

ADVANCED PERSONNEL MANAGEMENT (APM) RESPONSE TO:

16 January 2012: PERSONAL INDEPENDANT PAYMENT ASSESSMENT CRITERIA DETAILS, INCLUDING PROPOSED ENTITLEMENT THRESHOLDS FOR THE BENEFIT, MODELLING OF THE LIKELY IMPACT OF THESE AND A RANGE OF CASE STUDIES.

About APM

- (i) APM is a private company with representation in all Australian states and territories. APM opened its first United Kingdom office in 2010 and New Zealand in 2011. Our core business is to provide assessment, vocational rehabilitation and employment services assistance for clients with an injury, disability or health condition in order to optimise their social and economic participation in the community.
- (ii) APM held the largest private sector provider contract with Australian Government funded Job Capacity Assessment (JCA) and Disability Management Services (DMS). APM has more than 18 years experience working within the Workers' Compensation, Life/Income Protection and Compulsory Third Party Motor Vehicle Insurance markets, and providing consultancy services for employers.
- (iii) In 2002 with the introduction of the Australian "Better Assessment Model", APM was awarded a National contract to provide Australian Government funded Work Capacity Assessments (WCAs). In the period 2002-2006, APM completed more than 150,000 WCAs and also participated in the Early Intervention & Engagement Pilot (EI&E) in 2005 and the Direct Registration WCA pilot in 2006.
- (iv) In 2006, APM was awarded the largest non-government provider market share of the Job Capacity Assessment contract (JCA) in all Employment Service Areas throughout Australia. APM has performed more than 450,000 Australian Government funded interview based holistic assessments (in the form of WCAs and JCAs). These Face to Face claimant disability assessments closely examine the functional impact of disabilities injuries and medical conditions on individuals every day lives.
- (v) APM assists more than 80,000 claimants each year in 478 locations across Australia and UK. Our service reach extends from all capital cities to some of the most remote locations. Our work with the both the Government and private sectors has provided us with experience working with people with a diverse range of disabilities, health conditions and injury types; together with an understanding of the socioeconomic, personal, psychological and geographic challenges faced by many people in their day to day lives.

- (vi) APM UK has been afforded the opportunity to deliver ‘front end assessment’ to both Employment Support Allowance (ESA) and Incapacity Benefit Claimants (IB) within the context of the Work Programme. Working in 5 contract package areas these are East London, Thames Valley and Hampshire & Isle of Wight, East Midlands, Merseyside, Lancashire and Cumbria and South Yorkshire APM Allied Health professional staff provide face to face interviews to assess the likely duration and functional impact of a person disability injury or medical condition and the supports and interventions necessary for the individual to achieve their social and/or economic potential
- (vii) On Friday the 20th April 2012 it was announced that APM had secured a place on the DWP Health and Disability Assessment Framework in all four Lot areas spanning the UK.

It is our extensive experience providing disability assessment for clients with an injury, disability or health condition in both Australia and the UK community that forms the basis of our response

Our Response

APM fully supports the Department for Works and Pensions (DWP) Personal Independence Payment’s (PIP) holistic and personalised approach to determining the level of functional loss and subsequent support required by persons with a disability, injury or health condition. In addition to assessing physical and psychological capacity, APM welcome DWPs recognition of critical factors such as: safety (i.e. risk to self and others), fluctuation in stability of a condition as well as the type, amount and intensity of carer support, underpinning the assessment model.

Whilst APM understands and in principle supports the Draft 2 assessment criteria, weightings and proposed entitlement thresholds; we have some minor concerns about the application of the assessment and the way in which scores have been applied in some of the Case Studies.

APM has identified three areas of concern for consideration by the DWP. These are shown below at Part A of our response.

Part B provides APMs specific responses to the consultation questions posed by the DWP.

PART A

1. Without detailed prescriptive service delivery guidelines, there is significant probability that assessors will rate things differently depending on their insights and/or perception of the level of risk / safety to the claimant e.g. APM views the possibility of a person having a grand mal fit unaccompanied on public transport more significant in terms of support required (both to the person and to the public) , than a husband needing to verbally prompt his wife with low level depression to cook a meal.

An example of this can be seen within Case Studies 5 and 15 -The claimant in case study 5 is assessed in relation to Daily Living Activities as a 2 meaning no Daily Living component entitlement and on Mobility Activities as a 0, therefore no Mobility component entitlement due to the scoring mechanisms employed. We can assume that if the Decision Maker accepts this report that no PIP payments would be made to this customer and the assumption is that they would be able to work full time without additional support despite 3-4 grand mal fits per month. The case example clearly demonstrates excellent disability awareness and support at her place of employment and home with support systems in place to mitigate risk of injury in the event of a fit and also to assist her post fit. Yet despite, clear indications of concern associated with Grand Mal fitting, the claimant was scored 0 indicating she is able to use public transport and could travel independently to and from work.

The case example further reported the claimant can usually avoid injury; however this is questionable as she does not use a cooker and prefers not to shower without her husband present in the house for fear of injury. It was also reported that she can lose consciousness when fitting and needs to sleep for up to a 1 hr after the fit.

The rating assigned does not adequately recognise the probability that the claimant is, at some stage, likely to experience a grand mal fit while travelling unaccompanied to or from work 5 days per week. Fellow public transport travellers are unlikely to have the same knowledge or capacity to assist her to avoid injury or to provide the same level of post fit assistance to the claimant as her husband or supportive work colleagues. The significant injury risk to the claimant, the post fitting assistance and the psychological impact on the claimant and fellow travellers does not appear to have been sufficiently considered when assigning the 0 rating.

Case study 15 shows that a claimant with mild depression requires prompting to prepare or cook a meal and attracts a scoring of 2.

DL Activity 1 Preparing Food and Drink

Needs prompting to either prepare or cook a simple meal.	2
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Mobility Activity 1 Planning and following a journey

Can plan and follow a journey unaided.	0
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The case studies above indicate prompting required by the husband for a wife to cook a meal attracts points towards PIP, but the consequences of Grand Mal fitting on public transport is not recognised.

2. APM’s extensive work with the differing types of customer groups expected during the PIP Assessment Service has led us to understand that supporting and assisting an individual with partial ability can on many occasions be more time intensive, physiologically and physically demanding than the time required to support and assist claimants with negligible capacity.

Our understanding is that the underlying intent of the PIP Assessment is to ensure that claimants have access to sufficient funding support so as to maximise the opportunity for a claimant, wherever possible, to participate in their community and their Activities of Daily living.

Claimants with NEGLIGABLE capacity have tasks/ activities undertaken on their behalf in many instances. This type of service provision and support can be more time efficient and less psychologically draining on carers and support workers than providing assistance to a claimant with impaired or partial capacity.

The scoring system within PIP rightly awards the highest score to those claimants with minimal or no independence. However in order to ensure claimants with significant impairments are not denied the support of others and the opportunity to participate to their potential, any assessment tool determining the cost of disability needs to recognise, measure and compensate for the effort and time required by support persons.

We have set out below 2 examples of claimant circumstances that may arise during a PIP assessment and the scores that it is suggested be assigned to each.

<p>Needs assistance to either prepare or cook a simple meal. <i>e.g. A Young woman with co-ordination and strength difficulties as a result of cerebral palsy. She walks with callipers. She has a keen interest in cooking and likes to make her own meals. Claimant requires assistance to carry/ lift any hot items or those with any weight (i.e. Full dinner plate), pouring (especially hot liquids), and use of electrical equipment. Spasm will often result in spillage of food stuff. Support is required throughout the process to compensate for the loss of strength and co-ordination difficulties which pose potential injury risk.</i></p>	<p>4</p>
<p>Cannot prepare and cook food and drink at all. <i>e.g. gentleman with severe cerebral palsy affecting both upper and lower limbs (wheelchair bound) is completely unable to participate in the meal preparation process</i></p>	<p>8</p>

It is our view that in the example above the claimant who would be awarded a scoring of 4 under the currently proposed criteria should be awarded a scoring equal to that of the second claimant for the reasons we have set out above.

A further example of this is provided in response to Q 4.

3 APM is concerned that the application of scoring in Case Study 9 could be perceived as promoting an outdated and inappropriate view of disability and mainstream integration.

APM understands that claimants with significant communication difficulties will be eligible for the enhanced Daily Living component. However, our view is one that would indicate that it is inappropriate to specify that a profoundly deaf claimant who communicates by sign language can engage socially unaided and assign a scoring description of 0, because his friends are also deaf.

.....The proposed thresholds allow the highest scoring descriptor for activity 7 (*Communicating*) to provide entitlement to the enhanced rate of the Daily Living component, recognising both the significant barriers and costs faced by individuals who are unable to communicate.

By the PIP assessments own definition “engage socially” means-

- (a) ***interact with others in a contextually*** and socially appropriate manner;
- (b) understand body language; and
- (c) ***establish relationships;***

Although it is recognised the final outcome is unaffected by the social engagement scoring, the application of the social engagement score in this case example appears very discriminatory with the claimant only being socially independent within a VERY narrow population sector.

APMs responses to the Consultation questions

Q1 – What are your views on the latest draft Daily Living activities?

In the explanatory note we set out revised proposals for the activities relating to entitlement to the Daily Living component (activities 1-9). These include three new activities: Communicating, Engaging socially and Making financial decisions. We would welcome your views on the activities. Are the changes and the new activities an improvement? Do you think we need to make any further changes?

Overall APM supports the revised proposals for activities relating to Communication, Engaging Socially and Making Financial Decisions however it is felt that the application of the scoring system to Case Studies 5 and 15 (see above) suggests further work is required in order for the assessment tool to accurately reflect the full support needs of an individual across all domains without the risk of “under scoring, double scoring” or “overrating”

Q2 – What are your views on the weightings and entitlement thresholds for the Daily Living activities?

In the explanatory note we set out proposals for the weightings of descriptors in the activities relating to entitlement to the Daily Living component (activities 1-9). In this document we have set out the entitlement thresholds for the benefit. How well do you think they work to distinguish between differing levels of ability in each activity? How well do you think they work to prioritise individuals on the basis of their overall need? Do you think we need to make any changes to weightings or thresholds?

APM supports an assessment model that attempts to reflect additional cost and support requirements for claimants with significant disabilities. APM cautions the DWP to be aware that supporting and assisting an individual with partial ability can on many occasions be

more **time intensive, physiologically and physically demanding than the time required to support and assist claimants with negligible capacity.** (Please see Part A number 2 for more information)

Q3 – What are your views on the latest draft Mobility activities?

In the explanatory note we set out revised proposals for the activities relating to entitlement to the Mobility component (activities 10-11). Are the changes an improvement? Do you think we need to make any further changes?

With the application of the underlying principles of “safely, reliably, repeatedly and in a timely manner” APM supports the revised activities for the Mobility component

Q4 – What are your views on the weightings and entitlement thresholds for the Mobility activities?

In the explanatory note we set out proposals for the weightings of descriptors in the activities relating to entitlement to the Mobility component (activities 10-11). In this document we have set out the entitlement thresholds for the benefit. How well do you think they work to distinguish between differing levels of ability in each activity? How well do you think they work to prioritise individuals on the basis of their overall need? Do you think we need to make any changes to weightings or thresholds?

APM supports a tool that recognises enhanced payments for the additional “cost” of a disability. The descriptors in the mobility section measure the “cost” according to the level of dependence on mobility aids. This scaling assumes the “£ cost” of an electric wheelchair is greater than the “psychological cost” on support workers and the ‘cost” of possible lost participation opportunities for a claimant who can walk independently with difficulty but whom requires the supervision / assistance of another.

For example a claimant is assisted by an enhanced payment to subsidise the cost of an electric wheelchair thereby increasing their independence and ability to participate in the community.

The question posed by APM is this “Is the claimant who can walk with difficulty but who requires mobility supervision from another, subsidised sufficiently by the standard rate to ensure their opportunities to participate in the community are maintained at an equivalent level?

For example “You stay in the car- I will just pop into the shop and see if they stock those jackets you want - it will be quicker”.

The provision of a piece of equipment such as a wheelchair can reduce a claimant’s dependence on others and maximise independence. Those clients with partial mobility who require supervision or physical assistance **remain** dependant on others. Should carer assistance/ supervision also be purchased to ensure equal participation opportunities?

Q5 – What are your views on how the regulations work regarding benefit entitlement?

Draft Regulations 1 to 4 set out how the assessment will work to prioritise individuals and determine entitlement to the benefit. How well do you think the draft regulations achieve the intent of the assessment set out in the explanatory note? Do we need to make any changes?

APM believes the draft regulations clearly outlines the intent of the assessment and provides clarification as to the meaning and definition of important terminology.

Q6 – What are your views on how we are dealing with fluctuating conditions?

Regulation 4(4)(c) of the draft regulations and paragraphs 7.13 to 7.15 of the explanatory note set out how we are proposing to assign descriptors to people who have fluctuating conditions. These are that:

- Scoring descriptors will apply to individuals where their impairment(s) affects their ability to complete an activity on more than 50 per cent of days in a 12 month period.*
- If one descriptor in an activity applies on more than 50 per cent of the days in the period – i.e. the activity cannot be completed in the way described on more than 50 per cent of days – then that descriptor should be chosen.*
- If more than one descriptor in an activity applies on more than 50 per cent of the days in the period, then the descriptor chosen should be the one which applies for the greatest proportion of the time.*
- Where one single descriptor in an activity is not satisfied on more than 50 per cent of days, but a number of different descriptors in that activity together are satisfied on more than 50 per cent of days – for example, descriptor ‘B’ is satisfied on 40 per cent of days and descriptor ‘C’ on 30 per cent of different days – the descriptor satisfied for the highest proportion of the time should be selected.*

What are your views on this approach and how this is set out in the regulations?

APMs experience in assessing multiple claimants with varied unstable or fluctuating conditions has exposed the difficulty of using claimant reporting to accurately assess the frequency of a fluctuating condition.

In our experience, APM has had greater success in assessing the true impact of a fluctuating condition where claimants have been asked to describe particular instances where they have had significant changes to their usual level of functioning, by outlining the type of incapacity experienced, the type and level of support they needed at that time and the duration of the incident. Assessors can then enquire if all exacerbations are similar and how many such incidents they had over a set period.

An alternative approach to the one proposed in PIP for assessing fluctuating conditions, would be complete the standard DL and Mobility components for all claimants based on their “baseline” level of functioning.

Claimants who experience intermittent or fluctuation to their base line level of functioning as a consequence of conditions such as MS, Tinnitus, Gout, Mental Health, could then be assessed on a single “instability” measure that evaluates overall changes in independence levels based on

- Frequency (days per year)
- Duration (minutes/ hours/days)
- Severity (supports required during fluctuations e.g. independence retained up to hospitalisation and /or complete loss of independence and reliance on others)

A weighting could then be applied to PIP baseline score, which may or may not change the final rating from a standard to an enhanced PIP rate based on the frequency, severity and duration of changes to Independence levels.

Q7 – What are your views on the definitions of ‘safely’, ‘timely’, ‘repeatedly’ and ‘in a timely’ manner?

In the assessment an individual must be able to complete an activity descriptor reliably, repeatedly, safely and in a timely manner. Otherwise they should be considered unable to complete the activity described at that level. In paragraph 7.4 of the explanatory note we set out draft definitions for these as follows:

- **Reliably** means to a reasonable standard.
- **In a timely fashion** means in less than twice the time it would take for an individual without any impairment.
- **Repeatedly** means completed as often during the day as the individual activity requires. Consideration needs to be given to the cumulative effects of symptoms such as pain and fatigue – i.e. whether completing the activity adversely affects the individual’s ability to subsequently complete other activities.
- **Safely** means in a fashion that is unlikely to cause harm to the individual, either directly or through vulnerability to the actions of others; or to another person.

What are your views on these? Some organisations have suggested that these terms should be included within the regulations. Do you agree? If so, do you have views on how we should do so – for example, as a general provision or referring to them in the detail of activity descriptors?

APM welcomes the inclusion of these vital measures into the application of assessment tool. We would recommend that further work be done to provide case examples where the capacity to repeat a task “safely” is further explained to ensure consistency of application. Please refer to Part A number 1 Case Study Number 5

Q8 – What are your views on the definitions in the regulations?

The draft regulations contain a number of definitions in Regulation 1(Interpretation) and Schedule 1. Do we need to make changes to any of these?

APM considers the definitions included in the regulations to be very clear. We would draw your attention to our recommendation for the DWP to consider a review of the proposed method of assessing the impact of fluctuating conditions (Q6). A subsequent review of the associated definitions contained within the regulations may also be necessary.

Q9 – Do you have any other comments on the draft regulations?

Regulations 5 to 10 of the draft regulations relate to elements of the assessment process for Personal Independence Payment, around the requirement to provide information and attend

face-to-face consultations, the consequences of failing to meet these requirements and when individuals might have good reason for not meeting these. Do you have any comments on these regulations?

APM recommend the draft regulations also reference claimants being able to bring support persons/ nominees or advocates to these face to face assessments. Further, we would recommend that there is a reference made to PIP assessors (on occasion) requiring the claimants written authority to speak to relevant others (e.g. General Practitioner, Allied Health workers, Mental Health support staff etc) in order to complete a holistic assessment that provides the DWP with accurate evidence based insights into the claimants independence and support requirements.

Conclusion

APM is committed to a vision of sustainable, fair, equitable and quality support systems which provide the opportunity for people with disabilities, injuries and medical conditions to participate socially and economically to ensure that they reach their full potential.

APM thanks the DWP for the opportunity to provide feedback to this very important work.

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