Green Party calls on government to launch benefit deaths inquiry

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By John Pring 09/02/2017

The Green Party has written to work and pensions secretary Damian Green to demand an independent inquiry into benefit claimants whose deaths have been linked to the failings of his department.

The letter has been signed by the Green Party's co-leader, Jonathan Bartley, its disability spokeswoman, Mags Lewis, and Linda Burnip, co-founder of Disabled People Against Cuts .

It has also been signed by Jill Gant, the mother of Mark Wood, a disabled man who starved to death in 2013 after he was found "fit for work" through the work capability assessment (WCA) system, and lost his out-of-work disability benefits.

The party has compiled a dossier of this and 49 other deaths of benefit claimants where, it says in the letter, there is "good reason to believe their treatment at the hands of your department has been a factor in their deaths".

Those cases include many deaths that have been covered by Disability News Service (DNS), including those of David Clapson, Stephen Carré, David Barr, Ms DE, Stephanie Bottrill, Luke Alexander Loy, Alan McArdle, Sheila Holt, Moira Drury, and Karen Sherlock.

The Green Party letter says the inquiry should examine "the methods used to assess claimants and their entitlements" and "determine whether these procedures are fair and proper or if they are, in fact, contributing to the deaths of some of the claimants".

The letter points out to Damian Green that, in many of the cases included in the dossier, coroners have "expressed grave concern about the methods employed by your department".

It adds: "The more time passes without an inquiry, the longer concerns will remain and questions will hang over the procedures used by your department to handle benefits."

Bartley () told DNS yesterday (Wednesday) that he supports attempts to bring a criminal prosecution against former work and pensions ministers Iain Duncan Smith and Chris Grayling over their failure to address the safety of the WCA.

They were warned by a coroner in 2010 to review the policy not to seek further medical evidence from the GPs and psychiatrists of claimants with mental health conditions, but they failed to respond to the report, and apparently failed to pass it on to the expert they commissioned to review the WCA.

As a result of their failure to act, claimants with experience of mental distress continued to die, including Mark Wood.

Bartley said: "I think there are very good grounds for it. If there was criminal negligence in the workplace that resulted in deaths, you wouldn't think twice about it being right to prosecute.

"I think it's something we should be supporting. I would be very keen to talk to a lawyer who would be interested in taking this forward."

He said there was still much that was not known about what ministers knew, and when, about the WCA scandal, but he added: "I think the more evidence emerges, the more we realise quite how aware they were of it and the stronger the case becomes against them."

Bartley said: “We are supposed to be a civilised country and we are supposed to judge our country by the way it looks after those who are marginalised and disabled.

“It’s absolutely damning that this should be happening in a country that is so rich.”

He said the dossier was “putting down a marker that these rights that have been fought for are being eroded, and not just eroded, but being pushed back, and ground is being lost that has been won over many, many years.

“We have to learn the lessons of history: that things can move backwards as well as forwards.”

Bartley said that “too much ground” had been conceded by mainstream politicians to right-wing ideologies that play on the “mantra of deserving and undeserving [benefit claimants], and demonisation of disabled people and scapegoating of disabled people and that idea of [claimants]being guilty until proven innocent”.

The inquiry call has been backed by DPAC, whose work on benefit-related deaths and other harm caused by the government’s social security reforms triggered an inquiry by the UN’s committee on the rights of persons with disabilities, which found “grave or systematic violations” of disabled people’s rights.

Linda Burnip, co-founder of DPAC, said: “As the UK government has been found guilty by the UN of committing grave and systematic violations of disabled people’s human rights, we feel a public inquiry into deaths which have been linked to the discredited work capability assessment regime must urgently be initiated by the government and the Department for Work and Pensions (DWP).”

A DWP spokeswoman said: “The department will respond to the letter once it has been received.

“We constantly review our processes and procedures and have made significant improvements to the WCA since it was first introduced in 2008, particularly for people with mental health problems, following a number of… reviews, including five independent ones.

“There will also shortly be a second independent review of personal independence payment since it was introduced in 2013.

“And, as you know, we carry out peer reviews to help staff to continually improve how they deal with some of the most complex and challenging cases.”

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Sanction death man’s sister turns to courts after coroner turns down inquest call

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BY JOHN PRING ON NOVEMBER 17, 2016

BENEFITS AND POVERTY

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The sister of a disabled man who died after being left destitute by having his benefits sanctioned is to seek the help of the high court after a coroner refused for the second time to hold an inquest into his death.

David Clapson (*pictured*), who had diabetes, died in 2013 as a result of an acute lack of insulin, three weeks after having his jobseeker’s allowance (JSA) sanctioned.

Because he had no money, he couldn’t afford to pay for electricity that would have kept the fridge where he kept his insulin working, in the height of summer, and he had also run out of food.

But despite the circumstances of his death, and clear links with the sanctions system, no inquest was ever held.

Now Clapson’s sister, Gill Thompson, is to ask the high court for a judicial review of the coroner’s decision not to hold an inquest.

Her announcement came as new Department for Work and Pensions figures showed a sharp rise in the number of sanctions imposed on claimants of the out-of-work disability benefit, employment and support allowance.

In May 2016, there were 1,199 decisions taken to impose a sanction on an ESA claimant, but in June that shot up to 1,749. In January, the figure was as low as 900.

The number of JSA sanctions also rose, although not as steeply, from 12,067 in May to 14,049 in June.

Thompson has been campaigning for an inquest to be held in a bid to secure answers and change the sanctions system she believes led to her brother’s death.

She has now set up a crowdfunding account to pay for the latest stage in her legal battle, and to take the case to the high court.

She previously raised the money to pay for the earlier stages of the legal action through more than 900 crowd-funded donations.

Her latest bid has already raised more than £5,000 of the initial £10,000 target in less than 48 hours.

Her solicitor, Merry Varney, from human rights lawyers Leigh Day, is arguing that Clapson died an “unnatural death” because of the benefit sanction imposed on him shortly before he died.

Earlier this month, Varney wrote to the Hertfordshire senior coroner, Geoffrey Sullivan, to ask him to overturn the decision not to hold an inquest.

But he has now written back to say he will not order an inquest.

Sullivan says in his letter that "the evidence does not support either a direct or contributory causal link between the imposition of the benefit sanction and Mr Clapson's death.

"In addition… there is no evidence as to whether the benefit sanction was imposed properly or not."

Thompson said she found the coroner's decision "hard to understand", because her brother "had no food in his stomach" at the time of his death and "was in the middle of a sanction".

She said the reason she was campaigning was not to "cause trouble" but "just to put something right".

She said: "I'm not a troublemaker. I'm not doing it to be awkward or for revenge."

Varney said: "We believe there is huge public interest in an investigation into the role played by the imposition of a benefit sanction in Mr Clapson's death."

She said Clapson had not been entitled to an immediate hardship payment after being sanctioned, while Department for Work and Pensions (DWP) guidance on diabetes "does not in our view properly recognise the importance of food and access to chilled insulin for people like David".

She added: "Despite our client's best efforts, there has been no open and thorough investigation of this matter at all.

"There is an urgent need to assess the risks posed by benefit sanctions to those who receive them, and the decision-making of DWP staff when imposing benefit sanctions on vulnerable and at-risk individuals."

Clapson's case was mentioned in prime minister's questions earlier this month by Labour leader Jeremy Corbyn, who described his and other such deaths as "institutionalised barbarity".

An autopsy held after Clapson's death found his stomach was empty, and the only food left in his flat in Stevenage was six tea bags, a tin of soup and an out-of-date can of sardines. He had just £3.44 left in his bank account.

But there has never been an inquest, even though DWP admitted that it knew he was insulin-dependent.

Meanwhile, work and pensions secretary Damian Green announced this week that jobseekers who are homeless or have a mental health condition will now be able to access hardship payments immediately if they are sanctioned.

The payments are supposed to act as a safety net to cover day-to-day living costs, and are issued immediately to claimants who meet certain criteria, such as having children, or certain long-term health conditions.

Other claimants cannot claim hardship payments for the first 14 days of a sanction.

Green said the change was expected to help about 10,000 people over four years from 2017-18.

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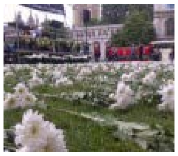

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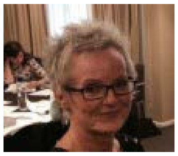

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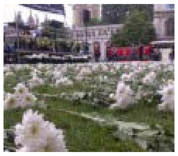

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DNS is run by journalist John Pring

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ABOUT

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He launched DNS in April 2009 to address the absence of in-depth reporting in both the specialist and mainstream media on issues that affect the lives of disabled people. read more

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WCA death scandal: ‘DWP and Atos killed my son’

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BY JOHN PRING ON NOVEMBER 9, 2015

BENEFITS AND POVERTY

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The father of a man who took his own life after being found “fit for work” believes his son would still be alive if he had not been failed by the benefits system the government and its contractor, Atos.

Stephen Carre, 41, from Eaton Bray, Bedfordshire, died in January 2010, after the Department for Work and Pensions (DWP) confirmed its decision that he was ineligible for its new out-of-work benefit, employment and support allowance (ESA).

His father, Peter, said his son had suddenly stopped working in July 2007, and then lived off his savings for two years until his money ran out in 2009. His parents then paid his mortgage until he finally began claiming benefits in April 2009.

Stephen (*pictured*) had previously worked for the Civil Service and then various electronics and communications companies, including as a telecommunications consultant, with firms such as Cisco, Ericsson and Lucient, mainly on software installations which manage mobile phone charges.

After he quit his job, he rarely left his home, refused to talk to friends and relatives, or answer the door or telephone, and often spent days on end in the same room, surrounded by his possessions.

He finally began talking again to his father and step-mother, Frances, in early 2009, and in April 2009 they persuaded him to apply for ESA.

Peter said his son had struggled to cope with his anxiety and depression, although he had a girlfriend he saw occasionally.

He said: “He couldn’t go anywhere on his own for the first time. I had to go with him to his psychiatrist. He would only go to certain shops, and only on a certain day.”

Peter even had to accompany Stephen to the assessment centre two or three times before he was comfortable with the idea of attending his benefits eligibility test on his own.

ESA had been launched by the Labour government less than a year earlier, and concerns about the test, the work capability assessment (WCA), had not yet fully emerged.

At his assessment, a doctor employed by the government contractor Atos Healthcare decided that Stephen failed to match any of the criteria for eligibility and awarded him zero points, when he needed 15 to qualify for ESA.

The assessor concluded that there was “no evidence to suggest that the client’s health condition due to their depression, is uncontrolled, uncontrollable or life threatening”.

When that conclusion was rubber-stamped by a DWP decision-maker, Stephen asked DWP to reconsider the decision, as he believed it “disagrees wildly” with the opinion of his GP, his community psychiatric nurse and his psychiatrist.

On his appeal form, he wrote that the medical assessment “bears no relation to the medical I had”, and that the report was completed by the assessor eight days after the assessment took place.

He found out early in January 2010 that DWP had agreed with its earlier decision, so he was ineligible for ESA.

Although he began the next stage of the appeal process, he took his own life sometime in the next few days. His body was found on 18 January 2010.

Frances said she believes Stephen had made a sudden decision to kill himself, as he had recently been shopping and there was fresh food in his fridge.

Two months later, at his inquest, the coroner heard from Stephen’s GP and psychiatrist, who both said they had not been asked by the Atos assessor or DWP to provide details of his state of mental health.

The coroner, Tom Osborne, announced that he would write a Rule 43 report, a letter warning of a risk of future deaths if changes are not carried out by individuals or organisations.

In the letter, Tom Osborne said the evidence had shown that the “trigger” that led to Stephen’s decision to take his own life had been “the rejection of his appeal that he was not fit for work”.

He added: “I feel the decision not to seek medical advice from the claimant’s own GP or psychiatrist if they are suffering a mental illness should be reviewed.

“Both doctors who gave evidence before me confirmed that if they had been approached they would have been willing to provide a report of Mr Carre’s present condition and prognosis.”

DWP were told of Stephen’s death by his father, but they failed to inform the tribunal service, so when Peter Carre attended the appeal on his son’s behalf, he brought Stephen’s ashes with him.

Because of the inadequacy of the Atos assessment, the appeal had to be adjourned.

The following year, the tribunal ruled that Stephen should have been eligible for ESA and that the form completed by the Atos assessor was “not a sound basis” on which to turn down his ESA claim because of the eight-day delay between the assessment and the completion of the form, while there had been “no indication how much [of the form]was completed”.

The tribunal concluded that the Atos assessor’s report was “a suspect document”, because it did not appear to have dealt with the information provided by Stephen’s ESA50 claim form.

Later that month, the manager of Stephen’s local benefit delivery centre, in Luton, wrote to Peter Carre and said she agreed with the tribunal appeal that Stephen should have been eligible for ESA.

Peter wrote back, and told her there had been a “dismal failure” by both the benefits service and Atos and that he had attended Stephen’s tribunals on his behalf “to bring to notice the inept handling by the registered medical practitioner at Stephen’s medical review”.

Peter Carre told DNS that Atos, its assessor and DWP had all failed Stephen.

He said: “Anyone could have seen that Stephen was incapable of work. It is totally beyond me how they could have found him fit for work.

“If they had gone to his GP or his psychiatrist, I have no doubt the result of his assessment would have been different and he would probably still be with us today.”

In a written statement responding to questions from DNS, a DWP spokesman declined to comment when asked if ministers would apologise to the family of Stephen Carre.

He said: “Suicide is a tragic and complex issue and there are often many reasons why someone takes their life, so to link it to one event is misleading.

“Since this inquest took place under the previous government we have made significant improvements to the work capability assessment, including improving the process for people with mental health conditions.

“The percentage of people with mental health conditions who get the highest level of support has more than tripled since 2010, and we will continue to ensure that those who are able to work get all the help they need to move into a job when they are ready.”

He said improvements made since 2010 include “improving the opportunities people have to present medical evidence”.

The DWP spokesman said claimants were “encouraged to provide all evidence that will be relevant to their case at the outset of the claim, including medical evidence supplied by their GP or other medical professionals, while WCA assessors are “expected to seek further evidence in situations where it would help them to place someone in the support group without calling a claimant in for a face-to-face assessment”.

He said a DWP decision-maker will “assess all available evidence and seek more if required to reach their decision”.

But he admitted that DWP was still in discussions with Maximus – which took over the WCA contract from Atos earlier this year – to “pilot new evidence-seeking processes for claimants with mental health conditions”.

Atos refused to respond to requests for a comment.

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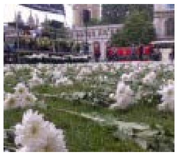

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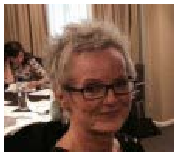

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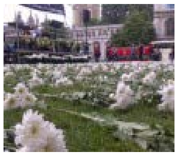

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Documents show WCA suicide death mirrored 2010 tragedy

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BY **JOHN PRING** ON AUGUST 4, 2016

CRIME

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A physiotherapist took just 35 minutes to carry out a face-to-face assessment that led to a man with complex mental health problems being found “fit for work”, a decision that appears to have triggered his suicide.

Last week, the parents of David Barr (*pictured*), from Glenrothes, Fife, called for former work and pensions ministers Iain Duncan Smith and Chris Grayling to be prosecuted over their failure to address serious safety concerns about the work capability assessment (WCA), which they believe led to their son’s death in August 2013.

This week, Disability News Service (DNS) has examined documents relating to their son’s claim for employment and support allowance (ESA), and they show that he was assessed by a physiotherapist employed by the government contractor Atos, who took just 35 minutes to carry out an assessment and then just another 18 minutes to complete the report.

Barr, who lived in Glenrothes, Fife, told the assessor in May 2013 that he had anxiety, depression and psychosis – including hearing voices – had attempted to take his own life just six weeks previously, and went on to say that he had “[tried to take his own life]before but he cannot remember when”.

He also told the assessor that he “gets paranoid that people are watching him and people are listening to him”, while the assessor noted that Barr “stood with his back to the wall and had difficulty coping with the interview”, and was “irritable” and “impatient”.

Despite this, the assessor – employed by the government contractor Atos – concluded that he was “not at substantial risk” if he was found fit for work, and recommended that he should be found ineligible for ESA.

Neither the assessor, nor the Department for Work and Pensions (DWP) decision-maker who rubber-stamped that decision, made any attempt to secure further medical evidence from Barr’s GP, his psychiatric nurse or his psychiatrist, according to the paperwork.

If they had done so, they would have been told of further attempts to take his own life and episodes of self-harming.

The decision-maker repeatedly stated in her report that she had “weighed the evidence” and had decided that the assessor’s evidence from the face-to-face assessment “carries more weight” than Barr’s claim that he was not fit for work.

Five days before he died, his bank statement showed he had just 36p left in his bank account.

The previous month, he had been found by police at a notorious suicide spot – the same location where he would eventually end his life – just 10 days after he had lodged an appeal against the decision to find him fit for work.

The paperwork also shows that Barr was awaiting a court hearing over a charge relating to a fire he started in his back garden, which burned down a shed after he left it unattended and fell asleep on his sofa.

Less than two weeks after he died, DWP admitted to his parents that it had made a mistake in finding him fit for work, and that he should have been entitled to ESA under regulation 29, which states that a claimant should not be found fit for work if such a decision would pose “a substantial risk” to their mental or physical health.

As a result, they agreed to pay the family more than £2,700 in benefits that he should have been receiving over the previous two years.

In December 2014, the Procurator Fiscal – which investigates sudden deaths in Scotland – decided not to order a Fatal Accident Inquiry into David Barr’s death after being reassured by DWP that the WCA “remains the subject of continuous review and refinement” and that an inquiry would therefore “not assist in monitoring and reviewing this process which is already underway”.

The Scottish Fatalities Investigation Unit concluded that it would be difficult to prove the “necessary link between the decision of the DWP and David’s decision to take his life”.

David Barr’s death is one of three contained in a dossier submitted to Police Scotland by disabled activist John McArdle, from the user-led campaign network Black Triangle, in an attempt to persuade the force to open an investigation into Duncan Smith and Grayling.

McArdle wants Police Scotland to investigate the two former ministers for the Scottish criminal offence of wilful neglect of duty by a public official, because they failed to take steps to improve the WCA in 2010 after being warned by coroner Tom Osborne that the test’s flaws risked causing future deaths of people with mental health conditions.

Osborne had carried out an inquest into the death of Stephen Carré in January 2010, a case with marked similarities to that of David Barr.

Osborne had ruled that the trigger for Carré’s suicide had been DWP’s rejection of his appeal against being found “fit for work”, and he called in what was known as a Rule 43 letter for a review of the policy not to seek medical evidence from a GP or psychiatrist if an ESA claimant has a mental health condition.

Neither the Atos assessor who assessed Carré, nor the DWP decision-maker who subsequently decided that he was fit for work and therefore ineligible for ESA, had sought information from his GP, his community psychiatric nurse or his psychiatrist, just as the Ats assessor and DWP decision-maker had failed to do in David Barr’s case.

The second case in the dossier is that of Ms DE, a long-term incapacity benefit claimant who took her own life in December 2011 after being told she was not eligible for ESA, a death later linked by the Mental Welfare Commission for Scotland to similar WCA failings to those that led to Stephen Carré’s death, and that would later lead to David Barr’s suicide.

Colin McKay, chief executive of the commission, declined to comment on the David Barr case this week, but he said: “The Mental Welfare Commission investigated the suicide of Ms DE in December 2011, following a determination that she was not entitled to ESA.

"The investigation raised serious concerns about the work capability assessment system, including the process of obtaining medical evidence and the process for deciding if a claimant is vulnerable.

"The commission has called for substantial improvements to be made."

The third case presented by McArdle to Police Scotland concerns the death of Paul Donnachie, who took his own life late last year after his ESA was mistakenly stopped when he failed to attend a WCA.

Police Scotland is currently awaiting further information about the three cases before deciding what action to take.

Asked if DWP accepted – in the light of the information contained in the documents seen by DNS – that ministers should have acted on the coroner's report in 2010, and that this would have prevented many future deaths of people with mental health conditions, including David Barr's, a DWP spokeswoman said: "Suicide is a complex issue and we take these matters very seriously.

"Since 2010 the work capability assessment process has been independently reviewed five times and we have considerably improved the process.

"Decisions are taken following an independent assessment and after consideration of all the available evidence.

"Guidelines on seeking additional information rightly form an essential part of this process."

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USER RATINGS (8 VOTES) ☐ ☐ ☐ ☐ ☐

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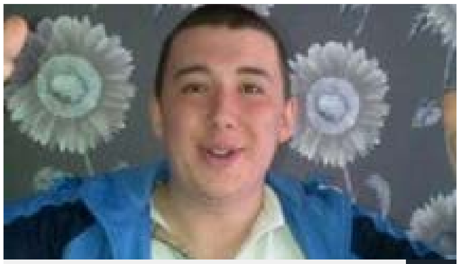

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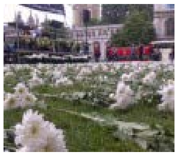

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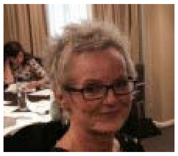

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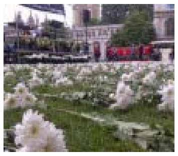

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Woman killed herself after being stripped of disability benefit, says watchdog

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BY JOHN PRING ON MARCH 28, 2014

BENEFITS AND POVERTY, HUMAN RIGHTS, NEWS ARCHIVE

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A disabled woman almost certainly killed herself because she had been found "fit for work" and stripped of out-of-work disability benefits, according to a mental health watchdog.

The Mental Welfare Commission for Scotland concluded that the work capability assessment (WCA) process and the subsequent denial of employment and support allowance (ESA) was at least a “major factor in her decision to take her own life”.

The commission’s investigation report – Who benefits? The benefits assessment and death of Ms DE – concluded that the decision to strip her of out-of-work disability benefits had been based on an assessment that contained “insufficient information about her mental health”.

Ms DE killed herself after she was found “fit for work”, following an assessment by Atos Healthcare on behalf of the government.

The Atos assessor, a doctor, had decided she showed “no evidence of significant disability of mental health function”.

But neither her GP nor her psychiatrist, who had both been treating her for 20 years, was asked by Atos or the Department for Work and Pensions (DWP) to comment on her mental health, even though both were convinced that she was not fit for work.

She had been claiming incapacity benefit (IB), but was caught up in the national programme to reassess all IB claimants through the much-criticised WCA process.

Ms DE was found dead in her home on 31 December 2011, 13 days before her ESA was to be stopped. She had told a welfare rights adviser that she did not know how she would be able to pay her mortgage.

Her psychiatrist said there were no other factors he knew of that could have caused her to take her own life.

She was going to have to move onto jobseeker’s allowance, which would have meant a “significant drop in her income”, from £94.25 a week to £67.50.

Dr Donald Lyons, the commission’s chief executive, told Disability News Service: “There was not anything else that we could determine was happening in her life [that could have caused her to kill herself].

“There was evidence that things were getting better for her, [but]she was extremely distressed by the whole process of assessment and being refused ESA.

“Unquestionably, the process and the denial of ESA were certainly at least a major factor in her decision to take her own life.”

The commission concluded that the WCA needed to be “more sensitive to mental health issues”, and that it was “disappointed at how the DWP communicated with Ms DE”.

The case was brought to the commission’s attention because psychiatrists in the area where Ms DE lived “felt that changes in the benefits system were having a major adverse effect on their patients”.

The commission carried out a survey of Scottish psychiatrists to ask them how they thought the WCA had impacted on their patients.

Of the 56 who replied and had patients who had undergone a WCA, three-quarters said they had not been asked for their opinion at any point in the process by either Atos or DWP, while 96 per cent said their patients had been “distressed” by the WCA process.

Two-fifths had at least one patient who had self-harmed following a WCA – partly as a result of the assessment process or outcome – and 13 per cent stated that at least one patient had attempted to take their own life, partly again as a result of the assessment.

More than one-third said that at least one of their patients had been admitted to hospital as a result of the WCA.

The report says: “Commonly reported were increased stress, anxiety and thoughts of suicide. In some cases the stress had severely destabilised patients.”

It adds: “The overall theme of the responses was the distress caused to patients and consequent demands on mental health services.”

The report makes a series of recommendations, particularly for improving the WCA process for claimants with mental health conditions, and for how Atos and DWP must ensure their communication with claimants “is compliant with the requirements of the Equality Act”.

John McArdle, a co-founder of the user-led grassroots campaign group Black Triangle, said the case of Ms DE had disturbing similarities to that of the Scottish poet Paul Reekie, who killed himself in 2010 after being told that his incapacity benefit and his housing benefit were being stopped.

McArdle said: “It is an identical set of circumstances and it is still happening. It is shocking.”

He said it would be four years in June since Reekie’s death. “It is just heart-breaking. The evidence [of connections between people with mental health conditions being found fit for work and then killing themselves]is now in the public domain and it is irrefutable.”

And he said he was appalled by DWP’s response to the commission’s recommendations, in which it insisted that it was “important to retain a balance between the added value of further evidence in any claim for ESA and the demands on the time of GPs and other healthcare professionals”.

McArdle said: “This is a callous way to approach the safety and wellbeing of disabled people who are at risk of suicide.”

27 March 2014

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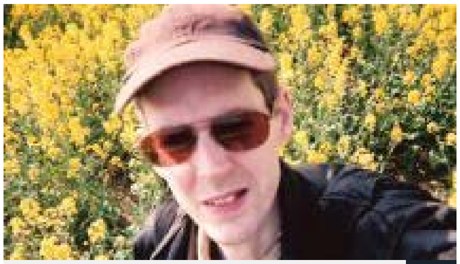

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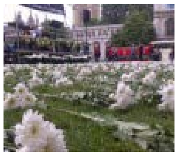

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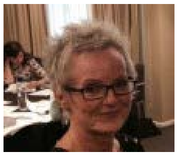

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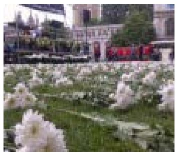

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Government accused over death of Stephanie Bottrill

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BY JOHN PRING ON AUGUST 15, 2014 BENEFITS AND POVERTY, HUMAN RIGHTS, NEWS ARCHIVE

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The government has been accused of failing in its duty of care towards disabled people, after an inquest heard how a disabled woman wrote a suicide note blaming the “bedroom tax” for her decision to kill herself.

Stephanie Bottrill, from Solihull, died early on 4 May last year, hours after she had told her GP about the stress and anxiety the government’s housing policies were causing her.

In evidence to the inquest, her GP said Bottrill had expressed unhappiness at being pushed by the housing department of Solihull council to decide in just half an hour whether she would move to a smaller property.

Last year, her death led to national headlines after her adult son showed reporters a suicide note she had written the night before she died, in which she blamed the bedroom tax – known by the government as the spare room subsidy removal – and wrote that "the only people to blame [for her death]are the government".

Bottrill had been living alone in a three-bedroom house – after her two grown-up children had moved out – but Solihull council had told her that because of the bedroom tax she was now "under-occupying" the property and would face a cut in her housing benefit if she did not move to a smaller home.

The inquest also heard that she had a long-term health condition and a history of anxiety and depression, and had previously taken an overdose.

The coroner recorded a verdict of suicide and said it had been clear that she had felt under considerable stress and anxiety.

But Maureen, a neighbour and friend of Bottrill's on Solihull's Kingshurst estate, told Disability News Service that she blamed the bedroom tax "100 per cent" for her death.

She said: "She was frightened of it. She didn't want to leave here. She was adamant that she wanted to stay in Kingshurst.

"Everybody round here knew her and she used to make us laugh. All the shopkeepers knew her. She was lovely, a nice person.

"I think she was here about 19 years. To move away was the absolute last thing that she wanted to do. She was really upset about leaving the area. It would have been absolutely cruel to move her.

"She said she couldn't afford to stay and she had got to move to a smaller property. She said she was struggling with money."

Maureen said that one of the two properties Bottrill was offered was in Shirley, a 45-minute bus ride away.

"I personally think the council went about it all wrong, but I can't prove that. You're not dealing with a piece of paper and a machine, you're dealing with a person.

"I had a go at one of the local councillors and said we don't ever want this to happen again."

Ian Jones, one of the founders of the WOWcampaign, expressed sympathy for Bottrill's family, and said: "Irrespective of whether the bedroom tax was a causal or contributory factor in this tragedy, it is clear it was a factor and that this, and many other deaths where government policy has been a factor, were entirely foreseeable.

"This government failed to exercise any duty of care towards sick and disabled people when framing their welfare reforms and their continuing refusal to undertake a cumulative impact assessment of these reforms strongly suggests that they were planned as a deliberate crime against humanity."

Solihull council insisted that it had not forced Bottrill to make a decision in half an hour on whether to move to a new home.

A spokeswoman for the Conservative-run council said: "She had a long history of problems and issues. There is no way we would ever make somebody make a decision as important as that in 30 minutes. We would never do that.

"She wasn't told she would have to do anything. Her situation was that she was in a house that the government policy said was too big so she would have to pay a spare room subsidy – what they called a bedroom tax."

She said the council had discussed the options with her, and one of them was to stay where she was.

The spokeswoman said Bottrill had been told she would qualify for a discretionary housing payment, and that "based on the information we know" this payment would have covered the extra rent she would have needed to pay to stay in her house.

But she claimed that Bottrill had "said she wanted to move" and that she had "bid" on 11 properties, and had been successful with two of those bids, so would have been able to choose between those two.

She said: "Tragically before we had the chance to do anything else it happened.

"It is not a matter for us to speculate on what drove somebody to suicide. A lot of her personal background came out. Long-standing problems. We wouldn't speculate on the cause of somebody's suicide. It would be morally wrong. These things are very complicated.

"We feel it is an absolute tragedy. It is very sad, and condolences to the family."

Rob Punton, Birmingham representative for Disabled People Against Cuts, said it was "appalling" that the council had "tried to denigrate her".

He said: "She had been forced to do this. They are trying to denigrate her character to take the responsibility away from them and the issues, by making it sound as if she was the problem and it wasn't their responsibility.

"To blacken a person's name who cannot answer back just is an appalling way for any local or national government to act towards its citizens."

Punton, who lived near Bottrill and works for Solihull council as an "expert by experience", ensuring the council addresses issues of importance to disabled people, said the bedroom tax was "not the only reason but it obviously contributed in a major way" to her decision to end her own life.

He added: “We all think the bedroom tax should be abolished and go the same way as the poll tax. If they can do it in Scotland, why can’t they do it here?”

14 August 2014

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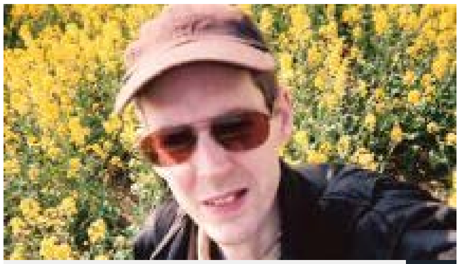

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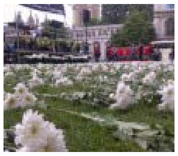

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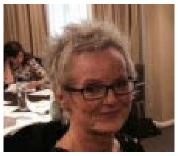

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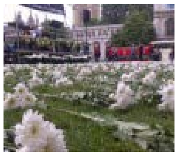

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‘Fitness for work test and sanctions helped kill my brother’

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BY **JOHN PRING** ON OCTOBER 9, 2015 **BENEFITS AND POVERTY**

Listen ▶

The sister of a disabled man who died just three months after being found fit for work and then having his benefits sanctioned says the government’s discredited work capability assessment (WCA) system was partly responsible for her brother’s death.

Luke Alexander Loy, who had schizophrenia and lived in Birmingham was just 42 when he died in May this year.

He had been claiming incapacity benefit (IB) for more than 20 years, but was found fit for work following a WCA, despite his doctor explaining that he was not currently well enough to work.

He was apparently sanctioned by the Department for Work and Pensions (DWP) for failing to attend meetings at Jobcentre Plus and not actively looking for work, and fell further and further into debt.

After his father discovered what had happened, he helped his son to appeal and eventually – just before he died – DWP reinstated his benefits.

But his family believe that by then the damage to his health and wellbeing had been done.

On 29 May, after his family had become concerned about his welfare when he failed to respond to their calls, police officers broke into his house and found him dead on his bedroom floor. A subsequent inquest reached an open verdict.

The case has emerged less than a month after Disability News Service revealed how a coroner had written to DWP to demand changes to the WCA system, after concluding that the decision to find a London man, Michael O’Sullivan, fit for work was the trigger for his suicide.

But they are only the latest in a series of shocking cases which have exposed the harm caused by the WCA, the eligibility test for the out-of-work disability benefit employment and support allowance.

Loy’s sister, Natalie Jeffers (*pictured*), joined disabled activists from Disabled People Against Cuts in a protest outside the Conservative party conference this week in an effort to “raise awareness of the human costs of these policies” and to hold work and pensions secretary Iain Duncan Smith “accountable” for his actions.

She told fellow protesters: “He died as a result of Tory cuts. Shame on the Tory party for what they are doing to innocent people who need the support of the state.”

She told DNS later that her brother had become withdrawn and scared as a result of being found fit for work and then being sanctioned.

Until he lost his IB, she said, he had been in a “very good rhythm”, taking five walks a day, working on art projects at home as therapy, and shopping for his elderly neighbour.

Jeffers said: “My brother was loved by the community. He was fine and doing really well.

“He had his own rhythm, but it was completely disrupted by being found fit for work and then sanctioned, because it made him feel worthless and insecure.”

She said: “My family have paid taxes for generations and my brother’s situation could have happened to any family.

“To make the public think that all people seeking benefits are ‘scroungers’ is a misrepresentation of the hard-working-class families that, through no fault of their own, may need additional financial support from the state from time to time.

“It is a beautiful core value of British society that these systems were set up to assist those needing help when times get tough.”

Loy had been a carer for his mother until three years ago, when she died from cancer, and he was subsequently hit with the bedroom tax because he had been living alone in a two-bedroom council house after her death.

Jeffers said: “All these things started to change his personality and energy. He died in debt. He owed the government money, he owed the council money.”

She believes that the government’s decision to plunge her brother suddenly into the jobs market, without offering support as he transitioned from one system to another, was “a really destructive way of dealing with someone who was mentally ill”.

She said: “We can’t prove the cause of my brother’s death, but we know that the only seismic shift in his life that shocked his stability and impacted a decline in his mental health was this WCA decision. We believe this was a contributing factor.”

Jeffers believes that the impact of being found fit for work was worsened by the lack of government support to cope with the bureaucracy around its welfare-to-work regime and the fallout people face from losing vital benefits and being sanctioned.

She said: “There needs to be a government strategy to create a supportive culture for people like my brother, which is shared by local authorities and primary care providers.”

She said her brother’s health was further worsened by the “vitriol” targeted at disabled people by politicians and the media, frequently accusing them of being partly responsible for the country’s economic problems.

And Jeffers said she was appalled by the “vicious” and “despicable” conference speech given this week by work and pensions secretary Iain Duncan Smith, which she said appeared to be aimed at tarring disabled people as “scroungers”.

She pointed to his call for disabled people to “work your way out of poverty”, something her brother was not able to do, as a “deeply irresponsible simplification of such a complex issue”.

Despite the daily briefings ministers must receive on the impact of their reforms, she said, they still appear to fail to understand the “nuance” of how disabled people in poverty live on a day-to-day basis.

She said: “Rather than admitting that the government have got these policy changes to the benefits system wrong, the Conservative rhetoric is getting even more vicious and divisive.

“Instead of creating compassion, they are creating a culture of fear and pointing the finger of blame at the most vulnerable people in our society. Shame on them”.

A DWP spokeswoman said: “Our sympathies are with [the family], but it is wrong to suggest a link between a benefit decision and someone’s death.

“The work capability assessment is designed to look at what someone can do with the right support – rather than just writing people off on sickness benefits as happened in the past.

“It is important that people supply sufficient evidence – including medical evidence – when making a claim, as it could affect their benefit entitlement.”

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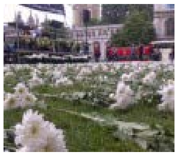

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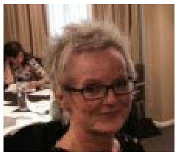

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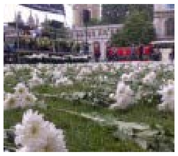

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‘Grave concern’ over coroner’s refusal to hold inquest into Maximus WRAG death

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BY JOHN PRING ON OCTOBER 27, 2016 BENEFITS AND POVERTY

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A coroner has refused to hold an inquest into the death of a disabled man who had a fatal heart attack an hour after being told the Department for Work and Pensions (DWP) was threatening to stop his benefits.

Alan McArdle, who had previously been homeless but was living in council accommodation in Slough, Berkshire, told the friend who had read the DWP letter to him: “They’ve sanctioned my money,” before he collapsed.

The discredited government contractor Maximus had reported him to DWP for failing to attend appointments intended to move him towards work, as part of the Work Programme, despite being told about his severe ill-health.

Despite his deteriorating health – he had alcoholism, a serious heart condition and diabetes – he had been placed in the work-related activity group (WRAG) of employment and support allowance (ESA), designed for those found “fit” enough to carry out some work-related activity, but not yet well enough for a job.

McArdle had attended the first couple of Work Programme appointments in the Maximus offices with the support of a local charity, but his health and mobility had continued to deteriorate.

The impact of the diabetes meant he had no feeling in his arms and legs, and could hardly move.

After a fall, he had to be admitted to hospital, and asked a manager at the charity to explain to Maximus why he had not been in touch.

But when she called Maximus, she was told: “He hasn’t come in, so we will get him sanctioned.”

He had just come out of hospital when the letter from DWP arrived on 29 August last year.

McArdle was with a carer, who read the letter to him. It is believed the letter stated that he needed to provide evidence to DWP to prevent his benefits being sanctioned.

When it was read to him, he apparently went “a deathly grey colour”, complained about pains, and collapsed. Within an hour, he was dead.

McArdle’s death was first reported by Disability News Service (DNS) last November.

But despite the apparent role of both Maximus and DWP in his death, a senior coroner has decided that it is not necessary to hold an inquest.

A spokeswoman for Peter Bedford, the senior coroner for Berkshire, told DNS this week that he was satisfied that McArdle’s death was due to natural causes “and therefore an inquest would not be deemed necessary”.

The spokeswoman said Bedford had stated that because McArdle had “quite severe heart disease” it would be “impossible to prove” any direct causal link between his death and the actions of Maximus and DWP.

But Dr Stephen Carty, medical adviser to the grassroots campaign group Black Triangle, who works as a GP in Leith, on the edge of Edinburgh, said the coroner’s decision was “completely unacceptable” and “a matter of grave concern”.

He said: “We completely refute the coroner’s opinion that it would be impossible to prove any direct causal link.

“Emotional stress is a trigger in sudden cardiac death. Just as heavy physical activity can trigger a sudden cardiac event, so too can emotional stress. This is not folklore, it is fact.”

He said there had been many studies “of a very high standard” in peer-reviewed journals, which had produced a consensus that “between 20 and 40 per cent of sudden cardiac deaths are precipitated by acute emotional stressors”.

He added: “The decision made by the Department for Work and Pensions to threaten Mr McArdle with a benefit sanction when they were fully aware of his severe heart disease is appalling.

“Subjecting patients such as Mr McArdle to extreme emotional distress such as this presents a substantial risk, one which in our opinion led to a sudden cardiac death.

“This could and should have been anticipated and in our opinion was avoidable.”

He added: “It is completely unacceptable for the coroner to fail to recognise the gravity of this case.”

Professor Peter Beresford, co-chair of the national user-led network Shaping Our Lives, said: “Causation is one of the most difficult things to prove scientifically.

“But in a case like this where welfare reform practice and the death of a claimant come so close together, trying to deny the possibility of official responsibility and then going on to deny a proper investigation, leaves us without any kind of proper accountability in the system.”

Linda Burnip, co-founder of Disabled People Against Cuts, said: “This is yet another example of the life-threatening nature of some people’s impairments being totally disregarded by Maximus who literally, regardless of what the coroner has said, hounded Alan McArdle to death.

“Their share prices are already slumping and their chief executive officer, Richard Montoni, and president, Bruce Caswell, continue to offload their shares month by month, so activists must continue to expose Maximus and make both the work capability assessments [another of their DWP contracts]and their other dubious activities unprofitable to drive them out of business.”

John McArdle (no relation to Alan McArdle), co-founder of Black Triangle, said: “There is no point doctors and nurses flogging their guts out to keep people alive when on a social level people are just thrown to the wolves.”

He said the coroner’s decision showed that lessons were not being learned “because no-one is ever brought to account”.

He added: “It is disgraceful the amount of deaths in this country without an inquest or a Prevention of Future Deaths report. It makes you question what the coroners are there for.”

Disabled activist Rick Burgess said the case highlighted the difficulty of holding DWP to account over such deaths.

He said: “As long as a proper metric for deaths due to policy cannot be determined then policy can continue to be harmful; there just is no proper feedback system to connect actions to consequences.”

He pointed to an interview in the Guardian with the soon-to-retire chief coroner Peter Thornton, who said there were about 530,000 deaths reported by doctors last year, but only about 45 per cent were reported to coroners, in what was a “slightly chaotic” system.

Burgess said: “To expect the coroner system to provide [the connection between actions and consequences]simply denies the reality of a ‘chaotic’ system that is not designed or currently tasked to provide that feedback, quite apart from questions of willingness of coroners to stand up to an abusive government.

“That government seems happy with this state of affairs does suggest culpability in democide. States rarely contemporaneously provide evidence of their own wrongdoing.”

WOWpetition campaigner Michelle Maher pointed to deaths that continued to be caused by the hardship and stress associated with sanctions and failed ESA and personal independence payment assessments.

She said: “We are caught in a system of targets they deny, while Maximus collects millions in taxpayers’ money and is unaccountable for its failures in assessing sick and disabled people, while its failures are not even mentioned by coroners.”

She warned that this gave DWP and Maximus “carte blanche to continue ignoring their part in [Alan McArdle’s] death”.

Maher added: “Maximus and the DWP not being held to account fails Alan and every sick and disabled person in the UK.”

Pat Onions, co-founder of Pat’s Petition, said: “So many sick and disabled people will know that feeling of dread when the brown envelope from the DWP arrives.

“People who used to enjoy receiving post now fear it. Asking for an inquest will make complete sense to them.”

DNS asked DWP and Maximus if they had any further information about the circumstances surrounding Alan McArdle’s death, but neither had responded by 11am today (Thursday).

Last year, DWP claimed that it was “misleading to link a death to someone’s benefit claim”, and added: “We write to all claimants who have not engaged with our support, asking them to get in touch and explain why.

“This is so they won’t face a sanction if they had a good reason.”

Maximus said last year that participation in the Work Programme was “mandatory for people in the WRAG who are in receipt of ESA” and that it made “strenuous efforts to inform participants about their obligations and contact them if they fail to show up for arranged meetings”.

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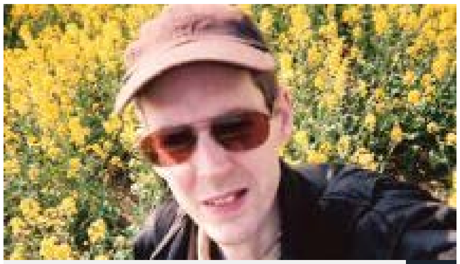

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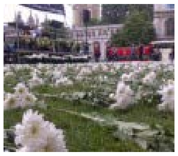

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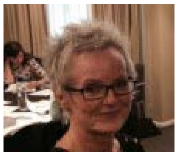

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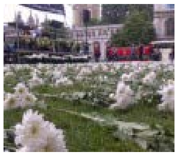

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THE NEWS LATEST

Disabled woman ‘left in coma by welfare reforms’

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BY JOHN PRING ON JANUARY 17, 2014 BENEFITS AND POVERTY, HUMAN RIGHTS, NEWS ARCHIVE

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THE NEWS LATEST

A disabled woman has been left in a coma, apparently as a direct result of the government’s welfare reforms, MPs heard this week.

Sheila Holt was among disabled people whose cases were used by Labour MPs to show the need for an inquiry into how those reforms have affected levels of poverty.

Holt has always been unable to work because of a “severe” mental health condition, but was pushed onto a government work programme, with no support from specialist services, and also had to start paying the “bedroom tax”, MPs were told this week.

She began falling into poverty, became increasingly agitated, and eventually was sectioned. A few days later, at the age of 47, she had a heart attack, and is now in a coma.

Simon Danczuk, the Labour MP for Rochdale, raised her case during the debate at the request of her family, who “want people to be aware that she was pushed into this situation”.

Among the welfare reforms mentioned by MPs in the debate were the “spare room subsidy removal” (SRSR) policy – known by its opponents as the bedroom tax – and the change in how benefits are uprated annually, which now uses the consumer prices index instead of the retail prices index.

Other policies discussed included the one-year time-limit for those in the work-related activity group who claim the contributory form of employment and support allowance (ESA); the failure to scrap the work capability assessment (WCA); the use of benefit sanctions on disabled job-seekers; and the introduction of personal independence payment (PIP).

Michael Meacher, the Labour MP and former minister who secured the debate – which was dominated by Labour MPs – told how a disabled constituent had had his benefits cut to £71-a-week because of the one-year ESA restriction.

But he was also hit by the bedroom tax and new council tax rules, which left him just £42-a-week to live on.

Meacher said: “He asked to downsize to a smaller property, which is what the government would expect him to do, but the local housing association, ironically called First Choice Homes, demanded that he pay two weeks’ full rent upfront, £197, before getting any housing benefit.

“He cannot do that, of course, and he is stuck in an impossible situation.”

Another Labour MP, Katy Clark, described how one of her constituents told her last week that he had applied for the new PIP after being diagnosed with bowel cancer last summer. He is still waiting for his claim to be resolved.

Hugh Bayley, the Labour MP for York Central, said that he had a constituent with dyslexia who was on a very low income and delivers newspapers to his office.

The man still needed to claim jobseeker’s allowance, but lost that benefit because his dyslexia meant that in one period of a fortnight he applied for nine jobs, instead of 10.

A Labour colleague, Debbie Abrahams, said that one of her constituents had a heart attack in the middle of his WCA.

She said: “He was advised to leave and he went to hospital, but a week later he got a letter saying that he had been sanctioned because he had left the work capability assessment.”

Abrahams also described the case of another constituent, a blind woman whose care package had been reduced from 13 hours to eight hours a week.

She was “absolutely terrified” – because of the lack of support she was already receiving – about the possible impact of working-age disability living allowance being replaced with PIP.

Abrahams said: “She is not alone. A raft of measures is affecting the ability of disabled people to live as normal a life as possible.”

The Labour MP for West Ham, Lyn Brown, described how a single disabled man in his 30s had his ESA suspended after a WCA.

She said: “He had no money to live on for three months and could not afford to heat his home or pay his bills. The food bank supported him for a month with food and advice, and assured a successful ESA appeal.”

Brown added: “In 2009, there was just one food bank in [the London borough of]Newham; now there are at least six, and at least four places where the hungry can get a free meal.”

Mike Penning, the Conservative minister for disabled people, said he did not believe there was a need “at this stage” for an independent review, because the government already produced “huge” amounts of “very expensive research”.

He said: “The system has to be fair for both sides. It has to be fair to the people who are working and to those who are on benefit.”

A vote on the need for an inquiry into how the welfare reforms have affected poverty levels was won by 125 votes to two, but the vote is not binding on the government.

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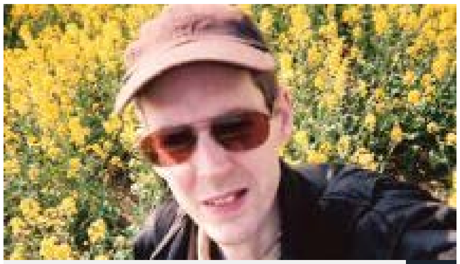

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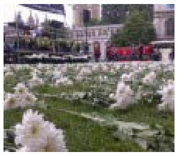

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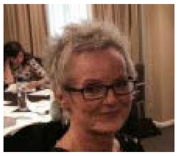

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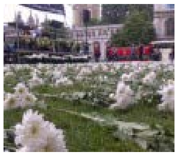

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‘Trench warfare’ as DPAC protesters shame Tories outside their conference

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BY JOHN PRING ON OCTOBER 9, 2015 ACTIVISM AND CAMPAIGNING

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Disabled activists have explained why they needed to hold the government to account over its “sickening” and “degrading” cuts by protesting outside this week’s Conservative party conference in Manchester.

The protest, organised by Disabled People Against Cuts (DPAC), saw disabled people take a central role in the middle of wider anti-austerity protests that took place throughout the event.

As Conservative delegates entered the conference – often to angry verbal abuse from mainly non-disabled protesters – many disabled activists held up placards showing a picture of work and pensions secretary Iain Duncan Smith dressed as a prison convict, and the accusation: “GUILTY… OF DISABILITY HATE CRIMES.”

As well as DPAC supporters, there were representatives at the protest from the WOWcampaign, New Approach, Black Triangle, and local disabled people’s organisations, including Greater Manchester Coalition of Disabled People (GMCDP).

Brian Hilton, of GMCDP, said he was there to show Conservatives that “we are not going to take any more”.

He pointed to the “punitive and demeaning” work capability assessment, the closure of the Independent Living Fund (ILF), the impact on disabled people of the bedroom tax, and the “stress and distress” caused to disabled people – often with long-term, degenerative impairments – by continually being reviewed and re-assessed for their eligibility for support.

He said: “It’s another cut and another cut. We are still reeling from the closure of the ILF. Some people have had their packages decimated.”

He warned that the cuts that had already been carried out under the coalition were “nothing to what is still to come”, and that “it is disabled people bearing that burden”.

Another local disabled protester was **Chris Hammond**, who was at the protest just days after she and colleagues had been made redundant by the disabled-led arts company Full Circle Arts, following the loss of its Arts Council and local authority funding.

Hammond, who was the company’s artistic director, said she did not expect the protest to succeed in changing government policy, but she added: “At least we are here and we are seen and heard rather than them having a nice, quiet conference.”

Full Circle is now running on a shoestring budget, without an office, staff or phone lines.

Hammond said that her message to delegates was that the cuts were “hurting real people”.

She said: “They shouldn’t believe their own propaganda. Anyone who is not working is seen as feckless and useless.

“They make you feel like the ‘useless eaters’, that we are just a burden. It would quite suit them if we just went away.

“That is why it is important that we are here today, that we are not going to just go away. That they [know they]are hurting people.”

Another resident of the city, **Rick Burgess**, co-founder of New Approach, said: “As a Mancunian, I do feel outraged that they keep coming here, closing down the city, when they are not remotely welcome.

“It does feel like the Raj, where colonial dignitaries would come and hold court in one of the provinces.”

He said it was vital – with Duncan Smith now considering the next stages of his reform programme – that he was made aware of the impact of his policies, which he said were killing people.

He said: “If he does choose to continue to make things terrible… [then we will know that]this is malicious, it is not policy, it is not a mistake, it is deliberate.”

Dennis Queen (*pictured*), another disabled activist from Manchester, said she wanted to show Tory delegates that “they are not welcome here”, and to tell them that the United Nations were now investigating the UK government for “heinous crimes against the disabled people of this country”.

She said: “Our blood is on their hands. We insist that they look us in the eye as they walk in and understand that we know what they are doing to our people, that we know it is not an accident, and that disabled people fight back.”

Activists and campaigners also joined the protest from many other parts of the country.

One of them was **Nichole Drury**, who spoke of how her mother’s out-of-work benefits were removed because she had on two occasions been too unwell to attend a work capability assessment.

Her mother, Moira, had a number of health conditions, but spent the last six months of her life fighting the Department for Work and Pensions over its decision.

She told her daughter, before she died, that the stress of dealing with DWP – which she said failed to tell her that she had a right of appeal – had contributed to her health deteriorating.

She said she had travelled to Manchester for the protest because “the system is cruel and it is unfair and it seems like the weakest and most vulnerable are being targeted by the cuts”.

She added: “People like my mum don’t fight back because they can’t.”

She said there was an ongoing investigation into how her mother’s case was dealt with by a senior DWP civil servant*.

Miriam Binder, from Brighton DPAC, said: “I am here because I am absolutely disgusted by the impact of the austerity cuts on all vulnerable people, but disabled people in particular.”

Despite her support needs increasing over the last five years, she still receives the same nine hours of personal care a week that she did in 2010.

It means she has to sleep in a nappy, even though she is not incontinent.

She said: “I find it very degrading. If you left a baby in a soiled nappy for that length of time, you would have to answer to social services. I am not incontinent, I just cannot get to the toilet.”

Although she has no hope that the government will listen to the protesters, she said she still needed to travel to Manchester for the protest.

She said: “If I don’t tell them what I think of them, I have no excuse. How could I look my grandchildren in the face if I did nothing?”

Chris Hughes, a member of Disability Derbyshire, said he had travelled to Manchester because he was “sick to death of the government and its cuts”.

He said that disabled people’s organisations across the country were being shut because of council cuts to funding, as were legal advice centres.

He said: “Disabled people are having their hours cut, they are being forced to wear nappies [because of a lack of support].”

People who were previously receiving visits from care workers that lasted an hour were now forced to put up with only 15 or 20 minutes, he said, while many people had lost all night-time support or now only received support three nights a week.

He said: “They are forcing disabled people back onto charity rather than independent living.”

Bob Williams-Findlay, a former chair of the British Council of Disabled People, said he hoped the protest would “raise awareness” and “provide a platform that we can all build on”, and he encouraged fellow activists to “keep the pressure on day after day after day, not just for one-off events”.

He said disabled people were among those at the “sharp end of austerity” who were “getting hammered left, right and centre”.

He said that people who were not capable of work were being told they were, and were being forced off benefits and “left with no money”.

He said: “We know that over the last five years there have been people with various impairments killing themselves because they cannot cope with what is going on in their lives. Iain Duncan Smith [the work and pensions secretary]is totally responsible for that.”

Eleanor Lisney said she was in Manchester partly to mark the five years since she helped launch DPAC as part of a mass protest march outside the first Tory party conference of the coalition government, in Birmingham, in October 2010.

She said: “Five years later I am just so frustrated and angry. Five years ago, people said we were scaremongering.

“We resolve to fight on and that is why I am here. We are fighting in the trenches.”

Sean McGovern, an activist and a direct payments adviser with Disability Advice Service Lambeth, said he works with people whose social care packages “are being cut to the bone”, often by a third or a half, while disabled people were being asked to increase their financial contributions towards their social care.

He said: “People are just about getting their statutory rights; even then it is touch and go.

“But they are becoming more isolated, particularly elderly people, those who do not have a voice.”

Ian Jones, co-founder of the WOWcampaign, said the protest was about “ratcheting up the pressure” on the government.

He said: “The Tories need to realise the very strong under-current of feeling against their policies in the country, and sooner or later it is going to bubble to the surface.

“The biggest thing I am hearing at the moment is people on indefinite disability living allowance awards being reassessed [for the new personal independence payment]. They are absolutely terrified that they are going to lose their help and support.”

Paula Peters, from DPAC, said she was there to protest about the “horrendous attacks” on disabled people over the last five years, including homelessness and benefit sanctions rising “through the roof”, the closure of ILF, the cap on Access to Work payments and the scandal of benefit-related deaths.

She said: “We are angry and we are going to show them we are fighting back. This government has blood on its hands.

“We will fight for justice, for our rights, with everything we have.”

And Rob Punton, from Birmingham DPAC, said: “We hope to make ordinary Conservative people realise the effect the policies of their ministers are having on ordinary people’s lives.”

He pointed out that former ILF-users were being told by councils that their support packages would have to be cut.

He said: “This government put out the Care Act and talks about well-being and empowerment and fulfilled lives but their cuts to people’s support mechanisms – be it housing support or Access to Work – goes against everything that that says.”

*A DWP spokeswoman said: “Our sympathies are with [the family], but it is wrong to suggest a link between a benefit decision and someone’s death.

“The work capability assessment is designed to look at what someone can do with the right support – rather than just writing people off on sickness benefits as happened in the past.

“It is important that people supply sufficient evidence – including medical evidence – when making a claim, as it could affect their benefit entitlement.”

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Activist’s death highlights ‘cruelty’ of ‘fitness for work’ rules

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BY GUEST ON JUNE 5, 2012

NEWS ARCHIVE

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Anti-cuts campaigners have paid tribute to a disabled activist who died last week after fighting for two years against the injustice of the government’s “fitness for work” assessment regime.

Karen Sherlock died on 8 June just a fortnight after she was told that she would be eligible once again to receive out-of-work disability benefits.

Campaigners say her death is further evidence that the much-criticised work capability assessment (WCA) is unfit for purpose and is causing thousands of disabled people anxiety and hardship, is exacerbating their ill-health and even contributing to some deaths.

Sherlock had several long-term health conditions, including diabetes and a heart condition, was about to start dialysis and was awaiting a kidney transplant, and experienced regular pain, exhaustion, vomiting and incontinence.

In a blog written in April, she described how her employment and support allowance (ESA) had been stopped, and accused the government of “stripping the most vulnerable of the essential benefits they need”.

She added: “Just throw them on the scrapheap. Don’t worry if they can’t feed themselves or heat their homes, or pay for taxis to take them places because they cannot walk anywhere. No, that doesn’t matter, they are leeches on society.”

Sherlock had been forced out of her NHS job in 2008 because of serious ill-health, and although she was found eligible for ESA – the replacement for incapacity benefit – she was placed in the work-related activity group, for those expected eventually to return to employment.

She was one of the tens of thousands of disabled people whose contributory form of ESA was stopped from 30 April this year, because of the new one-year time-limit introduced under the coalition’s Welfare Reform Act.

She only found out days before she died that her latest appeal had successfully placed her in the support group for those not expected to carry out any work-related activity, and therefore would no longer be affected by the time-limit.

The disabled activist and blogger Kaliya Franklin has pieced together Sherlock’s experiences from emails and blogs she posted between October 2010 and May 2012.

She wrote in a blog that Sherlock had been filled with “confusion, fear and anxiety” because of the assessments, appeals and administrative foul-ups she was put through, and that she felt “caught up in the mill, frustrated, angry and insignificant”.

In a blog on the New Statesman website, fellow disabled activist and blogger Sue Marsh, a friend of Sherlock’s, said she had “battled just to survive” and faced “endless pressure, the judgement of society, the fear of destitution, the exhaustion of constant assessments and endless forms”.

Marsh has focused her campaigning efforts on the government’s new one-year time limit, which she describes as “an emblem of cruelty that really did cross the line of decency”.

She said Sherlock had been “terrified of the DWP, almost paralysed by a fear that if she spoke out, they would treat her even more harshly. But she spoke out regardless.”

Asked whether Sherlock’s death demonstrated that too many ill and disabled people were being forced through a continuing cycle of assessments and appeals when clearly not fit for work, a spokesman for Chris Grayling, the Conservative minister for employment, said: “I really don’t think it’s appropriate to comment on an individual case like this.”

13 June 2012

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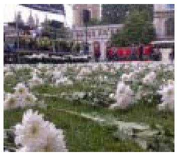

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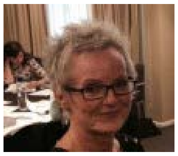

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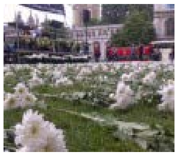

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DNS is run by journalist John Pring

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From:	Department for Work and Pensions
First published:	16 November 2016
Part of:	Jobseeker’s Allowance and Employment and Support Allowance sanctions statistics

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Published:

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Mother of 'fit for work' victim calls for ministers to face criminal charges

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BY JOHN PRING ON FEBRUARY 9, 2017 BENEFITS AND POVERTY

Listen

The mother of a disabled man who starved to death after he was found “fit for work” and lost his out-of-work disability benefits has called for ministers to face criminal charges.

Jill Gant says work and pensions ministers should be tried for misconduct in public office for failing to take action that could have saved the life of her son, Mark Wood.

She spoke out after signing a letter, drawn up by the Green Party and backed by Disabled People Against Cuts, that calls on work and pensions secretary Damian Green to order an independent inquiry into the links between his department’s procedures and the deaths of benefit claimants.

The party has produced a dossier of 50 cases in which the deaths of benefit claimants have been linked to decisions taken by the Department for Work and Pensions (DWP).

Mark Wood (*pictured*) starved to death in 2013 after being found ineligible for employment and support allowance (ESA), even though he had never been able to cope with the demands of a job and his GP had said he was completely incapable of working.

The decision to find him fit for work caused him extreme anxiety and distress and exaggerated his eating disorder.

He died in the summer of 2013, apparently from natural causes and as a result of becoming dangerously underweight, four months after his incapacity benefit was stopped.

Because of his complex mental health condition and other impairments, including the eating disorder, Asperger’s syndrome and multple chemical sensitivity, he had not provided the evidence needed in his ESA application, or at a face-to-face work capability assessment (WCA).

But he had stated in the ESA form that he had problems with anxiety and depression, while the assessment was carried out at the cottage where he lived alone, rather than at an Atos assessment centre in Oxford, because of the severity of his panic attacks.

Because of his complex mental health issues, he was unable to cope with either support workers or help from his family, and his mother says he was unaware of the purpose of the WCA.

She said that neither the Atos assessor nor the DWP decision-maker made any attempt to secure further medical evidence about his mental health from his GP, who would have told them that he was unable to work.

His GP told his inquest in February 2014 that he had handed Mark a note, explaining that he was extremely unwell and completely unfit to work, but the note does not appear to have reached his local jobcentre.

The GP also told the inquest: “Something pushed him or affected him in the time before he died and the only thing I can put my finger on is the pressure he felt he was under when his benefits were removed.”

His death came three years after ministers had been warned by a coroner – following the death of Stephen Carré in January 2010 – that they needed to review their policy not to seek further medical evidence from the GPs and psychiatrists of ESA claimants with mental health conditions.

And a year after Mark Wood died, another letter was sent to DWP by a coroner, raising the same concerns and making almost identical recommendations, this time following the death of a disabled man from north London.

But nearly seven years after the Stephen Carré inquest, these safety concerns have still not been addressed, despite many other deaths, and a DWP promise to a tribunal that it would test ways to collect further medical evidence through a pilot project, although a DWP spokesman said today (Thursday) that the pilot project had now been completed.

Former DWP ministers Iain Duncan Smith and Chris Grayling have been heavily criticised for failing to act on the coroner’s advice in 2010, for covering-up that report, and failing to pass it to Professor Malcolm Harrington – the expert they had commissioned to review the WCA – as well as failing to show Harrington secret DWP reports linking the WCA with the deaths of benefit claimants.

Attempts by the user-led grassroots group Black Triangle (BT) to secure a prosecution of Duncan Smith and Grayling in Scotland – over the deaths of three Scottish benefit claimants – have so far failed because of resistance from the Scottish criminal justice system, although BT is seeking legal representation to help push for a case to be taken in the Scottish courts.

Mark Wood’s mother, Jill Gant, said she would like to see ministers held accountable by the criminal justice system for their failure to act on the Stephen Carré coroner’s report, which she believes led to her son’s death.

The retired education social worker, now 78, and from Abingdon, Oxfordshire, said: “Quite honestly, I think they have failed in their duty. They doggedly refused to consider and act on this very clear, simple suggestion.”

She said it would be “stunning” if a case could be brought against ministers, and added: “They certainly need to be called to account.”

She secured a meeting with the minister for disabled people, Mark Harper, in March 2015, but said that he had “a heart of stone” and had made no effort to be “friendly or understanding”, and when she asked him about the need to secure further medical evidence “he refused to answer the question directly”.

She said it was “shocking” that Harper now chaired the all-party parliamentary group on learning disability.

Her search for answers following her son’s death had quickly focused on the single issue of why further medical evidence had not been sought.

Confronted by the refusal of Conservative ministers, including Harper and employment minister Priti Patel*, to answer her questions, she has now told her Tory MP, Nicola Blackwood, that the refusal to act was “not fair and in my view it is not moral or legal”.

The final letter from Patel was sent to her last July and said that DWP was still working with Maximus – the discredited US outsourcing giant now carrying out WCAs – to “expand the current guidance” on securing further medical evidence and “ensure that evidence is gathered in more circumstances than at present, especially for those claimants with a mental health condition”.

She said: “They must have no conscience at all. Each of these stories, each of them, is a massive tragedy and a painful time for these poor people.

“In the end I [told my MP]that I looked forward to having a government where there was compassion and understanding and which would seek to protect the most vulnerable.”

A DWP spokesman said this morning (Thursday): “The department will respond to the [Green Party] letter once it has been received.

“The pilot has been completed, and the outcomes of that will help to inform training and staff guidance.”

It is not yet clear what action DWP will take following the pilot project.

**Both of them have now left the department*

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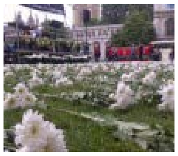

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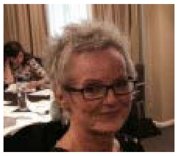

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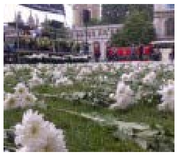

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Coroner's 'ground-breaking' verdict: Suicide was 'triggered' by 'fit for work' test

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BY JOHN PRING ON SEPTEMBER 18, 2015 BENEFITS AND POVERTY

Listen

A coroner has demanded that the government takes action to prevent future deaths of disability benefit claimants, after concluding in a "ground-breaking" inquest verdict that a disabled man killed himself as a direct result of being found "fit for work".

It is believed to be the first time that a coroner has blamed the work capability assessment (WCA) process for directly causing the death of a claimant.

Disabled activists believe it could prove a huge breakthrough in the fight against the government's welfare reforms, and the battle to scrap the loathed fitness-for-work test and replace it with a more humane and less dangerous assessment.

In a report sent to the Department for Work and Pensions (DWP), the senior coroner for inner north London, Mary Hassell, said "the trigger" for the suicide was the man being found fit for work by the department.

Responding to her concerns, in a document marked "OFFICIAL – SENSITIVE", DWP claimed that its policy on how to respond to such cases "regrettably was not followed in this case".

Mr A, a 60-year-old man from north London, died in the autumn of 2013 and the inquest took place early last year, but the coroner's report has only been uncovered by Disability News Service (DNS) this week.

At the time of his death, Mr A had been receiving anti-depressants and talking therapy and was apparently engaging with an employment support officer.

In her narrative determination – or verdict – the coroner said: "The anxiety and depression were long term problems, but the intense anxiety that triggered his suicide was caused by his recent assessment by the Department for Work and Pensions (benefits agency) as being fit for work, and his view of the likely consequences of that."

The former orthopaedic surgeon, employed by Atos Healthcare, who carried out the WCA, concluded that Mr A was "at no significant risk by working" and failed to ask him if he had suicidal thoughts.

Following the inquest, the coroner wrote what is known as a regulation 28 report, on the grounds that evidence revealed during her investigations suggested that there was "a risk that future deaths will occur unless action is taken". That report was sent directly to DWP.

In the report, Hassell said the Atos healthcare professional had failed to take into account the views of any of Mr A's doctors during a 90-minute assessment, telling him the DWP decision-maker would look at that evidence instead.

But the DWP decision-maker did not request any reports or letters from Mr A's GP (who had assessed him as not being well enough to work), his psychiatrist (who had diagnosed him with recurrent depression and panic disorder with agoraphobia), or his clinical psychologist (who had assessed him as "very anxious and showing signs of clinical depression").

Instead, Mr A was found fit for work. Six months later, he killed himself.

The coroner said in her report that she believed that action should be taken "to prevent future deaths" and that DWP had the power to take such action.

In its response to her report, DWP said there was a "clear policy that further medical evidence [should be requested]in cases where claimants report suicidal ideation in their claim forms which regrettably was not followed in this instance".

It said it planned to issue a reminder to staff about this guidance, but appeared to make no further suggestions for how to prevent further such deaths.

Mr A had had anxiety and depression and had been claiming disability-related income support for more than 10 years.

He was one of those assessed in the "migration" process that has seen hundreds of thousands of former claimants of disability-based income support, severe disablement allowance and incapacity benefit assessed for the new employment and support allowance (ESA), introduced by the Labour government in 2008.

Mr A was turned down for ESA in October 2012, and then made a fresh application the following month, in which he expressed suicidal thoughts.

But no further medical evidence was requested and after a further WCA, he was again turned down for ESA.

After six months claiming the mainstream jobseeker's allowance, he killed himself.

A spokesperson for Disabled People Against Cuts said: "This coroner's verdict gets right to the essence of what is going so badly wrong with ESA.

"Where people have previously argued that suicide has multiple causes, and one alone cannot be blamed, the coroner in this case rightly identified that withdrawal of ESA was a 'trigger' of suicide.

"This is a ground-breaking verdict, which must now put the onus on the DWP to explain themselves since the response they provided to the coroner was pitiful, callous and inadequate."

The DPAC spokesperson added: "If you go to any high street and ask people if someone who is suicidal should go to work, they will look at you in horror and say no.

“So how has a system been constructed that is so bureaucratic and inhuman that the people operating it could not see that?

“Not just once but twice they declared this person fit to work, displaying both times not the merest shred of common humanity, empathy or even common sense.

“ESA is a failed and discredited system that has been shown to cause avoidable loss of life, hardship and misery to vast numbers of people. It must be immediately stopped.

“The current DWP is not a fit and proper organisation to assess people’s benefit claims.

“It’s bad enough that DWP practices are clearly a risk to human life; it is worse that they seek to hide information, delay release and, only when they are forced to, supply incomplete data that amounts to misinformation.

“This amounts to intentional negligence and an urgent, thorough, independent investigation is needed to find out the true extent of what has happened.

“Until all of these steps are taken, people will continue to die needlessly.”

John McArdle, co-founder of the grassroots group Black Triangle, said the case provided “the first irrefutable evidence from a member of the judiciary that the DWP’s WCA regime has been directly responsible for the death of a disabled person and that there exists no reliable mechanism for doctors to flag up substantial risk”.

He said: “It is now incumbent on the government to respond swiftly and meaningfully. Not to do so will only tell us one thing: that this is a government that doesn’t care whether disabled people live or die.

“Black Triangle has been campaigning since 2012 for an effective safety protocol to be put in place to assess risk and I sincerely hope that this will be a wake-up call and that primary care stakeholders will join with us and the opposition in making sure that such protocols are put in place without any further delay.”

Dr Stephen Carty, medical adviser for Black Triangle and himself a GP, said the case provided “clear and irrefutable evidence of systemic failure”, including the use of a former orthopaedic surgeon to risk assess a claimant with a mental health condition.

He said: “Unless they make a meaningful change, there will be more cases like this.

“The coroner has quite correctly identified some of the dangerous, systemic failings in the WCA that effectively allows disability denial and harm to occur.”

He said: “It is clear that what safeguards there are, are utterly ineffective.”

DWP said in its response to the coroner’s report: “While the Department is committed to continuously improving processes for this group wherever possible, with such a large numbers [sic]of people involved in this system there will inevitably be instances where processes are not conducted in line with the stated policy."

It added: "It remains important to retain a balance between the added value of further evidence in any claim for ESA and time demands on GPs and other healthcare professionals."

It said the WCA process remained under "continual review and development", including through five independent reviews, and concluded: "We have noted the issues in this case and will continue to monitor our policies around assessment of people with mental health problems while we await the outcome of related litigation."

This "related litigation" concerned whether DWP should request further medical evidence for all claimants with mental health conditions, and was still working its way through the legal system at the time the coroner's report was written early last year.

DWP finally promised in March this year – at the conclusion of the legal case – that it would work with Maximus, the controversial US outsourcing giant that took over the WCA contract from Atos this year, to develop a pilot programme to test new ways of collecting evidence for ESA claimants with mental health conditions.

But so far – more than six months after that promise, and more than 18 months after the coroner's report was sent to DWP – there has been no sign of a pilot.

DWP's press office is currently not responding to questions from DNS.

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Atos | Black Triangle | Coroner | Department for Work and Pensions | DPAC | Maximus | Regulation 28

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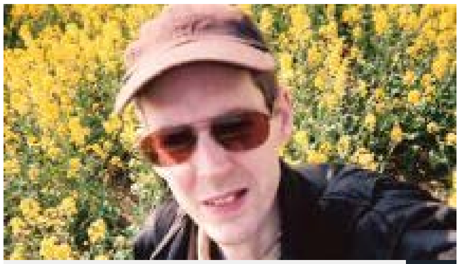

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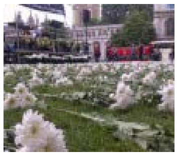

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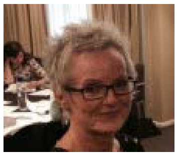

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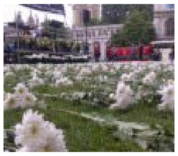

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Six years on, and still no DWP progress on ‘further medical evidence’

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BY JOHN PRING ON MARCH 10, 2016 BENEFITS AND POVERTY

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Work and pensions ministers have been accused of another attempt to avoid improving the safety of its “fitness for work” test for benefit claimants with mental health conditions.

A year after ministers told a tribunal – following a lengthy judicial review – that it would test ways to make the work capability assessment (WCA) safer by collecting medical evidence about each claimant from their doctor and psychiatrist, the promised pilot project has still not been launched.

DWP’s efforts to avoid taking steps to improve the safety of the WCA – by ensuring that all the necessary evidence is gathered before a decision on a claim for out-of-work disability benefits is taken – stretch back all the way to April 2010.

Six years ago, coroner Tom Osborne wrote to DWP to express concerns that it did not automatically seek further medical evidence from a claimant’s GP or psychiatrist if they had a mental health condition, following an inquest into the death of Stephen Carré in January 2010.

DWP finally unearthed a draft response to Osborne’s letter last month, but it has all but admitted that it was never sent to the coroner.

Four years later, in 2014, another letter was sent to DWP by a coroner, raising the same concerns and making almost identical recommendations, this time following the death of Michael O’Sullivan, from north London.

And almost exactly one year ago today, after the upper tribunal administrative appeals chamber ruled that the WCA discriminated against some people with mental health conditions, DWP promised to work with Maximus – the discredited US outsourcing giant that had just taken over the WCA contract from Atos – to develop a pilot programme to test new ways of collecting further medical evidence.

But that pilot project has still not begun.

In January, DWP told lawyers from The Public Law Project, who represented the two claimants who took the judicial review case, that it had been working with Maximus on a “feasibility study”, which had to be completed before the work could begin.

A spokeswoman for the Mental Health Resistance Network, which was behind the judicial review which tribunal case, said the aim of the pilot project would be to find a “reasonable” way to remedy the discrimination faced by claimants with mental health conditions.

But she said: “All we are getting back is ‘they are in discussion, they are in discussion.’”

The network is planning a campaign to demand that if and when DWP eventually launches the pilot project, the government is completely transparent in how it is carried out.

But the MHRN spokeswoman said she feared the government would conduct the pilot in such a way that would make it look as if gathering further medical evidence was an “unreasonable” adjustment to make under the Equality Act.

She also said she was “shocked and disgusted” that DWP had never informed their lawyers about the existence of the Stephen Carré coroner’s letter, or – later on in the case – the Michael O’Sullivan letter.

She said: “They withheld very significant evidence from that court case.”

DWP repeatedly refused this week to confirm that the pilot project has yet to start.

A DWP spokesman said the government began work with Maximus in December to “develop new and better processes for people with mental health conditions”.

When DNS asked for further clarity, he then added: “We started testing new processes with [Maximus] in December.

“We will analyse the findings once we’ve completed this work and then make a decision concerning the next steps.”

When DNS asked again whether this meant the pilot project had not begun, he said: “The testing is a key part of this process, which is currently on-going.”

DNS asked yet again whether this meant that the pilot had not yet started, he said: “As previously stated, work has already begun on this with initial testing starting in December.”

But DNS has since seen a letter from a DWP lawyer to The Public Law Project, which states that the work that began in December related to “a small-scale feasibility test” and not the “larger-scale pilot”.

This letter states that the test is “likely to take three to four months, following which the result will be evaluated and the learning and improvements suggested by the feasibility test will be incorporated into the proposed process to be tested in a larger-scale pilot”.

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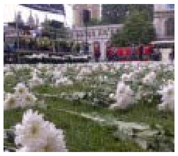

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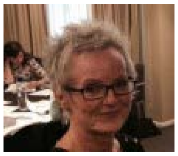

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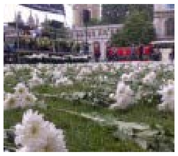

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WCA death scandal: Ministers ‘failed to pass 2010 suicide report to Harrington’

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BY JOHN PRING ON NOVEMBER 9, 2015 BENEFITS AND POVERTY

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Ministers appear to have failed to hand a crucial report about the work capability assessment – warning it put at risk the lives of thousands of people with mental health conditions – to the expert they commissioned to review the test.

An investigation by Disability News Service (DNS) suggests that work and pensions secretary Iain Duncan Smith (*pictured*) and employment minister Chris Grayling neglected to pass on a legal letter written by a coroner in the wake of the suicide of a disabled man, Stephen Carre, in 2010.

The letter – written under Rule 43 of the Coroner’s Rules – said Carre’s death had been triggered by being found “fit for work”, and it called for a review of the policy not to seek further medical evidence from a GP or psychiatrist if a claimant has a mental health condition.

A coroner could only write a Rule 43 letter – a system replaced in 2013 – if he or she believed that the evidence they heard in an inquest “gives rise to a concern that circumstances creating a risk of other deaths will occur or will continue to exist in the future”.

It is the second letter uncovered by DNS to have been written by a coroner to warn about the failure to seek further medical evidence when assessing the fitness for work of someone with a mental health condition, and was written more than three years before a similar report into the death of Michael O’Sullivan, from north London.

Although the Rule 43 letter relating to Stephen Carre was sent to the Labour work and pensions secretary, Yvette Cooper, it arrived on 30 March, just a few days before the start of the 2010 general election campaign.

Rule 43 gave ministers 56 days to respond to the letter, but nothing – apart from what is believed to have been a holding reply by the department’s permanent secretary on 4 May 2010 – had been sent to the coroner by October 2010, five months after Duncan Smith and Grayling had taken up their posts in the Department for Work and Pensions (DWP).

And the letter does not appear to have been passed by ministers to Professor Malcolm Harrington, who was appointed by Grayling to review the “fairness and effectiveness” of the WCA for the government in late June 2010.

Harrington has told DNS that he believes he was not shown the coroner’s report.

He said: “I cannot recall the report. Nobody brought it to my attention that I can remember.

“If I had known about that coroner’s report, I would have said that this was something else we need to look at.

“I am a doctor, I know about coroner’s reports. Coroner’s reports are something that you don’t ignore.”

He said the need to secure further medical evidence was a consistent concern during the three reviews he carried out, and he made it clear in his third – a recommendation that has still not been implemented by the government, three years later – that decision-makers should “actively” consider seeking further medical evidence.

He said that, if he had been shown the coroner’s letter, it would almost certainly have led to him making recommendations far earlier about the need to seek further medical evidence.

He said this was particularly important for claimants with mental health conditions, like Stephen Carre.

He said: “Of course! They weren’t picking up this additional information that should have been right up front. It would have brought forward the best evidence.”

Asked how he felt about Grayling’s apparent failure to pass on this information to him, he said: “No comment.”

Stephen Carre, who lived alone in Eaton Bray, Bedfordshire, had been found “fit for work” after an assessment by a doctor working for the government contractor Atos Healthcare, with the final decision that he was not eligible for out-of-work disability benefits – again, with no effort made to consult his doctor, psychiatrist or community psychiatric nurse – made by a DWP civil servant.

He took his own life in January 2010, just days after learning that a reconsideration of the decision, by DWP, had confirmed that he was “fit for work” and so not eligible for employment and support allowance (ESA), the out-of-work disability benefit launched by the Labour government in October 2008.

His father, Peter, told DNS that Atos, its assessor and DWP had all failed Stephen.

He said: “Anyone could have seen that Stephen was incapable of work. It is totally beyond me how they could have found him fit for work.

“If they had gone to his GP or his psychiatrist, I have no doubt the result of his assessment would have been different and he would probably still be with us today.”

The Ministry of Justice has confirmed that although it has a copy of the coroner’s report into the death of Stephen Carre, it has no record of a DWP response, even though DWP had a legal duty to respond to the report.

The office of the coroner who wrote the report, Tom Osborne, has not yet been able to confirm whether he received a response, because the relevant files are being retrieved from the archives.

But Harrington said: “If they didn’t respond, they are definitely in breach of the regulations.”

Despite the coroner’s letter, a DWP spokesman said: “Suicide is a tragic and complex issue and there are often many reasons why someone takes their life, so to link it to one event is misleading.”

The spokesman said that a response was sent to the coroner on 4 May 2010, but he has yet to confirm that this was merely an acknowledgement of the Rule 43 letter, or a holding response.

DNS has seen a letter sent to Peter Carre on 6 October 2010 in which the coroner said he had “yet to receive a substantive response” to his Rule 43 report from DWP.

Asked whether Grayling, who is now leader of the House of Commons, and Duncan Smith responded to the coroner’s letter and carried out the review of the issue raised by the coroner, he pointed to the five independent reviews of the WCA, carried out by Harrington and Paul Litchfield, and to the “significant improvements” made to the assessment since 2010.

He said these improvements included “improving the opportunities people have to present medical evidence”, and improvements to the process for people with mental health conditions, while he said the percentage of people with mental health conditions receiving the highest level of ESA support “has more than tripled since 2010”.

He said: “The WCA now has a much greater focus on what someone can do and on the impact of mental health conditions on someone’s capability to work.”

The DWP spokesman said claimants were “encouraged to provide all evidence that will be relevant to their case at the outset of the claim, including medical evidence supplied by their GP or other medical professionals”, while WCA assessors are “expected to seek further evidence” if it would help them award ESA without the need for a face-to-face assessment.

He said DWP decision-makers “assess all available evidence and seek more if required to reach their decision”.

But he admitted that DWP was still in discussions with Maximus – which took over the WCA contract from Atos earlier this year – to “pilot new evidence-seeking processes for claimants with mental health conditions”, more than five years after Stephen Carre’s death.

Asked whether Grayling and Duncan Smith were shown the letter, he said: “I don’t know. I can’t answer that question.”

He also claimed he did not know whether anyone in the press office had asked Duncan Smith about the coroner’s letter.

And asked whether the two ministers ensured that Harrington was shown the coroner’s letter, he said: “I’m not able to answer that. I don’t know the answer to that.

“What I do know is that Malcolm Harrington had access to a huge range of information. Whether he saw this one particular letter, I don’t know.”

In a written statement to questions from DNS, the spokesman declined to say whether Duncan Smith and Grayling would apologise to the families of Stephen Carre and Michael O’Sullivan.

Osborne’s Rule 43 letter emerged through a freedom of information request by DNS to the Ministry of Justice.

The request was submitted* after DNS uncovered a coroner’s report written in January 2014, following the death of Michael O’Sullivan, a father-of-two from north London, which said that the decision to take his own life had been triggered by being found fit for work.

Questions about the O’Sullivan case were raised twice last month at prime minister’s questions, by the SNP’s Westminster leader, Angus Robertson.

The O’Sullivan family said in a statement: “We would like to extend our sincere condolences to the Carre family and our sincere sympathies for their son, Stephen, whose untimely death mirrors our father’s in many tragic ways.

“Peter Carre has shown great resilience in reliving this tragedy in such a public manner.

“Having to relive our loss two years on has been very distressful and upsetting, but we felt that anything positive that could be learned from our father’s death was worth it.

“We stand by what we have always said, that the WCA is not a fit or a fair way to assess people with a mental health disability or any disability.

“It is heart-wrenching to hear that in 2010, three years before our father took his own life, Stephen Carre did the very same due to the cruel WCA.

“Had the DWP acted as it should have done in Mr Carre’s case, had it learned from its failings then, we firmly believe that our father’s death would have been preventable.

“Instead we are forced to spend another Christmas without our much-loved father. It is utterly devastating. Our family is shattered beyond repair.”

Atos refused to respond to requests for a comment.

**The Stephen Carre report did not emerge at the same time as the Michael O’Sullivan report because legislation was updated in 2013, which meant references to the two reports were filed in separate online locations by the Ministry of Justice. The post-2013 reports are available in full, but the Rule 43 reports are only available in summary*

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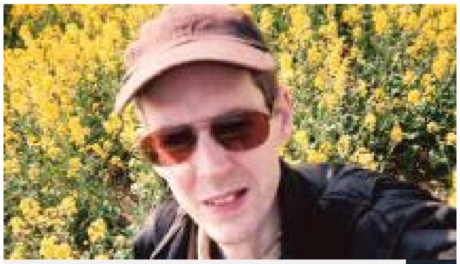

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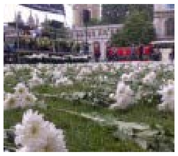

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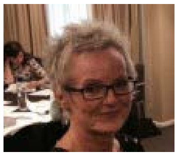

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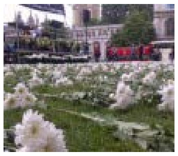

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PIP investigation: Regulator refuses to act over Capita assessment report ‘lies’

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BY JOHN PRING ON FEBRUARY 9, 2017

BENEFITS AND POVERTY

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A healthcare regulator has decided that a notorious benefits assessor will not face any disciplinary action over allegations of dishonesty, even though his former employer admitted that he lied in an assessment report.

Paramedic Alan Barham still faces being struck off for comments he made to an undercover reporter while working for the government contractor Capita, which were aired in a Channel 4 Dispatches documentary last April.

But the Health and Care Professions Council (HCPC), which is investigating Barham’s actions, has decided that separate allegations that he lied in a report he wrote after assessing a disabled woman’s eligibility for personal independence payment (PIP) will not be dealt with by a disciplinary hearing.

The conclusions reached by the council will add to concerns that regulators are failing to act when they receive complaints from disabled people that healthcare professionals have written dishonest reports after carrying out face-to-face PIP assessments.

Following a two-month investigation, Disability News Service (DNS) has collected scores of cases of disabled people who claim that PIP assessors like Barham lied repeatedly in reports produced for the Department for Work and Pensions.

Undercover footage from the Dispatches programme (*pictured*) showed Barham admitting that he sometimes completed his PIP assessment reports before even meeting the claimants.

He also told an undercover reporter that he could usually “completely dismiss” what he was told by PIP claimants, and made offensive comments about an overweight claimant who was unable to carry out her own personal care.

After watching the programme, two disabled people who had been assessed by Barham lodged complaints about his behaviour, based both on the documentary and on reports that he had written following face-to-face assessments of their entitlement to PIP.

An HCPC investigating committee has now concluded that the comments Barham made in the documentary are serious enough for him to be found guilty of “misconduct and/or lack of competence” if a disciplinary panel finds them proven.

But the committee has also decided that allegations about the two PIP assessments carried out by Barham – which were not part of the documentary – are not serious enough to merit findings of misconduct and/or lack of competence, even though Capita has already concluded that Barham lied in one of the assessment reports.

The committee concluded that the allegations concerning lying and other failings in assessments “could be considered to fall short of the expected standards of a Paramedic” but “do not, in the Panel’s view, constitute misconduct and/or lack of competence”.

David Nicholls, from Northampton, the husband of one of the PIP claimants, has told DNS of his anger and frustration at the way

HCPC has dealt with the case.

DNS has seen Capita’s response to his complaint about the assessment report Barham wrote following an assessment of his wife, Jacqueline, in March last year, a month before the Dispatches documentary was screened.

As a result of the assessment, she was found ineligible for PIP.

It was only after the documentary was aired and DWP agreed to allow her to be reassessed that she was granted the enhanced rate for both the daily living and mobility components of PIP.

In the response to the Nicholls complaint about Barham, a Capita senior complaint handler wrote: “You stated that you disagree with the content of your assessment report and that you believe [Barham] had made inaccurate assumptions and had lied in his report…

“Based on the outcome of my investigation, I uphold this element of your complaint.”

In his report, Barham repeatedly stated that what he was told by Jacqueline Nicholls was not backed up by the tests he carried out during the assessment.

But David Nicholls said Barham had ignored the impact of his wife’s brain injury on both her physical and mental functioning, including her seizures, her confusion when asked too many questions, the lack of feeling in parts of her body, her memory problems, and her tendency to get lost when on her own.

Barham reported instead that she could plan and follow routes, understand complex written information without any help, and make her own budgeting decisions.

Nicholls said: “He has misled people with the findings in his report in the worst possible way.

“His assessment gave no consideration to brain injury at all. Jacquie could not take it in.”

He said that the effect of dishonest assessors like Barham on disabled people was “devastating”.

He said he was “very upset” by the HCPC decision, which he said showed that it was “letting down any person who feels they have been badly treated or assessed.

“It sends out the message that no matter what your assessor does or says, they will get away with it. They will be protected and never seen to be at fault.”

An HCPC spokeswoman said: “We can confirm that complaints against Alan Barham are currently being investigated through our fitness to practice process and an allegation pertaining to these matters has been referred to the conduct and competence committee.

“However, due to the ongoing nature of the investigation and our duty of confidentiality to all parties involved it would be inappropriate for us to comment any further at this stage.

“Once the matter is listed for final hearing the full details of the public allegation will be published on our website four weeks prior to the hearing date.”

She later added: “I can confirm to you that [the Dispatches claims]are the only allegations going forward to the final hearing, they are now the only two allegations in the public domain.

“Essentially, this means [the allegations concerning the two PIP assessments]will not be further considered.

“However as this is a private document stemming from an independent panel decision we cannot provide any further comment on the reasoning behind this.”

DNS has approached Barham for a comment, but he had not replied by noon today (Thursday).

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USER RATINGS (1 VOTES) ☐ ☐ ☐ ☐ ☐

Alan Barham | Capita | Dispatches | HCPC | PIP

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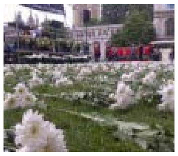

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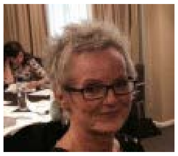

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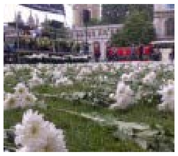

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Ministers hid secret death reports from their ‘fitness for work’ test reviewer

3

BY JOHN PRING ON DECEMBER 22, 2016

BENEFITS AND POVERTY

Listen

Government ministers failed to show secret reports into the deaths of benefit claimants to the independent expert they commissioned to review their much-criticised “fitness for work” assessment, new evidence suggests.

A Department for Work and Pensions (DWP) response to a Disability News Service (DNS) freedom of information request shows that seven of its secret “peer reviews” should have been shown to Professor Malcolm Harrington as he was preparing his final report into the work capability assessment (WCA).

Peer reviews have to be carried out whenever “suicide is associated with DWP activity”, as well as in some other cases involving deaths of disabled or “vulnerable” claimants.

DWP only started collating the peer reviews centrally from February 2012 and Professor Harrington published his final report on the WCA in late November of the same year.

DWP admits in its freedom of information response that “there were seven peer reviews, from February 2012 until Professor Harrington’s report of that year, in which the terms ‘WCA’ or ‘Work Capability Assessment’ were mentioned”.

The DWP response adds: “The Department does not hold any information to confirm or deny whether these Peer Reviews were shared with Professor Harrington.”

Redacted versions of 49 peer reviews were finally released in May this year – dating from 2012 to 2014 – following another DNS freedom of information request and a ruling from the information rights tribunal.

But these peer reviews were not dated, and so it is impossible to work out which of them are the seven from 2012.

When shown the latest DWP freedom of information response, Professor Harrington, who carried out the first three reviews of the WCA – in 2010, 2011 and 2012 – told DNS that he was convinced that he would remember being shown “such damning indictments of the system”.

He said: “I have NO recollection of seeing any of the reviews you mention.

“Maybe my brain is failing, but such damning indictments of the system – if seen – should have triggered a response from me. It didn’t.”

Professor Harrington has already told DNS – last year – that he believes he was not shown a letter by DWP that was written by a coroner to ministers following the suicide of Stephen Carré in January 2010.

When they were appointed in May 2010, Iain Duncan Smith and Chris Grayling assumed responsibility for responding to the letter, written by coroner Tom Osborne, who carried out the inquest into Carré’s death and raised serious concerns about the safety of the WCA.

Osborne had asked the Labour work and pensions secretary Yvette Cooper – who never saw the letter, as the general election was called just days after it arrived – to review the policy not to seek medical evidence from a GP or psychiatrist if someone applying for out-of-work disability benefits had a mental health condition.

But Duncan Smith, Cooper’s successor, and Grayling, his employment minister, appear to have dismissed the letter, and failed to show it to Professor Harrington, while deciding to roll out the test to hundreds of thousands of long-term claimants of incapacity benefit, many of whom had mental health conditions.

Professor Harrington told DNS last year: “I cannot recall the report. Nobody brought it to my attention that I can remember.

“If I had known about that coroner’s report, I would have said that this was something else we need to look at.

“I am a doctor, I know about coroner’s reports. Coroner’s reports are something that you don’t ignore.”

Taken together, the evidence suggests strongly that DWP deliberately withheld vital evidence from Professor Harrington about serious flaws with the WCA that were causing the deaths of people with mental health conditions.

This information would almost certainly have persuaded him to take action that would have made it harder for DWP to fulfil its aim of finding more people with mental health conditions “fit for work” and allowing it to cut its spending on out-of-work disability benefits.

The new evidence is likely to strengthen calls for Duncan Smith and Grayling to face a criminal investigation for misconduct in public office.

It came just as Scottish criminal justice agencies were rejecting a request to investigate the failure of the two ministers to improve the safety of the WCA, despite evidence that their neglect caused the deaths of at least three Scottish benefit claimants with mental health conditions*.

Linda Burnip, co-founder of Disabled People Against Cuts, said: “Sadly, little shocks me nowadays about the callous and inhuman behaviour of the previous Condem and current Tory government, but a failure to pass on vital information to the expert they employed to review their failing policy is more than just total incompetence and is nothing short of criminal.”

A DWP spokeswoman said the current work and pensions secretary, Damian Green, did not believe there should be an independent inquiry into the apparent failure of Duncan Smith and Grayling, and senior civil servants, to pass on vital information to Professor Harrington about the safety of the WCA.

She said he also did not believe that a criminal investigation was now necessary into the actions of Duncan Smith and Grayling.

Asked why DWP did not have a record of which documents were shared with Professor Harrington, she said: “As the FoI stated, the department does not hold information on this matter.

“We are constantly reviewing our processes and procedures and have made significant improvements to the work capability assessment, such as introducing mental health champions, and ensuring that claimants who are likely to be found fit for work receive a telephone call to explain the decision and check whether all the evidence has been considered.

“It is important we make sure that people are receiving the right support, and they are not simply written off to a life on benefits.

“The work capability assessment has been improved dramatically since 2008 following a number of reviews, including five independent ones.”

**See separate story*

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DWP | Iain Duncan Smith | Peer reviews | Professor Malcolm Harrington | wca

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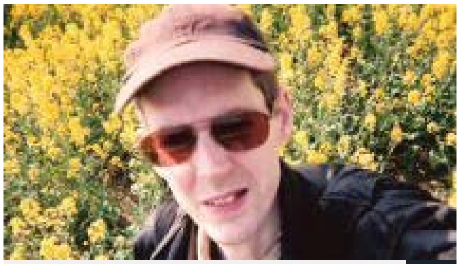

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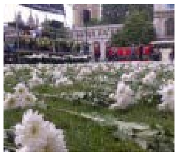

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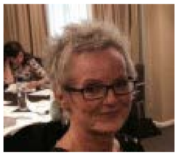

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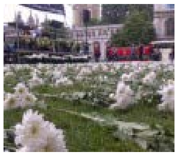

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Criminal justice agencies reject call to investigate Duncan Smith's WCA failings

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BY JOHN PRING ON DECEMBER 22, 2016 CRIME

Listen

Scottish criminal justice agencies have rejected pleas to investigate the failure of two ministers to improve the safety of the government’s “fitness for work” test, despite evidence that their actions caused the deaths of at least three benefit claimants.

Police Scotland was asked in March to investigate allegations of “wilful neglect of duty” by former Department for Work and Pensions (DWP) ministers Iain Duncan Smith and Chris Grayling.

A dossier containing details of the deaths of three benefit claimants with experience of mental distress was passed to Police Scotland by the Scottish grassroots campaign network Black Triangle.

The three claimants – Paul Donnachie, David Barr, and a woman known only as Ms D E – took their own lives in 2015, 2013 and 2011 as a result of grave flaws in the work capability assessment (WCA).

These flaws mirrored those uncovered by a coroner in January 2010, following the suicide of Stephen Carré, and passed to DWP in a prevention of future deaths report just a few weeks before Duncan Smith (*pictured at this year’s Tory conference*) and Grayling took up their new posts following the May 2010 general election.

Black Triangle approached Police Scotland with the dossier in March 2016 because it believed there was clear evidence that the two ministers neglected their duty as public servants in refusing to bring in the changes called for by the coroner, so causing other deaths, including those of Paul Donnachie, David Barr and Ms D E.

Black Triangle said its dossier concluded that, “were it not for the alleged criminal omissions by the two ministers, these and countless other deaths could have been and could yet be avoided”.

But nine months after Black Triangle passed the dossier to Police Scotland, the force appears to have done little to investigate the allegations, other than consulting with the Crown Office and Procurator Fiscal (COPF), the Scottish equivalent of the Crown Prosecution Service.

This week, Edinburgh police confirmed that it would be taking no further action on the David Barr case, while COPF said that it had also decided that no further action should be taken on the Paul Donnachie case.

Police Scotland said that COPF had already decided that there was no link between DWP’s decision to find David Barr fit for work – following a 35-minute assessment by a physiotherapist – and his decision to take his own life a month after being told by DWP he was not eligible for employment and support allowance (ESA).

Maureen Barr, David’s mother, said this week that she was “disappointed” at the COPF decision, but “definitely” still wanted Duncan Smith and Grayling to face justice.

John McArdle, co-founder of Black Triangle, said: "We have been given no detailed information on what legal reasoning has been applied to any of the above matters and there seems to be complete silence on the compelling evidence set out in the case of Ms D E.

"In all the circumstances, this conduct is totally unacceptable and constitutes an insult not only to the families of the deceased but to every disabled and vulnerable Scot and their families who look to Police Scotland and the COPFS to keep them safe.

"This is not over. We are consulting with our legal advisers and will be taking this all the way.

"For disabled people in Scotland and equally throughout the UK these are literally matters of life and death and Black Triangle campaign will not let them down, whether or not the state chooses to.

"We would like to appeal to all of them to continue to support our campaign for justice and to never give in to despair in spite of any and all setbacks."

A COPF spokesman said: "The circumstances surrounding the deaths of Mr Donnachie and Mr Barr have been fully investigated.

"The Procurator Fiscal and Crown Counsel have respectively concluded that no further investigation is required and that no further action should be taken.

"The nearest relatives have been informed of this decision and have been offered an opportunity to discuss it further with the Procurator Fiscal."

Police Scotland has previously said it would only look at the Ms D E case if Black Triangle or Disability News Service were able to pass on her personal details.

But those details have never been made public, as her death was the subject of a report by the Mental Welfare Commission for Scotland (MWCS), which treated her case anonymously and concluded that she killed herself after being told she was not eligible for ESA.

The report linked her death to DWP's failure to obtain medical evidence about her mental health from the professionals who had treated her, just as the coroner had done in the case of Stephen Carré.

This week, MWCS declined to comment when asked if Police Scotland had requested Ms D E's details, stating that it was "for Police Scotland to respond to your request related to any investigation".

Police Scotland and COPF had both refused by 11am today (Thursday) to say whether they had attempted to contact MWCS since receiving the Black Triangle dossier in March.

McArdle said the Police Scotland and COPFS responses “beggar belief” and that an email to him from MWCS earlier this year “clearly shows that the ball was in Police Scotland’s court to contact the chief executive of MWCS”.

He said: “In an open and democratic society operating under the constitutional principle of the ‘rule of law’, we are entitled to require the full facts and complete transparency from our police service and we will not desist until the full facts are revealed.”

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USER RATINGS (4 VOTES)

Chris Grayling | COPF | David Barr | Iain Duncan Smith | Paul Donnachie | Police Scotland | wca

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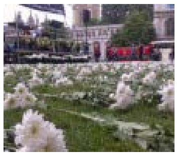

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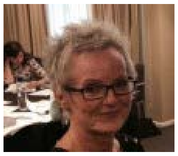

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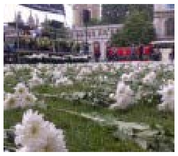

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INVESTIGATION REPORT

Who benefits?

The benefits assessment and death of Ms DE

Contents

Our aim

We aim to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions. We do this by empowering individuals and their carers and influencing and challenging service providers and policy makers.

Why we do this

Individuals may be vulnerable because they are less able at times to safeguard their own interests. They can have restrictions placed on them in order to receive care and treatment. When this happens, we make sure it is legal and ethical.

Who we are

We are an independent organisation set up by Parliament with a range of duties under mental health and incapacity law. We draw on our experience as health and social care staff, service users and carers.

Our values

We believe individuals with mental illness, learning disability and related conditions should be treated with the same respect for their equality and human rights as all other citizens. They have the right to:

- be treated with dignity and respect
- ethical and lawful treatment and to live free from abuse, neglect or discrimination
- care and treatment that best suit their needs
- recovery from mental illness
- lead as fulfilling a life as possible

What we do

Much of our work is at the complex interface between the individual's rights, the law and ethics and the care the person is receiving. We work across the continuum of health and social care.

- We find out whether individual care and treatment is in line with the law and good practice
- We challenge service providers to deliver best practice in mental health and learning disability care
- We follow up on individual cases where we have concerns and may investigate further
- We provide information, advice and guidance to individuals, carers and service providers
- We have a strong and influential voice in service policy and development
- We promote best practice in applying mental health and incapacity law to individuals' care and treatment

Introduction

This investigation was conducted under section 11 of the Mental Health (Care and Treatment) (Scotland) Act 2003. Section 11 gives the Mental Welfare Commission (the Commission) the authority to carry out investigations and make related recommendations as it considers appropriate in a number of circumstances.

The Associate Medical Director (Mental Health) of NHS Board A wrote to the Commission to inform us that Ms DE had unexpectedly taken her own life after an assessment for continuing eligibility for welfare benefits. She had been told that she would not receive Employment and Support Allowance. He had brought this to our attention because the psychiatrists in that area felt that changes in the benefits system were having a major adverse effect on their patients. He felt that it might be helpful to look more closely into the circumstances to see whether any lessons could be learned.

We discussed this at the Commission and agreed that this was a significant case, with issues relevant to many people. Similar concerns had been raised with us by service users, carers and professionals across Scotland. We decided to undertake an investigation into the circumstances of Ms DE's death.

The investigation team was chaired by Mr George Kappler, Deputy Chief Executive and Chief Social Work Officer of the Commission. The lead investigator was Dr Steven Morgan, Medical Officer. Administrative support was provided by Mrs Alison Smith, Casework Manager.

Terms of Reference and Method of Investigation

We set terms of reference for our investigations. In this case, the terms of reference were:

1) Review medical casenotes for an overview of Ms DE's care and treatment prior to and after the Atos Work Capability Assessment.

2) Examine the process by which the Atos Work Capability Assessment was organised and undertaken, including the nature of the clinical assessment.

3) Examine the process by which the result of the Atos assessment was communicated to Ms DE.

4) Explore the relationship, if any, between the Atos Work Capability Assessment and the impact on Ms DE's mental health.

We gathered information for our investigation using the following sources:

1) Review of Ms DE's GP casenotes

2) Review of psychiatry notes

3) Review of psychology notes

4) Review of psychotherapy notes

5) Review of Atos assessment and Department for Work and Pensions (DWP) correspondence

6) Interview with Dr A, the consultant psychiatrist

7) Interview with Dr B, the GP

8) Interview with the Local Authority Welfare Rights Officer, Mrs A

9) Interview with Mrs B, a close friend of Ms DE

10) Interview with Dr C (the Atos doctor who performed the Work Capability Assessment) and Dr D (an Atos clinical manager)

11) Interview with Mr A, DWP officer who carried out a review of the case on behalf of DWP

12) Written materials provided by DWP in response to our questions.

We were able to make contact with Ms DE's family but they did not accept our invitation for an interview.

We took independent advice from a consultant in occupational health. We also undertook a survey of psychiatrists in Scotland to obtain their views on the effect of benefits changes on their patients.

We are aware of numerous reviews, research and widespread public debate on this subject. One of the reasons we undertook this investigation is because the issues identified may affect many people in similar circumstances. However, the remit of the Mental Welfare Commission relates to individuals and this is a detailed investigation into how the nature and process of the Work Capability Assessment may have contributed to pressures that led to Ms DE taking her own life. We hope that our findings and recommendations can complement those of the reviews that have taken place, to the benefit of the health and welfare of other individuals with mental illness, learning disability or related conditions who undergo the Work Capability Assessment in future.

We sent a draft of our report to the DWP and to everyone we interviewed to ensure factual accuracy. We took on board comments as necessary. We also met representatives of the DWP to discuss our recommendations.

We are grateful for the cooperation of all parties who participated in this investigation.

We have included a glossary of relevant terms and abbreviations in Appendix 2.

Chronology

1985
Ms DE's first contact with psychiatry.

1992
Became an out-patient of Dr A, consultant psychiatrist. Diagnosis of recurrent depressive disorder with some features of anxiety.

21 May 2007
First day on Incapacity Benefit. Ms DE had three periods on Incapacity Benefit (21/5/07 – 4/5/08, 15/11/09 – 24/2/10 and 28/6/10 to her death).

28 June 2010
First day of final period on Incapacity Benefit.

18 July 2011
Selected for benefit reassessment by the DWP. Computer-generated letter sent.

27-29 July 2011
An unsuccessful attempt made on each of these three days by the DWP contact centre to telephone Ms DE to give further information and advice about reassessment process and identify if she needed help with the process.

26 October 2011
Assessment by Atos.

1 December 2011
Separate appointments with Dr A and Dr B, her GP.

9 December 2011
DWP decision made – not entitled to ESA, ESA to stop 12/1/12. Two unsuccessful attempts by the DWP decision maker to telephone Ms DE to explain the decision, obtain any additional information and advise options available to her. Notification of decision letter sent by the DWP to Ms DE.

15 December 2011
Telephone call from Ms DE to Dr A. Very distressed due to change in benefits. Dr A put her in contact with welfare rights officer.

19 December 2011
Telephone consultation with Dr A.

20 December 2011
Meeting with Welfare Rights Officer, Mrs A.

22 December 2011
Out-patient appointment with Dr A. No evidence of risk identified. Arrangements made for appointment on 5 January 2012. Also arranged that Ms DE could contact Dr A's team from 29 – 30 December 2011, and out-of-hours service if required. She also had a separate appointment with Dr B on this day.

29 December 2011
Ms DE spoke to Dr A's ST6 registrar, no evidence of risk identified.

31 December 2011
Ms DE found dead at her house after overdose.

23 March 2012
Letter sent to Mental Welfare Commission from the Associate Medical Director of the relevant NHS Board. A number of clinicians had expressed concern about the impact on patients of this process and reassessment.

About Ms DE

Ms DE was in her early fifties at the time of her death. She had worked in several different jobs during her career, including a position in the financial sector and some clerical posts, but was unemployed for the last 21 months of her life. She was divorced with one teenage son, who she saw regularly. She had been in a relationship for several years and was engaged. She lived in her own home, paying a mortgage on this property.

She had been seeing her consultant psychiatrist, Dr A, and her General Practitioner, Dr B, for some 20 years. Dr A usually saw Ms DE in a clinic based at Dr B's GP surgery, which allowed easy verbal communication between the doctors in addition to the usual clinic letters.

Her diagnosis was recurrent depressive disorder with some features of anxiety. She had been prescribed several different medications over the years but at the time of her death she was taking an antidepressant of the SSRI class (a commonly used class of antidepressant) augmented with lithium, indicating an illness that had proved difficult to treat. She also had some significant physical health issues, including cardiac and gynaecological problems. She was signed off work, with the reason stated on the relevant form as "depression". She was clear that she wanted to return to work when she was well enough.

As well as her fiancé and her son, she had regular contact with her parents. She had several friends who she saw regularly. She had met some of these friends through a local church. She also did some voluntary work.

Ms DE's Benefit Assessment

Ms DE had three periods on Incapacity Benefit; the third period started on 28 June 2010. On 18 July 2011 she was sent a letter from the Department for Work and Pensions (DWP) telling her that "the benefit you receive is changing". Ms DE was contacted as part of the Incapacity Benefit Reassessment project. This reassessment began in April 2011 and involved all of the 1.5 million people on Incapacity Benefit being assessed for eligibility for Employment and Support Allowance (ESA). This reassessment of all Incapacity Benefit claimants was planned to take place over a three year period. This was due to changes made in the benefit system as a result of decisions made by the UK government, which were being implemented by the DWP. Ms DE entered the reassessment process in July 2011.

The letter said that she would be assessed to see if she was eligible for Employment and Support Allowance, the benefit that was replacing Incapacity Benefit.

The process would normally involve a claimant completing a self-assessment questionnaire (called "Limited Capability for Work", also referred to as an ESA50). After this, if indicated, the claimant would attend for an assessment, known as a Work Capability Assessment (WCA), carried out by a company called Atos. Atos are contracted by the DWP to perform these assessments on their behalf. After the assessment, Atos send a report to the DWP.

Ms DE later told a Welfare Rights Officer that she had not received the self-assessment questionnaire. The DWP could confirm that Atos had sent Ms DE the questionnaire on 4 August 2011. We could not confirm that it had been delivered. The DWP told us that these questionnaires are not sent by recorded delivery and attempts to make contact with Ms DE by telephone had been unsuccessful. In any event, there was no questionnaire completed.

The usual practice was that when the ESA50 questionnaire was returned a decision was made on the next step in the process. In Ms DE's case, when the ESA50 was not returned it was decided by a healthcare professional at Atos that they would go ahead with a face to face assessment. We were informed that not returning the ESA50 questionnaire would stop the claim unless there was a good cause for not returning it or the claimant had a mental health condition. As the latter was the case, the Work Capability Assessment process continued.

We were told that based on Ms DE's original Incapacity Benefit claim it was felt that there was little to suggest that she would meet the criteria for ESA, so a decision was made not to request further medical evidence from either the GP or hospital consultant before the Work Capability Assessment.

The assessment by Atos went ahead on 26 October 2011. The report was subsequently sent to the DWP.

The DWP staff member who decides on eligibility for ESA is known as the "decision maker". Based on the Atos assessment report, the decision maker decided that Ms DE did not meet the criteria to receive ESA.

The record of the decision made by the DWP decision maker is quoted below:

> "The Limited Capability for Work Assessment test of incapacity assesses the ability to perform specific physical activities and, where there is a mental illness, to cope with day to day living. Points are awarded to reflect limitations and a score of 15 points is needed to satisfy the test. The assessment cannot take account of the requirements of a person's normal occupation.
>
> [Ms DE] did not complete a questionnaire.
>
> On 26/10/11 [Ms DE] was examined by a Healthcare Professional of the Medical Services in connection with the Work Capability Assessment and [Ms DE] described problems with Depression, Heart Failure, Abdominal Problem and Under active Thyroid.
>
> [Ms DE] lives alone and gets up independently most days at the same time, she takes her medication and is able to wash in a shower which is over the bath standing for 10-15 minutes most days. On days when she does not shower she is still able to wash herself. She sits down to dress as she feels tired but is able to complete this herself. She manages to do her housework and does it in stages and usually completes it if getting visitors. She is able to manage stairs by holding on to the rails. She is able to drive and goes out driving every few days and, once a week she drives to the local shop, church, bible study group and drives to her voluntary work. She occasionally drives to her parents' home but her Mum visits a couple of times a week and is able to drive to any appointments. She attended to the examination centre by public transport alone. Once a month she goes to the supermarket and can walk about for 60 minutes pushing a trolley. She watches television in the evening and is able to cook herself simple meals and do things safely in the kitchen. Her adult son (18 years) visits her once a fortnight. The HCP observed that she was able to sit on a chair with a back for 50 minutes; she rose once from this chair which had no arms without physical assistance from another person. She was able to stand independently for 2 minutes without difficulty and walked 15 metres normally into the examination room and had no problems getting on to the couch. She was not breathless on examination and her chest was clear, her lower limb examination was normal.
>
> [Ms DE] is able to self care, and interacts with her family, she does voluntary work with teenagers and speaks to the people at her church. The HCP states she was timid during the assessment but her everything else was normal in the mental state and despite her regular review by a psychiatrist there was no evidence of significant disability of mental health function.
>
> I am satisfied that the descriptors have been fully justified with clinical findings, observations and extracts taken from the typical day history provided by [Ms DE]. The medical report of 26/10/11 was appropriate, complete and covered all the area of incapacity described by [Ms DE] as well as including a comprehensive typical day history and full set of clinical findings.
>
> The Decision Maker has considered the Healthcare Professional's report and has decided that [Ms DE] has not achieved 15 points from the appropriate descriptors. As a consequence, the existing award(s) of [Ms DE] does not qualify for conversion into an award of Employment and Support Allowance. The existing award(s) and entitlement to be awarded credits will terminate from and including 12/01/12."

Instead of receiving ESA, Ms DE would have had to move onto Jobseeker's Allowance (JSA). This would have led to a significant drop in her income. The decision was communicated to Ms DE by two letters on 9 December 2011, after two unsuccessful attempts to telephone her. The first letter stated that she would not be entitled to ESA from 12 January 2012 because she had been "found to be capable of work following your recent Work Capability Assessment." The second letter stated "We recognise that you have a disability or health condition. But to get Employment and Support Allowance you have to score at least 15 points from your assessment. You scored 0 points using the information from the report of the medical assessment you had on 26-Oct-2011." It then proceeded to state that all 17 "Functional Areas" of the assessment and the assessment result for each functional area, scored at zero points. The functional areas and corresponding assessment results are quoted in Appendix 1.

These letters also included information on how to appeal the decision.

Not being eligible for ESA would have caused a significant reduction in Ms DE's benefit payments. She was receiving £94.25 per week on Long Term Incapacity Benefit. Jobseeker's Allowance would have been paid at £67.50 per week (although The DWP subsequently informed us that she might have been entitled to additional funds). If she appealed against the decision she would have received £67.50 per week (on the ESA Appeal Rate) until the appeal was heard. Either way, her welfare benefits would have been reduced by £26.75 per week (a 28% reduction). It is notable that she would have experienced this drop in income even though she was appealing the decision. If she won her appeal she would have received ESA of either £94.25 or £99.85 per week (depending on whether she was placed in the "work-related activity group" or the "support group") backdated so that she did not suffer a financial loss.

Ms DE was upset by the DWP decision and spoke to both Dr A, her consultant psychiatrist, and Dr B, her GP. Dr A introduced her to Mrs A, a Welfare Rights Officer then based at Dr A's hospital. Mrs A gave Ms DE some more information about appealing the decision. Ms DE decided that she did wish to appeal and Mrs A helped her to prepare her written appeal. As part of the appeal Mrs A asked Dr A and Dr B if they would submit supporting letters and both doctors were happy to do this. The appeal form was submitted to the DWP on 21 December 2011.

As Ms DE had been distressed by these developments, Dr A put extra measures in place to support her at that time, which coincided with the Christmas period. She was seen by Dr A on 22 December 2011 and given a phone consultation on 29 December 2011 with Dr A's experienced Specialty Registrar doctor. At both of these appointments she denied any thoughts of suicide or self-harm.

On 31 December 2011 she was found dead at her home. The post-mortem examination found that she had taken an overdose of medication. Toxicology results revealed that some of the medication that she had taken was prescribed, but she had also taken tablets that she had not been prescribed.

Clinical Care

We looked at the clinical care provided to Ms DE by Dr A and Dr B. When Ms DE sought help after learning she would not receive ESA she was seen promptly. Dr A introduced her to the Welfare Rights Officer without delay.

Extra appointments were put in place over the following days. A consultation was arranged for the period between Christmas and New Year. Ms DE was stating that she did not have any ideas of self-harm or suicide. A "safety-net" arrangement was put in place in case she did contact services in a crisis situation. We did not think that there was any fault with the clinical care. A joint Significant Event Review held locally did not identify any defects in the care provided.

Our Interviews

Interview with Consultant Psychiatrist, Dr A

Ms DE had first become a patient of Dr A in 1992. Dr A told us that Ms DE had a recurring depressive illness. The frequency of appointments varied according to her clinical condition.

Dr A told us that Ms DE had been working in the financial sector when he first met her. She had given up that job due to a depressive episode. Dr A described Ms DE as having a very difficult time from 2006 to 2010. He felt that a large part of this was due to stress at work. Ms DE had worked for the NHS locally. At times Dr A was seeing Ms DE on a weekly basis. She had also developed some physical health problems. Ms DE had told Dr A that her job was very stressful. The local Occupational Health Service was involved. She had become more anxious and had taken the decision to resign from work because she could not cope with the stress any longer. Dr A told us that after this Ms DE had tried to get back to work. She wanted to be well and working again.

We asked Dr A about Ms DE's clinical condition around June 2011. Dr A felt that she had been doing well. She had been looking at returning to work but had found some options ruled out due to her physical health.

Dr A heard about the outcome of the benefits reassessment on 15 December 2011 when Ms DE phoned him, very upset about the letter she had received saying that she had received "zero points". Dr A arranged for Ms DE to speak to Mrs A, the Local Authority Welfare Rights Officer, as this was very important for her in terms of considering an appeal against the decision. Dr A felt that the Welfare Rights Officer had a very good knowledge of the benefits system and knew who to contact. She had been located in the office next door to his, which meant that patients could be seen in a familiar setting at short notice. Dr A also arranged to speak to Ms DE again on 19 December 2011. He had spoken to Ms DE about the risk of self-harm or suicide. He had felt that she wasn't at risk and she had assured him that she would contact him if she had any such thoughts.

Dr A was aware of some financial pressure on Ms DE. The subject came up intermittently in clinic. He thought that Ms DE did not have a lot of money but had been managing her finances in a capable way. When Ms DE had received the decision letter from the DWP she had been very worried about her financial situation.

Dr A informed us that there had been no contact from the DWP or Atos requesting any information from him as part of the benefit reassessment process. He said that both he and the GP, Dr B, had felt that their medical opinions should have been sought. He told us that they both felt that they could have worked with the DWP and given an indication of Ms DE's progress towards being able to work again.

When Dr A saw Ms DE again on 22 December 2011 he felt that she was slightly less distressed. She had lodged her appeal against the decision by this point. Dr A hoped that she would get through this upset. He was unaware of any other possible precipitants which could have contributed to her decision to take her own life. He had not thought Ms DE was likely to take her own life.

We asked Dr A if Ms DE had ever expressed any suicidal thoughts or ideas of self-harm. Dr A told us that Ms DE had occasionally had some passive thoughts about self-harm but had never talked about any active plans or done anything about them. When he saw Ms DE on 22 December 2011 there had been no thoughts of self-harm or suicide. Dr A arranged for Ms DE to speak by phone to his experienced registrar doctor on 29 December 2011. This call took place on the scheduled date. Dr A's registrar had recorded that there were no thoughts of suicide or self-harm, and advised her that she could contact the out of hours service over the holiday period if she needed any help.

We asked Dr A if he thought that anything could have been done differently in this case. Dr A said that he thought that it would have been helpful to have known that Ms DE was going to be assessed regarding her benefits. He felt that the DWP could have informed him as Ms DE had said that she had told the DWP that she was in contact with him. He would have liked the opportunity to discuss Ms DE's situation.

Dr A felt that Ms DE may have been able to go for the Work Capability Assessment and present herself well for an hour. She would have tried to do her best for the assessment. Dr A did not think she was fit for work yet at the point when she was assessed. In addition to her mental health problems she had significant physical health issues.

When Dr A found out about Ms DE's death he informed Healthcare Improvement Scotland and his local Clinical Governance Group. This group felt that the case should be referred to the Mental Welfare Commission. A joint Significant Event Review was held with the GP surgery. The review did not identify any faults in the care provided.

Dr A described concerns about other patients undergoing this assessment process. He described patients asking for advice after receiving a letter about an impending assessment. Dr A told us that he advises patients to attend the assessment, and also informs patients that he is happy to write a letter of support. Dr A said that it appeared there was no system by which he would routinely be asked for an opinion or informed that a patient was about to go through this assessment process.

Dr A told us that, in his opinion, patients are very stressed about the assessment but they do go as they see it as a meeting with an "authority". He felt that people "got dressed up" and tried to look their best. Dr A said that he had started writing letters to the DWP for patients who he thought would be greatly distressed by the assessment, asking that they be excused attendance. He told us that some of his patients had been very distressed by the process of reassessment, including a patient who had actually remained on the same level of benefits. Dr A had become increasingly aware of the process patients were going through.

Interview with General Practitioner, Dr B

Dr B had been Ms DE's GP since 1987. Ms DE consulted Dr B quite frequently for both physical and mental health issues. She also saw her consultant psychiatrist, Dr A, at Dr B's surgery.

Dr B recalled that in 2011, Ms DE had been experiencing multiple health problems. She had been undergoing investigations for an impairment of heart function and was to be reviewed by her consultant cardiologist in early 2012. She had other significant physical symptoms which were being investigated. Dr B felt that her physical problems had an effect on her depression and anxiety. Despite this, she made her best efforts to appear well.

Dr B said that he saw Ms DE on 1 December 2011. At this appointment they had discussed what it would be like to make a very gradual return to work on reduced hours at some point in the future. When he saw Ms DE on 22 December the situation had changed. She was very unhappy that her benefits would be changing for the worse. At this appointment she had said that she would appeal and Dr B indicated that he would support this appeal by providing a letter to be submitted. Some extracts from this letter written by Dr B are quoted below for information:

> "I would say at the outset that I strongly support this appeal."
>
> "[Ms DE] has a very long history of significant mental illness starting with depression, anxiety and obsessive compulsive behaviour back in December 1985. She has continued to have significant depression and has been seen regularly by Psychiatrists since that time."
>
> "[…] unfortunately this assessment has dented her confidence and caused a worsening of depressive symptoms […] and as such at present she is certainly unfit for work."
>
> "[…] she is unfit for work mostly due to depression but also her physical symptoms which are due for investigation in the first few months of 2012."

Dr B was shocked when he heard of Ms DE's death. He recalled that she had not been perceived to be at risk of self-harm or suicide on the day that he last saw her. She had never self-harmed in the past and had not been assessed as a high-risk patient. There were no special measures in place relating to the dispensing of her medication as this was not felt to be necessary. Dr B had not been able to identify any other possible precipitants for Ms DE's suicide. He said that she would have had some support from people at her church and the charity she volunteered with.

We asked Dr B if Ms DE had discussed the ESA50 self-assessment questionnaire with him. Dr B said that it was common for patients to discuss this questionnaire but Ms DE had not done this, which made him think that she may not have received the form. Dr B said that neither Atos nor the DWP had contacted him for information before the assessment. He said that, unfortunately in his view, it was standard practice that he was not contacted before assessments.

Dr B said that he had recently been sent some "ESA113 forms" to complete for other patients. Some patients suffering from certain specified severely disabling conditions may be treated as incapable of work without undergoing the Work Capability Assessment. An ESA113 report completed by a GP provides information that may be used to decide that the patient does not need to be examined. There had not been an ESA113 form sent regarding Ms DE.

We asked Dr B about the Significant Event Review held at the practice after Ms DE's death. We also looked at the report completed after the review. The review had been attended by Dr A, Dr B and another GP at Dr B's surgery.

The review noted that Ms DE was hoping to return to employment at some point. It was recorded that she had been seen by the psychiatric team on the same day that she saw Dr B for the last time and she had denied any intent of suicide or deliberate self-harm. The review noted that the benefit assessment may have been the trigger – there was no other known trigger. Ms DE was being dispensed medication on an eight weekly basis but this was not considered unusual for a stable patient. It was felt that the clinical management of Ms DE had been good, with proper engagement of mental health and GP services. The review emphasised the importance of explicitly recording the risk of suicide and deliberate self-harm at all contacts with patients who have a severe and enduring mental illness.

We asked Dr B if he had changed his clinical approach as a result of Ms DE's case. Dr B said that it had highlighted to him the importance of asking about suicidal ideation in a patient with a mental illness. He felt that he had covered this subject with Ms DE.

Interview with Welfare Rights Officer, Mrs A

Mrs A was the Welfare Rights Officer who assisted Ms DE to make an appeal against the DWP decision regarding eligibility for ESA. She was a qualified social worker, employed by the local authority but funded by the NHS.

Mrs A had received a telephone call from Dr A, the consultant psychiatrist, on 15 December 2011. He had explained that he had seen Ms DE at his clinic at the GP surgery and she was very distressed about her benefit situation. Mrs A had spoken to Ms DE on the phone that day and advised her on possible courses of action. On the 19 December, Ms DE phoned to say that she did wish to appeal so a meeting was arranged for 20 December.

At this meeting, Ms DE confirmed that she wanted to appeal. She signed an authorisation form which would allow Mrs A to obtain information from the Job Centre and to act on Ms DE's behalf.

Mrs A said that she hoped the appeal could be resolved in a few weeks, although sometimes it took months. Mrs A thought that it could possibly be resolved quickly as the Job Centre often changed their decision on receipt of medical evidence. Mrs A felt that the decision would be overturned when letters from Dr A and Dr B were submitted.

Mrs A had outlined the actual reduction that Ms DE would receive in her benefit payment. Her £94.25 per week Long Term Incapacity Benefit would be reducing to £67.50 per week (which was the rate for both Jobseeker's Allowance and the ESA appeal rate). Ms DE had become very upset at this point. She had been crying and saying that she didn't know how she was going to manage. She was extremely worried about how she would pay her mortgage. She had already re-mortgaged and was unable to do this again.

Mrs A and Ms DE filled in the appeal form and posted it to the Job Centre that day (20/12/11). Part of the text of the appeal read: "I have both physical and mental health problems which impact greatly on each other. I feel the medical just focussed on my physical health though. I have found going from being an independent working woman to being on benefits extremely hard and has made my depression worse. My heart problems are still being investigated and I see a consultant in February. My health problems affect all activities of daily living."

As part of the appeal they were lodging medical evidence so Mrs A wrote to Dr A and Dr B to request letters of support. Both doctors were happy to provide letters supporting the appeal. The standard practice of Mrs A was to forward this medical evidence once received.

Mrs A explained that the appeal would be logged on the Job Centre system, which would ensure that there was no break in the claim. Benefit would continue to be paid, but at a lower rate from the date that the Incapacity Benefit was due to stop. If Ms DE won her appeal she would receive the shortfall backdated. There would have been a hearing regarding the appeal, with the option of a paper hearing or an oral hearing. Mrs A would have attended the hearing and she thought that Ms DE would have won her appeal.

When Mrs A returned to work after the festive period on 4 January 2012 the letter supporting the appeal from Dr A was waiting for her. The letter from Dr A included the following passages:

> "[Ms DE] has been an outpatient under my care for many years and indeed has suffered from a significant and disabling depressive illness for a lengthy period which unfortunately continues to compromise her ability to work."
>
> "She has symptoms including low mood, anhedonia, lack of motivation and drive, poor concentration and poor sleep pattern and marked negative thinking…"
>
> "My opinion therefore is that at present [Ms DE] is totally incapable of work due to these ongoing symptoms …"

Mrs A forwarded Dr A's letter to the Job Centre. Later that day she was informed of Ms DE's death by Dr A's secretary. Mrs A was shocked and upset by this news. Dr B's letter of support arrived later the same day. This letter was not forwarded to the Job Centre. Instead she wrote informing them of Ms DE's death and requesting a copy of the Work Capability Assessment report.

On 23 January 2012, Mrs A received a letter from the DWP (incorrectly dated 24 November 2011) saying they were sorry to hear of Ms DE's death. A copy of the WCA report was provided.

Mrs A felt that Ms DE wanted to get back to work and would have been well enough to do this at some point in the future. She thought that Ms DE needed some time to get well before going back to work.

Mrs A said that she had been involved in lots of appeals against ESA decisions. This work took up the majority of her working week. In her opinion the success rate for appeals was quite high. Appeals are heard by the First-tier Tribunal, an independent tribunal administered by HM Courts & Tribunals Service. Mrs A thought that this body reviewed all the information and also considered the impact of a claimant's mental health problem.

Importantly, Mrs A recalled that Ms DE had said that she had definitely not received the ESA50 self-assessment questionnaire.

Interview with Mrs B, a friend of Ms DE

Mrs B had first met Ms DE in 2007. Mrs B ran parenting courses for a charity and she met Ms DE through this course. Ms DE had then gone on to take other courses on offer and had become involved with the charity as a volunteer in 2009. Mrs B recalled that around that time Ms DE had been depressed. Ms DE started attending the same church as Mrs B. They were in the same bible study group and Mrs B got to know her well.

Mrs B recalled that in mid-2011 Ms DE was trying to get back to work. An earlier phased return to work had been unsuccessful and this had caused a dip in Ms DE's mood. Ms DE was also suffering from physical health problems.

Mrs B said that Ms DE was worried when she received the letter about the benefit assessment. Ms DE did want to get back to work but was worried about returning at that point, especially after the previous attempt. Ms DE also had financial worries.

Ms DE told Mrs B after the Atos assessment that she was confused about it. She felt that she hadn't been asked the right questions. She thought that she hadn't been allowed to express herself. After hearing that she had received zero points and wasn't eligible for Employment and Support Allowance, Ms DE had been very worried about how she was going to manage financially. She had been tearful and was wandering around her flat.

Mrs B saw Ms DE for the last time on Christmas Eve, 2011 when she delivered a Christmas present. Mrs B received a phone call from Ms DE's brother on New Year's Day, 2012, telling her that Ms DE was dead. Mrs B was shocked by the news, as were their mutual friends.

Mrs B was unaware of any stressful events in Ms DE's life, other than her benefit assessment. Her relationship with her son seemed to be going well – he usually visited twice per week. Ms DE had been sad when her son decided to live with her ex-husband but they had built a good relationship. Ms DE was close to the other members of her family.

Mrs B was also able to tell us about Ms DE's relationship with her fiancé. It seemed to be going well and they had set a wedding date for mid-2012. Preparations were proceeding for the wedding.

The DWP/Atos Processes

The Incapacity Benefit reassessment process was dictated by changes to the law and authorised by the UK Parliament in the Welfare Reform Act 2007 and the Employment and Support Allowance (Transitional Provisions, Housing Benefit and Council Tax Benefit) (Existing Awards) (No. 2) Regulations 2010 (S.I. 2010/1907).

The process to determine eligibility for ESA is called a Work Capability Assessment. Atos are contracted to perform part of this process, including the sending of the ESA50 questionnaire and the face to face assessment. In the face to face assessment the Atos healthcare professional assesses the claimant using a structured framework, combining history-taking and examination. Ms DE was assessed by an experienced doctor with six months' training in psychiatry. The assessment is documented on a computerised system and a report is generated which is sent to the DWP. The Work Capability Assessment uses a points system to give an indication of capability for work. Points are allocated for an assessed lack of functional capability in multiple categories. The points allocated are then summed and compared against thresholds to indicate the assessed level of capability for work.

Ms DE's assessment lasted approximately one hour. The only information that the assessing doctor had before interviewing Ms DE was the one word "depression". This was the reason given for her incapacity benefit claim. As previously stated there was no ESA50 questionnaire and no medical reports. Based on the assessment, Ms DE was allocated zero points.

The Atos report (also known as an ESA85) is sent to the DWP and considered by a DWP staff member who is known as the "Decision Maker". The decision maker may have other information available to them, in addition to the ESA85 report. Before making a decision of disallowance the decision maker attempts to contact the claimant to discuss the likely decision, allowing the claimant to provide relevant additional information. The decision is then made. If the claimant is subsequently unhappy with the decision then there is a right of appeal and information on the appeal procedure is also supplied to the claimant.

The DWP decision maker in Ms DE's case only had the Atos report to consider in making the decision on eligibility for ESA. There were no other medical reports or self-assessment questionnaire. Based on the Atos report, the decision maker decided Ms DE was not eligible for ESA. We asked the DWP about the processes undertaken by the DWP decision maker once the Atos assessment had been received. We received the following answer:

> "The Decision Maker (DM) determines whether the claimant has Limited Capability for Work (LCW) by reviewing the ESA50 (where available), the Atos medical report and personalised summary and any other medical evidence obtained by Atos or provided by the claimant. The DM will consider the merit of each answer and decide what weight to give to the content of the medical report, especially where there are differences between the answers from the claimant and the Health Care Professional (HCP). The level of each activity is measured by points. Part 1 contains activities characterising physical function. Part 2 contains activities characterising mental, cognitive and intellectual function, both are broken down into descriptors. The extent to which a claimant can or cannot carry out an activity is determined by which descriptor applies to that claimant. The test is the ability to perform any work not a specific occupation. If a total of 15 points is reached then the claimant has LCW. The DM must record the final scores for each descriptor

> and the reasons for the decision. If the claimant has LCW the DM will consider whether they also have Limited Capability for Work-Related Activity (LCWRA) and be entitled to the ESA Support Component. The ESA regulations allow the DM to treat a claimant as having LCW even if they do not reach 15 points if they are suffering from a life-threatening disease that is uncontrollable or suffering from a specific disease or bodily or mental disability and there would be a substantial risk to the claimant's mental or physical health if they were not treated as having LCW or LCWRA.
>
> As a result of the Harrington Review of the WCA process all disallowance decisions are, where possible, communicated to the claimant over the phone via a Decision Assurance Call. These calls are designed to explain to the claimant what evidence has been considered, as well as offer the opportunity to submit any further evidence that the claimant feels may affect the decision prior to disallowance and to advise the options available at this stage. Two unsuccessful attempts were made on 9 December to phone [Ms DE], with a gap in between of at least three hours. No messages were left on her answering machine. A decision letter was sent in the post on the same day.
>
> As mentioned [elsewhere] following the WCA when all the evidence had been considered and the DM was minded to disallow on no LCW before that decision was input they would try to contact the claimant by phone to explain what the decision was and to give them the opportunity to supply any further medical evidence they may wish to put forward for consideration. They would also, at this point, if no further evidence was to be presented, explain the claimant's options e.g. claim JSA or request a reconsideration of the decision or appeal. A reconsideration of the decision involves another DM looking at all the evidence again and deciding if it can be "changed".
>
> If they are unable to contact a Mental Health claimant or the DM feels they have not fully understood the situation they could decide to request a departmental Visiting Officer to go and see the claimant and explain the same information and gather any further information from the claimant. The claimant is only disallowed from a "safe date". This would be the next pay day following the issue of the disallowance letter. Until the final decision to disallow is made and the decision letter is issued following this above process the claimant remains in receipt of benefit."

We used this information to guide our interviews with the DWP peer reviewer and Atos medical staff.

Further Interviews

Interview with Mr A, DWP Peer Reviewer

We spoke to Mr A, a DWP Senior Executive Officer, who conducted the DWP peer review of the handling of Ms DE's benefit reassessment. The peer review in this case is a solely paper-based internal process. It reviews all the relevant DWP documentation. Mr A had been asked to carry out the peer review by a senior executive within the DWP in September 2012. Mr A carried out the peer review on a single-handed basis, without any contribution from medical staff. As such, there was no effective peer review carried out.

We heard that the peer review process involves creating a timeline and examining the five stages of the benefit claim. We were told that the five stages are: the initial letter being sent; the ESA50 form; the Atos examination; the decision making; and appeal and closure.

Mr A told us that his review had found that staff had followed the agreed process. He added that he found nothing in the Atos report or in Ms DE's comments during the assessment to suggest that she was likely to take her own life. In his role as peer reviewer, Mr A told us that he had not identified any deficiencies in the DWP processes in this case. However, in his personal opinion (as opposed to his opinion as peer reviewer), he had identified some "missed opportunities". He said that it was difficult to know if these would have made any difference to the decision making. Mr A then talked us through the five stages of the claim listed above.

Stage 1 – initial letter being sent

We were told that Ms DE's case had been selected for review on 18 July 2011 and a computer-generated letter was sent. Ms DE had indicated a preference for telephone contact. DWP staff made three phone calls to Ms DE on separate dates but all were unanswered. The purpose of these calls was to offer advice about the assessment process and to find out if she needed any additional help with the process. Mr A told us that it had been noted that Ms DE had an answering machine. It was not part of the DWP guidance for staff to leave messages. In Mr A's personal opinion (as opposed to his opinion as peer reviewer), if DWP staff had left messages then Ms DE might have called back. We were subsequently informed by the DWP that guidance on leaving telephone messages was introduced in late 2011.

Stage 2 – the ESA50 form

Mr A told us that the ESA50 form had been issued on 4 August 2011 according to the DWP records. We had previously heard that Ms DE had said that she did not receive this form. There was no proof that the form had actually been delivered to Ms DE. We asked Mr A if it was common for claimants not to complete an ESA50 form. Mr A said that he was aware that some people do not complete the form. He told us that he thought that claimants should supply the information requested as it was in their best interests.

Stage 3 – the Work Capability Assessment (performed by Atos)

Mr A said that he had not found anything in the process of the Work Capability Assessment that had not been done properly. He noted that the Atos assessing practitioner did not have any additional information, such as the letters submitted with the appeal. However, he felt that everything contained in the letters was discussed at the interview and the Atos professional had come to a different conclusion about Ms DE's capability for work.

Mr A said that if the ESA50 had been available it might have provided more information, but that could never be known. We were told that the claimant would not be routinely asked as part of the assessment process if they had received an ESA50. There was also no process at the DWP to telephone a claimant to ask if they had received the ESA50.

Mr A was satisfied that the Atos report had been completed in line with the DWP guidance.

Stage 4 – the decision making process

The decision making process was based on the information available, namely the Work Capability Assessment report only. Mr A told us that the decision makers are Executive Officers with experience in the benefit system and specific training for the role they are performing. The decision taken was that Ms DE did not have limited capability for work and correspondence was sent advising her of this decision. The DWP decision maker was required to make two efforts to phone the claimant (with the calls at least three hours apart) to offer an opportunity to talk about the decision and to allow the claimant to provide additional relevant information. The calls were made but there was no answer and no messages were left on Ms DE's answering machine. Again, it was not part of the DWP guidance to leave messages on answering machines. There had been no indication to the decision maker that Ms DE was at risk of suicide or self-harm. Mr A felt that the steps taken by the decision maker and the decision reached showed "nothing untoward."

Stage 5 – the appeal and closure

The appeal form was received within the required timescale. Mr A said that he could not add much more information due to Ms DE's death shortly after the form was received.

Overall observations

Mr A felt that DWP staff had worked appropriately within the relevant guidance. He told us that he had recommended that the DWP guidance on vulnerable claimants should be re-publicised. This guidance defines vulnerable claimants as those people who have difficulty in coping with the demands of the service. It is there to help staff identify and make judgements about those claimants for whom it would be more appropriate to deliver services face to face. Ms DE had not been regarded as a vulnerable claimant. Had she been regarded as a vulnerable claimant she might have had a home visit to explain the decision and discuss her options. We were subsequently told by the DWP that new guidance on vulnerable claimants has since been issued.

As peer reviewer, Mr A had not mentioned the subject of leaving messages on a claimant's answering machine.

We were told that Ms DE's entitlement to Incapacity Benefit would have stopped on 12 January 2012 as a result of the decision made on 9 December 2011. Normally the period between the decision of non-eligibility and the stopping of the benefit would have been two weeks. In Ms DE's case the period was extended to allow for the festive period.

Mr A had reviewed the communication between the DWP and Atos in this case. He did not identify any defects in the communication process.

Interview with Dr C (the Atos Doctor who performed the Work Capability Assessment) and Dr D (an Atos Clinical Manager)

Dr C had been working for Atos as a Medical Adviser for around 14 months when she saw Ms DE for a Work Capability Assessment (WCA). Dr C's role was described to us as involving giving advice and providing impartial functional assessment reports following face to face assessments, mostly in ESA cases. Dr C was a GP with six months' experience of psychiatry as part of her General Practice training. She had also undertaken Atos training in "moderate to severe mental health conditions".

We heard that Dr C would normally have four clients scheduled for WCAs over a half-day session. This allowed an average time of between 50 and 60 minutes for an assessment. There was no set time for an assessment and no cut-off time by which it had to be completed.

We were told that the assessing practitioner would note the history (i.e. the claimant's description of events and symptoms) during the interview. The form completed by the practitioner would be finalised after the interview. In some assessments there would be information available to the practitioner before the client arrived – for example an ESA50 (limited capability for work questionnaire), an ESA113 (information requested from a healthcare professional regarding an ESA claim) or letters from doctors or social workers. In Ms DE's case there was no such information available. There had been no ESA50 received from Ms DE. As she was known to have a mental health problem the assessment process continued without an ESA50. The information that Dr C had was that "depression" was quoted on the MED3 form (statement of fitness for work, completed by a doctor) and the date of the claim was 28/6/10.

When no ESA50 was received by Atos a "scrutiny process" occurred. The scrutiny process is carried out by an Atos practitioner. There are three options available to this practitioner:

i) Atos cannot advise on level of disability so the client will need to be called for a face to face assessment.

ii) evidence available shows that the client meets the support group criteria – the case is returned to the DWP.

iii) evidence available shows that the client may meet the support group criteria but further medical evidence is required to support this. An ESA113 will be requested, usually from the client's GP.

In Ms DE's case, based on the period of incapacity and the one word "depression" on the MED3 form, the decision was taken that it was very unlikely that additional evidence from the GP would have led to the client being assessed as meeting the criteria for the support group. Dr D told us that due to the limited information and the fact that most people with depression do not meet the support group criteria, the decision taken by the scrutinising Atos practitioner would have been that a face to face assessment was appropriate.

Dr D explained that it is not a standard process to obtain further information about clients. Some clients would incorrectly assume that the Atos practitioner had access to medical notes.

After the scrutiny process an appointment to attend the Assessment Centre was arranged with Ms DE. Dr C described the face to face assessment she conducted with Ms DE. Dr C had begun by asking Ms DE what problems she had. Ms DE had listed her problems and Dr C had asked further about the various conditions. Dr C recorded the details on a computerised system which allowed the use of both "standard phrases" and free text in order to accurately reflect the history. Dr C said that Ms DE had said that she had problems in almost every area other than upper limbs. Dr C told us that she was doing an assessment of a number of physical health issues as well as mental health. Ms DE had told Dr C that she felt unable to take up a new job because of depression and physical health problems.

We asked if it was possible to request a psychiatric report as part of the assessment. We were told that the Atos practitioner cannot delay during an assessment to request further information, such as a medical report.

Dr C told us that she would not have contact with a client's GP or hospital doctor unless she was specifically worried about something or an unexpected discovery came up, in which case they could ask for information in exceptional circumstances. We asked what would happen if an Atos practitioner found that a client had suicidal ideation. Dr D told us that there is a process called "unexpected findings" by which they can raise concerns with the person who has clinical care responsibility, often the GP, sometimes a hospital practitioner. Dr C said that if a client voiced suicidal thoughts she would arrange for the person to see their GP – she would want to ensure that the GP had taken over the clinical care.

Dr D explained that Atos were not looking at diagnosis or treatment but were focussing on function. The Atos remit was to provide a "stand back independent functional assessment of the person's ability". Advising on the client's condition or treatment was not part of their role. It was not part of the assessment process to adjourn the assessment to obtain further information, or to follow up after the assessment to find out the outcome. After the report was completed, with an opinion on the client's functional capability, the advice was sent to the DWP and a DWP decision maker would decide how to proceed.

We then looked at Ms DE's assessment report in detail. It was recorded that the examination took 59 minutes. There was additional work after the client had left, which included writing a "Personalised Summary Statement".

Near the beginning of the report there is a "description of functional abilities". Recorded under the heading of "depression", it states that in the last few weeks there has been a dip in mood, lack of motivation and problems with housework and form-filling. It is recorded that there were no current thoughts of self-harm or suicide, but "has had thoughts in the past many years ago". We were told that asking about thoughts of suicide or self-harm was always part of the assessment if the client has a mental health problem.

We asked about the section of the report that is titled "Mental State Examination". We had observed that there is very little in this section relating to mood. The two headings recorded under "mood" in this section of the WCA are "demeanour" and "self-harm". Under each of these headings the assessing practitioner would choose a phrase to be the best representation.

In Ms DE's case the "mood" section reads: "Mood – Ideas of Self Harm: No ideas of self harm. Demeanour: Timid". It is possible for the practitioner to add free text to this section if required, but there was no free text added to this part of Ms DE's report. The options available for selection under "ideas of self harm" are: not assessed; client declined; none; firm and detailed; frequent but non specific; occasional; infrequent. The options available under "demeanour" are: not assessed; normal; confident; over-familiar; timid; irritable; hostile; aggressive; labile; withdrawn. In a mental state examination performed in a clinical setting there would usually be a subjective and objective assessment of mood, respectively involving recording the individual's description of their own mood and the assessing professional's description. Biological and cognitive features of depression could also be recorded in this section of the mental state examination.

Dr D told us that the discrepancy between the WCA "Mental State Examination" and the usual clinical examination was due to the fact that the Atos practitioner is performing a functional assessment, not a diagnostic assessment. Earlier versions of the assessment (for Incapacity Benefit, prior to ESA) had recorded an evaluation of mood. The assessment had subsequently been changed as it was felt that these descriptive terms were not helpful as part of an assessment of function. These changes were made in conjunction with DWP requirements and at their direction.

We asked about the lack of recording of cognitive symptoms of depression such as hopelessness, guilt and worthlessness. It was reiterated by Dr D that the Atos practitioner was not assessing Ms DE's depression, but how the depression affected her. We found it difficult to understand how an assessment of function could be made without considering these symptoms.

We asked about the assessment of Ms DE's motivation. Dr C said that Ms DE had come to the interview by herself and had coped well with it. Dr C had noted that Ms DE was engaged with appropriate services and was able to cook for herself. Dr C also added that Ms DE attended church and did some voluntary work. This had contributed to the assessment of Ms DE's functioning.

We asked about the "15 points system". We were told that there would be 0, 6, 9 or 15 points awarded for each "descriptor". The total for the assessment as a whole is taken and if it is 15 points or above then the person will qualify for ESA within the work-related activity group. If any of the support group criteria are met then the person moves into the support group. We were informed that conditions with mild or moderate functional effects will probably generate a score of less than 15 points, while if there are substantial functional effects the score will probably be 15 points or more.

If a client does not meet the 15 points threshold there is a further consideration, called "non-functional descriptors". The non-functional descriptors were described to us as a "safety net" for people who have scored less than 15 points, in cases where there could still be difficulties in a workplace setting despite not having been assessed as having significant functional restriction. There are two non-functional descriptors. One relates to life-threatening disease which is uncontrollable or uncontrolled, which was not applicable in this case. The other non-functional descriptor relates to risk to health. The relevant wording is: "the claimant is suffering from some specific disease or a bodily or mental disablement, and by reasons of such disease or disablement, there would be a substantial risk to the mental or physical health of any person if they were found not to have limited capability for work". We were told that the key word was "substantial" and an assessment of that would be made by the Atos practitioner. In Ms DE's case it had not been felt that there was a substantial risk.

We asked about the "Personalised Summary Statement". In Ms DE's case the last of the five paragraphs in the statement relates to her mental health. It reads:

> "She has depression, she regularly gets reviewed by psychiatry. She was started on mood stabilisers last year. She lives alone, self cares, and is able to do a variety of cooking and housework tasks. She is able to drive. She attends bible study classes and to do volunteer work speaking to teenagers. She does not get in to fights or arguments. She was timid at interview but otherwise

> her mental state appeared normal and despite her regular review by psychiatrist there is no evidence that she has a significant disability of mental health function."

We were surprised about this paragraph for a person who had been seen by a consultant psychiatrist over the course of a 20 year period, was being frequently reviewed and was prescribed significant medication. Dr C said that the key word here was "function". Dr D told us that he did not feel that Dr C was saying that there was nothing wrong with the client, she was commenting on the claimant's functioning.

We asked if there had been any changes to the assessment process since Ms DE's assessment took place. We heard that there had been some changes to wording and support group criteria but no fundamental changes to the descriptors or the application of the descriptors.

Our Survey of Psychiatrists

As part of this investigation we conducted a survey of psychiatrists in Scotland. We wrote to Associate Medical Directors in Psychiatry at health boards across Scotland and asked them to distribute an invitation and a link to an online survey to Responsible Medical Officers (RMOs) in their area. RMOs have overall responsibility for the psychiatric care of their patients and are usually consultant psychiatrists, although there are some senior psychiatric trainees and specialty grade doctors who act in this capacity.

We received 70 responses to our survey. For comparison, the most recent NHS Scotland Information Services Division report on workforce statistics shows a headcount of 320 consultants working in general adult psychiatry in Scotland in June 2013. Of the 70 responses, 56 were completed by RMOs who had patients who had undergone a Work Capability Assessment (WCA). All percentages quoted relate to these 56 responses, unless otherwise stated.

We asked RMOs if their opinion had been sought by the DWP or Atos at any point in the WCA process. 75% said they had not been asked for their opinion at any point in the process. 25% had been asked for their opinion, some before the WCA and some after.

We then enquired if patients had asked our survey respondents to provide medical evidence. 95% had been asked to provide medical evidence at some point. 70% had been asked before their patients attended for the WCA. 29% had been asked after the WCA but before the decision was made. 73% had been asked as part of the appeal process against the DWP decision.

We asked RMOs if any of their patients had lost ESA or Incapacity Benefit after undergoing the WCA. 78% said that some of their patients had lost entitlement, 9% said that their patients had not, and 12% did not know. We also enquired if any of their patients had won an appeal against a decision made by the DWP to stop entitlement to these benefits. 80% of our respondents said that at least one of their patients had won an appeal.

We asked RMOs if any of their patients had been distressed by the process of undergoing the WCA and 96% replied that this had been the case. In addition, 93% of respondents said that at least one of their patients had been distressed by the outcome of the WCA.

We then asked RMOs about patient experiences following the WCA to which the assessment process or outcome contributed (in the RMO's opinion). 85% of the 52 respondents to this question told us about an increased frequency of appointments. 65% had at least one patient who required an increased dose of medication and 35% reported at least one patient who had changed medication. 40% had at least one patient who had self-harmed after the WCA. 13% of respondents reported that a patient had attempted suicide and 4% (two RMOs) stated that a patient had taken his/her own life. 35% said that at least one of their patients had been admitted to hospital as a consequence of the WCA and 4% told us about a patient being detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

RMOs told us of other patient experiences after the WCA. Commonly reported were increased stress, anxiety and thoughts of suicide. In some cases the stress had severely destabilised patients. Some patients had experienced a worsening of a low mood. We heard about one patient who had increased psychotic symptoms, requiring referral to the local Intensive Home Treatment Team.

We asked in our survey if respondents could give us examples of patient experiences of the assessment. Several RMOs told us that patients had described the Atos practitioner performing the assessment as lacking sensitivity and knowledge relating to mental illness. Several patients found the process distressing and demeaning. Many patients were surprised that their psychiatrists were not contacted as part of the assessment process. Worryingly, some patients described feeling stigmatised and victimised.

Some patients had told their psychiatrist that the assessment report did not match the questions and answers within the assessment appointment. There was also a feeling from some patients that the assessment had judged their physical health rather than their mental health. Another frequent theme was a worsening of symptoms before the assessment, particularly symptoms of depression and anxiety. Some patients had a worsening of psychotic symptoms, others had self-harmed or experienced thoughts of self-harm. One example given was of a patient with a psychotic illness who had incorporated the assessment process into his system of delusions, leading him to believe that he was being followed by the DWP.

We also asked RMOs if they had any other comments they would like to share with us. The level of distress caused to patients was raised again. We heard about the pressure the assessment process had put on psychiatrists' clinics, due to an increased frequency of appointments for some patients and requests for support relating to the assessment. Several respondents thought that they should have been contacted for information about their patients. Some RMOs expressed the opinion that it was unfair that the responsibility for gathering medical evidence was put on the patient.

There were examples given of patients who had stopped receiving ESA despite their doctors being adamant that the patients were completely unable to work. A point made by one of our respondents was that some patients are less able to appeal an ESA decision and will consequently be less likely to achieve the overturning of the original decision on appeal.

We heard of examples where community psychiatric nurses were attending assessments with their patients to offer support and to attempt to prevent a crisis situation occurring.

One of our respondents pointed out that the level of distress experienced by a patient about the assessment process did not always correspond to the severity of the patient's mental illness. Another RMO told us that some severely ill patients were relatively unperturbed by the process. We heard about a patient who had neurocognitive deficits and was actively psychotic. He had answered questions at the assessment by stating that he was "fine". His ESA had been stopped despite the fact that he was completely unable to self-care.

The overall theme of the responses was the distress caused to patients and consequent demands on mental health services. We are very grateful to the doctors who completed this survey.

Analysis and Findings

In Ms DE's case, Atos and the DWP were satisfied that there had not been any errors or omissions on their part. The DWP had decided that Ms DE was not eligible for ESA. This decision contrasted with the opinion of two doctors who knew Ms DE very well, who were certain that she was not ready to return to the workplace at the time of her assessment.

Our investigation raised numerous issues. These issues are discussed below in an order corresponding with the benefit reassessment process.

Telephone Calls to Claimants

When Ms DE was selected for benefit reassessment on 18/7/11 a computer generated letter was sent. Ms DE had expressed a preference for telephone contact and efforts were made to speak to her by telephone. However, these calls were not answered. It was noted that Ms DE had an answering machine. No messages were left on the answering machine. The DWP guidance did not state that messages should be left. It may have been the case that messages left may have led to Ms DE returning the call and being given more information about the benefit reassessment process.

Similarly, when telephone calls were made to Ms DE to inform her of the DWP decision there was no answer and no messages were left, again in line with the DWP guidance. Messages may have prompted her to phone back. At this point in the process an explanation of the decision and a discussion of the options available to Ms DE might have allayed some of her concerns and reduced the distress she described. The DWP requirement was that two calls were made with a minimum time of three hours between the calls. This contrasts with the requirement for three calls on separate dates when a claimant starts the process. Introducing a requirement for attempts on separate dates to discuss the disallowance decision would increase the likelihood of telephone contact with the claimant.

We were informed by the DWP that guidance on leaving telephone messages was introduced in late 2011.

We think that the DWP should review its guidance on this subject to ensure that its procedures are working well. We are of the opinion that attempts to telephone a claimant to discuss a disallowance decision should be made on separate dates.

Notifying Doctors of the Start of the Reassessment Process

We heard from our survey that psychiatrists are not routinely informed when their patients enter the assessment process. This is despite the fact that the process can have a significant impact on the mental health of their patients. In some cases the first time that psychiatrists and GPs heard that a patient was going though the process was when the person presented in crisis.

We think that when an individual with a mental illness, learning disability or related condition is about to undergo this assessment process a letter should be sent to the person's GP and, if applicable, the person's psychiatrist to inform the doctors of the potentially challenging situation being faced by the individual.

Medical Reports

We heard that psychiatrists and GPs are not routinely asked to provide medical reports for patients with a mental illness. This is despite the fact that it may be more difficult for some individuals to put in place the necessary arrangements to provide medical evidence supporting their claim.

Medical reports from the doctors with the best knowledge of the individual's condition would provide valuable information for the Atos practitioner and the DWP decision maker. In some cases the medical reports would contain details which had not been discussed in the ESA50 self-assessment questionnaire or the Work Capability Assessment.

We think that medical reports should be routinely obtained for individuals with a mental illness, learning disability or related condition entering the assessment process. A request for a report could be combined with a letter informing doctors that their patient will be undergoing the process of assessment.

Vulnerable Claimant Guidance

We heard during our investigation that Ms DE had not been considered to be a "vulnerable claimant" by the DWP. We looked at the DWP guidance on this topic. The guidance aims "to help staff identify and make judgements about those claimants for whom it would be more appropriate to deliver services face to face, particularly where it appears that the claimant is vulnerable".

We noted the following sentence regarding identification of vulnerable claimants: "When considering whether a claimant is vulnerable it is important to talk with them." This does not appear to have happened in Ms DE's case, casting doubt on the decision not to treat her as a vulnerable claimant. Attempts to contact Ms DE by telephone had been made but were unsuccessful. Later in the guidance it is stated: "The following may be relevant to identifying vulnerable claimants where they have/are (not an exhaustive list):". The first item on the list is "Mental health conditions". Ms DE was known to have depression as this was recorded on her MED3 form. Despite this information she was not considered to be a vulnerable claimant. If she had been designated as a vulnerable claimant then additional safeguards would have been put in place.

We think that the DWP should examine the decision that Ms DE was not a vulnerable claimant and identify any shortcomings that led to this decision.

We also think that the DWP should strengthen its vulnerable claimant guidance and audit adherence by its staff to the guidance.

The ESA50 Self-assessment Form

We heard in our investigation that Ms DE had said that she did not receive a self-assessment ESA50 form. The DWP confirmed that it had been posted. There was, however, no evidence of delivery.

The ESA50 form is an important source of information for the Atos assessing professional and the DWP decision maker. In some cases it can also act as a trigger for the claimant to start gathering supporting evidence for their claim. Not receiving the ESA50 would, therefore, be of significant detriment to the claimant. In Ms DE's case there were no efforts from the DWP or Atos to look into the non-return of the ESA50 form – the assessment process simply continued. We were subsequently informed by the DWP that Atos send an automated reminder to the claimant if the ESA50 is not returned within two weeks. The lack of an ESA50 form was not discussed at the Work Capability Assessment.

We are of the opinion that non-return of the ESA50 form should lead to further enquiries being made. If there is no ESA50 form at the Work Capability Assessment the reasons for this should be tactfully explored by the Atos assessing practitioner.

The Work Capability Assessment

We heard in our interview with the Atos clinical manager and doctor that some claimants would incorrectly assume that the Atos practitioner had access to medical notes. This could lead to some claimants not giving a complete account of their situation, due to the mistaken belief that the Atos practitioner was already in possession of relevant information from the medical notes.

We think that when claimants meet the Atos practitioner they should be told what information the Atos practitioner possesses about their case.

We are also of the opinion that when claimants are invited to a face to face assessment, it should be fully explained to them that the Atos practitioner will not have access to their medical notes. They should also be given comprehensive information describing what will take place at the assessment and advice on possible sources of help to prepare for the assessment.

The evidence we heard was that Atos and the DWP considered the Work Capability Assessment to be satisfactory, both in Ms DE’s particular case and in general. We have major concerns that the WCA is not sensitive enough to capture the elements of mental illness that mean a person is unable to function in a workplace.

The seven mental, cognitive and intellectual functions assessed, as quoted in a letter to Ms DE from the DWP, are: learning how to do tasks; being aware of danger; starting a task and finishing it to the end; coping with changes; coping with getting about on your own; dealing with other people; behaviour with other people. The assessment of these functions will identify some people with a mental illness who do not have a sufficient level of functioning. However, we think that there are some people with mental health conditions (such as a depressive illness) and insufficient functional ability to cope in the workplace who are not being identified by the WCA.

Ms DE’s WCA “Personalised Summary Statement” contained the text: “She was timid at interview but otherwise her mental state appeared normal and despite her regular review by psychiatrist there is no evidence that she has a significant disability of mental health function.” We were surprised about this statement for a person who had been seen by a consultant psychiatrist over the course of a 20 year period, was being frequently reviewed and was prescribed significant medication.

We heard many examples in our survey where individuals lost their ESA despite their psychiatrists being adamant that their patients did not have a sufficient level of functioning. In Ms DE’s case her psychiatrist and GP were certain that she was not well enough to return to a workplace at that time, although they hoped that she would be well enough in the future.

We think that the Work Capability Assessment should be reviewed with expert input from specialists in occupational health and psychiatry, to increase the ability of the assessment to identify functional level in individuals with a mental illness.

The Work Capability Assessment Mental State Examination

The "Mental State Examination" contained within the Work Capability Assessment is notable for significant omissions compared to a clinical mental state examination. In a mental state examination performed in a clinical setting, there would usually be a subjective and objective assessment of mood. Biological and cognitive features of depression are also often recorded in the mental state examination.

In Ms DE's particular case, despite the fact that she was presenting with a depressive illness, there was no assessment of her mood within the WCA mental state examination. We think that a more comprehensive assessment of Ms DE's mental state would have identified factors that were highly relevant to her level of functioning.

We think that the Work Capability Assessment mental state examination should be reviewed to remedy these significant defects.

Attending the WCA as "Evidence of Functioning"

We heard that the fact that a claimant managed to attend the WCA was considered as evidence of functioning. We think that this is unfair and incorrect. Some individuals with a mental illness may somehow manage to reach the assessment despite their illness, aware that this is an appointment with "authority" and perceiving that their benefits may be at risk if they do not attend. We do not think that this one-off attendance can be extrapolated to assess the ability of a claimant to attend and function in the workplace on an ongoing regular basis.

We think that attendance at the Work Capability Assessment should not be used as evidence of being able to function in the workplace.

Information Used in the DWP Decision-Making Process

In Ms DE's case the DWP decision was made based entirely on the WCA report written by the Atos practitioner. In turn, this report was based solely on a face to face assessment lasting around one hour. This appears to be scant information on which to make such a significant decision.

We think that the DWP decision maker should consider at least two distinct sources of information when coming to the decision.

The Appeal Process

We were told that the law requires that even though Ms DE had lodged an appeal against the DWP decision, her benefit payment would still have been significantly reduced once the disallowance date of 12 January 2012 was reached. This seems to be unfair to the claimant, in that there is a substantial financial loss to the claimant even though the assessment process is ongoing.

We heard about the significant rate of successful appeals against disallowance decisions. We were told about harmful episodes experienced by individuals after initial disallowance decisions which were subsequently overturned on appeal. We think that an improved initial assessment process would lead to a reduction in the number of appeals made.

DWP Peer Review Process

The DWP peer review appears to be incorrectly titled. We would expect a peer review to be carried out by staff of the same grade as those involved in the actual assessment process. In this case the review was carried out by a Senior Executive Officer of the DWP. Consequently, it appears that the document is actually a managerial review, rather than a peer review. When we interviewed the officer who wrote the review we were in the unusual position of hearing both the opinion of the "peer reviewer" and the distinct personal opinion of that individual.

We think that the DWP should look at its Peer Review Process and examine its title and suitability as a quality assurance tool.

DWP Correspondence after Notification of Ms DE's Death

The chronology attached to the DWP Peer Review has the following entry for 13 January 2012, nine days after the DWP received notification of Ms DE's death:

> "Employment & Support Allowance awarded at assessment phase rate from 12/1/12; this is payable until the appeal outcome is known. Automatic system issued notification of award sent to [Ms DE]. (Correct procedure/timescale)"

This suggests that a letter was sent to Ms DE despite the DWP having received notification of her death. This letter could possibly have been opened by relatives or friends of the late Ms DE and could have caused considerable upset.

We think that the DWP should investigate if this letter was sent. If the letter was sent then the DWP should consider how such events can be prevented.

Recommendations

We have made several recommendations to the DWP. If the DWP contracts with an agency other than Atos for Work Capability assessments, the same recommendations still apply.

We discussed these recommendations with the DWP. We have been encouraged by the DWP's willingness to engage with us. We will continue to work with them.

The Assessment Process

We recommend that:

- The DWP routinely obtain medical reports for individuals with a mental illness, learning disability or related condition who are entering the assessment process.
- The DWP and Atos jointly ensure that when claimants are invited to a face to face assessment it is fully explained to them that the Atos practitioner will not have access to their medical notes. Claimants should also be given comprehensive information describing what will take place at the assessment and advice on possible sources of help to prepare for the assessment. The DWP and Atos should ensure that when claimants meet the Atos practitioner they are told what information the Atos practitioner possesses about their case.
- The DWP decision maker consider at least two distinct sources of information when coming to the decision.
- The DWP and Atos review the Work Capability Assessment with expert input from specialists in occupational health and psychiatry to increase the ability of the assessment to identify functional level in individuals with a mental illness. The DWP and Atos should also review the Work Capability Assessment mental state examination to remedy the significant defects we identified.
- The DWP and Atos jointly ensure that attendance at the Work Capability Assessment is not used as evidence of being able to function in the workplace.

Communication

We recommend that:

- The DWP review its guidance on leaving telephone messages to ensure that its procedures are working well. Attempts to telephone a claimant to discuss a disallowance decision should be made on separate dates.
- The DWP arrange that when an individual with a mental illness, learning disability or related condition is about to undergo the assessment process a letter should be sent to the person's GP and, if applicable, the person's psychiatrist to inform the doctors of the potentially challenging situation being faced by the individual.
- Non-return of the ESA50 form should lead to suitable further enquiries being made by Atos or the DWP. If there is no ESA50 form at the Work Capability Assessment the reasons for this should be tactfully explored by the Atos assessing practitioner.
- The DWP and Atos ensure that their communication with claimants is compliant with the requirements of the Equality Act 2010.
- The DWP investigate if it sent a letter to Ms DE despite being aware of her death. If this letter was sent then the DWP should consider how such events can be prevented.

Support
We recommend that:

- The DWP examine the decision that Ms DE was not a vulnerable claimant and identify any shortcomings that led to this decision. The DWP should strengthen its vulnerable claimant guidance and audit adherence by its staff to the guidance.

DWP Processes
We recommend that:

- The DWP look at its peer review process and examine its suitability as a quality assurance tool. The peer review process should include a review by a suitably qualified medical practitioner of an assessment made by an Atos healthcare professional.

Recommendation for Scottish Government
We recommend that:

- The Scottish Government, in conjunction with user, carer and professional groups, commission a study examining the impact of the Work Capability Assessment process on people with a mental illness, learning disability or related condition, and put in place the support necessary to address this impact.

Appendix 1

The 17 "Functional Areas" of the assessment of Ms DE and the assessment result for each functional area, all scored at zero points, are quoted below:

Functional Area	**Assessment result**
Physical Functions	
Moving around	You can move more than 200 metres on flat ground (Moving could include walking, using crutches or using a wheelchair).
Standing or sitting	You can usually stay in one place (either standing or sitting) for more than an hour without having to move away.
Reaching	You can raise at least one of your arms above head height.
Picking things up and moving them	You can pick up and move objects such as an empty cardboard box or a carton of liquid.
Using your hands	You can use a computer keyboard or mouse and a pen or pencil with at least one hand.
Speaking, writing and typing	You can convey a simple message to strangers.
Hearing, or understanding messages	You can understand simple messages from a stranger.
Getting around safely	Your vision doesn't prevent you from finding your way around familiar and unfamiliar places.
Control of bladder, bowels or stoma	You do not need to change your clothes because of difficulty controlling your bladder or bowels or using a stoma.
Staying conscious when awake	Any fits, blackouts or loss of consciousness happen less than once a month.
Mental, cognitive and intellectual functions	
Learning how to do tasks	You can learn how to do new tasks.
Being aware of danger	You are aware of everyday dangers and can keep yourself safe.
Starting a task and finishing it to the end	You can usually manage to begin and finish daily tasks.
Coping with changes	You can cope with small unexpected changes to your daily routine.
Coping with getting about on your own	You can get to somewhere that you don't know without someone going with you.
Dealing with other people	You can deal with people you don't know.
Behaviour with other people	You behave in a way that would be acceptable at work.

Appendix 2

Glossary

Atos	Company contracted to perform WCA
DWP	Department for Work and Pensions
ESA	Employment and Support Allowance
ESA50	Self-assessment questionnaire to be completed by claimant
ESA85	ESA medical report completed by Atos Healthcare professional
ESA113	Information requested from a healthcare professional about an ESA claim
GP	General Practitioner
HCP	Atos Healthcare professional
IB	Incapacity Benefit
JSA	Jobseeker's Allowance
MED3	Statement of fitness for work, completed by a doctor
RMO	Responsible Medical Officer, a psychiatrist who has overall responsibility for the psychiatric care of their patients
ST6	In psychiatry, a doctor in the final year of training before being eligible to apply for consultant posts
WCA	Work Capability Assessment

npm

national
preventive
mechanism

mentalwelfare
commission for scotland

Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE
Tel: 0131 313 8777
Fax: 0131 313 8778
Service user and carer freephone:
0800 389 6809
enquiries@mwcscot.org.uk
www.mwcscot.org.uk

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PIP investigation: Welfare expert says two-thirds of appeals involve lying assessors

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BY JOHN PRING ON FEBRUARY 2, 2017 BENEFITS AND POVERTY

Listen

Welfare rights experts have produced evidence that backs up the findings of a Disability News Service (DNS) investigation into the lies told by healthcare professionals in their disability benefit assessment reports.

Last week, the two-month investigation revealed how assessors working for the outsourcing companies Capita and Atos – most of them nurses – had repeatedly lied, ignored written evidence and dishonestly reported the results of physical examinations.

The investigation suggested a serious, institutional problem that stretched across the Department for Work and Pensions (DWP) and its contractors, whose staff carry out face-to-face assessments of eligibility for personal independence payment (PIP).

Now two separate welfare rights advice organisations say they have their own evidence that confirms many of the DNS findings.

Graeme Ellis (*pictured*), who founded the Lancaster-based social enterprise Here2Support, said he and his colleagues are currently lodging up to 30 PIP appeals a week on behalf of claimants, and "20 to 25" of them involve assessors who have told lies in their reports.

Here2Support has now started requesting some tribunals to call the Atos assessors to give evidence at appeals so they can be questioned about the honesty of their reports.

But on the three occasions they have tried this so far, all have resulted in a DWP decision-maker reversing their decision and finding in favour of the claimant, despite the mandatory reconsideration – the internal DWP appeal – having already taken place.

He said this shows that DWP "know damn well that the assessors are not reporting accurately".

Ellis said that he has been to many assessments in which the subsequent reports bore no relation to what the assessors were told by the claimant.

He said: "You read the report and your first thought is, 'It's somebody entirely different.' And most of these cases are successful at appeal."

Ellis and his colleagues do not have the resources to attend many face-to-face assessments themselves, but he has still witnessed this happening himself about eight times in the last three months.

Among the tricks played by Atos, he said, is to force PIP claimants to walk down a long corridor to get from the waiting area to the assessment room.

Even if they are able to make it – and he has seen claimants in such discomfort that they fall against the corridor wall – this does not mean that the claimant can do so "safely, reliably and repeatedly", which assessors should take into account, he said.

He has also read reports in which the assessor said the claimant walked to the assessment room, even though they arrived in a wheelchair.

Another frequent comment is to say the claimant showed no signs of breathlessness or anxiety, even though they had been in tears during the assessment, he said.

Ellis points out that he has had some cases in which the assessor has produced an honest and accurate report, only for the DWP decision-maker to ignore what had been written.

Asked why there were so many dishonest reports, he said: "There have got to be some [assessors]doing it for kicks, but I think it is the pressure on the employer on how many people they let through.

"DWP deny it, but there is pressure from DWP on Atos and Capita to meet targets."

And he believes that many of the problems with dishonest reports are the result of last year's post-budget chaos, in which the government had to perform a u-turn over plans to tighten eligibility for PIP, following the resignation of work and pensions secretary Iain Duncan Smith.

This left a hole in DWP's spending plans, Ellis believes, that it has filled by somehow increasing pressure on the assessment regime.

He said: "Because they were unsuccessful in the budget last year with the plans for PIP, I think this is the aftermath."

It was Ellis who, last spring, embarrassed the Tory party by resigning in disgust at George Osborne's budget, after voting Conservative for nearly 50 years.

He had been managing the Conservative Disability Group's website, and left a message on the site, stating: "This website is temporarily closed owing to Disability Cuts."

Asked whether it was happy for PIP assessors to be questioned by tribunal appeal panels, a DWP spokeswoman said in a statement, released less than an hour before today's final DNS deadline: "As you've not provided the details of these cases, we are unable to look into them.

"However, assessment providers work on behalf of DWP and it is DWP who have overall responsibility for making decisions.

"Therefore, it wouldn't be appropriate for an assessor to attend a tribunal.

"In many cases, appeals are granted because further medical evidence is provided."

Evidence of concerns about PIP assessors has also come this week from Southampton Advice and Representation Centre (SARC).

Just before Christmas, SARC published research analysing the results of 100 appeal tribunals in which it supported claimants between August 2015 and December 2016.

SARC's analysis found that it had been successful in 78 of those cases – although it only takes on cases where it has a reasonable chance of overturning the DWP decision – the highest success rate it has had for any benefit since it was founded 35 years ago.

It has also had three cases in which an initial Atos assessment report led a DWP decision-maker to award the claimant zero points for both daily living and mobility – they need eight points for the standard rate and 12 for the enhanced rate – only for the tribunal to award the claimant the enhanced rate for both elements.

The most outrageous example was that of a claimant who had been awarded zero points after the Atos assessment, only for the tribunal to award them 50 points for daily living and 22 for mobility, while another claimant was awarded 35 points for daily living and 18 for mobility.

Gary Edwards, SARC's manager, said: "Repeatedly clients tell us and indeed the tribunal panel, that the written records of the assessment do not accurately reflect what they actually recall saying to the assessor."

He said earlier: "The results we have found raise serious questions about the ability of Atos and point to a wider system failure.

"We have real concern about the suitability in terms of professional experience of their assessors: can a physiotherapist or paramedic seriously understand complex mental health issues? Our research suggests this is improbable."

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Atos Capita dla DWP Graeme Ellis Here2Support PIP SARC

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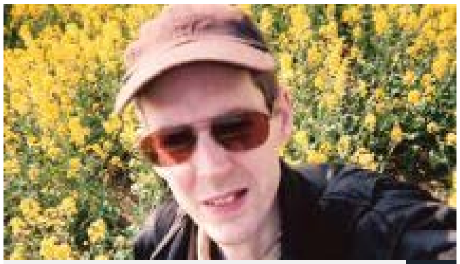

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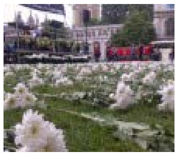

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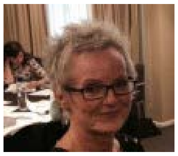

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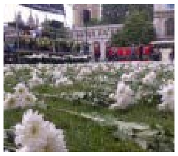

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DNS is run by journalist John Pring

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ABOUT

Disability News Service (DNS) is run by John Pring, an experienced journalist who has been reporting on disability issues for nearly 20 years.

He launched DNS in April 2009 to address the absence of in-depth reporting in both the specialist and mainstream media on issues that affect the lives of disabled people. read more

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PIP investigation: ‘Lie after lie after lie’

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BY JOHN PRING ON FEBRUARY 2, 2017

BENEFITS AND POVERTY

Listen

Many more disabled people have come forward to describe how the healthcare professionals who assessed them for the government’s new disability benefit lied in the reports they compiled.

Their evidence further confirms the results of a two-month Disability News Service (DNS) investigation, which revealed last week how assessors working for the outsourcing companies Capita and Atos – most of them nurses – had repeatedly lied, ignored written evidence, and dishonestly reported the results of physical examinations.

Having read last week’s articles, more personal independence payment (PIP) claimants have come forward with their own evidence of dishonest assessors.

One PIP claimant, David*, who has impairments including ME, fibromyalgia and a heart condition, has described how his disability living allowance (DLA) award of the higher rates for both care and mobility was lost after his PIP assessment left him with zero points (a claimant needs eight for the PIP standard rate and 12 for the enhanced rate).

He remembers his assessor telling him when she arrived at his home and he asked if she knew anything about ME and fibromyalgia: “I’ve dealt with a couple of people with yuppy flu before.”

He said: “When I received the assessor’s report I thought it was for another person as it contained so many omissions, inaccuracies and conjecture. There was also several instances of fabrication.”

Information from his previous applications for incapacity benefit, DLA and employment and support allowance (ESA), and his successful appeal decisions for DLA and ESA at tribunal, had been omitted from her report.

David told DNS: “The report states I carried out tiptoe and ‘balancing on each foot’ tests and had no problems walking. I did not walk a step and did not carry out the tests described.

“The report states that I turned around in my chair and picked up a bottle of medicine from the surface behind me – the surface behind me was an oven hob and all my medication was on the table in front of the assessor.”

When he described how his medication had sent him to sleep in his back yard, the assessor claimed that he said instead: “I wonder [sic]round the fields outside my house,” while being able to open a ring-pull can was interpreted as “able to prepare a meal”.

He is appealing the decision, and is complaining about his assessor to the Nursing and Midwifery Council.

David said: “Since receiving the report, the consequences of dealing with the complaints procedure and making another tribunal appeal have been a noticeable deterioration in my health and have put a strain on both my wife’s and my own mental health (loss of peace of mind, anxiety, knocks to self-confidence and a feeling of being discriminated against because of the nature of my disability).”

Rachel*, a former mental health nurse, requested a copy of her assessment report after she was awarded zero points by DWP, following a PIP assessment by an Atos nurse in the Brighton assessment centre, when she had previously been claiming middle rate care and lower rate mobility under DLA.

She said: “In the report, I found details about a physical examination that was allegedly performed. It ran to one side of A4 paper.

“No examination ever happened; the report is a complete fabrication.”

She is now appealing, and is hoping to lodge a complaint about the nurse with the Nursing and Midwifery Council.

Julie*, who has both a physical and mental health condition, said she had been claiming the highest rate for both care and mobility under DLA, but as a result of a dishonest Atos assessment report by a nurse was granted only the standard rate of both daily living and mobility for PIP, and lost her Motability vehicle in January 2016.

After she requested a review of her case in November, she was assessed again – by another nurse – and again received a dishonest report.

The whole process, she said, had been “humiliating and degrading”.

In both reports, the nurse said Julie had refused a physical assessment, which she said was not true on either occasion, and was witnessed by a third party both times.

She said: “When it came to care, she ignored a lot of what was said, just picking out the fact I could shower but didn’t mention that my husband has to help me, the same with cooking and taking medication.

“Even though my husband does all that and leaves me my lunch and phones me to remind me to take medication.”

Another claimant, Sandra*, said that the nurse who assessed her wrote in her report that she had no suicidal thoughts, even though Sandra had shown her copies of police incident reports written after her friends had expressed concerns for her safety.

The nurse also wrote that Sandra was in a “good mood and often smiling”, even though she had told her that her second dad had just died and she had spent a sleepless night crying.

The nurse wrote that Sandra can “manage medication/therapy unaided”, even though her flatmate helps her fill her tablets box and then hides the rest of the medication in his room to avoid her using it to overdose, as she has done previously.

Sandra had previously received the PIP enhanced rate for daily living, but as a result of the assessment report, received zero points and so lost her entitlement to £330 every four weeks.

She is now waiting for a tribunal to appeal that decision.

As a result of the problems this has caused, she has started to hear voices for the first time, and has been referred for urgent psychological treatment.

She cannot use public transport because of claustrophobia, and taxis are expensive, particularly because she has to travel to a neighbouring town for hospital appointments.

Michael* said that the stress of fighting his PIP case through a tribunal – and also having to take his ESA appeal to a tribunal – caused him to have a heart attack.

He said that both of the reports compiled by these assessors were “seriously dishonest, missing huge amounts of evidence I gave, some of which was extremely important to my case”.

He had been assessed for PIP by an Atos physiotherapist, who failed to mention the “multiple pulmonary embolisms on my lungs which though I had suffered with from my first heart attack two years previously had only just been diagnosed”.

He also claimed that Michael experienced only “mild pain”, when he had been told about his “neck and back injuries, a broken right kneecap, arthritis of the knees and angina, to name just a few of my problems”.

As a result of the assessment, he was awarded no PIP payments at all, and it took him 18 months to reach tribunal, where he was finally awarded enhanced mobility and standard daily living.

Another PIP claimant, Michelle*, said she was “devastated” when she received a copy of the “fictional” report compiled by the Atos nurse who assessed her.

She plans to lodge a complaint with the nursing regulator, the Nursing and Midwifery Council.

The report mentions the results of a hip rotation test, and a test to see if she could put a hand behind her back, neither of which she said she was asked to do.

The nurse also said that she “can raise arm within normal range”, something she cannot and did not do.

The report, she said, repeatedly states that she has “no significant restrictions in upper limbs and hands”, even though she has “severe cervical spondylosis and a deformed posture. My head is tilted and twisted. Obvious to anyone who looks at me.”

The nurse also claimed that she took the top off a sports drinking bottle with “adequate dexterity”, when that was done by her son, and that she “passed prescription across the desk”, again something that was done by her son.

Michelle had previously been receiving an indefinite award for the highest rates of both care and mobility under DLA for more than nine years.

Following her assessment, that was reduced to the standard rates of PIP for mobility and daily living.

She said: “This means I will lose [my]Motability car and won’t be able to get to hospital appointments, doctors or visit family.

“Devastated that a member of medical profession could set out to deliberately discredit my application and defame my character.”

Nicola* was assessed at home by a mental health nurse working for Capita. Even though the assessment was recorded, with the knowledge of both the assessor and Capita, she said he still “lied throughout the report”.

Among the lies, he wrote that she saw friends every day and spoke to them daily on the phone, visited her GP in a taxi, and did not know what one of her inhalers was for, all of which was disproved by the recording, she said, while he also ignored her depression and emphysema.

She said: “The whole system is corrupt and not fit for purpose. The DWP are fully aware of the lies that are told in the reports [but]they give their full support to Capita [and]Atos.”

Christopher Brogan told DNS this week how he accompanied his partner, Mandy Cooper, to her PIP assessment in Birmingham last November.

A Capita nurse assessor wrote that Mandy can visit a local shop on her own, even though she was not asked if she could do that, and cannot walk that far.

The assessor said she had climbed a couple of steps at the assessment centre, even though there had been no steps in the building for her to climb and she had entered the building via a ramp.

As a result of the report, Mandy’s higher rate mobility and care under DLA was changed to standard rate daily living and no mobility under PIP.

They are taking her case to a tribunal.

Barrie Davies told DNS this week that the Atos physiotherapist who assessed him in Wigan a few weeks ago told “lie after lie after lie” in his report.

He failed to mention in the report that when the assessor asked Davies if he could touch his toes, he replied: “No, because I have broken my back.”

Scans show two breaks in his spine, which is also “bulging, twisted and collapsing. I gave that evidence to him and it didn’t appear in his report.”

As a result of the assessment, he had to hand back his Motability car this week, 17 years after a previous dishonest assessment report by a doctor led to him having his Motability car removed.

He had previously been claiming the higher rate mobility and middle rate care component of DLA, but as a result of the latest assessment report, that was changed to the standard rate of PIP for both daily living and mobility.

Davies said: “He said I can walk down steps without crutches and that is a lie.

“I can’t move my neck at all. He said I have got good movement in it.

“He said rotation of my back was perfect and my specialist said I can’t move it at all.”

He is appealing against the decision, with support from the online welfare advice group Fightback4Justice.

One claimant, who commented on last week’s story on the DNS website, described how his assessment report had proved to be “not just a pack of lies but contained 19 spelling mistakes, three sentences that were complete gibberish and at least two contradictory statements”.

He said: “Among the lies, the report claims I’m taking a type of medication that I can’t swallow, one of the notes claims I’m doing all my own housework when it was made clear I had to employ someone to do this while another says I can use public transport, which I also made very clear was not the case.”

He now plans to report his assessor to his local police force for alleged fraud by misrepresentation.

Capita asked to see anonymous summaries of the latest cases this week, but then – after its media team had read them – refused to add to last week’s statement, in which it said it expected “all assessors to behave in a way that meets both our high professional standards and those of their professions”.

Atos again refused to comment.

A DWP spokeswoman said: “We expect the highest standards from the contractors who carry out PIP assessments.

“We do not accept it to be the case that there is dishonesty amongst them.

“As we said, we are committed to making sure the PIP assessment process works fairly and effectively, which is why we welcome independent reviews such as the ones led by Paul Gray, the second of which is expected in April 2017.

“Anyone not happy with their benefit decision can ask for it to be looked at again, and then appeal to an independent tribunal.

“There is also a comprehensive complaints procedure in place for claimants who are not happy with the service they have received from providers.”

**Not their real names*

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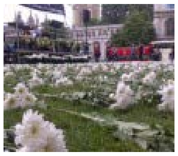

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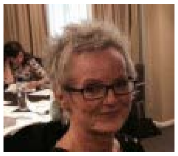

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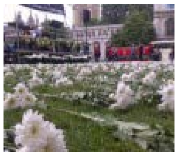

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DNS is run by journalist John Pring

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UN report failure on benefit deaths by national DPOs ‘is extreme insult to activists’

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BY JOHN PRING ON FEBRUARY 2, 2017 HUMAN RIGHTS

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A crucial report submitted to the United Nations by three national disabled people’s organisations has been criticised for failing to speak out strongly enough on the links between the UK government’s welfare reforms and the deaths of benefit claimants.

The “shadow report” will be sent to the UN’s committee on the rights of persons with disabilities (CRPD), which will question the UK government in public this year about its progress in implementing the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

The report, which is likely to have a significant impact on the committee as it draws up the “list of issues” it will raise with the UK government in public later in the year as part of the “periodic review”, concludes that there is “little evidence that government is consistently taking account of the [convention]in developing policy and making decisions”.

It was drawn up by Disability Rights UK (DR UK), Disability Wales and Inclusion Scotland, with significant input from consultant Neil Crowther, who has worked at a senior level for both the Equality and Human Rights Commission (EHRC) and the Disability Rights Commission.

It was funded by EHRC, and separate shadow reports have been published on Scotland (led by Inclusion Scotland), and on England and Wales (led by DR UK and Disability Wales).

The report says: “Since the [UNCRPD] was ratified by the UK in 2009 there has been a dramatic programme of reform and public spending decisions that individually and cumulatively have severely impeded the rights of disabled people.

“In some policy areas, practices are being encouraged or go unchallenged which are at odds with the principles and intention of the [convention], such as rising numbers of children attending special schools.”

The report includes 20 “top issues of concern”.

Among those 20 issues, the report points to how measures to reduce public spending are having a “disproportionate and retrogressive impact on the rights of disabled people”.

This echoes the conclusion reached in November by CRPD, which found – followed a lengthy inquiry triggered by activists from Disabled People Against Cuts (DPAC) – that the UK government’s social security reforms had led to “grave or systematic” violations of the convention.

Among the other 19 key concerns, the shadow report criticises the lack of an overall government strategy on the inclusion of disabled children, and highlights the failure to counter negative portrayals of disabled people in the media, as well as the government’s failure to secure an adequate supply of accessible housing.

The report also highlights the rising number of disabled people with mental health conditions and learning difficulties dying in state care, the absence of an independent system to investigate those deaths, and the significant increase in the number of people subject to compulsory detention and treatment under the Mental Health Act over the last decade.

And it says that the absence of a statutory right to independent living “undermines disabled people’s ability to exercise choice and control in their care”.

But the report says little about one of the key issues of last year’s UN report, which was fuelled by years of DPAC research and campaigning: the link between the UK government’s welfare reforms and the deaths of disabled benefit claimants.

The report merely states that it is “concerned by evidence that suggests that the administration of social security benefits may have been an attributing [sic]factor in the decision of some people with mental health problems to take their own lives”.

It says that this “may raise issues concerning the States [sic]obligation to protect people’s right to life”; and although it promises to “address this issue in more detail” later in the report, it fails to do so.

Over the last two-and-a-half years, Disability News Service (DNS) has built up a substantial body of documentary evidence linking government ministers with the deaths of benefit claimants, particularly those with mental health conditions.

Both DR UK and Disability Wales are paid subscribers to DNS, and so have received these stories throughout that period.

Among those reports, DNS has repeatedly described how ministers failed to act on a coroner’s warning in 2010 that disabled people would die if they failed to improve the safety of the work capability assessment (WCA).

A report by a second coroner and another by the Scottish Mental Welfare Commission showed that other disabled people lost their lives as a result of that failure to act.

Ministers also deliberately loosened regulations that had been drawn up to protect people with mental health conditions whose lives could be at risk if forced into work-related activity.

And ministers failed to show the 2010 coroner’s report and their own secret reviews into deaths linked to the WCA to the independent expert they hired to review the assessment.

Neither DR UK, Disability Wales, Inclusion Scotland or Crowther have requested any of that documentary evidence while preparing this week’s report, and none of those concerns are mentioned in the report.

There is also no mention in the report of Government-funded research by public health experts from the Universities of Liverpool and Oxford, which concluded in late 2015 that the programme to reassess people on incapacity benefit through the WCA was linked to 590 suicides in just three years.

Tracey Lazard, chief executive of Inclusion London, criticised the shadow report, and said that an alternative report by the Reclaiming Our Futures Alliance would ensure that these issues were properly addressed.

She said: “The direct human cost of the government’s welfare reform policy, as so damningly evidenced in the UN disability committee inquiry report, represents a deliberate and systematic attack on disabled people’s rights and quality of life: attacks justified by an economic ideology that seems to view the support disabled people need as an unnecessary cost that needs to be eliminated .

“The CRPD shadow report provides a key opportunity to publicly lay out an evidence base for the huge injustice disabled people are experiencing right now and no report can credibly claim to represent the voices of disabled people while overlooking the depth and impact of these attacks.

“The Reclaiming Our Futures Alliance shadow report will fully evidence the extent of the injustice and attacks our community has faced and continues to face.”

A DPAC spokeswoman said: “The UK government has repeatedly denied the causal link between benefit deaths and welfare reform and this shadow report presents no challenge to that disgraceful position.

“It is an extreme insult to all the hard work that individual disabled people and our allies have put into exposing the facts and creating a robust evidence base.

“If the authors of the shadow report disagree that the evidence base is strong enough then surely as organisations and individuals who purport to care about disabled people’s rights then they have a responsibility to put some effort into creating one.

“In fact, they have had years to do so.”

Asked to explain the lack of emphasis on the links between the government’s welfare reforms and the deaths of claimants, Crowther said he had worked as a consultant for DR UK and Disability Wales and so it was “for them to comment, not me”.

Sue Bott, DR UK’s deputy chief executive, said the issue was raised twice in the report, which also endorsed CRPD’s findings, which itself “raised the matter of deaths of people following benefits assessment”.

She said: “We chose not to reiterate the issues covered in the inquiry report, save to provide updates on some issues such as the [proposed cut to some claimants of employment and support allowance], in order to have space to raise other critical issues such as deaths in detention within the overall shadow report word limit.

“On the issue itself, it is not clear from a legal point of view that these deaths would amount to a violation by the state of the right to life, hence the language we chose to use and our cross referencing to the right to health.

“This should not be regarded as any downgrading of the seriousness of the issues raised.

“We think the reports provide a comprehensive and robust account of current challenges facing disabled people and our rights in Britain today.”

She added: “It seems likely that the [CRPD] will highlight the impact of austerity measures and benefits reforms when it selects its ‘list of issues’ in March and subsequently this will provide an opportunity to submit additional evidence.

“We will explore the opportunity to do so at that stage.”

She said the reference to providing “more detail” further on in the report was “a mistake that we overlooked during final editing”.

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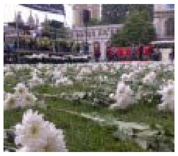

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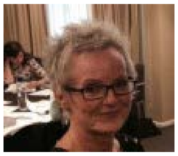

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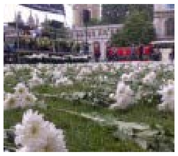

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DWP’s new ‘fitness for work’ provider faces fresh allegations

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BY JOHN PRING ON MARCH 6, 2015

BENEFITS AND POVERTY

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New allegations have emerged about the US multi-national that has secured several major contracts from the Department for Work and Pensions (DWP), just as it begins to deliver the controversial “fitness for work” test on behalf of the UK government.

DWP has been dismissing concerns about the troubled history of Maximus – which has a lengthy record of discrimination, incompetence and alleged fraud in the US – since Disability News Service (DNS) revealed last year that the outsourcing giant was in line to win the contract to deliver the work capability assessment (WCA).

But a new documentary has now been aired in Australia by the state broadcaster ABC, which claims widespread exploitation and manipulation of government contracts within the Australian welfare-to-work industry, similar to concerns raised in the UK.

One of the providers highlighted in the programme is MAX Employment, which is owned by Maximus.

But DWP made it clear this week that ministers were not concerned about the programme and would not be investigating the allegations concerning Maximus, which has quietly become one of its biggest providers of services.

The investigation by ABC’s Four Corners programme claims that MAX Employment put unemployed clients through pointless training courses in order to receive payment from the Australian government, and claimed government money for putting 141 people through a training course in Sydney, when the room was only able to take 15 people.

Four Corners also claimed that MAX Employment had “parked” many clients who were thought to be harder to place in jobs, and made little or no attempt to find them work.

And the programme alleged that Maximus had taken part in the apparently widespread practice of placing unemployed people in jobs the company knew would only be temporary because they came with short-term government wage subsidies.

When the subsidy period of 12 or 26 weeks ran out, the client would return to unemployment, while Maximus would send the employer another client to begin a short-term subsidised position.

The Australian coalition government appeared to accept some of the programme’s claims when it said in a statement published on its website that the welfare-to-work system introduced by the previous Labor government had been “fundamentally flawed”.

Reforms, due to be introduced on 1 July, will “safeguard against abuse”, said Luke Hartsuyker, the assistant minister for employment.

Lisa Miles, senior vice-president for corporate communications for Maximus, told Disability News Service that she was not worried by the programme’s claims.

She said: “We would stand by our delivery in Australia. We have consistently been one of the top performers.”

She said that MAX Employment had been under a “contractual obligation to involve those 141 people in the training programme”, and that they had not all been on the course at the same time.

She said that some of the 141 people did not complete their training because the government contract ended and the training was no longer required.

Miles denied that the “unfounded” allegations had come at a bad time for Maximus, with its delivery of the WCA contract beginning only this week in the UK. It also faced nationwide protests by disabled activists as it started provision of the WCA.

She said: “We would disagree with the allegations that were presented in the story. Again, we stand by our performance in Australia.

“They have gone through a full audit on a variety of things. A lot of that piece referred to the older contract. Two contracts ago.”

She added later in a statement: “There has never been a training scam in any of MAX Employment’s sites.

“The issue raised in the story was addressed by the Department of Employment back in June 2009.

“The training in question was a contractual requirement under our prior contract. Also, the former employee that was interviewed did not work on the contract that ended in 2009 so she would have no knowledge of the actual contractual requirement.

“Also, ‘parking’ is not something that has ever been used in MAX Employment and is completely contrary to the ethos of the company.

“As I mentioned on Monday, we stand by our work and we’ve placed more than 275,000 job seekers in employment over the last six years.

“At no time has there been a contractual breach and MAX Employment has always operated with integrity and impeccable ethics.”

A spokesman for the Australian Department of Employment told DNS: “The department does not comment publicly on current investigations, as to do so might prejudice or jeopardise legal proceedings.

“The statement provided to Four Corners details the department’s rigorous processes in place to deal with allegations of misuse of funding and fraud.”

Maximus has not only begun to deliver the WCA contract in the UK, but it has also won – or is in a position to take over – a series of other multi-million-pound employment support and assessment services for disabled people.

It is one of the main Work Programme providers, and last year was awarded two further DWP contracts: to run the new Fit for Work service and to take over provision of WCAs from the much-criticised Atos Healthcare.

But Maximus is also in competition with the education, employment and training services group Prospects to buy Remploy, which would hand it control of contracts to provide mental health support in the workplace under the government’s Access to Work scheme, and to help disabled people into work through DWP’s Work Choice programme.

The winning Remploy bidder is set to be announced later this month.

A DWP spokesman said: “Ministers are concerned primarily with Maximus’s performance in relation to its contract with the DWP here in the UK – we don’t have any plans to launch our own investigation into the Australian Broadcasting Corporation’s claims.”

He had said earlier: “Our understanding is that Maximus dispute the contents of the programme – but you would need to speak directly to the company to get its position on the specific allegations made.

“The contract awarded to Maximus is part of a concerted drive to ensure that people who need an assessment get the best possible service and are seen in the quickest possible time.”

He added: “Maximus were selected following a rigorous procurement exercise and the department’s belief in the company’s ability to deliver on its contract is based on that.

“The DWP’s focus is on getting down waiting times and improving the quality of service for claimants here in the UK, and progress on that score is what ministers will be looking at in order to assess Maximus’s performance.”

Caption: Maximus’s UK headquarters are on the first floor of this building in central London

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DWP Lisa Miles Maximus

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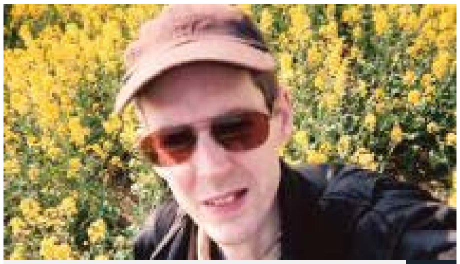

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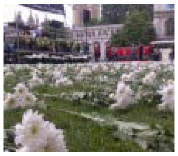

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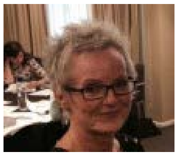

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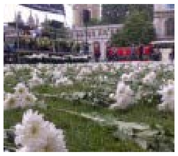

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Disabled man died of heart attack after being told of ESA sanction threat

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BY JOHN PRING ON NOVEMBER 13, 2015 BENEFITS AND POVERTY

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A disabled man died of a heart attack, just an hour after being told that the Department for Work and Pensions (DWP) was threatening to stop paying his out-of-work disability benefits.

Alan McArdle (*pictured*), who had previously been homeless but was living in council accommodation in Slough with the support of a charity, told the friend who had read the DWP letter to him: “They’ve sanctioned my money,” before he collapsed.

The government contractor responsible for finding him work, the discredited outsourcing giant Maximus, had reported him to DWP for failing to attend appointments intended to move him towards work, as part of the Work Programme, despite being told about his severe ill-health.

Slough’s Labour MP, Fiona Mactaggart, accused DWP of being responsible for her constituent’s death, and told Disability News Service she would raise his case in the House of Commons.

McArdle, who had alcoholism and was diagnosed with diabetes three years ago, had just come out of hospital following a fall, and had been too unwell to visit the Maximus offices in Slough high street.

The impact of the diabetes meant he had no feeling in his arms and legs, and could hardly move.

Despite his poor and deteriorating health, he had been placed in the work-related activity group (WRAG) of employment and support allowance (ESA), designed for those found “fit” enough to carry out some work-related activity, but not yet well enough for a job.

Mandy McGuire, project manager of the charity Slough Homeless Our Concern (SHOC), who had supported McArdle for 16 years, had told Maximus he was not well enough to attend their appointments.

She had already tried repeatedly – but unsuccessfully – to have him placed in the ESA support group, so he would not have to attend work-related appointments.

McArdle, who had been homeless and living in a hostel before SHOC found him council accommodation, attended the first couple of appointments in the Maximus offices, but his health and mobility had continued to deteriorate.

McGuire eventually found it impossible to transport him to the meetings because his mobility was so poor, so Maximus allowed him to keep in touch by phone.

After he had a fall and had to be admitted to hospital, he asked McGuire to explain to Maximus why he had not been in touch, as he was concerned about losing his benefits.

But when she called Maximus, she was told: “He hasn’t come in, so we will get him sanctioned.”

When the letter from DWP arrived, McArdle was with a friend, who had been caring for him, and read the letter to him.

It is believed the letter stated that he needed to provide evidence to DWP to prevent his benefits being sanctioned.

McGuire said: “When she read the letter to him, he went a deathly grey colour and complained about pains, and then he collapsed. Within an hour, he was dead.”

She added: “He wasn’t a well man. That letter was the final straw.”

Mactaggart said it was “shocking” that the only way McArdle could prove he was not well enough to take part in the Work Programme was by dying.

She pointed to last month’s refusal by work and pensions secretary Iain Duncan Smith to commission an independent review into benefit conditionality and sanctions, despite a recommendation by the work and pensions select committee, which she said showed he was “prepared to act with impunity”.

She said: “I think it is shocking that the arrogance of the DWP and their belief that they do not have to be held accountable has frankly led to the death of one of my constituents.

“I think that the complacency of employment ministers who say that it is wrong to draw a link between the deaths of claimants and the removal of sickness benefits has to be exposed.

“This is just another example where the link appears absolutely direct.”

She was also scathing about Maximus, which now has a swathe of DWP contracts.

Mactaggart said: “Instead of reaching for a sanction as the first step, what you have to do is talk to someone if they cannot get to an appointment.

“You have to move your butt, because you are more mobile than they are.”

Mactaggart said she had visited Slough jobcentre and had seen what appeared to be targets – written on a white board in the office – for moving jobseeker’s allowance (JSA) claimants off the benefit.

After 13 weeks, according to the figures, staff were expected to clear 62 per cent of JSA claimants, and after 52 weeks, 92.7 per cent of claimants.

Mactaggart said this would be done either through finding claimants work, or by sanctioning them, and she said she had been told by former jobcentre staff that they would be “sanctioned” themselves – for example, by losing bonuses – if they didn’t meet their targets.

The latest DWP figures, released this week, show there were 1,852 decisions taken to apply a sanction against someone claiming ESA in June 2015, compared with 3,113 in June 2014, 1,679 in June 2013, and 976 in June 2012.

Mactaggart also pointed to a DWP freedom of information response which revealed that of the 49 secret peer reviews carried out into benefit-related deaths – first exposed by Disability News Service last year – 10 had concerned someone who had had their benefits sanctioned.

McGuire said the government's sanctions regime was "appalling".

She said: "Despite keeping in contact with the jobcentre and Maximus, they just showed no empathy at all.

"It's killing people, it's quite literally killing people. We are seeing people deteriorate so much where they haven't had money."

A staff member with Trinity, which works with people who suffer the effects of homelessness, and is closely linked to SHOC, has described in a blog how McArdle collapsed after the letter was opened.

She wrote: "They say your life flashes before your eyes before you die. I would hazard a guess that it was his future that flashed before his: losing his home, returning to the streets, perhaps dying there. Does his life matter? It matters to us."

A DWP spokeswoman said: "Our sympathies are with Mr McArdle's family and friends. However, it's misleading to link a death to someone's benefit claim.

"We write to all claimants who have not engaged with our support, asking them to get in touch and explain why. This is so they won't face a sanction if they had a good reason."

A Maximus spokesman said: "We were saddened to learn of the death of Mr McArdle and send our condolences to his family and friends.

"Participation in the Work Programme is mandatory for people in the WRAG who are in receipt of ESA.

"We make strenuous efforts to inform participants about their obligations and contact them if they fail to show up for arranged meetings."

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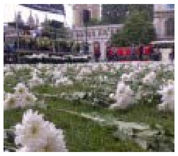

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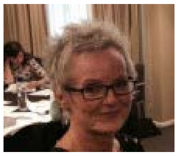

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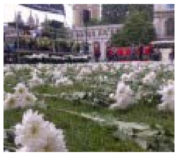

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DNS is run by journalist John Pring

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ABOUT

Disability News Service (DNS) is run by John Pring, an experienced journalist who has been reporting on disability issues for nearly 20 years.

He launched DNS in April 2009 to address the absence of in-depth reporting in both the specialist and mainstream media on issues that affect the lives of disabled people. read more

The International Standard Serial Number for Disability News Service is: ISSN 2398-8924

Legal aid

Chief coroner calls for legal aid provision in state-involved inquests

In wide-ranging interview, soon-to-retire Peter Thornton QC says bereaved families are entitled to ‘equality of arms’

Peter Thornton QC, the outgoing chief coroner of England and Wales. Photograph: Christian Sinibaldi for the Guardian

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This article is **7 months old**

Owen Bowcott **Legal affairs correspondent**

Monday 25 July 2016 08.00 BST

Legal aid should be provided for families at inquests in which the government pays for lawyers to represent police officers or other state employees, the chief coroner has recommended.

In an interview with the Guardian before the release of his annual report and his retirement, Peter Thornton QC said: “There are cases where legal aid should, if possible, be made available for families, particularly where one or more organs of the state are represented.”

As the first holder of the post of chief coroner of England and Wales, Thornton has updated a service widely thought to be in need of modernisation and greater consistency. He took up the post in 2012 and steps down in October.

In the aftermath of the reopened Hillsborough inquest and with the resumption of the inquest into the Birmingham pub bombings, the question of whether relatives of victims need legal support to help them discover the truth has become an urgent issue.

This week both Conservative and Labour MPs in the Midlands backed requests to provide legal assistance to relatives of the 21 people who died when the IRA bombed the Tavern in the Town and the Mulberry Bush pubs in Birmingham in November 1974. In recent years the Ministry of Justice has severely restricted access to legal aid as part of its austerity programme.

Cases involving a prison death or a fatality in police custody often involve several officers with government-paid barristers appearing on their behalf. When confronting such high-powered representation, Thornton believes, families should be granted exceptional funding for legal aid.

"It's partly a question of equality of arms and also helps the coroner who might otherwise be bending over backwards to help the family and might give the appearance of going too far," he said.

"I have recommended in my annual report … that the lord chancellor should consider amending her exceptional funding guidance so as to provide … legal representation for the family where the state has agreed to provide representation for one or more people."

Relying on voluntary work was not sufficient. "There's always been a very good tradition of pro-bono lawyer work," Thornton acknowledged. "But that's not always the right way forward. I have also given general advice to coroners when they are [contacted] by a family to support an application for funding."

Thornton, who leads a team of 380 coroners and 595 coroners' officers, also said a critical shortage of pathologists was a "disaster looming".

Pathologists are employed by the NHS but perform postmortem examinations as freelancers, for the slender sum of £96.80 per body. Many are reluctant to take on the work.

"It's not part of their jobs," Thornton said. "They often come in early in the morning to the local mortuary. The majority of work will be concluded by lunchtime. There's no supervision or oversight … which is remarkable.

"No government department will take responsibility for them. The Department of Health says it's not for them; the Home Office [only] deals with forensic pathologists who are employed by the police."

He added: "There are 463 consultant pathologists. More than a quarter [when surveyed] said they intended to give up coroners work. Most cited poor remuneration for doing so and the £96.80 fee which has been standard for the past 10 years.

"The really serious side of this is there can be delays in releasing the body because there's no pathologist available. There can be delays commencing the inquest because … it takes longer to get reports."

At an international conference, Thornton found most of his foreign counterparts were releasing bodies after 24 hours. In England and Wales the target is three days, “and that’s not being achieved in some parts of the country”, he said.

Without some national oversight and without any commitment by the NHS, the coroners service “will get worse and that will lead to families having greater distress because they are unable to have the body released quickly”, Thornton said. “Learning from death is learning for life. I would like the NHS to adopt more of that attitude. In pathologists’ training, autopsies are optional now.”

Last year there were about 530,000 deaths reported by doctors, around 45% of which were reported to coroners. Thornton said the procedure was “slightly chaotic” and he is drafting advice to doctors to make their referrals more consistent. Not all result in full inquests, of which there were 32,000 in 2015.

Suicide remains a controversial issue. It has to be proved to the criminal standard of beyond reasonable doubt. “I had some discussions with ministers from different departments about whether it should be reduced to the civil standard of proof, the balance of probabilities,” Thornton recalled. “The ministers couldn’t agree. I discussed with it coroners. They were split 50/50.”

One of Thornton’s other recommendations relates to deaths at sea. At present the law states that those which occur near land, for example swimming accidents, can be investigated by the local coroner. But those far out, for instance deep sea fishing accidents, cannot. “I would like them to be held,” Thornton said. “Deaths at sea are never investigated.”

One of the new powers that has raised the profile of coroners is publication of regulation 28 notices aimed at preventing future deaths. Thornton recalled one good example, following inquests into military deaths in Afghanistan, where it worked well.

“I was at Warminster [where the army showed me] a piece of equipment which detects mines on the road,” he said. “They explained that they had changed it to [a new] piece of equipment as a result of a coroner’s report. That’s good work.”

Asked about prisoners taking their own lives at Woodhill prison, where five inmates died in 2015 and for which there have been inquests, Thornton replied: “The fact that there are repeat deaths in one place will be considered by those who are responsible for it. It’s our job to draw attention, it’s for others to take action.”

Deborah Coles, director of the organisation Inquest, which supports relatives at coroners’ courts, praised Thornton’s efforts. “He has tried to remind people that families should be at the heart of the process and seen that it’s at its worst where there’s an imbalance in the resources available,” she said.

"He has tried to make the coroners service more professional by providing training for everyone, in particular coroners' officers. We have to get away from the Ministry of Justice claim that inquests are inquisitorial processes and families can represent themselves."

Coroners' lives are not easy. They deal with death and grieving families every day. "That kind of work is very stressful," Thornton said. "I don't think sufficient thought has been given to them in that role."

Sometimes the law could be an obstacle, he acknowledged. He would like to see the high court's powers reformed so that it can record and amend records of evidence.

For example, the bones of a man in his 20s were found on a beach in north-west England. A decade later, advances in DNA matched them to someone who had left Dublin.

"That required an application to the high court to quash the first inquest, to order a second inquest, just for a record to be changed," Thornton said. "The family in Dublin were really grateful to be able to bury their son at last. Until then, he had just been a missing person."

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Conference hears of ‘democide’, ‘psycho-compulsion’ and suicide risk from benefit system

2

BY JOHN PRING ON OCTOBER 13, 2016 BENEFITS AND POVERTY

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Mental health survivors and psychologists have joined forces for a conference that has highlighted the extreme damage caused by welfare reform, and has suggested how mental health professionals can help in the fight to improve the benefit system.

The Psychologists and the Benefits System conference in Manchester was organised by clinical psychologist and lecturer Dr Stephen Weatherhead and Joanna, a mental health system survivor, who had been exchanging ideas around the impact of welfare reform for the last two years.

The conference – sub-titled Time To Get Off The Fence – featured presentations by both academics and campaigners, including a workshop to help psychologists write letters for service-users needing access to support such as benefits.

One of the presentations was delivered by Joy Hibbins, founder of Suicide Crisis, a charity in Gloucestershire which runs a crisis centre that is open to anyone in the county who is feeling suicidal.

Hibbins, herself a mental health system survivor, talked about the impact of the benefits system on some of her clients.

She described how for one client, Sam*, the risk of suicide “rose sharply the day before his appeal over withdrawal of benefits”.

She said: “The loss of benefits (or fear/threat of loss of benefits) was not the reason why Sam became suicidal.

“His suicidal thoughts had been triggered originally by the traumatic death of his partner.

“However, the prospect of the loss of benefits was a final trigger, when he was already vulnerable, mentally unwell and destabilised by recent trauma.”

For another client, Julia – who had emotionally unstable personality disorder (EUPD) and faced a reassessment every year for employment and support allowance (ESA) – the fear of losing benefits caused her suicide risk “to rocket”.

When she heard that her ESA claim had been successful, said Hibbins, “her immediate reaction was not relief, but fear and distress that she would have to go through it all again next year.

“She is now trying to bring together a group of people with EUPD so that they can meet with Department for Work and Pensions (DWP) officials to explain the impact of these annual assessments on them.”

She told the conference that DWP officials had always listened when the centre explained the impact of losing their benefits on its clients, and eventually either reinstated or maintained those benefits.

But she said this left her and her colleagues “extremely concerned” for benefit claimants who do not have the support of a centre like hers.

She said: “We know how at risk some of our clients have been and if they hadn’t had support and advocacy, they may well have ended their lives.”

Disabled activist Rick Burgess spoke about “democide”, the idea that actions by a government can cause harm or even death, but often go undefined and unchallenged because the perpetrator is the state.

He said this illustrated what had happened to disabled people in the UK over the last decade through welfare reform, with the ideas of “malingering and illness deception” becoming mainstream, and eventually party and government policy, leading to the “surreal situation of people dying daily, of the same ‘errors’ and ‘failings’ repeating daily over many years”.

Burgess (*pictured*) said that “an ‘accident’ that keeps repeating, every day, every week, every month, every year” while there were people able to stop it from happening who instead allowed it to continue, was “not a failure, neglect or an accident” but “the product of policy”.

He said: “When other legislative changes contribute towards this outcome, when assessments of cumulative impact are refused, when information is denied and when voices are silenced that is a pattern that reveals a strategy.

“Set amidst a global consensus on reducing state spending and support, with governments choosing to make a decision [on]which sectors of the population will lose support, this becomes an inevitable expression of democide.”

He said this process had been assisted by the actions of doctors, lawyers, administrators, journalists and judges.

He added: “The removal of normal legal redress, the limiting of charity dissent and simultaneous involvement of the third sector and the provision of a tortuous appeal system give the veneer of due process while delivering a reality of brutal denial of rights, up to and including the right to life.”

He told the conference that those involved in the system, particularly health professionals, needed to “rediscover their ethical duties” by boycotting DWP, helping claimants with their claims, and encouraging other professionals to follow the same course of action.

Dr Brigit McWade, from Lancaster University, spoke about her research with professor Imogen Tyler into how neoliberal governments – including the UK’s – stigmatised benefit claimants in order to justify their welfare reforms and privatisation agenda.

She told the conference that Conservative ministers responsible for recent UK welfare reform, including Iain Duncan Smith, believe that the social security system produces “a culture of dependency, and a poverty trap”.

And she pointed to research by Friedli and Stearn that showed how psychologists had been recruited into the social security system to help DWP identify “psychological barriers to gaining employment”, punish benefit claimants for failing to comply with the system, and attempt to foster attributes and attitudes that DWP believed would increase their “employability”.

In this way, psychologists were supporting DWP’s focus on changing the individual’s behaviour rather than the social barriers they faced, she said.

Claimants who failed to conform were subjected to “psycho-compulsive regimes that seek to re-condition” them and remove their benefits “through sanctions designed to punish the poor”.

She told the conference that welfare reform policy had become “an act of war on an internal enemy of the government’s own creation”.

Weatherhead, who is also based at Lancaster University, said after the conference that the event had provided information for psychologists on how to improve support for benefit claimants, while also drawing attention to some of the flaws in the system.

He told Disability News Service: “The key issue we wanted to address was that the WCA is not up to scratch, and we need to get rid of sanctions.

“Sanctions don’t work from a psychological perspective and target people already in financial straits and are just cruel to the most vulnerable groups in our society.”

Weatherhead is now hoping that other such conferences will take place around the country, again involving both psychologists and service-users.

He is also working with mental health survivors on a 24-hour vigil that will coincide with next year’s BPS annual conference, and will “raise support and awareness of all the people whose mental health has been affected by the benefits system, particularly those who have died”.

He is hoping that he and other campaigners will persuade BPS to hold a session at the annual conference on the benefits system, the use of psycho-compulsion, and the ethics of psychologists working for DWP.

Last year, he organised Walk the Talk, in which a group of psychologists walked 100 miles from British Psychological Society (BPS) offices in Leicester to BPS offices in London to raise awareness of social policies that are leading to psychological distress, such as benefit sanctions and the “fit for work” system, as well as homelessness and food poverty.

He can be contacted by email at s.weatherhead@lancaster.ac.uk or on Twitter at @steweatherhead.

**Not their real names*

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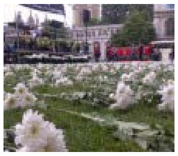

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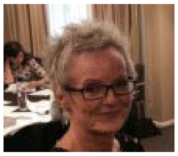

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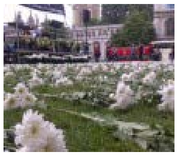

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European Union (Approvals) Bill [*Lords*] (Programme)

Motion made, and Question put forthwith, (Standing Order No. 83A(7)),

That the following provisions shall apply to the European Union (Approvals) Bill [*Lords*]:

Committal

(1) The Bill shall be committed to a Committee of the whole House.

Proceedings in Committee, on Consideration and Third Reading

(2) Proceedings in Committee, any proceedings on Consideration and proceedings on Third Reading shall be taken in one day in accordance with the following provisions of this Order.

(3) Proceedings in Committee and any proceedings on Consideration shall (so far as not previously concluded) be brought to a conclusion one hour before the moment of interruption on the day on which those proceedings are commenced.

(4) Proceedings on Third Reading shall (so far as not previously concluded) be brought to a conclusion at the moment of interruption on that day.

Programming committee

(5) Standing Order No. 83B (Programming committees) shall not apply to the proceedings on the Bill in Committee of the whole House, to any proceedings on Consideration or to proceedings on Third Reading.

Other proceedings

(6) Any other proceedings on the Bill (including any proceedings on consideration of any message from the Lords) may be programmed.—*(Mark Lancaster.)*

Question agreed to.

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Backbench Business

Welfare Reforms and Poverty

7.14 pm

Mr Michael Meacher (Oldham West and Royton) (Lab): I beg to move,

That this House believes that a commission of inquiry should be established to investigate the impact of the Government's welfare reforms on the incidence of poverty.

I am very grateful to the Backbench Business Committee for giving the House the opportunity to debate this issue, which has been seriously neglected over the past three years. I am pleased to move the motion, which appears in my name and the names of Members from other parties.

It is clear that something terrible is happening across the face of Britain. We are seeing the return of absolute poverty, which has not existed in this country since the Victorian age, more than a century ago. Absolute poverty is when people do not have the money to pay for even their most basic needs. The evidence of that is all around us. There are at least 345 food banks and, according to the Trussell Trust, emergency food aid was given to 350,000 households for at least three days in the last year. The Red Cross is setting up centres to help the destitute, just as it does in developing countries. A study that was published two months ago shows that even in prosperous areas of the country, such as London, more than a quarter of the population is living in poverty. This point is really scary: according to the Joseph Rowntree Foundation, for the first time, the number of people in working families who are living in poverty, at 6.7 million, is greater than the number of people in workless and retired families who are living in poverty, at 6.3 million.

The Department for Work and Pensions published new data two months ago—it was pretty reluctant to do this, and one can see why—showing that the use of sanctions, which means depriving people of all their benefits for several weeks at a time, had increased by 126% since 2010 and, most strikingly of all, that 120 disabled people who had been receiving jobseeker's allowance had been given a three-year fixed duration sanction in the previous year. Figures from the Department for Communities and Local Government—these are the last that I will quote, although there are many more that I could quote—show that there are now more than 2,000 families who have been placed in emergency bed-and-breakfast accommodation after losing their homes. The 5% rise in the overall homelessness figures last year included nearly 9,000 families with children, which is the equivalent of one family losing their home every 15 minutes.

What impact have the so-called welfare reforms, which would more accurately be described as social security knock-backs, had on the families who have been affected? The best evidence comes from the Northern Housing Consortium, which carried out a survey three months ago of a representative sample of people living in social housing. It found that a third of families spent less than £20 a week on food and that the average spend on food per person per day was precisely £2.10. That is a third less than those families were able to afford three months

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before that. The proportion of households that had to make debt repayments of more than £40 a week had doubled and the average level of debt was £2,250. That might not sound a lot to us, but to people with that standard of living it is an enormous and daunting sum. A third of families had council tax debt, and households were having to spend 16% more on gas and electricity. Those are deplorable figures of profound impoverishment in an economy that is still the sixth largest in the world.

Andy Sawford (Corby) (Lab/Co-op): I congratulate my right hon. Friend on securing this incredibly important debate. Does he also recognise the impact of 2.7 million people losing out through the Government's changes to council tax benefit, many of them disabled people, veterans and some of the most vulnerable in our communities?

Mr Meacher: I have already made slight reference to that, but my hon. Friend is entirely right. The change is quite small, but its impact can push very poor families into deep poverty.

What are the causes of the emergence of absolute poverty? The biggest cause is the huge rise in sanctioning: depriving someone of all their benefit entitlement for a month in the first instance, for three months in the second instance and, on a third infringement, for three years!

David T. C. Davies (Monmouth) (Con): Will the right hon. Gentleman give way?

Mr Meacher: I will not give way to too many Members, for the simple reason that many want to speak, but I will give way to the hon. Gentleman.

David T. C. Davies: I am grateful to the right hon. Gentleman for giving way. Does he not agree that it is vital that those who are not looking for work are made to realise that there will be consequences to those actions, particularly at a time when 1 million people have been able to come into this country from eastern Europe and find work here?

Mr Meacher: Those who come to this country are more likely to be employed and take out less in benefits than many of the indigenous population. The real point is that these people want work. Of course the hon. Gentleman is right that people should get work if they can, but there are 2.5 million people who have been unemployed for the best part of two years, and there are 562,000 vacancies—I checked that figure today. So four out of five of those who are unemployed simply cannot get a job whatever they do.

Hugh Bayley (York Central) (Lab): The hon. Member for Monmouth (David T. C. Davies) does not seem to realise that many of the people who claim benefits, including jobseeker's allowance, are people who work. I have a constituent on a very low income. He delivers newspapers to my constituency office. He has dyslexia, but he works because he wants the pride of keeping himself. He still needs to claim JSA, but he lost his allowance because his dyslexia meant that in one fortnightly period he applied for nine jobs, not 10. Can that possibly be right, when this man is already working and trying to pay his way?

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Mr Meacher: My hon. Friend is entirely right. I have already made the point that the greatest number of people in poverty are actually in working families. That is a real indictment of economic and social policy.

The sanctions are very harsh. I accept that there must be some sanctions, but the scale is out of all proportion and remarkably harsh. They are often applied for trivial reasons, such as turning up five minutes late for a job interview or a Work programme. Of course, people should not turn up five minutes late, but to deny them benefits for a whole month for that reason is totally disproportionate. There are other examples from my own experience in my surgery or from Citizens Advice interviews. I will quote, very quickly, just a few of them:

"The jobcentre didn't record that I had informed them that I was in hospital when I was due to attend an appointment and I was sanctioned."

"I went to a job interview instead of signing on at the jobcentre because the appointments clashed."

Presumably, that was the right thing to do, but he was still sanctioned.

"I had to look after my mum who was severely disabled and very ill, but I was still sanctioned."

"I didn't know about the interview because they sent the letter to my previous address. I'd told them my new address but I was still sanctioned."

"I was refused a job because I was in a women's refuge, fleeing domestic violence and in the process of relocating, but I was still sanctioned."

This is a classic:

"I didn't do enough to find work in between finding work and starting the job."

The latest DWP figures are from two months ago—it would be handy if we had more up-to-date figures—and show no fewer than 580,000 persons sanctioned in the eight months to June last year. If the same rate has continued since then—it has probably increased—that means that more than 1 million have been sanctioned in the past 15 months and deprived of all benefit and all income. Given that the penalties are out of all proportion to the triviality of many of the infringements, and given that, as I have said, four out of five people cannot get a job whatever they do, the use of sanctioning on this scale, with the result of utter destitution, is—one struggles for words—brutalising and profoundly unjust.

There are other reasons for this deeply worrying rise in absolute poverty. One is the delays in benefit payments, which have increased substantially—the delays, not the benefit payments, unfortunately. Another reason is the impossibility for many poor and vulnerable people to comply with the new rules, even though they want to, that are being imposed. I will quote just one case from my surgery a few weeks ago. He is a disabled man who had his benefits reduced due to the one-year employment and support allowance rule, so his income is now £71 a week. He has been left in a three-bedroom house because his mother and other people looking after him have died and so has to pay £23 in bedroom tax, plus £6 a week—this is the point that my hon. Friend the Member for Corby (Andy Sawford) was making—in council tax due to the new council tax rules, leaving him with £42 a week. He asked to downsize to a smaller property, which is what the Government would expect him to do, but the local housing association, ironically called First Choice Homes, demanded that he pay two weeks' full

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rent upfront, £197, before getting any housing benefit. He cannot do that, of course, and he is stuck in an impossible situation.

Another reason for the rise in absolute poverty is the impact of the bedroom tax, which applies to two thirds of a million households. I think everyone, probably even Government Members, will admit that it is Dickensian in its sheer social divisiveness. The housing benefit cap has now been imposed on a further 33,000 households. Both of those measures have forced tens of thousands of people out of their homes—we need to take into consideration what that means—even though two thirds of those affected by the bedroom tax are disabled. It is reckoned that more than 90% do not have smaller social housing to move into.

Another not insignificant cause of destitution—I will be very brief on this—is mistakes made by the authorities themselves. Last week, one of my constituents who had been sanctioned for a month was suddenly told that his sanction had been extended to a year. It was only intervention with the local DWP office that uncovered that it was actually its mistake. What happens for others who do not have the advantage of such an intervention? It now seems that up to 40,000 working-age tenants in social housing have been improperly subjected to the bedroom tax because of DWP error.

I will cite just one more reason for the unnecessary and cruel imposition of poverty, and I say that advisedly: the way in which tens of thousands of severely disabled persons have been judged by Atos, the French IT company, as fit for work—and therefore forced on to JSA at just £71 a week—when they are patently unfit for work. Very often, their GP has not been consulted to inquire whether there are other factors that need to be taken into account. The Chancellor's policy of keeping 2.5 million people unemployed makes it impossible for them to find work, even if there were employers who would be willing to take them, and the 40% success rate of appeals shows how unfair the whole process is.

I conclude by asking just one simple question: is all this brutality towards the poor really necessary? Is there any justification in intensifying the misery, as the Chancellor clearly intends, by winding up the social fund and, particularly, by imposing another £25 billion of cuts in the next Parliament, half of that from working-age benefits? The whole objective of the massive cuts programme—to reduce the deficit—is one that I think we would all support. There is no disagreement about that across the House, yet after £80 billion of public spending cuts, with about £23 billion of cuts in this Parliament so far, the deficit has been reduced only at a glacial pace, from £118 billion in 2011 to £115 billion in 2012 and £111 billion in 2013. Frankly, the Chancellor is like one of those first world war generals who urged his men forward, over the top, in order to recover 300 yards of bombed-out ground, but lost 20,000 men in the process. How can it be justified to carry on imposing abject and unnecessary destitution on such a huge scale when the benefits in terms of deficit reduction are so small as to be almost derisory?

Mr Ronnie Campbell (Blyth Valley) (Lab): Does my right hon. Friend agree that the Government might save a lot more if they showed the same energy and enthusiasm for getting those who evade their taxes and run to tax havens as they do for going after the poor, the sick and people on the dole?

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Mr Meacher: I will come to that in just a moment.

People say that to carry on doing the same thing over and over again, but expecting a different result, is the first sign of insanity. The Chancellor is not insane, of course, but he is deeply punitive and sectarian. Frankly, I want to help him. There is another way.

Stephen Mosley (City of Chester) (Con): I have listened to the right hon. Gentleman with great interest. What does he think about the assertion by those on his own Front Bench that they would be tougher on welfare than the Tories?

Mr Meacher: The thrust of what those on our Front Bench have said, as the shadow Chancellor has made clear on many occasions, is that we need public investment. We need to get jobs and growth. That is the alternative way: public investment in jobs, industry, infrastructure and exports to grow the real economy, not the financial froth, because that would cut the deficit far faster—that is the key point—than the Chancellor's beloved austerity.

If the Chancellor is obsessed with fiscal consolidation, as I think he is, how about the ultra-rich—Britain's 1,000 richest citizens—

contributing just a bit? Their current remuneration—I am talking about a fraction of the top 1%—is £86,000 a week, which is 185 times the average wage. They received a windfall of more than £2,000 a week from the 5% cut in the higher rate of income tax, and their wealth was recently estimated by *The Sunday Times*—not *The Guardian*, but *The Sunday Times*—at nearly half a trillion pounds. Let us remember that we are talking about 1,000 people. Their asset gains since the 2009 crash have been calculated by the same source at about £190 billion.

My question, therefore, is: does the Chancellor believe that these persons, loaded with the riches of Midas, might be prevailed upon to contribute a minute fraction of their wealth in an acute national emergency, when one sixth of the work force earns less than the living wage and when 1 million people who cannot get a job are being deprived of all income by sanctioning and thereby being left utterly destitute? This is just a thought: charging the ultra-rich's asset gains since 2009 to capital gains tax would raise more than the £25 billion that the Chancellor purports to need. I submit that it would introduce some semblance of democracy and social justice in this country if the Chancellor paid attention to this debate and thought deeply about what he is doing to our country and its people.

Several hon. Members *rose—*

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. There will be a 10-minute time limit in this debate.

7.35 pm

David T. C. Davies (Monmouth) (Con): Members of the shadow Cabinet might need a boxing referee to sort out their disputes at the moment, as we read today in the *Daily Mail*, but I can assure hon. Members that I believe that the Conservative party is absolutely united in supporting the coalition Government and coalition Ministers in what they are trying to achieve. We do so against the backdrop of one of the most disastrous economic situations that this country has faced outside of a war.

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It is worth reminding ourselves just what we were looking at in 2010. We took office with a deficit of £160 billion and a debt that was rising rapidly to £1 trillion. That was after years of overspending in good times, as well as in bad, by Labour, a cheap money supply and lax banking regulation under the former Government. We had disastrous economic decisions, such as that to sell gold at a fraction of its real rate. Worst of all and most seriously—this is what we are dealing with today—we had a welfare system that allowed people to get into a trap of welfare dependency, leaving them on the dole for many years, but at the same time filling the consequent gap in employment by allowing mass and uncontrolled immigration into this country, which completely undercut British workers.

That was the disastrous legacy that this coalition Government faced in 2010. I am proud of the fact that, instead of shirking their responsibilities, Ministers in this coalition Government took difficult economic decisions. Of course we had to make cuts and reduce public spending. It would have been grossly irresponsible not to do so, and in the longer term it would have led to far greater poverty than we face now. The reality is that we are a nation in debt. We are having to borrow about £10 billion every month. We are also having to roll over existing debts that previous Governments left us. If for any reason the international money lending organisations that give us that £10 billion a month ever decided that we were not in a position to pay either the interest or the original sum, they would simply stop lending to us, and there would be no European bank or International Monetary Fund waiting to bail us out with the sums we would need.

We would face an economic catastrophe on a far greater scale than the one we face now, and it would lead to real poverty. Indeed, it could lead to even third-world levels of poverty, because we would simply run out of cash. That is the catastrophe that keeps me awake at night—far more so than the bogus claims about global warming, when we have seen no rise in temperature for 16 years, or than terrorism, which is a much more serious matter but which the security services have thus far been able to contain.

Hugh Bayley: Will the hon. Gentleman not acknowledge the truth that the amount spent on welfare by the last Labour Government decreased over time because we were effective in creating more jobs and getting people off welfare and into work? The national debt was some £800 billion when his party came to power, but is it not now well over £1 trillion and rising?

David T. C. Davies: Indeed, the hon. Gentleman is quite correct in his last point. He makes an important point, but I would like to find out where it was going. Is he suggesting that we are not doing enough to pay down the national debt? Is he suggesting that we should cut further and faster? If so, and if we had the support of other Opposition Members, that is exactly what the Government could do and, indeed, possibly should do. I look forward to seeing that support for getting the deficit down.

Hugh Bayley: The point I am making is simply that the Labour Government reduced the amount that taxpayers had to spend on welfare because we were effective at

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investing in the economy, creating jobs and thereby getting people off welfare and into work.

David T.C. Davies: I do not accept that point, but I do accept that when the last Labour Government came into office in 1997, they spent the first couple of years paying down the national debt, which is exactly what they should have done.

Hugh Bayley: It was the first 10 years.

David T.C. Davies: No, from 2001 onwards they started overspending by an average of about £30 billion. That is an absolute fact; I have checked the figures on the national debt very carefully. From 2001 onwards, they started overspending by an average of about £30 billion a year. That is a fact. I can tell hon. Members that I have checked the figures on the national debt very carefully. As I say, from about 2001 onwards, the Labour Government decided to start overspending by approximately £30 billion a year, and they were overspending long before the financial crash happened in 2008—a crash that they, incidentally, had helped to cause.

Ministers in the coalition Government are absolute right to make cuts, and if Labour Members feel that the deficit is still too high and that further cuts should be made, I am sure we would all welcome their support. The Government are right to do this for another reason: the welfare system, which we are reforming, traps people in worklessness. Many members of my family—through marriage—are from eastern Europe, and some of them came to this country barely able to speak English and had no qualifications that would be recognised here. They were, however, able to get into work. They started in low-paid jobs and worked their way up.

I spent many years in low-paid jobs, and I am not talking about holiday jobs or a gap year, as I never even went to university. I happened to believe that, rather than wait around for whatever job people think they deserve, they should take any job available to them and use work to get better work. That is the way forward, and that is what the Government are trying to encourage through the use of sanctions and, frankly, through making it difficult for people to sit around watching the television all day. I am not suggesting that that applies to everyone who is out of work or even a majority of them, but it certainly applies to a percentage of people who are out of work. It is high time that it was tackled and stopped. I am glad that some people have the courage to do that.

We hear nothing from Labour Members except a mass of contradictions. They say that they want to be tough on welfare—tougher than the Tories, as the shadow Work and Pensions Secretary said in October 2013—and then to a different audience they complain about every single cut to the welfare budget. They complain that the Government are making cuts and then they complain, as the right hon. Member for Oldham West and Royton (Mr Meacher) did, that the deficit is too high. It is ludicrous. They say that they are against the bedroom tax, but they brought the bedroom tax in, albeit in the private sector. What they say is a mass of contractions, so I cannot understand how anyone could feel that Labour Members were fit to be put in charge of welfare benefits or indeed the economy ever again.

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Stephen Mosley: Had my hon. Friend attended Work and Pensions questions this morning, he would have heard Labour Members going on about the work capability assessment. Which Government introduced it? It was, of course, the previous Labour Government.

David T. C. Davies: My hon. Friend makes a good point. I believe we would all like to see some consistency from the Opposition—both on the economy and on what they are really planning to do to benefits. In the meantime, let me commend both the Liberal Democrat and Conservative Front-Bench teams, who have been prepared to put aside their personal poll ratings—frankly, these are unpopular decisions—and do what is right for this country rather than what is right for winning elections: namely, getting the deficit down and solving the long-term problem of worklessness. That will do far more to tackle poverty than anything we hear from Labour Members tonight.

7.43 pm

Mr David Winnick (Walsall North) (Lab): Ministers—and certainly some Tory Back Benchers, as we have just heard—are in a state of denial about the increasing poverty in this country resulting from Government policies. They want us to believe—the hon. Member for Monmouth (David T. C. Davies) is as good an example as any—that we are dealing with the work-shy and scroungers, with people who have no justification for receiving benefits in the first place. It is to a large extent a repeat of what I witnessed during the Thatcher years. My right hon. Friend the Member for Oldham West and Royton (Mr Meacher), whom I congratulate on initiating this motion, will recall how we repeatedly used to point out what was happening in the country at large under Thatcher—increasing poverty and deprivation. Ministers and Tory Back Benchers back in the 1980s simply denied it: poverty did not exist; it was a figment of our imaginations. It was not then and it is not now.

The Child Poverty Action Group has estimated that 60% of the current benefit cuts fall on those who are in work. I totally reject, as do my right hon. and hon. Friends, that those who are not in employment are scroungers or not justified in receiving social security benefits. The severely disabled are among those being hit by the cuts.

The Institute for Fiscal Studies has said that child poverty will rise during this Parliament from 2.5 million to 3.2 million—an interesting figure, and I would argue that this debate is justified by that alone, and it explains why my right hon. Friend the Member for Oldham West and Royton and I urge taking action. The figures I have quoted mean, according to the IFS, that almost 24% of children in the UK are likely to live in poverty by 2015 next year. What sort of country are we—supposedly one of the most advanced industrialised countries in the world, yet 24% of our children will be living in poverty by next year? This compares with just over 19% in 2011—and that figure was far too high. The IFS goes further, projecting that, unless there are changes, current policies will impoverish a further 700,000 children between 2015 and 2020. That means some 4 million children growing up in poverty in the UK.

I had thought that Parliament in previous times, such as from 1945—I cannot claim to have been here at the time—was determined that poverty should largely be

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abolished, that full employment should occur and that no one should ever be in need again to the extent that people were before the second world war, yet we seem to be returning to that situation, which we hoped would be abolished for ever.

The policies being pursued—only 1% uprating of so many benefits, including child benefit; the change from the retail prices index to the consumer prices index as a basis for calculating benefits; the reductions in working tax credits and the rest—all add up to explain why we need this debate on poverty. All this, of course, is without what the Chancellor has threatened—a further £12 billion-worth of benefit cuts that he would like to see introduced after 2015.

Is it surprising that so many people in need are turning to food banks, which my right hon. Friend the Member for Oldham West and Royton mentioned? During Education questions in September last year, the Education Secretary said that when people used such facilities as food banks, it was

“often the result of decisions that they have taken which mean they are not best able to manage their finances.” —[*Official*

Report, 9 September 2013; Vol. 567, c. 681.]

That was his explanation—a leading member of the Cabinet—for food banks. The Trussell Trust described those comments as “not just insensitive”, as they obviously were to say the least, but “completely inappropriate”.

As anyone would know, people do not just go to a food bank for fun to ask for this, that or the other. It has to be authorised; people need vouchers and authorisation before food can be given. Does anyone in this House believe that people go along to food banks for the fun of it and to get a bit of free food? They go because they have no alternative. They have such limited incomes for bringing up their children, and I thought many of them feel humiliated by having to attend food banks. I would feel humiliated, and I am not alone. I would imagine that virtually every Member would feel humiliated if, as a result of limited income, poverty and so forth, they had to go to a food bank. How easy is it to justify that to the children? “Why are you going to a food bank, dad? Why do we not go to Tesco’s like everyone else?” Many children would ask such questions. We know why people go to food banks.

What about the figures? In 2009-10, about 41,000 people used food banks. By 2011-12, it had gone up to 128,000. As I think my right hon. Friend the Member for Oldham West and Royton mentioned, the latest figures from the Trussell Trust suggest that some 350,000 people are using them. Given that—fortunately—other organisations provide such facilities, the total number is about half a million. Half a million people in this country are using food banks! Are we proud of that? Do we feel that the House of Commons is doing its duty, and carrying out its obligation to deal with poverty and deprivation? Let me say it again: at the beginning of this year, 2014, half a million people are resorting to food banks because they have no alternative.

Other problems are being caused by cuts. For example, as a result of the impact of the cuts on local authorities, many home care visits are limited to 15 minutes. Those visits would not have been authorised in the first place unless they were necessary. Most of them involve disabled people and, in many cases, elderly people—in my age group or older—who cannot look after themselves. The number of 15-minute visits has increased by 15% over the last few years, and 60% of local authorities commission

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such visits. Why is that? In the main, it is not because any of them—including Conservative councils—are insensitive, but because, given the impact of the cuts, they see no alternative.

Andy Sawford: My hon. Friend has made an important point about the impact of the social care cuts. Is he aware that the 10% of local authorities that are the most deprived in the country face cuts six times higher than those faced by the 10% that are the most affluent?

Mr Winnick: That too is an important point, which I hope the Minister will bear in mind when he winds up the debate.

For those who have limited means, for those who cannot find work and for the disabled, the last few years—especially the last three—have become a desperate struggle for survival. I repeat what I said earlier. We should be ashamed, deeply ashamed, that so many of our fellow citizens—and let us not forget for one moment that they are our fellow citizens—are having to live in such circumstances. I only hope that there will be a change of Government, and that the new Government will do what I have every confidence that they will do. I hope that they will develop policies that will make life easier for those in need, as a Labour Government did previously. I was a bit of a critic of the last Labour Government on occasion, but there is no doubt that, overwhelmingly, my constituents were greatly assisted by their policies. I said so at the time, and I have said so many times since then.

This debate is essential, and I congratulate my right hon. Friend the Member for Oldham West and Royton on introducing it. I hope that, as a result, Ministers and Conservative Back Benchers will recognise how vital it is that change should come.

7.53 pm

Jeremy Lefroy (Stafford) (Con): I congratulate the right hon. Member for Oldham West and Royton (Mr Meacher) and my hon. Friends the Members for Worthing West (Sir Peter Bottomley) and for Birmingham, Yardley (John Hemming) on securing the debate. I welcome the opportunity to discuss the impact of the Government’s welfare reforms on poverty.

Evidence from my constituency certainly suggests that an increasing number of people are finding it very difficult, or impossible, to make ends meet. That applies particularly to those who are out of work, but, as other Members have said, it also applies to those who are in work. However, I think it important for us not to restrict our review to welfare reforms. More and more people in my constituency, and indeed throughout the country, are entering work and finding a way out of poverty as a result of the Government’s focus on job creation and apprenticeships.

We also need to consider the overall effect of the work that is being done to cut the deficit. As was pointed out by my hon. Friend the Member for Monmouth (David T. C. Davies), the purpose of that work is to maintain confidence in the United Kingdom as a borrower, to keep interest rates down—let us not forget that we are currently spending nearly £50 billion a year in interest, and that the figure is rising—and to ensure that we as a country can maintain a proper welfare safety net for our people, not just in the short term but in the long term. A country that continues to run a 6.8% annual

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budget deficit will eventually be unable to afford not only a welfare safety net, but the other vital safety nets that we provide.

Debbie Abrahams (Oldham East and Saddleworth) (Lab): The hon. Gentleman makes many very measured speeches, and I know that this will be no exception. Does he agree with my right hon. Friend the Member for Oldham West and Royton (Mr Meacher) that the number of working people who live in poverty is now greater than the number in workless households?

Jeremy Lefroy: I do agree, and I shall say more about that in a moment. It is a matter that should concern all Members on both sides of the House, and I do not believe that the Government are immune to that concern.

A universal free health service and a universal free education service are also vital safety nets, but it is essential for the Government, on behalf of the nation as a whole, to keep a close eye on both open and hidden poverty. Poverty is often more hidden than open: many people do not complain and do not come to our surgeries, but get on with it, day in, day out. However, those people are really struggling, and it is incumbent on the Government to keep an eye on them. Governments exist for all their citizens, just as we as Members of Parliament represent all our constituents, whether they voted for us or not. Certainly, they do not exist only for the 20% or 25%—or fewer, if we count those below the voting age—who cast a vote for them. I know that Ministers in the Department have always taken that very seriously—especially the Secretary of State, not least when he established the Centre for Social Justice, of which I have been a supporter for some time.

It is also vital for Governments to consider both the short-term and the long-term effects of their policies. As I have said in the House before, I believe that in the short term we need to look again at the way in which the spare room rent subsidy is being implemented. Increasingly, arrears are accumulating. One social housing provider in my constituency already has arrears of 37%, and it is a good provider. Many others have far lower collection rates. That will eventually lead to evictions or write-offs, both of which are costly in human and financial terms. A suggestion I have made before is that the rate for the spare room rent should be substantially lowered from its current percentage levels to a fairly nominal amount initially if we are to maintain the principle, which I believe we should, and therefore make it affordable. It should be increased only as the supply of suitable accommodation approaches demand.

The right hon. Member for Oldham West and Royton mentioned sanctions, which are applied to some of my constituents in a rather arbitrary manner. I ask the Minister to consider the way in which the Department sanctions jobseekers. I think it important for sanctions to exist, because we cannot be taken for a ride, but those who are genuinely seeking work should not be sanctioned as a result of mere technicalities, as has happened in my constituency.

The Chancellor recently talked of removing benefits from those aged under 25. I shall say more in a moment about the £25 billion hole that needs to be filled. Certainly, everything possible should be done to ensure that the under-25s have all the support they need in the form of education, training and work. It is clearly important for people to see benefits as a safety net rather than a way of life, but removal of, for instance, housing benefit from under-25s across the board would have a drastic impact on young people who need to live away from home and who have no support from their families. The YMCA in Stoke-on-Trent is an excellent organisation. Its managing director, who is a friend of mine, drew my attention to the consequences that such action would have on its excellent provision for young people, most of whom it is trying to get into work. This is a case of supporting people during transition. For younger people, we need to recast this support almost as income for productive work for all those who are able, so they get used to the idea of work, which almost all of them want to take up; but that support must remain.

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We need to do more to help councils deliver more homes, perhaps by relaxing the existing borrowing rules for local councils, particularly on affordable and social homes. We also need to look at the possibility of localising employment schemes. The Work programme is doing some very important work around the country, but I would like it to become more local, so local councils can take more responsibility for running it in their own areas. The universal credit is incredibly important and I wholeheartedly support it. When it is introduced in each area, we should look at localising support and giving responsibility for managing finances as much as possible to local councils.

Finally, let me return to the question of the £25 billion hole. This is a fact and it is something a future Government, of whichever party, will have to face. There are so many ways we can reduce it. We can raise taxes, we can cut departmental spending and we can cut benefit and pension spending, or we can increase growth, which clearly is the preferable option we would all like to see. However much growth is increasing by at the moment, however, it is not going to fill that gap in the coming years. Can we raise more in taxes? I would rather see whether we can remove some of the concessions, and I have mentioned before the high rate of pension tax allowance, which is not a tax rise but is reducing the allowances people on higher incomes can claim when making pension payments. That costs us several billion pounds a year.

I do not believe there is much room to cut departmental spending in certain areas. I would certainly not want to see any more cuts in defence and security and schools and education, but we do need to have a look at one or two of the existing ring fences, although perhaps over the coming few years and not immediately. For instance, I would look at different ways of maintaining the free-at-the-point-of-delivery national health service—more through a progressive contributory national insurance system than out of tax. That would be one way of raising the income required to pay for our free-at-the-point-of-delivery health service and giving the Chancellor a little more wriggle-room on the £25 billion.

In conclusion, I think it is vital to look at poverty not just in terms of welfare reforms—important though those are and though their impact is—but in the round at all the things the Government are doing, whether in the field of job creation or protecting the vital national health service and the vital schools budget. Therefore, although I support this motion, if this inquiry is to go ahead it should look at all those things in the round, rather than just focusing on one or two of the points that have been raised.

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8.3 pm

Steve Rotheram (Liverpool, Walton) (Lab): I add my congratulations to my right hon. Friend the Member for Oldham West and Royton (Mr Meacher) and join him in thanking the Backbench Business Committee for finding time to accommodate today's important debate.

It is crucial when the Chancellor complacently talks of a recovery that Opposition Members articulate the more accurate reality for the hard-pressed and hard-working families of Britain, but I will concentrate on the effects of the reforms on my city, and I make no apology for doing that.

According to a study by Sheffield Hallam university and the *Financial Times* more than 64% of neighbourhoods in the Liverpool city region can be categorised as being in economic deprivation. The average for a local authority is just 15%. Such a stark statistic should in itself explain why Liverpool's five MPs—I am delighted that my hon. Friend the Member for Liverpool, West Derby (Stephen Twigg) is present—have been so steadfast and vocal in this place in our opposition to the Government's welfare reforms and cuts across the spectrum.

Let us look at the abolition of council tax benefit. While Liverpool opted to reduce rebates by no more than 8.5%, a further 44,000 Liverpool households of working age have had to start paying additional council tax as a result of the Government change, at an average of £1.70 per week. I know some Government Members will scoff at that, and I know it works out as roughly the same amount per year as the Prime Minister pays for a haircut, but when just a few pounds a week makes all the difference the loss of £1.70 a week hits low-income households hard.

There is not only the council tax benefit issue, of course. There is also the Government's beleaguered bedroom tax, as we have heard, which does not just affect the disabled; it actively targets disabled people. This has detrimentally impacted on 11,600 working-age households in Liverpool with an average reduction in housing benefit of £14 per week. In Liverpool, despite the largest budgetary cut in the country and with the council being asked to do even more but with 52% less in budget, council officers have had to deal with a 34.2% increase in benefit appeals, which in real terms equates to 6,768 individual cases with the resulting costs to the staffing budget.

In 2013 Liverpool city council saw 7,360 people apply for discretionary housing payments, which amounts to a staggering 610% increase on 2012. More than four out of five of these applicants were social sector tenants affected by the bedroom tax. Liverpool city region is one of the five most indebted areas in the UK and the national, regional and local figure for individual and household accumulated debt is rising. That is why unemployment is never a price worth paying and why exploitative zero-hours contracts and the proliferation of part-time temporary jobs are never the answer.

My constituency of Liverpool, Walton is in the top 10 constituencies for the highest levels of unemployment and, as I am certain other Members would agree, the vast majority of the unemployed people who come to see us are desperate to find work. They want a job—they want to find employment—but unfortunately opportunities are limited.

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Stephen Twigg (Liverpool, West Derby) (Lab/Co-op): May I reinforce the point my hon. Friend is making about people wanting to work? I held a jobs fair in Liverpool in October last year, to which more than 3,000 people desperate for jobs or apprenticeships came. I want to support what my hon. Friend said about the overwhelming majority of the people who are unemployed in his constituency and mine desperately wanting work.

Steve Rotheram: I agree, and I support the sentiments behind my hon. Friend's holding of that fantastically successful jobs fair and the sentiments of the ordinary people we speak to. Sometimes we in this place see everything through the prism of what happens in London, and that is wrong. Out in our constituencies the reality is very different from the growth we sometimes see not across the board in London and the south-east, but in certain parts of this end of the country.

The Minister of State, Department for Work and Pensions (Mike Penning): One of the reasons I brought the cruise terminal to Liverpool in my previous job as a Transport Minister was to create jobs, that proposal was refused by the previous Labour Government. A lot of Government Members have exactly the same aspirations as the hon. Gentleman has for his constituency—to bring jobs to the area, which is why I made that decision.

Steve Rotheram: I thank the Minister for that intervention and I have previously put on record my thanks to him for making that decision. It was a brave decision, but it was also the right decision for Liverpool and for this country. I might be playing into the hands of Conservative Members by saying this, but when we joined the EU—the Common Market, as it then was—Liverpool found itself on the wrong side of the country and business transferred to the east. However, Liverpool is once again an international destination of choice, and it now finds itself on the right side of the country for the increasing transatlantic trade. We are hoping to open the first Panamax facility in the UK there in the near future, which will create jobs. Perhaps the Minister can therefore claim some credit as a catalyst for the regeneration of our waterfront.

Mike Penning: I want some more credit, actually, because Peel Ports will do that, and I also granted permission for that. The commercialisation of the Manchester ship canal will really open up that part of the world to international trade.

Steve Rotheram: I am not going to say quite so many nice things about the other end of the M62, but I understand the Minister's point.

The massive increase in apprenticeships has been mentioned, and we welcome any genuine increase in their numbers. I used to work for the Learning and Skills Council, however, and I know that a large percentage of the increase in apprenticeships that the Government are claiming consists of rebranded training programmes for over-25s who are already in employment. What we really want is for the Government to tackle youth unemployment in those aged under 25 and to introduce real apprenticeships to bring those people job opportunities.

Lots of people in my city are on benefits for the very first time. Far from being in clover—it beggars belief what we read in the right-wing press—they are struggling

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to make ends meet, and the problem that thousands of Liverpudlians are facing is new to them. For many, the idea that they might miss a rent payment is totally alien. They have not done that in the past 20 years, but since May 2010 their individual household incomes have been on such a downward trajectory that they now find themselves in rent arrears, seeking advice on debt management and unable to afford the daily cost of travel, food and energy.

The Government now admit that, thanks to their flawed economic plan, they will miss their own economic targets by more than half, yet they still try to pass it off as a great achievement. That plan has meant that growth has been non-existent for three years, that small and medium-sized businesses have gone bankrupt at a rate we have not seen before, and that people's money no longer goes as far on payday. The Money Advice Service estimates that 8.8 million people in the UK now have serious debt problems, but only 17% of that group have access to the debt advice that they need. That shows the depth of the problem.

Figures suggest that 40% of the adult population in Liverpool are struggling with serious debt problems. Let us stop and consider that for a moment. More than a third of all working-age people are in serious debt. Their wages are simply not enough to pay off what they owe, let alone pay their monthly bills. That is central to my party's reason for highlighting the cost of living crisis. The findings of the New Policy Institute prove that, for the first time, more than half of the 13 million people living in poverty in the UK are in working families. That really exposes the folly of the Government's rhetoric about strivers and skivers, workers and shirkers. With the cost of living rising faster than wages in virtually every month since this Government came to office, it is a betrayal of the Britain we live in not to recognise that recovery is a hell of a long way off. The fact is that, out there in the real world, people are hurting.

Just under 11,000 people were fed by the South Central and North Liverpool food banks between April and October 2013. I took the opportunity to visit the food bank in my area on Friday, and the work that it is doing is unbelievable. It has never been so busy. Instead of listening to the absolute nonsense peddled by the Secretary of State for Education about life choices, we should be congratulating those volunteers and the people who donate to food banks so that our constituents and citizens can have a decent meal of a night. Forget the Government's flawed line about the rise of food banks over a 10-year period while Labour was in office; that figure of 11,000 is double what it was just 12 months ago, and 35.3% of those who have been fed by the Liverpool food banks are children.

The poverty inflicted by this Government has wider implications. In a letter to the *British Medical Journal*, David Taylor-Robinson of the university of Liverpool and his fellow academics have highlighted the doubling of malnutrition-related hospital admissions nationally since 2008. I am sure that many Members will also have seen the recent briefing from the charity Shelter, encouraging those with rent or mortgage repayment problems to seek early advice rather than allowing the problems to build up. Unfortunately, the cuts to citizens advice bureaux and legal aid make it more difficult to get

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appropriate advice. One of the advice centres in my constituency has had to close. In quarter 2 of this financial year—I am going to run out of time unless somebody intervenes on my to allow me an extension. [Hon. Members: "We can't."] All right. In that case, I have run out of time, Madam Deputy Speaker.

Several hon. Members *rose—*

Madam Deputy Speaker (Dawn Primarolo): Order. To try to ensure that every Member who has indicated that they want to participate in the debate may do so, I am going to reduce the time limit to seven minutes. I hope that that will mean that everyone will be able to contribute, although I cannot guarantee it. It might be necessary to reduce the time limit further.

8.17 pm

John Hemming (Birmingham, Yardley) (LD): These debates are important in highlighting matters of detail. I am pleased to have signed the motion for this one, which calls for an inquiry into the effects of the benefit system. The biggest detail involved in all this is of course the deficit. When this Government took over, the country was borrowing £150 billion a year, which was added on to the debt each year. If we reduce that too quickly, however, it will cause economic dislocation, so it will have to be reduced relatively gradually. That is why it is surprising that the Opposition are criticising the Government for not reducing it to zero straight away. Obviously, we cannot do that sort of thing.

Another important detail is universal credit. I am very supportive of universal credit because it goes down the route of creating an environment in which people can benefit by being in work. There are people who abuse the benefit system, but the majority of people who receive benefits need support from the state in order to live. It is important, when we are dealing with the people who are abusing the system, that we do not throw out the baby with the bathwater.

I have been doing some work with the 6 Towns credit union. One issue with universal credit is that people will receive a sum of money each month then have to pay their costs out of it. The reason for doing that is to ensure that people who go back into work and are paid monthly do not suddenly find themselves unable to cope financially. There is no doubt that that prospect often makes people frightened of taking a job. The motivation of paying universal credit on a cash-flow basis is a good one, because it is designed to create an environment in which it is easier for people to get into work.

To achieve that, however, there must be ways for them to manage their cash flow, because not everybody is good at that. That is why I am pleased that the 6 Towns credit union has expanded its modus operandi and its common bond to include a lot of Birmingham, including my constituency. When universal credit comes in, my constituents will now have a service towards which the Government have put some money, because they have put money towards credit unions generally.

Specific issues need to be looked at. I always worry about the debate on food banks, for example. If we do not look at individual cases and work out why people are depending on food banks for three days, we cannot

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identify the problems in the system. The Trussell Trust was created in 2000, so in 1999 there was no Trussell Trust and no food banks. There were schemes then—people would go to supermarkets and get stuff that was out of date; there were all sorts of ways in which people found emergency food support. The fact that we have good organisations with good volunteers offering a good service does not mean that suddenly everybody who is using that service is doing so as a result of changes in Government policy. We have to review this in detail and look at the individual cases.

One of the general sorts of cases I am concerned about involves people transferring off employment and support allowance and then not being informed enough to claim jobseeker's allowance. I believe that the Government are working on dealing with that. A number of constituents have come to me with those cases when they are destitute. My top priority is to ensure that people are not destitute. We see that happening from time to time and we need to identify those cases. Sometimes when I tell people that we can give them a voucher for the food bank they tell me, "I cannot afford to cook the food, so there is no sense in me having anything from the food bank." It is important to prevent people from being destitute, and I have raised this issue directly with the Minister and in a ten-minute rule Bill.

Jeremy Lefroy: I wonder whether the hon. Gentleman agrees with me about one problem with the transfer from ESA to JSA. A lady in my constituency says, "I am simply not fit for work, but by signing on for JSA I have to say that I am available and fit for work." She does not want to tell a lie.

John Hemming: This is where the difficulties lie. I do not think that those are the details of the situation, but people misunderstand the situation and end up suffering as a result. I have never liked any of the cuts, but we have to make cuts because of the deficit. The one I would be most uncomfortable about is restraining the inflation increase to 1%, and if things get better I would at least like to examine the situation of the people right at the bottom of the pile—those on £71.70 a week or some £52.35 if they are under 25. They may only be losing out by £1.40 a week, but that is a lot for someone in that situation. I would like the Government to consider that issue.

I am also worried about the interrelationship between the welfare cap and victims of domestic violence, and whether there are situations that need more attention. I believe that people can get discretionary housing payment to leave a violent home, but it is important that we ensure that there is a route out of domestic violence for women. I am worried about that issue, just as I am about some wrongful sanctioning that I have seen. That does not help at all, because it undermines the whole process.

I would also like to see a substantial increase in the minimum wage, because as the economy is improving the Government should look at that, rather than maintain things as they are. I might be the first person to mention that. As colleagues are aware, I am not so uncomfortable about the spare room rent. On Saturday, a constituent came to see me because they were living in a one-bedroom council flat with a family of four. If that is happening, clearly there is space for people to downsize; I know

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that Bromford Housing Group has difficulty renting out single-bedroom properties, as it has said that to me. The details matter on this, and I am trying to get those details from my local authority in order to look at these things.

I am unhappy with my local authority cutting the amount of money it is putting into council tax benefit and therefore increasing the amount of council tax paid by people on JSA. We also have to examine the issue of habitual residency for in-work benefits, because a situation where people are encouraged to come here to be self-employed so that they can get a large amount of benefits even if they are not earning any money being self-employed—this is *The Big Issue* case—is not a good way of doing things. Debt issues are critical, and I am pleased that the Government are making some moves on payday loans, because when people get into a mess it is difficult to get out of it.

Dame Angela Watkinson (Hornchurch and Upminster) (Con): Does my hon. Friend agree that fiscal education in schools is playing a vital role in helping the next generation of adults to be able to manage their personal finances, however modest, and to understand how to stay out of debt?

John Hemming: That is very important. The essence of what we are trying to do with the universal credit is get people to be able to manage their accounts. Again, people such as those at 6 Towns credit union offer services that facilitate that. That is definitely the way to go, but we need government action—regulatory action—on payday loans because people are not necessarily that numerate and they see these things as a short-term solution without being aware that they create a long-term problem. That is clearly part of the issue.

As I said at the start, the details are crucial. The motion calls for an inquiry to be set up that is independent of Parliament. I would prefer a parliamentary inquiry, but I am pleased to have my name down in support of a motion asking for these issues to be examined. The details are critical and they need to be kept under continuous review.

8.25 pm

Chris Williamson (Derby North) (Lab): I congratulate my right hon. Friend the Member for Oldham West and Royton (Mr Meacher) on securing this incredibly important debate on the need for a commission of inquiry into the impact of this cruel, callous coalition's policies on poverty in the United Kingdom. I wish to focus in large measure on the impact of housing and the welfare reforms that have been put in place, but I wish to start by addressing the intervention made by my hon. Friend the Member for Corby (Andy Sawford), who referred to the pernicious reforms that have been made to the council tax benefit system. We hear a lot from the Government about freezing council tax. That is fine and dandy for the people who have the resources not to need council tax benefit, but the very poorest people, even in those local authority areas that had a freeze on their council tax, are seeing an increase in the amount of council tax they are expected to pay. That is absolutely disgraceful, and I do not know how Ministers can sleep in their beds at night when they are inflicting such penalties on the poorest people in our country.

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As I have said, housing is a key area in addressing poverty in our country. The hon. Member for Stafford (Jeremy Lefroy) said that the commission we are talking about should have a slightly wider remit, and that is important, as it should incorporate housing, too. What we saw when this Government came to power was a massive reduction in investment in affordable housing in our country. One of the first things they did was to cut it by 60%—that is what they did when they first came to power. Their housing policy is shambolic. They are not building anywhere near enough houses for the people in our country, and the houses they are building are too expensive—to buy or to rent. People are caught in a Catch-22 situation. Youth unemployment is growing, with about 1 million young people on the dole, and low pay is endemic. As my right hon. Friend the Member for Oldham West and Royton pointed out, some 6.7 million people living in poverty in our country are in employment —that is disgraceful.

Let me briefly touch on my personal story, and how things have changed from the 1970s in terms of what ordinary working-class people were able to do and the sorts of lifestyles they were able to afford, particularly the housing. I was a 19-year-old apprentice bricklayer when I was able to buy my first house, with the benefit of the option mortgage scheme brought in by the 1974 to 1979 Labour Government. I was earning £60 a week and I was able to buy a brand new three-bedroom house that backed on to a canal for £10,000. That was three times my salary then, but it would be impossible to do the same today because the average price paid by a first-time buyer is £185,000. I have checked on the internet what a bricklayer can earn these days. On average, they earn £10.28 an hour, or £21,382 a year, so the average price for a first-time buyer would be a multiple of 8.6 times their salary. In this day and age, an apprentice bricklayer earns around £170 a week, or £8,840 a year, so a multiple of 21 times their salary would be required. People can no longer put down roots in the way that they did, because they have been priced out of the market. I am talking not just about buying but renting as well.

It is vital that we build the houses that people need. Labour is committed to building 200,000 homes per annum, which is vital in not just delivering a social need but putting thousands and thousands of people back into work. We need a renaissance in council housing, because the private rented sector is ill-suited to social housing, which has led to the obscene housing benefit subsidy system that was set up by the right hon. Member for North West Hampshire (Sir George Young) when he was the Housing Minister. On 30 January 1991 he said:

“If people cannot afford to pay that market rent, housing benefit will take the strain.”—[*Official Report*, 30 January 1991; Vol.184, c. 940.]

Well, take the strain it most certainly has. Some £24 billion a year is being paid out in housing benefit. According to the House of Commons Library, £9.3 billion is going into the back pockets of private landlords. Compare that with the £1.1 billion this Government are putting into building affordable homes for people. The affordable homes programme summary said that will result in just over 67,000 homes per annum. Imagine if we put all that money into building homes for people. Think of all

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the jobs that could be created. If we just used the amount that is going to private landlords, we would be able to build 600,000 homes a year. We are building nowhere near that. We have a massive housing crisis in our country. There is a crazy housing subsidy system, which needs to be reformed. There are 1.7 million households on the housing waiting list across our country, 4,000 of which are in Derby. More and more people are reliant on the vagaries of the private rented sector. That cannot go on. What we need is a change in emphasis. We need a bricks and mortar subsidy to build the homes that people need. We need a council house, renaissance, to regulate the private rented sector and to ensure that land is released to build homes that people can afford.

Steve Rotheram: Does my hon. Friend also agree that Labour’s pledge, if we were to be the next Government, would mean an additional apprentice for every £1 million of public sector contracts?

Chris Williamson: That is a really important commitment. Let me refer if I may to some other statistics. I have talked about a massive investment in council housing. It is important to recognise that for every £1 of public sector investment in infrastructure, the Exchequer gets back 56p. As the net expenditure is somewhat less, it is well worth making that investment to generate the apprenticeships to which my hon. Friend referred and the jobs across the piece that are required, and to build the homes that people need. We need this commission. Its terms of reference should be somewhat wider than has been set out in the motion. If we can invest in the housing that we need, it will help to create stable communities, generate jobs and promote economic growth. Yes, we need a commission, but we also need a Labour Government in 2015 with the radical commitment that we saw in 1945 to deliver what Beveridge achieved. We need to deliver on the recommendations of the commission, which has been called for by my right hon. Friend the Member for Oldham West and Royton.

8.33 pm

Sir Peter Bottomley (Worthing West) (Con): That was an interesting speech. I am glad to support the right hon. Member for Oldham West and Royton (Mr Meacher) in his suggestion that we have a commission to provide comprehensive, unbiased measures of how action changes levels of poverty—absolute and relative poverty. That should include what people spend their money on and what makes people more likely to find themselves in poverty. We know about disability and the dependency of people before they get a job. We know about people in retirement, family deformation and mental health issues. A whole range of considerations should be taken into account.

The hon. Member for York Central (Hugh Bayley) is no longer in the Chamber, but he made some comments about the national debt. Most of us know the difference between a deficit and a debt and could talk for ages about gross Government debt, public sector net debt, unadjusted measures of public sector net debt and UK net borrowing, whether as a percentage of gross national product or not.

It is better to understand that the previous Labour Government had some merits. In their first three years, they stuck to the Conservative spending plans, net debt

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did not go up and we all benefited. From 2001, there was a massive expansion in public sector employment of 30% that was, I think, associated with the structural deficit exposed by the recession and the bank crisis.

I started in public policy in the early 1970s when I ran a thing called the Family Allowance Movement, trying to introduce family allowances for the first child. A Labour Chancellor asked, “What is the point of having a family allowance? I am going to increase the married man’s tax allowance.” Those are the arguments we come back to 30 years later in a rather different sense. Balancing people’s resources and needs at any one time and over a life circle is how I prefer to look at it.

Let us not make any comments about any individual, as my hope is that many of the people who follow us will make fewer mistakes than we did, but if, for example, the time of family formation comes later on average and more children are born into households that can make some reasonable provision for them, we will be better off. At one stage, I looked to see who was most likely to smoke, a habit that takes £60 or £70 out of post-tax income. The answer was lone parents on income support.

We would be able to give a lone-parent family an extra £50 or £60 of disposable income if a third of our teenagers did not take up smoking. As those who are most likely to take up smoking are those who were most likely to be deprived in their early lives, we could make a difference to people's lives.

I am not absolutely certain that we should be too keen on a welfare system that guarantees independent housing to young people. My mother used to say that if someone was a lone parent, setting her up—it is normally a her rather than a him—in independent housing at the age of about 18 with a child, alone, is not the best thing as parents need to learn parenting from those who are around them.

What makes a difference to me is how we can reduce the cost of borrowing by households or individuals, which is why I strongly support the mentions of credit unions. I look forward to hearing from the Minister when credit unions will be able to charge a rate of interest per month that might look high to most of us but that is dramatically lower than the cost of door-to-door lending or some of the other sources of credit available to those who do not have assets or reliable incomes and who are in difficulty.

I recognise the point made by the hon. Member for Derby North (Chris Williamson) about how it was possible in his day for someone with ordinary earnings to buy an ordinary home. I first got a home in Worthing, my present constituency, in 1966. Almost anybody there who had a job could afford to buy a home. That has changed and it is crazy that we have an economic system in which half the value of a home is the site value. We must find some way of ensuring that ordinary people in ordinary jobs can afford to buy homes.

We can also make a difference, as I did when I was involved in a small electrical contracting business before I came into Parliament. Most people's earnings were twice their guaranteed earnings and by putting people almost on salaries I made sure that they could have guaranteed income for the year. Three quarters of my colleagues were able to buy their own homes for the first time. There are some mechanical things that matter.

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Jeremy Lefroy: Does my hon. Friend recognise that that is also a problem for agency workers? As they do not have a long-term guaranteed income, they are unable to get mortgages.

Sir Peter Bottomley: I am grateful to my hon. Friend for that intervention and I appreciated his speech, too. We ought to try to ensure that we have sources of lending in which people understand the industries in which people are working. That is where the building society movement came from—originally, it was about building homes. If we could get some mutuality back into the agency area, people would be able to decide who could be lent money and who should be deferred.

The last point in my mind concerns how we can go on preparing people for the jobs and occupations of the future. Many people's futures will be as entrepreneurs, as they set up their own businesses; others will be in employment. I remember with pleasure Peter Thurnham, one of our former colleagues. When he was made redundant, he used his redundancy money to buy two machine tools, set up an engineering business and eventually employed 150 to 200 people. People sometimes say to me, "MPs shouldn't have outside interests." I would far prefer to have in Parliament people such as Peter Thurnham, who can tell us how business and employment work and how to get more people off welfare and into the kind of jobs that make them pretty independent for most of their life.

Many of us will require some support at some stage in our life; relatively few of us need support all the way through our lives. Before this Government came to office, we were getting to a stage at which too many families were in dependency from generation to generation; Keith Joseph told us quite a lot about that. Statistics show that only 10% of people who were in the bottom decile—the bottom 10%—10 years ago are in the bottom 10% this year. There is a great deal more movement among those who are poor or very poor than most people understand.

Chris Bryant (Rhondda) (Lab) *indicated dissent.*

Sir Peter Bottomley: The hon. Gentleman shakes his head; when he speaks, perhaps he can give his statistics. We need a commission, with statistics that we can all rely on from the Office for National Statistics, the Institute for Fiscal Studies and the Office for Budget Responsibility.

8.40 pm

Katy Clark (North Ayrshire and Arran) (Lab): It is a pleasure to follow the hon. Member for Worthing West (Sir Peter Bottomley). I congratulate all those who signed the motion and did the work to secure this debate, because I think that a commission of inquiry should be established to investigate the impact of the Government's welfare reforms on the incidence of poverty. I say that because of my experience as a constituency MP, and my knowledge, from this place and other places, of what is happening nationally.

The reality is that all of us are inundated in our constituency surgery by constituents who are experiencing the impact of the Government's welfare reforms. Mr Scott, a constituent, came to see me last week; he was diagnosed with bowel cancer last summer, and had applied for the

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personal independence payment. He has worked all his life; it was the first time that he had had contact with the welfare benefit system. He is still awaiting receipt of any money. Many other constituents who come to see me, including carers and those who are disabled, are suffering as a result of the bedroom tax.

There has been a massive increase in poverty in this country since 2010. Some of that is associated with welfare reforms; some is related to other aspects of Government policy, and what is going on in the country with low pay, wage freezes, wage cuts, and less secure forms of employment, and all the other issues that we spend time talking about in this place.

We particularly need to focus clearly on welfare reforms, both for those in work and those who are not working. Since 1997-98, there has been a decrease in poverty for most of the time. Some 28% of the population lived in absolute poverty in 1997, but by 2010, that had dropped to 15%—still a scandalously high figure that is unacceptable in any civilised country, but the reality was that 2.3 million children and 2 million pensioners were lifted out of poverty in that time. The country can be proud of that, even though, as I say, a huge amount more needed to be done. Since 2010, absolute poverty has increased by 1.4 million people, including 300,000 children and 200,000 pensioners. There can be absolutely no doubt that much of that increase in poverty has been a direct result of the coalition Government's policies.

I will talk about some of those policies. We have had these debates already in this place, and we have divided on many of these issues. One of the impacts that will have the biggest cumulative effect over time is the uprating of benefits in line with the consumer prices index instead of the retail prices index. Of course, we already see the impact of that change. In 2010, when the Government changed the indexation, the difference between RPI and CPI was the difference between 4.6% and 3.1%. In every year since, RPI has been higher than CPI. Of course, the impact on our pensions and benefits affects disproportionately those on the lowest incomes.

Let us look at those in receipt of carer's allowance. In April 2010 they received £53.90 a week. If that had increased under the old system, using RPI, they would now be receiving £61.08 a week, rather than £59.75. They are therefore £167.96 worse off each year as a result of the switch from RPI to CPI.

We see a similar situation with disability living allowance. Someone in receipt of the higher care component is now £221 worse off as a result of the switch. People with more serious disabilities who are on the higher rate mobility component are now £155.48 worse off a year. Those who receive both the higher rate mobility component and the higher care component are now £376.48 worse off a year. Those might sound like relatively small amounts to some people, but the reality is that those benefits are received by some of the poorest and most vulnerable people in the country, who were already struggling and finding it difficult to cope.

People in receipt of employment and support allowance—another form of benefit that many constituents come to see us about—are now £342.68 worse off a year as a result of the shift from RPI to CPI. It is not just that shift, but the impact of other policies, such as the 1% cap on benefits, that is having an effect. Ministers

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have claimed that those in the ESA support groups are exempt from that, but of course that benefit is both a basic payment and an additional payment. Although one is exempt from the 1% cap, the other is not. The reality is that for almost every benefit we look at, we are seeing our constituents receive less money every week, every month and every year.

Chris Williamson: Does my hon. Friend agree that cutting benefits for the poorest people in our communities has a knock-on impact on economic growth, because they inevitably spend the money in their pockets in the communities in which they live?

Katy Clark: I agree with my hon. Friend. I am sure that that is the case in his constituency, as it is in mine. In areas that are disproportionately reliant on the public sector and the welfare state, cutting benefits is taking millions of pounds out of the economy every year, which is simply putting us in a worse situation.

We have also seen a massive increase in the impact of benefit sanctions, as I am sure many Members are only too aware from their constituencies. It is often the same people receiving those benefit sanctions again and again, and each time it is for a longer period. Many of those people have nowhere to go, because they can go to a food bank only three times.

The other major concern is the bedroom tax, which constituents come to see me about all the time. In North Ayrshire we have seen a 756% increase in discretionary housing payment applications. Only 66% are accepted, which means that a third of those people do not get the payment. Indeed, when people go back to apply the next time, because it is a time-limited payment, they are often refused. That is having an impact on council rent arrears. Rent arrears in North Ayrshire, for example, have increased from 3.6% of annual rent to 5.5%.

Those are just a few examples from my constituency, but we all have many others. This is having a massive impact on our country. We are seeing a massive shift in wealth. We need someone to look at that seriously, which is why I think that the motion before us—

Madam Deputy Speaker (Dawn Primarolo): Order. Simon Danczuk.

8.48 pm

Simon Danczuk (Rochdale) (Lab): Let me start by thanking those Members who pressed for this important debate, particularly my right hon. Friend the Member for Oldham West and Royton (Mr Meacher) and the hon. Member for Worthing West (Sir Peter Bottomley). I believe that we should be proud of our welfare system in this country. It provides a vital safety net, and not just for people who have fallen into poverty, but for the disabled, older people and those who need to get back into employment.

However, we should not fall into supporting an argument that suggests that the system is perfect. Too many people take the view that the welfare system is a sacred cow that should be left alone. I do not share that view; on the contrary, I believe that self-reliance and making the welfare state much more accountable and appropriate to people are extremely important. I certainly believe that reforms can be made, especially to the way in which the system supports and challenges people—and, yes, pushes them back into employment. However, when

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reform of the welfare system is undertaken we must be certain that we do not abandon the most vulnerable people and push them into poverty.

I will give two examples of the Government's welfare reforms having left vulnerable people without the safety net they need.

First, I want to talk about one of my constituents, Sheila Holt. On Friday I met her father, Mr Kenneth Holt, and other members of her family. Sheila is 47 years old. She had an exceptionally traumatic childhood that I will not detail here, but needless to say it was a period of her life that scarred her mentally. She has not worked for 27 years because she has a severe psychiatric condition; she is unable to work. Because of cuts, I suspect, Sheila was relatively recently persuaded to sign off her psychiatric treatment. Soon after that, she was being pushed by the DWP towards the back-to-work scheme. Her family advocated for her, explaining that she had had trauma in early life and had a psychiatric condition. They made those points strongly, but to no avail. Sheila had to start attending back-to-work classes in another town. She struggled with meeting other people. Most importantly, no mental health support or service was offered to her. The safety net was not there for her. She also had to start paying the bedroom tax. Needless to say, she was falling into poverty and beginning to worry about becoming increasingly poor. She started to become agitated and her medication could not keep up with her condition. On 6 December she was admitted to Birch Hill hospital under section 3 of the Mental Health Act 1983. A few days later, she suffered a heart attack—at the age of 47, which is my age—and she is now in a coma.

The reason I tell this story is that Sheila's family want people to be aware that she was pushed into this situation. Soon after Sheila started her life, she experienced terrible trauma that mentally crippled her. The truth is that she is trying to live through the welfare system as best she can, but the unsophisticated and haphazard way in which it has been changed has forced a very vulnerable woman into a terrible predicament. She had a very difficult early upbringing and now finds herself in the situation she is in today.

My second point is about the discretionary social fund, which has provided crisis loans to people in need. Hon. Members will be aware that in April this year the DWP passed that responsibility on to local authorities. They will also be aware that the fund is not ring-fenced, and it has been open to local authorities to spend it however they wish. For me, this came to light because a number of constituents were presenting to me with difficulty in being able to claim any sort of crisis loan from any sort of crisis fund. One woman who came to see me was heavily pregnant and was being told by Rochdale council's social services that unless she provided a carpet in her property she would lose the child, who would be taken into care. Ironically, the local authority was not administering the local discretionary social fund in a way that would enable her to claim money to be able to get the carpet.

Rochdale is not an exception to the rule. I carried out some research looking at local authorities right across the country, and it shows that the passing down to them of this responsibility has meant that they have set criteria far too strongly, to the point where one local authority has spent only 1% of its budget for helping people through crisis loans or grants. The irony is that, when the fund was administered nationally, it encouraged self-reliance because it was a loan that the recipient could pass back, but since responsibility was given to local authorities it has not done so because it is now a grant that cannot be passed back.

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The best bit came just before last Christmas, when the Government announced that the fund will be scrapped completely from 2015. It will not exist at all and there will be no safety net for those people who really need it. They will be pushed towards loan sharks and money lenders. That will certainly happen in Rochdale and, I have no doubt, in other places as well.

Chris Williamson: Does my hon. Friend agree that this is tantamount to the reintroduction of the Poor Law, which was abolished by the 1945 Labour Government?

Simon Danczuk: I certainly take on board the point that we are moving that way in some respects. I am wholly in favour of reform of the welfare state, as I pointed out at the beginning of my speech, but it has to be done compassionately and it has to retain the safety net. If we do not do that, we will see, as my hon. Friend suggests, a return to Victorian values in the way that we administer our welfare state.

I call on the Government to reverse their decision on the discretionary crisis fund. I believe that the purpose of the welfare system is to provide a safety net for the vulnerable, but it is clear that some of the Government's reforms are destroying parts of that safety net and leaving people much more vulnerable to poverty. As my hon. Friends have said, we need an inquiry into how the reforms are impacting on people so that they are not abandoned and left to poverty.

8.56 pm

Debbie Abrahams (Oldham East and Saddleworth) (Lab): May I start by congratulating my parliamentary neighbour, my hon. Friend the Member for Rochdale (Simon Danczuk)? I agree with him that we must reform the welfare system and make it sensitive to the needs of the 21st century. I also congratulate my right hon. Friend the Member for Oldham West and Royton (Mr Meacher), who is another constituency neighbour of mine—I am in total agreement with the points he raised—and the other hon. Members responsible for securing this debate.

I want to spend the next few minutes discussing a few points, particularly those that constituents have raised with me in my surgeries and elsewhere. The Joseph Rowntree Foundation annually monitors social exclusion and poverty and produces data on them. Its most recent report, which was published last month, shows that 3.5 million children, or 27%, live in poverty. In some parts of my constituency, the figure is nearly one in two. The Institute for Fiscal Studies has said that it expects an increase of 1.1 million children living in poverty by 2020 as a result of tax and benefit changes.

Three million parents also live in poverty. The number of pensioners living in poverty has fallen to 1.5 million, or 14%, which is the lowest level in 30 years, but the number of working-age adults without children living in poverty has risen to 4.5 million, which is the highest level in 30 years.

That is only half the story, because those relative levels of poverty relate to median incomes. The average income has gone down by 8% since 2008, which means

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that 2 million people who would have been deemed to be in poverty in 2008 are not classified as such now, because incomes have dropped. Incomes are going down, but prices are rising. The energy prices of the big six have gone up by 37% since 2010 and food prices went up by 32% between 2007 and 2012.

The most worrying thing—this point has already been made—is that we are seeing an increase in the working poor. For the first time since the data series started back in the 1980s, poverty in working households is higher than that in workless and retired families combined. Therefore, work is clearly not paying. In spite of a shared objective of wanting our welfare system to make work pay, it is not. I was very interested in what the hon. Member for Stafford (Jeremy Lefroy) said about phasing in the introduction of some of the welfare measures. They have been brought in too soon, and they are having a huge impact on families.

Related to the increase in the number of working households living in poverty is the increase of the number of people in low-paid work. For 46% of working families in poverty, one or more of the adults is paid less than the living wage. In total, about 5 million people are being paid below that level, which disproportionately affects women, 27% of whom are paid less than £7.40 an hour.

If we look at the effects of welfare reforms on poverty, we find that instead of alleviating poverty, it is exacerbating it. Our social welfare model is based on principles of inclusion, support and security for all—protecting any one of us should we fall on hard times, or become ill or disabled. Welfare is there to assure us of our dignity, as well as the basics of life, and to give us a hand up, not a handout; the current welfare reforms are doing anything but that.

I want to mention Rebecca, who came to see me at my surgery on Saturday. She is blind, and not only has she had her care package reduced from 13 hours to eight hours, but she is absolutely terrified about what the migration from disability living allowance to personal independence payments will mean to her. She said, “I will not see anybody from when I see you”—her personal adviser was with her—“until Monday, because of the lack of support that I am getting.” She is not alone. A raft of measures is affecting the ability of disabled people to live as normal a life as possible.

We have heard about people on employment and support allowance, and the trials and tribulations of going through the work capability assessment. One constituent on ESA, who has a heart condition, had a heart attack in the middle of going through the WCA process. He was advised to leave and he went to hospital, but a week later he got a letter saying that he had been sanctioned because he had left the work capability assessment. That is not atypical. We have also heard about the bedroom tax, with 500,000 people affected nationally. In Oldham, where 2,048 people are affected, there are only 500 properties for them to move into, which is absolutely absurd.

We still do not know the cumulative effects of all these measures. Despite the valiant efforts of the people behind the WOW—War on Welfare—petition, which has got 100,000 signatures, we still do not have an agreement on a cumulative assessment of all the different measures.

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Sanctions have been mentioned. One person who came to see me had been a Jobcentre Plus adviser until relatively recently, and he told me that there is a deliberate culture to develop a sanctions target mentality. Even if people have followed everything they are meant to do, they are still sanctioned, with bogus appointments being made to set them up to fail. That is not just, and it is not what we expect of our welfare system. The implications for health and the social effects on our communities are dire. I commend the commission—

Madam Deputy Speaker (Dawn Primarolo): Order.

9.3 pm

Lyn Brown (West Ham) (Lab): There is no doubt in my mind that poverty is increasing, and that a major factor in that increase is the vicious and misguided welfare reforms that are beginning to bite in my community. The scale of the impact of changes to the social security system is really quite staggering. As of September last year, 598 households in Newham are affected by the benefit cap, of which 75% are in the private rented sector, with all the vulnerability that goes with that. Larger households are the worst hit: 80% of them have three or more children. Three quarters of main claimants are women and more than half come from lone parent households. With an average loss of £90 a week, it is clearly families—that means children—who are suffering at the sharp end of these reforms.

Some 2,113 households in Newham have been hit by the bedroom tax, with many choosing to pay and stay in order to hang on to the family, social, school and other community networks they desperately rely on. The average loss is £16 a week. A further 25,227 households are caught up in the council tax benefit localisation and the cut to the overall amount available. The average loss here is £3.50 a week. Taking all the losses across the three categories—the benefits cap, the bedroom tax and the council tax—the loss to households in Newham each year is £8.9 million. It is obvious from these figures that such losses cannot be experienced without a serious impact on families, children and the local economy.

The danger for policy makers and politicians is that we assess the impact of these changes serially and separately, whereas families experience them collectively and cumulatively. In our debates in this Chamber over the past months, we have looked in detail at issues relating directly to this subject and to the incidence of poverty, its causes and its consequences. Food banks, zero-hours contracts, payday loans and high-cost credit are just a few, and it is worth reminding ourselves that each of these is not a stand-alone issue; they are interlinked and have a cumulative and often devastating impact on the lives of many of my constituents. Running through them all is the imminent threat of poverty, and underpinning them all is the spectre of the Government’s welfare reforms.

In 2009, there was just one food bank in Newham; now there are at least six, and at least four places where the hungry can get a free meal. The scale of provision is indicative of the scale of the problem. Newham is a place of widespread deprivation, yet it is from this community that food is collected and donated—by schools and faith groups and individuals paying a little extra as part of their weekly shop. These donations are from people who absolutely understand how difficult life is for those who have even less than they do. The poor are giving to the even poorer.

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I will give an example of where a food bank stepped in to help when a failure of social security tipped Mr K into crisis. A single man in his thirties with learning difficulties and physical disabilities, his employment support allowance was suspended when he attended a medical. He had no money to live on for three months and could not afford to heat his home or pay his bills. The food bank supported him for a month with food and advice, and assured a successful ESA appeal. Mrs Y was supported after her husband disappeared, leaving her and the children alone. The police suspected suicide, but her benefits were stopped, as they were claimed by her husband. Community Links, a fabulous voluntary sector organisation in my constituency, supported Mrs Y with food until she could get her benefits transferred and reinstated. Although food banks have done well supporting people through crises, that shows how "on the edge" people actually are—just about keeping their heads above water, for ever vulnerable to the slide into hunger because of job loss, pay or hours cuts, reduced social security payments, or, as I have seen far too often at my surgeries, a blunder by the Department for Work and Pensions that stops essential support, regardless of the consequences.

It is so wrong that in the 21st century, people are forced to rely on the good will of neighbours to ensure their well-being. The community in which I live is poor but always generous. The plight of those reliant on food banks is something the commission of inquiry should investigate. I am grateful again to Community Links, which, in order to understand better how these changes are rolling out in our communities, carried out in-depth quality research into the circumstances of local people. The localisation of council tax, the benefits cap and the bedroom tax are hitting poor people indiscriminately, regardless of their needs or situation, and the people who responded to the survey felt they were being stigmatised for situations over which they had no control. There is no support to help people manage or cope with the transition, while the survey tells us categorically that people are struggling to make ends meet, cutting back on essential items—heating or eating—and prioritising paying rent, thereby exacerbating the choice between food and comfort and safety.

When we have the commission of inquiry, it must not just concern itself with the economics of the poverty figures. It must hear the human stories of the people who stand behind the Community Links research and who go to our food banks. It must consider and respond to the reality of their lives, as we in this House must address the sorry and devastating impact of the changes that are agreed to here, but that are felt acutely in the world outside.

9.10 pm

Nia Griffith (Llanelli) (Lab): The first question that we must ask ourselves is why we make social security payments to people. We make them because people have lost their jobs, which is a traumatic event in itself. We make them because of sickness or disability. We make them to people who are in work, but are on low incomes. Some 68% of those who are affected by the Government's welfare cuts are in work, according to the Resolution Foundation. I will come back to those people in a moment. We make payments to prevent homelessness and to protect people from living in squalid, cold and damp conditions—conditions that will make them more

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susceptible to disease. We make payments to prevent malnutrition and the diseases that go with it. That is particularly important for children. Malnutrition in childhood not only affects those children in adulthood, but can affect their children. The difference in longevity between well-off areas and poor areas is well documented.

As my right hon. Friend the Member for Oldham West and Royton (Mr Meacher) has explained clearly, we are one of the richest countries in the world and there are other ways in which we could get the deficit down. I will not spend time talking about food banks, other than to say that 50% of the people who are going to food banks are doing so because of mistakes, changes or delays in their benefits.

I want to focus on benefit rates, the Government's policy on them and the effect that is having on people in Britain. To go back to the beginning, it is a bit of a misconception that UK benefit rates are based on a systematic estimate of minimum needs. Even from the start, back in 1948, benefit rates were a bit of a compromise between the actual needs and what was deemed to be affordable. Even by the time they were introduced, Rowntree had researched the fact that social need was an additional need to physical need. However, that was not recognised from the beginning. Although things were rather patchy until April 1975, in general, benefits increased in line with inflation. Since then, successive Governments have uprated benefits in line with inflation, mostly using the retail prices index until 2011. It is only from then onwards that we have seen the breaking of the link between inflation and the rates at which benefits rise.

Universal credit will be subject to annual review, but not to mandatory uprating. There is a huge danger that it will fall behind inflation. However, well before we get to universal credit, with its myriad problems, which are not helped by the sheer incompetence with which it is being introduced, the Government should be looking at the impact of the Welfare Benefits Up-rating Act 2013. Most working-age benefits have been limited to rises of 1% a year, and yet the costs of basic items such as food and energy—the very basics of life—are rising by significantly more. Even Government estimates suggest that there may be 200,000 more children in poverty, and the Child Poverty Action Group estimates that there could be 1 million more children in poverty by 2020.

Which benefits have been affected? Let us look at the list. The first is tax credits, which have a huge impact. We called the cut to tax credits the strivers' tax, because it affects people who are desperately trying to make ends meet. Such people are often doing two or three jobs and patching together a few hours here and a few hours there. They are then told that they have to find more hours. Those hours simply are not available; otherwise they would be doing them.

I heard the most extraordinary statement from the Minister of State, Department for Work and Pensions, the hon. Member for Thornbury and Yate (Steve Webb) when we were talking about housing benefit and the bedroom tax. He came out with the absurd nonsense that two or three hours on the minimum wage would make up the £15 shortfall. Does he not understand how the system works? It is very complex and there are enormous differences depending on the family circumstances and who lives in the household, but essentially, if somebody who is getting housing benefit

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gets additional income, roughly 65% of it will go straight into a cut in their housing benefit. So in order to get an extra £15 a person effectively has to earn £45, and to get an extra £25 they effectively have to earn about £75. That does not take into account the transport costs to get to work and so on. That is a couple of days' work at minimum wage at the absolute minimum, on top of the other work people are already doing—these are people who are in work.

The effect of the changes is catastrophic. What have we seen cut? Tax credits, pension credits, savings credits, the health and pregnancy grant, lone parent benefits, contributory employment and support allowance, disability living allowance and council tax benefit have all been cut, and there is the switch to CPI instead of RPI. Luckily, in Wales people have been cushioned for one year by the Welsh Government, but whether that can continue and is affordable is another matter. The impact of all those cuts together is absolutely catastrophic.

The other myth we often hear peddled is the fantastically high figures that, somewhere or other, a tabloid newspaper manages to find for housing benefit. That is because they take the example of one large family in a very expensive area of London, completely forgetting that the family does not receive that money—it goes straight into the pockets of a greedy landlord. That is one of the significant contributors to a high housing benefit bill.

As our shadow Secretary of State for Work and Pensions has said clearly, and has been quoted today as saying, we will get the benefit bill down. How will we do that? We will put people back to work, we will ensure that the national minimum wage keeps up with inflation and we will bring in measures to encourage employers to introduce the living wage, through tax breaks in the first year of its introduction. Frankly, we could make £3 billion of savings simply by helping people to earn more and pay more tax. They would then not need as much in the way of tax credits. We will have a house building programme that will put people into social housing at more sensible rents, thereby reducing the housing benefit bill. We have already seen how a two-bedroom house in the private sector can be far more expensive than a three-bedroom house in the social sector.

There is so much we could be doing. In this motion, we ask for a commission to look at the impact of poverty because we are very concerned that not just this generation but generations to come will be affected by the dreadful conditions and poverty we now see spreading across the UK.

9.17 pm

John McDonnell (Hayes and Harlington) (Lab): The question was asked earlier about how we pay off the deficit. There was a choice when the economic crisis hit: should those who created the economic crisis pay for it, or should the others? This Government decided that the poorest in our society would pay. To enable that to happen there had to be some form of ideological attack on the poorest—the latest example is the programme "Benefits Street"—that identifies a group of people and demonstrates that they somehow stand for all those people who are dependent on benefits. That is then used as a justification to cut benefits overall.

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The reality, as has been said time and time again, is that some of the people suffering hardest are those who are in work. In two weeks time in this city, the BAFTAs will be hosted again at the Royal Opera House. That weekend, the cleaners will be on strike and picketing outside. I will be joining them, because they are on just above the minimum wage, not on a living wage, and cannot afford to live in the city in which they work. A whole range of constituencies outside London have been mentioned. London and the south-east have an image of wealth, with gold pavements and so on, but there is a growing underclass in London of people in dire poverty.

The anxiety and anger we have is that in two weeks the cleaners will go on strike because they have no other option. They are trying to get their employers to negotiate a London living wage, while this week the bank bonuses will be announced. Goldman Sachs has already explained that it looks like it will have a bumper year. We are back to pre-crisis bonus levels. I raised this with the Chancellor and, to give him his due, he actually said that there is an issue that we have to address. We have been told that in one company the average bonus payment is £2.7 million per member of staff. This is the contrast we have: people in work are struggling just to maintain a roof over their heads, feed and clothe their children and have a decent standard of income. At the same time, we have the profligacy and obscene levels of bonuses returning. I think the choice was made under this Government that the poor would pay for the crisis, not the rich who caused it.

Examples have been given of the range of cuts that have been made. I will be frank: I do not know how people in my constituency survive on the income they are getting. I have no idea how they can afford to live on the minimal income that they are getting. We will have a debate in a few weeks' time about the WOW petition and people with disabilities, who are among some of the hardest hit. However, the latest statistics show that we have 13,000 children in my borough living in poverty, and it is a relatively wealthy borough. We are a working-class area with high levels of employment and, usually, not bad levels of income, but even in my constituency we are seeing child poverty on a scale that we have not seen since the second world war, with all the problems associated with that.

One of the main problems has been touched on by others: the fact that people cannot afford a roof over their heads. House prices have gone through the roof. People cannot afford them on the incomes they are getting, but what do the Government do? They increase rents in the social sector—in council housing and social housing—and at the same time cut benefits. The argument put forward by the Government—it has some logic to it—was that if they cut benefits, somehow the landlords would stop charging higher rents, but the reverse has happened. Rents have gone up in my area. Getting a three-bedroom property in the private rented sector means spending between £1,200 and £1,600 a month, and we are not talking about high standards of property. We are just talking about the roof over people's heads.

When people go to the council, the discretionary money that has been awarded does not meet the difference between the loss of benefits and the rents they are now being charged. What is happening, therefore—this is the irony of it—is homelessness on a scale that we have not seen for perhaps two decades and children living in

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bed and breakfasts again. We were promised that that would never happen again, and it is happening. Children are living in appalling conditions in bed and breakfasts, and then they are farmed out round the country, which completely disrupts their education and breaks down the connections with their wider family. That destabilises whole families as well, because people under that pressure begin to implode. It is therefore no wonder that we have family breakdown increasing in many of our areas as a result of the financial pressures that people are under.

That is the result of a whole series of reforms that have been introduced as part of an incremental development to attack the poor. Those of us on the Labour Benches should say: "No more. That's enough now." We are the people who invented the welfare state. We introduced it—working, yes, with Beveridge, the Liberals and others. It was not just to provide a safety net; it was to give people the opportunity to achieve their life chances. This Government are destroying that opportunity for people to thrive and enjoy the life chances that we wanted to give them.

David T. C. Davies: Given what the hon. Gentleman has just said, does he agree or disagree with his shadow Work and Pensions Secretary, who wants to be tougher than the Tories on benefits?

John McDonnell: I am not sure whether the hon. Gentleman was here under the last Government, but I was one of those who argued for a massive redistribution of wealth to tackle poverty in this country, and I will continue to argue that point. I do not think that any of the parties should get into this Dutch auction about who can be more brutal towards the poor, but from the detail of the policy being advocated by the Opposition that I have heard, it is about achieving growth, getting people back into employment, ensuring a fair system of redistribution of wealth in this country and—this is the point my right hon. Friend the Member for Oldham West and Royton (Mr Meacher) made—ensuring that people pay their taxes. At the moment we are living in a corporate kleptocracy, where corporations steal and rob from us through tax avoidance and tax evasion. If we could have some of that back, not only could we tackle the deficit, but that redistribution of wealth could take place and we could lift people out of poverty, provide the homes they need and give them back the life chances that this Government are stealing from them.

Several hon. Members *rose—*

Madam Deputy Speaker (Dawn Primarolo): Order. In order to fit the last two speakers in before the Minister and the shadow Minister speak, I am reducing the time limit on speeches to five minutes.

9.24 pm

Sheila Gilmore (Edinburgh East) (Lab): Like all other speakers, I am grateful to those who lobbied for this debate.

There is a need for some good research into what is going on—research that would very much form part of a commission. I want to give an example of research started by the previous Government that is not being conducted by this Government—in this case, research into the employment and support allowance and the

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work capability assessment. The last Government commissioned research into what happened to people who had been found fit for work. After three months, 22% were back in employment and 41% were on another benefit. There were still some missing people, but there was no explanation of where they were. After a year, only 23%—there was hardly any increase—were back in employment. However, 43% of those people were neither in employment nor on any other out-of-work benefits. Now 43% is an awful lot of individuals, but this research stopped so we do not know what has been going on since; we do not know whether the pattern has been consistent over the last few years. If it has been, there are a lot of unexplained outcomes in respect of people living in great poverty.

This issue is not just about people who have somehow been benefit dependent for all their lives. Professor Fothergill of Sheffield Hallam university recently gave evidence to the Work and Pensions Committee, and he pointed out that some of those most affected are couples in their 50s. Typically, people will be affected most by becoming ill at that stage in their lives, when illness really does begin to rack up and benefits for illness are most likely to be received. What happens if, say, a couple has one and a half incomes and has been comfortably off with the children grown up and a reasonable income coming in, but the main earner falls ill? There will be an immediate big loss of income because of the illness in itself. After a year, if that individual goes into the workplace activities group, which many do, they will lose even their employment and support allowance. At that stage, another £91 is lopped off their household income—and all this at a time when the costs are probably increasing because they are likely to be at home longer and have more heating bills to pay.

If this couple are council or housing association tenants, they might well have a spare room and will also be hit by the bedroom tax. The second means test applied by many councils for discretionary housing payments will probably mean that, because there is still an earner in the household—albeit probably a part-time earner—they will not qualify for discretionary housing payment. They will be deemed to have sufficient income over the absolute basic amount for them to have this extra payment. After working for 35, 40 or perhaps even more years, this couple will have experienced a huge tumble from being comfortable to being in really straitened circumstances. If they have made any savings over their working period towards their retirement, the chances are that when they reach pension age, they will have been entirely eroded, creating further problems for the future.

The irony in all this is that many of the measures introduced—I would hope that the research covered this issue—are not actually making any great savings. We have heard a lot about the bedroom tax not making much in savings, but it is not the only thing. Housing benefit payments are due to increase, which the Office for Budget Responsibility has factored into its assessment. Why? Half the expected increase—a substantial increase—is due to people in employment who will qualify for the benefit. Fewer people may be receiving jobseeker's allowance at one end of the system, but further along the system, more will receive housing benefit. For one set of savings, there is a comparable set of costs. We have to look at that.

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We are not making the savings we think we are, and I believe the same is true of the employment and support allowance. There is a big mystery here. The number of people in receipt of that benefit has gone down by far fewer than the number of people who have been found fit for work. What on earth is going on? I suspect that many people have simply come around through the system again. They were not well; they had to apply for benefit again. We are putting people through a lot of trauma and stress for very little saving.

9.29 pm

Mark Lazarowicz (Edinburgh North and Leith) (Lab/Co-op): I am glad to have the opportunity to say a few words. I wanted to speak in the debate to make the point that the crisis caused by the Government's welfare reform policies is affecting constituencies up and down the length of the country and is affecting all types of constituency. My constituency comes out about average on the statistical lists of poverty, employment, unemployment and wealth in the UK. We have some areas of high wealth with wealthy individuals, but other areas, and some individuals living in the generally richer areas of the constituency, are suffering from the effects of Government policy in a way that has not been seen for a generation. That experience is evidenced by the growing demand for and reliance on food banks, soup kitchens and other outlets that provide free food. One such food bank was opened in my constituency last year, and another is under way. Another six, seven or eight organisations provide support of various kinds which enables people to survive from day to day, but, given the shortage of time, I shall not list them all.

As many other Members have pointed out today, food banks are a symptom of a wider problem. People depend on them for a host of reasons. Sanctions are one of the most important, but others are the delays and mistakes caused by all the changes and complications that the Government are increasingly imposing on those who rely on benefits, and the effects of their economic policies, such as the need for people to rely on part-time work when they want to work full-time.

Another reason is the bedroom tax. I want to say a little about what is happening in my city of Edinburgh, and also to explain why I think that a commission of inquiry would be a good way of at least trying to inject some sense into the attitudes that were expressed during DWP questions earlier today. It appears that most members of the coalition believe that numerous people living in large houses are desperately avoiding moving to smaller houses, and fighting off all the people who are trying to move into the larger houses. In fact, that is happening almost nowhere in the country. In my constituency, many people who live in under-occupied houses are in houses for which there would not be a great demand if they became vacant.

Above all, in Edinburgh and elsewhere, the number of people who could possibly qualify for smaller, one-bedroom accommodation is vastly greater than the number of such homes that are available. According to a figure that I saw a few weeks ago—and I have no reason to believe that it has changed since then—more than 3,000 people were living in under-occupied housing, according to the Government's definition, and a further 14,000 were on the waiting list for one-bedroom houses.

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In that week, only 24 one-bedroom homes were available in any part of the council or the social housing sector. A commission of inquiry might at least get some awareness of the reality of the situation into the minds of Ministers and Government Back Benchers.

I suspect that when the House votes on the motion, Government Members who have not been in the Chamber for the debate will come flooding in to defeat it. Perhaps the Minister will surprise us and tell us that the Government will allow the motion to be passed, but I suspect that that will not happen. However, given that this is a Back-Bench rather than a Government or an Opposition motion, I hope that at least some members of the coalition parties will show the humanity that others have shown today. I hope that they will recognise that there is a problem whose extent needs to be assessed, and will stand along with those in the Chamber and outside who are prepared to speak up for the people who are suffering as a result of the inhumane policies of this Government.

9.33 pm

Chris Bryant (Rhondda) (Lab): I warmly congratulate my right hon. Friend the Member for Oldham West and Royton (Mr Meacher) and the Government Members who signed the motion, not least because they have given us an opportunity to hear some of the most insightful and moving speeches that I have heard for a long time in the House. It is a shame that nearly all of them had to be made by Opposition Members because so few Government Members turned up to speak, but I am sure that Government Members had other interesting things to do. I should add that I thought that the speech of the hon. Member for Stafford (Jeremy Lefroy) was insightful as well. It had barely a partisan bone in it, and I commend the hon. Gentleman for the views that he espoused tonight.

Let me begin by listing some facts on which I hope we can all agree. We all believe that the best route out of poverty is work, that those who can work should work, that those who need help to work should receive that help, that a civilised nation cares for the vulnerable, that at times we may all need the support of the state to get back on our feet, that a strong national health service, free at the point of delivery, is a key part of getting people back into work, and that education cannot stop at 16 or at 18 or, for that matter, at 21 if people are to acquire the skills that they need in order to prosper in a fiercely competitive world.

As Labour colleagues have been referring to what we will do when we form the Government in 2015, the Minister has, on several occasions, been heard chuntering, "Oh yes, the shadow Secretary of State says you're going to be tougher on welfare." We are, because we know that the best way to be tough on the welfare budget is to get people into work. We are absolutely determined that we will not do what this Government did immediately on coming into power in 2010, which was, without a shred of evidence, to abolish the future jobs fund that was giving young people an opportunity. We will do exactly the opposite. We will bring in a jobs guarantee for every under 24-year-old, because we have seen what is happening in Wales where a new scheme has been brought in to replace what this Government have been doing and that has put 7,748 young people into work. Some 80% of those jobs are in the private sector and 96% of those who have gone into those jobs

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have then gone into full-time employment. That is being tough on the welfare budget—not being tough on the recipients of welfare, but being tough on the welfare budget—and that is exactly what we intend to do.

We all know that there are areas of the country that have suffered deprivation for decades. Those are the places—in particular, the mining, shipbuilding and iron and steel cities and towns of this country—where one industry flourished, dominated and then died. That is what many of the speeches this afternoon have been about. However, the indices of deprivation come not single spies, but in battalions. All too often, with poverty comes poor housing, poor educational attainment and poor diet, as well as high levels of long-term unemployment, disability, mental health problems, obesity, malnutrition, teenage pregnancy, ischaemic heart disease, type 1 and type 2 diabetes and also, therefore, blindness. The poor die younger and are more likely to die of their first coronary or their first stroke. They are more likely to be the victims of crime, especially violent crime. Each of those problems exacerbates the other, so we have a vicious circle of poverty with children trapped by their parents' opportunities or lack of ambitions. In short, all too often poverty is hereditary in Britain—as hereditary as the monarchy or, for that matter, a place at Eton.

The image that those on the right would have us all subscribe to of those living in poverty is far from the truth. Often the poor work the hardest, at the least hospitable hours, with poor protection and for paltry pay. Frequently, as many Members have said, they take several jobs to be able to pay to put food on the table. They travel for hours to work because they cannot afford properties in expensive places where there are more jobs. They take pride in the ability to stand on their own two feet, so they often refuse to claim all they are entitled to or to accept charity. We should applaud them, not denigrate them.

When the Secretary of State came to Merthyr Tydfil and told everybody that the answer to their problems if they were out of work was to get on a bus down to Cardiff, he simply did not know the facts. First, there are not buses that will get people to Cardiff in time for most jobs on low pay that start very early in the morning. Secondly, if they are going to be doing shift work, they cannot possibly rely on buses to get them to work. Thirdly, there are eight people applying for every job that is available in Cardiff so the situation is not much better than in Merthyr Tydfil. Most importantly, if people are spending half of their daily wage every day on getting on the bus to work and getting back home, the likelihood is that they are not going to be able to make work pay. That is what we need to change: we need to make work pay.

There have been massive changes in welfare in this country since 2010, especially since the Government changes to welfare came in last summer. Food prices have risen far more on average than those of other goods, and that has hit many poor families. According to Which?over the last six years food prices have risen over and above general inflation by 12.6% and nearly half of consumers now say they are spending a larger proportion of their available income on food than just 12 months ago. Six in 10—60%—are worried about how they will manage their future spending on groceries if prices continue to rise, and it looks as though they will. It must surely be shaming for this country that,

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between April and September, more than 350,000 people—150,000 of whom were children—received at least three days of emergency food from Trussell Trust food banks. That represents a threefold increase on the same period last year and a dramatic rise from 2009-10, when just 41,000 people received food aid. Contrary to what the hon. Member for Birmingham, Yardley (John Hemming) said, the Trussell Trust has stated that

"rising living costs and stagnant wages are forcing more people to live on a financial knife edge where any change in circumstance can plunge them into poverty."

That is precisely what the Government's welfare changes have done.

In March last year, Ministers in the Department for Environment, Food and Rural Affairs commissioned research into food banks and promised to publish the results last summer. The Government have had the results of the review since last June and, bizarrely, have now been reviewing them for far longer than it took to write them. I do not know whether they need educational assistance to read the report and present it to the public, but it is about time we all saw the findings that they have had in their pocket since last June.

The Trussell Trust has reported rising food bank use due to the bedroom tax, and states that 35% of its clients were referred due to delays in receiving benefits. There is no way out of this; the Government cannot avoid responsibility. Yes, charities are picking up the difference, but that is not the kind of society we should be living in. On top of that, the National Housing Federation, which represents housing associations, said that a survey of 51 of its biggest members found that more than half their residents affected by the bedroom tax—32,432 people—were unable to pay their rent between April and June last year. Contrary to all the rumours put out by *The Sun,* the *Daily Mail* and *The Daily Telegraph*, the survey shows that a quarter of those affected by the tax had fallen behind with their rent for the first time in their lives. That is not their fault; it is the Government's fault.

One report, the Real Life Reform report, interviewed 74 households in the north of England last July, three months after the changes came in, then again three months later. In September, it found that over a quarter of the people in the survey reported having less than £10 a week to live on once rent, food and bills were accounted for. The report also found that 37% said they had no spare cash at all, and that families were spending an average of just £23 per person a week—or £3.30 a day—on food. Those were people in work, and for those with school-age children, £1.80 of that daily allowance was going towards a school dinner. Households were spending an average of £26 a week on gas and electricity, which equated to 10% of gross income. That was in July, not during the winter months when the costs would be much higher.

Three months later, that same survey found that the number of households spending less than £20 a week on food had increased from a quarter to a third, that the number of people having no money left each week had risen to 51%—more than half—and that the average spend on food per person per day had gone down from £3 to £2.10. It also found that households were spending 16% more on gas and electricity, taking them into fuel poverty. In addition, 33% of respondents now had council tax debt as well.

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The loan sharks are flourishing, the number of those in fuel poverty is rising and the number of homeless people is rising. The number of those relying on charity to feed their children is also rising, and the number of those wanting to work more hours is at a record high. And for the first time ever, the number of those in work and in poverty is higher than the number out of work. The number of those in debt, in arrears and in despair about their finances is rising. Even Sir John Major knows that more and more people this winter have been choosing between heating and eating. It feels as though a worldwide economic crunch, manufactured in the boardrooms of Wall Street, on the executive floors of international banks and on the trading floors of the City of London, has been visited on the most vulnerable in our society. Those who struggle to buy shoes for their children have paid the price of austerity, not the well-heeled. We should be ashamed; the Government should certainly be ashamed. This is why we need a commission of inquiry.

9.44 pm

The Minister of State, Department for Work and Pensions (Mike Penning): Apart from a short comfort break, I have sat through the whole debate, finding it very interesting. I found the tone and manner of most of it to be exemplary, and a credit to the House and the Backbench Business Committee. I will take exception with the Opposition Front-Bench team, because if they were so determined that they wanted this they could have had this debate and pushed for this inquiry during Opposition day debates last week or later in this week. They could even have signed the motion tabled by the right hon. Member for Oldham West and Royton (Mr Meacher), but they did not; there are three names on the Order Paper, but none from the Front Bench. They have suddenly decided—[Hon. Members: “It is a Back-Bench debate.] So why did we have the debate last week? What about the business next week? They have not done it.

Let us not get into the semantics of what went on but look at what happened during the debate. *[Interruption.]* For someone who sits there and complains about other people chuntering from a sedentary position, I must say that the hon. Member for Rhondda (Chris Bryant) is the leading expert in it. We heard contributions from: the right hon. Member for Oldham West and Royton; my hon. Friend the Member for Monmouth (David T. C. Davies); the hon. Member for Walsall North (Mr Winnick); my hon. Friend the Member for Stafford (Jeremy Lefroy); the hon. Member for Liverpool, Walton (Steve Rotheram); my hon. Friend the Member for Birmingham, Yardley (John Hemming); the hon. Member for Derby North (Chris Williamson); my hon. Friend the Member for Worthing West (Sir Peter Bottomley); and the hon. Members for North Ayrshire and Arran (Katy Clark), for Rochdale (Simon Danczuk), for Oldham East and Saddleworth (Debbie Abrahams), for West Ham (Lyn Brown), for Llanelli (Nia Griffith), for Hayes and Harlington (John McDonnell), for Edinburgh East (Sheila Gilmore) and for Edinburgh North and Leith (Mark Lazarowicz). As I say, it is a credit to the Backbench Business Committee that it listened to the Back Benchers and tabled this debate.

The contribution from the right hon. Member for Oldham West and Royton was wide ranging. I am pleased that he did not place all the blame on the

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coalition Government, not least because he was aware that the work capability assessments were introduced by the previous Administration, as was the Atos contract, which we discussed at Work and Pensions questions. So we inherited the assessments that are being complained about by hon. Members from across the House today, particularly those being carried out by Atos. We are working hard to improve the situation and deal with the mess we inherited.

[Interruption.]

I would like to know how it is possible that we are making it worse, as the contract we are working to is exactly the one we inherited. The hon. Member for Derby North, from a sedentary position, asks why. We were trapped in this because the previous Administration signed the contract. We need to make sure that the work capability assessment works as we go forward.

Sheila Gilmore *rose—*

Mike Penning: I will not give way, because I do not have time.

My hon. Friend the Member for Monmouth raised the most important issue, and I am pleased that the shadow Secretary of State is here now. The shadow Minister engaged in a rewriting of history. My hon. Friend and several others alluded to the fact that the shadow Secretary of State said that Labour would be tougher than the Tories on welfare and on welfare reforms. There was no nuance about helping more people. Labour said it would be tougher than the Tories on welfare. We have saved £83 billion on welfare spending—that is the predicted saving. I would like to know where those cuts would take place if not through welfare reform. *[Interruption.]* The hon. Member for Gateshead (Ian Mearns) says from a sedentary position that the cuts would come through jobs, but more than 1 million people have been placed into jobs since this Government took office. That is most important.

Lady Hermon (North Down) (Ind) *rose—*

Mike Penning: I will give way to the hon. Lady because she has sat through the whole debate without having an opportunity to speak, and it is a credit to her.

Lady Hermon: Before the Minister came into his current job, he was a very effective Minister in Northern Ireland. He will know, therefore, that in Northern Ireland we have had an increased threat from dissident republicans, who are deeply and utterly ruthless. Would it not be worth while to extend this proposed commission to Northern Ireland? I hope that those who have proposed it would support that, but that is a point that could be clarified later. If the commission were to be granted, we could have a worthwhile review of and inquiry into whether deprivation and poverty in Northern Ireland have fed into the increase in dissident violence. Would that not be worth while?

Mike Penning: I thank the hon. Lady for her intervention and for her comments about my time as a Minister in Northern Ireland. That means an awful lot to me. Most of the welfare reforms have not been implemented in Northern Ireland yet because they are being blocked by one particular party, so it is difficult to see how we could appraise what was going to happen in Northern Ireland compared with the rest of the United Kingdom because the welfare reforms have not been introduced

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there in the way that they have in the rest of the country. I do not think that the answer at this stage is to have an independent review. The Government issue huge amounts of research—very expensive research—and we need to look carefully at what is going on.

We have of course brought in the benefit cap and reformed housing benefit. My constituency has one of the largest council-run social housing stocks in the country—nearly 16,000 council properties—as well as quite a large housing association stock. I get family after family saying to me, “Why do my children have to do their homework in the corridor? Why can’t we move into a larger property.”

Chris Williamson: Build more houses.

Mike Penning: Absolutely. The hon. Gentleman’s party had 13 years to do so. The housing situation has not suddenly occurred in the last five minutes. Labour did not do it when it was in government, and yet it wants to rewrite history this evening. That is not possible and it will not happen. We need to ensure that we have fairness in the system. I have listened carefully to Members throughout the debate. The system has to be fair for both sides. It has to be fair to the people who are working and to those who are on benefit.

Earlier in the debate someone mentioned the Channel 4 programme. The idea of Channel 4 being supportive of this Government would be a shock to the system and to Channel 4. I was brought up in a working class area in north London, and, as I have said, I have two estates in the top 10% of the most socially deprived areas, but I was shocked by what I saw.

Chris Williamson: It was not a fair representation.

Mike Penning: Whether or not it is a fair representation is a matter for Channel 4. Like the rest of the country, I sat and watched the programme. I have not said anything about it, because I do not know the facts. I will go and see what is happening on the ground rather than speaking in generalisations. Channel 4 is not in any way a mouthpiece for this Government. It has been hugely critical of what we have been doing.

Chris Bryant *rose—*

Mike Penning: I will not give way, because I want to make some progress. I did not intervene on the hon. Gentleman, so he will have to understand.

The hon. Member for Birmingham, Yardley made an important point about people who have moved from employment and support allowance to jobseeker’s allowance. It is enormously important that they know what benefits they are entitled to. As I said to the Work and Pensions Committee the other week, I will look carefully at the decision letter they get when they are told that their ESA has been stopped and what they are able to claim. That is a simple way to ensure that they understand the benefits they are entitled to and that families are not short of money.

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Benefits

'My mother's death was hastened by long delay in processing her benefits'

Moira Drury overcame domestic violence and severe disability to work as a nurse and bring up three children as a single parent. But her daughter says a seven-month delay in processing her benefits left her abandoned

Moira Drury. ‘She was such an amazing lady’ says her daughter. Photograph: Martin Godwin for the Guardian

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Patrick Butler

Thursday 27 August 2015 19.07 BST

Moira Drury died less than fortnight ago aged 61. She suffered from combination of illnesses, including depression and cancer, but her daughter believes that a seven-month delay in processing her benefit claim hastened her death.

Thousands have died after being found fit for work, DWP figures show

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During her life, she overcame domestic violence and severe disability to work as a nurse and bring up three daughters as a single parent. But at the end she was effectively abandoned without support and income by a glacial and bureaucratic benefits system.

“She was incredibly determined, resilient, strong and warm-hearted,” said her daughter, Nichole Drury. “She was such an amazing lady.”

According to Nichole, her mother’s demise was hastened by the decision of jobcentre officials earlier this year to stop her benefits. “She told me the day before she died that the stress of having her benefits removed contributed to her decline,” said Nichole, who is a veterinary surgeon based in Sussex.

“Stress and anxiety lowers your immune system and ability to fight disease. I am absolutely certain that the stress she endured caused her to give up her fight against her illnesses. Without the stress this caused she would have had a little more precious time.”

Her benefits saga started when she was told by her local jobcentre in Essex to undergo a fit-work-test, known as a work capability assessment (WCA), on 15 January to assess whether she should continue to be eligible for Employment and Support Allowance (ESA), a benefit awarded to people judged unable to work.

Bed-bound and suffering from flu and a chest infection, she telephoned to say she was not well enough to attend. Illness also prevented her attending a rescheduled WCA just over two weeks later on 3 February.

On 16 February she received a letter from Basildon benefit centre saying it had examined her reasons for not attending the WCA. Presumably it did not accept that she was genuinely ill. The letter only says tersely that it considered she was capable of work and that she was no longer entitled to ESA.

Nichole Drury. Photograph: Martin Godwin for the Guardian

Moira wrote to the Department for Work and Pensions to ask for the decision to be reconsidered. A week later the DWP replied saying it would not reverse its decision. “You requested a mandatory reconsideration of this decision on the grounds that … you were not well and had diarrhoea and that you have diabetes and epilepsy.

“Having considered all the available evidence, I am unable to accept that a good cause has been shown for not attending the medical assessment … and you cannot be treated as having limited capability for work. As a result, you are not entitled to employment and support allowance.”

Death has become a part of Britain’s benefits system | Frances Ryan

Read more

That decision plunged Moira into an bureaucratic nightmare and personal depression. She was, her daughter says, “going round in circles”. She did not understand why she had lost her benefits. She was not told she could appeal, and was advised to reapply for ESA.

The DWP aims to process benefit claims within 16 days, but the reality can be very different. Moira’s claim was stuck in the system, and had still not been completed when she died. As a result, for the last seven months of her life, as her health deteriorated, she received no income.

When Nichole telephoned the DWP to check on the process of the application, she was told they were awaiting medical records from Moira’s GP. When Nichole checked with the GP practice, they told her they had not received any such request.

The lowest point came just over a month before Moira died, when she received a court summons for non-payment of council tax. As her ESA had been suspended, her local council had automatically stopped her council tax benefit, meaning she was liable for full council tax. Moira was not told. The shock arrival in July of a council tax bill for nearly £2,000 came the day after she received the results of a hospital biopsy that detected cancer on her lung.

“That was the point that pushed her over the edge,” says Nichole.

Ministers are fighting a permanent battle against critics from across the political spectrum concerned at how welfare cuts and reforms and benefit processing delays have hit the poor and vulnerable, causing illness and stress, and driving those affected to food banks and loan sharks.

On Thursday the government finally released statistics relating to ESA claimants who have died after claiming benefits. It is under pressure to release internal reviews into 49 benefits-related deaths since February 2012, 40 of which followed a suicide or apparent suicide.

Moira certainly did not fit with the crude media characterisations of benefit claimants. She was working as a nurse and bringing up three young children in the West Midlands in the 1980s, when her abusive husband attacked her with a hammer, an assault that put him in prison and her in hospital with a serious head injury.

When she recovered, she refused to sign on for sickness benefit, says Nichole, and returned to work doing night shifts at the local hospital. She later took time out to look after her daughters and subsequently worked as a receptionist until 2007, when a combination of limited mobility, mini-strokes, epilepsy and depression forced her to give up.

The DWP told the Guardian that its sympathy was with the Drury family but indicated that its files said it had proved difficult to assess her claim. “It’s important that people supply sufficient evidence – including medical evidence – when making a claim, as it could affect their benefit entitlement. That is why we contacted Ms Drury several times to try and gather further evidence. People also have the right to ask for a reconsideration of their case or appeal if they don’t agree with a decision.”

However, Nichole, who described her mother as proud and often unwilling to admit that she needed assistance, tried in vain to help her to navigate a benefits system she calls an “administrative assault course”. For her, a successful professional, who had had no personal dealings with the benefits system, her encounter was eye-opening.

“Nobody wants to see people exploiting the welfare system. But we don’t want a system which leaves people by the wayside. The way it works is crude and it’s cruel, and seems deliberately designed to get the weak and vulnerable off benefits to save money. It’s people who can’t fight back who are the victims.”

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Maybe you heard that this government conditions, one year is now considered enoug heard Chris Grayling, the Work and Pensions min doesn't matter whether people are better, or if they have simply can't afford them any more. Their benefits will be stop have a partner who earns just £7,500 a year or more.

You may have heard of this blind, deaf, tube-fed, non verbal, disabled man deemed fit for work by the DWP, or Jan Morgan, unable to look after herself after a severe stroke yet also told she must seek work. You may have heard of very many others. You may even have found these stories hard to believe. I'm not sure that I would blame you. For if we believe these stories, where do they leave us? Where do they leave claims that we are "protecting the most vulnerable"?

But today, I want to tell you about Karen Sherlock, because she was my friend.

Karen was extremely unwell. Here, in Karen's own words are her medical conditions:

> DIABETIC AUTONOMIC NEUROPATHY (GASTRIC, CAUSING

> UNPREDICTABLE AND SEVERE DIARRHOEA)
>
> GASTROPAERESIS (CAUSING UNPREDICTABLE AND SEVERE BOUTS OF VOMITING)
>
> DIABETIC RETINOPATHY, PARTIALLY SIGHTED (LOSS OF PERIPHERAL VISION IN BOTH EYES AND SOME CENTRAL VISION IN LEFT EYE)
>
> HEART CONDITION, CHRONIC KIDNEY DISEASE, VITAMIN B12 DEFICIENCY, ANAEMIA, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, UNDERACTIVE THYROID, CHRONIC TIREDNESS DUE TO COMBINATION OF MULTIPLE MEDICAL CONDITIONS, ASTHMA

I urge you all to read this post, written by Karen just two months ago. It details a process many of us who are sick or disabled know all too well. Apply for ESA, get “assessed” by Atos, the private company charged with making these life or death decisions, get turned down for ESA, found “fit for work” or put in the wrong group, appeal decision, win tribunal, get a new letter demanding you attend another assessment, repeat the entire process until you despair, ground down by the misery.

> My ESA is being stopped...............
>
> Now, I have turned over in my mind how they can do this to me.
>
> Where it is going to leave us money-wise and what we can do about it? The answer is; I don’t know.

> I am not entitled to a penny more due to having a husband that works too many hours and brings in too much money. I am worried and frightened, I do not see how they can just snatch this away from me. I am chronically ill and I am never going to get better, not even with the transplant will I feel better, all my conditions cannot be magically cured.

Karen faced all of this as she battled just to survive. Endless pressure, the judgement of society, the fear of destitution, the exhaustion of constant assessments and endless forms. She was one of those who's ESA was time-limited - and what's more, it was limited retrospectively, leaving her with just a few months to appeal for long term support.

What I want to tell you today is that she was frightened. Terrified in fact. She was terrified of the DWP, almost paralysed by a fear that if she spoke out, they would treat her even more harshly. But she spoke out regardless.

She was scared for her future, scared for her family. She had no idea how they would survive when she lost the little support they relied on. Her husband works, cares for a sick wife and they had "done the right thing". Do you hear me Ian Duncan Smith? David Cameron? Nick Clegg? Ed Miliband? Her family had done the "right thing", at least in your narrow world of workers and shirkers.

Despite her own terror, she tried to tell her country, her peers, her friends - even journalists - what was happening to her and thousands like her, but shocked tuts didn't save her. Open mouths and disgust didn't save Karen; they didn't save my friend. Perhaps no one could have, but those who hold and abuse power could have eased her fear or reassured her that they would act.

Karen died on June 8 from a suspected heart attack. I'll leave you with her own words, from the end of her final post on April 29:

"We need to be passionate about standing up for our rights, and if we can make enough noise, and get enough people to listen then we can overturn the inhumane changes this parasitic government have made. If nothing else, we do still have hope and our rights on our side."

Will we listen? Will Karen's story be the one to convince us that enough is enough? Or will we turn a blind eye, continue to look away?

I hope not. There are dangerous historical precedents.

Sue Marsh is a writer and disability campaigner. She blogs at DiaryOfABenefitScrounger.blogspot.co.uk

Karen Sherlock's Twitter page.

COMMENTS

BY
PAULINE BOCK

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EUROPE 6 FEBRUARY 2017

François Fillon’s victim rhetoric won’t convince anyone, especially not the press he’s blaming

François Fillon's defence about his wife's fake job scandal sounds a lot like he is blaming the messenger.

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After weeks of a fake job scandal surrounding his wife and children, François Fillon’s path to the French presidency seems blocked – but he doesn’t see it that way.

In a press conference this afternoon, the Republican candidate apologised for the “mistake” he had made in employing his wife, before turning to

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attack the media that have “targeted” him with “amazing violence.” He’s not just blaming the press: he’s insulting the public.

François Fillon has been engulfed in a scandal since the weekly newspaper *Le Canard Enchaîné* revealed that his wife Penelope had been paid up to €900.000 as his parliamentary assistant between 2005 and 2007 and various other jobs for close friends of Fillon – though no proof of her doing actual work could be found. No one in parliament could remember ever seeing her, and no work email or security badge had ever been issued to her name. The TV programme Envoyé Spécial aired an old interview with her, in which she says she has “never been” her husband’s assistant.

French media also reported that François Fillon had employed his children as assistants in the Senate, paying them €84.000 over three years, while they were still students. His son Charles is believed to have actually been working on Nicolas Sarkozy’s 2007 presidential campaign, Le Monde reported today. If proven, this could be a criminal offense of “illicit financing of an electoral campaign”.

In his press conference, Fillon admitted his wife had worked for him, said he would publish all the information regarding his wife’s job online, admitted he had made a “mistake” and presented his “apologies to the French people.” Then he blamed the media. By reporting the stories, he said, the press had “attacked the centre-right candidate” in an operation “never seen before in the fifth Republic”.

It’s not the first time Fillon uses the rhetoric of the victim. In a video on his Facebook page last week, he declared he would “hold firm” against “a system trying to break” him and against “a left once again trying to attack” him. But by trying to turn the tide and blame the media, he is playing a very dangerous game. And a dumb one, with that: he got his facts wrong. He quoted the journalist Kim Willsher, who had filmed the 2007 interview with Penelope used in this week's Envoyé Spécial, saying she had phoned to tell Penelope how shocked she was by the use of her video. Willsher (now a journalist at *The Guardian*) confirmed to French journalists after the conference she never phoned the Fillon to say such a thing. That's probably just the start of a joyful week of fact-checking for French reporters.

"It isn't up to the media to judge me," Fillon added, "but up to the French people". Unfortunately, he may feel betrayed on that side, too: according to an Ifop poll published this morning, 68 per cent of French voters wish to see Fillon step down. The Republican candidate has declared he would withdraw from the race if a formal inquiry was opened – though his office has been searched, the police investigation is only preliminary for now.

There is no guideline in the Republican rulebook if Fillon withdraws. A new primary or a last-minute replacement candidate would be a nightmare for the centre-right party, which would have to reorganise its campaign as well as its funding and donations system in a very short time. His rival in the primary run-up, Alain Juppé, has said he would not run and tweeted again this morning: "To the authors of unfounded rumours, a confirmation: for me, No means NO."

Fillon himself has admitted that "there is no plan B". But he faces an uphill battle in the polls. The Republican is now in third place, after liberal Emmanuel Macron, whom he called a "guru" but who could take some of Fillon's centre-right votes while "danger" Marine Le Pen may grab a few on the far-right end. And now Socialist Hamon's ratings are now on the rise, too (he hasn't found a nickname for him, yet).

Fillon's truth operation sure sounds a lot like a desperate gesture. Whether or not he is, as he pretends, of "irreproachable ethics", his railing against the press and the effrontery of his declarations will help neither his campaign coverage nor his polls ratings. It would take a miracle, or true political brilliance, for François Fillon to reach the French presidential election's second round.

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