



The United Kingdom's welfare state in practice: A case study of Personal Independence Payment (PIP)

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Abstract

This paper is based on a volunteering experience at Merseyside Welfare Rights (MWR) from June 2015. It was possible to observe a range of procedures with regards to the Personal Independence Payment (PIP) ranging from form filling, attendance of face-to-face assessments to observation of various tribunals. The hands on involvement indicated various difficulties faced by both advisors and claimants in obtaining access to PIP. As such, this research paper analyses if these challenges could be as a result of differences that exist in theory and in practice in relation to the application process and accessing information for PIP, from the claimant's point of view. Upon receiving ethics approval, primary research was obtained from four PIP claimants who were represented at their tribunal by MWR. Subsequently, empirical data were collated and these have indicated that there are indeed five key differences in theory and in practice with regards to the PIP. Namely that the PIP process is not as effective as it claims to be and that the application is not fit for its purpose. This paper also exemplifies how charities such as MWR have been used by claimants to bridge the gap that exists in theory and practice. With budget cuts reducing the funding of these bridges, it is clear that the coalition government needs to reform the PIP to ensure fairness and justice for its claimants.

1.0 Introduction

The Welfare Reform Act 2012 has brought about significant changes, including replacing DLA with PIP for those of working age (16-64). The changes were made on the grounds that DLA no longer reflected the modern approach to disability.¹ Specifically, the coalition government believed that DLA lacked consistency 'in the way it supports disabled people with similar needs.'² This, together with the fact that DLA was considered to be complex to administer and lacked an orderly manner for evaluating the existing awards, prompted the introduction of PIP.³ DLA claimant numbers had increased by 30% in nine years and the government was of the opinion that this was as a result of inappropriate awards of DLA.⁴ Therefore, the coalition government states that in order for PIP to be a more sustainable for the future, the number of PIP claimants needed to be reduced by 20%⁵ so as to reach the working-age expenditure of the 2009/10 level.⁶

While some argue that this reduction is justified by adopting the social model of disability, independent living and user involvement as developed by disabled people,⁷ others have differing views.

¹ Secretary of State for Work and Pensions, *Government's response to the consultation on Disability Living Allowance reform* (Cm 8051,2011) pg 1.

² Ibid.

³ Ibid.

⁴ S.J. Campbell et al., 'Responsible Reform? A Report on the Proposed Changes to Disability Living Allowance. The Diary of a Benefit Scrounger' (Ekklesia January 2012)

<http://www.ekkleisia.co.uk/files/response_to_proposed_dla_reforms.pdf> accessed 22nd February 2016, pg 13.

⁵ Simon Rahilly, 'Disability living allowance and personal independence payment' (2012) 19(1) J.S.S.L. 8,9.

⁶ Ibid.

⁷ Jenny Morris, 'Rethinking Disability Policy' (JosephRowntreeFoundation, November 2011)

<<https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/disability-policy-equality-summary.pdf>> accessed 22nd February 2016.

Rahilly argues that the government's desire to save money was the main force for the change from DLA to PIP.⁸ Campbell, et al. are of the view that the increase of DLA expenditure is 'flawed in the way the government asserts.'⁹ This is because the government only considered two instead of a range of condition categories which grew after the plateau observed around 2000.¹⁰ In addition, Roulstone asserts that the selective use of evidence by the government has 'legitimised the shrinking of the disability category.'¹¹ Therefore, the justification for PIP and the accompanying reduction to those eligible are evidently a ground of debate.

Nonetheless, the government aims for PIP to involve a more transparent and objective assessment enabling it to be fairer by ensuring that individuals are not categorised by their impairment but rather by treating 'people as individuals.' Moreover, the government believes that focusing on allowing claimants to live independently would provide claimants with more support in terms of dignity.¹²

Simply put, PIP is a benefit for individuals with long-term health conditions or impairments and applies to those aged between 16 and 64.¹³ It aims to deliver assistance to disabled individuals 'with the greatest needs,'¹⁴ who consequently experience difficulties participating in society and remaining independent. The PIP assessment places great weight on how an individual's impairment impacts their ability to participate in contrast to concentrating on the impairment itself.¹⁵

PIP has two components, daily living and mobility, which are both payable at either a standard or an enhanced rate. Following Part 2 of the Schedule to the Social Security (Personal Independence Payment) Regulations 2013/377, the claimant's level of assessed needs follows a point system and is determined through a functional assessment of need against a set of typical activities observed in everyday life. A standard rate is awarded if the totalled points are between 8 to 11 points and an enhanced rate is awarded for 12 or more points.¹⁶

Currently, the application process for PIP involves two steps (PIP 1 and PIP 2) as detailed in the PIP handbook which is available online for current and future claimants. Firstly, PIP 1 involves a telephone-based claim which ascertains a range of basic information from the claimant. Alternate means of requesting a paper claim is also available upon request. Once a case manager from Department of Works and Pensions (DWP) determines that the claimant meets the basic requirements, this triggers the second part of the process, PIP 2.¹⁷

PIP 2 requires claimants to fill in a form, 'How your disability affects you', within one calendar month.¹⁸ An information booklet is provided along with the form to aid claimants in expressing how their disability affects their daily life, through various descriptors such as taking nutrition, preparing food, etc.¹⁹ Moreover, PIP 2 requires evidence to be submitted along with the form, and this could include

⁸ Rahilly (n 5).

⁹ S.J. Campbell et al., 'Responsible Reform? A Report on the Proposed Changes to Disability Living Allowance. The Diary of a Benefit Scrounger' (January 2012) <http://www.ekkleisia.co.uk/files/response_to_proposed_dla_reforms.pdf> accessed 22nd February 2016, pg 13.

¹⁰ Ibid.

¹¹ Alan Roulstone, 'Personal Independence Payments, welfare reforms and the shrinking disability category' (2015) 30(5) *Disability & Society* 681.

¹² Secretary of State Work and Pensions (n 1).

¹³ Paul Gray, 'An Independent Review of the Personal Independence Payment Assessment' (GOV.UK, December 2014) <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/387981/PIP-assessment-first-independent-review.pdf> accessed 15th February 2016, pg 76.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ DWP, 'PIP Assessment Guide' (GOV.UK, July 2015). <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449043/PIP-assessment-guide.pdf> accessed 22nd February 2016, pgs 4-10.

¹⁸ Ibid at pg 5.

¹⁹ Ibid. See also, DWP, 'Personal Independence Payment Handbook' (GOV.UK, July 2015) <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/478273/PIP-handbook.pdf> accessed 22nd February 2016 pg 25-29.

reports from a specialist nurse, a care or treatment plan and test results. Once PIP 2 is submitted, the case is then referred to a PIP assessor who is a health professional (HP) with specialist training working for either Atos or Capita. The HP then assesses the claimant's functional abilities through what is commonly known as the face-to-face assessment.²⁰ Finally, the completed assessment is reported back to DWP and the case manager makes a decision.²¹

A claimant who is not satisfied with their result can then apply for mandatory reconsideration, which would involve a second decision maker assessing the claimant's application together with any additional documents. If these results are still unsatisfactory, this then allows for an oral hearing at a tribunal by an independent body,²² which is usually comprised of a panel of a judge, a doctor and a disability advisor.²³

While the application process of PIP seems fair and straight forward in theory, this was not translated to practice during my time at MWR, a charity that provides free legal advice for PIP amongst others. The challenges that claimants and legal advisors faced seemed to be as a result of the differences that exist in theory and in practice. Thus it is clear that if the theoretical framework of PIP is not implemented in practice, this arguably defeats the purpose of PIP and brings forth challenges for both claimants and legal advisors.

As such, where a claimant's journey is identified of prime importance,²⁴ it is necessary for the claimants to be able to access information, find the process manageable and the application fit for purpose. Accordingly, this article would utilise the journey of four PIP claimants from MWR and the respective empirical data to demonstrate that the situation is otherwise in reality. As such, this paper would firstly seek to show the credibility and need for a small scaled research before discussing the key results of the research and analysing the relevant empirical data. In addition, to remain objective, this paper would explore various perspectives so as to ascertain if there are possible explanations to the differences that exist in theory and in practice before concluding the paper.

2.0 Credibility and why a small-scaled research

This socio-legal project is a small scale case study of the United Kingdom's welfare system in practice, focusing on PIP. It attempts to examine and determine if there is a gap between how PIP is applied in theory and applied in practice in relation to accessing information regarding PIP and its application process. It does this through the claimant's perspective so as to bring across the societal perspective.

The fieldwork for this research was carried out after receiving approval from the SLSJ Ethics Committee on the 2/2/2016. After which, fieldwork took place from February to April 2016. The research includes four case studies of PIP claimants who have undergone the entire PIP process, beginning with filling in PIP 1 and ending with a tribunal.

Initially, the fieldwork target was to include five participants with physical disabilities who were seeking assistance from MWR. However in accordance with the time constraint of this research and the recent budget cuts that have taken place within MWR, the fieldwork was ultimately narrowed to four participants. These four participants have been approached based on the fact that they have undergone all aspects of the PIP process (PIP 1 to a tribunal decision) and were seeking aid from MWR.

²⁰ DWP (n 17) 11-15.

²¹ Ibid.

²² DWP (n 20).

²³ EqualLives, 'What happens at a tribunal hearing?' <<https://equallives.org.uk/info-and-advice/welfare-and-benefits/what-happens-at-a-tribunal-hearing/>> accessed 28th March 2016 .

²⁴ Gray (n 13) 13-18.

The process of seeking participants has been carried out as follows:

Firstly, PIP claimants who were to be represented by MWR in their tribunals were called by their MWR caseworker to seek verbal permission for the researcher, to sit in their tribunal. After verbal consent was received, tribunal observations took place. After which, claimants were further briefed on the research and given an information sheet before they chose to participate in the research. Written consent was then received through the signing of a consent form. It was emphasised that participation was entirely voluntary and therefore they could choose to withdraw from the research at any point of time.

Once consent was received, analysis of the participant's case files and documents relating to their PIP process took place. This included various documents including PIP 2, medical evidence, face-to-face assessments, mandatory reconsiderations, decision letters and if available their tribunal decisions. Documents were analysed in a systematic procedure beginning with PIP 2 and ending with the tribunal related documents. Information collated from the key questions asked during the case file analysis can be found in Tables 1 and 2. Lastly, qualitative interviews were held via telephone from MWR and recorded and transcribed. The interviews ranged from 5-15 minutes and covered how the participants found each process of the PIP application.

Only participants who approached MWR and were due to attend the tribunal during the course of this research were selected. The research also excluded any individual who is unable to consent without assistance of a "Research Participation Advocate", as this would present difficulties too complex for the time and funding available for this paper. Interviews were conducted by me, the student investigator, T.Varshini. In addition, guidance was provided by my supervisor, Dr Jennifer Sigafos.

The field work generated findings relevant to various stages of the PIP process: filling in PIP 2, the face-to-face assessment, mandatory reconsideration and the Tribunal process. Although this small scale research does not allow for generalisation to the whole system, if significant differences are found in such a small geographical location and in such a narrow timeframe, this could indicate that the PIP process is not working as designed in the wider context.

3.0 Theory v Practice

The case files, field notes from Tribunal observations, and the interview transcripts were analysed for key themes. Some differences between how the system is working in theory and in practice emerged.

There were five distinct key findings. Firstly, that the PIP process is difficult and hard to understand. Secondly, that application is not fit for its purpose. Thirdly, numerous inconsistencies are present with the face-to-face assessment. Moreover, claimants have indicated that the tribunal is generally easier than the face-to-face assessment. Lastly, charities were crucial for participants in navigating the process. As participants are anonymous, they are identified as X, Y, Z and A.

3.1 Key challenges in the PIP

All participants found the PIP process difficult to comprehend. Despite information regarding PIP being available online and through PIP hotlines, participants found it hard to obtain and to understand this information.

For example, X used to be on DLA and therefore was able to contrast both schemes: 'The DLA one did not have to go for anything I was awarded it. The PIP was harder in that sense'. X also found it hard to find information regarding PIP, 'a lot of the stuff I could not understand properly' and therefore needed the help of a cousin. In addition, X expressed that if the process had to be done again, 'I would bring it to MWR and seek help from you as the PIP was hard to do on my own. I just can't get my head round it'.

Similarly, Y thought 'it is hard' to follow the PIP process. Moreover, in relation to information Y stated that 'it was hard, it was a little bit difficult to find information about the form'. In fact, Y went on to mention that in order to make this process easier, 'I think they need to be friendlier as they don't seem to provide help at all'.

Z had strong opinions and summed the process of PIP as 'not acceptable' and expressed that finding information online was difficult and once again, 'not acceptable'. Z believes that the government 'should look at evidence, must be more accurate and ask questions that affect me now. Not questions about a year ago'.

A similarly believed that the PIP process 'was confusing', overall 'very difficult' and 'could be less strenuous'. With regards to obtaining information, A mentioned that this 'was not easy'. Although initially A found the PIP hotlines helpful, 'they started getting awkward and complicated as they could not understand what I was getting across'. Here, A also brings across another essential point, 'I do not have the internet'. Although PIP information is available online and through hotlines, some claimants may not have access to the internet or sufficient costs to make calls to the relevant hotlines. When asked if A would add anything to the PIP process or change it, the following were mentioned; 'Give people a better insight to it first before. I would prefer an advisor to have spoken to me first'.

Therefore, it is clear that all participants found the PIP process difficult and information hard to comprehend.

In order to ensure that PIP is working, Section 89 of the WRA requires the Secretary of State for Work and Pensions to issue two Independent Reviews.²⁵ As such, the first review conducted by Gray in February 2015 reflected this concern of needing proactive communications during the claim process to bring about 'improved experience of claiming PIP.'²⁶ Acting on this concern, the government started sending 25 SMS messages to claimants at 17 key points in their PIP process.²⁷ Although measures are still ongoing, these SMS messages could arguably still leave claimants finding it hard to comprehend PIP as these SMS messages merely allow claimants to be aware of where exactly their claim is in the process. Apart from the fact that none of the participants spoke about these SMS messages, this still seems to only do half the task as it does not inform claimants like 'what MWR people did of keeping you informed and explaining the process to you' as pinpointed by A when asked if anything could be changed for PIP.

3.2 Is the PIP fit for purpose?

Most participants found PIP 2 hard to understand and indicated that some help was needed in order to complete it. In addition, participants felt that the descriptors were inadequate in describing their condition. One even thought that they were awkward. Here, this is seen to be in line with Gray's report, which found that claimants and disability organisation found PIP 2 to be time consuming and complex.²⁸

Although X initially filled PIP 2 on their own, 'apparently I had done it wrong so someone from your office had to help me fill in the form'. X is in the opinion that 'some of the questions were confusing because they don't really help you do they? I needed help to fill in the form'.

Y indicated that 'the form was not difficult'. However, their new claim decision was refused for not meeting the criteria, see Table 1. Moreover, Y had the help of his wife and yet still found the descriptors 'awkward. It is hard to explain to people how you feel and put it down on paper'.

²⁵ Section 89, Welfare Reform Act 2012 and HC Deb 23 June 2014, vol 583, cols 6.

²⁶ Gray (n 3) and Secretary of State for Work and Pensions, *Government's second response to the Independent Review of the Personal Independence Payment Assessment* (Cm 9159, November 2015) pg 12.

²⁷ Ibid.

²⁸ Gray (n 3) pg 37.

Thus, although Y found PIP 2 'not difficult', evidence of his new claim decision and how he found the descriptors seem to show otherwise. In fact Y suggests 'making the questions simpler, in terms of what they ask with regards to walking 50m. I cannot really describe how I feel in words'.

Z also found the form to be challenging. 'I did it on my own and I found it difficult to fill in the form'. Moreover, 'the questions asked should be made easier'.

A 'could not understand' PIP 2 and found that 'it was confusing'. Moreover, A found that 'concentrating on the questions was hard' and therefore needed the help of Citizens Advice Bureau. A also found some of the descriptors 'misleading especially those about walking and getting about. Also, the communication one (communicating verbally) was misleading. It was hard to explain to them how I feel every day'.

Firstly, 3 out of 4 (75%) participants used the aid of someone else or a charity organisation in filling their PIP 2 and all participants felt that the descriptors were inadequate. This finding is seen in Gray's review as well.²⁹ Secondly, 2 out of 4 participants (50%) pinpointed the specific difficulty of being unable to explain how they felt. Although, this concern was addressed and recognised in the government's response to the Gray review,³⁰ not many improvements have been seen in this area, other than the proposal of asking more questions.³¹ The current author is in the stance that with all participants finding the descriptors specifically inadequate, asking more questions might not necessarily be the best approach from the claimants' point of view. This is especially so when all participants already find the PIP process difficult to understand, as discussed at 4.1.

3.3 Face-to-face assessment

All participants found the face-to-face assessment (medical) poorly explained and daunting.

X found it 'quite daunting because I felt like what they were telling me and what they were writing was totally different'. X also stated that the health professional did not understand how he felt and found it hard to express himself. Moreover, 'It was confusing cause the questions they were asking seem like it had nothing to do with me'.

Y said, 'I found it daunting to be honest with you. I was not happy at all. I felt very uncomfortable. I went alone'. Overall, if Y could change something in PIP, it would be, 'just be a bit friendlier, like I said I found the one on one with the medical examiner stressful'.

Z also said that the face-to-face 'was very difficult', and that the questions asked should be made easier. A mentioned, 'I did not know what I was doing there really. The questions asked were difficult and confusing. You see when I went for the medical, I thought it was a medical medical and therefore I took my clothes off and she (Health professional) said it was not that kind of medical. I did not really understand they were going to ask me questions'.

It is evident that all participants found the medical to be challenging, confusing or difficult to some extent. The severity of this extent can be exemplified from the fact that one of the participants did not understand what was going on even after reaching the assessment.

Moreover, much arguable justifications are evident from analysing the results of the medical assessments. For example, in the HP report, X's medical justification for engaging with other people face to face was as follows; X attended the interview with a cousin and although anxious was able to establish an adequate rapport. Since X was not on any medication, this led to the conclusion that X could engage unaided. Here, it is submitted that these observations could equally be argued to reach another conclusion; X was able to establish an adequate rapport only due to the support his cousin

²⁹ Gray (n 3), pg 38.

³⁰ The Secretary of State for Works and Pensions (n 34), pg 14.

³¹ Ibid at 15.

provided during his medical. The fact that he was still anxious with company leads to the conclusion that X could not engage unaided. Thus, here, it is submitted that using informal observations such as if the claimant came accompanied to reach conclusions creates debatable justifications.

The current author is in the stance that coming along with someone could allow for the claimant to engage more freely in the medical. As such, how some informal observations are used in providing judgements seems inconsistent with what the assessment guide seems to focus on as well. For example, amongst others, the HP's justification has to consider how the claimant could carry out the particular descriptor safely, to an acceptable standard, repeatedly and if it could be done in a reasonable period of time.³² Moreover, another contrary finding of what is written and aimed in theory would be; 'It is important that claimants feel they have been listened to and that the consultation feels like a genuinely two-way conversation.'³³ Therefore, it is evident that the face-to-face brings about the question of whether the assessment is indeed objective. It is still clear and worrying that all participants found the medical daunting and poorly explained.

3.4 Tribunal

Three out of four participants generally found the tribunal easier than the other processes. In addition, participants found that questions asked during the tribunal were much less intimidating than those being asked during the medical.

X expressed that 'there was a big difference' with the tribunal. 'It is expected to be yourself to help at the tribunal. There was a big difference' Moreover, X believed that the tribunal understood them more, 'especially when I had yourselves to help'.

Y was in the opinion that similar questions were asked in both the tribunal and the medical. Also, 'it was not as intimidating in the tribunal as it was with the one-to-one with the medical examiner'. Overall, 'the tribunal was okay. I think it was because I was represented. It is much better when you go in with someone who is helping you'.

Z stated that the tribunal was not consistent with the medical and that 'it was challenging. They were asking irrelevant questions'. In addition, Z is in the strong opinion that 'the questions should be more useful, they were irrelevant. The questions were stupid and they were not fair'. When asked if anything should be changed, Z stated that 'it should be a fairer tribunal whereby people look at the overall condition. We are human beings and they should understand that'. Z also added, 'overall people's conditions need to be respected and evidence should be backed up instead of irrelevant questions'.

A felt 'anxious and nervous' about the tribunal. 'The questions they asked, I was a little confused but once I understood them it was okay'. A stated that the tribunal was different from the medical. This is 'because it was coming from three different people and not just one person. It was easier to answer the tribunal questions. I knew about the tribunal and what it was about. However, the medical I did not know what it was all about'.

Therefore, some participants except Z found the tribunal easier than the medical and other processes in the PIP. This could be attributed to the fact that everyone except Z was represented by MWR at all their tribunal hearings and was successful, see Table 1.

In addition, the tribunal also provides an independent perspective as to how it thinks the PIP process is working for its claimants. Examining Table 1 below which gives a comparative analysis of the points awarded by the new claim and the tribunal could be beneficial here. It is evident that 3 out of the 4 participants had an increase of at least 3 points after their tribunal. For example, X saw an increase of

³² DWP (n 20) pg 48.

³³ DWP (n 20) pg 32.

9 whole points making him eligible for PIP at the standard daily living rate. Similarly, Y had an increase of 3 points which made him eligible for the same rate as X, when he previously was not eligible for PIP. Lastly A had an increase of 6 points in the daily living and mobility component. This meant that he became eligible for an additional component; the standard rate of mobility, and become eligible for the enhanced rate instead of the standard rate for the daily living component as well.

These differences in points awarded by the tribunal makes a difference of whether the claimant is eligible for PIP and what rate they should be eligible for. As such the tribunal decisions demonstrate that an independent body agrees that the PIP process is not working for these participants and therefore could suggest that it is not working for others as well.

Table 1: Table illustrating the participants' points at 3 various stages of the PIP process along with the differences in scores between the new claim and the tribunal decision.

Participants	New claim decision		Mandatory Reconsideration decision		Tribunal decision		Differences in scores	
	<i>DL</i>	<i>M</i>	<i>DL</i>	<i>M</i>	<i>DL</i>	<i>M</i>	<i>DL</i>	<i>M</i>
X	0	0	0	0	9	0	+9	0
Y	6	4	6	4	9	4	+3	0
Z	8	8	8	8	8	8	0	0
A	11	4	11	4	17	10	+6	+6

DL: Daily Living component
M: Mobility component

Therefore, overall, the tribunal seems to be an easier process and one that is not so intimidating, especially when represented. Moreover, if we consider that the tribunal is the independent adjudicatory for the PIP process, the fact that 3 out of the 4 participants had an increase of at least 3 points which changed their eligibility and rates suggests that the PIP process had not worked accurately for them.

3.5 Role of charities

It was also apparent that 3 out of 4 participants were reliant on MWR or CAB type of charities in completing their PIP process.

As X stated 'I probably would not have got through the process without MWR. I felt like the system was ignoring me and didn't know what I was saying'. Moreover, Y agreed and mentioned, 'MWR helped me a lot.... I would recommend them to anyone'. Similarly, A was in the opinion that 'they were very useful'. Therefore, it is clear that 3 out of the 4 of participants relied on charities in navigating and completing the PIP process and all 4 were clearly using a charity service.

3.6 Perspectives explaining differences

Overall, it is clear that the theory of what should be happening in the PIP process is not translating as well into practice. Not only are claimants finding the PIP process difficult to comprehend, but some are unable to receive information regarding what the process might entail. This has been seen especially so with regard to the face-to-face assessment. This assessment had been introduced to interject objectivity into PIP. However, claimants report not being informed of what to expect and feeling a sense of intimidation at their medical. Moreover, inconsistencies have been found with the medical

themselves. With DWP relying on these face-to-face assessments, as well as PIP 2 which has been found inadequate for its purposes, to make a decision regarding claimants, it is not surprising that these inconsistencies seem to lead to incorrect decisions as determined by the tribunal. Participants reported needing some form of help for this process despite having an information booklet. Therefore, how other similar claimants could cope with PIP 2 and successfully use it to adequately describe their condition is perplexing. Therefore, where in theory a claimant's journey is stated as being a crucial aspect of the administration of PIP, it is fair to state that there are indeed wide differences in theory and in practice in relation to accessing information and to the application process of PIP.

However, with this research looking only to the socio-legal aspect of PIP, it is only just to look into the possibility of whether these differences are unavoidable from other perspectives. For example, this could perhaps be attributed to other aspects that intertwine with welfare. From a philosophical point of view, the concept of disability is fundamental to a benefit such as PIP, however, it cannot be defined.³⁴ As such, social policies can shrink the concept of disability by introducing concepts such as ensuring that PIP claimants are able to live independently, a core goal of PIP, which may not be adequately addressing the disability. Thus, from a philosophical perspective, with no definition to the concept of disability, there seems to be the possibility of shrinking this concept by policy narrative. This not only can leave disabled people misunderstood but could arguably be the reason to why there are differences that emerge in practice for PIP. Although this might provide explanations to inconsistencies that may be present in the application process, this however does not justify why claimants found accessing information regarding PIP difficult, the process to be hard to understand and the application not fit for its purpose. Moreover, the fact that the tribunal, an independent body, agrees that the process did not work for 3 out of the 4 participants indicates that these differences are unlikely to be justified through philosophical perspectives.

There are also other theories such as that each individual experiences varying levels of 'physiological, psychological, motivational and social'³⁵ factors. Therefore, this could make the assessment a challenge as differing individuals with the same condition are seen to undergo varying functional impacts. Although one of the underlying goals of PIP is to assess how the condition affects the claimant instead of assessing the condition alone, here, it is submitted that the fact that each individual claimant is naturally affected differently by a condition in itself makes this goal almost impossible to achieve as functional assessments have 'no precise science.'³⁶ Therefore, whilst this could be another valid reason to the differences, this however does not justify allowing the PIP process to be hard for claimants to navigate. This is especially true because unlike the participants in this research, not all claimants seeking for PIP may be fortunate enough to have the relevant resources, motivation and support to reach out to MWR and other charity organisations. As such, this could arguably leave some claimants with incorrect and unchallenged decisions that do not seem very just. Although the tribunal is part of the process and available for these claimants, it seems that only those with the most eligible results and resources (i.e charities) might be motivated to reach this far into the process.

Overall, although there could be explanations to why some differences are present in theory and in practice, the severity of findings found in this small scale study of a specific location and timeframe does not allow for these reasons to be convincing in the wider sense. This is supported by the fact that overall, 3 out of 4 participants, did not have a pleasant PIP journey, needed the help of MWR and the PIP process had not worked for them, as confirmed by the tribunal. As an independent body, here, the tribunal fortunately gives this research an independent perspective. Therefore as such, it is clear that the PIP process might not be working well in practice for some claimants and even more so for those incapable of seeking help.

³⁴ Roustone (n 14) pg 673.

³⁵ Gray (n 3) 2.

³⁶ Ibid.

4.0 Conclusion

The PIP is a benefit that aims to provide assistance to individuals with disabilities. Although debates exist in relation to the accompanying reduction in those eligible for PIP, in theory, the government states that it is aiming to produce a fairer and more objective system in relation to its application process and accessing information as seen from Section 2.0. However, the research conducted revealed that there are differences in how the process is actually working in practice from the claimants' point of view. Importantly, there are five key differences.

Firstly claimants found the PIP process difficult to access and hard to comprehend despite information booklets and PIP hotlines. Secondly, the claimants found the application not fit for its purpose of finding how the condition affects the individual. Thirdly, inconsistencies and intimidation were revealed by participants at the face-to-face assessment, which arguably brings doubt to the concept of objectivity and if the purpose of the medical is actually being met. Fourthly, although the participants found the tribunal generally easier, not all claimants may be motivated or able to reach this stage to challenge a decision without aid. Lastly, claimants found charities key in navigating through the application process as explanations and assistance were not found to be readily available.

Although there could be explanations for these differences from a philosophical and theoretical standpoint, these are unlikely to provide an explanation to the extent of differences seen in this research. Thus as such the PIP process has various startling differences in theory and in practice in relation to accessing information regarding PIP and its application process. In fact, it is submitted that the process is not working for some claimants as seen from the tribunal outcomes. This consequently prevents the government from reaching its aim of fairness and objectivity.

If such grave differences are found within a specific location and timeframe, it is startling to think how many other claimants without help are enduring through the similar process. As such, changes made by the government should probably consider the claimant's point of view closely and perhaps identify how changes can be made with the current resources. From this research, it seems as though firstly, assigning the case manager at DWP to explain the process to claimants before making a decision could be useful. Secondly, ensuring that the face-to-face assessment brings about the same effect as the tribunal by possibly having three panel 'judges' who verbalise everything to the claimant instead of a mere HP conducting informal observations and asking questions could be beneficial as well.

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