an assessment of difficulties. The extent to which young people lose their disability support was a serious issue when the change was within the same benefit, but that drop off rate has substantially increased with the swap to PIP, as has the success rate at appeal. The current system creates huge disruption and lost support at a critical period in a young person’s life.

⁹ <https://www.gov.uk/government/consultations/shaping-future-support-the-health-and-disability-green-paper/shaping-future-support-the-health-and-disability-green-paper#the-impact-of-holistic-decision-making>

¹⁰ <https://depositedpapers.parliament.uk/depositedpaper/2283506/files>

¹¹ <https://publiclawproject.org.uk/content/uploads/2021/07/CO042632020-consent-order.pdf>

48. However, in the absence of that, we recommend –

- Continuing sending duplicate correspondence to their parent/guardian until PIP claimant turns 18.
- Making sure the parent/guardian receives clear information about how to become the appointee if appropriate.
- Introducing a measure similar to short term assistance in Scotland where the previous DLA award remains in payment pending mandatory reconsideration or appeal of a PIP award that is lower or non-existent.

Proposals for a Severe Disability Group

49. While NAWRA welcomes the proposals for a Severe Disability Group if it will simplify the process for people with long-term or progressive conditions who do not meet the conditions for terminal illness, we hope that it will be a sufficiently broadly defined group to be a positive help rather than an additional hurdle. It should also not impact negatively on any people who do not meet the conditions for that group.

Chapter 4 - Re-thinking future assessments to support better outcomes

50. NAWRA strongly believes that assessments carried out by a health care professional who has never met the claimant before, and may have limited or no experience or understanding of their condition, are not the way to make accurate decisions. Rather than re-thinking assessments, NAWRA recommends re-thinking the way to collect evidence as set out in paragraph 40.

What changes to the WCA and PIP activities and descriptors should be considered?

51. NAWRA believes that point-scoring descriptors can be restrictive and not take into account all conditions, particularly variable ones such as bipolar. If they are used, they should be broader and take more account of repetition fatigue and mental distress.

52. More specifically, in respect of PIP descriptors, NAWRA recommends –

- Clarifying that prompting includes for reasons of mental health.
- Introducing descriptors in connection with sleep.
- Introducing descriptors that take into account the severity of eating disorders or conditions like diabetes/allergies, eg a high scoring descriptor where supervision is needed to take nutrition to avoid risk or harm.
- Introducing descriptors that can reflect loss of consciousness, generally altered awareness and risk that can arise, eg for epilepsy or psychotic episodes.
- Introducing descriptors that accommodate conditions such as bipolar – eg supervision to make budgeting decisions.
- Making more provision for variability – a holistic rather than numeric approach - and include questions on the PIP2 form about this.
- Changing the distance requirements within Mobility activity 2, eg replacing 20 metres with 50 metres so as not to be so restrictive in making an artificial distinction with very limited medical validity. Also, to pay particular attention to reliability at all distances.

- Introducing a risk to health criteria comparable to regulation 29/35 of the ESA Regulations 2008 or para 4 of Schedules 8 and 9 of the Universal Credit Regulations 2013, where a person may qualify for benefit even if they do not have sufficient points where there may be a risk to their health if it is not awarded. This provides an essential failsafe when someone with perhaps severe disabling effects cannot be made to fit the inevitably arbitrary grid of the descriptors.

53. However, in respect of WCA descriptors, NAWRA finds that they do not relate to being able to work and some activities are quite vague or difficult to evidence such as ‘coping with change’. More account needs to be taken of the job market and employers willingness to recruit disabled people. In addition, assumptions should not be made that a person will be able to get adjustments made via Access to Work or an employer.

54. NAWRA also notes anomalies within the WCA descriptors, for example while the limited capability for work-related activity (LCWRA) descriptors in the main reflect the limited capability for work (LCW) descriptors, there is no LCWRA descriptor for remaining conscious, navigation or getting about. NAWRA sees no good reason for this being the case.

What is the best way to capture the impacts of health conditions that fluctuate?

55. Variable conditions are difficult to capture and NAWRA believes that a holistic rather than numeric approach is more appropriate. Also, there is often an assumption that a ‘good day’ means there is no issue whereas, in reality, it might be more realistically described as a ‘less bad’ day. In relation to the WCA, it needs to be recognised that an employer may consider a health condition to be a problem even if it impacts on considerably less than half the days or there is variability within the day.

How can activities and descriptors capture the impact of all health conditions and disabilities fairly and can they be simplified?

56. NAWRA considers that disabled people and the charities that represent them are best placed to advise on the impact of any particular condition. Simplification may not be the way to do it. Listening to the claimant and taking a holistic view is likely to lead to a better and fairer decision. It may be more a matter of how the framework is used to assess claimants. It will be interesting to see how the outcomes of the different assessment and decision-making methods for Adult Disability Payment in Scotland (which uses the same descriptors) compare with those for PIP and there may be lessons to be learned.

Are there any PIP or WCA activities that are no longer a barrier or that are less of a barrier to employment or independent living, due to modern working practices and advances in assistive technology?

57. This question appears to make the assumption that individuals are able to afford the assistive technology – it may well be that benefit is needed in order to have more chance to take advantage of such advances. In addition, consideration needs to be given to who pays for assistive technology in the workplace.

What other types of evidence should be sought, and what would be most useful?

58. NAWRA believes that medical evidence is not always the most relevant when assessing people's ability to live independently or to work. More appropriate evidence may be available from family/carers, CPNs, social workers, care co-ordinators, housing officers etc. NAWRA suggests that it is best to ask the claimant who knows them best rather than make assumptions.
59. In some cases modern working practices present more of a barrier to employment. As an example, the DWP assesses in the WCA that when a claimant can raise one hand, no points are awarded. No consideration is given to whether that is the claimant's dominant hand, or what activities s/he may be able to do with that hand. If that claimant is a bus driver, not being able to use both hands is likely to result in job loss, which impacts on their emotional, financial and family life.
60. Furthermore, not all assistive technology is suitable for a claimant either to fund her/himself or to expect an employer to fund. Someone who uses voice activated software for example could reasonably be said to need their own office to minimise background noise, but in a small company that may not be feasible.

How can specialist support available to assessors and decision-makers be improved so that they can better understand the impact of a person's condition?

61. NAWRA members point out that assumptions are often made by the assessor and confirmed by the decision maker without asking the claimant. Better decisions would be made by listening to the claimant and asking appropriate questions. This would be more likely to happen if the assessors were appropriately qualified, eg using psychiatric nurses where mental health is an issue – this would be more effective than using non-qualified assessors with access to 'specialist support'. The objection may be that people may have several different conditions and that precise matching may not be possible and that the assessment is not a clinically diagnostic exercise but a disability analysis one. However, where a claimant has a mainly mental health related difficulty, someone with a good background awareness of mental health difficulties is likely to produce a higher quality assessment. Alternatively, use the evidence of people that know the claimant as recommended at paragraph 40.

How can it be made easier for claimants to notify changes in circumstances so a review is carried out at the right time?

62. It would be easier for claimants if there were quick and reliable ways for them to contact the Department, eg offering different methods of communication such as email, online or phone. Where the option is phone, the Department must ensure that wait times are not excessive.
63. Where a claimant reports a change in condition they should not have to undergo a full review, which can be both stressful and frightening. They should only have to provide information in relation to what has changed.
64. If claimants had access to good independent advocacy, it could help enable them to do this.

What should be included in a discussion to develop a more personalized employment and health support plan, and what skills and experience should the person undertaking it have?

65. We refer you to paragraph 32.

Chapter 5 - Exploring ways to improve the design of the benefits system

How could the benefits system be simplified for people applying for multiple health and disability benefits?

66. A number of recommendations were put forward including –

- Centralising information so claimants do not have to continually repeat themselves.
- Taking a holistic view of benefits so if a person claims one benefit, checks are made to ensure they are claiming any other appropriate benefits.
- Fewer assessments and longer term awards.
- More use of passporting, eg automatically award the LCWRA element to those on enhanced daily living PIP or enhanced mobility PIP in recognition of their extra costs - similar to passporting for partners brought into universal credit by mixed age couple changes.

67. A number of members favoured looking at a universal basic income but this was not supported by all.

How can DWP ensure that disabled people and people with health conditions are aware of features such as work allowance and taper, and encourage people to try out work on UC?

68. Work coaches need to be able to explain to claimants how work allowances and the taper work, and to be able to refer claimants for proper better-off calculations that take into account all the claimant's circumstances – funding needs to be provided for this

69. More people would be encouraged to try out work if there were more generous incentives – see paragraph 70 below

How could the current structure of benefits be changed to overcome people's financial concerns about moving towards employment, and so that people can better manage changes in entitlement?

70. NAWRA members highlight that there are many ways that universal credit in particular could be changed to encourage people to move into work and to take away the fear associated with it –

- Allow claimants to retain the SMI loan when working.
- Pay work allowances to everyone including second earners.
- Increase work allowances.
- Reduce the taper.
- Pay childcare costs up front.

- Publicise the Flexible Support Fund and don't claw back money paid from it as currently happens with help for childcare.
- Allow people to return to previous level of benefit with no penalties if employment does not work out – a reintroduction of linking rules.
- Don't reassess disability when a person moves into work, and allow the LCWRA element to continue to be paid regardless of hours or whether in receipt of PIP – work can bring a lot of additional costs for disabled people.

How could disabled people be more effectively supported with their extra costs and to live independently eg should options for practical support such as accessing aids, appliances or services be explored?

71. As expressed at the start of this report, NAWRA has concerns at the suggestion in the Green Paper that it is looking at making the system 'more affordable'. While services, aids and appliances can be really useful they should be an addition to financial benefits not an alternative. It also needs to be recognised that something may be an aid or appliance even if it is not formally prescribed.
72. Examples that we see of this include, but are not limited to, the assessment reports that say someone who has pain whilst walking could reasonably use a walking stick. While that may help with balance, it does not make pain disappear. Added to that, if someone has arthritis or another condition which makes it very difficult to grip the stick, using one can leave them more vulnerable when it drops and they cannot retrieve it from the ground without help. We welcome anything that will allow people with disabilities to participate more fully in society including working. However, while legislation is in place to prevent discrimination against people who are covered by protected characteristics, it is often easier to pass legislation than to actually change people's attitudes. It is important to have education alongside the legislation and to ensure that the legislation is enforced.
73. One of the things that the government could consider is to promote a more positive image of people who have disabilities instead of feeding the disparaging attitude that the media present, eg presenting them as scroungers.

Conclusion

74. The DWP says 'The Health and Disability Green Paper explores how the welfare system can better meet the needs of disabled people and people with health conditions now and in the future, enabling people to live independently and move into work where possible'. If it is to achieve this aim it needs to completely change its approach by –
- Looking at needs not affordability.
 - Providing support not sanctions.
 - Listening to and believing claimants.
 - Providing choice.
 - Funding quality advice and advocacy.
75. NAWRA recommends that the DWP would do well to look at Social Security Scotland and its values of 'dignity, fairness and respect'. It will require investment to do this, but that

investment will lead to equality and independence for disabled people which will benefit everyone.