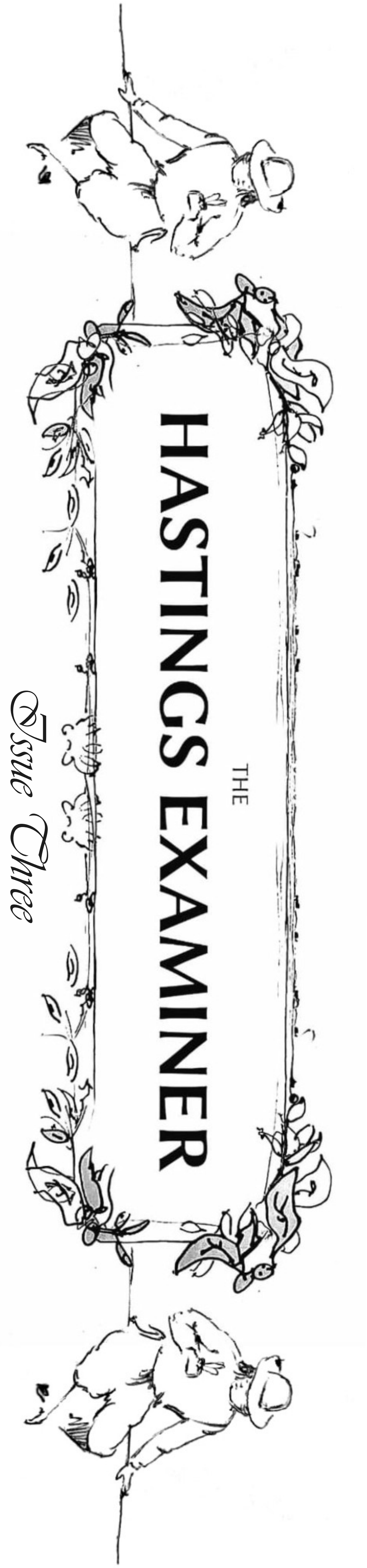


THE HASTINGS EXAMINER

Issue Three

CUT IT OUT

Over 100 Labour MPs are threatening to vote against the government to stop cuts to welfare benefits. They seem to think that taking away Personal Independence Payments (PIP) from around one million sick and disabled people is not what voters elected them to do.

But not our MP. No, the very ambitious new MP for Hastings and Rye, Helena Dollimore, decided to add her name (or maybe she was the lead author?) to a public letter urging the government to go ahead with these cuts, even before they were officially announced.

If a million people don't get PIP anymore, how many low income carers will then also lose their entitlement to carers allowance? Who benefits from increasing poverty, stress and isolation for vulnerable people and their families? Who will pick up the bill when people who are already struggling are pushed to a crisis point? Even if all people cared about was saving money, this will likely be a failure if it only pushes new costs onto other public services. Even if it was going to save money, it is a deliberately cruel political choice. Why not cut military spending? or royal family handouts? Or cut 'corporate welfare' to the private investors that seem to profit from every kind of 'public' service in this country from water and energy, to bins and buses.

Dollimore's letter talks about 'a moral duty' to cut benefits to get people back to work. Of course many people already use PIP payments to help with the extra costs of being disabled at work, but what kind of morality says that people who can't work shouldn't also be able to live decent lives?

And maybe if more jobs were socially useful and fulfilling, and if more employers were not so shitty to people when they need a rest or time off, then more people might be able to cope better with working too.

Any of us at any time could find ourselves too sick or disabled to work. When we are very young, or very old, or when we get sick, we all need help and support - it's not a personal failure or a flaw, it's the human condition. It's the basis of any decent society.

Ask our MP to vote against the cuts: helena.dollimore.mp@parliament.uk

Join local groups including Unite the Union and Acorn who are prepared to defend the many people who will be unfairly hit if these cuts go ahead.

STRANGLED BY RED TAPE

An account from a frontline support worker

The headlines about the proposed changes to Personal Independence Payments (PIP) and Universal Credit are bad enough, but there are also subtleties happening in the sidelines that we all should pay attention to.

The changes to disability benefits drawn up in *Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper* are meant to be part of a government consultation. That the most impactful changes are actually not up for consultation at all should ring alarm bells for everyone. Changes to PIP scoring and cuts to the Limited Capability for Work Related Activities (LCWRA) awards on Universal Credit – the two main proposals – have not been put up for debate. Only our MPs voting against it can prevent these from becoming law.

Another issue rarely talked about is how difficult it already is to access PIP and LCWRA. We're told of cases where people have managed to 'game the system' to maximise these benefits for life, living it large at the expense of the taxpayer. The reality is that going through a PIP application or a Work Capability Assessment is incredibly hard, and applicants rely on specialised support to even start filling in the forms.

Services such as Citizens Advice Bureau, HARC UK (Hastings Advice and Representation Centre), and the Advice Centre run by Possability People, provide support for those starting a new application or going through a review. However these are increasingly struggling to keep up with demand, and the bureaucracy you have to follow to even use them seems designed to fail more often than it works.

Let's consider a typical experience applying for PIP. This might start with a call to one of the services listed above, where the claimant is asked to call the PIP helpline and order the physical forms for their application. Then the timer starts – within a month from the date on a letter accompanying the forms, you need to return them to DWP. You might not get this letter for days, or even weeks, and an appointment with one of the advisory services can't be made until you have the forms at hand.

“over 50% of applicants should not have been refused.”

When the form arrives, the claimant can call the service back to book an appointment for support filling it out, but by then be there might be no more appointments available in that timeframe. This happens so often that you're advised to ask for a time extension when first applying for the forms, provided you have a good reason (no support to fill it in might be one), to get a fighting chance of making deadline.

At the appointment, the claimant will have to deal with DWP’s own vocabulary, which sounds and reads very much like words we use every day, but has very specific meanings that might affect how someone answers a question. The services listed above are trained on how to go about these questions, and without them, few people would be able to express the reality of how their disability affects them.

Forms filled in, it's time to compile evidence. The strongest possible are medical records and similar documents like the ever-so-important ‘*Private Letter from the GP’,* a service offered by surgeries where a GP will attest to how a condition affects the claimant.

The catch: surgeries in our area talk of 28 to 42 days’ turnaround on getting this letter ready. One glance at the deadlines to return the PIP forms will show that this is unworkable. Most surgeries will allow for special requests for urgency, but a lot of claimants don’t feel they can or know to ask for it. Also, these letters cost anything from £25 to £35 in Hastings & St Leonards (they don't come under the NHS) and many people applying don't have that money spare. To top it all off, the claimant is asked to tell the GP what to write in the letter – and yes, it stands to reason that this would be the case, given that the GP can’t write just any generic information – but without support many don’t know where to begin. I know I wouldn’t!

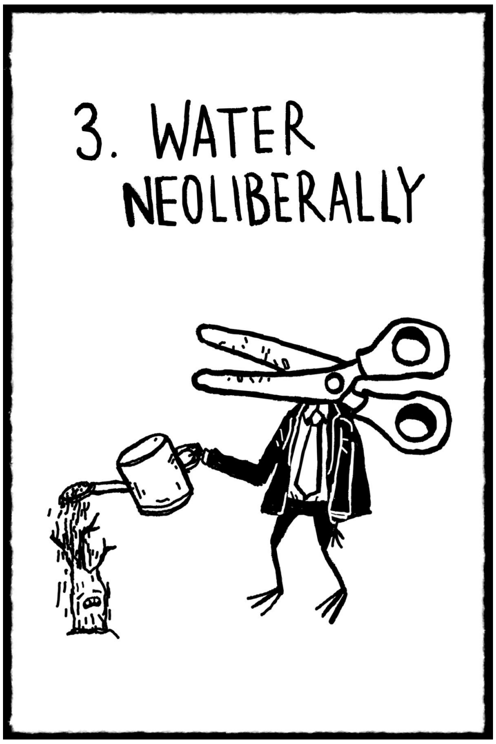
And all that I just described is only to send the forms back for an original claim. If the claim is refused (there might be a phone or in-person assessment in between all this), there is a process called ‘Mandatory Reconsideration’ available upon request. Again, there's a one month deadline from the refusal letter date (which could mean less than three weeks by the time the letter arrives) and no supporting evidence sent in the original claim will be accepted. Despite that, any service supporting a claimant will advise them to try for it, because even though Mandatory Reconsideration awards have been decreasing year-on-year for a long time, the next stage is a tribunal appeal. The appeal is yet another round of bureaucracy, stress, and time without money, but more than half of the refusals get overturned. In other words, *over 50% of applicants should not have been refused*.

This should frankly be infuriating to anyone, whether in receipt of PIP or not. The amount of time, money, and resources wasted in this process is beyond belief. And it’s hard not to believe there’s an unfair weight against applicants when original claims are being assessed.

Applicants for PIP and LCWRA are not lazy people, they are suffering, mentally or physically. Some of them might even be under life-threatening pressures while making an application. Every time they're refused – perhaps just for missing an inflexible and impractical deadline – it's not only frustrating or depressing, it's another meal they have to skip, another health appointment they can't travel to, another essential mental health support they can't receive.

Support is available, but the services that offer them are often overwhelmed with demand, when not fighting for funding just to keep the provision alive. The teams tasked with this kind of support are highly specialised and of life-changing impact to our communities, yet their funding is cut as often as it's increased.

The idea that people have found a way to rig the system in their favour is beyond a fallacy. It’s more like a well-designed piece of propaganda that permeates society slowly but surely, creating a commonly accepted lie that some are taking more than they deserve from the welfare system. Anyone who thinks disabled folk are the ones doing the ‘*taking,’* has no idea of how difficult it is to have to prove your disability to a DWP decision maker… and it is about to get way more difficult if these proposals become law.



Chris Sav @disappointman

Read more: hastings-examiner.uk

UNSUPPORTED LIVING A large supported living home in St Leonards-on-Sea has been severely lacking in its care provision. A young resident there told us that they have a care plan including 18hrs per week of support, but have only been receiving an hour (at most) per week for the last two years.

They pay an additional £75 on top of housing benefit, and the grant the home gets per month for the “18 hours” of support from Adult Social Services.

If Adult Social Services are paying to support people in our community, then why aren't they getting what we've paid for?

If you've been affected by issues with benefits payments and healthcare provision, but feel ignored by those in power, contact us: info@hastings-examiner.uk.