



Policy positions

(Last updated 12 February 2022)

Please note:

This document is a quick guide to DBC policy positions.

Subjects are arranged alphabetically for ease of reference.

The documents from which they are derived are listed at Appendix 1.

A glossary of abbreviations is at Appendix 2.

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Access to Work

The DWP should continuously monitor the available funding for ATW to ensure it can keep pace with demand.

The ATW scheme is insufficiently publicised and many employers are unaware of the potential support available. The DWP should promote ATW more widely among employers and disabled people who are in work.

ATW could be more effective by providing more holistic assessments that encompass working hours, working practices and addressing employers' concerns, instead of focusing too narrowly on a list of equipment and support that ATW can fund.

The DWP should review the ATW assessment and the support that it can fund, with a view to broadening its potential applications.

There can be long delays between applying for support and receiving equipment. This could mean that disabled people are unable to start a new role until this support is in place. This may dissuade employers from hiring disabled people, if they feel that accessing this support is difficult. The DWP should examine how it can speed up the ATW process to ensure there are no perverse incentives for employers not to hire disabled people.

To prepare and support disabled young people moving into employment, the Department for Education and DWP should work together to ensure disabled young people and those with health conditions are aware of the full range of support options available to them, including ATW. This could be provided as part of careers guidance.

A number of DBC member organisations have been involved in the establishment and continuing work of the ATW Stakeholder Forums. The DWP should regard these Forums as an ongoing source of relevant feedback and expertise.

The DWP should review the range of data collected on the ATW scheme, in consultation with the Stakeholder Forums. Data on the pattern of use of the scheme – for example, demographically, geographically and across sectors – can help to target promotion.

Source: docs. 7 & 18.

Advice and advocacy

National and local strategies are needed to channel increased resources to charities and other advice agencies, so they are better able to assist people in completing all disability benefit application forms. Completing the application form in an effective way requires significant understanding of the application and assessment processes. Without support, it is unlikely that some claimants, irrespective of need, will present their claim effectively.

Source: docs. 2, 9 & 18.

The wrong advice and information can mean people not only receiving inadequate support but being underpaid or having to pay back money. The benefits system is complex and only those with sufficient expertise should be giving advice or providing advocacy. Personnel (of whatever

agency and including volunteers) who may be giving information and advice to the public must receive the necessary training.

Source: docs. 9 & 18.

The DWP should rescind its unsustainable policy of demanding repeated “explicit consent” in order to communicate with claimants’ advisers on Universal Credit matters. The restoration of an orderly system of “implicit consent” is essential if problems with claims are to be promptly and effectively resolved.

Source: docs. 2, 4, 9 & 18.

The DBC is part of an alliance of organisations, including the Association of Mental Health Providers, Association of Directors of Adult Social Services, National Association of Welfare Rights Advisers and Homeless Link, which has called for a:

“...fully-funded new duty on councils, for the provision of comprehensive welfare rights and money advice, for all existing and prospective claimants”.

Such an exercise would require local authorities to conduct up-to-date audits of what advice and advocacy services are available locally, in consultation with other key stakeholders, notably housing, health and social care providers and the advice sector itself. Where there are two tiers of local government, effective collaboration would be essential.

Advice and advocacy networks in this context would comprise local authority and voluntary sector advice agencies, including community-based organisations, as well as peer advocacy support services run by disabled people themselves.

Liaising with benefit services and through both direct access and well-organised referral systems, such an advice and advocacy network could form the basis of the advocacy support that the 2021 Green Paper envisages.

When a claimant is notified of an impending assessment, they should also be provided with a prompt to seek independent advice and advocacy, should they feel they need such support. This should include information on how to access such services.

Source: docs. 16, 18 & 19.

The DWP should introduce a dedicated helpline to assist people who need to make use of the Special Rules for Terminal Illness or are in the proposed Severe Disability Group. While engaging with the DWP's terminal illness review, many people living with motor neurone disease and other terminal conditions felt that a dedicated helpline would greatly ease their ability to navigate the system and receive the support they need in order to claim.

Source: doc. 18.

Appeals

Targets should be introduced for the length of time cases need to wait to be heard by a tribunal. Some people have to wait up to a year for a hearing. A target will help reduce waiting times.

The number of tribunal panel members should be increased, so that tribunal waiting times can be brought down to more reasonable levels.

Tribunals are increasingly moving online. It is important that this process should be carefully monitored, so as to assess both advantages and disadvantages for disabled claimants.

Full audits should be conducted of decisions that are subsequently changed at tribunals. This will help restore confidence in the system and provide ways of improving decision-making.

There is a serious problem where extra costs benefits such as PIP are reduced or terminated and there is a lengthy wait for an appeal to be heard. Consideration should be given, in consultation with disability organisations and disabled people, as to whether the Scottish Short-Term Assistance scheme should be replicated in the rest of the UK.

Source: docs. 2 & 18.

Application process for benefits

The DWP should produce simplified claim forms, in consultation with disability organisations and disabled people.

These should be easily available, including in jobcentres, in accessible formats such as audio-described and easy-read, as well as downloadable online.

Claims should also be easily submitted, through whatever channel is appropriate for the claimant – for example, in person (via a home visit if necessary), by post, e-mail, telephone or online.

There should be no need to return forms within arbitrary time limits.

National and local strategies are needed to channel increased resources to charities and other advice agencies, so they are better able to assist people in completing all disability benefit application forms. Completing the application form in an effective way requires significant understanding of the application and assessment processes. Without support, it is unlikely that some claimants will present their claim effectively.

Meanwhile, a number of disability organisations look to the DWP to help claimants fill in application forms, where there is no other local source of help. Unless and until local independent sources of support reach sufficient capacity, this function within the DWP should be scaled up to meet demand.

Recognising that such support, even if successfully accessed, is essentially concerned with initial claims rather than ongoing claim maintenance, the DWP should expand options not only for making, but also for managing, claims.

The DWP should commission independent reviews of the PIP and UC application and decision-making processes.

Source: docs. 2, 4, 6, 9 & 18.

[See also **Decision-making; Mandatory reconsideration; and Appeals**]

Assessments

The DWP should automatically issue claimants with a copy of their assessment report, in their required format. This would increase scrutiny and therefore help to raise standards.

Wherever feasible, claimants should have choice as to the assessment method: face-to-face; audio; video; or on the papers.

Claimants should have a clear option of audio or video recording of non-paper assessments. Assessment reports often contain errors and many disabled people do not trust assessors to act fairly and independently.

There should be a thorough review of the various assessment criteria (“activities” and “descriptors”). There should be meaningful involvement of disability organisations and disabled people in this process, across a range of disabilities and health conditions, physical and mental, to ensure criteria are fair and truly reflect a person’s capacity to work or the extra costs they face.

The descriptors should allow more scope for claimants to describe the way that their disability affects them on a day-to-day basis. This would assist the assessor to understand more fully the extent of how the claimant’s disability affects their daily life.

Thorough and more holistic assessments will bring with them the need to make available more assessors and ensure that they are given more time to conduct assessments and write reports.

There is a particular need to take into account fluctuating conditions and not address them by means of a “snapshot” or “typical day”.

Where a condition is known to deteriorate over time, the system should also note unsuccessful claims and automatically advise the claimant at scheduled intervals that a new claim may succeed if their condition deteriorates at a later stage.

A frequent criticism of the assessment process is that assessors often lack a sufficient understanding of the claimant’s disability or health condition. We recognise the logistical difficulty of always matching specialist expertise to particular conditions. However, if an assessor does not have specialist knowledge of the condition they are assessing, it must be a requirement that they have accurate and up-to-date information readily available and can consult with experts who do have such knowledge. The support system for assessors must be designed accordingly.

The DWP should work with contracted assessment providers

significantly to improve assessors' overall knowledge and understanding of disabilities and long-term conditions (including that a claimant may experience more than one at once, possibly both a physical and a mental health condition).

Due attention must be given to practical considerations relating to an assessment, especially where travelling is involved. For example: there should be flexibility regarding the location of face-to-face assessments; providers should be unable to double-book claimants; there should be no alterations to scheduled assessments – cancellations, time or location changes – without plenty of notice being given; telephone calls must be answered promptly; there must be safe and comfortable waiting areas for face-to-face assessments (claimants often have to arrive early, in order to minimise the risk of arriving late); and the potential need for reasonable adjustments should always be considered.

The frequency of re-assessments for all benefits related to disability and health should be reviewed. The objective should be to eliminate pointless or excessively frequent reassessments, which are wasteful of resources and stressful for claimants.

The “20-metre rule” for PIP enhanced mobility support should be restored to a more realistic 50 metres.

The DWP should investigate the impact of the loss of PIP on disabled people's ability to remain in work.

The DWP must re-establish direct responsibility for assessment quality and publish regular improvement plans to ensure assessors are conducting assessments consistently and to a high standard.

There should be established an independent Regulator of Benefit Assessments.

Source: docs. 2, 6, 7, 11, 12, 17 & 18.

[See also **Appeals; Decision-making; Mandatory reconsideration; Supporting information and medical evidence; and UC (assessment and payment cycles)**].

[There is a separate entry for **Work Capability Assessments**].

Assistive technology

Assistive technology should not perversely become a threat to independent living by reducing benefit entitlements and this should be borne in mind in any review of activities and descriptors.

Source: doc. 18.

Benefit cap

The benefit cap is flawed for all claimant groups (as in-work benefits were excluded from its original in- and out-of-work income comparisons, so it was highly inaccurate even before the threshold was further arbitrarily reduced) but the extra costs of living with a disability or health condition, including for those in the ESA Work-Related Activity Group or equivalent in UC, make these claimants particularly vulnerable. Some disabled people are in a protected category (such as receiving PIP or being in the ESA Support Group or UC equivalent) but many are not. We therefore recommend that the benefit cap should be discontinued.

Source: docs. 2, 10 & 18.

Benefit freeze

[See **Freezing benefits**]

Benefit rates

Regular, independent surveys should be established of the actual costs of living with a disability or long-term health condition. This information should be used to ensure that the levels of payments of disability benefits better reflect the actual cost of living with a disability or long-term health condition.

Policy in relation to benefit rates should be informed by research on minimum income standards along the lines of that conducted annually by the Centre for Research in Social Policy at Loughborough University for the Joseph Rowntree Foundation. The Government should regularly commission such research, not least in relation to the benefit rates that particularly pertain to disabled people.

Source: docs. 2 & 18.

Carers

[See **Reasonable adjustments**; and **Universal Credit (Carer Element)**]

Claimant Commitments

The onus should be on the DWP to ensure that each Claimant Commitment is constructive, realistic and well thought through. The claimant should be fully involved in the discussion and clearly informed as to how to challenge a Claimant Commitment that they consider unsatisfactory.

If a Claimant Commitment is unsuitable – involving job-seeking or other work-related activities that are unrealistic – it is very important that the claimant challenges it and gets it changed. Agreeing to an unrealistic plan of action is setting yourself up to fail – and the penalty for not complying with the agreement could be a damaging fine (a "sanction").

For Claimant Commitments to become an effective and fair tool that truly supports disabled people, the DBC believes that the “fear” element that comes with the threat of sanctions must be removed.

The DBC wants to see Claimant Commitments focus on what barriers a claimant experiences to accessing employment and to link to high-quality, tailored employment support. Claimants must be listened to and their needs and views reflected in the Claimant Commitment. There is a widespread view in the disability employment field that there is a conspicuous lack of tailoring of employment support to claimants' needs and circumstances, reflected in the relatively poor performance of employment programmes in getting disabled people into work.

The DBC believes that removing sanctions and providing high-quality, individually tailored employment support will go some way to restoring trust and supporting a move towards a fairer benefit system that works for disabled people.

There is a need for research into the effectiveness of Claimant Commitments. Evidence of actual jobs that would not otherwise have been secured would do much to confer credibility. The DWP should be commissioning research and asking questions if the answers are not encouraging. As noted above, employment outcomes for disabled people do not so far have a strong track record.

It is important that Claimant Commitments should start from a point of no employment-related conditionality for a claimant awaiting a WCA and scale up as and where appropriate thereafter. That is, building work-related activity steadily, in partnership with the claimant.

Source: docs. 5, 17 & 18.

The DWP should collaborate further with disability organisations and with disabled people to better understand what effective models for supporting disabled people to move towards work look like.

The DWP must ensure that those applying conditionality receive specialist training and education in disability and its impact on employment; continued training and development throughout their careers; and are able to demonstrate qualifications and competence in this area.

The DWP should develop detailed guidance for staff, with the involvement of disability organisations, on the appropriate use of the Claimant Commitment, specifying the situations in which different levels of conditionality would be applicable, with multiple real examples. This will help to ensure that conditionality is applied appropriately and consistently by Work Coaches.

The DWP should commit to increasing and protecting the number of Disability Employment Advisers in future and ensuring they receive continuous training in order to help them effectively to support Work Coaches.

Employment-related activity on the part of someone in the ESA Support Group or the equivalent UC LCWRA Group should always be voluntary and specifically requested by the claimant – not mandated. It should be provided by somebody with expertise in the claimant's condition.

Employment-related activity on the part of someone in the ESA Work-Related Activity Group or the equivalent UC LCW Group should be agreed with the claimant.

The DWP must provide disabled people with channels to report pressure to undertake unsuitable back-to-work activity.

Source: docs. 7 & 18.

[See also **Work Capability Assessments**]

Communications

All communications with claimants must be clear, specific and in the claimant's required format.

Source: docs. 4 & 18.

Conditionality

[See **Claimant Commitments**; and **Work Capability Assessments**]

Contributory benefits

[See **UC (treatment of contributory benefits and occupational pensions)**]

Cost of living with a disability or long-term health condition

Regular, independent surveys should be established of the actual costs of living with a disability or long-term health condition.

This information should be used to ensure that the levels of payments of disability benefits better reflect the actual cost of living with a disability or long-term health condition.

We would like to see policy in relation to benefit rates informed by research on minimum income standards along the lines of that conducted annually by the Centre for Research in Social Policy at Loughborough University for the Joseph Rowntree Foundation. The Government should regularly commission such research, not least in relation to the benefit rates that particularly pertain to disabled people.

Source: docs. 2 & 18.

Covid-19

The DBC has made a number of specific proposals for additional temporary measures to support claimants during the Covid-19 pandemic. See source documents below for full details.

Source: docs. 14 & 15.

DBC objectives

[See Overall DBC objectives]

Decision-making

Full audits should be conducted of decisions that are subsequently changed at tribunals. This will help restore confidence in the system and also provide ways of improving decision-making.

Source: docs. 2 & 18.

[See also **Evidence-gathering**; **Mandatory reconsideration**; and **Appeals**]

Digital-by-default

The DWP needs to ensure that alternative methods of claiming, other than digitally, are readily available where needed (face-to-face, by telephone or through home visits).

Recognising that such support, even if successfully accessed, is essentially concerned with initial claims rather than ongoing claim maintenance, the DWP should expand options for making and managing claims.

Source: docs. 4, 9 & 18.

Disability Confident

More should be required of employers in order to secure membership of the Disability Confident scheme, including a greater focus on disabilities and health conditions that are invisible and/ or fluctuating. This would increase its prestige, making it more attractive to employers, as well as boosting its credibility among disabled people.

Source: doc. 18.

Disabled children

The transition from DLA to PIP can be problematic. As the DWP already contacts families to identify if an appointee is needed, this call could be used to explain the differences between DLA and PIP and highlight that independent advice can help.

Also, the rule allowing DLA to continue to age 17 to facilitate a claim to be determined could be modified so awards of DLA can continue up to age 17 if PIP is refused, to allow mandatory reconsiderations and appeals to be completed.

The upper age limit for child DLA should in any case be reviewed. As in Scotland, young people receiving DLA should continue to get it until they turn 18 (while being able to opt to move to PIP earlier if they so wish).

Source: doc. 18.

[See also **UC (Disabled Child Element)**]

Employers' awareness

The Government should ensure employers are aware of their legal duties under relevant legislation and should take action where they are not.

More widely, there is work to be done in improving employers' awareness not only of their legal responsibilities, but also the potential contribution of disabled employees, as well as the support available through the ATW scheme.

Information made available to employers should cover a range of disabilities and health conditions, including those that are invisible and/or fluctuating. It should also promote greater understanding (as noted above) that an employee may experience more than one at once, possibly both a physical and a mental health condition.

Source: docs. 7 & 18.

[See also **Access to Work**; and **Reasonable adjustments**]

Employment (Claimant Commitments)

[See **Claimant Commitments**]

Employment (support programmes)

Relatively little work has been done to understand the effectiveness of past and current employment schemes. A comprehensive and detailed review should be commissioned by the DWP to establish what works and what does not, regarding how successful various support schemes are in getting disabled people into work and supporting them to stay in work.

Source: doc. 18.

[See also **Claimant Commitments**]

[Please note that all **Employment and Support Allowance** references are abbreviated to **ESA**].

ESA (Support Group)

The ESA Support Group and UC LCWRA Group, or equivalent in terms of financial support and conditionality, should be maintained as part of any new arrangements resulting from any review of the WCA.

Source: docs. 7 & 18.

ESA (Work-Related Activity component)

This (and the equivalent UC Limited Capability for Work component) should be restored.

Their abolition for new claims from April 2017 has caused hardship to many disabled people who have no realistic prospect of work in the near future, while often detrimentally affecting their health and increasing social isolation, thus also increasing pressure on health and social services.

There is also an adverse impact on undertaking work-related activity and looking for work. Sufficient resources are needed in order to take steps towards work – for example, paying for travel to appointments or volunteering opportunities, courses, appropriate interview clothing as well as access to the internet and phones to complete job applications.

Further, there is a direct financial work disincentive. If a claimant were to get a job and then lose it a few months later, or perhaps fulfil a short-term contract, then they would in effect become a new claimant and thus be put on the new lower rate.

Source: docs. 2, 3, 8 & 18.

Evidence-gathering

[See **Supporting information and medical evidence**]

Explicit consent

[See **Advice and advocacy**]

Filling in forms

[See **Application process for benefits**]

Flexible working

The Government should ensure employers are aware of their legal duty to accommodate disabled employees' requests for reasonable adjustments, including flexible working, under existing legislation and should take action where they are not.

Source: docs. 7 & 18.

Freezing benefits

The DBC is opposed to freezing benefit rates. Inflation erodes the real value of benefits, which are often inadequate to start with. The benefit freezes and below-inflation increases of recent years have been a major factor in reducing the incomes of disabled people and pushing them into poverty. Although some disability-related benefits and elements have been exempt from freezing, others have not – and in any case, all means-tested benefits are relevant, as disabled people are disproportionately likely to be receiving them.

The affected benefits should be uprated by the Consumer Prices Index (CPI) + 2% for four years, to restore the losses sustained during the freeze; and the “Local Housing Allowance” (in Housing Benefit and UC) should be restored to at least the 30th percentile of local private sector rents (while better than freezing, CPI uprating is not relevant to rental inflation).

Source: docs. 12 & 18.

Housing Benefit (eligible rent)

The “Local Housing Allowance” should be restored to at least the 30th percentile of local private sector rents.

Source: docs. 12 & 18.

Housing Benefit (two-child limit)

[See **Two-child limit**]

Implicit consent

[See **Advice and advocacy**]

Local Housing Allowance

The “Local Housing Allowance” should be restored to at least the 30th percentile of local private sector rents.

Source: docs. 12 & 18.

Managed migration

[See **UC (managed migration)**]

Mandatory reconsideration

Those looking at a decision again when it is challenged by the claimant should not be able to see the previous decision-maker’s conclusions. This will increase impartiality. There are too many cases of MR reports being copied from the original decision.

Claimants going through MR should in all cases be given the opportunity to provide oral evidence of how their condition affects them. Often, decisions are changed at the appeal tribunal because of new oral evidence. Giving this at an earlier stage will improve the process.

The DWP should commission periodic independent reviews of the application, assessment and decision-making processes, including MR.

Source: docs. 2 & 18.

[See also **Decision-making**; and **Appeals**]

Medical evidence

[See **Supporting information and medical evidence**]

Minimum income standards

[See **Cost of living with a disability or long-term health condition**]

Mobility

The importance of the mobility component of PIP in promoting independent living should be recognised. There should be more emphasis on encouraging claims and less on resisting them.

The “20-metre rule” for PIP enhanced mobility support should be restored to a more realistic 50 metres.

A participant in the Motability scheme who is challenging a decision not to award the necessary level of a qualifying benefit should be able to keep using the scheme for 18 months, to ensure they do not lose their Motability vehicle before an appeal hearing. This period should be renewable if an appeal or further legal challenge is ongoing after 18 months.

The criteria, scope and detailed rules regarding the Motability scheme should be reviewed, in consultation with disability organisations and disabled people. In particular, there are strong arguments for wider access, including extension to Attendance Allowance claimants who have mobility problems.

Source: doc. 18.

Mortgage costs

[See **UC (mortgage costs)**]

Occupational pensions

[See **UC (treatment of contributory benefits and occupational pensions)**]

Overall DBC objectives

The DBC is committed to achieving a social security system that:

- Meets the needs of and facilitates opportunity for disabled people and their carers;
- Is informed by the needs and experiences of disabled people and their carers;
- Is fair in its design and administration;
- Is transparent and accountable;
- Supports disabled people to meet the extra costs associated with disability;
- Reflects the reality of the challenges faced by disabled people seeking work;

- Recognises the individual needs of all disabled people and their carers (regardless of factors such as impairment and age);
- Contributes towards tackling disability poverty and interacts with other government measures to achieve this;
- Tackles misunderstanding about disability and the support disabled people and their carers may need from the benefit system.

Source: doc. 1.

Owner-occupiers

[See **UC (mortgage costs)**]

[Please note that all **Personal Independence Payment** references are abbreviated to **PIP**].

PIP (appeals)

[See **Appeals**]

PIP (as an in-work benefit)

There should be greater appreciation of the importance of PIP as an in-work benefit, helping many disabled people to meet the extra costs of disability in a working life, above and beyond those met by the ATW scheme.

Source: doc. 18.

PIP (assessments)

[See **Assessments**]

PIP (evidence-gathering)

[See **Supporting information and medical evidence**]

PIP (Mandatory reconsideration)

[See **Mandatory reconsideration**]

Reasonable adjustments

The Government should ensure employers are aware of their legal duty to accommodate disabled employees' requests for reasonable adjustments under existing legislation and take action where they are not.

The DWP should establish a "tell us once" service, across all DWP-administered benefits, for reasonable adjustment requests.

The introduction of a reasonable adjustment requirement in respect of carers should be explored, in consultation with carers and carers' organisations.

Source: docs. 7 & 18.

Reconsideration of decisions

[See Mandatory reconsideration]

Sanctions

The DBC believes that the "fear" element that comes with the threat of sanctions must be removed.

The DBC believes that removing sanctions and providing high-quality, tailored employment support will go some way to restoring trust and supporting a move towards a fairer benefit system that works for disabled people.

Source: docs. 10, 11, 12, 17 & 18.

[See also **Claimant Commitments**]

Self-care

[See **UC (self-care)**]

Self-employment

The role of UC in relation to self-employment should be revisited, in consultation with relevant labour market experts, to achieve a more credible balance between opening up opportunities and realistic assessment of a business's prospects. In particular, purely arithmetical financial calculations should be replaced by a more holistic assessment of the viability of a business.

In determining the minimum income floor, the number of hours that claimants can reasonably be expected to work will be an important issue for many disabled people and clear guidance (developed in consultation with disabled people and disability organisations) will be needed.

Source: docs. 4 & 18.

Students

Disabled students should have an unfettered ability to claim benefits, to enable them to receive appropriate education and consequently find fulfilling work.

Source: doc. 18.

Supporting information and medical evidence

The DWP should commission an independent review of the evidence-gathering processes to explore ways to:

- support health and social care professionals to provide better-quality evidence, for example guidance and templates;
- ensure the duties and responsibilities of the assessor, the DWP and claimant are clear and observed;
- make sure the DWP has a strategy to communicate to claimants and health professionals the evidence that will be most useful for the claim;
- ensure evidence supplied by relevant professionals (medical or otherwise), friends and family members is given due consideration.

From the start of the process, claimants should be encouraged to obtain up-to-date evidence and should be paid or reimbursed for any costs.

The DWP should provide better guidance on what constitutes good evidence. Disabled people often need to source and present evidence to substantiate their claim but are given little support in doing so.

The DWP should work with medical practitioners to develop better-quality evidence for claimants. Often, medical evidence that claimants

are able to obtain merely gives a diagnosis, while saying little about someone's needs and day-to-day difficulties.

To restore confidence in the process, assessors should be obliged to review all supporting evidence provided by a claimant, with penalties if they do not. The assessor report is currently given more weight in decision-making, which is resulting in too many ill-advised decisions. The DWP should ensure that other types of evidence are given equal weight to assessment reports. Interviews provide only a brief window into an individual's life and often lead to inappropriate or inaccurate judgements about their capability.

The use of "informal observations" in assessments should cease.

The DWP should ask benefit claimants at the start of a claim if they wish information from other claims to be considered, but should only do so where permission is given.

Source: docs. 2, 6, 7, 9, 17 & 18.

[See also **Assessments**]

Take-up

Failure to claim benefit entitlements should be addressed via regular and well-funded take-up campaigns, which could be delivered in association with local advice and advocacy strategies.

There is also a need to update our understanding of non-take-up. It has long been known that lack of awareness of the existence of a benefit, or of the eligibility criteria; difficulty in navigating complex claims processes; and the effects of stigma, are all factors discouraging take-up. It has also been suggested by some DBC members that fear of authority – for example, "getting into trouble" by making a mistake with the claim – is sometimes the issue. It could also be that some groups of disabled people are less likely to claim than others. The DWP should commission research to update our understanding of under-claiming.

Source: doc. 18.

[See also **Advice and advocacy**]

Tax Credits (two-child limit)

[See Two-child limit]

Two-child limit

The two-child limit should be removed. Disabled people also have children and this limit reduces their ability to ensure both they and their children do not live in poverty. The limit compounds their financial insecurity.

Source: docs. 2, 10 & 18.

[Please note that all **Universal Credit** references are abbreviated to **UC**].

UC (advance payments)

It should be honestly acknowledged that, although arguably better than nothing, advance payments are not a solution to built-in delay, but an alternative problem, as they are in effect loans that will reduce claimants' incomes to very low levels as they are repaid.

Source: docs. 4 & 18.

UC (assessment and payment cycles)

The assumption within UC that calendar monthly wage payments are the norm was always wrong, being less likely to be true the lower down the income scale. The continuing trend towards fluctuating hours and incomes exacerbates this. Fluctuating incomes have always been a headache for means-tested benefits, but their increasing incidence combines with UC's calendar monthly model to create growing problems.

There is a need to move towards more flexible assessment and payment cycles. This would no doubt create administrative and computer program challenges, but the real world would seem to require it.

Source: docs. 10 & 18.

UC (Carer Element)

The Government should:

- introduce a Self-Care Element paid at the same rate as the Carer Element to anyone who does not have someone caring for them who is claiming Carer's Allowance or the Carer Element or Premium; and
- increase the Carer Element and the Self-Care Element by £30 a month so that those on UC who would have qualified for the SDP in the ESA Support Group are no worse off on UC than in the legacy system.

The Carer Element and the LCW or LCWRA component should be additive.

Source: docs. 3 & 18.

UC (claimant commitments)

[See **Claimant Commitments**]

UC (delay in first payment)

The wait for a first payment of UC is now dependent in part on whether the 2-week run-on of legacy benefits is in play. But there is still a delay. In "managed migration" and voluntary transfer cases, this should be removed as follows:

a.) for claimants in work, their last month's earnings should constitute their assessed income for their first UC payment;

b.) for those out of work, their legacy benefits should be converted to UC, without a break.

It should be honestly acknowledged that, although arguably better than nothing, advance payments are not a solution to built-in delay, but an alternative problem, as they are in effect loans that will reduce claimants' incomes to very low levels as they are repaid.

Source: docs. 4, 10, 11, 12 & 18.

The DBC is also opposed to the 5-week wait in other cases. All UC advances for disabled people should take the form of non-repayable grants.

NB that our position is based on the experiences of disabled people, but it is very probable that loans and consequent repayments also cause problems for other groups of UC claimants.

Source: docs. 13 & 18.

UC (Disabled Child Element)

The lower rate of the Disabled Child Element should be restored to its level in the legacy system.

Source: docs. 3 & 18.

UC (housing component)

[See **UC (rental element)**; and **UC (mortgage costs)**]

UC (Limited Capability for Work component)

This (and the equivalent ESA Work-Related Activity component) should be restored.

Their abolition for new claims from April 2017 has caused hardship to many disabled people who have no realistic prospect of work in the near future, while often detrimentally affecting their health and increasing social isolation, thus also increasing pressure on health and social services.

There is also an adverse impact on undertaking work-related activity and looking for work. Sufficient resources are needed in order to take steps towards work, for example, paying for travel to appointments or volunteering opportunities, courses, appropriate interview clothing as well as access to the internet and phones to complete job applications.

Further, there is a direct financial work disincentive. If a claimant were to get a job and then lose it a few months later, or perhaps fulfil a short-term contract, then they would in effect become a new claimant and thus be put on the new lower rate.

Moreover, because of the way UC is structured, restoring this component would also help some disabled people in low-paid work, who generally fare badly in comparison with the legacy system.

Additionally, the Carer Element and the LCW or LCWRA component in UC should be additive.

Source: docs. 2, 3, 8 & 18.

UC (Limited Capability for Work-Related Activity component)

The ESA Support Group and UC LCWRA Group, or equivalent in terms of financial support and conditionality, should be maintained as part of any new arrangements resulting from any review of the WCA.

Source: docs. 7 & 18.

The Carer Element and the LCW or LCWRA component in UC should be additive.

Source: docs. 3 & 18.

UC (lost disability elements)

The legacy system disability elements missing from UC should be restored. (More detail is provided under other UC headings).

Source: docs. 2, 3, 8, 10, 11, 12 & 18.

UC (managed migration) (including transitional protection)

As and when “managed migration” resumes (the small-scale Harrogate pilot is currently paused) there should be no termination of existing benefits until an award of UC has been determined.

Every opportunity should be taken to “protect transitional protection” in the transfer from legacy benefits to UC, so that it is not too easily lost.

TP should not be removed as a result of a “defective claim” (including where there has been a delay in providing evidence or information).

The loss of TP following a temporary lapse of a claim (possibly because of a job that does not last) is a clear work disincentive. The proposed limited linking period of three months should be at least one year.

There may be other circumstances where a similar linking period would be merited – for example, a claim broken by pressures associated with the onset of disability, ill health, caring or childcare responsibilities, or a period abroad for health or caring reasons. There would therefore seem to be a case for a more general linking period than one purely related to employment.

The wide range of circumstances embraced by UC could easily lead to anomalies in the operation of TP. For example, the erosion as a result of the birth of a second child of TP deriving from the SDP would not be logical. As has been the case with child care costs, more thought needs to be given to the circumstances in which TP is eroded.

There should be a right of appeal in relation to decisions as to whether or not TP is applicable in a given case and as to the amount.

The complex nature of the new SDP transitional arrangements will require particular attention to staff training and to clear and specific information for claimants, which (as noted above) should always be in the claimant's required format.

Source: docs. 4 & 9.

UC (mortgage costs)

To ensure that disabled people with a mortgage are not prevented from trying work or keeping in touch with their workplace:

- support with mortgage interest should be available to those with a mortgage earning less than the lower Work Allowance, as well as those not working;
- anyone who has qualified for support with mortgage interest and then moves into work should not have to wait to requalify for mortgage interest support if in less than a year they need to stop working.

Source: docs. 3 & 18.

UC (natural migration)

The government should produce better guidance, including a full, clear list that simply explains the triggers that can mean someone has to transfer from legacy benefits to UC. Alongside this should be clear advice and information on how to prepare for this move and what the financial consequences could be, better signposting, and clear notices that some services are unable to provide this advice.

An error by the DWP should not trigger a move to UC, without the option to go back to legacy benefits should this move make them worse off

financially, for example in the case of a mandatory reconsideration and/or appeal or if the information and advice that someone has received is wrong.

Source: doc. 9.

UC (payment cycles)

[See **UC (assessment and payment cycles)**]

UC (rental element)

The “Local Housing Allowance” should be restored to at least the 30th percentile of local private sector rents.

Source: docs. 12 & 18.

UC (self-care)

The Government should:

- introduce a Self-Care Element paid at the same rate as the Carer Element to anyone who does not have someone caring for them who is claiming Carer’s Allowance or the Carer Element or Premium; and
- increase the Carer Element and the Self-Care Element by £30 a month so that those on UC who would have qualified for the SDP in the ESA Support Group are no worse off on UC than in the legacy system.

Source: docs. 3 & 18.

UC (self-employment)

[See **Self-employment**]

UC (treatment of contributory benefits and occupational pensions)

At present, contributory benefits and occupational pensions are deducted in full from UC, whereas earnings are subject to a 63% taper (withdrawal rate). So that these entitlements are not rendered worthless, income other than earnings should be subject to a taper, not taken pound for pound.

Source: docs. 3 & 18.

UC (two-child limit)

[See **Two-child limit**]

UC (under-25s)

Under 25s in the Limited Capability for Work group should be entitled to the 25 and over living costs element.

Source: docs. 3 & 18.

UC (waiting for first payment)

[See **UC (delay in first payment)**]

UC (Work Allowances)

The UC Work Allowances should be returned to real pre-2016 levels. If the Government's aim really is to reduce the disability employment gap, it makes sense to let people keep more of their wages. The cuts to the original Work Allowances have been partially restored, but there is more to do.

Source: doc. 2.

Anyone entitled to any award of PIP or DLA should automatically be entitled to the Disabled Person's Work Allowance.

Those who are awarded some points in a WCA but not sufficient points to qualify as having Limited Capability for Work should still be entitled to the Disabled Person's Work Allowance.

Someone with a serious health condition or impairment with a GP note saying that their condition or impairment limits their ability to work should automatically be entitled to a WCA to test their entitlement to the Limited Capability for Work or Limited Capability for Work-Related Activity addition and the Work Allowance, regardless of their earnings.

Work Allowances should be additive and two Work Allowances should be awarded if there are two disabled workers in a household – the second Work Allowance to be paid at the lower rate.

Other elements of UC should also be rationalised to reflect their role in supporting claimants both in- and out-of-work:

- someone entitled to any element of PIP or DLA should be entitled to the Limited Capability for Work element as well as the Disabled Person's Work Allowance;
- Except that someone entitled to the enhanced living costs element of PIP or the higher rate care component of DLA should be entitled to the Limited Capability for Work-Related Activity element as well as the Disabled Person's Work Allowance.

Source: docs. 3 & 18.

UC (Work Capability Assessments)

[See **Work Capability Assessments**]

Under-25s

[See **UC (under-25s)**]

Work Allowances

[See **UC (Work Allowances)**]

Work Capability Assessments

The DWP should not introduce any further conditionality into the disability benefits system and should review the effectiveness of current back-to-work conditionality on return-to-work rates for disabled people.

The DWP should undertake fundamental reform of the WCA, including the content of descriptors and underlying principles. Design of a new assessment should be carried out with the involvement of disabled people's organisations and disability charities.

The activities and descriptors of any new assessment must be based on robust evidence and data. Any significant proposed changes, whether to employment or financial support aspects, should be independently reviewed and should consider the full range of disabilities and health conditions.

The ESA Support Group and UC LCWRA Group, or equivalent in terms of financial support and conditionality, should be maintained as part of any new arrangements resulting from this process.

It has been suggested that decisions on financial entitlements and on employment support should be separated, in order to encourage interest in work-related activity among claimants in the ESA Support Group and UC LCWRA Group. This is difficult, given that, in anything like the current system, labour market status is a key determinant of benefit level. If it is to work, employment support would need to be disengaged from any review of benefit status and provided quite separately. Otherwise, claimants would have a well-founded fear that interest in a possible eventual return to the labour market might trigger a sharp income loss with no realistic prospect of a job.

People with severe and progressive conditions in the ESA Support Group or UC LCWRA Group should not be contacted regarding employment support opportunities. For severe and progressive conditions such as motor neurone disease, it will get to a point where a return to work is no longer possible and having permanently to leave the workplace is sadly an inevitability. Reaching out to people who are in these circumstances would therefore be a waste of time and resources and potentially distressing for the individual involved.

The DWP should indeed go further and look at support for people who need to transition out of the workplace. Those with severe and progressive conditions will be able to continue working for a time with the right support but will eventually need to leave. The DWP must address how people in these circumstances are best supported.

Assessors must be provided with comprehensive knowledge of the needs of disabled people, including condition-specific training which is overseen and quality-assured by the DWP.

Claimants should have access to a support co-ordinator following the assessment, who will help the individual draw up a support plan, on a voluntary basis. For the support plan to be meaningful, the Government must fundamentally improve the support available to disabled people, across a spectrum of needs.

A more holistic WCA would take into account “real world” factors such as mobility issues, including access to suitable transport; skills gaps; and the actual availability of relevant employment in the local economy.

Someone with a serious health condition or impairment with a GP note saying that their condition or impairment limits their ability to work should

automatically be entitled to a WCA to test their entitlement to the UC LCW or LCWRA addition and the Work Allowance, regardless of their earnings.

WCAs should take place promptly (say, within three months) and the practice of seeking to discuss work-related activity with claimants, before a WCA has determined whether or not they have the capability for such activity, should cease. The argument that such discussions are necessary to avoid losing touch with the labour market would be redundant if WCAs were less tardy.

Source: docs. 3, 5, 7, 9, 17 & 18.

[See also **Assistive technology**; and **Claimant Commitments**]

Young people

To prepare and support disabled young people moving into employment, the Department for Education and DWP should work together to ensure disabled young people and those with health conditions are aware of the full range of support options available to them, including ATW. This could be provided as part of careers guidance.

Disabled students should have an unfettered ability to claim benefits, to enable them to receive appropriate education and consequently find fulfilling work.

Source: doc. 18.

[See also **Disabled children**; and **UC (under-25s)**]

Appendix 1: documents from which these policy positions are derived

NB that this process is cumulative: we shall be adding new documents and going back to look at older but still relevant material.

The documents are in the order in which they were added – not necessarily date order of publication.

Most DBC publications can be found at <https://disabilitybenefitsconsortium.com/dbc-reports/>

Doc.1: Disability Benefits Consortium Terms of Reference, DBC, 2014; most recently amended May 2021.

Doc. 2: Has welfare become unfair?: the impact of welfare changes on disabled people, DBC, July 2019.

Doc. 3: Mending the holes: restoring lost disability elements to Universal Credit, DBC, September 2019; summarised, with updated costings, in **Supporting disabled people, in and out of work: submission to the Comprehensive Spending Review 2020**, DBC, 17/9/20.

Doc. 4: Response to SSAC consultation on Universal Credit (draft) (transitional provisions) (managed migration) amendment regulations 2018, DBC, 19/8/18.

Doc. 5: SSAC inquiry into Claimant Commitments: consultation response, DBC, April 2019.

Doc. 6: Supporting those who need it most? – evaluating Personal Independence Payment, DBC, September 2017.

Doc. 7: Improving lives: the work, health and disability Green Paper – DBC response, DBC, 2017.

Doc. 8: Three years on: assessing the impact of the Welfare Reform and Work Act (2016) on children and disabled adults, submission to the inquiry of the All-Party Parliamentary Group on Health in All Policies, DBC, June 2019.

Doc. 9: Universal Credit: getting to first payment – Disability Benefits Consortium’s response to National Audit Office questionnaire, DBC, February 2020.

Doc. 10: The economics of Universal Credit: DBC submission to House of Lords Economic Affairs Committee inquiry, DBC, February 2020.

Doc. 11: Priorities for the next UK Government, DBC, November 2019.

Doc. 12: Budget representation from Disability Benefits Consortium to HM Treasury, February 2020.

Doc. 13: Universal Credit: the wait for a first payment – evidence from the Disability Benefits Consortium, submission to the House of Commons Work and Pensions Committee, DBC, April 2020.

Doc. 14: Covid-19 – proposals: the DBC’s proposals for additional short-term measures to protect disabled people’s incomes, DBC, March 2020; updated April 2020.

Doc. 15: DWP’s response to the coronavirus outbreak: submission to the Work and Pensions Committee by the Disability Benefits Consortium, DBC, April 2020.

Doc. 16: Social security benefits and health and wellbeing: the case for change, Association of Mental Health Providers, DBC and others, 19/11/20: [Social Security Benefits and Health and Wellbeing: The Case for Change – Association of Mental Health Providers \(amhp.org.uk\)](https://www.amhp.org.uk/social-security-benefits-and-health-and-wellbeing-the-case-for-change)

Doc. 17: Assessing people’s barriers to work, DBC, last updated 5/7/20.

Doc. 18: Shaping future support: submission by the Disability Benefits Consortium to the Health and Disability Green Paper consultation, DBC, October 2021.

Doc. 19: Future of assessment services: advice and advocacy – a proposal from the Disability Benefits Consortium, DBC, February 2022.

Appendix 2: glossary of abbreviations

ATW	Access to Work
CPI	Consumer Prices Index
DBC	Disability Benefits Consortium
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
GP	General Practitioner
LCW	Limited Capability for Work
LCWRA	Limited Capability for Work-Related Activity
MR	Mandatory Reconsideration
PIP	Personal Independence Payment
SDP	Severe Disability Premium
SSAC	Social Security Advisory Committee
TP	Transitional Protection
UC	Universal Credit
WCA	Work Capability Assessment