



Work and Pensions Committee

Oral evidence: Safeguarding vulnerable claimants, [HC 146](#)

Wednesday 24 January 2024

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Members present: Sir Stephen Timms (Chair); Debbie Abrahams; Siobhan Baillie; Marsha De Cordova; David Linden; Nigel Mills; and Sir Desmond Swayne.

Questions 122 to 193

Witnesses

[I](#): Professor Sally McManus, Senior Lecturer, Health Sciences, City University of London; and Dr Jeremy Dixon, Senior Lecturer, Social & Policy Sciences, University of Bath.

[II](#): Corin Hammersley, Interim Head of Advice & Benefits, Advice & Benefits Service, Royal Borough of Greenwich; and Professor Michael Preston-Shoot, Joint Convenor, National Network for Chairs of Safeguarding Adults Boards.

Examination of witnesses

Witnesses: Professor Sally McManus and Dr Jeremy Dixon.

Q122 **Chair:** Welcome, everybody, to this meeting of the Work and Pensions Select Committee for our inquiry on safeguarding vulnerable claimants. A warm welcome to the two witnesses on our first panel. Can I ask you both to tell us very briefly who you are, starting with Professor Sally McManus?

Professor McManus: I am based at City University of London and the National Centre for Social Research.

Dr Dixon: Thanks for inviting me. I am a Senior Lecturer in Social Work at the University of Bath.

Q123 **Chair:** Thank you both for being with us. I will put the first question to you. What evidence is there that a statutory duty of care improves outcomes for vulnerable people, or could better safeguarding procedures do the job just as well?

Dr Dixon: My background is in looking at the Care Act 2014 and the way in which social workers use the Act to safeguard people with care and support needs, rather than looking at DWP decision making. I can identify—

Chair: I will ask you specifically about that in a moment.

Dr Dixon: Yes, sure, but I can identify how it has helped in relation to the Care Act. Prior to the Care Act coming into place in 2014, the safeguarding procedures came under the “No Secrets” guidance, which was looking then at protecting vulnerable adults. The research put forward at the time showed that there were difficulties with that. Local authorities that were the lead agency did go around putting the guidance into place that the Government had issued, but I suppose there was unease that there were no statutory duties to support it. The guidance was seen as not really having any teeth, so—

Chair: This was before the Care Act?

Dr Dixon: This was before the Care Act, yes. This is the “No Secrets” guidance that was issued by the Government in 2000.

Chair: What was it called? What was the name of it?

Dr Dixon: “No Secrets”.

Chair: “No Secrets”?

Dr Dixon: Yes. Qualitative research done at the time indicated that there were problems with that, in that although agencies were not necessarily co-operating very well with each other, there was a lack of clarity about who was responsible for what. The Association of Directors of Adult Social



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Services was lobbying for statutory powers to be introduced prior to the Care Act.

I would say that since the introduction of the Care Act 2014 there has been an improvement. We can see from the statistics collected by NHS Digital that the referrals are going up year on year. I can talk more about that later if that is useful.

Social workers I have spoken to in my research—which was conducted between 2017 and 2019—have indicated that they felt it was a positive move, in the sense that it identified to a range of agencies what their duties were in relation to deciding when people with care and support needs ought to be protected.

I note that a shift happened around 2005. Where the previous guidance in 2000 talked about vulnerable adults, for a range of reasons the guidance started to move away from that in about 2005. The Care Act does not refer to vulnerable adults anymore. It talks about adults with care and support needs, who are unable to protect themselves as a result of their care and support needs and were being abused or at risk of that.

Q124 Chair: In that particular case, was there anyone who objected to the imposition of a statutory duty? From what you are saying local authorities wanted it. Did social workers welcome it?

Dr Dixon: Yes, there was nothing that I was aware of. I think that, in fact, social workers at the time were in favour of more statutory duties than they were given. There were some arguments around whether there should be powers of entry to people, to houses where there were safeguarding concerns, and there was also some debate about whether there should be other powers.

The Government did a consultation around whether they wanted to introduce powers of entry but decided against that in the end. Therefore, I think, yes, the social work bodies were pushing for that and had also introduced their own guidance to try to add breadth to the safeguarding policies that were in place.

The Association of Directors of Adult Social Services introduced a policy and the Local Government Association had introduced a policy called “Making Safeguarding Personal”, which it rolled out, and that is endorsed in the Care Act as it stands as well.

The association had done groundwork, but it had also done campaigns around elder abuse. There was a parliamentary Committee that was looking at the issue of elder abuse, and there was also a high-profile Comic Relief campaign around that time as well, so I suppose there was a growing awareness about the problem of adult abuse.

In addition to that, there was the Mid Staffordshire NHS inquiry and the Winterbourne View scandal, which was reported on “Panorama”, so at



that time there was a growing awareness of adult abuse and neglect and I think people started to feel that something ought to be done about it.

Q125 **Chair:** Right. The Care Act 2014 imposed duties on local authorities, did it, or did it impose a duty on individual social workers?

Dr Dixon: The duty rests with the local authorities rather than with individual social workers, and the local authority then has to make a decision about which workers it allocates to specific tasks.

Q126 **Chair:** Were there any difficulties in applying this to staff who are not professionally regulated?

Dr Dixon: In the research I did that I mentioned before, I observed and interviewed social workers from three local authorities. I also looked at the models of safeguarding that they employed. In all three local authorities each of them had non-qualified workers who were doing the initial referral taking. They would take referrals that related to the Care Act more generally, but they would include referrals for adult safeguarding.

The initial screening tends to happen through unqualified workers, and they may give advice, or if they know it is completely out of sync they may reject it. However, in most cases, if they believe that there is a safeguarding concern, they will tend to take that to a senior practitioner who is on duty the next day, either to discuss it with them or to put the referral through.

The senior practitioners tend to do an initial screening assessment in the authorities that I observed, and then they would tend to delegate it to social workers if it was not something that they could resolve immediately themselves.

Q127 **Chair:** That seems to work fine, does it, as far as you can say?

Dr Dixon: Yes. It worked better in some authorities than in others. The authorities had slightly different models once the senior practitioners had done the initial screening. In the larger local authorities, the process was that they would make a referral to the general adults team if they felt it needed to go forward. The problem there was that sometimes there were delays between one process and the next. Sometimes referrals could sit there for about five or six months before they were picked up and properly assessed. The staff that I spoke to felt that was an unsatisfactory situation.

The other two local authorities were slightly smaller so may have had more capacity to do this. In one local authority the senior practitioners did the work themselves. In the third local authority the work would be delegated to another social worker who wasn't a senior practitioner. That social worker would be given instructions about what to do and might be given questions to ask about the person and would supervise the work.



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Q128 **Chair:** As you know, we are thinking about whether a statutory duty ought to be imposed on DWP. One of the difficulties that has been raised with us is everybody knowing who would count as a vulnerable claimant. In the case of the Care Act, is it crystal clear who the people being safeguarded are?

Dr Dixon: Yes. It does not use the words “vulnerable person” anymore, but section 42 of the Care Act is the Act by which people make that judgment. Local authorities would make that judgment and they are looking for the criteria: it is an adult with care and support needs who is experiencing or at risk of abuse and neglect and, because of the care and support needs, is unable to protect themselves from that abuse.

Q129 **Chair:** In practice it is clear who that is?

Dr Dixon: I suppose it is a judgment made by social workers in practice, yes. Just because somebody has a care and support need would not necessarily mean that they would then have a safeguarding inquiry. Somebody doing the initial assessment, the senior social worker, might make a judgment that they are able to protect themselves, maybe through looking at the existing records or through having conversations with people, and may not move that on to a safeguarding inquiry.

If somebody does not have care and support needs at all, they would not meet the criteria. They may be referred to a voluntary agency, but they would not be seen to meet the criteria for safeguarding.

Q130 **Chair:** Thank you. That is very helpful. Professor McManus, do you have any comments on the case for statutory duties?

Professor McManus: No, not on that.

Chair: Fine. Thank you very much.

Q131 **Sir Desmond Swayne:** The Department for Work and Pensions has told us that, “While the Department does not have a statutory or common law duty of care, we engage with claimants and, where appropriate, direct or refer to the appropriate agencies who may owe a duty of care and can provide appropriate support.” That is good enough, isn’t it?

Dr Dixon: As I understand it, DWP is saying that if there is a problem it would refer it on to other agencies. I cannot comment on its practice, not having looked into that specifically, but I think there could be particular issues. Having read some of the previous evidence submissions from these sessions, the issues discussed are about sharing information with services and asking them to step in.

From my perspective, having been a practising social worker before, it is sometimes difficult to identify the correct agencies and who that would be, so I am not sure who it is referring to.

In the case that was reported to the Nottingham City Safeguarding Adults Board on Errol—I forget the second name of the gentleman, but looking



at that case—I read the safeguarding adult report yesterday on the train. There were issues there about reporting to the correct person and pathways. In theory, reporting to the agencies is an important thing to do, but you would have to check that those agencies had received the information and were going to do something with it.

Q132 **Sir Desmond Swayne:** Are you suggesting that the Department itself should be subject to a statutory or common law duty?

Dr Dixon: I have read the evidence—and I know that has been a consideration of the Committee—and I think that having a duty flags up the importance of carrying out that work and giving it a duty to go ahead and ensure that those things happen.

As I mentioned before, when there is safeguarding guidance in place it can be useful to some extent, but where the statutory duty does not exist people tend not to do it as much. A statutory duty in itself will not necessarily do it either if I am honest. People do not always follow the law just because it is there, but it does underline the importance of the issue to the agency and gives it a motivation to put training and mechanisms in place so that concerns are not passed over.

Q133 **Chair:** Does the Care Act apply to the DWP? Is the DWP within its—

Dr Dixon: It does not specifically mention the DWP, but sections of the Care Act give a duty to other agencies to co-operate. Section 7 of the Care Act talks about the duty of outside agencies to co-operate where somebody has a care and support need or there is a carer and information needs to be shared.

There are also duties in the part of the Care Act that is dealing with safeguarding, which talks about a duty to share information as well. That is under section 45 of the Act that talks about supply of information. That says that if the safeguarding adults board has a concern about a person and it relates to a safeguarding inquiry, other agencies have a duty to share that information.

Chair: That would apply to DWP?

Dr Dixon: That would apply to DWP as well as other agencies.

Q134 **Nigel Mills:** I am keen to understand how we can define vulnerability in this situation because it is clear what we are trying to achieve. That is, if somebody is unable to make the claim themselves or make it in a sufficiently competent way, they may end up with the wrong outcome. How do we support them to get to the right outcome? Defining that is quite hard because you could define this as every claimant is vulnerable in some way, in which case we are going to be in a bit of a pickle. How would you suggest we could produce a working definition?

Professor McManus: Vulnerability is interesting and, as other people have said, the term is quite a tricky one. Some people are concerned



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about the term “vulnerability” because it tends to locate difficulty within the individual rather than in their context. Some people are concerned about the term “vulnerability” because it is a label. They do not necessarily recognise that it applies to themselves. Both vulnerability and safeguarding can also have very particular meanings in different contexts, so there is scope for misunderstanding as well.

Having said that, looking very particularly at the definition of vulnerability that DWP works with, the definition is an individual identified as having complex needs or who requires additional support. Of course, it is understandable but underlying that is that somebody is considered to be vulnerable if identified as having additional needs. There are two issues with that. One is around disclosure: who is identified? The other is that if someone is not identified, the suggestion is that they do not have vulnerability complex needs, additional needs.

For me, the issue around that is that—my main background here, I am not an expert in DWP systems, but I work very much with general population data, so this is surveys that reflect the population as a whole. The main survey that I work with is one funded by the Department of Health, and I can look in that dataset at people who are claimants and compare their profile to people who are not claimants.

People who report being a claimant have a profile that is so adverse compared with the rest of the population that, for me, there should be a culture of presuming that most claimants have the potential to be vulnerable, so I would be concerned about a definition that limited recognition of vulnerability only to those where vulnerability was identified.

In the general population survey that I work with—the Department of Health’s Adult Psychiatric Morbidity Survey—we ask everybody in that survey many different questions. Just to pull out one example: have you ever made a suicide attempt?

This study was done in 2015 and when we compare general population reporting of that with those people who report being in receipt of disability benefits—the proportion of people in receipt of ESA disability benefits—45% said that they had made a suicide attempt. Not all that would have been when they were a claimant. That is across the life course. That is eight times higher than the rest of the population.

We have something like 4,000 different variables in that dataset. There are very few variables in that dataset that more strongly predict having made a suicide attempt than being in receipt of disability claims. It is indicative of a range of different other morbidities, other adversities in life. That is just a little bit of framing around that.

When I think about vulnerabilities to the claimant population, I think about it coming in three different ways: you can think about what led to someone becoming a claimant, you can think about the experiences of



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being a claimant and then you can think about the wider adversities that claimants are facing in their life in general. Now, if you think about what leads someone to become a claimant, job loss is one of those things, but traumatic events often predict job loss, so it could be to do with experiences of workplace bullying and harassment.

Work that a colleague of mine, Niels Blom, has done has found that 4% of people who experience domestic violence lose their job as a result of their experience of domestic violence. What this indicates is a lot of people coming in to being a claimant have experiences with trauma in their life that precedes that.

When we also look at their experiences of being a claimant—and I have not done much work myself, but I know that others have fed back to you about the experiences of conditionality, of sanctions, of some work cultures and of health assessors' disbelief or stigma—the processes there can lead to a vulnerability of sorts, but what we can also think about is that process of how benefits are administered.

This Committee did important work when Universal Credit was first introduced. There was that transition from payments to individuals to payments to a household. The way that delivery shifted created vulnerability in those who were experiencing domestic violence at home. There have been a number of mitigations that have tried to address that by having payments to one person in the household rather than to an individual. That made it very difficult for those who were in an abusive relationship to either get out of that situation or to disentangle. The complexities with house split payments is being managed, but that is another area.

The third aspect of vulnerability or of complex needs for claimants, I would say, is around this being a group of people, some of whom have experienced complexity throughout life and some of it has been more recent. The general population survey data gives DWP a useful profile of that, particularly around those in receipt of disability benefits, over half experiencing three functional impairments. That is things like difficulties with washing, with getting out and about, with managing finances and things. Sorry, that was a bit too much but, yes, around how vulnerability might manifest in this population.

Q135 Nigel Mills: One of the challenges we have when we look for a definition is we—I think someone said the FCA has a good definition that it produced, but the problem is it is trying to say to the people it regulates, “These are people you should not really be transacting with because they are too vulnerable to actually buy your services”. Whereas we want the opposite here. We want, “These are people who you do need to transact with because they are vulnerable”. Does that change how we have to try to define this because we are trying to include people, not exclude them?

Professor McManus: There is a nice point about having an inclusive understanding. That is about informing a culture of how you deal with



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people inclusively because a large proportion—a majority, even—of this population will be facing complex needs and will need additional support. According to that definition that DWP works with around who is a vulnerable adult, it is a wider cultural shift in how you deal with that group as a whole.

Q136 Nigel Mills: Just to make sure I have captured you, I think what you are saying is that when we are dealing with processing disability benefit applications especially, we should assume everybody is vulnerable and have a process that works for that. Then maybe have an extra special process for those who we think are particularly vulnerable, who need a bit more attention, more than the standard is now. I think that is what you are suggesting.

Then perhaps it is different if you are applying for a state pension just because you have turned 67, or applying for a child component, UC, because you have just had a child. Those two things might not suggest you are vulnerable, but applying for disability benefit might well suggest that.

Professor McManus: Yes, and I can share the reports that we have done with you. They have tended to focus on people who are applying either for disability benefits or for JSA. I can share with you the profiles for those two population groups in terms of the process and the likely profile of difficulties that is quite ubiquitous to those populations.

Q137 Debbie Abrahams: My questions are particularly to you, Professor McManus; they build on the questions that Nigel has just been mentioning. What you said about the metadata that you are using and the comparison is very helpful. There was some data that I came across in 2014 that said that IB and ESA claimants were more than four times likely to die than the general population. That reflects what you are saying there.

Of course, in 2016, the "Journal of Epidemiology and Community Health", when looking at the data around work capability reassessments between 2010 and 2013, it showed an additional 590 suicides and a range of other mental health effects.

I am very interested in what you might think. Perhaps for the record you might want to say that what you are saying is: yes, this is a more vulnerable, a more poorly population, more likely to die, and already reporting ill health. It is not a question that these people are putting it on. These are a poorer population.

I am also interested in what you might say around the autumn statement. It was a question I put to the Secretary of State when he was in your chair a few weeks ago as to what the impacts might be on proposals around increasing conditionality to that group: more people economically inactive but also more people on disability-related benefits, out of work benefits, the ESA but also UC, with limited capacity to work.



What do you think may be the impacts on increasing that conditionality?

Professor McManus: I have not done research specifically into this, but I would flag up that, in terms of gathering an evidence base on this, there are things that can be done with the individual level data collected within the systems. There are also things that can be done to evidence impact, looking at population data.

One paper I would flag up here is by Sophie Wickham and Ben Barr at Liverpool. They have done a lot of very valuable work in this area. One of the things that they looked at was population data in terms of the mental wellbeing of unemployed people and looking at the staggering introduction of Universal Credit. They could show that there were 64,000 additional cases among unemployed people of psychological distress associated with the introduction of Universal Credit.

They are just around having an evidence base that very robustly showed an impact, and that will be the various criteria that was associated with Universal Credit, some of which will be differences in conditionality and sanctions, but there are other factors in there as well.

Q138 **Debbie Abrahams:** That is very helpful. Thank you. Sophie Wickham actually came to the Committee, as has Ben Barr in the past.

How does our approach vary from that of other countries, equivalent advanced economies—I am thinking about Norway and Sweden and within the EU. How do they approach this?

Professor McManus: One thing I would suggest is the way that we look at impact assessments across different Departments. I am aware that the Department of Health and Social Care has a pilot looking at embedding mental health impacts more clearly, impact assessments, and it is looking for that to be a cross-government strategy. It is not something that I am directly tied in with, but I think there would be interest in DWP being part of that, looking at the impact assessment of any new rule or new policy as it comes in and assessing the impact on mental health.

Q139 **Debbie Abrahams:** Thinking about what Sir Desmond was referring to before around statutory duty, first, do you think a statutory duty would be a good idea and what else may that encompass?

Professor McManus: In terms of a statutory duty or not, I do not feel qualified to say. In general, I would like to see a change. One is around—and I know this has come up before—the independent review where things have gone wrong, so not just where there has been a death but where there has been an adverse outcome and overall transparency around publication of those reviews.

Another thing that I would say around changes that I would like to see is to flag up the written submission that was given by Women's Aid, which I felt highlighted a range of general changes that could be recommended.



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These would include things like having a named domestic abuse adviser within different jobcentres.

That would encompass having better training in jobcentres, more awareness of domestic abuse so that work coaches and other frontline staff are better able to recognise where domestic abuse is happening—which is one indicator of the vulnerability of DWP working with the Department for Levelling Up, Housing and Communities—and improving the funding of domestic abuse specialist services in terms of supporting and advocating for individuals. Extending the domestic violence easement up to a year is another recommendation that it makes, exempting people who are moving to or from refuges from repayment of advances, and other work around working with the Home Office on the extension of the emergency fund for survivors and how that can be used better.

I wanted to flag up Women's Aid. In the submission I highlighted a series of important but general ways in which changes could be made to better address the needs of vulnerable claimants.

Q140 Debbie Abrahams: We heard from the NAO about the work that it had done in 2020. It said that the Department had investigated 60 suicides. It did not feel that that was the full scale of the number of deaths. We know over the last couple of years it has about 200 deaths that have been investigated. Based on your analysis of the data—did you say 10 times more vulnerable?

Are you able to estimate from the cohort of disabled claimants what the potential actual deaths are? I believe 200 is much too low and we do not have a clear view of the number of deaths. It is awful to say it, but I think it would focus the priority if we did have the true estimate. If you do not have that figure available, would you be able to estimate that, do you think?

Professor McManus: There is work that has already been done by some that has sought to collate and document cases, particularly by the Deaths by Welfare Project and China Mills.

Q141 Debbie Abrahams: Yes, but that is estimating from various different sources. Could you model that from your metadata?

Professor McManus: It probably could be modelled, yes, just with the caveat that, of course, when we look at suicide and suicidality as an outcome, it tends to be complex and multiple factors.

Debbie Abrahams: I was meaning all deaths, not just suicides.

Professor McManus: Yes. I think there could be modelling work done on that. I am not aware of it, but I could talk to various people and come back to you on that.

Debbie Abrahams: That is very helpful. Thanks very much.



Q142 **Chair:** You said that you had studied cohorts of people who claimed Job Seekers Allowance as well as disability benefits. You gave us that very striking statistic on the contrast between people claiming disability benefits and the rest of the population in terms of the numbers that have attempted suicide. Where does the JSA claimant cohort sit? Are they more like the disability benefits claimants or the general population claimants?

Professor McManus: They sit somewhere in between, and I have two main studies that I have done. One was back in 2012, so it is quite dated now. In that we interviewed people when they first started a JSA claim and then again four months later so we could look at what factors predicted a deterioration or an improvement in their circumstances during the period of that claim. That focused on the JSA population.

One figure that I remember very clearly is of those at the start of their claim. About one in 10 JSA claimants had experienced homelessness or insecure housing in the 12 months prior to the start of their claim, so a very strong indication of vulnerability in that group. However, I would need to look again at the reporting of suicide attempts, for example, in that group. That is something that we can look at.

The other thing to say is that when we looked at this in 2015 and we looked at it when the survey was previously done in 2007, while in the population as a whole we saw quite a lot of stability in reporting of suicide attempts, in the group that was in receipt of disability benefits we saw a steep increase. It was about 20% reporting a suicide attempt in 2007. It was 45% when we asked that in 2014, so something had happened.

Obviously, 2007 was quite a significant time for change: the socioeconomic context of the country. There might be many reasons why we saw that steep increase. We are currently in field with the next survey in that series, so we would expect to have findings from that survey in about six months to a year's time.

Obviously, with changes in the disability and welfare systems, it is harder to track people who are in receipt of the same benefit over time. Because of the move to Universal Credit that survey data is not capturing that same population in quite the same way, but we will be able to look at whether or not that trend has continued.

Chair: If you could let us have that figure for the suicide attempts among the JSA population that you have, that would be interesting to see. If you happen to have any earlier results than in six months' time on the new study, we would be interested in that as well. However, I appreciate that might not be possible.

Q143 **David Linden:** Professor McManus, to what extent do the DWP processes exacerbate pre-existing vulnerabilities?

Professor McManus: Again, my research on this is quite old now in some ways because the DWP research project was in 2012, where we



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interviewed JSA claimants when they started their claim and again four months later to look at the effect of the change in time.

What we found was those who experienced the largest deterioration in their mental health while on that claim were most likely to be those who were experiencing adversity at the beginning. The types of adversity they were experiencing were not necessarily the things that would give someone a flag indicating that they needed safeguarding. It would be things like having an anxiety disorder, living in a lower income neighbourhood, or experiencing long-term chronic difficulties or conditions.

Just to flag that up, although that does not necessarily speak to your question specifically about what processes exacerbate, people who were already vulnerable at the start of their claim are those who are most likely to see a deterioration during their claim in that particular study that we did.

Q144 **David Linden:** Thank you. You may be aware of the report from Professor Scullion at the University of Salford—I think it was May 2023—aimed at a trauma-informed social security system. The trauma-informed care movement says, “Services that are ‘trauma-blind’ (ie, that fail to adopt a trauma-informed perspective) may (mis)interpret client behaviours as aggressive, unreasonable, disrespectful or manipulative.”

I guess my question would be: what more can be done to prevent the system from retraumatising claimants? For example, we would not ask veterans to turn up to fill in forms in a place where there are fireworks going off and things like that. Why is the DWP not doing that at the moment and what can we do to try to make that better?

Professor McManus: I am not saying that I have researched it myself, but there is work that the National Centre for Social Research has done in its evaluations and going back. There is a lot around how the system is organised, but also the interface with jobcentres. I think it was something that Professor Baumberg Geiger highlighted in the context of jobcentres: the extent that we should have privacy and the ability to disclose and to talk. I do not think I have further evidence on this.

Q145 **David Linden:** That is fine. Before I come to Dr Dixon, Professor McManus, how can the DWP monitor the effectiveness of its safeguarding practices and policies? Is it just a case of putting a few more red flags that pop up on people’s case files? What more should it be doing?

Professor McManus: Others probably speak better on how the actual system itself could be better at monitoring within. As a researcher who tends to work with population data, there are various things that can be done to improve the evidence base in general, in terms of monitoring not necessarily how individuals are doing but how the policies are working.

There is one thing that is around data linkage, which obviously is a perennial problem that comes back again and again. We managed it with



the Covid pandemic. There was a real will behind making data linkage work and I looked at what happens with the Ministry of Justice. Data First is doing amazing work with data linkage there. If there was the will, we could make data linkage work much better here. That would allow us to have a much stronger evidence base to understand what works and what does not work, not so much for following and flagging individuals, but for understanding what works in general.

Other changes to the evidence base are potentially more commissioning of research through research councils rather than necessarily directly through Departments. Research councils may have more of an expectation around publication of reports and of independence of output. That would be another way in which the evidence base could be improved.

Q146 David Linden: Dr Dixon, safeguarding practices are assessed in social care. What could the DWP learn from how that assessment process is done?

Dr Dixon: Thank you for the question. Yes, there are a number of things that the local authority does to assess safeguarding practices, There is a safeguarding adults return that local authorities complete that is collated by NHS Digital. The things it shows that are useful is that it looks at the outcomes of adult safeguarding inquiries and it looks at the outcomes for the person who has had the safeguarding inquiry conducted and whether they felt that the outcomes they had identified were met or not. If you look at the most recent returns, the data there is fairly positive about the outcomes.

The other thing that is done, not necessarily as a duty, is that the LGA has promoted making safeguarding personal. It has done audits and temperature checks to see how those things are bedding in and how far they are working within different local authorities, so there may be something that could be taken by the DWP or adapted.

Q147 David Linden: Just before I finish off, Professor McManus, the Secretary of State—indeed the DWP—says that it is sanctioning claimants on the basis that the conditionality regime acts as a deterrent to the population as a whole against non-compliance with measures. I want to just press you a little bit on the population who face those sanctions.

Rethink Mental Illness has told us that sanctions can be “devastating” for vulnerable people who are disabled or living with mental illness. It says it is calling on the Government to stop subjecting disabled people and those living with mental illness to this. Indeed, the Public Law Project told the Committee that sanctions can exacerbate pre-existing vulnerabilities. Do you agree with that?

Professor McManus: Yes. When we look at the profile of the population, a large proportion are in debt, and most are unable to save income. Precarity we know is a major risk factor for general wellbeing as well as increasing the risk of suicide as an outcome. We also know that sanctions



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are applied in an uneven way so that there are some groups—particularly young people, particularly men, particularly certain regions—who are more likely to be sanctioned, so it introduces inequalities as well in that way. I do not have further evidence on that, but my reading is that it does reinforce that precarity, and that precarity is a great risk factor for—

Q148 David Linden: Do you think that DWP has done enough work to understand the impact of sanctions on vulnerable groups in particular, or is the view in Whitehall that we will just have the scary sanctions regime and that will get people back to work?

Professor McManus: I am not aware of good research into the impact on sanctions other than qualitative interviews. There is a lot of very valuable insight from qualitative work with people who have gone through that process, which articulates how it has impacted on them, but I think there could be more done with quantitative data as well, potentially.

David Linden: Thank you. That is very helpful, Professor McManus.

Q149 Chair: Dr Dixon, I will just ask you finally. In talking to social workers about these safeguarding issues, anecdotally what impression do you get of the co-operation, if any, that there is between them and the jobcentre about these issues? Are they able to discuss these things with the jobcentre staff?

Dr Dixon: I don't think that is something I can comment on from my own data. It was not something that was raised by social workers in my research. It is not something I can give an insight into, I am afraid.

Q150 Chair: Does that mean that they probably do not talk to jobcentre staff, do you think?

Dr Dixon: Well, not necessarily. There is a range of different agencies that people could talk to. If you ask people specifically about that issue, you would pick up more of those findings, I think. It was not something I was asking them about specifically. I was asking them about their work with other agencies.

The agencies that people tend to talk about more freely were people like the ambulance service and the police specifically, and the fire service to some extent around hoarding, but the DWP wasn't mentioned by interviewees in any of my interviews.

Q151 Chair: DWP at least is probably not a prominent part of these?

Dr Dixon: No, I think in the guidance to safeguarding adults boards about who they may include on the membership, the people who they have to include is healthcare commissioners and the police, and then there is a list of other agencies they could include. Again, that includes the DWP but practice may vary in that regard as to whether different safeguarding adults boards do or do not include them as a matter of course.



Q152 **Chair:** Do you think DWP staff ought to be on those boards?

Dr Dixon: Given the concerns that have been raised, it would seem sensible to do that. Maybe one way in which a statutory duty could be considered would be to consider whether you would want to make a statutory duty for them to attend safeguarding adults boards. I am sure Professor Preston-Shoot would have better evidence than me on that particular topic.

Chair: Thank you both very much. That has been a very helpful and interesting session. We would be grateful if you would step down and we will ask our second panel to come forward. Thank you both very much.

Examination of witnesses

Witnesses: Corin Hammersley and Professor Michael Preston-Shoot.

Q153 **Chair:** Welcome to both of you. Thank you for joining us. I think you were listening to the earlier discussion. I will ask you each to very briefly tell us who you are, starting with Corin Hammersley.

Corin Hammersley: Good morning. I am head of service for advice and benefits at Royal Borough of Greenwich. I manage the Welfare Rights Service there. I am also a committee member for NAWRA, the National Association of Welfare Rights Advisers. I have two hats but I am mainly here for the Greenwich hat.

Professor Preston-Shoot: Good morning, everybody. I am the Joint Convener of the National Network for Chairs of Safeguarding Adults Boards, all 136 of them in England. I am also the Chair of three safeguarding adults boards, including in the Royal Borough of Greenwich. You have double representation from that London borough. I can tell you that on all three of my safeguarding adults boards DWP has a representative.

Q154 **Chair:** It has a representative? That is interesting. Were the safeguarding adults boards established by the Care Act 2014?

Professor Preston-Shoot: They were indeed. They were placed on a statutory primary legislation footing by the Care Act. Previously, the "No Secrets" guidance that Dr Dixon referred to encouraged the creation of safeguarding adults boards but did not mandate it in law. Yes, section 43 and the statutory guidance outlines the responsibilities of safeguarding adults boards.

Q155 **Chair:** Thank you. I will ask both of you then: do you think that DWP should have a statutory duty to safeguard vulnerable claimants? How do you think the impact of a statutory duty would differ from simply better safeguarding procedures? What is your assessment of the impact of the statutory duty that was imposed on local councils by the Care Act 2014?



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Corin Hammersley: It is probably largely outside my expertise, particularly around the Care Act and whether there should be a statutory duty. It is difficult for me to comment on whether there should or there should not be. It is helpful for there to be a level of accountability within the Department, to have something to refer to. Behind that, I think what is going to be more significant is ensuring that there are procedures that can be applied, are applied and are helpful to claimants. For me, that is much more significant.

Chair: Having the right procedures is the key rather than the law?

Corin Hammersley: Yes.

Professor Preston-Shoot: I will nail my colours to the mast. Yes, I do think that DWP should have a statutory duty. Why do I think that? Dr Dixon explained that the Care Act applies and the safeguarding provisions in the Care Act apply to people with care and support needs. Not every claimant who might be vulnerable would, within the Care Act definition of care and support needs, qualify for adult safeguarding. That would be one reason.

The second reason is I must acknowledge that DWP more recently has engaged much more thoroughly with adult safeguarding and with safeguarding adults boards, not just because of the Nottingham City review on SAR Billy and SAR Valentina but also for other safeguarding adults reviews that it has done elsewhere. That is a recent development. It is very positive.

Q156 **Chair:** In the three boards that you chair you said DWP does attend. Has it only recently started attending?

Professor Preston-Shoot: Yes. There is a little history to this, if you would forgive a short history lesson. There have been a number of safeguarding adults reviews; for example, a thematic review done by Haringey Safeguarding Adults Board on people experiencing homelessness, in which DWP engaged very positively. It is not just the Haringey review; I am using that because I was the author of the Haringey review. DWP used that to reflect on whether it should strengthen its procedures in relation to vulnerable claimants.

For example, a direct result of that review was that where a person is eligible for a considerable back payment—in the Haringey case it was over £5,000—and where there is a risk of financial abuse, coercive and controlling behaviour and so on, DWP will engage with other agencies and directly with the claimant in order to safeguard the claimant in respect to what they are entitled to.

Another change as a result of that review, but also of other reviews, is that DWP has created what I believe is called advanced customer support officers. There are a number of those officers who cover the nine regions in England. There is also comparable provision in Scotland, as I



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understand it. It is at that level of representation from DWP that now safeguarding adults boards are being encouraged to involve DWP directly in boards.

Q157 **Chair:** The people who attend your three boards, are they ACSSSLs?

Professor Preston-Shoot: Yes, they are advanced customer support officers, if I have the title right. They make a positive contribution in the sense that if we commission a safeguarding adults review and DWP has had some involvement with the person whose human story is the subject of that review, then DWP is under a statutory duty to provide information and the conduit is through the advanced customer support officer. Equally, we might ask for additional information to help us understand what happened in a particular case.

More recently, there have been very positive developments. We are also, as a direct result of the Nottingham City reviews, engaged as a national network in developing a memorandum of understanding with DWP about co-operation around section 42 inquiries and around co-operation in relation to safeguarding adults reviews. Indeed, we now have the chair of the Nottingham City Safeguarding Adults Board sitting as a member of the Operational Engagement Stakeholder Group, again, in order to ensure that safeguarding adults boards are learning lessons from DWP and trying to ensure that DWP is learning lessons from safeguarding adults boards and the work that they do.

Positive developments, but not everybody who is a vulnerable claimant has care and support needs. Of course, we are very reliant on jobcentre staff thinking adult safeguarding. I suppose my other reason for a definitive, "Yes, I think there should be a statutory duty" is to ensure that staff are thinking adult safeguarding, that adult safeguarding is truly everybody's business. A statutory duty would reinforce that rather than, as Sir Desmond Swayne was suggesting, a duty of care, because that is more nebulous.

On the adult social care side, it has proven very difficult to establish a duty of care directly owed to an individual. Even on children's safeguarding, it has been quite tortuous to establish a duty of care owed directly to a child in need of care and protection. While I recognise a duty of care that is on us all, it is a concept that I think is still nebulous in law, as I understand it.

Q158 **Chair:** You'd think if it was in statute it would be more effective. What is your take on the impact of the statutory duty imposed on local councils by the Care Act 2014? Has that changed things in councils?

Professor Preston-Shoot: I think the section 42 duty is very positive. It only applies to people with care and support needs, as I have emphasised. It now includes self-neglect alongside other types of abuse and neglect. I think that is a very positive development, not least



because self-neglect is the most prominently reviewed type of abuse and neglect in England using safeguarding adults reviews. Practice varies.

I was interested in Nigel Mills's question about how you define vulnerability. The Care Act has endeavoured to define care and support needs; it is in the regulations and in the statutory guidance. Care and support needs arise from mental ill-health, physical disability, neurodiversity, substance misuse and so on. However, even with that definition, practice varies across local authorities about how care and support needs are interpreted. The onus is on safeguarding adults boards to seek assurance about the effectiveness of section 42. Dr Dixon has mentioned NHS Digital and you can get some information from NHS Digital about the outcomes of section 42 inquiries. However, the hard data on human stories is the responsibility of safeguarding adults boards and the quality of the data that they receive from people like Corin and the scrutiny of that data. Safeguarding adults board practice there and, indeed, the data that local authorities collect is variable.

I chair in Somerset. The data that we have at the Somerset board is outstanding, but I do not think that is replicated across all the boards I have had experience of. I think section 42 as a duty is very positive because it is very clear about where the responsibility rests. Even if the local authority causes an inquiry to be made by another service, the local authority remains responsible in law for the performance of that duty. I think that is very positive.

Q159 Sir Desmond Swayne: I am trying to get at how good the DWP is at sharing the information across the services that provide for vulnerable people and whether it is any good at having set up a safeguarding network. I noticed that the DWP tells us that the role of the customer support senior leaders includes building and maintaining relationships with organisations that support vulnerable citizens who may be clients of DWP. The question is: are they any good at it? Quoting two reports, the NAO appears to suggest that they are not.

Professor Preston-Shoot: From my experience as a safeguarding adults board chair, if I ask for information I do not have to write a section 45 Care Act letter to demand the information because it is recognised that as a safeguarding adults board chair I can request information that DWP holds in order to enable the safeguarding adults board to complete a statutory duty, in this case a safeguarding adults review.

My experience there has been positive. However, around section 42, if a jobcentre member of staff perceives that a person might be at risk of abuse or neglect—for example, financial exploitation, or somebody doesn't keep appointments and is at risk of being penalised or sanctioned—is that information shared with other services that might have a contribution to make, that might be able to understand, for example, if the person is unwilling to engage in DWP processes or unable by virtue of physical disability, mental distress or whatever? There I think the jury is out, if I am honest. What we identify from some safeguarding



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adults reviews is that information was held by DWP that was not known by other services and had that information been known by other services, it is possible—by no means certain but it is possible—that other services might have intervened.

SAR Billy is an example of that. The first review that I commissioned as a safeguarding adults board, where DWP was involved, was a Luton safeguarding adults review back in 2011, so known as adult A or the death of Michael Gilbert. DWP staff when Michael signed on for various benefits were aware of self-neglect and suspected that he was being coerced and possibly abused. Had they shared that information, social services and other services might have been able to link that with the fact that Michael had been abducted and was being deprived unlawfully of his liberty and was ultimately murdered.

Sir Desmond, the jury is out on, “We have a safeguarding concern here, we will refer it”. I think practice is variable but I have to say that is not just DWP. We know from many safeguarding adults reviews that the discretion to share information without consent when necessary, because that is what the Data Protection Act 2018 allows, is exercised very variably.

Q160 Sir Desmond Swayne: So the solution is what?

Professor Preston-Shoot: I think part of the solution is to make sure that every agency recognises that safeguarding is central to their business, even if, in the DWP case, they also have a parallel obligation to respect the integrity of the benefit system. We have to be much clearer about the circumstances in which the discretion to share information, particularly without a person’s consent, should be exercised in the name of safeguarding, in the name of the public interest. We need to be much clearer about that.

It may be that the legal rules around that could be strengthened, but a lot of the onus is on ensuring that safeguarding adults boards and their statutory and non-statutory partners are holding everyone to account. What is the practice like locally? One of your members asked a question earlier about assurance and where the assurance comes from. Well, the safeguarding adults boards have a lead role in seeking assurance about the effectiveness of adult safeguarding. That includes the effectiveness of information sharing.

Q161 Chair: From what you are saying, it sounds as though if a safeguarding adults board approaches DWP for information, you receive it but DWP perhaps is not proactive when it might have been to take the initiative on some of these things.

Professor Preston-Shoot: That is what I am saying. It is about the recognition of this as a concern that we should share.

Q162 Chair: Yes. In some of the cases that we have heard about, if the safeguarding adults board goes to DWP and says, “We are worried about



this individual”, does DWP respond appropriately in those cases?

Professor Preston-Shoot: In my experience, yes, across the boards that I have chaired and am chairing. In the work that the national network is doing with DWP around the memorandum of understanding we are developing, there is a recognition by DWP that it does have adult safeguarding responsibilities, notwithstanding the outcome of your Select Committee inquiry, and that it needs to learn lessons from SAR Billy, SAR Valentina and other safeguarding adults reviews.

Q163 **Chair:** Do the steps that DWP takes in response to those concerns that are expressed seem to be appropriate?

Professor Preston-Shoot: Yes. We also know that DWP has its own process for learning lessons from cases. From a safeguarding adults board chair perspective, there could be more transparency from DWP about the lessons that DWP has learned from cases that have not been reviewed under the safeguarding adults review banner because they have not been referred or the criteria have not been met for a safeguarding adults review.

It would be very helpful—and we might include this in the memorandum of understanding; it is still being discussed—to include a provision whereby the national network can receive maybe annually a summary of the lessons learned by DWP from cases that have not met the criteria for or been referred for a safeguarding adults review. That is still under discussion.

Q164 **Chair:** That sounds very interesting. Corin, can I ask you about the benefit safeguarding alert in Greenwich, which has been commended to us as an example of good practice? Can you tell us how it works? What have the results of it been? Do other councils do something similar or is this unique to Greenwich? Do you think DWP ought to implement something along those lines?

Corin Hammersley: I will give you a bit of background of why we established it to start with. We established this around 2015 or 2016, so it is quite a while ago, particularly in the area of ESA and legacy benefits, although it has evolved in terms of the relevance with Universal Credit.

Q165 **Chair:** Were you there in 2015?

Corin Hammersley: I was.

Q166 **Chair:** You were involved in setting it up, were you?

Corin Hammersley: Yes. I am one of the few people in the team who is still there; that is why you have me.

The background to that is that we were aware that there was internal DWP guidance. It was not necessarily publicly available but we were aware, particularly through FOI requests, of what internal guidance there was regarding safeguards. We were aware in particular of guidance,



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which was called minimum standards. It is interesting to know how this came about. These had been introduced by the then Benefits Agency in 2000 following heavy criticism from a coroner following a death benefit claimant who had schizophrenia, who had died and left a note to say he felt the Benefits Agency had killed him. The then Secretary of State at that point for the Benefits Agency, Angela Eagle, committed the Benefits Agency for new procedures designed to avoid future tragedies by ensuring that people with mental health problems do not fall between gaps of provision. That was in 2000.

It is quite sad that we are full circle again and looking at the same situation. The minimum requirements were at that point where a claimant has been attending a psychiatric unit, a liaison officer should be appointed to maintain good communications between the jobcentre and the patient affairs officer, or where it is known that a claimant has a social worker designated to them they should liaise closely with social services.

In all cases where there is a known history of mental illness, it should be referred to a manager before a decision is made to withdraw benefit. We were aware that was incorporated in different ways, particularly in ESA and Jobseeker's Allowance, and it was particularly in circumstances where the claimant needed to comply to ensure that their benefit would continue. Often that would be returning the ESA50 or attending a work capability assessment, or attending a jobcentre work-focused interview. It is often around those scenarios. The steps in the guidance were to maybe take extra steps before looking to terminate benefit, whether that would be to contact a third party if they know who they were or to refer for a core visit, for a home visit to that individual. There were some parts of the process that they might not do, extract or skip parts of the process for those circumstances.

In theory, even though people on sickness benefits will disclose they have health conditions or mental health, that is not necessarily flagged in the way that it is immediately clear or is noticed by the person making the decision. For us, the idea of the safeguarding alert was so that we could ensure that the decision maker had the information they needed clearly in front of them. First, that this individual had a vulnerability and they had the information of who to potentially contact if needed. It is really to make it clear and visible that that individual had a vulnerability.

The process we set up is we have a quite straightforward form. It is based on consent. The claimant would sign it and then we would share it with our local jobcentre. We would do that for them. Particularly helpful for us in Greenwich is that the Woolwich Jobcentre covers our whole borough so we have that advantage. We have a good working relationship with our local jobcentre and through that they were happy to work with us. They would ensure that the safeguarding alert was recorded on their ESA claim and then subsequently on their Universal Credit claim.



Q167 **Chair:** Typically, what would prompt somebody in the council to complete one of these alerts?

Corin Hammersley: With the ESA guidance, they were particularly focusing their procedures for someone who had a mental health condition or a condition affecting cognition. That was relatively broad and much broader than those that might fall within the Care Act. It is very common that we are working with some on benefits who have a physical or mental health condition. It was essentially whenever we discussed with the claimants—they could be contacting us for any variety of issues regarding their benefits, and as part of that discussion if we identified that they had a condition that would meet that, then we would suggest or discuss with that individual whether they would be interested.

Q168 **Chair:** You are speaking about “we”—that would be people in the welfare rights unit in the council?

Corin Hammersley: Yes, the Welfare Rights Service. Since 2015 or 2016 we have been actively promoting this within the local advice sector across the council and across the advice sector and the borough to encourage that. We know that our local jobcentre is receptive to receiving them, so it has been ongoing, I would say, in terms of the capacity that we have had over the last nine years of how often we can progress it at particular times. We do a lot of promotion or awareness raising around Universal Credit managed migration. It is something that we will flag as might be helpful.

Q169 **Chair:** Social workers might complete these alerts?

Corin Hammersley: Yes. Within our Welfare Rights Service we run a training programme for frontline staff so it is regularly something that we will cover. I cannot say that I think every social worker in Greenwich is aware of it, every adviser, but we do actively try to push it and to raise awareness.

Q170 **Chair:** Might library staff complete one of these?

Corin Hammersley: There is potential. I think we have much more potential that we could do with it. We have probably not realised the full potential but I think it has all those possibilities because it is just an easy, straightforward thing.

In terms of whether it has been used in other local authorities and other areas, I know that in several areas it has been replicated or attempts have been made. Probably 2017 I was in discussions with welfare rights colleagues in Glasgow and they were looking to replicate it across their local authority and jobcentre network. I am also aware of colleagues that got so far in trying to implement something across south London. Colleagues were in quite detailed and advanced discussions with the then South London Partnership manager, who was on board with developing a model. Unfortunately, I think there was a change of who that partnership



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manager was and the new one who came in was not as on board with it and it did not go any further.

Unfortunately, it very much depends on the relationships that you have. It works for us in Greenwich because we have that local relationship with our jobcentre and we are on the same page in terms of what support to provide. That works for us, but my experience with a lot of DWP is that it depends on who you are speaking to on the other side. There are a lot of fantastic people but not everyone is of the same calibre and maybe on the same page on that.

I very much agree with your point about the fear around data sharing, over what you can and can't do. It inhibits and scares a lot of people as to what they feel that they are able to do. That can be a challenge. The origins of the safeguarding alert was very much embedded with ESA and the internal guidance, so we were aligning it to be preventative: if we put that in, it will prevent cases from escalating to different situations. We use that in conjunction with having escalation routes, which were much more commonly available with legacy benefits and ESA.

Very common among welfare rights queries that we would get were those from people whose ESA had stopped because they had not attended a medical. We were particularly getting a lot of cases around this time because we had a local welfare assistance scheme, which had been devolved from central Government around that time. A very common scenario.

I remember one case in particular of a lone parent. She had physical health and mental health issues. She had not attended a medical several months ago and her benefits had stopped. She had been living off her child benefit and child tax credits for about four months by the time she came to us. Although her claim for ESA had been based on her physical health, she had submitted medical certificates based on her mental health as well. Through the escalation routes we had, I was able to call the DWP in order to query what safeguarding steps they had taken for this individual. They were not able to confirm that they had made any steps and, as a result, they were able to revise their decision straight away. That also meant her housing benefit was reinstated.

In welfare rights circles, having the provision of safeguarding guidance, knowing that there was safeguarding guidance within the DWP and being able to check with the DWP whether they had been put in place—unfortunately, it is common that they were not put in place but it meant that we were quite effective in getting a lot of cases resolved very quickly to reinstate things.

It is much more difficult to do that on Universal Credit. We do not have escalation routes. We cannot use implicit consent. There are those challenges that as an adviser from the advice sector, even though I believe that those safeguarding procedures are largely the same under Universal Credit or on ESA, to actually contact the person you need to



within the DWP—and this probably links a bit to your question about whether we can speak to the DWP to get the information that we need. I think it is a completely different picture. Through the Care Act and safeguarding adults boards I think it is much improved, but for claimants who do not fall under the Act it is much harder and it is much harder for advisers and advocates to contact the DWP to get that information so that we can support the claimant to resolve what their benefit query is.

Q171 Chair: What has changed from ESA to Universal Credit to block the opportunity that you previously had?

Corin Hammersley: The change is the removal of implicit consent. Previously, we would call the DWP and as long as we could satisfactorily confirm that we knew sufficient details about the claimant, we could ask limited questions to help us to support that claimant. Under Universal Credit that guidance has been removed and we can only work within an explicit consent framework. The claimant either needs to be on the phone with us or it needs to be recorded in their journal, but that only lasts for a limited period. It is much more limited. We also do not have the same escalation route.

Previously, generally, there was a process with the DWP to cascade and provide escalation routes to the decision-maker departments but we do not have that under Universal Credit. It is a big challenge. I think the majority of benefit claimants probably have some vulnerability or some challenge with the benefit system. You do not need to be vulnerable to have difficulties with the benefit system. If you don't know the DWP language to ask for what you are asking for, it can be difficult for anyone. For advisers to advocate, support and represent their claimants, it is much more challenging under Universal Credit.

Q172 Chair: Finally, it sounds from what you are saying that in your experience, when you do make one of these safeguarding alerts, the response you get from DWP is fine. They are doing the right things in response.

Corin Hammersley: Yes. I would say we have not had a huge amount of feedback and potentially that is because it has worked, in that the safeguarding alert is enabling the claim to be processed correctly.

We do get some anecdotal feedback, particularly under Universal Credit. There is much more emphasis on the work coach and the discretion that work coach has. The safeguarding alert enables more clarity and more visibility for the work coach to understand what that vulnerability is. For a lot of claimants, they may not feel that they are able to clearly articulate, particularly if you are in an open jobcentre. You have 10 minutes with your work coach. Can they provide all the information they need quickly, straight away? If they have several different work coaches and keep having to repeat that information, the feedback we have had from claimants is that their ability to be able to present that information clearly once and not have to then repeat it to the work coach is very valuable.



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We have had feedback of instances with the work coach having the information within the safeguarding alert and it has enabled them to apply more flexibility or be more appropriate with how they are supporting the claimant. We had one scenario where we would not normally put ourselves down as a third party but we had an exceptional case, and at some point later the claimant had not attended the jobcentre a few times. The work coach contacted us to see if we could help at all. That is how it should be if they are aware that that individual has a vulnerability, to take those steps before a sanction is applied or before the benefits are stopped.

We have definitely had examples of where it has helped that. Just having that ability to flag someone's vulnerability or what their circumstances are, whether it is that they have a mental health condition, are particularly affected by anxiety or they have been a victim of domestic violence and they have certain challenges at the moment, that ability to provide that information easily and confidentially is powerful. It just makes the process easier for everyone

Q173 Chair: Would a claimant ever object to being the subject of a safeguarding alert?

Corin Hammersley: It is based on consent. It is for them: do they want to do it? From that point of view, we have not come across that issue. We generally do find that claimants are enthusiastic. They want to present that information to the DWP because they know it is important for the smooth running of their claim.

Q174 Nigel Mills: Do you have direct adviser lines or do you just have to ring the general number like everybody else?

Corin Hammersley: No, that would be lovely. There has been one for tax credits. It is so valuable having that direct link. Also, because we are within the local authority, having the direct links to resolve housing benefit queries, it is magical to resolve things. No, not under Universal Credit. There is no direct contact.

Through the local links with our local jobcentre and our local partnership manager we can get so far but, again, that is largely down to having those relationships. I would strongly recommend that there is an escalation route or adviser route. It would be so valuable to be able to resolve issues quickly and easily, which in so many cases avoid cases escalating and taking forever. What is the financial cost and the human cost of that?

Q175 Nigel Mills: It sounds like from what you are saying that if a vulnerable claimant gets to see or speak to some human being, then there is some hope we can alert that there is extra support needed. A lot of people's claimant journey does not involve a substantive conversation with anybody at DWP. You might get a phone call about when your assessment is but you will see somebody from Capita or whoever and get



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a decision in the post. That is your journey unless you know that there is support out there, which is probably less likely if you are vulnerable and, if you are not, that human interaction may not happen. Is it possible to do this from a paper or an online form and work out someone is particularly vulnerable or is that just not easy?

Corin Hammersley: It potentially could be in questions included as part of the Universal Credit claim. There is not any question to ask whether someone has any accessibility needs or vulnerability needs. That would be helpful. Someone making a claim can say, for example, "I am experiencing domestic violence and as a result it is going to be difficult for me to get all the documentation or it might take me a bit longer". You declare if you have a health condition but sometimes that does not necessarily equate to having accessibility needs or just needing some additional support. I think that could be helpful. Claimants should see their work coach to agree their claimant commitments. I would say it would be common to have an in-person or at least a telephone conversation at the start.

Nigel Mills: Like for PIP?

Corin Hammersley: Yes, that is true. That is for Universal Credit, not all benefits.

Q176 **Nigel Mills:** We could ask the question, "Do you think you are vulnerable?" on a form. Does that work?

Corin Hammersley: The wording is tricky. I agree with the discussions earlier about using the term "vulnerability". We had discussions around this, around whether we should call it a safeguarding alert, because the word "safeguarding" has connotations with adult social care and we knew there were risks with that. There are also risks with the term "vulnerability". Thought definitely has to go into exactly how to ask those questions.

There are pros and cons with several different options, but that should not prohibit trying to ask those questions to get the right information so that the right support can be put in place to enable someone. It was referred to that if that for a lot of people is going to be their first contact with the DWP it sets the tone: is the jobcentre there to help you or are you just there to meet the steps?

We see very often that there is a huge amount of anxiety for claimants to ensure they are completing the claim correctly because they know the risks if they put anything wrong. Anything that could be done within that claim to reduce and minimise that worry and anxiety in making the claim would be helpful.

Q177 **Nigel Mills:** Professor Preston-Shoot, even using, "Do you have any adult care and support needs?", if I am applying for PIP on the basis that I think I have some eligibility for the care component, I am probably not going to tick no to that box at that point. It becomes quite a hard



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question to phrase, doesn't it? "Do you think you have any particular extra needs over and above the average claimant?" is not a very helpful phrase either, is it? What could we ask?

Professor Preston-Shoot: The more specific the question, the better information you are going to get. "Have you experienced mental ill-health?" is a much easier question to answer than, "Are you vulnerable?" At the risk of making forms lengthy, I would be much more in favour of asking specific questions.

There is, of course, also the challenge, particularly with people with neurodiversities, that they might not have a diagnosis. They may have a sense that their relationship with the social world is different, perhaps, from how other people experience the social world. I am thinking of one particular person who sits on one of my safeguarding adults boards, who did not have a diagnosis of neurodiversity until he was over 50, and then he only got it because he went private. Yet he had had quite a sense over many years that he experienced the social world and he experienced relationships differently from how he perceived other people to.

Make the questions very specific, but also allow for the fact that not everybody may be able to articulate on a form their experiences of the social world. Corin has emphasised the importance of relationships. What we know from adult safeguarding, right across the different types of abuse and neglect and working with agencies and services, is the central importance of relationship-based practice.

Q178 **Nigel Mills:** How could DWP improve how it communicates regarding decisions? Is there extra language that should be on there that says, "If this is going to put you in real hardship or if you are vulnerable, here is where you can find support"? Is there more that could be done to help claimants make the right decision at that point?

Corin Hammersley: The tone of the language is important. Particularly with Universal Credit, you will not get a letter; it will be on your journal. That can be a challenge for claimants, not receiving the letter. Some particular challenges around Universal Credit are you may get a decision and whether that decision clearly explains what someone's appeal rights and challenge rights are, providing the information that needs to be there can be more scary for the claimant.

We would say it is important to ensure that the legal information is there. I get that it is balancing that with the tone. Over the years I have been to numerous stakeholder meetings where we go and look at letters and look at the wording of it and it is challenging to get that wording right and it does take a lot of people. It is just acknowledging that challenge in ensuring that the wording is right.

The other thing I would say is ideal for a lot of claimants, for those who get a decision, is being able to access advice and support to understand that decision and understand what their options are. The DWP should be



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able to explain what that decision is, but it is not its responsibility to provide the advice. The DWP definitely does not say that is part of its remit to advise in terms of benefit entitlement.

Ideally, it would be ensuring that claimants have access to advice and support, which is challenging across the country in terms of having that access to advice provision and the funding being available. I do not know how realistic this request is, but I would say with the decision it is ensuring that there is that advice and support provision available for claimants to access. Again, putting that in at an earlier point is preventative to ensure issues do not escalate and become more costly in a range of ways further down the line.

Professor Preston-Shoot: Very briefly, we should not make assumptions that everyone can read and we should not make assumptions that everyone has what I might term “digital literacy”. Looking around this room, people using computers, laptops and so forth, we know across adult safeguarding about digital exclusion: people with learning disabilities, for example, other forms of neurodiversity, older people. I am thinking of my father, when he was alive, with physical disabilities becoming unable to use digital means of communication. All that also needs to be factored in to how you enable somebody to communicate what they need to communicate, and then how you enable somebody to understand what is being fed back to them.

Nigel Mills: It would also help if letters giving you a decision in a very short timeframe to appeal were arriving somewhat less than nine or 10 days after they allegedly were sent, which is not really helping the situation as well.

Q179 **Debbie Abrahams:** Good morning to both of you. It is a fascinating discussion that we have been having. I wonder if I could start with Michael, if that is all right. You said right at the beginning, in response to the Chair, that you thought there should be a statutory duty, on the balance of where we are at the moment, and it allows for a whole system approach to that. It is not any particular part of the system, it is the whole system. What would a good, compassionate and effective social security system look like from a safeguarding perspective?

Professor Preston-Shoot: Different from what we have now. I have never had to claim, but talking to people who have had to claim, it can be quite a traumatic experience. It can involve shame, embarrassment, stigma, fear.

Q180 **Debbie Abrahams:** You are talking about culture of the system and how that is delivered, so the culture, and that obviously then has a leadership perspective. There are loads of different ways that that culture then is emanated down the organisation. What about thinking of some of the measures or the policies and the processes? What would you say are positive support measures, for example, around safeguarding and where do you think there are challenges?



Professor Preston-Shoot: As a safeguarding adults board chair, I find it very informative to commission and receive multi-agency audits about mental capacity, about adult safeguarding inquiries. Given resources, I could commission audits on all sorts of things that would give me information about the effectiveness of the multi-agency system. It would be instructive to look at the number of adult safeguarding concerns referred by DWP under section 42 of the Care Act, alongside the London Fire Brigade and other services, and then the response from the local authority and how the referrer and the local authority were working together.

Q181 **Debbie Abrahams:** What I think you may be saying, and please correct me if I have this wrong, is having a more integrated system with all the different partners. It seems to work incredibly well in Greenwich. It is very positive to hear about how it works—better communication, better data sharing and so on. Corin, you mentioned how you see it could be, especially as we see that rolled out, how important that is going to be for that to be clearer as well and different opportunities for alerts and so on and so forth.

Professor Preston-Shoot: If I may, what we know is that integration works.

Debbie Abrahams: It does indeed.

Professor Preston-Shoot: For example, if you look at people experiencing homelessness, bringing health, housing and social care together, primary care as well as secondary health care and mental health care, bringing all those services together in one place that is accessible for people experiencing homelessness and is flexible in terms of how they respond to people experiencing it, we know that that works. We know that colocation of mental health nurses with police officers works. We know that having domestic violence advisers in police stations works, having welfare benefit colleagues like Corin in jobcentres.

Q182 **Debbie Abrahams:** I can speak very highly of my Oldham welfare rights colleagues as well. We could not do our jobs without their support.

Thinking about how we might improve things, where there are challenges, around the threats of sanctions, a sensible approach, particularly given the policy direction at the moment about increasing conditionality over the next few months, you said about where there is a potential around missed appointments to contact other agencies to see if there is any particular reason that they need to be aware of before going ahead with a sanction.

I do not want to put words into your mouth, but is that something—particularly given, as I say, we heard from the autumn statement and so on that it is the intention that conditionality will increase; it has increased significantly above pre-pandemic levels—that you hope would happen so that we understand people’s circumstances before their money is stopped?



Professor Preston-Shoot: I am currently engaged in the second national analysis of safeguarding adults reviews, covering four years, and I can think of one case that I have looked at in that second national SAR analysis, an individual who loses his emotional relationship for a variety of reasons, including substance misuse. He has substance misuse issues. He has physical health issues as a result of his substance misuse. He has a form of mental distress. As a result of losing his relationship his children move out, so he is hit with the bedroom tax. I can only guess at his levels of literacy and I know from reading the safeguarding adult review he was very reluctant to engage with services. He was not somebody who would readily come forward.

What good practice would have been at that point would have been for the relevant benefit agency to identify whether he was in contact with a tenancy support officer, with adult social care, with a substance misuse service. His benefit is going to be reduced because of the bedroom tax. There is a risk of homelessness, that he might just abandon his tenancy, which is, in fact, what happened. How can we safeguard this individual? As I said earlier, we have to respect the integrity of the benefit system because that is what Parliament has decided. It is how we do that, really.

Yes, the more communication, the more information sharing, the more working together, that is what I think we should be aspiring to in order to avoid retraumatising claimants, which is what you and your colleagues were talking about in the first session this morning.

Q183 **Debbie Abrahams:** Thank you. Corin, I do not know if there were any particular positive measures that you think the DWP has introduced recently. Michael mentioned the advanced customer support officers or the ACSSLs. Are there any other positive things that you think are improvements that we have seen in recent months?

Corin Hammersley: I am aware of those. As a service, I am not aware that we have had any direct contact with them, and it may be that they probably liaise with the adult social care side of things. We probably are existing in the same sphere but not crossing over. We are aware that there is internal safeguarding guidance and it is good that that is still there. It could be publicly available, particularly promoting that it is there and ensuring that claimants and the public and advisers and carers are aware that is there. That could be very valuable and that would help to hold the DWP to account a bit more in ensuring that that is there.

There can be positives. I am focusing on Universal Credit in that there is the potential for there to be flexibilities within the system with working with work coaches. I think that is where there could be real positives and potential to develop.

Thinking on your previous point, if the work coaches were empowered and had the capacity and the time and the resource for a claimant who had failed to turn up a few times to spend the time checking the claim, "Is there something on the claim to indicate that there is a mental health



condition? Should we call the claimant? Are they okay? Is there anything else that the jobcentre can do to support that claimant better, that they need help with, rather than applying a sanction?”, which is not going to help anyone and is definitely not going to help the individual get closer to finding work.

I am struggling to specify specific recent improvements. I think there are things that are happening in the general approach of the Department regarding safeguarding. That is probably more weighted towards the adult social care side of safeguarding rather than the support for the general population, for which I think the majority of claimants are likely to have some level of vulnerability that needs some level of support.

Debbie Abrahams: Very good. I think that has come out very strongly. Thank you.

Q184 **Marsha De Cordova:** Good morning to you both. First, to what extent do the DWP processes exacerbate pre-existing vulnerabilities and what can be done to prevent the system from retraumatising individual claimants?

Professor Preston-Shoot: You are wanting to know how DWP could lessen the experience of trauma?

Marsha De Cordova: Yes. Essentially, there are the pre-existing vulnerabilities, as we know, if somebody has complex needs and so forth. Do the current DWP processes exacerbate that? I think we have established that it can and it does.

Professor Preston-Shoot: I think it can and I think there are occasions when it does. I go back to what I said about relationship-based practice. What we know from all the research around adult safeguarding and, indeed, around children’s safeguarding is the centrality of relationships. If you walk into an environment and you are told or you are aware that you have only five minutes, six minutes, 10 minutes, and it feels very procedural, that is setting a dynamic up.

On the other hand, if the person you have to engage with recognises that this might not be an experience you particularly want to engage in, that you might be quite frightened about or ashamed or whatever, if there is some acknowledgment about that and at least some awareness of the impact of previous encounters, either with DWP or with other formal services, if there is some awareness of that and maybe some confidence to express curiosity if the jobcentre staff member’s emotional antennae or emotional intelligence is suggesting, “This conversation is not exactly going according to plan here”, so that there is some curiosity about the dynamic into which the claimant has entered, then I think ultimately there will be a better relationship. The process then will be hopefully less traumatic and, from the DWP point of view as well as from the claimant’s point of view, more effective in its outcome because the information is flowing.



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It reminds me of one occasion when I saw a GP and the GP asked me, "Why have you come?" I started to tell my story and the GP interrupted and said, "I have only got six minutes". That shut me up. Fortunately, I have had much better experiences also, I hasten to add, but that is what I am trying to convey.

Marsha De Cordova: It is relational.

Professor Preston-Shoot: It is relational. What we also know, whether you are looking at DWP staff, social work staff, GPs, whatever, is that we need to ask the question, "Who looks after you?" Who looks after the staff members? Seeing this train of people and listening to human stories and trying to engage, all that has an impact on staff. I think there is a responsibility on us all to answer the question, "Who looks after you?" You do not have to answer that today, but you get the drift.

Marsha De Cordova: I get the point, yes.

Corin Hammersley: It is probably linking to what I have previously said. The current system can definitely exacerbate health conditions. Just the fact that the claimant is aware that they need to comply, they need to provide the information, and are they providing it correctly to enable their claim to proceed, and the risk of noncompliance, it is going to be quite common that a claimant feels probably quite vulnerable to the lack of flexibility within the DWP often to deal with their scenario and their situation. I think that is just a very common scenario that we see.

A scenario that I alluded to is often when you make a claim for benefits, you just need to ensure you are providing the right information. Very commonly when we talk about disability benefits, we always advise, "Get help with your claim for PIP or DLA". That is not because someone is necessarily unintelligent or not able to do it, it is about knowing how to put the information down. Do you know how to talk in the DWP language to present your circumstances in the way that you need to?

Another scenario is on Universal Credit you cannot necessarily ask for backdating, but you can provide a late change of circumstances, which is the same thing. If you do not ask for it in the right terminology, the DWP does not recognise what you are asking for, for that to be considered. It is that flexibility to accommodate different people's needs.

What can be done? Provide advice or have access to advice and support to enable claimants to navigate and support that system. I understand the scale of the DWP in the number of benefits and the system that it needs to provide that. I recognise that it is challenging to bring the true level of flexibility that we would potentially like to see.

I am probably a broken record in saying this, but having access to advice and support can be pivotal in ensuring that claimants can navigate the system and to support them to do so without it having that adverse impact on them. Quality of decision making would help as well.



Q185 **Marsha De Cordova:** As you say, not wanting to sound like a broken record, the system in its current state is not really providing that necessary advice, support and information. That is what you are saying needs to be improved.

Corin Hammersley: Or the funding to enable that. I am not necessarily saying that DWP should be providing the advice itself. I think it is important that that is external to the DWP, but it is having access to that. I accept that within Universal Credit there is help to claim through the CAB, although as that has evolved that has become more limited to helping someone to make the application, and that is remote or telephone support. Again, when we particularly think about some of the more vulnerable claimants having that need for in-person advice or face to face, for some people telephone advice is exactly what they need and is preferable; for other people face to face is preferable. It is having that flexibility.

What is hard is recognising that you cannot just have one way of doing it. I think that is the real difficulty with the DWP is the scale it is operating on. Often it is focusing on that one way of doing it to support claimants, and that is not going to work. Again, Universal Credit, the design of it bringing all the scenarios together, people who are sick, who are looking for work, who are in work, who have children, designing the benefit for every scenario, there is not one way. One way is not going to work for everyone and it is not going to work for vulnerable claimants.

It is bringing in that flexibility to allow that variety and the different options. That is not likely to be the cheap way of doing it, unfortunately, but it is incompatible to just have one way of doing it and to be able to support vulnerable claimants.

Marsha De Cordova: Brilliant. Thank you. Did you want to add anything more, Michael?

Professor Preston-Shoot: No.

Q186 **Marsha De Cordova:** I am going to just move very quickly on to the internal process review system. As we know, previously the cases have increased since the period between 2019 and 2020, where the number of cases are massively increased. Then there was the report done by the NAO, which highlighted that there would still be some flaws to that system; for example, not being able to really measure its impact or success or understanding what some of the trends or some of those systemic issues might also be.

In the spirit of transparency, how effective do you think the IPR system is in investigating those allegations of case mishandling? Do you think there are ways to improve it or what should be done to improve it? Corin, I will come to you.

Corin Hammersley: I do not have any experience, so I do not think I can comment. I will leave it to Michael.



Professor Preston-Shoot: The only comment I can make is that safeguarding adults boards are not necessarily engaged with finding out about the outcome of internal reviews in DWP. I go back to what I said earlier. We know that there are internal reviews of cases done in DWP. Safeguarding adults boards should be inquiring about the outcome and what has been learned about decision making.

Corin mentioned the variability of decision making. We know from safeguarding adults reviews that sometimes decisions are made that are questionable, certainly questionable. Safeguarding adults boards need to be more engaged in that with DWP. Maybe that will happen with the developments that I outlined much earlier on.

Q187 **Marsha De Cordova:** Do you think that needs to happen?

Professor Preston-Shoot: Yes. Whether or not ultimately Government will legislate for an adult safeguarding duty being imposed, whether or not that happens, we need to know the effectiveness of how vulnerable claimants, to use the language of this Committee, are receiving what they are legally entitled to in a manner that is effective and appropriate and sensitive. We need to know that, just as we need to know how effective the local authority is in exercising its adult safeguarding responsibilities. We do not know enough about that at the moment.

Q188 **Chair:** On that last point, are you arguing that more information should be published from the IPR outcomes or that safeguarding adults boards should see some information, which will not necessarily be made public?

Professor Preston-Shoot: The latter, although as a general principle I would favour the maximum information in the public domain possible. I certainly think that safeguarding adult boards should be engaging much more extensively with the experience of claimants and the experience of decision making and, for that matter, seeking assurance. It is wonderful in Greenwich that you have Corin and the expertise of Corin's team. Not every local authority has the benefit of that.

We know that social work education does not focus as much on welfare benefit issues as it used to. When I qualified as a social worker back in the mid-1970s, we had modules on welfare benefits and poverty-informed practice and so forth. That does not happen now. I suppose what I am saying there is it is not just asking DWP to question whether its house is in order, we also have to think about the engagement of local authorities with poverty issues and welfare benefit issues and the engagement of social workers with that. In recent times, as Corin might tell you, social workers are likely to refer a claimant to CAB or to Corin's service.

Corin Hammersley: The challenge is that our provision is not statutory so we are very much at risk. Particularly in the financial climate, particularly local authorities, whether that is in-house provision or in the voluntary sector, it is going to be a very difficult couple of years.



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Unfortunately, I think it is likely that advice provision will reduce further. Decisions like probably not continuing the household support fund is all compounding to make things even harder to support vulnerable claimants.

Chair: Good point.

Q189 **Siobhan Baillie:** Just leading on from what you were saying about involving safeguarding adults boards in either reviewing the IPR findings and learnings or being more actively involved in the process, how do you think DWP is communicating the processes and the reviews of problems at the moment?

Professor Preston-Shoot: A little more than it was communicating if you had asked me this question 18 months, two years ago. That is a work in progress. What we are trying to do through the memorandum of understanding that I referred to between the national network for SAB chairs and DWP nationally is to open up channels of communication, both operationally but also strategically, so safeguarding adults boards can share with DWP what we are learning from safeguarding adults reviews, including the second national SAR analysis that will be completed by the end of March.

Equally, DWP could be communicating with safeguarding adults boards nationally as well as locally what it has learned from its engagement with claimants who have mental health issues, neurodiversity and so forth.

Q190 **Siobhan Baillie:** That probably fits with the timeline we have been given from other witnesses in terms of seeing improvements with internal reviews and processes and learning, and it is also post-pandemic as well, isn't it, when they had such a tough time during the pandemic? A lot of people were sent into different roles to make sure the system worked. Have you noticed any discernible changes to the safeguarding framework in response to the high-profile cases? You have touched on some of this.

Professor Preston-Shoot: Yes. If I reflect on the Luton safeguarding adults review, known as Adult A or Michael Gilbert, which I think we completed in 2011, if I am frank I do not think there were any changes that resulted from that review involving DWP. I can contrast that with DWP's engagement with SAR Billy in Nottingham City and with SAR Valentino. I can contrast it with DWP's review and revision of its policies in relation to large back payments that resulted, at least in part, from the Haringey thematic review on homelessness.

There has been quite a shift. From a safeguarding adults board chair perspective, DWP is more prominent in my vision now than it was back in 2011. What I do not know so much about is whether operationally, as it were, at the frontline, if I can use that phrase, claimants are having a—I was going to say a better experience—

Siobhan Baillie: An improved experience.



Professor Preston-Shoot: An improved experience in terms of being able to provide the information, being able to understand the decisions that are coming back, and the flexibility. Listening to Corin, I was thinking how many of us in this room know where our birth certificate is? How many of us in this room know our National Insurance number off by heart? That might be challenging for us; imagine what it might be like for somebody in insecure accommodation, somebody fleeing domestic abuse, and so on. I do know where my birth certificate is, incidentally.

Q191 **Siobhan Baillie:** I was listening to Professor McManus talk about what I think she called a steep rise of changes from 2007 to 2014 for some research that she was looking at in terms of harm and reaction. It has been helpful to listen to both of you with real life experience because we have a lot of highfalutin reports come through here but it is the on-the-ground stuff. In your experience, would you expect there to be worse health outcomes, including more deaths and suicide, for the group of people who claim benefits compared to the general population?

Professor Preston-Shoot: Yes, that does not surprise me at all. That is what I would expect.

Corin Hammersley: Adding to the fact that on benefits your income is so low, and I think that is another contributing factor in terms of wider health determinants and impact on an individual. Yes, I think that is also a factor.

Q192 **Siobhan Baillie:** The welfare budget has doubled, so there is a lot of money being pumped in. It is quite tricky to make sure that it is being funnelled through to get to the right places. We hear a lot of evidence asking for more money and more money, but I think we have to be a bit smarter about it now.

Corin Hammersley: Yes.

Professor Preston-Shoot: I am not necessarily asking for more money. I am asking for a more sensitive whole system approach. Ultimately, I think that is cost effective.

Q193 **Chair:** Corin, can I put a final point to you? You mentioned a moment ago the household support fund and the seeming likelihood that it will not be operating in the new financial year. What do you think the implications of that for vulnerable claimants would be?

Corin Hammersley: I think it is going to be quite devastating. We have a budget of £4.75 million in Greenwich this year for household support fund. A large portion of that we have given out as financial support, and a small portion of that is to support some of our advice provision.

My concern is that a lot of authorities use that for the free school meal payments, so when we get to either Easter or May half-term, when I think that is going to be switched off straight away, it is going to be devastating.



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With the payments, a lot of local authorities pass that to the schools to give out, whereas we administer that centrally. You can see it in the contact from parents and households, who are desperate for £15 to cover the one-week school holiday. That is generally the figure that local authorities pay. You can see just how important that small amount of money is to get through and it makes a difference whether they can eat that week or whether they can put the heating on, whether someone is on absolute bare minimum, absolute poverty, or whether someone can just step outside that, even for a week to do so, and the impact that has on health and mental health.

Unfortunately, thinking back since 2007, but probably since 2010 and the austerity and the impact of that in terms of how much people receive through the benefit system, people receive such small amounts that they have no flexibility to afford those one-offs and those emergencies that happen. I think we probably overlooked that prolonged period of living on such small amounts of income, and then if you are five minutes late to an appointment you get sanctioned and you get sanctioned for a month. Such small things can have devastating impacts to the small amount of income that you receive and the impact that has on people's mental health and anxiety.

We maybe overlook what decisions are being made that are then having such impacts on people. We are causing a lot of vulnerability by forcing people to live in such low levels of income, and families on such low levels of income. I could probably talk for another hour getting on my soapbox on this. It is not looking likely, but I really hope there is some decision around the household support fund, even if something is provided to continue. The cost of living crisis is not over and people on lowest incomes are still impacted and it is going to be devastating. Quite soon into the new financial year, I think we are going to see that quite quickly, and I think it is going to be quite scary.

Chair: Thank you. On that sombre note, we need to end. Thank you both very much for a very interesting session. You have given us lots of very useful information. That concludes our questions to you and it concludes our meeting.