Written evidence from the Joseph Rowntree Foundation [SWP0045]

About this submission

The Joseph Rowntree Foundation (‘JRF’) is an independent social change organisation working to solve UK poverty. This submission is a collation of views and experiences of life during the coronavirus outbreak provided to us by people with direct experience of living in poverty who we work with. We have played a role in collating and aggregating this information but the views expressed do not necessarily represent the views of JRF.

We would like to thank the following organisations and people affiliated with them for contributing their views and experiences to this submission (further details of these organisations are provided at the end of the submission): London Unemployed Strategies, WinVisible, The Chronic Illness Inclusion Project, Scotland Poverty Truth Community and one unaffiliated individual.

How well is the Universal Credit system working for new and current claimants?

1. The Covid-19 crisis has really illuminated just how many people are not connected to the internet, or do not have access to adequate hardware to be able to successfully complete and maintain a claim. Those who had previously relied on internet cafes or libraries now find themselves cast adrift, while others are battling with old or faulty equipment. Others cannot use an online form for health reasons such as vision impairment.

What lessons can be learned from the changes that have been made?

2. The Chronic Illness Inclusion Project are ‘gobsmacked’ by the explosion of online activity and connectivity springing up in response to isolation, highlighting that the crisis has exposed the fact that studying, working and socialising from home is possible. Adjustments that the disabled and chronic illness community had been calling for, but that had been dismissed as too complex, are suddenly being made now much of the population has no other option.

3. These changes can be extended longer-term to the benefits system too. For example, identity could be verified remotely, and appointments could take place online for those who are unable to access a JobCentre but who have access to video technology such as Zoom. Some appointments could also take place over the phone.

4. Respondents were also hopeful that the crisis will pave the way for a broader conversation around social security. The fact that in excess of 1 million people joined the benefits system last month, many for the first time, exposes the fact that social security is an essential public service that any one of us may at some point need to call upon. This needs to be acknowledged and reflected in the adequacy of benefit payments and how easily people can access them.
How is the assessment process for Employment and Support Allowance working? Have there been any difficulties with obtaining medical evidence to support claims?

What impact has the outbreak had on people who were waiting for a Mandatory Reconsideration of a decision, or who were going through the appeals process?

5. Whilst guidance around sickness and disability benefits assessment procedures has gradually refined as the crisis unfolds, confusion for claimants has persisted, indicating that communication from DWP could be improved.

6. WinVisible are concerned that people who are claiming sickness and disability benefits for the first time are experiencing difficulties in obtaining medical evidence from GPs and other practitioners, potentially resulting in a downplaying of the extent of their needs and entitlement to benefits. Even prior to the Covid-19 crisis obtaining GP letters, for which people are charged fees, was challenging.

7. The fairness of phone or paper-based assessment is another source of concern for WinVisible. It is harder than ever for people to access vital support to complete forms, which could affect the outcome of a claim. People may also be contacted at any time when distracted and not focused on the interview, thus providing off-the-cuff answers which could disadvantage them. Any assessment interview is stressful, and there are concerns that female claimants may find it difficult to disclose issues to male assessors – particularly when surviving rape, domestic abuse and other trauma are the underlying reasons behind a claim. Even prior to the Covid-19 crisis, when assessors were asked to obtain a GP opinion as part of the evidence-gathering exercise, it was typical for them to try the GPs surgery once and then claim it was not possible to get their opinion. Clearly, this will only worsen given current circumstances.

8. Current claimants who were mid-way through reassessments are anxious about what the benefit extension means in practice and when they really need to send forms by, as these take several weeks to process.

9. Tribunals are another prominent source of concern. One respondent commented that a fellow group member had been left suicidal due to a lack of information about when his PIP tribunal might be. Losing PIP had also withdrawn his SDP thus leaving him with only ESA, which is insufficient for this individual to live on.

10. It was suggested that those in these situations should have appeals for increased payments honoured or reinstated until a time when it is possible for tribunals or Mandatory Reconsiderations to go ahead safely and fairly. It is important to remember that many people who fall into this category are at higher risk of serious health problems if they contract coronavirus, so their incomes should be secured to offer them the best chance of protecting themselves.

Have people who were already claiming benefits when the outbreak began seen any changes to the support they receive from DWP?

11. One respondent commented that they were ‘hardly receiving any contact’ aside from one call every couple of weeks (which mirrors the frequency of interaction they would be having under normal circumstances) and emails with links to free courses. Whilst
acknowledging the enormous burdens DWP staff are under processing hundreds of thousands of new claims, it is important to recognise that many claimants are experiencing profound isolation during lockdown and may require additional support – whether this is from DWP directly or in the form of signposting. Wellbeing check-ins, at least for particularly vulnerable claimants, could be introduced alongside the regular ‘appointment-style’ calls. Another suggestion was to introduce an option within the online systems to indicate that someone is experiencing crisis, alerting DWP so a call can be made.

Are people claiming benefits receiving enough money to cover their basic living costs through this period?

12. The detrimental impact of Covid-19 on living standards has been felt particularly acutely by respondents. People living on low incomes are already experts at surviving on low-cost ‘basics’ ranges or reduced foods. However, the continuing depletion of supermarket stock has made it harder for people to access basic essentials and strategies such as bulk-buying, relying on more expensive alternatives, or meal delivery/takeaways are not available for those who are already struggling to stay afloat. One respondent remarked that he’d been forced to use his corner shop for basic bread and milk, where the price of a loaf was 4 times its supermarket counterpart. People are also keen to follow government advice to support their immune systems through healthy diet, but this is impossible when the only items remaining on supermarket shelves are high-carb, high-sugar junk foods.

13. This is compounded even further for those with disabilities. WinVisible report that the lack of food is the most prominent problem experienced by their group members – many of whom are disabled and completely reliant on volunteers, or who have disabilities or illness that impair their ability to visit multiple shops in search of goods. Some group members who are not defined by the government as ‘extremely vulnerable’ yet still suffer with chronic illness – particularly asthma, which makes people especially susceptible to complications from Covid-19 – are fearful about the effects of trawling multiple shops on their health. This has not been helped by overbearing media coverage around BMA instructions to ‘deny ventilators’ to people with certain conditions.

14. The government food parcel scheme is currently only available to those who’ve been identified as ‘extremely vulnerable’ and advised to shield completely for 12 weeks. One suggestion was that the scope of the ‘shielding’ list could be extended to support more people living with an illness that makes them particularly vulnerable to Covid-19, along with those who are living with disability.

15. Another suggestion is that government food parcels could be extended to families and individuals who would normally use food banks in acknowledgement of the fact that many food banks have had to close. This is due to reliance on predominantly elderly volunteers; inability to access the non-perishables they ordinarily supply; or inability cope with the huge spike in demand generated by Covid-19’s effect on jobs and incomes. Eligible households could be identified using data already held by local support organisations and DWP.
16. Whilst welcome, the £20 p/w raise to Universal Credit/Working Tax Credit was described as inadequate as it still leaves the standard allowance falling well short of what people deem an acceptable income to ensure an adequate standard of living. One respondent raised that he’d seen a suggestion for a minimum increase to £150 p/w for a single person and £260 p/w for a couple. These are the amounts JRF has suggested in its public briefings.

17. The Universal Credit/Working Tax Credit increase also does not help those who are in receipt of Income Support, Employment and Support Allowance or Jobseekers Allowance, who questioned why they are being excluded from additional support at a time when costs are rising. Those in receipt of additional ‘elements’ for children, disability or caring responsibilities are also experiencing higher costs directly linked to these. For example, disabled respondents reported that they are having to rely on costly taxis to access essential medical appointments due to withdrawal or reduction in local transport. Rising utility costs as a result of lockdown were identified as particularly problematic for those for whom adequate heat and electricity is non-negotiable as a result of illness, disability or taking care of children. Increases to these additional elements, together with an increase to the Warm Home Discount, would be welcome.

18. The five-week wait for the first payment of Universal Credit was a particular concern, particularly when so many are experiencing significant difficulties in launching a claim in the first place. Universal Credit Advances were described as an ineffective way to plug the gap, as the subsequent deductions damage incomes further. Respondents suggested that the suspension of deductions and repayments should be extended, and this should include the repayment of Advances. The abolition of certain other payments – e.g. council tax – for the duration of the crisis was also suggested.

Are there groups of people who need support but aren’t able to access it through the benefits system? What should DWP be doing to support those people?

19. There is an urgent need for clarity around support available for those with ‘No Recourse to Public Funds’ – some of whom were previously working legally but have no access to the benefits system due to their immigration status. In many cases these individuals and families are being left with no income, and due to mistrust and discrimination are reluctant to engage with authorities.

Are support organisations and charities able to access the resources they need from DWP to support vulnerable people? What more could DWP be doing to facilitate that support?

20. For many claimants, support organisations and statutory support services are a lifeline. Demand for emergency food provision, housing support, family support, homecare and domestic violence support is being particularly amplified by the crisis. However, access to statutory provision and charity/community support is being eroded due to venue closures and staff/volunteer illness or redeployment at a time when they are most needed.

21. WinVisible are supporting the disabled people’s lobby against the Coronavirus Bill which suspends the Care Act obligations to provide support to disabled people. They are already seeing evidence that disabled women are being left abandoned with no
homecare visits. One respondent reported that the closure of shelters and staff shortages in the local housing department had left one of their group members with no other option but to sleep on the street.

22. Reductions to support services place an even greater burden on charity and community organisations, who already report that volunteer manpower is being diminished due to illness and self-isolation at a time when demand continues to grow. Some respondents are wholly reliant on volunteers and would starve if they were unable to access this support. A respondent highlighted that nationally, at least 1.5 million people, including disabled people, are going at least one day without food and charities cannot cope with the scale of need.

23. It was suggested that DWP could work proactively with other government departments to identify and coordinate a response to vulnerability in local areas, releasing funds to support charities and community organisations.

Further details of individuals and organisations who contributed to this submission

**London Unemployed Strategies:** London Unemployed Strategies (‘LUS’) works with claimants in London to improve individual capacity and knowledge, assert their rights and represent themselves and peers in dealings with the relevant authorities, and contribute to and push for improved relations and better service delivery from DWP. It currently provides ‘Know Your Rights’ groups for claimants in various London boroughs, with the most recent expansion into Islington and Ealing/Hammersmith and Fulham.

**Scotland Poverty Truth Community:** Scotland Poverty Truth Community support people living in poverty to have the confidence to speak, and people in power to have the confidence to listen; supports other organisations who would like to work in similar ways; and uses social media to share the stories of people living in poverty.

**The Chronic Illness Inclusion Project:** The Chronic Illness Inclusion Project (CIIP) is run entirely by people with energy limiting chronic illness (ELCI). It is currently working on a manifesto for change, to be sent to every relevant policy maker and politician in Britain. It aims to evolve from a one-off project into a user-led organisation that can campaign for the rights of people with ELCI.

**WinVisible:** WinVisible is a multi-racial community group of women with visible and invisible disabilities from different backgrounds: asylum seekers, refugees, other immigrants, UK-born. Through WinVisible, disabled women meet and support each other, overcome isolation and discrimination, and provide self-help information and advocacy on benefits, accessing health, transport and support services, on homecare charges and many other problems and against discrimination, including in employment.

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1 Food Foundation and Food, Farming and Countryside Commission (2020) – The impact of coronavirus on food