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ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Evaluation of Welfare Advocacy Support Project Summary Report

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Section 1: Evaluation Overview

In March 2015 the Scottish Government awarded the ALLIANCE £192,000 to deliver a one year pilot benefits advocacy service targeted at people going through assessments for PIP and ESA in four pilot areas; Dundee, Falkirk, Glasgow and Midlothian. The project was to be delivered through local partners, and to focus on people with mental health problems, learning disabilities, and neurological conditions.

For the Scottish Government, this investment formed part of a wider suite of interventions seeking to mitigate the impact of welfare reform initiated by the UK Government, and also provided an opportunity to explore strategic questions in advance of the transfer of new powers over welfare following the Smith Commission.

For the ALLIANCE, the project offered the opportunity to test a model of a potentially replicable project in a field, anti poverty work and welfare reform, in which it had developed a considerable interest responding to issues raised by members. The project also offered the opportunity for the ALLIANCE to influence the development of the Scottish Government's thinking about its use of current and future powers.

The Scottish Independent Advocacy Alliance, the SIAA, were also a key partner in the development of the project idea. Their involvement stemmed from awareness of the pressure on their members' services occasioned by welfare reform, and the opportunity presented to explore whether advocacy for benefit claimants could become a greater area of activity in the future, as an effective way of supporting claimants' rights within the process.

For the four delivery partners, Dundee Independent Advocacy Support, DIAS, Forth Valley Advocacy, The Advocacy Project and VOCAL, involvement in the pilot promised a means of dealing more effectively with the demands they were already facing to support clients through benefit assessments, and opening the door to real investment in this area of work. FVA's proposal identified their commitment to explore the delivery of the project partially through volunteers, VOCAL's proposal their commitment to explore the value of the project to carers as well as claimants.

This summary, and the full report on which it is based, draw on statistical analysis of project outputs and outcomes, 38 interviews with clients, and 15 interviews with the advocates, delivery partner managers, and staff from referral partners.

Section 2: Policy Context

UK Government Welfare Reform.

- The UK Government continues to make changes to the benefit system as part of a long process of welfare reform that has been continuing since 2008.
- The intention that the reform process will save the Government money has become more explicit over recent years.
- The introduction of PIP and the earlier introduction of ESA, are two of the three big 'transitions' within the welfare reform process, alongside the introduction of Universal Credit.
- Both these transitions have involved the introduction of the new benefit for new claimants, followed by a phased then rolled out process of migrating claimants of the legacy benefit to the new benefit.
- Both migration processes have presented/ present existing claimants with the risk of losing significant amounts of money.
- The assessment process, particularly the face to face assessment process, for ESA has been the subject of extensive controversy.
- Improvements to the process have not fully resolved issues relating to the treatment of people with mental health problems and fluctuating conditions, and concerns remain about the quality of assessment work.
- The PIP assessment may be subject to similar problems.

ESA/ DLA/ PIP Claimant Numbers and Characteristics.

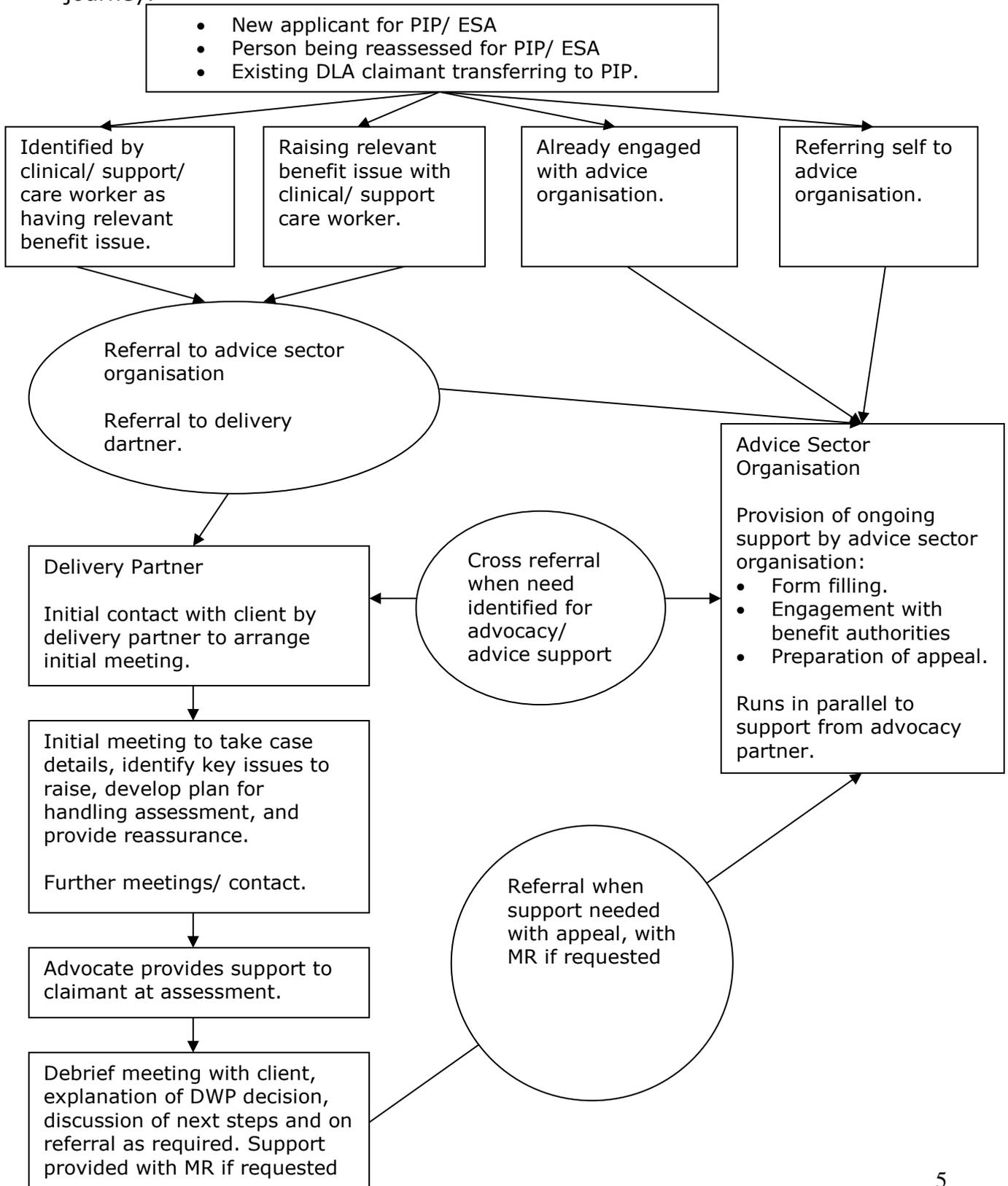
- In May 2015, over 250,000 people were claiming ESA in Scotland, claiming nearly £1.5bn per year in benefit.
- Slightly more men than women claim, and claimants are most frequently of late working age.
- As at the start of the project in May 2015, 179,000 working age people were claiming DLA in Scotland, receiving a total of £767m per annum.
- Over 1 in 6 of those people were in Glasgow.
- Claimants are split evenly in terms of gender, and again are most frequently of late working age.
- Nearly half of claimants have mental health problems or learning disabilities as their primary disabling condition.
- Estimates suggest that as many as 94,000 of those claiming DLA at this time, stood to lose some or all of their benefit post migration to PIP.
- In October 2015 65,000 people were claiming PIP, over three quarters of whom were new applicants, rather than those migrating from DLA.
- Significantly more women than men are claiming PIP.
- Three in ten of those claimants were people with 'psychiatric disorders', only 6.2% were people with learning disabilities.

Scottish Government Policy and New Powers

- The Scottish Government has sought to mitigate the impact of welfare reform through investment in:
 - Direct income transfers to low income households; investing additional resources in Discretionary Housing Payments to mitigate the Bedroom Tax, in the Council Tax Reduction Scheme, and in the Scottish Social Welfare Fund.
 - Advice services, sometimes through the Scottish Legal Aid Board.
- Subject to agreement on the fiscal framework, the Scottish Government will assume new powers, including control over PIP within the life of the next Scottish Parliament.

Section 3: Project Development and Delivery

- In March 2015 the Scottish Government provided £192.9K to the ALLIANCE for the delivery of the project.
- The four delivery partners, Dundee Independent Advocacy Support, Forth Valley Advocacy, The Advocacy Project, and Midlothian, were selected from 6 proposals submitted in January 2015.
- The model for the delivery of the project is set out below, based on the client journey.



Section 4: Project Statistics

Section 4.1: Project Outputs:

- After slightly more than six months the projects have collectively received 337 referrals.
- The total project target was to reach 575 clients.
- At the current rate of referral, the project will reach around 640-650 clients, substantially exceeding its target.
- In terms of the individual projects:
 - Dundee, after 6 ½ months, has worked with 112 referrals against a target for the year of 120.
 - Falkirk, after 5 ½ months, has worked with 70 referrals against a target for the year of 180.
 - Glasgow and West after 6 ½ months has worked with 111 referrals against a target for the year of 175.
 - Lothian, after 6 ½ months has worked with 44 referrals and 57 people against a target of 100.
- Dundee and Glasgow will substantially surpass their targets, Falkirk looks set to fall a little short of its target, Lothian will about hit its target.
- Falkirk referrals have leapt in the last 2 months, as have Lothian referrals.
- Falkirk's target of 180 was always ambitious if the volunteers they intended to recruit did not come through.
- There are substantially more people being referred for support with PIP than ESA 65% of referrals being for the former benefit.
- This will to some extent reflect the comparative numbers of current applicants for the benefits, including the recent commencement of the transfer from DLA to PIP.
- There is also the possibility that it may be a function of the type of people being referred to the project.

Section 4.2: Source of Referrals

- Self referrals are the most important route into the project, nearly three in ten referrals coming about this way, though some clients may be recorded as self referring when they have in fact been signposted rather than referred by a partner agency.
- Advice agencies from the voluntary and local authority sectors account for about a third of referrals.
- Over 44% of referrals come from advice workers, once referrals from housing providers, which are largely from welfare rights services, have been added.
- There have been far fewer referrals from; the rest of the voluntary sector, 11.3%; from other LA sources, 3.7%; and from NHS provision, 2.7%.
- Some referrals from the voluntary sector may be from staff working on advice and welfare rights issues as part of broader support.
- The lack of referrals from the voluntary sector, NHS and local authorities might be slightly deceptive, some clients will have been referred from such organisations to advice specialists, before being referred on again to the service, whilst being recorded as an advice sector referral.
- However, it might also suggest that some people, who are not in contact with the advice sector, are potentially missing out on a service that could assist them.
- Conversely, reliance on the advice sector for referrals may be one indication that the delivery partners are receiving most of their referrals at the right point in the process, once initial support has been provided with form filling.

- The referral statistics paint a picture of services working closely in tandem with advice colleagues, slotting in nicely alongside existing advice provision, one of the initial requirements of the pilot.

Section 4.3: Client Demographics

- The largest number of clients are to be found in the 45-54 and 55-64 age groups.
- There is a spread across the remainder of the age groups, with a significant number of 16-24 year olds receiving support, largely due to some specific referral relationships established by The Advocacy Project in Glasgow and Lanarkshire.
- There are marginally more female than male clients overall, with the disparity particularly clear in relation to Midlothian clients, but also present in relation to Glasgow clients. There is something of a disparity in the opposite direction in Dundee and Falkirk.
- Overall, the gender split amongst project clients reasonably reflects the likely gender split between ESA and PIP claimants in Scotland.
- Clients are predominantly (92.7%) of white British/ Scottish/ Irish origin.
- Numbers of people from BME communities within the client base are broadly at the level that would be expected.
- The vast majority of clients, 92.4%, are out of work.
- This is partly a function of the fact that ESA is an out of work benefit.
- However, it also reflects the level of disability/ high impact of conditions on those clients supported with PIP, which can be claimed by people in work.
- It is a clear reminder that the project will have a substantial impact on the poverty faced by its clients, particularly when clients live in a single adult household with no alternative source of income to benefits.
- By the far the most common, 74.1%, of the primary health conditions amongst clients relate to their mental health.
- The majority of clients with primary conditions in the 'other category' have physical impairments/ health problems or sensory impairments.
- The percentage of clients with learning disabilities is lower than had been expected.
- This may be partly explained by the fact that there are fewer new applications for PIP from people with learning disabilities, unsurprising given their learning impairment will not, generally, have been subject to deterioration triggering a new application (though there will always be some new applications for PIP from people whose learning disabilities have not previously been recognised as potentially triggering entitlement).
- However, projects are now seeking to respond to may still be an imbalance in referrals with efforts to generate greater numbers of referrals from clients with neurological conditions and learning disabilities.
- Just over half the clients have significant compounding conditions, which are likely to have a further impact on their entitlement to PIP/ ESA.

Section 4.4: Assessment and Financial Outcomes

ESA Outcomes

ESA Awards/ Comparison to Predicted Awards

- 91.8% of clients receive a positive result on their claim.
 - 79.6% of total clients, 86.7% of those with a positive result are placed in the support group.
 - 12.2% of total 13.3% of those with a positive result, are placed in the WRAG.
- Current UK figures for placement in:
 - The Support Group are running at 56.2%.
 - The WRAG Group are running at 13.9%.
 - The 'Fit for Work' group are running at 29.8%.
- These statistics suggest that the project, alongside others helping clients with claims, has a significant impact on the results of clients' ESA assessments.
- This comparison could also be a simple function of the service targeting more vulnerable clients who are more likely to receive a positive result on their claim.
- Set against this, however, are two elements of the testimony from clients' interviews:
 - A significant proportion of interviewees had failed in a recent claim for ESA.
 - A significant proportion of clients reported that they were better able to cope with, and communicate within, assessments as a result of the advocate's support.
- If advocates' predictions of results are regarded as being close to objective assessments of entitlement, the nearly 40% of clients doing better than predicted might be regarded as further evidence of the service's impact.
- This might suggest that clients are being helped to get more than they are due by advocates, which could be seen as problematic.
- However, assessment and prediction are subjective arts. It seems reasonable to regard at least some of the difference between prediction and outcome as an indication of some capriciousness within the Work Capability Assessment.
- Only 'some of the difference', because the pattern of difference does not seem to be random; the proportion of better than expected outcomes is significantly higher than the proportion of worse than expected outcomes.
- That pattern may, of course, also be impacted on by excessive pessimism in advocates' predictions.

ESA Financial Gains

- On the usual measure of success in advice projects, annualised income received by clients, the project has achieved substantial financial gains for clients claiming ESA of £246,000 in annualised income.
- Furthermore, a significant number of clients already supported through the assessment will be yet to receive their awards.
- Not all of these client financial gains will be wholly additional, some clients would have received awards without support, or only with the support of advice partners, but the discussion in the foregoing section suggests that a substantial proportion of the total financial gain money that clients would not have received without the support of the advocate.

PIP Outcomes

PIP Awards/ Comparison to Predicted Awards

- Given the way that PIP is structured, and the way the statistics have been collated, it is not possible to identify the total number of clients who have received some sort of PIP award.
- 79% of clients with a decision have received an award of the Daily Living Component, 61% have received an award of the Mobility Component.
- The difference in award rates between the components reflects the client group targeted, made up largely of people with mental health problems, and the significant number of people with physical disabilities/ health conditions.
- For both components, more awards are made at the enhanced rate than at the standard rate.
- The percentage of positively determined awards for Dundee currently sits at 44%, for Falkirk at 57%, Glasgow at 48% and Midlothian at 55%.
- This suggests a significant impact of the service, and others helping clients with claims, on the results of PIP assessments for clients.
- The caveats and qualifications in relation to the ESA figures apply to PIP.
- There is even more variation against prediction for PIP than for ESA; 62% as against 55% of results not being as predicted.
- There is less of a difference between the proportion of clients receiving a worse than predicted result and a better than predicted result than for ESA, slightly more receiving the latter.
- The last two points suggest that the assessment for advocates is harder to call, and there is greater capriciousness of the assessment than with ESA.

PIP Financial Gains:

- On the measure of, annualised income received by clients, the project has achieved substantial financial gains for clients claiming PIP, totalling £438,000.
- Furthermore, a significant number of clients already supported through the assessment will be yet to receive their awards.
- As argued above in relation to ESA, not all of these client financial gains will be additional, but a substantial proportion will be.

Total Financial Outcomes

- The project has achieved very substantial Client Financial Gains in 6½ months, with gains being 3½ times the cost of the project.
- Given that the slowness with which decisions are made creates a time lag in recording financial gains, this figure is likely to rise to beyond 9 times the initial investment by the end of the project.
- Whilst it is difficult to identify the precise level of additionality in these figures, evidence from client feedback suggests it will be substantial.
- Furthermore, large majorities of the successful claims made with the support of the project will continue for more than a year.

Section 4.5: Qualitative Outcomes

- The largest impacts are seen on clients' understanding of the process, their ability to communicate and preparation.
- There are significant impacts on clients' confidence about communicating.
- The lowest, though still significant, impacts of the project are on clients' general mood and their levels of stress and worry about the assessment.
- These findings broadly reflect the client feedback discussed in Part 3 of the evaluation.

Section 5: Client Feedback

Section 5.1: Prior to Engagement

- Organisations already supporting clients have a key role in telling people about their entitlement to ESA and PIP.
- A lack of knowledge of entitlement, even from those who might have been expected to have better knowledge, and, often erroneous, beliefs about entitlement are barriers to claiming.
- People are often pushed to claim ESA or PIP by the worsening of financial circumstances.
- Deciding to submit a new claim is not an easy process where there is a risk of losing existing benefits.
- Clients face significant stress in advance of face to face assessments, notification letters can act as a specific trigger.
- This stress can even result in attempted suicide.
- Stress may also be physically manifested negatively, impacting on physical health.
- Previous negative experience of face to face assessments and tribunals is a major trigger for stress.
- Clients worry about their ability to communicate at face to face assessments, and their ability to cope emotionally. Carers may have particular concerns about relatives they support.
- A minority of clients were relaxed or ambivalent at the prospect of assessments.

Section 5.2: Referral and Initial Engagement

- Clients take a variety of routes, of varying complexity, to the service.
- Some come through organisations they have an existing relationship with, some pass through referral partners first, and some come from elsewhere within the delivery partners.
- Clients may have been offered referral by referral partners who felt they needed it, or may have initially proactively sought advocacy type support from referral partners. Some may have initially sought emotional support from family members.
- Some clients require a degree of reassurance about the service before accepting referral.
- Informal referrals and chance still play a significant role in people accessing the service.
- Advocacy is not well understood by people who have not used advocacy services before. It is however, a concept easily grasped once explained.
- Advocates undertake a variety of tasks at initial meetings centring on familiarising themselves with the client's case, building a rapport with clients, and preparing for, and strategizing in relation to, the assessment. Advocates are clear that they do not coach clients for the assessment.
- This preparation work is in depth, and throughout contact advocates will seek to provide clients with reassurance.
- Meetings are often carried out in an informal way, in a clients' home or local meeting place.
- Initial contact is also an opportunity to talk through previous experience of assessments.
- Clients are very positive about initial contact.
 - Advocates are seen as patient, kind, calm, reassuring, caring and capable of building up a relationship of trust.

- Experience of the way advocates work is sometimes contrasted with experience of other support services.
- The initial meeting is often successful in providing reassurance to clients and reducing their stress, though this might extend only to 'taking the edge off' a stressful situation.

Section 5.3: Client Experience of the Assessment

- The process of the face to face assessment is stressful for many clients from start to finish.
- Stress can be triggered by the nature of the situation itself, or the personal and intrusive nature of questioning.
- Again, this stress can be physically manifested.
- People can experience physical discomfort within assessments as a result of their length and the venue in which they are held.
- Negative feelings about the assessment can extend to anger.
- Some clients felt positive about some aspects of their experience, whilst being negative about others, for example feeling stressed but still able to get across their point.
- For some clients, their experience of the assessment improved as it went on.
- Some clients were largely relaxed throughout the experience, before and during the assessment.
- Clients had differing views on the questions asked. Some found them reasonable, others struggled to understand them, others felt they were repetitive.
- Most clients were broadly positive about the attitude of the assessor towards them, though a minority expressed a degree of cynicism.
- Positive views centred on assessors being responsive to their needs, listening to them, being sympathetic and aware when they were finding the experience tough, and displaying an understanding of their condition.
- Some mixed experiences were reported, with some clients highlighting assessors being disorganised.
- Three clients reported a degree of conflict between assessor and advocate.
- Most negative comments focused on assessors displaying too little sympathy and excessive formality, with some clients accepting this, and others finding it off putting.
- One client had an extremely negative experience with an assessor involving highly intrusive and insensitive questioning and misreporting.
- Previous negative experiences of assessments centred on a lack of consideration by assessors, misreporting, and difficulties communicating.
- Some clients had also experienced barriers that related to pride and embarrassment to communicating the full extent of their difficulties relating to their condition.
- Key tasks carried out by advocates in assessments centred on:
 - Prompting clients at varying degrees of frequency.
 - Providing reassurance, verbally, non verbally or by their presence.
 - Calming clients down including prior to assessments and when there were delays.
 - On one occasion challenging assessors, on another challenging the behaviour and decisions of assessment centre staff.
- Advocates had often been quieter than clients had expected.

Section 5.4: Impact of the Advocates

- The presence of an advocate provides reassurance to clients and builds their confidence.
- The feeling of having someone on their side is central to this.
- Preparation work with clients can have a key role in promoting client confidence.
- The assessment is still a stressful experience for many, despite the presence of an advocate.
- Many clients are clear that they would not have gone to the face to face assessment, or not have completed the face to face assessment, without the support of an advocate.
- Clients believe, backed by their experience of assessors at previous assessments, or the changing behaviour of assessors during their most recent assessment, that advocates impact positively on the behaviour of assessors.
- Clients are clear that advocates enable them to communicate better at assessments, through preparation, prompting and their reassuring presence.
- Preparation builds clients' confidence, understanding, and ability to respond appropriately to emotionally difficult questions.
- Communicating at assessments is still a challenging experience for clients.
- Clients comparing with past experience are clear that communication at assessments when they are supported by an advocate is substantially better for them than communication when they are not.
- Clients believe that the professionalism, knowledge and independence of advocates makes them a better option for providing support at assessment than family members.
- Clients explicitly and implicitly identify a positive impact on their assessment result because of the support from an advocate.

Section 5.5: The Financial and Psychological Impact of Successful Claims

- Clients use ESA and PIP on a variety of goods and services to help them cope better with their condition including; gadgets, new furniture, equipment, help around the home, and treatment; and to meet extra costs resulting from their disability related to sanitary products, additional clothes and higher heating bills.
- ESA and PIP are also used by clients as a boost to household budgets that can be spent on food, heating, clothes and items for their home.
- Many clients' material aspirations can only be described as modest.
- Boosting household budgets reduces psychological as well as financial pressure on clients, stopping them from regularly running out of money, and helps them build buffers against problems.
- ESA and PIP may also be used to purchase cars, often Motability cars, or keep existing cars running.
- They may also be used to pay for use of taxis, particularly where clients face barriers to the use of public transport.
- Clients also use ESA and PIP to pay relatives or friends to give lifts or travel to see them when they need help.
- Spending money on travel helps some clients maintain or restart engagement with social or leisure activities.
- ESA and PIP can help clients deal with an income shock associated with a loss of employment or cessation of caring responsibilities.
- ESA and PIP, particularly backdated payments, can be used to clear debts, including to family members.
- Two clients were able to escape the threat of homelessness as the result of successful claims, one was able to deal with a growing arrears situation.
- Dealing with financial crises brings enormous emotional relief to clients.

- Successful claims boost clients' quality of life, engagement in social activities, financial independence, self esteem and ability to make appropriate choices about the balance between their work and caring responsibilities.
- Some clients experience a positive psychological impact as a result of a successful claim, as it provides a degree of validation, particularly in a context where others have not recognised their situation fully.
- The boost of a successful claim can only change some things in clients' lives. It cannot deal with the totality of their condition or wholly transform their lives.

Section 5.6 Recommendations for Changing the System.

- A significant minority of clients believe that face to face assessments should be scrapped, at least for some client groups such as people with mental health problems or learning disabilities.
- The majority see face to face assessments as necessary and as fair, subject to certain adjustments being made.
- A minority believe that face to face assessments provide an essential opportunity to clients to make their case in a way that is not possible through application forms or medical reports alone.
- Key suggestions for improvement to assessments focus on:
 - The need to ensure that assessors are appropriately qualified, particularly when assessing people with mental health problems.
 - The need for assessments to genuinely seek additional information, rather than simply going over the ground covered in forms.
- Further suggestions for improvement to assessments include;
 - Making the assessments more user friendly and improving basic customer service.
 - Better tailoring of the questions to reflect the issues facing people with mental health problems.
 - The simplifying of application forms.

Section 5.7: Changing and Recommending the Project/ Overall Views

- The vast majority of clients indicated that they did not have changes to recommend to the project.
- Where recommendations were made, they tended to focus on the need for better publicity for/ advertising of the project, or on the need for it to be sustained or expanded.
- The exceptions proposed a change to service practice relating to initial engagement to make it more 'user friendly for people with mental health problems, and a slightly different model for the service, expanding to also provide support with form filling to provide continuity for clients.
- Without exception clients would recommend the service to others. Many already had.
- The service is seen as valuable, particularly to those who are vulnerable.
- It is seen as being delivered by excellent, highly professional staff, who sometimes compare particularly well to other advice and support services.

'Thank you for Jane. Whoever taught her thank you. There is nothing to change about the service, 20 out of 10'

'It was bang on. If it hadn't been, I wouldn't have been able to go through with it.'

'She did a fantastic job. If it wasn't for her I wouldn't have got anywhere. She was my rock. I feel very sorry for anyone who doesn't have someone with them. I dread to think what people do when they haven't got access to an Yvonne.'

Section 6: Project and Partner Perspectives

Section 6.1: Prior Situation

- Three of the organisations, DIAS, FVA and The Advocacy Project had previously tried to meet the demand from existing clients for support when attending benefit assessments within the constraints of their other already existing contracts.
- They had not always been able to do so, and had certainly not been able to advertise the fact that they provided this type of support.
- VOCAL had focused on signposting people on to other organisations.
- Referral partners had seen consistent demand from their clients for advocacy type support.
- In the absence of advocacy, they had tended to respond by encouraging people to take along family members and support workers, although they were aware that in many instances this was not wholly appropriate.

Section 6.2: Partnership and Referral.

- Each of the delivery partners has been involved in a continuing process of building engagement with referral partners.
- The project has seen the strengthening of existing referral relationships, and development of new referral relationships.
- The process has taken time, but has paid dividends.
- The regular process of referral and feedback has kept relationships warm.
- There have been areas where progress has been more difficult, in particular in generating referrals from the NHS and from some advice partners.
- The vast majority referrals have been appropriate, although on occasions it has required time to work with referral partners to make sure that this is the case.
- The appropriateness of some referrals only becomes apparent after engagement.
- The referral partners feel strongly that it is appropriate that people with physical conditions can access the project.
- There have been some issues around the timing of referrals, some of which have been made very shortly before the date of a face to face assessment. Very few referrals have been refused and advocates have on occasion attended assessments with no prior face to face meeting.
- Some referral partners positively identify and triage people to the service, some make more a more general offer to their service users. Many are approached by service users seeking advocacy type support within assessments from them.

Section 6.3: Delivering the Service Model

- Referral partners report being faced at first contact by clients with high levels of anxiety, who often do not fully understand the situation they are in, even if they have been referred by advice partners.
- Advocates focus the initial meeting on:
 - Establishing a rapport with clients.
 - Drawing information out of them which tends to be more extensive than that presented on their application form,
 - Developing a plan for dealing with the assessment.
- The advocates objectives are to ensure that clients are reassured, understand the process, are aware of the key aspects of their situation they need to communicate, and are prepared for the assessment.
- Each element of this work is a skilled task.

- Three of the projects prepare a written statement for the client, sometimes shared with the assessor, VOCAL does not.
- The number of meetings prior to the assessment per client varies in accordance with need. VOCAL, serving a more vulnerable client group, and also supporting carers, tends to carry out more meetings.
- Prior to the assessment clients tend to be very nervous, something often exacerbated by the unwelcoming physical nature of the assessment centres.
- As much as anything, advocates see their role within assessments as to provide reassurance to the client. That reassurance, coupled with the preparation work is often enough to empower clients to speak on their own behalf.
- Advocates will prompt clients to raise particular issues identified beforehand.
- Only occasionally will they speak on clients' behalf.
- Advocates report that assessors vary in the way that they conduct themselves.
- Some can be cold/ distant with clients, but advocates suggest this has more of an impact on client experience than it does on the outcome of their claim.
- There are occasional instances of very poor practice, and new assessors do not always immediately grasp the importance of the advocacy role.
- Advocates maintain a degree of wariness about assessors, and still have doubts about the extent to which many are fully qualified to perform their role.
- The closing meeting with clients is often brief, and is sometimes carried out over the phone, but advocates consider it a valuable part of the support they offer.
- It gives the chance for closure, for clients to thank advocates and for a range of practical tasks to be carried out.
- These may include:
 - The explanation of communication from the DWP, which may be in complex language.
 - Giving clients reassurance that a positive decision is correct, and 'permission' to start spending.
 - Reviewing options relating to contesting a decision.
 - Signposting claims to claiming passported and other benefits.
 - Referral to other support services.
- Advocates will support people to take forward mandatory reconsiderations where requested, believing that their attendance at the face to face assessment puts them in a good position to identify where there are discrepancies in the reasoning behind decisions.

Section 6.4: Impact, Additionality and Complementarity

- Delivery and referral partners identify a number of issues with ESA and PIP assessments:
 - Although they report few horror stories of completely inappropriate decision making, advocates find that outcomes are often unpredictable and some decisions are not appropriate.
 - People with autistic spectrum disorders and epilepsy appear to be facing particular barriers to accessing PIP.
 - Some people making the transition from DLA to PIP are only being awarded the Mobility element at standard rate or are receiving no mobility award, meaning they may lose their Motability car.
- Advocates report that clients face a number of underlying issues in assessments relating to:
 - Pride and the desire to put on a front and hide the extent of the impact of their condition.
 - Negative past experience.
 - Engaging with authority (particularly for young people).
 - Other pressures in their lives.

- These system and individual pressures set the context for delivery of the service, and create some of the challenges on which advocates seek to impact.
- Advocates believe that:
 - The preparation work and reassurance provided at the initial meeting with clients is key to the impact of the service.
 - As far as is possible they reduce the stress that clients experience.
 - They also impact on the way that assessments progress, in particular dealing with clients' discomfort and potential flash points.
- Advocates strongly believe that they impact on the outcome of assessments, not least because they stop clients from dropping out of the process.
- Referral partners share this belief, identifying that disengagement from the assessment process is a common problem with their more vulnerable clients.
- Both advocates and referral partners believe that the service is both complementary and additional to their work; with advocates providing support that no other agency is as well placed to do.

Section 6.5: Organisational Issues

- Advocates have received appropriate professional support and training.
- The work is stressful, with advocates requiring a degree of emotional support as part of dealing with very vulnerable clients.
- The potential for professional isolation for advocates, as the only members of staff within their organisation delivering work on benefits has been dealt with through contact between the different projects.
- Delivery partners have been able, sometimes just about, to meet the pressures of demand on their service.
- One delivery partner, The Advocacy Project, has also used their advocate as a second tier of support, assisting his colleagues to support their existing clients through benefit assessments.
- There have been challenges for Forth Valley Advocacy in using volunteers to deliver the work, relating to recruitment, the emotional and complexity challenges involved, and safety issues.
- The work fits with the broader work of the delivery partners, though it is more tightly focused, involves shorter term, less intensive intervention, it is delivered in accordance with their core principles.

Section 6.6: Targeting the Right Groups.

- All those involved in delivery believe the service is targeting the right people.
- Evidence for the high level of vulnerability amongst clients includes the number of people who have been the victim of sexual abuse, sexual assault or rape, one project reports that two thirds of its clients are in this situation, and the significant proportion of clients who have previously attempted suicide, including in connection with benefit assessments.
- There is complete agreement that the provision of the service to people whose physical health problems are their primary issue is appropriate where they also have significant mental health problems.
- Key lessons have been learnt by VOCAL about the delivery of services to carers:
 - Partnership with carers has been key to successful delivery by VOCAL.
 - Carer burden appears to be a reasonable trigger for access to the service.
 - Many carers have their own significant support needs that have hitherto not been recognised.
 - Some clients have not previously understood the extent to which they themselves have caring responsibilities.
 - Some relatively unheralded changes to the benefit system have had a major impact on carers.

Section 7: Conclusions

Has the project been targeted at a real need?

By the end of the pilot period, over 600 people going through the benefits system will have been identified, or will have identified themselves, as needing support to get through the assessment processes for DLA or PIP. This will exceed the target set at the start of the project. At this most basic level of proof, the project has demonstrated that the demand exists for the service.

The initial needs analysis guiding the project targeted two key issues within the literature; the stress of the experience of going through assessments for claimants with mental health problems, neurological conditions and learning disabilities; and the risk of claimants not getting an appropriate decision on their claim.

The project has borne out the truth of that initial analysis. Clients consistently report huge stress going through the assessment process, from the point of considering starting an application through to receipt of the decision and beyond. Many report previous highly negative experiences of assessments and inappropriate outcomes, as a result not only of that stress, but also the conduct of assessors, their own struggle to communicate the impact of their health/ conditions on their lives, and decisions and reports not accurately reflecting their situation and the content of assessments.

The project has also identified further areas of need. Originally focused on supporting people with mental health problems, neurological conditions, and learning disabilities, the project has also worked with significant numbers of people with secondary, and even primary, physical health conditions. The co-morbidity between mental and physical health conditions means that many people with primary physical health conditions face sufficient mental health difficulties going through the assessment process that they also need advocacy support. The targeting of carers through one of the projects has identified the need for carers of claimants to receive a degree of support in the process, that carer burden is a justifiable trigger for access to support, and that carers themselves may have unrecognised support needs, and entitlement to benefits.

Finally, the socio economic characteristics of clients, with only 2.7% in work, mean that the project is, perhaps to an extent not fully appreciated prior to delivery, an anti poverty intervention.

Has the project been delivered effectively?

The project appears to have been delivered effectively:

- Referral relationships have operated effectively, and delivery partners have been active and successful in building and maintaining new referral relationships.
- The basic service model has worked, and has been delivered as intended.
- Delivery partners have been prepared to tweak the model, for example some have placed more emphasis on generating a written statement than had originally been expected. They have been flexible in responding to, and learning from, the challenges they have encountered.
- Advocates have been well supported within the project by their management, and have established a degree of linkage with each other.
- The project's national steering group has functioned effectively as a place to discuss issues in delivery, and of wider policy and practice interest.

There have been some challenges:

- The extent of demand for the project, and its limited capacity have meant that three of the delivery partners have had to reduce the amount of work done to build relationships with new partners.
- Partly connected with this, the project has not engaged with as many people with neurological conditions and learning disabilities as had been hoped.
- The vast majority of referrals to the project have been appropriate, but work has sometimes been necessary with referral partners to ensure that this remains the case.
- A key task now is to communicate key lessons from the project to stakeholders.

Has the project been delivered by the right people?

The feedback from clients about the advocates who supported them has been overwhelmingly positive. Advocates' commitment, care and compassion, and professional competence have been hugely appreciated by clients.

Delivery partners have been fully committed to playing their part in the project as a pilot, supporting ongoing monitoring and the delivery of this evaluation with prompt provision of statistics, and other assistance and engagement as required.

It is also clear that the referral partners bring a specific set of skills and values to the delivery of this work, because they operate in accordance with the key principles of advocacy.

Most specifically, their commitment to being clear with clients about what the service offers, their independence, their commitment to empowering clients and being client led, mean they are perfectly placed to offer trusted and appropriate support to clients within the assessment process.

What impact has the project had?

The project has helped people through what can be a traumatic experience for those who are most vulnerable. People have entered assessments better prepared, more understanding of the process, more able to communicate and more confident in their ability to communicate.

There is a limit to what the project has been able to do to reduce the stress people face during the assessment process, particularly in the period leading up to face to face assessment when negative anticipation is a significant problem. For some, that anticipatory stress carries over into the test, for others, the presence of the advocate means their experience was better than they had expected. Success in reducing the stress involved has also partly been a function of the positive impact of the project on the behaviour of assessors.

One of the most significant findings about the project is the extent to which the preparation work done with clients by advocates, alongside their presence within assessments, has empowered many clients to speak on their own behalf to a much greater extent than they or the advocate had expected.

The project appears to support clients to achieve appropriate outcomes on their claims through:

- Impacting on the behaviour of assessors.
- Ensuring that clients communicate fully to assessors about the issues that they face, preparing them to do so and empowering them to speak on their own behalf, by prompting, reassuring and encouraging during assessments, and by

ensuring that any problems with their physical and mental comfort during assessments are responded to.

- Ensuring that they stay engaged, and appropriately engaged, with the process.

The emphasis at all times on client empowerment, and on being client led, and the commitment of advocates to avoid coaching answers, or encouraging clients to present a falsely negative picture of their situation, mean that the impact of the project should be interpreted as achieving more appropriate outcomes rather than more generous financial outcomes for clients. It should be seen as enabling clients to access their rights within the benefit system.

The service cannot wholly change clients' life circumstances, or cure the conditions that affect them. However, for clients who received a positive financial outcome, newly received benefits may be spent in a whole range of ways that have positive consequences for their physical and mental health, with increased spending on care, aids, adaptations, gadgets, better food, more consistent heating, travel and leisure, and resolution of financial crisis. For some clients, a positive decision on a benefit application also brings a sense of validation.

Has the project added value to the support available to people going through the assessment process?

The project has clearly had a positive impact on clients' experiences of and outcomes from the assessment process. That impact establishes its additionality in one sense; without the support of the service, many clients would have had significantly worse experiences of the assessment, and would not have achieved an appropriate outcome on their assessment.

The impact of the project appears to be additional in the stronger sense that the delivery partners are providing a service that they are better placed, given their skills and values, to provide than anyone else.

- Clients do not see the support they are offered by advocates as being appropriately delivered by relatives.
- Advice organisations do not see themselves as having a role representing clients within assessments.

The project has therefore proved complementary and additional to existing provision.

Has the service identified key lessons for future policy and practice on welfare reform?

The project has identified a number of key lessons for future policy and practice on welfare reform.

In relation to advocacy:

- Advocacy is an important part of the suite of support services that should be available to people claiming disability benefits, having a clearly additional and complementary role alongside that of the advice sector in tackling poverty.
- The need for advocacy for some clients will persist for as long as face to face assessments exist. No system involving face to face assessments seems likely to be able to design out the need for advocacy support, any more than any benefit system can completely design out the need for welfare rights support.
- The Scottish and UK Governments, and partners in the NHS and local government should consider the need for longer term investment in advocacy support for benefit claimants.

In relation to the Scottish Government's use of its future powers to replace or reform PIP, and to the DWP's current responsibility for PIP, and continuing responsibility for ESA:

- There may be a justification for the continued use of face to face assessments, in order to maintain the credibility of assessments, and provide an opportunity for people to better explain their circumstances.
- If face to face assessments continue to be used, the process must become more user friendly, with forms clarified, better use of input from claimants' medical and social support, and assessors taking a more human, less interrogatory approach to their conduct of assessments. All assessors should be properly qualified and experienced enough to make accurate determinations.
- Consideration might be given to a system in which claimants could opt to have a face to face assessment, if they wish to have the opportunity to explain their situation.
- Investment in advocacy should be planned for as an essential element of the assessment system.
- Any reform of/ replacement to PIP must take into account that the process of engaging claimants as part of that change will be highly stressful for many.