Oifig an Ard-Rúnaí, An Roinn Coimirce Sóisialaí Office of the Secretary General, Department of Social Protection



Ms Sarah Cremin Committee Secretariat Committee of Public Accounts Leinster House Dublin 2 D02 XR20

10 March 2022

Ref: 0761 PAC33

Dear Sarah, A Chara,

I refer to your correspondence dated 23rd February in which you requested additional information to that which had already been provided to the Committee in relation to Disability Allowance.

Specifically, the Committee sought clarification in relation to Disability Allowance appeals and the application form for the scheme. The response to the two questions raised are as follows:

Q1: If there is a plan in place to reduce the number of applications for disability allowance that go to appeal before they are accepted?

Decisions in relation to entitlement to social welfare payments are bound by the relevant provisions of the Social Welfare Consolidation Act, 2005 (as amended) and associated regulations. In the case of Disability Allowance a person must satisfy conditions related to their incapacity to work (based on medical evidence), their means and their residency.

I am aware that there is an impression that a large proportion of Disability Allowance claims that are denied by the Department are reversed on Appeal. While I can understand why this impression can arise it is a somewhat simplistic interpretation of the position.

By way of example in the two year period 2019 - 2020 the Department awarded 32,635 claims for Disability Allowance; of this number 7,346 (or about 22.5%) were awarded following appeal. While this is a figure that we would prefer to be lower it is, nevertheless, not at the 40 - 50% level that is sometimes reported.

With regard to the question of how to reduce the number of applications that are referred to appeal it is important to note that, in most cases, the appeal submission includes new information submitted by the appellant that was not available to the original Deciding Officer. It has been suggested to us that this arises for a number of reasons including the complexity of the claim form — a matter to which I will return below — and the desire of claimants to establish an early entitlement date.

It is the case that in order to establish an early entitlement date many people submit a claim without first securing all of the necessary supporting documentation (e.g. consultant reports etc.) While this does ensure that people will be paid with arrears from an early "effective" date it does mean that an application may be disallowed but subsequently awarded on appeal or review once additional documentation is provided. From a service and operational perspective this results in re-work that is time consuming and inefficient.

There are a number of options to address this issue.

One approach, which is used in other jurisdictions, is to require a person who wishes to provide new information to submit an entirely new claim. In other words to determine that the original claim was correctly decided based on the information available at the time and that any new information constitutes a new claim that should be determined 'de novo'. While this approach deters premature claim submission and resolves the issue from a statistical perspective it does so to the disadvantage of the claimant as it means their entitlement date is set to the date of the new claim, rather than the original claim.

An alternative approach is to allow a pre-claim period of "retrospectivity" whereby a claim can be awarded back to a prior date provided the medical and employment information supports an earlier effective date. This would reduce the pressure on people to submit a claim at the earliest possible date even if full supporting information is not available. However it would also be a significant departure from long-established practice that would, in effect, create a contingent liability on the State and, therefore, requires careful consideration. The Department is considering the issues involved and hopes to bring forward a proposal, one way or the other, prior to the year end.

Q2: If there are plans to make the online application form more concise and less cumbersome.

The Disability Allowance application form is a paper-based application form completed by the Applicant and their Doctor. In order to establish entitlement to payment, an applicant must provide information in relation to their capacity to work/medical condition, financial means and residency, together with information regarding their household circumstances. They are also required to submit their preferred payment arrangements. All of this information is necessary for Deciding Officers to evaluate entitlement to Disability Allowance and make the necessary payment arrangements. Taking account of the need to ensure that sufficient information is collected to facilitate an informed decision with regard to work capacity there are limitations to the extent to which the application form can be simplified.

However, recognising feedback from our engagement with advocacy groups and public representatives, we worked to redesign the form during 2021. The redesign is intended to:

- Reduce the number of questions/data fields to be completed and to ensure that the questions
 are stated in simple language that can be easily understood by the client.
- 2) Highlight the need for clients to provide all relevant information at the outset.

The relevant representative and advocacy groups were consulted in the form redesign process via the Disability Consultative Forum. The Department has also asked the representative and advocacy groups to advise their customer facing staff/advocates to let customers know that they should include all data/documents supporting their claim at original application stage. This will help to ensure that more claims can be decided correctly on first examination and not require review and/or appeal.

The redesign process resulted in a greater than 30% reduction in the size of the form from 32 pages to 21 pages which is a very significant improvement.

The new form is now in use. We will continue to monitor the application process to evaluate whether or not it is resulting in improved quality claims and will seek to implement further improvements if and as appropriate

I trust that this provides the clarification you have requested.

John McKeon

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Secretary General.