

## Written evidence from WinVisible (women with visible & invisible disabilities) SVC0053

### *Introduction*

WinVisible (women with visible & invisible disabilities) is a grassroots multi-racial community organisation formed in 1984 to enable disabled women of all backgrounds to have a voice, challenge discrimination and press for change. Our work is based on collective self-help. We are based at the Crossroads Women's Centre in London. We have a London-wide and UK-wide network.

We focus on financial independence for all disabled women, and winning recognition that for disabled women, coping with disability and ill-health is hard work for which we deserve an income, and our workload should be reduced via accessibility, practical support, and so on. We support the Global Women's Strike call for a Care Income for all who care for people and planet.

We enable disabled women to get the financial support and services we are entitled to, and to combat discrimination of all kinds. We tackle the particular discrimination faced by those of us who are disabled women of colour, asylum-seeking, refugee and immigrant, lbtqi+, mothers and other carers, low-income, older and younger, discrimination specific to certain disabilities, and many other situations. We are active on issues from [care charges](#), to the COVID-19 UK [Inquiry](#), to working with the National Federation of the Blind UK and RMT against ticket office [closures](#).

On benefits, we provide self-help information and peer support, advocacy and campaigning which has helped many disabled women win or maintain our benefit rights (see our [blog](#)).

### *Inquiry questions*

**Statutory duty.** The DWP must have a statutory duty to safeguard the wellbeing of vulnerable claimants, similar to the safeguarding duty of the NHS and councils, enforceable by claimants, as it can be by patients and residents.

**Avoidable deaths.** Thousands of avoidable deaths are being caused by the harshness of the benefits system in qualifying for benefits, waiting too long for vital money to come through, the in-built waiting times for Universal Credit, PIP delays and backlogs, ever-harsher sanctions and other rules and obstacles. People have died from being cut off disability benefits, from being found fit for work when we are not, and from back-to-work activities which are too strenuous, under "limited capability for work" work conditions for benefit.

**Transparency.** The DWP only publishes the recommendations of some of its internal process reviews (IPRs) (after claimants' deaths or serious incidents) in response to Freedom of Information requests, keeping all other information secret. Having to

publish all IPRs and its own recommendations, would expose the scale of these, and help bring about improvements.

DWP procedures. The inquiry questions are about detail of procedures, but safeguarding vulnerable claimants is not possible without tackling the systemic hostility of the benefits system towards sick and disabled claimants, and others needing financial support to survive.

Singling out claimants with proof of mental distress for safeguarding, will exclude many who don't have medical evidence to show, through no fault of our own, and claimants in need in other ways: *"Everyone should be considered, because when you're seeking out a section of disabled women to protect, you can miss the most vulnerable, which can lead to deaths."*

Ministers Therese Coffey, Mel Stride and Chancellor Jeremy Hunt have all targeted claimants with mental distress in different ways. In our experience, women and men needing to claim disability benefits due to mental distress are often traumatised survivors of child abuse, rape, domestic violence, hate crime street attacks, and war and other trauma, for those of us who are refugees. We face discrimination and lack of recognition in the assessment process, and undergo frequent reassessments. Benefit stress worsens illness and causes psychiatric hospitalisations at a cost to the NHS far higher than benefits. The stress of being pursued by the DWP has heightened people's mental distress and led to people committing suicide.

The system is more discriminatory towards those of us whose first language is not English. Disabled people with No Recourse to Public Funds, including disabled asylum seekers, are excluded from the mainstream benefits system. Disabled asylum seekers are suffering appalling conditions in accommodation without care and support, where they get only [£9 a week](#) to supplement poor-quality food and for other needs. And once refugees are granted the right to stay, we are still discriminated against and targeted, for example, have only seven days' notice to find somewhere to live and claim benefits, before being evicted from accommodation, leading to being [street homeless](#). We are denied basic help with understanding the benefits system, letters and deadlines, leading to being refused or cut off.

Testifying to the COVID-19 UK Inquiry on 9 October 2023, Kamran Mallick of Disability Rights UK [answered](#) the Chair's question, that because the government minister with responsibility for disabled people is under the Department for Work and Pensions, this contributed to the dismissal of DRUK's urgent letter on 16 March 2020 to Justin Tomlinson and Helen Whately about preventing transmission of the virus to disabled people in care homes and via homecare visits. This warning was ignored with fatal consequences. He summed it up as, the DWP is concerned with cutting benefits and getting people into work.

In early August our member Ellie was on the James O'Brien show on LBC predicting that after asylum seekers, the government would go after disabled people: [Disabled caller worries disability allowance will be Tories' next target under guise of tackling 'economically inactive'](#)

We are facing concerted attacks on our benefit rights at a time when most disabled people are impoverished by the cost of living crisis, energy bills and other extra costs of disability, homecare charges by councils taken from our disability benefits. After the White Paper, in the Budget in March, Chancellor Jeremy Hunt announced abolition of the Work Capability Assessment, so making the UC disability addition dependent on getting PIP, which would impoverish a million disabled people ([IFS](#)).

On 5 September, the DWP launched a "consultation" on tightening the Work Capability Assessment meanwhile, and threat of abolishing the Substantial risk to health regulations which safeguard vulnerable claimants.

We oppose any tightening of the Work Capability Assessment, which is already discredited, and are pressing for the Substantial risk to health regulations protections for claimants to be maintained.

At the Conservative Party conference, Jeremy Hunt spoke against "workless households" and getting claimants into work. Those of us unwaged are not workless – coping with disability and ill-health is hard work. We work hard every day to survive. Disabled women are carers too, helping our friends, relatives and other disabled people in the community, to survive. According to the government's own survey, only 4% of people on incapacity benefits want to take up waged work ([IFS](#)). Disabled workers are more likely to be part-time and low-waged, with a 17.2% pay gap, which for disabled women is 35% ([TUC](#)).

Since the total benefit cap was introduced, many mothers took on 16 hours' waged work to escape the benefit cap. Those of us who can't are unjustly labelled as "economically inactive" and impoverished. The total benefit cap targets mostly single mothers, often with very young children; whose partner has walked out, and/or fleeing domestic violence -- which disproportionately happens to disabled women; mothers of children with disabilities who have substantial care needs, other unwaged family carers; and people living in poor areas in poor health, where there aren't many jobs.

We already sent our direct experiences to the Committee for the previous inquiry on "Health assessments for benefits" (report published April 2023), [HAB0095](#) and [HAB0136](#)

Claimants are discriminated against: a) when it is about safeguarding people with mental distress. In the case brought by Errol Graham's relatives, the court [ruled](#) that two home visits where he didn't answer the door, was sufficient safeguarding of a

claimant with mental distress by the DWP, and they were not obliged to do more. An independent [safeguarding review](#) found that the agencies involved, may have followed their procedures, but these “were based on ‘partial information and misconceptions’ about why Mr Graham had refused to engage with them.” He starved to death after being cut off benefit; and b) when claimants are held in contempt and disbelieved about the physical conditions we describe, including Jodey Whiting herself.

At the time of her ESA reassessment appointment, Jodey Whiting had [recently been](#) in hospital, was at home with pneumonia and had just been diagnosed with a cyst on the brain. She was cut off by DWP decision-makers who looked at the good cause for “failure to attend” form she filled in. As Jodey didn’t submit any NHS letter as proof with her form, they refused to take her word for it. So at first, her physical ill-health was not believed and accepted, which can happen to any sick or disabled claimant.

Her bereaved mother Joy Dove took her case to the Independent Case Examiner (ICE), who investigates complaints about the DWP. The ICE found that the DWP failed to follow its own safeguarding rules for claimants with mental distress, including that they should have contacted Ms Whiting after she missed the appointment. We are supporting Ms Dove, who has won a second inquest to investigate the role of the DWP in her daughter’s suicide.

Disabled mothers – and any mother – must never be cut off benefit! Jodey Whiting is one of the known disabled mothers who died after being cut off benefit. Also: [Elaine Morrall](#), [Lillian Oluk](#) and her baby Lynne Matumba (cut off food vouchers by Medway council after the Home Office refused her asylum claim), and [Philippa Day](#), where Capita had to pay compensation for her young son because he was left without his mother.

Philippa Day died after taking an overdose following a long struggle moving from DLA to PIP, where she was denied PIP and lost the premiums added to Income Support. She was starving and cold, but Capita insisted on a new face-to-face assessment, which was the last straw for her. 28 procedural failings were identified, but anyone humane could have acted on her impoverishment and distress to resolve her PIP (listen to [phonecall](#)).

In November 2022, Jeremy Hunt announced that the ‘Managed Migration’ of people from income-related ESA to Universal Credit was [delayed](#) until 2028. This was mainly won by pressure from disability organisations and some charities about what would happen to claimants with mental distress. As suffered by Philippa Day in DLA to PIP, there is no continuity of payment in so-called migration. Claimants have to make a new claim for UC online, when disabled people are the majority of those who don’t use the internet, some have cancelled it to save money, and many are likely to be on income-related ESA. The government has now [renege](#)d on this

postponement. Women in our group have received leaflets about Universal Credit, which is frightening.

All the harsher benefit changes which the government has announced, lead to immense harm to disabled benefit claimants, undermine any safeguards and need to be opposed and condemned by the Committee.

The Work Capability Assessment and PIP test are discredited, made worse by the proposed tightening of four of the WCA activities, abolishing or tightening "Substantial risk" regulations, and abolishing the WCA, leaving the PIP test as the sole path to Universal Credit disability addition. New UC sanctions will make claimants' situation worse, including for disabled people in part-time work and working few hours, pressured to increase waged work.

Disabled women are exposed to domestic violence in this process. Any benefit changes which result in disabled women having less financial independence, create the conditions for increased financial dependence on partners, leading to relationship pressures and domestic violence; or lacking the money to meet disability costs, leads to reliance on acquaintances who can become exploitative, sexually and/or financially. Many women who are unable to prove their entitlement to disability benefits, when excluded, have to depend financially on partners, many of whom are perpetrators. Women feel they have no other choice and can't report it as they would lose material help.

WinVisible's self-help information, support and advocacy has enabled many women and girls over 16 to: get a paper-based assessment and not have to undergo interview; get maximum benefit for severe disabilities and substantial needs, such as being a dialysis patient; shortcut unjust waits for appeal tribunal; overcome discrimination in the assessment; get an assessor who is a psychiatric nurse; secure benefit despite not having medical evidence because of avoiding medical and counselling appointments which are triggering; and win substantial amounts in backdated benefits, which have been unjustly denied them. Reasonable adjustments, paper-based assessments and use of the Substantial risk to health regulations are not widely used -- this is a shortcoming of other advice and advocacy services and a failure of safeguarding by the DWP.

We helped secure paper-based assessment for disabled women near retirement age still subjected to the Work Capability Assessment. Sick and disabled women in their 60s worn out after a lifetime of work: waged work, caring work and bringing up families, and having suffered all the hard knocks of life, are distraught to be found fit for work. Debating the cumulative impact of benefit cuts in 2018, former MP Helen Goodman [raised](#) how people in Durham, especially women, needed sickness and disability benefits 10 years earlier than in non-industrial areas. Lower the retirement age to 60 and provide decent pensions.

We demand an end to the relentless reassessments of disability benefits, often for unchanging or worsening conditions, and for benefits to be increased linked to the cost of living and the extra costs of disability.

*October 2023*