# Martin- Written Reflection and Interview Transcript

*This document contains a written reflection (submitted by the participant before the interview) and the transcript of a semi-structured interview conducted online on 22 April 2020. Martin was a Manager in a Welfare Rights Service run by a local council, in a city in Northern England. The transcript and written reflection have been anonymised, with identifying names and places removed, or replaced with pseudonyms.*

## Written Reflection

Claimant in their 40s with high blood pressure. Recently diagnosed with retinal dystrophy and registered as sight-impaired. Uses a number of small aids (backlit magnifier, monocular, low end smartphone) but no cane. Referred by Patient Support at Eye Hospital to claim PIP. Discussed with clt. over phone and assessed likely minimum entitlement as PIP DL at standard rate with PIP M at enhanced rate. Noted areas usually missed by HCP and DWP decision maker e.g. points for social engagement as can’t do facial recognition and points for budgeting as can’t

As clt. doesn’t go anywhere unfamiliar alone I agreed clt. should order a large print PIP 2 and upon receipt agreed a home-visit for 2 hours to take more detailed notes. PIP 2 completed back at office with all additional information per question typed into a large print (16 point sans serif font) in MS Word so clt. could magnify and read on phone and agree amendments etc. Used extra information at end to request a 10 year award and that HCP assessment report and decision letters also done in large print. Clt. happy to attend assessment centre as would be accompanied.

Awarded only PIP M at enhanced rate for 1 year only. HCP report provided in large print. Decision letters not in large print.

Large print mandatory reconsideration done. No new evidence submitted but correct points for DL reiterated and also request for 10 year award. Clt. retained PIP M at enhanced rate but was also awarded PIP DL. Award extended to 4 years but again but neither decision letter in large print.

Clt. Happy with award but not award length. Obtained case law to confirm can appeal the award length only without disturbing level of award. Persuaded her to appeal. Printed off large print pdf of SSCS1 appeal form as can’t be used on screen (unlike the ordinary SSCS1). Referred most sections to a large print MS Word attachment detailing grounds for appeal and “special requirements”. In this case they were a request for the appeal bundle and all subsequent correspondence to be in 16 point sans serif for appellant (and myself as someone also registered as sight impaired)

First appeal bundle not large print. Ditto HMCTS correspondence. Requested HMCTS address this and received large print DWP submission but not as new papers i.e. added to the existing papers and doubling the size. Requested other documents as large print and that HMCTS address their own correspondence, which remained normal print despite often enclosing large print evidence. Request was added to evidence but not addressed. Complaint lodged to HMCTS. Produced an apology and a file note to ensure all subsequent documents large print. Requested judge’s direction on using tablet devices for appellant and myself to view appeal bundle in hearing but again request just added to bundle and not directed to judge. Further complaint lodged. Subsequently advised at Tribunal User Group that no need for a direction and could use a tablet.

Appeal listed so agreed a further home-visit to prep clt. For hearing as they’d not attended before. Talked through the case briefly (as argument for longer award straightforward) and then went through whole hearing process i.e. where we were going; who would be there; their role and conduct (including the appellant and myself); likely order of proceedings; the room layout etc. Drew clt. a sketch of likely room layout and showed them some internet images of the venue (both on my iPad Pro). Later emailed these to clt. for reassurance. Allowed her to use the device so she could ensure it worked for her on the day.

Met clt. at venue 45 minutes before hearing to reiterate the above and ensure she was relaxed. Ensured clerk was aware we were using a tablet and asked about the layout of the room. Description led to a request that the desks were moved closer together so clt. was as clear as they could be as to who was speaking. Was advised that appeal decision could not be in large print but before hearing started was advised there was a “workaround”. Appeal lasted 15 minutes and was won in full. Summary decision was large print.

## Interview Transcript

I = Interviewer P = Participant

I So just to confirm you’ve had the consent form and information sheet?

P Yes, yes. I have had the information sheet.

I And just to confirm you are voluntarily taking part in this study?

P I am.

I Brilliant, thank you. And so, it's really nice actually get to see you and speak to you. So it's been quite a while, hasn't it?

P It has been yeah.

I And thank you for sending me through your, sort of reflective account, again quite a while ago. What I'll do, is sort of have a semi-structured approach to this so I've got a few questions, but it's mostly guided by where you want to go, what your experiences are and then I'll just try and dig in a bit to those parts if that's all right. And, and I feel, I feel like you've got quite a good understanding of what this research is about and why, but if you've got any questions, please feel free to give me a shout after, and that's fine. Okay. Brilliant. Okay. Um, so just to sort of get us warmed up, can you tell me how you ended up becoming an advisor and sort of what your journey to that was?

P Ooh well it started a long time ago. I was encouraged by a friend to volunteer at an unemployed workers Centre, and they ran a Welfare Rights training course for 10 weeks, and I was unemployed at the time, so it was interesting. I went on that course and landed on the Manpower Services Commission training, which um… it was like 66 quid for two and a half days per week. Umm and then joined [a local advice charity] as a volunteer at the same time to fill the rest of the week. Two years down the line, became a paid deputy manager and not looked back since then, really.

I It's funny, it seems like a lot of people sort of ended up in this industry or the advice sector by accident in a way.

P Yeah. It really was. A friend was working with the unemployed worker centre. Had she not been working there I may never have gone down this route at all…

I It's a weird thought, isn't it, when it's been, been so long since. Have you changed roles a lot within, sort of advice or have you pretty much stuck to some core...?

P I started out, I suppose, unemployed worker centre was pure Welfare Rights, then the [the local advice charity] was everything. I was a deputy within four years. So, on paper I did everything, but it was pretty much Welfare Rights. And then I moved to [local location in Northern England] 28 years ago and I've had six different roles in 28 years, but they've all been within the Welfare Rights and Debt Advice Service.

I So you've seen it change quite a lot I guess, over that time?

P Yeah, yeah… you know kind of like the old man who remembers benefits that haven't existed for decades, all that kind of stuff sadly…

I And it must give you a good perspective to be able to sort of compare and understand what's going on now though, because I think it's that history of the welfare state that I think a lot of people really quickly forget.

P Yeah, well I mean I was there, I started out in Welfare Rights when we were transferring from Supplementary Benefits to Income Support. So, the, the ‘86 Act and the ‘88 changes. And at the time, that felt like it was a massive thing. Well, this… So, there's a bit of me with Universal Credit that's sort of like yeah I've been there, done that. Yeah, well this is, this is very different. This is, this feels very different in lots of different ways, really…

I Yeah, it's um I think every, every government has come in and said they're making wide ranging changes, and sometimes they're not quite as wide ranging as they seem. And other times, well, more wide ranging than they want you to know.

P Well, I think the when I first started out in Welfare Rights there was something that my very first manager, actually at the unemployed worker centre, said which kind of resonated down the years, which was, it was a fairly political statement but I think it holds true which is that, the Tories tend to come in and always make wide ranging changes and think that, you know, simplifying things is good, but actually in the long term it screws things up. Whereas, when labour come to power, they tend to fiddle around the edges…um which keeps the likes of me in a job but actually adds layers and layers of complexity, which they don't anticipate either, so whoever's in power they don't really understand the consequences of their actions.

I Yeah. And I think especially with the wider sort of welfare state it has become a thing that's politically very difficult to touch and or to actually state what your intentions are with it, rather than do stuff tinkering at the edges or…

P Mmm yeah. Yeah.

I And so what's your, what's your favourite part about your time as an advisor, what was sort of like, the highlight?

P Gosh…that's a tough question. It's interesting because it's changed so much really, I think there was a point where you felt like 90% plus of what you're doing was really positive umm… and it doesn't really feel like that anymore. We're having to give now lots more negative advice and coming across lots more situations which aren't challengeable, or where it's too late, you can't remedy the situation. So, in terms of favourite stuff I suppose I’m harking to a bygone era when you had longer appeal times, you had greater appeal rights and longer periods in which to appeal. I did get involved in within [local location] in a couple of very large campaigns, so there was, there was a supplementary benefit take-up campaign, which I was involved with when I first came to [local location] in 1992 and kind of bear in mind that you know supplementary benefit went in 1988, and we were still doing a campaign on it in in 1992, and that didn't actually conclude until 1999. And that brought in more than a million pounds for [local] residents. And it was quite… I, it started off as a piece of teamwork and then I ended up being… the take up worker who just kind of ran it by myself, five years as it was running down. And it was kind of an eye opener in terms of DWP processes and just, you know, how much they say, ‘Oh, we haven't got that’ when they have, you know ,and documentation that they claim doesn't exist when it does, you know, it was, it kind of put me in a mindset where I don't accept anything that they say, at all.

I It's interesting where umm, sort of the line between advising and advocacy and activism, sort of, blur. So, you just mentioned sort of giving negative advice, do you mind just sort of going into a bit more detail about what that means?

P I think we're used to… we used to live in a world where no matter what sort of benefit crisis or issue somebody faced, you could offer them a solution. In, you know, 90% plus of cases, probably higher. So, I mean, one of my specialist areas used to be overpayments, and the questions around recoverability… and what you found over the last two decades, is that the, the number of overpayments which are automatically recoverable with no appeal rights has increased hugely. Some of that came with the move to tax credits and sort of a very different appeal rights run by HMRC compared to what the DWP offer. So, you had less appeal rights on what was recoverable, and less discretion being exercised, it's tightened up, you have smaller windows to challenge things. And we found that's really, really accelerated with Universal Credit where the number of things that you can appeal are really limited, the processes which enable you to challenge stuff, have really closed down. The whole digital by default thing has caused massive problems and there's a big hidden issue there where the only thing that's keeping a lot of people's Universal Credit claims going are relatives or friends. The people aren't actually maintaining their own claims at all, because they're not capable of that.

But you, you find yourself in a situation where, for example, we could advise somebody, you know, a few years ago pre-Universal Credit. We could say right okay you know, we'll set up a home visit, we'll help you challenge this decision whether it's a mandatory recon, or a revision, or a supersession, or an appeal or whatever. We'll come out, we'll do the documentation, we’ll represent you. And now we're in a world where actually if we want to help somebody challenge their Universal Credit decision, we somehow have to see their journal, and very often significant numbers of them don't have access to their journal, or they’ve forgotten their password which is an issue that nobody talks about. And actually, that's a huge issue. So, you're very much shut down in what you can do, and we also live in a world where benefit rates have been cut in real terms, often directly with the benefit freeze or the benefits cap, but also indirectly. So, there's been a move towards sort of indirect stuff, like increasing the level of non-dependent deductions, which has been quite subtle, but when you look at it, there's been huge rises in that over the years compared to what they used to be. And so, people are starting from a worst point. So, you've often got people on the level of benefit that is significantly less than they would have been on 20 years ago, it's harder to get in the first place, it's harder to keep and when something goes wrong, it's harder to challenge. And I mean with Universal Credit you know what on paper looks like a very simple benefit with very simple building blocks has turned into kind of a nightmare, really. And very often, you know, our advice is to people is that you're going to have to go and do this yourself, and then check back in with us, because you know when there's nothing we can do. It's your journal, you're gonna have to challenge it. We can give people forms of words to use, but your role becomes more and more limited really. Overpayments is a good example because there is so much less to challenge and yet overpayments are far more likely to happen with Universal Credit and the tax credits.

I Is that just from the sort of automatic nature of the calculation that's done?

P Um, yeah. Some of it is, I mean with, I mean, the Inland Revenue, HMRC are very much used to this culture that if they overpay you anything, then they just take it back and so they're not interested in issues around poverty, or justice, or anything like that, they treat you… They treat all employed people or sick or disabled people, the exact same way that they treat people who are employed and in full time jobs, it's just like you've got an income, we're taking it back from you, end of story. They're intransigent on that and the guidance on it and the legislation around it is really unhelpful, challenging decisions is really difficult. And I think, um there's been. I'm sorry… I'm quoting somebody else here there have been a couple of upper tribunals…well more than a couple of upper tribunal decisions, on tax credits where the HMRC have been… basically been described as a basket case organisation. Which isn't very polite, but it's not far from the truth in terms of trying to deal with them and trying to get through on the phone or trying to get an email contact or anything coherent going on. So, you kind of, at the risk of being overdramatic, it's become this kind of Kafkaesque environment. Yeah, where you can do stuff, and you have no idea whether it's worked or not and then you know three months later the revenue might write to you and say, ‘oh no we haven't had anything, you haven’t done anything’ so have a fine on top of everything else.

I Yeah, bureaucracy gone wild, yeah.

P Yeah, um, and the other thing that has been thrown into that obviously is the benefit cap and sanctions. You know, the whole sanctions regime got completely out of control for the while, and that has very, very serious consequences on a whole range of things.

I Yeah. Yeah, absolutely. And so, for my research I'm sort of looking more specifically at PIP. Are there differences there in… from your experience about how it's managed, so like for just for example it's, it's a telephone call and a paper form isn't it, rather than digital by default?

P And I think… okay where do I start with that, um, gosh. I think the first thing is that if you work in the Welfare Rights fields, you don't normally buy into the narrative that DLA required reform and that's why we've got PIP. We’re all very, very clear that yes DLA could have done with some reforms, but you know the introduction of PIP was absolutely not about getting the benefit targeted to the right people etc, etc. We're now very clear… I think Maria Miller at the time who was the minister who announced that part of the intent with the introduction of PIP was to knock 20% of the DLA budget, and of course that failed miserably because PIP isn't any cheaper and actually now it's got going over six or seven years, more people are qualifying to the horror of government in general.

 I think. I think that there's, there's a number of changes, one of the obvious things which was completely unhelpful, but kind of symptomatic of the hostile environment at the time, was that if you switched from incapacity benefit to ESA, there was a conversion process you didn't have to do anything. Whereas DLA to PIP, you had to be proactive, you’ve got this letter, which for most people was incomprehensible, there’s one paragraph hidden away that says, by the way you've got four weeks to ring us and if you don't ring us, it's ending. Really wasn't clear, so it put the onus on claimants, you know, claimants with disabilities which very often meant that, the ringing up and making it work for the DWP was a simple phone call, simply wasn't an option. So, a lot of people fell off DLA before they even got into the PIP system.

So that was quite significant to begin with and I think the effects of that are still being felt across various communities of disabled people. I mean, the obvious one, for example, to me, is hearing impairment. I came across just working in [local area], and then comparing notes with a lot of people nationally, quite a common thing that a lot of people with hearing loss didn't understand that PIP replaced DLA. They thought it was a top up. So, a lot of deaf and hearing-impaired people started the conversion process believing it was about extra money. And then to their horror found out that they were taken off DLA and didn't get PIP or that their PIP replaces DLA, possibly at lower amount. You know that I mean that was a really obvious example of where it went horribly wrong and that still hasn't been fixed in a lot of cases.

The claim process…mixed, mixed feelings about that really. I was one of the people who on a national level was involved with lots of DWP working groups to try and draft the claim pack. And the DWP approach to it was quite intransigent and in regards to the letters that were going out to claimants. So, we would look, we would look at the letters that were intended to go out to claimants inviting them to claim PIP, and we would say well, you know, that letter’s incoherent, paragraph four needs to be paragraph one and so on. And the response from the DWP would be, well I'm sorry but the minister says that paragraph four has to be there at the bottom of the first page and that's the end of the matter. And the fact that it meant that claimants wouldn't understand it, just escaped them completely. So, there was lots of stuff about the initial kind of invitation process, the conversion process, I mean it's, nowadays it's referred to as a conversion process, but it's not a conversion it's… you're invited to be proactive…

I It's just it's a reassessment, isn't it?

P Yeah, yeah, but the onus is on you as the claimant to do something, and that immediately isn't obvious to whole groups of people. I've got clients with quite severe social phobias, for example, and I had one client where I had to literally go out and make the phone calls for them, and start the phone call off, and conduct most of that sort of conversion phone call, hand them the phone on two very, very brief occasions to confirm that they gave consent because they literally couldn't have done it themselves.

And you just think that that's kind of a form of madness really. And then I think, yeah, this stuff around the claim pack. Actually, I think this is a personal view, I think it's less around the claim pack and more about the poor quality of notes that come with it about how to have, how to fill the claim pack in. I think that you're always going to get a proportion of people who say, ‘well I don't do form filling’ or ‘form filling in scares me’. No matter how great the form actually is. But I think, I think there's something very deeply wrong with the information that people get given in the notes. I mean one of my things I do sort of quite dramatically with some of my clients is when I, when I go out to do a PIP form, or attendance allowance form, or a DLA for a child. I get handed, you know, the claim pack, plus the notes, plus the prepaid envelope and I sort of say well you can take the notes and bin ‘em. You know, because I'm not working to the notes, the notes are largely irrelevant to what we do as advisors. They don't bear any relationship to what you actually need to put on the claim pack. So, I think that is quite a difficult issue.

I So do you think it's like the notes are actually quite misleading, rather than just not useful?

P Um, it varies depending on which aspect of it you're looking at. I think some of the notes are out and out misleading, and I think I would argue that there's at least one, but I can't remember which bit it is now, but there was at least one bit where I would still maintain it's just plain wrong. But I just think they're not helpful in terms of explaining the most fundamental things that you actually need to get a successful PIP claim pack in, just very often really simple stuff.

I Can you give me an example?

P I mean, one of the things I always say to claimants is, and this is me, know not all my colleagues necessarily agree with me on this, but when I go out and do a PIP claim pack, I'm not going to fill it in in front of somebody. I'm going to take notes and bring it back to the office and spend three or four hours doing it. But I'll always say to people right now, the most critical bit on your PIP claim pack is going to be the extra information bit on each question. It's not ticking the box and saying, yes, I need help or, yes, I use an aid. It's that extra information box, and the space left by the DWP for you to fill in that extra information box falls woefully short of what you actually need. You probably need, I suppose if it's not going to be lined, I think probably a full page just blank for somebody to fill in, in their own handwriting.

And what I tend to say to people is, you know, that it's very easy to write in that page when the DWP notes would say, you know, tell us how this affects you. So, you might get somebody talking about their mobility, talking about falling, or maybe talking about bathing and falling, or dressing and falling. Okay, and what they might put in that extra information bit is that, you know, something along the lines of, you know, ‘when I bathe or shower, I fall’. And that's it. So, going along with the DWP notes, they think they've done a good job by saying, you know, the way that this affects me is that occasionally I can fall. And what I have to do as a Welfare Rights Officer is I have to take that a lot further and say right, what you've done there is you've just put in an assertion. In the same way I could put in an assertion, I could say I fall. But the thing that actually brings that to life for a DWP decision maker, the thing that makes that actually work, is when you go beyond the assertion, and you describe a couple of anecdotal incidents where you've actually fallen. And you do that in detail, so you know, last week I was going out into the garden, and I fell over my backdoor step, there's only two steps, there was nothing to actually trip me, my left knee gave way. I couldn't get up by myself until I managed to crawl across the floor to some furniture. So that telling a story.

Yeah, if you like not, and lots of claimants they've either done with DWP notes, or they go online and they read forums and there's lots of people saying ‘oh you know, it's not about your disability it's about how your disability affects you’. But nobody translates that into plain English and says, you know, it's kind of, what you need to be telling are the stories that you might tell your family, or your mates down the pub or the incidents that, you know, we all have them, and we all kind of forget them because they can become quite mundane and part of our existence. And very often people play them down as well. But actually, focusing on maybe doing two recent examples of that for every activity, makes for a much better, comprehensive claim pack. That makes sense?

I Yes, absolutely.

P So, so getting people away from, ‘I have this and this means this’, you know, so I have osteoarthritis in my lower spine, in my lumbar spine, and occasionally that means that I'm stiff getting out of bed, to actually describing well you know, four days in seven, this is the problem I have getting out of bed and this is what happened this morning.

I It's interesting what you said, sort of, about underplaying it, and how it's sort of part of your everyday life. Do you find that’s one of the main difficulties for people filling this form out?

P Um, no, I don't think, on the underplaying it is the main difficulty. I think is not understanding what you're being asked in the first place is the difficulty. And I think that combines very badly with the fact that, generally speaking, we're very bad about talking about ourselves and our health conditions. And some of that is because people struggle to talk negatively about themselves. And some of it I think, is because people don't get given the language by medical professionals or health professionals, to explain their own condition sometimes. So, you come across a surprising number of people who say, ‘well, I've got a back problem’ and I'll sort of say, well, okay, what is it, give it a name. ‘I don't know’, have you seen a specialist? ‘Yes’, you know, where did you see the specialist. ‘Oh, such and such hospital’. Right, can you remember their name? ‘Yes’. And I literally have to dig that deep to find out you know, what were they a specialist in? Right, okay this is what's wrong with your spine. So, I don't think it's, I think it's more about people struggling to talk negatively about themselves. Maybe not having the language, and maybe not understanding what the benefit is about in the first place. You know, I think, I think this, and I hang around a couple of forums where there’s claimant’s on, and it becomes very apparent that, you know seven years into the introduction of PIP, there's still people who think that if they describe their condition in detail, that's what they're looking for. Rather than the consequences of the, of the condition and that's a failure of the DWP at the end of the day.

Can you hear me okay, by the way?

I Yeah, absolutely. It's really clear.

P I'm just conscious, because I'm sitting outdoors, I've got traffic noise in the background so tell me if it cuts across because I can always go back in.

I No, it is fine. And hey my washing machine has just started making really loud noise so I’m not one to talk...

P Well I can’t hear it so its ok.

I Oh Brilliant, it normally sounds like a jet engine landing so... There is occasionally a bit of an odd noise but you're definitely coming out much clearer than any of the background noise so it's fine.

P Right cool.

I Brilliant thank you, that's all been really, really interesting. I’m just wondering, so we've sort of talked a lot about sort of the general background to PIP, which is really useful. I was wondering if you could just sort of take me through the process of, when say, you first get someone coming to you wanting support and sort of what you do with them and how you help them?

P Right, me personally or our service in general?

I You personally.

P Right, okay. So, I mean I, as a manager within our service I now carry a relatively small caseload which I've just managed to cut by 50% to 10. And I've, I've focused because of my own sight impairments, I've been allowed to focus in the last few years on sensory impairments and sight loss. So, with me, I'll pick up for example, I will pick up referrals from [the local] eye hospital, from the Eye Clinic liaison people there who were very good at sending referrals though. And my first thing that I will do is, I'll get as much information as I can from the Eye Clinic liaison. Very often that's quite limited. Often, it’s, you know, they've got this child and they've got this, or they've got this adult that's got retinitis pigmentosa or has got macular degeneration. They might not even know, you know, whether it's wet or dry or whatever. Yeah, so I'll gather within limits, gather what I can, get phone number, get an idea of when it's an appropriate moment to ring if they've got that information, and I'll make an initial call. And that initial call is really, it can go one of two ways. It might be just a five-minute call to say look this is who I am, I've got a referral from the eye hospital, are you aware of it? Just to make sure that they, you know, they understand who I am and why I've got the details. Do you want to talk now, or can we set up another moment to have a conversation? And it's, it's really up to them to kind of leave the ball in their court really.

One of the things I do, and again, I'm always kind of shocked when colleagues don't do this, is that because you're dealing with sight loss and sighted impairments. I will make an initial call, and I will let the phone ring, but if it goes to voicemail, I won't leave a voicemail what I'll do is I'll put the phone down and ring again immediately. Because that allows for people, that allows people that little bit of extra time to get to the phone. I have some insight into sight impairments, and I understand that, yes, you might actually be able to locate your phone, quite easily but not all the time. So just simple stuff like, you know, let's, let's make two or three calls in succession to allow people to be slow and get to their phone and get to grips with it. Just a little bit of consideration really, an understanding of what might be going on their end. I've always been shocked dealing with…should I say this? Yeah, ok. My Local sensory team, including, you know, several staff who were lovely and I know really well because they actually used to work for us. And I'm always shocked when I read on our sort of electronic case recording system, that they rang Mrs so and so and nobody answered the phone. And I’m just like hang on, you're the Sensory Team, surely to goodness you understand that someone with sensory loss is going to be, you know, slower to answer the phone. And apparently not. You'll see notes on the system say in, quite literally people who've been passed to the team for registration and the Sensory Team will make maybe three phone calls over five days and then close the case because they couldn't get hold of the person. And I'll make one phone call followed successively by a second phone call, just to get hold of that person and get a hold of them first, first go, because I made the calls in succession. And you just think, I find that really odd for the Sensory Team haven't got to grips with that most basic thing.

What I tend to do then is, I will have an initial phone call with whoever I'm dealing with. And it really depends on them. You know how into, sort of the level of depth we go into. So, some people it becomes apparent that I'm not going to get much out of them on the phone. I need to sort of set them thinking about certain things, and then set up a home visit. Other people I can probably extract a lot of information from them over the phone, and we might stay on the phone for quite a long time by which I mean, occasionally two hours. You know, up to them really whether they feel able to cope with that. But initially, it's… I'll lead them to say no, this is what I'm going to do. But that initial call will vary depending on how they feel and their availability and what they want. So, for example, I've got a client on the go at the moment, I've yet to meet this client thanks to COVID-19, but we’re quite a long way down the line with an appeal, she'd done her own claim pack. And the initial phone calls with her were quite difficult because she couldn't understand why the DWP didn't understand her health condition at all. She'd been on DLA in the past, didn’t… couldn't get her head round PIP, couldn't get her head round what changed at all. And when it came to sort of giving me information about her and how it impacted her on the phone, she'd got virtually no anecdotes to give me at all. And so, I basically spent, I don't know half an hour, 45 minutes talking her through PIP, explaining what they were looking at and provoking her to think about certain areas.

The consequence of that was when I came back to it a couple of weeks later, well probably about a month later we set up what ordinarily would have been a home visit, but we had to do it as a two-hour phone call. And over the course of two hours, she was then able to give me more and more anecdotes about each of the daily living and mobility activities that she wouldn't have been able to do had I persisted with the original phone call. So, some of it's about, you know, some people will be able to talk straight away, some people you need to still point them in the right direction to get them thinking about what's relevant so that they can go ‘Oh, and there's this as well’. What I tend to do is then say, if they haven't already ordered the claim pack, I will either offer to order the claim pack for them or give them the details themselves on how to order the claim pack. I would usually suggest, in the cases with sight loss that they order a large print claim pack…partly because I need it, it helps me. But partly because, if we end up at appeal and we get an appeal bundle it is actually handy to have a claim pack in there that one way or the other they can at least have sight of and read. And the large print claim packs aren’t that good, I mean they’re basically 16pts so there’s no customisation going on here it’s not what large print do you want, its we’ll do 16pts and that’s the end of it. Which is limited usefulness but it does at least help in some ways. I give clients the choice. I will always suggest we go for large print. I will always suggest when they receive the claim pack that they try and ring me the same day that they get it to maximise the time we’ve got to return it. I’ll also suggest when they get the claim pack that they ring PIP immediately to get an extension, because they grant two weeks extensions no questions asked, and longer if necessary.

And then from my perspective, my next thing, then, is I sort of say, okay, I'm coming out to do a home visit. That home visit is usually two hours, which is the top I think anyone can take. It's probably more than a lot of people can take, but I think it's the… it's probably the, the longest that anyone could take having a visitor in their own home talking in that kind of depth. I make it clear that I won't be filling the form in front of them I am literally coming out to take notes. And then once I've got that back to the office, I'll ask them to sign and date the claim pack was done there. But there's no kind of dodgy behaviour going on there, if you like. What I'll do is I will fill in the bits of the claim pack can be handwritten, you know their name, address, National Insurance number, date of birth, etc. Tick the boxes that need ticking and then on the extra information bits.

So, tell me if I'm going too fast if… I kind of I'm used to sitting in front of Social Security appeal tribunals. I was given a piece of advice many years ago by a judge who basically said, ‘watch my pen, I can't write as fast you can speak’, so I slowdown in tribunals but in other things I'm guilty of going too fast, slow me down if you need to.

I No its fine thank you.

P So, I would prepare people for the two-hour visit. I would then bring the claim pack back to the office with their signature and date on it. But the extra information boxes, I tend to type them as a Word document, so that I wouldn't try and fill in, I used to try and do it and cut and paste into them and all sorts, but I don't handwrite into the extra information boxes. I type it as a separate Word document where I write the question out and then write my answer to it, and then move onto the next question right, you know, type that out and answer that. So that might mean by the time we've done that in a large print, that's understandable for the claimant and me, and that's going to vary from case to case. That might mean that we've added 10 to 20 pages to the PIP form. And I wouldn't necessarily do that with everybody. It really depends on the eye condition or the health condition.

I mean I've got one client at the moment where it's impractical because the font size that she actually needs is 48pts. So realistically, I'm not going to do a Word document in 48pt, what I am going to do is do it in 16pt for me and then, when we get to the Appeal Tribunal, which one day we will, at that point, I'm allowed to put it onto my iPad Pro, and I can actually pinch and zoom it up for her if there's any bits of it that she needs to see, so she gets 48pts there. So, I'll bring it back to the office, I'll do the Word documents, and then I make a very big point of saying right if the claimant has got an email address, or they've got a relative, or family member with an email address. Before that, for… I consider my Word document to be the first draft. So, what I would like to do is to email people that first draft and say, it's not going anywhere until you've read it, and you've commented on it. And that can be quite difficult for people with sight loss, and it can be quite time consuming. And there are people who say, well, you know, ‘I'll just trust you’. To which my response is, no it's not gonna happen like that I'm afraid. It's not about, you know, you might well trust me as your Welfare Rights Officer and that's very nice, but this is not my claim pack. Yeah, no, this is not my claim pack this is your claim pack. And I need you to check simple stuff like spelling mistakes and grammar. I need you to check that I've got things right when I've quoted things that you've said, I need to make sure that I haven't misunderstood a story that you've told me, that I've not exaggerated in any way and that I haven't missed anything out.

Um, you do tend to find that, because people with sight loss can find it exhausting reading that length of material, sometimes they'll come back and just go, it's fine. And I'm thinking, you've not read this have you and I'm fairly blunt with people, I'll say, have you actually read it? Yeah. I'm quite happy to play devil's advocate with people and provoke them to get stories out to them, you know, and it… sometimes I mean, I think the worst one I've had with somebody is I went through five drafts before we were both happy with it.

I Goodness.

P But generally speaking, I can get I can get it right within you know, the second draft is usually the final.

I It sounds like it takes a lot of time just to get the initial claim in?

P For me it does. Yeah, I… I'm. It's an interesting, there's an interesting dynamic with my services nowadays. There's lots of advice services where at a senior level the Advice Service will say, ‘we do form filling, where it's appropriate for us to do form filling, we do form filling’. But when you drill down into that there's some advisors who go, ‘oh I don't do form filling’, you know, ‘I'm supposed to be doing more specialist stuff’. I always kind of think that if I can inherit a client where I can do the form and get it right, even if we don't get what we want first time, we’re then set up very well for a mandatory reconsideration and appeal where I'm not fighting a battle where…

I can give an example of this, I picked up a case a couple years back, DLA for a child. And I had nothing to do with the claim pack, the claim pack was filled in by the mother of the child, with a friend who was a social worker. And with all due respect to them, it was shocking. No one was going to qualify for any children's DLA on the back of that claim pack, you know. This child had retinitis pigmentosa, and the social worker, operating in her capacity as a friend, had literally written on it, partially sighted. And I was sort of like, that's a symptom, partially sighted is not a medical condition. It's a symptom. I literally, you know, in that sort of case, I got involved. I think they'd done the mandatory reconsideration, so I got involved at the appeal stage. Now my appeal submission normally would be maybe three or four sides at the most. And for this one, I did my normal three or four sides, but I literally rewrote the claim pack and said, you know, this is what happened with the claim pack, it’s gone horribly wrong, it doesn't accurately reflect anything. Here's the answers that should have been given, which, not everybody would do, but I did it in that case because I just thought, you can see what was going to happen at the tribunal, where the tribunal we're going to be quite challenging and go, ‘well, why are you saying this now when you didn't write that on the claim pack?’ Which is fairly routine. So, it is time consuming, but I kind of think that you get out of it what you put in.

I And so, have you sort of taken people through the whole process, so like do you go to tribunals with them as well?

P Yes. Yeah, yeah, tribunal and beyond to upper tribunal if necessary.

I And how have you sort of found the tribunal generally in comparison to the assessment process before?

P Well, I’d take it back to the actual appeal form, the SSCS1 form, because I actually think that excludes lots of people to begin with. It's quite a tiny form, you get the usual little sentence at the end of it that says, ‘if you want this in an alternate format, then you ring this number’. But of course, it's written so small if you can't see it in the first place you wouldn't know that. The DWP answer to that now is, well you can launch appeals online. And yes, you can, but it's a less than straightforward point, you know, there's a whole registration process with your email address. I have a number of sight impaired clients, and other clients, who don't have an email address to begin with. So, I'm going to be the person doing the SSCS1 form. You can get a large print version of it on the internet, but whereas the ordinary form you complete on screen and then print it off and post it. The large print one that's available on the internet, you can't complete that on screen, you have to print it off, and then handwrite it. So, it's not a very accessible process on that form or with that form.

And I think there's, also there's something very significant on that form which is there is a question which is very noticeable, that most of the people kind of skip over it and don't think about it. And it's a very badly phrased question, it's the one about ‘Do you have any special requirements?’ And it leaves the smallest space imaginable, so you know, if you think of it in terms of the Equality Act and reasonable adjustments. You know, people could have multiple things, and reasonable adjustments that they need vary, you know, according to the environment. So they might need one set of reasonable adjustments for the appeal bundle, they might need a different set of reasonable adjustments for on the day of the hearing, and you're literally left with, I think if you printed off an SSCS1 form, I think you're left with the depth of the free text box is like less than an inch to write it in. So, you'd have to have the wherewithal to think I'm going to need to add extra sheets here. And it doesn't, it's very prescriptive, it gives examples that are really poor, you know, so you know like if you need a loop system. It doesn't give you any kind of real-world examples, other than you know, if you need this device, or if you need an interpreter or whatever. So, it couldn't be less helpful in making the appeal process accessible, and it couldn't be less helpful in explaining, you know, what's available. If that makes sense, and the different options that you might have. So, I think, you thinking in terms of the appeal hearing I think you have to go back to that form to begin with and look at the flaws with that form and with the online appeal process. They are not really accessible for whole groups. I mean I'm thinking in terms of sight loss but there's whole groups of people for whom that's just not accessible at all. Does that make sense?

I Yeah, it's really interesting because I think there's often this view that sort of, oh you just go and appeal as if that's really easy, and assumptions about how it's done.

P I think there's this thing with the whole process that we're kind of, it's very dangerous I think as a as a Welfare Rights Officer to kind of think that you take over for the appellant. And actually, it's not your appeal, even if there's bits of it, you need to take over as the rep, it's their appeal and they need to feel like they're taking part of it, you know, to have that sense that they're getting a fair hearing, and that they've been able to participate, even if they, you know, they may or may not get the result they want but actually that sense that you've had a fair hearing is a huge thing. And I think, you know, struggling with the appeal form in the first place is an embarrassment to everybody involved, I think. And the fact that it uses language like special requirements. And I could… this is something it's a bit of a bugbear for me, that you know my employer uses this phrase quite often that I have ‘special requirements’ and it's like, you know, excuse me, I don't have special requirements, that implies that I need something above and beyond what other people have because ‘I'm special’. And actually, what I need are reasonable adjustments to bring me up to their level, so I can do what they do. So, I think the language on it is, it's very sort of 1960s/1970s language. It doesn't talk in terms of the Equality Act, it doesn't talk in terms of rights, you know the right to reasonable adjustments. It doesn't go beyond that and say, you know, even if you're not covered by the Equality Act and the rights to reasonable adjustments, are there things we could do to help? So as a document, you know, leading you into an accessible appeal process I think it's… it's really poor. I was going to say something a lot stronger.

I You can say that, but I wouldn't be able to put it in [laughs]

P Fair enough, I think it’s piss poor basically! It’s just embarrassing. I go to a tribunal user groups and they talk regularly about, ‘don't worry about it it's all going to be fixed with the online appeal process’. And you look at it, you go no it's not, it's exactly the same. Yeah, it's yes, yes okay you can hit Ctrl plus on your browser and you can increase the font size a bit, but it's really not an accessible process.

And I mean that kind of takes me on to and, I'm sorry I've not got to the appeal hearing. I think, you know, one of the things we tend to miss as advisors is the stuff around the appeal bundle. So, when you get the appeal papers, actually explaining to people what that is and preparing them for just simple things like having a conversation with them. You know, when this arrives, it's gonna horrify you, if you start reading, I mean some people won't read it because it's so thick. But some people are going to read it and they're going to be absolutely horrified because A, it’s so thick and B, it reads to them so negative. And so, you need to be proactive as an advisor and sort of say, well you know of course it's going to be negative because it's why they've refused you the benefits or refused you the level of benefit you should be entitled to. So, I think there's a bit of preparatory work that needs to go on there.

I think the bundles themselves are often a shambles. There's nothing, you know, theoretically, you should have a schedule of evidence at the front of the bundle, to say this is what's in the bundle. Those occasionally go missing, very often not at the front of the appeal bundle. The letter that comes with the appeal bundle doesn't really say that much, it doesn't say anything meaningful for an appellant at all. And you get stuff and I find this is quite routine now, that I will fill in an appeal form for somebody and I will spell out in the, the so-called ‘special requirements’ thing you know, we're going to need as large a print bundle as you can produce. Okay, so this is what we're going to need, we're going to need it for me as the rep. Although I've got ways around it, but the appellants for, them to take part in the hearing, their appeal bundle is going to need to come in this format. But also, any correspondence, and what's astonishing is, you can have simple things, like you'll get an appeal bundle and the DWP submission, bless them will be in 16pt, but it will come with a letter from the tribunal service, from HMCTS, it'll come with a letter, that's in 10pt.

Hmm. And the very first, I mean I find myself embroiled in lots of these cases where I'm kind of grateful for the big delays that there are getting to an appeal hearing because it gives you an opportunity to write in and ask for a direction from a judge, saying, sort out the bundle, get it as large print as it can be, where the DWP have ignored a bit in the appeal form saying we need a large print bundle, but also HMCTS themselves need to have their attention drawn to the fact that repeatedly. They don't send letters out in large print, and they can do it, they can do it I've had cases where they've done it. I have had, I mean, I must say you know there was one case, I don't think they'll ever do this again. But there was one case for somebody who was dual sensory where we managed to get the entire appeal bundle, including evidence that we put in, NHS letters and stuff like that, we managed to get them to transcribe it into large print, so we… they literally paid a transcriber to re-type out NHS evidence and everything. I think it cost 1500 quid. The alternate format team went ballistic over it, but they produced four bound volumes of these appeal papers, so it's literally they split the appeal bundle into four bundles and then they bound them.

I Wow.

P Well, now that isn't going to happen in most cases, what you'll get is, you'll get the DWP submission and the appeal papers is large print, if anyone has drawn their attention to it. And then maybe you'll get the tribunal service letters in large print, but pretty much 50% of the time the tribunal service will forget. So, if I send in further evidence to the appeal board, say we've got the appeal bundle and I've written in and I've asked for a direction to remind everybody that everything needs to be large print. You can guarantee that I'll get those documents back, numbered for where they go in in the appeal bundle, and they'll come with a letter that sure enough, isn't large print.

 Hang on, I’m being handed food. Sorry.

I I was gonna say, if you need to take a break at any point, please feel free to.

P Well, I'm fine, but if you do just yell out. Sorry I'm gonna, just gonna move slightly because the sun's moved round.

I Yeah, that's fine.

P I'm kind of conscious that I couldn't see the screen then.

I I don't want you get burnt, either.

P Oh no. I'm okay I'm staying in the shade.

P So you have this sort of ongoing battle with sight loss cases where nobody gets it, and nobody understands it right from the appeal form, through the appeal bundle, right the way through to the hearing, really. So, you have a battle and I kind of, I think if you look at the stats for sort of like, sight loss and PIP appeals, the percentage of cases that go to appeal is really low. And lots of people sort of, I think people kind of conclude that that must be something to do with the fact that there aren't that many cases out there. And actually, it's just that the process is hideously inaccessible.

So…ah. I think when you get to the appeal hearing. I think there's kind of a culture amongst Welfare Rights Officers where… we kind of, we’re not as proactive as we could be. And I tried to reverse that with a lot of my clients. So, you've come across a lot of cases where there's lots of reasonable adjustments that could have been made and it just doesn't happen. And I can think of a really good example, which isn't a sight loss case. I picked up a case from a colleague a few years back, somebody with ME. So chronic fatigue syndrome and I've dealt with a few over the years, and I know my way around it, I know what I'm doing. And I picked up this case because, the client had effectively, they'd complained about my colleague, they weren't happy with my colleague, they hadn't got what they wanted. My colleague was convinced that they were not credible as a witness, very difficult person to deal with etc, etc. And they didn't win their PIP appeal. So, we handled the complaint and as a manager in the service I picked it up. And I looked at this case and I went out to see this guy, and he was difficult. I mean, there was no getting around the fact he was… he was quite a strong character, he was difficult, but once you heard his history and what happened to him you kind of understood where he was coming from. Literally, literally somebody who until the age of 18 was fit as fiddle, goes abroad for a holiday, gets bitten by something, and then can't get out of bed. And that's… and that's the rest of his life and all of a sudden he's in his 40s and half his life is flashed by. He's barely worked, he's barely been on holiday, you know, he's funded by his Mum and the benefits system.

So, I kind of got under his skin a little bit to sort of understand where he was coming from. And do the kind of basic thing which I do which is, you know, if you've got CFS or ME, you're going to sleep during the day. So, if I'm going to talk to you, when are you sleeping? And when do I need to talk to you? Um, or you know when is it appropriate for me to talk to you, not you know, not when are you waking up and won't be fit to talk for an hour, but what's my best window? And just having conversations like that and making a note of that on the file so that anyone else sees that as well. One of the things I discovered in doing that, is that my colleague had taken that claimant to an appeal that was listed slap bang in the middle of the time of day when they would normally be asleep. And I was just… and I had to point it out to my colleague in the end, that was such a basic thing, of course he's not going to be a credible witness if you're asking him to give evidence at the precise part of the day when normally he'd be exhausted, and he'd be in bed and recovering. So, I think there’s an onus on us as advisors… sorry there's a cup of tea coming…

[laughs]

I [laughs]

P Um, so there’s virtual school going on in the background as well, so he's obviously on play time, so he's bringing me out a cup of tea and a bit of cake.

I Ah that's very nice.

P Gluten Free as well.

I Perfect!

P Yeah, I… what I was going to say was, I think we have an onus on us as advisors to actually have conversations with people where you dig under the surface, and you get that information which, you know, I mean as I was, when I was first a Welfare Rights Officer. I would you know launch an appeal and you accept whatever time you’re given. And now, I'm actually saying to people you know what, I'm not available on a Monday or Tuesday because I'm on duty and my claimant is never available on a Wednesday because they have a regular medical appointment. And when they are available, they would prefer a PM appointment or an AM appointment because… Just simple stuff like that and it's, I think it's astonishing with lots of impairments, really, how many people have never had that conversation about, you know, what's actually going to work for you, even if it was just about childcare and whether you can attend an appeal hearing during the school holidays, for example just simple stuff like that.

So, I think we're kind of guilty of missing out on some of those conversations. I've learned over the years and actually some of that's really pivotal. And it was very telling although rather embarrassing, that at the end of that case I did actually manage to get that guy into the ESA support group, and onto PIP. He was never going to get more than PIP standard, I mean in my view was he should have got PIP daily living and the enhanced rate, but the way that the DWP and tribunals handle CFS is generally, you're only ever going to get standard rate, no matter how bad you are. But we got him standard rates of both components. And we ended up in a position where I walked into work one day and there was this ridiculously large bunch of pink flowers on my desk from him. So, you know, he’d gone from being somebody who’d complained, to somebody, who still hadn't got everything he wanted, but actually understood that we had understood him, if that makes sense. Now in terms of the appeals themselves, if you, I think even if you've laid it out on the appeal form, the tribunal service, and the DWP continually miss it. It's not what they're looking for in the appeal documents.

And again, I do something with my claimants that maybe other people don’t, so I’ll sit down with them…I've always done this thing prior to appeals. And I understand why my colleagues don't do this because, I've got the luxury of being in management, so I've got the extra time to do this. But prior to an appeal hearing, I will always do one extra home visit to prepare that person for the appeal and talk them through a quick reminder, you know, let's spend an hour on what your appeal is about, half an hour to an hour on what your appeal is about and let's spend an hour on the hearing itself. What it looks like, where it's going to take place, what's going to happen, what isn't going to happen now. So simple stuff, you know, explaining to people, no you're not going to be asked to be swearing on the Bible, no there's going to be nobody there in a wig and gowns, and that kind of stuff we forget to say sometimes. And I do a thing where I used to draw on a piece of A4 and say right this is what a tribunal room is going to look like, this is you know, you're going to be this side of the table with me, maybe with the DWP, this is going to be who's over here, this is what you know where they're going to sit, this is what they're going to look like. So that people are correct. Yeah, and it's amazing I can do that home visit, I can talk people through that and on the day of the appeal hearing the clerk will say, and ‘has your rep explained to you what goes on in the hearing’ and the claimant will always go ‘no’ [both laugh]. And you’re just like, I think I did. That's kind of symptomatic of like, nerves.

The other thing I'll do, and again I've got the luxury of time with this whereas maybe other advisors haven’t, is I will try and meet an appellant rather than it being like five minutes before the appeal hearing, I tend to ask to ask them to get there, sort of, half an hour to an hour before the hearing. Simply because, we can go through some of the logistical things, we can find out who's on the panel, I can talk them through that if I know who's on the panel and what the issues are, you know, if you're an experienced rep you know some of the people on certain panels and you can say right okay, we need to avoid this with that person, etc. But also, it's an opportunity for people to kind of acclimatise and to stop panicking. The level of anxiety, you know most people don't sleep the night before. So, it's an opportunity to do that, so I tend to like, I say I've the one big appointment with the form filling and let's lots of toing and froing but if we're going to appeal, I would always throw in an extra home visit to prepare for the actual hearing. And I'd always ask people to get there well ahead of time so that as much as anything we can get through the logistics, and then we can just chat about family or life or whatever. And what they don't realise is that what I'm doing then is I'm getting them to the point where they're sufficiently relaxed that they can give evidence coherently.

I It's interesting, so what you're talking about here and then sort of going back to that case mentioned with the person CFS and ME. I just wanted to ask you sort of… how you make someone a credible witness or how, like what that means, sort of unpacking that a little bit.

P Okay. Um, I think the starting point… sorry I’m just juggling my chair around again… again we all come at this from different angles, but the starting point for me in terms of credible evidence is that initial conversation over the phone, it starts there. It starts me with me picking stuff apart and playing devil's advocate. So, you know, sometimes, sometimes you don't… I'm not a fan of saying that people exaggerate, I don't think people tend to exaggerate at all. I think people just don't get the right language, you know, in terms of their condition, and if they don't know how to articulate it, sometimes it comes out wrong. But sometimes I will get somebody who tells me something and I'll, you know, I can maybe look it up on Google Maps whilst I'm on the phone. I had a client, long standing client, who comes back periodically for either him or different members of his family. And he was pursuing PIP and he had the demeanour of somebody very, very old school, but a lot of my colleagues have said he had the demeanour of somebody who was a scrounger, who was out to get what he could get.

I Hmmm.

P And again, when you dug under the surface, there was a bit of that about him, but he actually had real medical conditions and real consequences, but then he's describing to me the sort of thing that I know that if it goes to appeal, is going to be a disaster, because he starts to tell me you know. I'm talking to him about, you know, in terms of mobility, where do you go? Where do you go and what do you do? ‘I go to the pub every day’. Okay, well, um, he then has to sort of backtrack from that and say that he doesn't drink alcohol, he goes to the pub to play dominoes with his friends and the pub is around the corner from where he lives. And I can actually see, I actually used to work round the corner from where he lives, and I knew it anyway. But look on Google Maps, I can see the distances and I can measure it, and I can actually, without confronting him, but I'm going back to him and saying, look, that's gonna be 250 metres.

I Yeah.

P So, so just talk me through how you walk that, give me something, you know, to fix up, because if we can't do that credibly, we're gonna get picked apart at an Appeal Tribunal. So, for me, I would always start you know, with a conversation on the phone of, can I pick this apart. So, it used to be the case with overpayment cases where someone would say, you know, I definitely disclosed this. Okay, take me through that, who did you speak to, can you give me simple information like were they male or the female? Can you remember which number it was? Can you remember which month it was? Detail, really, I think for me the thing that gives credibility, is detail. Not just, can you tell me that something happened or that something happens, but can you tell me more about it. And obviously some people struggle with that more than others. Some people have never been kind of grilled like that in their life. But if they go to a tribunal, there's every possibility they're going to be, so I might as well be the person to prepare them for that.

I So, with the case that you mentioned before, and obviously with a lot of conditions especially CFS and ME, like brain fog, and that inability to recall detail. That's, that's a key thing isn't it so… it's hard to know, in that case so like, is it better to obviously struggle with that the tribunal or...?

P Yeah. I mean, that's an interesting one because he was a difficult client. He was going to be somebody who railed against the world for the rest of his life. But, what I would do with him is I'd have a conversation, he’d get on the phone to me, and he would… he would have picked up on a particular point in his appeal booklet, talk him through it and say, okay this is how we counter that, and he would then say something, and I would sort of say well hang on a second so, you know, I if I recall correctly when I spoke to you three months about this, you said the exact opposite of that. So, we need to be clear, which one it is? And then that forced him to clarify himself. And then on other occasions he would just sort of say, ‘you know what, I'm not in any fit state to carry on the phone conversation can we come back to it?’ And I always would come back to it, but when it suited him. So, we got to the point where I was actually able to walk into, we did two tribunals, and I was able to walk into the first tribunal and lay out some groundwork for the tribunal by saying look, this is his health condition, I'm sure you know all about it. But there are consequences. The reason that we're here at 10am and not 2pm or 3.30 in the afternoon, is because this is as good as it's gonna get. When he gives evidence, this is as good as he's gonna get. But if we go beyond an hour, actually, he's gonna get quite impatient and quite ratty with you, and he may well contradict himself because he just wants to say something right, yeah and actually just explaining it. We put a lot of that in writing, in advance to the tribunal and laid out that groundwork so we could just refer to it on the day and say look you've already got this, but you need to be reminded of it now, because this is how it's going to go. And sure enough, the first tribunal they dragged it out for an hour and a half and the last half hour, from my perspective was… I wouldn't say it was disastrous, but it wasn't great. And it was, you know, but I could at least then, even though we didn't get what we wanted out the first tribunal, I could at least refer back to my written submission and say, well, actually that’s a direct…it's not because he's a poor witness lacking in credibility, it's because you did the thing that I asked you to not do and we laid it out for you.

I It sounds like, it's a lot of additional work, isn't it? To sort of be able to present someone who's not your average sunny, typical sort of appellant?

P I, my personal thing is, I really like those cases. Lots of people steer away from them. I think it's actually a good, not a challenge, that's the wrong word, but I think it's a good measure of where you're at as an advisor that you pick up a case and you can see past the personality stuff to realise that might be to do with their health, their history, you know, their level of pain.

And I, I've… let me think of an example. Yeah, I'm gonna do a case a couple of years ago which I took on when I was on duty in our service. And it was a living together as husband-and-wife case. And I went through it on the phone, got an awful lot of detail. And, again, had to play quite rigorously devil's advocate and say, well, you know, hang on a second, you just said this, what about that, you know, let's go through this. I need to be able to pick it apart now on the phone because if I can pick it apart, I can guarantee if we get it to a tribunal, that it's gonna get picked apart by a tribunal so let's just make sure we’re clear what the story is here. And we can form a view. And on the basis of the information they gave me, I allocated that case to one of my colleagues, and my colleague had an initial conversation with me, which was quite challenging, which was, ‘I'm not inclined to take this case forward to appeal because I think they are living together as husband and wife’. And I sort of had to come back and say, well hang on a second. ‘What do you mean by, I think they are? Is that based on the evidence or is that just based on a gut feeling? ‘Oh, it’s just my instinct tells me that actually no matter what the evidence says that they're living together as husband and wife’ and I had turn around and said, you know what I don't care. I don't care whether they're actually living together as husband and wife or not, what I should care about as a Welfare Rights Officer is do the DWP actually have sufficient evidence to say that? And that should be the only thing I'm… that's relevant to me. Yeah. So, I've always historically as a Welfare Rights Officer, I've always kind of taken that approach that I don't care how unpleasant you are. All I care about is, do you have a case, you know, do you actually have a case, you might not be the nicest person in the world, there might be really good reasons for that, there might be no reason at all. The only real issue is, do you have a case, and can I actually get sort of into your case enough to be able to make that case for you.

I I'd imagine, so the cases that are tricky are also the ones where you can make the most impact, so when you're sort of going through everything you did there to sort of get accommodations and fight for it… that's a lot of work but it's also going to make a huge difference.

P Yeah, I think it's that we have, what's the phrase we, I mean it's comes up in social services environments a lot doesn’t it, about ‘hard to reach people’. And there's, there's lots of talk about hard to reach people. And then you get lots of people who are dismissed because you know, quote unquote, they don't want to help themselves and stuff like that. And I just think we have to be better than that and we have to look at that and say, do you know what, those are actually the people that a specialist service like ours ought to be focusing on, the really difficult ones, the really non-obvious ones. And I've had to challenge colleagues on it quite a lot on sight loss stuff, because I actually find if I can, I can get the claim pack done myself rather than inheriting someone else's claim pack, I'd probably say eight out of 10 times, I can get a successful claim pack through first go, you know, depending on how the healthcare professional assessment goes. And again, you have to do preparatory work on that. But it's, it's really interesting listening to colleagues talking about cases where I'm sort of thinking, I know that person's going to score points on it, why can’t you see it? You know, and having to talk them through why, and I mean I've had sight loss cases allocated to me by colleagues who said, you know, there's nothing down for this person but can you have a look at it and they come out with enhanced rates on both components, and I knew instantly from just even looking at the name of the condition when I'm thinking, this is not a nothing case at all, you know.

I Do you think it's your, your experience and your sort of personal experience with sight loss, as well as your work experience that sort of makes you able to do that more like… better than your colleagues?

P Yeah. I think definitely both. Some of it comes with experience, I've been a Welfare Rights Officer for a long time and I'm very clear about what I'm doing and why I'm doing it and how I'm going to do it. And I'm kind of going to stick to that, no matter what really because you kind of know what works and you know what works for you and for other people. And parts of it with the sight impairment, sight loss stuff is that it's been… I definitely bring something to the table on that. But equally, I get something from every client because actually, there are a lot of clients I deal with who actually even though we might have very different medical conditions, they suddenly articulate something where I think ‘gosh I wish I'd thought that I'm going to use that in future’, you know, so it can work both ways. But yeah, I think, I think overall some of it’s being an experienced as a Welfare Rights Officer. Some of it is, also having the sight loss issues myself, or sight impairment issues.

But, um, you know, I, to be fair, when I started focusing in my caseload a lot more on this, sort of two or three years back, I would say that I probably wasn't doing some of the things I've described to you today at the outset. That's come through dealing with people and starting to think actually, why haven't we got large print letters? Why are we accepting that, why aren't we, you know, why are we accepting the tiny print in the bundle? And then, that's you know, more recently I've started to get fairly aggressive over the actual hearing, and you know simple stuff like, let's look at the layout of the room. If it's a small room and the tribunal are relatively close to us, there's going to be some eye conditions for whom that's okay. But if it's a courtroom in the civil justice Centre in [the local location], and you're actually quite a few metres away then, you know, you need to remind the tribunals, first of all, they might need to sit closer together because it can be… So, you've got somebody, I don't know with something like retinitis pigmentosa or macular degeneration, so gonna be issues with central vision. So, it can be quite tiring for somebody to constantly move their head position to see who's talking and catch up and all the rest of it. So, you want the tribunal to sit closer together. And nobody tends to think of simple stuff like that about room layouts and you want them to identify themselves. So, if there's two female members of the panel, you're gonna need them to say, you know, I'm the medical person and this is the disability qualified person, and you might need them to say that more than once.

I And do you think it's like, it seems…I'm trying to figure out how to word this. And so, for these… what are additional accommodations to the tribunal process, is it always a fight to get them?

P Yeah, I would say so, in the last year I've had to take various legal approaches to it. So slightly more focused now, I wouldn't say that people are listening, or they are beginning to sort of think, you know, maybe we ought to do this from the off so… If you go back two years, the idea of routinely getting the DWP submission in large print was unheard of. Whereas now, I can prepare that groundwork from the appeal form, and that works okay. It's only in the last six months I've been having various battles to say look, if we can't get a large print bundle then I've been seeking directions to say, I want to bring a device into the tribunal which me and the appellant can use to view the appeal papers on. I spent six months trying to get a direction from a judge and could never get a direction from the judge, which was really frustrating. And then we had a tribunal user group, I managed to speak to one of our regional, one of our district judges and he was happy to go on record there and then and go ‘You know what, you don't need directions, it's just not an issue, we're allowing the DWP to come in with tablets and laptops, therefore we should allow you. It's helpful if you give us advance notice’. So, so it's moved on, it has moved on, but it's only moved on because I began to appreciate more what my clients needed. I've gone into battle on that, not just… I suppose what I'd like it to be is filling the claim pack, have the health care professional assessment, get benefit. You know, in an ideal world it would be as simple as that but it, but it really isn't. And so, you, you start having to think well actually given that you know there are certain cases you know from the off we're going to be going to an appeal hearing, then there's lots of groundwork you can prepare, because the tribunal are simply not going to see any of this stuff unless you spell it out.

I And it just makes me think, sort of what happens to people that don't get support from either your organisation or any others.

P Well, that's an interesting question I think, because we see the tip of the iceberg. But I also think we can be quite arrogant and dismissive about the fact that people must struggle without representation. The reality is that the vast majority of people who qualify for PIP filled in their own claim pack and didn't have any Welfare Rights inputs whatsoever. They very often didn't have any supporting medical evidence and didn't require representation. So, I think it would be wrong of me to say, you know, I am 100% certain that there are significant numbers of people who are missing out because these processes are not accessible to them. But I think the other side of the same coin is that I think there was (this is a DLA figure rather than a PIP figure) but there was a DLA figure from DWP which said that 52% of successful DLA claims came from claims which had no supporting medical evidence and 48% did have supporting medical evidence but they couldn't say what it was, it might even have just been appointment letters and things like that. So, yeah, I think that there are clearly whole groups of people. I mean, the problem with…well the problem there's a lot of focus within the Social Security system and within advice work on mental health, ill health. And that's quite correct, but in some ways, I think that's to the detriment of lots of other impairments. And I think there's lots of stuff that's spoken about mental ill health that is quite wrong as well, so we talk about mental ill health as being an invisible impairment, and actually very often it isn't invisible at all. It's just you need to know what to look for.

I Yeah.

P Um, I think it's that I mean, one of the things I think is interested in being a Welfare Rights Officer, you get quite confident over the years, so you've dealt with a range of medical conditions. And so, you know something about a whole range of medical conditions, and actually going into the sight loss stuff from a position of being pretty knowledgeable about my own conditions for various reasons, made me realise that actually I was completely wrong. You know, lots of things that I assumed were wrong, and lots of things I assumed about all the conditions were wrong. And that to some extent we only skimmed the surface.

I Do you think, it seems like it's a thing with just trying to deal with the complexity and variation of disability through one process is a very hard thing to do.

P Yeah, yeah, I can't disagree with that. I think, I do find it bizarre that we're what, 20 years into the 21st century, and the only way you can claim a benefit like PIP is to fill in a piece of paper or get someone else to fill in a piece of paper or go online. And you kinda look at it and you think, you know what, some people should be able to make telephone claims, some people should go straight through the healthcare professional assessment without seeing a health care professional, and it should be really obvious.

One of the things our service has started getting involved with is what we call strategic casework, which is the idea that you use letters before action and judicial review to effect groups of claimants. So, we're getting sort of quite active on doing things like that, and that's come in handy with things like this. I've had to issue a couple of letters before action. But you look at it and you just think some of this should be really, really obvious, it should be really obvious that there should be different routes in for people. And there's also, what’s the phrase? There's a public law principle. And I'm, I might, I might sound like I'm talking from expertise here and I’m not, I'm quoting solicitors and barristers that we work with. It's a public law principle that an organisation has to use what it already has. So, and, the DWP have hidden behind not doing that for years, they've always hidden behind them ‘oh well, we can't find your DLA evidence because you know it's a different department’. And actually, there are loads of people who could have been converted automatically to PIP, with no problem whatsoever. And yes, there are upper tribunal decisions that say, you know, PIP is very different to DLA, although they now acknowledge there is some crossover, but you could quite easily have used lots of that evidence and not put people through the healthcare professional assessment and, you know, all sorts of stuff.

I Yeah, it's definitely things like that… and a lot of the upper tier decisions that come through, it's like a slow trickle of getting that change done, and it's too slow, basically for a lot of people.

P Yeah, and I think, I mean we haven't really talked about the healthcare professional elements of this, but I think that the level of trauma that that induces for people. Yeah, it is quite spectacular.

I And so is that sort of their experience of the assessment and how they're treated and how that goes, that assessment process?

P Yeah, yeah, I think though sorry, I'm moving again… I mean, the Work and Pensions stuff. I think the Work and Pensions Committee have probably said all there is to say about health care professionals. I think the phrase was ‘a significant minority’, though I think significant minority of them not being up to scratch is quite an understatement, a really… a very polite version of it. But I think I can relate this to sight loss or sight impairment in there. Again, there's no thought about reasonable adjustments. And there's processes that are applied, that are simply wrong. You know that are simply just hideously inappropriate. And then the obvious one besides impairments, I don't know if you've seen it. You could probably Google this, there was an article on the BBC website I think last year, Wales Council for the Blind, published a report complaining about the attitude of health care professionals to people with sight loss. And specifically sort of saying, that the issue was that they were conducting tests within the health care assessment that A, didn't need to be conducted because they'd already got the medical evidence, and B, they weren't qualified to conduct them, and then C, they were writing down the wrong results. So, I mean the obvious one is you know the Snellen eye test, reading the letters on a wall?

I Yeah.

P Okay. So that has to be in a room where the lighting is of a certain setting, of a certain luminosity and at a fixed distance. And healthcare professionals are routinely doing that for people with sight impairment in rooms that are smaller and badly lit. I mean I had a case where I put in like 10 years evidence of this person's results in terms of eye tests, and I mean one of the issues I think is that lots of things like Snellen readings are really deceptive for sight loss because they don't tell you anything. But I put in 10 years readings for somebody which should have been enough for the healthcare professional to say, I don't, according to their own guidance on the DWP, they should have thought ‘I don't need to do that test because I've already got 10 years’ worth of results, which are completely consistent’. So sure enough, my claimant goes in, they foolishly consent to have those tests, they do the test, and they come out with a result which is the best one they've had in 10 years. And of course, it's no relationship to reality at all. Yeah, absolutely no relation. And so, that part of the process skews everything because again you've got that battle against information that's being given to the DWP decision maker which is patently nonsense. But you know it's, they're characterised as medically knowledgeable. Hmm.

I Well, and then as you said you've, you've then got that in a report that's going to go to the DWP decision maker, to the, potentially same decision maker, for the MR, and then that's in the bundle to the appeal. Then you've got to fight that evidence as well as try and put your case across.

P And of course, one of the things I hadn't realised until recently, which is really obvious when you think about it, is that I should routinely as a Welfare Rights Officer, be saying to claimants that when you go into your health care professional assessment, you're going to your face to face, make sure that you ask for a large print report. Because most of them are, well almost all of them, are not large print, they are not large print and that's a major problem because if you could get the appeal bundle even if the DWP submission is in large print, you get to the end of the thing, they will, even if the DWP submission and your claim pack are in large print in the DWP and HMCTS letters are large print. You then find the healthcare professionals report and there it is in sort of like 8pt or something.

I Well, and you don't even get the report as a matter of course either, so…

P No you have to ask. Yeah, and again, I say it's an additional barrier, the number of people who still don't know that they can ask. And they get, they get wrong information I mean, they will very often ring up the assessment provider or the DWP and they'll be told, ‘you can't have it’. And what they actually mean is it's not ready yet. But people kind of take that as a given then that no they can't, and then they wonder why it turns up in the appeal bundle.

I Right. I think we've covered everything that I would like to cover, and if there's anything else, that is a particular burning thing that you can think of?

P Umm oh gosh…In terms of invisible impairments, I think, and that was the focus of this really wasn’t it?

I Yeah.

P I know I focused on sight loss a lot, but well I think there are… I think you could broaden that and talk in terms of lots of other medical conditions where you just think we just don't think of them as things for which we need to make accommodations or reasonable adjustments or anything. And we don't think, we kind of accept DWP and tribunal service processes for being what they are and don't think with a whole range of conditions, actually, we can challenge that. I mean the most routine obviously is assessments for ESA and PIPwhere the person says, I can't travel outside my own home, I'd like a home visit. And that's become incredibly difficult to argue, because the assessment providers, you know, they're on the one hand and they'll say okay go away and get a letter from your GP and then they'll routinely disregard the letter from the GP. Which they are entitled to because their line is, you know, it's only an opinion. Well, it is, but it is actually based on some knowledge of the claimant. And we've had to find different routes around that, but I think it's only in like the last couple of years where I've seen colleagues thinking, do you know what? This person isn't going for the face to face assessment, I'm going to challenge that, this needs to either be a home visit, or a paper assessment. Rather than just accepting that and going onto appeal we've started to think in terms of, well no actually, this person's impairments impact every aspect of their life and impact every aspect of the process.

I Do you think that's in a way, sort of, because there's been a lot of mistrust and sort of evidence that the assessment process is flawed in a way, it's sort of just well let's write that off. Let's not bother asking for adjustments, we just need to assume we're gonna be going through the appeal?

P I… I'm not sure it's exactly that. I think an awful lot of claimants go into that assessment having heard stories in the media, having been on forums and read stories from other appellants or other claimants. And so, they go in, kind of mistrusting the process to begin with and mistrusting the person, so it almost kind of ends up in conflict. And the opposite of that is that you go, you get people who go in with complete and utter naivety as to the process and just think that because the person was lovely that they're going to be on their side. And it's, it's a fairly heady mix. I mean I've got mixed feelings about it because there's for lots of people who, you know, their solution to the problem of the healthcare professional, is to say let's get medically qualified people to do it. And you have to remind those people that from sort of, 1992 to 2013, that's exactly what happened with DLA, and it wasn't, you know, nobody was raving about it saying this process is perfect. Far from it. You still got that kind of, I mean, I don't think that you've got as wide an array as of appalling comments and misrepresentations…and… I hesitated to use the word lies because I always encourage claimants to not think in terms of lies. You can't prove that they lied, what you can prove is if something is factually wrong. Now, you can't really take their motivation for getting something factually wrong, but they do get things factually wrong. And they do, they do use lots of shortcuts in a way that medical professionals with the DLA perhaps didn't.

I was reading a report the other day from somebody were supposed, the classic one in it: ‘I handed them the Jaeger reading chart’, so you know the reading charts with the different size paragraphs?

I Yeah

P You hold it in your hand at a set distance. Okay, so the healthcare professional has literally written in the report that ‘they took the Jaeger reading chart off me, so their vision can't be that bad’, or words to that effect, you know, because they could see me, bringing this piece of card, and, you know… And the other one, another regular comment is ‘made good eye contact’. And this is from people with no central vision at all. And it's like, you know, made good eye contact in the real world translates to, I was polite enough to face the person where I could hear the voice coming from.

So, I'm not sure that reverting back to old style GPs and medical professionals and consultants is actually the solution. I'm not even sure that privatisation is the problem, I think the problem is that these people were given an agenda in the first place, their original agenda was get people off benefits. They've never really escaped that mindset, the software is, its American insurance software, isn’t it? Used for the PIP assessment, so it's actually designed to produce a no answer. It was adapted for disability benefits. The whole thing is kind of skewed.

And I think one of the, one of the big things is, I don't know how well you know your way around the PIP legislation, but you know the stuff about reliably? That the key issue isn’t if you can do something, its if you can do it reliably. That the meaning of reliably is enshrined in law is fantastic, but when you have a healthcare professional assessment, the word reliably doesn't come up. You know, the only question that comes up is, can you do this. And so, can you do this? If the answer is ‘yes, but…’ all the healthcare professional hears is ‘yes’. So, there's massive issues around that. And I think that, that's particularly painful for people with impairments, or disabilities, or health conditions that are invisible, you know, or maybe they're only visible some of the time. You can go in and talk to somebody in that position until you're blue in the face about how they can't see what's going on, but they're not going to get it. And at the end of the day, I mean that's why I think the claim pack is so important to get those stories in, because the tribunal, generally speaking, they will get it.

I Why do you think there is that difference with the tribunal getting it and the assessment before not?

P Well. I think the health care professional is one person looking at functional impairment. I think the advantage of PIP tribunals, and any social security tribunals, are a three-person tribunal. It's the three different disciplines, you… you will get, I mean you have to be very careful with appeal tribunals, in the sense that I was, I was kind of again, when preparing appellants for hearings. One of the things I sort of say is forget about your health care professional report. Because, effectively with a tribunal and the health care professional report, in most cases, you are kicking at an open door. They're not stupid, they read the news, they see, you know, eight reports a day, five days a week. They know what the quality is like, they know the variability, they know what they trust, they know when certain people use stock phrases. You're kicking at an open door. You don't need to focus on that, you need to focus on your evidence.

On the other hand occasionally, you know, you do need to highlight some significant discrepancies with the health care professionals report, you've got to be very wary because one of the tribunals panel is a medical professional, and it often doesn't play well if you're going in there saying, you know, this report’s got 60 errors in it and I want to talk to you about all of them. And actually, you know the medical professionals going - well you're just slagging off my profession. So, I think it's useful having the judge and the disability qualified member to balance the medical professional in an Appeal Tribunal and get those different perspectives. I mean, certainly what I found with sight loss is that once you start to lay out the really non-obvious stuff, there's usually one member of the tribunal who gets it and articulates it for the other two. Behind closed doors, but you can kind of tell from the questions and who it is that you know, something suddenly clicked. And I think that's the same with other stuff, I mean you, we always know, as reps that we're going to have a problem with fibromyalgia because the medical professionals are split on it. We know we're going to have the same problem with chronic fatigue syndrome. It's kind of preparing people for that and reasonable expectations. But I think the problem is, when you go into the healthcare professional assessment, they've, it's one view rather than three and so you know you're either going to get somebody who's great and gets it. I mean a friend of mine, with the same eye conditions as me she's, she's done a DLA to PIP conversion and she came out of the healthcare professional assessment, really enthusiastic, you know, from the perspective of, they knew nothing about my eye conditions, but they were really prepared to listen and I was in there for two hours, 20 minutes. I had to keep my mouth shut, and sure enough, she got zero points on the award. Recommended for zero points. Had to take it to appeal to get anything on mobility, and that still wasn't the right award, but she wasn't up to taking it any further. But it was quite telling, having people that you've worked with and having people you know go through their own healthcare professionals and getting their perspective. So, sort of going through their face-to-face assessments and getting their perspective on it and kind of bringing home just how much your words are left on and… not twisted, but you know, keep it to remitted, and it's particularly prevalent with invisible disability.

I If you had cases where fibromyalgia and chronic fatigue, how do you combat those misunderstandings, or sort of how the medical professionals are torn on that, it's hard to know how do you go into that to represent them?

P I don't tend to play games, I tend to be quite upfront. So, my submission will usually include a direct acknowledgement of the fact that there is a fundamental issue, you know, that the medical professionals are split and that you know 50% think this and 50% think this, or whatever. I would rather tackle it head on, not everybody takes that approach, but I would rather go in and be completely honest and say, I know there are difficulties. But having said that I know there are difficulties, the reality is, that's the diagnosis, these are the symptoms, and these are the day-to-day functional consequences. I'd rather not evade stuff like that. I've got a really good example at the moment of somebody with sight loss, who um… I’m just trying to think what the medical condition is and despite my small caseload I can't remember what it is. This person has got medical evidence from a hospital down south, that they got referred to. And this medical evidence, I totally understand why a healthcare professional would look at this medical evidence and go, ‘zero points’, and why a decision maker would go, ‘zero points’. I totally get it because this medical evidence says that this person has the visual acuity of 6:6. So, they've got absolutely, perfectly average vision. And if you're a DWP decision maker you just think, well actually my own eyesight is probably as good as that. Why is this person claiming PIP? And, you know, my appellant is saying ‘oh should I leave that out then’ and I'm just going to say no, we've got the medical evidence. It's a dangerous policy to leave out, or you know to pick and choose your own evidence. Let's put it in, but let's explain it, you know. So yes, you've got a visual acuity of 6:6, but all that tells you is that you can see at six metres what other people can see at six metres. It doesn't tell you whether it's in focus, it doesn't tell you whether it's in colour, it doesn't tell you whether you can see it when it's moving or when it's in less than perfect light, it doesn't tell you whether you can even see it sharply, it just tells you that you can see it. I mean, my eye conditions mean I can do, like, three, three and a half lines on a Snellen chart, but none of them are in focus, you know, and I know that I can guess, you know, a ‘v’ or a ‘w’, when it's so far down the chart, it's guesswork. But I know it will be one or the other. And, you know, so I would put stuff like that where there is a divide, stuff like chronic fatigue syndrome, Fibromyalgia.

Fibromyalgia is a big one at the moment. Some of that is actually me talking to claimants and explaining to them that they've got a condition that is particularly difficult because the medical professional is split and it's often surprising how often they don't realise that. They just think, you know, if people have never gone beyond their doctor in their life, you know, and they’ve seen one specialist and the specialist said you've got fibromyalgia. They have no insight into the consequences of that or the wider debate about what Fibromyalgia is, or ME or, or whatever. So sometimes you end up being the person that explains. Unfortunately, you've got this thing, which in itself is going to be problematic, and you're going to think that people are calling you a liar, and that's not what, well sometimes they are, but that's not necessarily what they're saying. What they're really saying is, we're not sure which way to go on this, or they're coming at it from a particular perspective that we might happen to disagree with.

So, I think, you know, head on every time really for me. But you would do very well to find any of my colleagues that would agree with that.

I Well you can, you can come to the same outcome through different routes can’t you…

P Yeah, absolutely. I mean there's no one correct way to do it. I've always found for me I would rather just tackle it head on and say, you know, is this case perfect, is it really obvious why this person should qualify? No, maybe it isn't, you know, but on the balance of probabilities, even though there's a problem with this part of the evidence, there's all this other stuff. And I think that's a far more honest approach, really. I think the other advantage is that over the years you have had a few appellants who've had a real insight into it. Who said you know what, even if I didn't get exactly what I thought I was going to get or what I thought it was entitled to, I can at least understand that they've seen all of the evidence and I have finally been heard.

I Because that seems to be quite a difficult facet of the tribunal is that sense of them getting justice, even if it's not the decision…

P Yeah, it's very difficult now, I mean I was brought up in an environment where you represented people because they wanted representation, end of story. And so, you would represent some people, it’s a different world now, but you would represent some people where you'd have to explain to them from the off, I am happy to represent you, but you are not going to win, you do not have a winnable case. And we've had to with, you know, scarcity of staff and time and all the rest of it. All advice services had to move to this position… well, most of my services about to move to a position where you say, we have to focus on those cases which are winnable and my line to people is, you know, I believe that you have an entitlement to this, at this rate for these reasons, I believe your case is winnable, but I can't guarantee that you will win it. You know, which I think is probably the most honest approach, you know, and I'll pursue it to however far you’re happy for me to pursue it. But I can't absolutely guarantee you're going to come out with what I think you should come out with; all I can say is it's a winnable case and that's why I'm pursuing it.

I Yeah, so tricky. And I think that's, that's what a lot people that I've spoken to have said is just, they've had to weigh up, sometimes it's the point at which they help people or it's the amount of people they can help, or what they can help them with. Yeah, and it's, I guess again part of the trouble is that that's an organisational decision for different places across the UK, so it can be very different depending on where you are and what service you access.

P Yeah. Well, I mean, that's exactly what's going on now, we've still got referrals coming through our duty advice line for a benefit check. And then we get, you know, social workers ringing up two days later going ‘why haven’t you contacted this person?’, and we sort of have to say, well, you know what, we we've got it, we've got the case, we know the person needs a benefit check, but the reality is, they've already got some income coming in and our focus has to be on those people who've literally gone overnight to zero income. You know, and those decisions change over time, that might change again. Benefit checks might become a priority again, hopefully they do. But in the current climate, you're right in the middle of a pandemic, we've had to sort of say well yeah and you're free to send benefit check cases through to us, but they're not going to be top of the list.

I Yeah… Well, thank you so much. It's been really, really useful…umm my hand hurts that's how good it's been!

P Sorry.

I No please don't apologise. Um, yeah thank you so much, it's covered a lot, it's been really useful. And if there's anything that sort of pops into your head later on, feel free to email me.

P Ditto if there's anything that falls out from that and want to ask further about feel free.

I Yeah, thank you. And so, it might be a little delayed I think initially in your sort of pack with your information it had December, I think for getting the research summary and the research summary and stuff it may be a bit delayed, but I'll stay in touch and let you know.

[End of recording]