

Personal Independence Payment user-centred design: Strand 1 report

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Background and methodology

The Department for Work and Pensions (DWP) is in the process of introducing a new benefit called Personal Independence Payment (PIP) to replace Disability Living Allowance (DLA) from 2013, for people between the ages of 16-64.

As PIP is a new benefit, the process of turning policy into delivery provided DWP with a unique opportunity to design the application process from scratch. Alongside the broader programme of consultation, IFF Research was commissioned to carry out a programme of user-centred design (UCD) research.

This research will consist of a series of individual research studies, conducted between 2011 and 2012, each of which will concentrate on understanding users'/potential users' views in relation to a specific aspect of the claims process. Participants in each of these research studies will be drawn from a pool of people recruited to join the research panel.

The panel consisted of:

- DLA recipients with a physical/mental disability or impairment;
- non-DLA recipients with a physical/mental disability or impairment;
- people without any disability or impairment; and
- formal representatives of DLA recipients.

This report presents the findings of Strand 1 of this research, which aimed to explore how the application process for PIP could be designed to meet the needs of both existing DLA claimants

as well as potential PIP claimants. This consisted of 21 focus groups and 46 face-to-face in-depth interviews, conducted in September and October 2011.

Key findings

Deciding whether to apply: For those currently receiving DLA, applying for PIP was perceived as something they would have to do (i.e. because of needing the money), rather than a choice. The majority of DLA claimants did not see PIP as a new benefit but rather just a name change and, as a result, saw their receipt of DLA as a sign of eligibility for PIP.

The consensus was that it was key to communicate both the eligibility criteria and the claims process in 'good time' which claimants generally considered to be between 6 and 12 months before their DLA ended. Individuals wanted this information to be made available in a number of different places, such as General Practitioner (GP) surgeries, Jobcentre Plus and local council offices.

Application: Past experiences of benefit application processes tended to be negative. Individuals found current forms overly-long and difficult to complete, and perceived them to be deliberately repetitive – resulting in mistrust. Simpler, shorter, more tailored forms were requested. Individuals also wanted the opportunity to express their support needs and how their condition affects them in their own words at the start of the form.

Previous experiences of medical assessments tended to involve performing tasks that were thought to be irrelevant or humiliating. Individuals wanted transparency about what the assessment would

involve and how this would be used to make a judgement on their eligibility for PIP. All wanted a medical professional of their choice to be involved in some capacity, on the basis that they knew the most about the individual's condition. These medical professionals included GP, psychiatrist, social worker or consultant.

Awaiting the decision: For many, applying for a benefit was seen as a daunting process with significant financial implications. Individuals therefore wanted the DWP to confirm that the application had been received and to clearly communicate the timescales for their decision. Many also welcomed proactive updates from the DWP about any delays, and there was interest in a range of communication channels for these updates.

Decision: Individuals wanted a hard copy letter as a written record and to show to others (e.g. when consulting intermediaries, claiming other benefits or as evidence if submitting an appeal). Current DLA award letters were seen as cold and generic, and lacking an explanation of the reasons behind decisions in a way that claimants could understand; leaving many feeling that the DWP was not recognising they had a health condition. This apparent lack of recognition of evidence provided, together with a view that decisions are regularly overturned at appeal, meant that most current DLA claimants viewed an appeal as the next logical step following disallowance. For some, this message had been reinforced by intermediary organisations and occasionally by DWP staff.

Ongoing relationship: The majority of individuals did not feel it was their responsibility to tell the DWP if their circumstances change. Some expressed concern that any improvement in their condition may be short-lived and were fearful of having to go through the application process again as a result of reporting a change to the DWP.

Communication channels: Individuals would like to be able to indicate upfront how they would like to contact, and be contacted by, the DWP. They wanted preferences to be remembered and consistently applied. However, they also wanted there to be

flexibility throughout the claim, to adopt a different channel when this assists them (for example, the DWP phoning them to clarify a query on their paper application form; or sending a hard copy record of information given by telephone or online, to enable the claimant to review it).

When it comes to claiming online, past positive experiences included occasions where reassurance was provided that information was being saved and had been submitted correctly (and conversely negative experiences included examples of crashing and lost information). The opportunity to use questionnaire routing in an online form (where irrelevant questions are skipped) was attractive for some claimants. Individuals felt that an online claims process should be accompanied by additional support for those who needed it (through 'help' buttons or visual examples within the online claim form, and/or the option of a helpline should someone get stuck).

The skills and attitude of the person on the other end of the phone was crucial in telephone claims. Many DLA claimants described negative past experiences of discussing their claim over the phone and felt that call handlers displayed minimal empathy or compassion.

Positive telephone claim experiences included features such as being able to request a call-back if the individual became fatigued, being able to call someone back to 'validate' an unsolicited call, call handlers going 'off-script' to ensure the conversation was more personalised, having a named individual or team of individuals handling a case, being spoken to with a sympathetic tone, and being sent hard copy confirmation of what had been discussed by phone.

Issues for specific customer groups: Discussions with small samples of individuals from specific customer sub-groups tended to reflect the views and experiences raised by individuals generally (as described above). However, there were some respects in which specific customer sub-groups shared slightly different views or experiences.

For transitional claimants (who had recently moved onto adult DLA after turning 16), the process of making a claim typically involved making key decisions about who would take control of their adult benefit payments. This was in the wider context of also having to prepare for their adult life with an impairment or health condition – making this transition phase a difficult time for claimants. There was therefore a strong desire for as much information as possible about PIP to arrive well in advance of the claimant’s 16th birthday, and a need for particular sensitivity around how the outcome of a PIP application is communicated.

Interviews with claimants’ organisational representatives revealed considerable knowledge of the benefits system and a desire to be kept up to date with the details of the benefit reforms. Some representatives (typically those in a healthcare role) wanted greater involvement in the application process and for their account of a claimant’s condition to carry greater weight than they felt it does at present.

Individuals who had previously been disallowed DLA were negative about the application process, feeling that they had not been able to fully explain their condition and how it affected them. They felt a new benefit application process should have an improved outcome notification stage, involving signposting disallowed claimants to an ombudsman, giving a helpline where you could get personalised feedback on the reasons for the decision and signposting to other organisations that could provide information and support for their condition. Some felt that individuals who had been unsuccessful in their previous DLA claims would be deterred from applying for PIP.

Individuals with sensory impairments highlighted the value of telephone calls in informing them that important written information had been sent out and in allowing them to give their claim details over the phone (with written confirmation then being sent of the evidence given over the phone).

Underpinning values - A set of ideal values that should underpin the development of the claims process have been identified. These values have the

potential to:

- guide DWP decision-making about the design of every aspect of the PIP claims process, so that it delivers the experience that individuals want;
- support the objective of designing a claims process that is simple to administer, easy to understand, fair and supports people who face the greatest challenges to remaining independent and leading full and active lives;
- increase individuals’ trust in the claims process and confidence in its outcomes, therefore helping to achieve operational benefits (e.g. in terms of minimising unnecessary claims and appeals).

These underpinning values fall into three broad types, according to what they contribute to the claims process. These are:

- Credibility – professional/expert; and consistent;
- Transparency – that the process should be simple, clear and easy; open and trustworthy; and reassuring and supportive; and
- Appropriate treatment – the process needs to be respectful and empathetic; flexible and personalised; and allow the individual to be recognised and heard.

Other conclusions

The other key conclusions that can be drawn by the research team from this first strand of research conducted with the PIP user-centred design panel are that:

- The introduction of PIP presents an opportunity to signal a break with perceived poor treatment in the past and to develop processes and procedures that deliver a better claimant experience;
- There is scope for considerable improvements in the claimant experience to be achieved through change in the tone of interactions throughout the process from written correspondence, staff contacts and approach to assessment;

- Some of the more structural considerations that could help to ensure a significantly more positive application experience are:
 - retaining and using reported preferred methods of communication;
 - tailoring of the process to customer needs;
 - building in review phases so claimants can check and accept or amend the details they have provided (and, perhaps, what has been written about them);
 - a clear response to all evidence provided;
- It is likely to be very important to involve intermediary organisations in the delivery of PIP. Encouraging claimants to consider asking a representative from a support organisation to accompany them to a face-to-face assessment may help to ensure that this process records (and is seen to record) claimants' situations more accurately;
- The outcomes of appeals lodged in the first few months following the introduction of PIP will be very important in determining how individuals respond to having their claim to PIP disallowed.

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The full report of these research findings is published by the Department for Work and Pensions (ISBN 978 1 908523 56 3. Research Report 794. May 2012).

You can download the full report free from: <http://research.dwp.gov.uk/asd/asd5/rrs-index.asp>

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