

## Written evidence from Feeding Britain, the Independent Food Aid Network (IFAN) and the University of York (HAB0125)

The United Kingdom (UK) arguably finds itself at the same turning point as the United States (US) some forty years ago. When the need for food banks in the US first began to escalate in the early 1980s, people who were wrongly denied their statutory entitlement, or were waiting lengthy periods of time for their entitlement to be processed, accounted for much of the need for emergency food:

*[...] there is an unknown number of people who have been erroneously denied stamps to which they were entitled [...] even when [food stamp] personnel are well intentioned, well trained, and provided with ample time in which to fill out the requisite forms and enter the necessary data into computers, there are countless opportunities for error. When food stamp workers are overworked and underpaid, poorly trained and infected with a hostile attitude toward applicants, as is far too often the case, errors are common. Applicants who feel they have been wronged can apply for a 'fair hearing', and the very high rate at which food stamp workers' decisions are overturned at such hearings suggests that many applicants are indeed wrongfully denied access to the nation's most basic defence against hunger.<sup>1</sup>*

Not only have these problems continued to drive the growing need for food banks in the US, but the text we have quoted above invites comparisons with the UK's system of benefit and health assessments in 2022. Our fear is that, without rapid reform to the assessment process, we will continue following the same path as the US in entrenching the need for charitable food aid on an industrial scale.

This submission sets out the case for redesigning benefit and health assessments with the aim of preventing the alienation and wrongful exclusion of people who are sick or disabled. In doing so, it draws on the evidence we have gathered from the frontline projects within Feeding Britain and IFAN, as well as on the Structural Inequalities series of webinars, run in partnership with the University of York, drawing on people's lived experience of food insecurity.

While there are already more than enough barriers to overcome, in seeking to establish one's entitlement to benefit, there are even greater numbers of barriers awaiting those attempting to challenge an incorrect decision at the initial assessment. Those waiting long periods of time either to apply for social security payments or to challenge a decision denying them support are all too often exposed to hunger and hardship – the Feeding Birkenhead Citizens' Supermarket, for example, a member of Feeding Britain, helps disabled people whose Personal Independence Payment (PIP) entitlement has been wrongly denied or withdrawn, and who 'come in hungry, with impacts on their mental health', and 'scarred' by the process. Across the broader Feeding Birkenhead network, encompassing a wide range of charitable food aid providers, the duration between an initial claim being made, an assessment being conducted, and a correct decision being reached, has emerged as a leading driver of the need for food banks and social supermarkets.

In preparing this submission, we heard at a Structural Inequalities webinar from Kevin who, in 2017, lost his partner to cancer and took on the sole responsibility for bringing up his seven-year-old daughter. Kevin himself was diagnosed with cancer and underwent major surgery in 2018. It was at that stage he applied for PIP. After being deemed ineligible at a home-based assessment, Kevin 'had nothing to live on', needed to use a food bank, and felt as though he had been 'left up the river

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<sup>1</sup> Janet Poppendieck, *Sweet Charity: Emergency Food and the End of Entitlement*, (Penguin, 1999), p.69

without a paddle'. Like so many people facing this situation, Kevin went through the lengthy appeals process and the initial decision to deny his entitlement was overturned. In Kevin's words, 'why did you leave me without food? I didn't do anything wrong. I didn't ask to have cancer. I don't want anybody else to go through what I went through [...] when I found out about PIP, they made it so complicated for me to fill the questionnaires in. It's like they didn't want me to know about it'.

Parts of the assessment that Kevin was able to recall are quite startling: 'the assessor was not even a nurse and yet managed to diagnose me in one hour with no points'; "'You sound positive, you must be a lot better than what you were". I thought, it's not about how I speak, you don't know what's going on inside my body'; 'do they really want people who are really suffering to have PIP? It really demoralised me'; "'The dog jumped on your leg. Because it did that, you must be fit"''; 'I felt I could cry but I couldn't cry in front of my daughter'.

Vickie Joel from the West Norfolk Disability Information Service (WNDiS) noted that Kevin's experience was not atypical: 'I'm really concerned about how many people get zero [points on their assessment]. I'd question the fairness of the assessment. It makes people feel undeserving and it's not an adequate service if it's doing that'. Indeed, one example provided by Feeding Bradford & Keighley noted how, 'we helped complete a PIP form for a client and, unfortunately, they were refused and scored zero points on all descriptors. We helped request a mandatory reconsideration and they were awarded enhanced rate daily living component and standard rate of mobility, giving them increased income of £113.30 per week and additional passported benefit of £67.60 weekly and £163.73 monthly'.

Why, we ask, was the correct decision not reached at the first attempt? Vickie added that, 'another client undergoing a work capability assessment was taking 100mg a day of Entresto medication – used to stop hospitalisation and sudden death. The assessment result said that the evidence did not suggest the client has a condition which is life threatening, that significant functional impairment was unlikely and that they could return to work. It trivialised a very serious heart condition where the heart only works at 30%. We won the tribunal which gave some vindication, but it was a questionable decision in the first place'.

We see a pattern emerge regularly among people having to seek help from food banks: score zero points, seek a mandatory reconsideration of the decision, and then wait between six and nine months for a tribunal to hear an appeal against the decision. It is not surprising that, in the words of Annie McCormack, Chair of Broke Not Broken in Kinross, a member of the Independent Food Aid Network, 'People are ground down and don't have the energy to challenge decisions. People need an advocate, someone in their corner who has their back'. Moreover, in the words of one advice worker, 'we have clients who go through assessments and, when we start the appeals process with them, we always say that there are hurdles: "if we don't get it at the first hurdle, don't worry, we'll keep going". We always explain that any payment they get should be backdated to when they applied. But what they always come back with is, "that's great, but it doesn't help with the bills this week. It doesn't help in the meantime". I've just taken someone through an upper tribunal appeal on PIP which we won [...] but the period of time the woman went without that money wasn't free to her. She took out loans with massive rates of interest. Bailiffs have been and she's had to replace things at a cost.'

As bad as this experience is for claimants, we are also concerned that the Government might be cutting off its nose to spite its face. We have found from a Freedom of Information request that, between 2019 and 2021, the Department for Work and Pensions (DWP) spent £51.1 million on

service running costs associated with PIP appeals. The DWP was unable to break down that figure between successful and unsuccessful defences of initial decisions that had been challenged.

We believe it is worth noting that while the assessments are often labelled 'health assessments', there appears to be a lack of specialist medical knowledge throughout the process. Marc Francis of Z2K drew our attention to a survey in which two-thirds of respondents said they felt the assessors did not understand their condition and that the report they saw afterwards did not reflect what they had said to the assessor<sup>2</sup>. Indeed, it was suggested to us that the contractors who are paid by the DWP to run the assessment process view it not as a medical diagnosis but an assessment of functionality; what you can or cannot do: 'Right or wrong, badly done or not, this is the way they perceive their remit from the Government; and they operate accordingly'.

One additional issue to emerge has been the effect on passported entitlements, such as Blue Badges, of inaccurate decisions taken on the back of assessments. Among the examples shared by WNDiS was of a young adult who has autism and epilepsy, as well as learning difficulties. Despite being given enhanced mobility for PIP, he didn't score any points for the 'moving around' section. Although he can walk, he is a wheelchair user because of his epilepsy. His mother is worried about how she will manage to get him to some upcoming hospital appointments in London without a Blue Badge. Another disputed decision is for an older client from WNDiS who has multiple health issues and is only able to walk a few steps, but had a Blue Badge refused because his original assessment stated incorrectly that he could walk 200 metres.

In a similar vein, we were informed by a social enterprise working with people in poverty, in Sheffield, of one man's 'battles with a system that makes him suicidal. His Housing Benefit was reduced recently because a computer linked his Housing Benefit to a PIP renewal request. The PIP renewal deadline had been extended by the DWP, so his renewal was delayed. I challenged Housing Benefit by email. I heard nothing and phoned to investigate. I was told they were two months behind with responding to emails, but that they would look into it. They reinstated the Housing Benefit - only to write to him last week to stop his Housing Benefit because they didn't have sufficient information on his self-employment (two sessions of craft/origami teaching a week, which hasn't changed for years).'

There is a clear need to renew and rebalance the contract between the DWP and people undergoing assessments for sickness and disability benefits. We welcome the DWP's acknowledgement in the disability Green Paper that, 'there needs to be more trust and confidence in assessment decisions', as well as its desire to 'explore making changes to assessments so that people have more confidence in our decisions and are less likely to feel the need to appeal a decision made after an assessment'. We also agree with the DWP that, 'audio-recording assessments will help improve trust in our decisions'. However, we note that a firm date has yet to be given for the full rollout of this option.

## **Recommendations**

We recommend that everyone undergoing a benefit or health assessment should immediately be offered the choice of having their assessment audio-recorded, with a transcript made available afterward, to ensure utmost transparency and accuracy throughout the process.

We also recommend that it should be mandatory for assessments to show what medical evidence each assessor has followed and used when reaching their decision, and for medical evidence to be

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<sup>2</sup> <https://www.z2k.org/wp-content/uploads/2021/05/FINAL.pdf>

requested by the assessing agencies prior to each assessment, so that a clearer picture is presented of the person undergoing each assessment.

We further recommend that the DWP considers introducing targets to limit the duration between an application being made, an assessment being conducted, and an accurate decision being reached for sickness and disability benefits.

The value and importance of the immediate availability of face-to-face advice, support, and advocacy for people seeking to navigate their way through the assessment process cannot be underestimated. We ask that the DWP, alongside the Money and Pensions Service, ensures the appropriate level of long-term investment is made in these services. In addition, we recommend that the DWP builds a referral to independent advice services, or an 'advice breathing space', in the words of Ed Hodson from Coventry Citizens Advice, into the beginning of every benefit claim and assessment process, thereby improving the chances of an accurate decision being reached at the first attempt.

One example of the effectiveness of this approach comes from Feeding Britain's Pathways from Poverty project, in which specialist advice services are co-located within community food provision. In this example, the Advice Worker supported a person with complex and long-standing mental health issues to make a new application for PIP. The person had previously made three unsuccessful applications for PIP, the most recent being two years previously, and was in severe financial hardship. The person had been unable to access support with their previous PIP claims due to issues of mistrust, low confidence, and extreme anxiety that prevented them from travelling to city centre locations where this support was provided. By building trust with the person through frequent interactions during several food bank sessions over a couple of months, the Advice Worker was able to support the individual with a fresh PIP application.

The person received help making the initial phone call, completing the form, and gathering relevant medical evidence to support the claim. The person was extremely anxious about attending the usual face-to-face assessment following previous negative experiences, and so support was also provided for this. However, due to the strength of the application and the supporting medical evidence, no face-to-face assessment was required, and PIP was awarded. This decision also resulted in the person becoming eligible for a disability premium on their Employment and Support Allowance. The total increase in their annual income was in excess of £9,000, and the beneficiary no longer needed to rely on food aid.

Finally, we call on the DWP to review the passporting arrangements between assessments and schemes such as Blue Badges and Motability cars, to ensure vulnerable claimants are not unfairly disadvantaged.

***February 2022***