PIP benefit assessments – exemption from face-to-face interview to protect vulnerable patients

There is a great deal of evidence about the profound distress which face-to-face assessments for disability benefits can cause, especially for women and men with mental health conditions. The prospect of interview can induce overwhelming anxiety, panic and dissociative states, levels of stress and distress that can precipitate serious relapses, leading to psychiatric admissions and even suicides. Consultant psychiatrist Dr Jed Boardman said: “You see people relapsing as a consequence of getting distressed about being assessed.” *(Fit-for-work tests linked to relapses in those with mental health problems Guardian 24 November 2015.)*

Therefore it is vital that professionals know about the benefit system regulations on exemption from the face-to-face interview and for assessment on paper evidence.

They can quote these to protect vulnerable patients from harmful distress and deterioration, and/or enable them to stay out of hospital. **Professionals who can state their opinion include:** GP, care co-ordinator, psychologist, psychiatrist, key worker, support worker, therapist, counsellor, Independent Domestic Violence Advocate… Opinions from non-medical staff are relevant to describe people’s problems functioning.

**It is important to recommend exemption from the face-to-face interview very clearly.** Don’t recommend a home visit: this can be worse than an assessment centre interview, as for women rape survivors or others, their home is their safe space which would be violated by an official visit. You may be rung by the assessor as a follow-up, so make sure you are up-to-date with your patient’s situation.

**PIP (Personal Independence Payment)** is widely claimed by both unwaged and waged people for daily living/care and mobility needs. It is not part of Universal Credit.

Companies hold DWP contracts to open mail, scan and distribute it and to carry out assessments, but confidentiality is used to exclude evidence. If a support letter marked “Confidential” goes to the assessor company, the DWP says under confidentiality, it won’t then be disclosed to a DWP Case Manager (*PIP Assessment Guide Part One, 1.4.13*). **As proper consideration may depend on DWP review, don’t mark your report confidential.**


**The assessor can make a decision from paper evidence** where “there is strong evidence on which to advise on the case and a face-to-face consultation is likely to be stressful for the claimant…” *(1.5.5)* And assessors “should also consider the needs of vulnerable claimants (‘someone who has difficulty in dealing with procedural demands’). This includes life events and personal circumstances such as a previous suicide attempt, domestic violence, abuse or bereavement.” They say: “If a claimant has threatened self-harm or suicide, information about the incident will be included in the PIPCS – Medical Evidence screen comments box.” *(1.3.11)*
1.5.5 “Cases that should not require a face-to-face consultation”

Although each case should be determined individually, the following types of case should not normally require a face-to-face consultation: […]

- There is strong evidence on which to advise on the case and a face-to-face consultation is likely to be stressful for the claimant (for example, claimants with autism, cognitive impairment or learning disability)
- The claimant questionnaire indicates a high level of disability, the information is consistent, medically reasonable and there is nothing to suggest over-reporting – (examples may include claimants with severe neurological conditions such as multiple sclerosis, motor neurone disease, dementia, Parkinson’s disease, severely disabling stroke)
- There is sufficient detailed, consistent and medically reasonable information on function.

The medical evidence sent on paper has to be “robust” to enable the test for benefit to be met, and should include comments about how functioning is affected. WinVisible won exemption from the PIP exam for a rape survivor who felt suicidal and was at risk of flashbacks, based on “consultation may be stressful to the claimant”. The assessor rang the woman’s GP for his opinion after his letter was sent in. She was granted full rates for both daily living and mobility.

The claimant’s name and National Insurance number should be written at the top of each page. Number the pages.

Where should support letters be directed?

The DWP advises to send in letters/further medical evidence (FME) by post to the PIP address on your DWP letter. The PIP team number on your letter varies, for example:

- PIP1, Mail Handling Site A, Wolverhampton WV98 1AA or
- PIP2, Mail Handling Site A, Wolverhampton WV98 1AB or
- Freepost DWP PIP # (# put number 1, 2… what is on your DWP PIP letter)

If you are not sure where to send it, call the DWP PIP helpline free on 0800 121 4433 Textphone 0800 121 4493. If you wish, you can also post your letters/FME to the assessor company you are under, either:

- Atos IAS, PO Box 1006, Stockton-On-Tees, TS19 1UL or
- Capita PIP, PO Box 307, Darlington, DL98 1AB

Note – emailing evidence is now barred, citing data security, even though email enables disabled claimants. You are supposed to tell the DWP at the start if you want to use email.

Complaints about the DWP handling of PIP claims can be sent to: blackpoolbc.customercomplaints@dwp.gsi.gov.uk

Getting support from MPs’ caseworkers

We recommend to contact your MP and ask for support for exemption and paper-based assessment. Google “Find my MP” or search the Parliament website, choosing the constituency contacts. MPs’ caseworkers have direct lines to benefit officials and can often
quickly resolve distressing situations. Involving the MP gets your concerns taken more seriously. Assessor companies have staff specifically for MPs’ enquiries.

Ms A wrote to us:

“I just wanted to let you know, it is with a happy heart I read the opened letter from the DWP this afternoon with my PIP results. **I am most grateful for the advice that it is OK to ask my psychiatrist specifically for a paper based assessment.** I know not everyone is like this and that particularly with the disabled people’s movement, a lot of work and effort goes into asserting good self-image. In mental health, addictions, abuse/domestic violence situations, I think there is something very unseen and unaddressed going on that makes women like me and others, more likely to be unable to meet the demands of the benefits system. More likely to fall between the cracks.”

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**Compiled by WinVisible (women with visible and invisible disabilities)**

with warm thanks to: Dr Jay Watts, clinical psychologist; Marcin Brajta, Hackney Community Law Centre. Version September 2019 PIP

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