Our voices ■ Our choices

**Background:** Inclusion Scotland is a ‘Disabled People’s Organisation’ (DPO) – led by disabled people ourselves. Inclusion Scotland works to achieve positive changes to policy and practice, so that disabled people are fully included throughout all Scottish society as equal citizens. For more information about our work see our website: [http://inclusionscotland.org/](http://inclusionscotland.org/) We are happy for our submission to be published on the Special Rapporteur’s website.

**A. GENERAL**

Q (1) and (2) If figures are available we tend to use the New Policy Institute’s (NPI) definition of poverty\(^1\). This is calculated based on household incomes excluding the benefits that some disabled people receive to help meet their additional costs. This differs from the UK Government’s measurement of relative poverty which only takes account of net household income. We believe the measure taking additional costs into account is likely to be much more accurate. Using this definition NPI estimated (2016) that 48% (6.6 million people) of all those experiencing poverty in the UK either are disabled individuals (28%) or live in a household containing a disabled person (20%)\(^2\).

We also use the Joseph Rowntree Foundation’s (JRF) measure of Material Deprivation. Using that measure a household is counted as being materially deprived if, for reasons of cost, it lacks multiple items that most households are able to enjoy. Using this measure 18% of working age disabled people are severely materially deprived, three times the rate for non-disabled working-age people.

Whichever measurement of poverty is used the UK’s benefits system does not take into account the minimum support necessary to keep people from becoming destitute. Worse it can withdraw support, through Sanctions or Mandatory Reconsideration, ensuring that little or no income is left to meet basic needs leading to destitution and, in some cases, death.

According to research carried out by Heriot Watt University **1.55 million** people, including **650,000** people with physical or mental impairments (when disabled people only make up 20% of the entire population), were destitute in 2017\(^3\). Destitution being defined as having insufficient to purchase one or more of -

- Shelter
- Food
- Heat their homes
- Light their homes

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\(^1\) “Disability and Poverty”, New Policy Institute for JRF, 2016
[https://www.npi.org.uk/files/7414/7087/2444/Disability_and_poverty_SUMMARY_REPORT_FINAL.pdf](https://www.npi.org.uk/files/7414/7087/2444/Disability_and_poverty_SUMMARY_REPORT_FINAL.pdf)

\(^2\) Ibid

\(^3\) “Destitution in the UK”, Fitzpatrick et al, Heriot Watt University for JRF, 2018
[https://www.hw.ac.uk/about/news/over-1-5-million-people-were-destitute-in.htm](https://www.hw.ac.uk/about/news/over-1-5-million-people-were-destitute-in.htm)
Q (3) The most serious human rights violations arising from austerity cuts are connected with loss of life. We are aware from media reports of disabled people dying of malnutrition⁴, insulin shock⁵ (due to being unable to afford the energy to keep their insulin at the correct temperature), and hypothermia⁶. Many homeless people with mental health issues have also died whilst sleeping rough though, until recently, no records were being collected of the likely numbers of such deaths⁷.

Many people are also being driven to suicidal thoughts and actions by the current benefits regime. The Mental Welfare Commissioner for Scotland carried out a formal investigation after the death of Miss DE in 2011. The report concluded that various factors in the assessment process and in particular the withdrawal of Miss DE’s ESA had contributed to her suicide⁸. The Commission were concerned that despite her consultant of 20 years being of the opinion that she was incapable of work she was nevertheless found fit for work by an ATOS assessor.

The Commissioner’s office also surveyed psychiatrists across Scotland. Of the fifty-six that responded 40% had at least one patient who had self-harmed after their WCA; 13% reported that a patient had attempted suicide and 4% stated that a patient had taken his/her own life⁹. We too are aware of several cases of suicide¹⁰.

This finding is in line with an analysis of the Adult Psychiatric Morbidity Survey. It found that in 2007 – a year before the introduction of the WCA – 21% of incapacity benefit (IB) claimants told researchers they had attempted suicide at some point in their lives. But by 2014, following four years of austerity-related cuts to disability benefits more than 43% of claimants were saying they had attempted suicide¹¹. This strongly suggests that the cuts have had an adverse and sometimes fatal effect on the mental health of claimants of ESA.

A number of research studies are also have found links between increased conditionality and deteriorating mental health, especially amongst vulnerable groups¹². Another major cause of destitution is Mandatory Reconsiderations (MRs). These were introduced in 2013.

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⁵ Appx 1: Case Study 2  [https://www.mirror.co.uk/news/uk-news/killed-benefits-cuts-starving-soldier-3923771](https://www.mirror.co.uk/news/uk-news/killed-benefits-cuts-starving-soldier-3923771)
⁶ Appx 1: Case Study 3  [http://www.dailymail.co.uk/news/article-5063075/Mother-dead-Universal-Credit-cut.html](http://www.dailymail.co.uk/news/article-5063075/Mother-dead-Universal-Credit-cut.html)
⁷ Jennifer Williams, article Spectator Magazine, August 2018  [https://www.spectator.co.uk/2018/08/in-britain-deaths-of-the-homeless-are-not-even-counted-that-says-it-all/](https://www.spectator.co.uk/2018/08/in-britain-deaths-of-the-homeless-are-not-even-counted-that-says-it-all/)
⁹ Ibid.
Under MR all those contesting DWP decisions to withdraw benefits or impose sanctions must first apply for Mandatory Reconsideration (where the DWP reviews its own decision) before being allowed to progress to an appeal.

If contesting an ESA or PIP award decision they do not receive either benefit during the reconsideration period. There is no time limit on how long the DWP can take to reconsider and in 2014 over 25,000 claimants waited over six months for a decision\(^{13}\). We are aware of cases where a woman turned to prostitution in order to eat, and of deaths from suicide, malnutrition and hypothermia occurring during the reconsideration period.

Q (4) In 2013 the UK Government introduced Employment Tribunal Fees which meant that those challenging disability discrimination in recruitment or at work (including dismissal) faced a fee of up to £1,200. In July 2017 the UK’s Supreme Court ruled that these fees were illegal as they had “the effect of preventing access to justice”. The illegal fees had a chilling effect on challenging disability discrimination with a drop of over 54% in the number of such cases brought to Tribunal\(^ {14} \).

Q (6) Glasgow which has the highest proportion of disabled people and highest rates of deprivation in Scotland.

Q (7) Inclusion Scotland, Glasgow Disability Alliance, People First Scotland and Black Triangle.

\section*{B. AUSTERITY}

Q (8) The UK Government stated that austerity cuts were necessary to reduce the scale of the national debt. Yet between 2009/10 and 2016/17 the national debt \textbf{increased} by 53%\(^ {15} \).

Q (9) Despite the UK Government claiming that “\textit{Those with the broadest shoulders are bearing the greatest burden}” the greatest burden of austerity cuts fell on the very poorest households\(^ {16} \). Research by Demos found that over 5 years (2012 – 2017) 3.7 million disabled people would lose over \textbf{£27 billion} in benefits due to seven different cuts. Later EHRC research found that the average loss to a family containing a disabled adult would be £1,200 pa whilst those containing a disabled child would lose about £4,700 pa\(^ {17} \). The EHRC

\begin{footnotesize}
\begin{itemize}
\item\(^{15}\) “Labour and Conservative records on the national debt”, Full Fact (GB), May 2017 \url{https://fullfact.org/economy/labour-and-conservative-records-national-debt/}
\item\(^{16}\) “Fact check: Are those with the broadest shoulders bearing the greatest burden?”, The Conversation, July, 2015 \url{https://theconversation.com/fact-check-are-those-with-the-broadest-shoulders-bearing-the-greatest-burden-44487}
\end{itemize}
\end{footnotesize}
concluded that “Families with disabled adults and disabled children have faced the largest financial loss in cash terms compared to any other household type”\(^8\).

Q (11) Yes. The United Nations Committee on the Rights of Persons with Disabilities have already found that austerity cuts have resulted in ‘grave and systematic’ violations of the rights of disabled people and that the UK Government failed in its duties in not carrying out a cumulative impact assessment of benefit cuts on that group\(^9\). The resulting poverty not only deprives people of an adequate income but strips them of their dignity and self-respect\(^10\).

Q (12) Perhaps the greatest impact on disabled people has been the increase in charges for Social Care. In 90% of Scottish Local Authorities working age disabled people have to contribute to the cost of their social care if they have an income of over £133 pw. The amount of revenue raised from charging has increased from £15m in 2010 to £18.5m in 2016 – a rise of 23%.

Q (13) Many economists believe that spending more on out-of-work benefits during recessions helps rebalance the economy by maintaining demand for services and goods. Part of this expenditure is recovered in revenue (e.g. VAT and income tax and National Insurance payments by workers retained in employment) and reduced expenditure in other areas.

Q (14) It is probable that austerity measures will increase if the economy goes into recession as a consequence of Brexit.

C. UNIVERSAL CREDIT

Q (15) & (16) It does not achieve these objectives. Up to 230,000 severely disabled people throughout the UK who do not have another adult to assist them may eventually receive between £30 and £61.85 less in benefits each week due to the ending of the Severe Disability Premium for “new” Universal Credit claimants.

Although disabled people supposedly have “transitional protection” this may be lost if they have a change of circumstances. Losing entitlement to ESA, even only temporarily, for example whilst undergoing an appeal counts as a change in circumstances. In addition, over 100,000 disabled children and their families stand to lose up to £28 pw with support for some families being more or less halved from £60 pw to £31.50 pw.

Over 110,000 disabled people who are in work are also at risk of losing up to £40 a week in Disability Tax Credits when they instead have to claim Universal Credit. This hardly seems in line with the UK Government’s stated objective of “making work pay”.

\(^8\) Ibid.
\(^10\) Appendix 1: Case Study 5
Q (16) Those with a disability or caring responsibilities are generally worse off under UC. A large number are expected to lose 5% of their total net income in 2018. This should be placed in the context of other cuts to disability benefits at a time when inflation is rising.

Q (17) Scottish disabled people are the group who are least likely to have internet access. As of 2015 more than one in three (35%) disabled people did not access or use the internet at all. This compared to over 90% of the non-disabled population using the internet. The people most likely to claim Universal Credit - those without qualifications, with low levels of literacy and/or living on low incomes - are also amongst those least likely to have internet access (47%).

Even those who occasionally access the internet but who have learning difficulties, visual or physical impairments, may still have difficulty in completing lengthy, complex, online benefits application forms. We have spoken to learning disabled people who are completely unable to make and maintain an online claim without support and who have lost benefits and been subjected to sanctions as a result. Others with physical impairments have experienced “timing out” where all that they have already input is lost.

In DWP research, 45% of participants said that they would need support to claim and manage their claim online. In evidence to the Scottish Parliament in 2016 the manager of Inverness CAB, Sheila McKandie, stated that (in Inverness), “3,000 claims have been made for universal credit. .... Last year, we helped 830 people through online support and personal budgeting support”.

Yet not all of those who need such support will find their way to a CAB. We are aware of incidents where learning disabled people were refused help from library staff in making an online claim as they were under instruction not to do so. On another occasion a learning disabled man who said that he could not make an online claim without assistance was sat down in front of a computer screen and berated by a member of Job Centre staff for making mistakes and taking so long. Merely providing computers in Job Centres & Libraries or training people in internet use do not, in themselves, solve this problem.

Q (18) Since 2010 disabled people have been subjected to over 1 million benefit sanctions (900,000 on JSA claimants with an impairment and 110,000 ESA claimants). Disabled claimants were between 26% and 53% more likely to be sanctioned than non-disabled claimants. Younger disabled men were most likely to be sanctioned. The rate of sanctions has increased under Universal Credit (UC) and this has resulted in –

(i) more people in work being sanctioned
(ii) people carrying their sanctions into work whereas previously the sanction penalty would have ended when they moved off JSA or ESA

25 “A Better WCA is possible”, Ben Baumberg Geiger and Demos, Feb. 2018
(iii) the length of time that sanctions affect people increasing and thus being more likely to affect more disabled people in work over time.

The proportion of people in work who are under a sanction is currently 2% of the UC caseload (that is around 20,000 claimants). If disabled people remain more likely to be sanctioned under UC as they are under JSA then a disproportionate number of that 20,000 will be disabled people.

Under UC Hardship Payments are repayable and are recovered at the same rate as the sanction. This means that a six-month sanction will, if a hardship payment is payable, reduce the standard (individual’s) allowance by 40% for 1 year. Therefore, in addition to the 2% of working claimants counted as under sanction, there will also be a substantial number receiving less than the full UC entitlement due to recovery of hardship payments.

Conditionality not only reduces household income it also drives people into low-paid, unsuitable and unsustainable work. Research on conditionality and movement into work shows that this change is rarely linear. Although some disabled people move from unemployment into low paid work this tends to be of a short term nature resulting in work-to-welfare recycling.

Q (19) The introduction of UC has had no impact on the incidence of fraud. It is however associated with an increased incidence of DWP error.

D. NEW TECHNOLOGIES IN THE WELFARE SYSTEM

Q (24) A recent report claims that the DWP is causing a “human rights emergency” through its surveillance and monitoring of claimants. According to Dr Jay Watts, “Gym memberships, airport footage, job centres and surveillance video from public buildings are now used to build cases against claimants….”

She argues that this creates a “paranoid and controlling [environment], fuelled by pervasive suspicion…There is little escape from this environment for claimants, as speaking freely on social media has become increasingly dangerous”.

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26 “Briefing: Benefit Sanctions Statistics, July 2018” – Dr David Webster, Glasgow University
E. CHILD POVERTY

Q (25) Disabled children and the children of disabled parents are more likely to live in poverty than non-disabled children of non-disabled parents. Using the NPI Measure of poverty 31% of disabled children are in poverty, compared with 26% of their non-disabled counterparts.

F. ‘BREXIT’ Q (28), (29), (30) We remain unsure of the full scale of the implications of Brexit for disabled people. However, it may be that a “no deal” Brexit will create conditions where further austerity measures are introduced to deal with any ensuing economic “crisis”. In addition, the latest JRF analysis\(^\text{31}\) suggests that there are “strong risks of price rises, falls in real wages, lower employment and lower tax revenues as the UK-EU trading relationship” becomes increasingly distant. Low income families would then have to be fully protected from the impact of price rises by increases in benefits otherwise the level and depth of poverty would increase.

We also view with foreboding the delegation of powers to Ministers to alter Equalities and Human Rights legislation without Parliamentary scrutiny if they do this in pursuit of a trade agreement. We are unaware of any meetings, as yet, between Disabled People’s Organisations and UK Ministers to address the specific concerns of disabled people.

\(^{31}\) “Briefing: How Could Brexit affect poverty in the UK”, JRF Analysis Unit, JRF Sept. 2018
Appendix 1: Case Studies

Case Study 1 (a)
In 2013 Mark Wood was a disabled man from Oxfordshire with severe mental health issues. His Employment Support Allowance (ESA) was stopped after an ATOS assessor after a half hour interview found that Mr Wood’s mental condition was “normal” and that he was therefore fit for work. In consequence of this his Housing Benefit was also stopped. He could not “sign on” and claim Job Seekers Allowance (JSA) because one of the entitlement criteria for JSA is that you are fit and available to work. He was thus left with £40 a week Disability Living Allowance to live on.

“The Oxfordshire coroner, Darren Salter, said that although it was impossible to identify the cause of death, it was probably "caused or contributed to by Wood being markedly underweight and malnourished". He weighed 5st 8lbs (35kg) when he died”. Mark’s own doctor said that his body mass index was not compatible with life.

The DWP are not supposed to reduce/stop a claimant’s ESA if their doctor states that this would pose a risk to their health and/or life. Mr Wood’s doctor wrote a letter for him to take to the Job Centre stating that the reduction in benefits had made his anxiety disorder and obsessional traits “significantly worse”. Mr Wood did in fact become extremely distressed about his housing and other debts.

The doctor also urged the DWP - “Please do not stop or reduce his benefits as this will have ongoing, significant impact on his mental health. He simply is not well enough to cope with this extra stress. His mental and medical condition is extremely serious” – they took no action (possibly because Mr Wood failed to take the letter to the Job Centre though this remains unclear). However, at no point did the ATOS assessors, nor the DWP, actively seek Mr Wood’s doctor’s advice on his health and the likely impact of his benefits being withdrawn though this was what the DWP’s own guidance advises should happen. The Coroner recorded the death as due to malnutrition.

Case Study 1 (b)
A similar, though not identical, case arose in Glasgow this year where Mr Joseph MacMillan, a severely ill man with cancer, diabetes, pancreatitis, a heart condition and anxiety and depression linked to his cancer had his benefit stopped after an assessment for Personal Independence Payments (PIP).

Mr MacMillan lost £550 a month in benefits support and when he died had just £8 in the bank. His son Joe described him as, “...like a concentration camp victim. He was just skin and bones”. He added, “He died destitute and it was all so unnecessary”.


Appendix 1: Case Studies (cont).

Case Study 2

David Clapson was a diabetic ex-soldier from Hertfordshire who had served in Northern Ireland at the height of the “Troubles”. After he left the Army he worked for BT and had other jobs and only left their employment to become a full-time carer for his elderly mother who had dementia. When she went into residential care he sought assistance from the Job Centre to regain employment and was in receipt of £71.70 a week in JSA.

However, Mr Clapson was sanctioned after missing an appointment at the Job Centre and lost entitlement to his JSA. He had also been sanctioned in 2010 and this would have increased the length of his second sanction.

As a result of the withdrawal of JSA Mr Clapson could no longer afford food or electricity and died hungry and alone at his home in 2014 with just £3.44 in the bank. He died from diabetic ketoacidosis – caused by not taking his insulin. His sister believed that he may have deliberately stopped taking his insulin but it may instead have been that he could no longer afford to keep it refrigerated as his electricity card had no cash on it when he died. A coroner found that he had no food in his stomach when he died.

Case Study 3

Elaine Morrall was an anorexic mother-of-four from Runcorn, Cheshire. She died in her freezing cold flat wearing a hat and scarf after 'her benefits were cut when she was too ill to attend a meeting - leaving her unable to afford the heating'. Her mother claimed that her financial worries meant that she switched the heating off until her children got home from school.

Ms Morrall was severely depressed and suffered from an eating disorder and other mental health issues for several years. She was found fit for work, lost her ESA and was then required to claim Universal Credit. She had her benefits stopped several times. She then failed to attend a Universal Credit work focussed interview because she was in intensive care in hospital. The DWP stopped her benefits despite being informed by her mother that she was too ill to attend and in hospital. Her landlord was also taking her to court because, with no benefits in payment, she was in rent arrears.

The cause of death is as yet unestablished.
Appendix 1: Case Studies (cont).

Case Study 4

Paul Reekie was an Edinburgh based writer and poet who gained international recognition in the 1990s. Mr Reekie, who suffered from severe depression and a heart condition, was 48, when he committed suicide. Although he left no suicide note his friends say letters informing him that his welfare benefits were to be halted were found close to his body.

Mr Reekie's former publisher Kevin Williamson believes that the unprecedented measures brought in to reduce Britain's benefits bill, helped to push his close friend and literary collaborator towards taking his own life.

Another friend believed that the letters from the DWP may have been the final straw for Mr Reekie. In an online tribute he wrote of the last time they met, just days before he took his own life: "I knew (Paul) was lonely and wasn't too happy overall. He told me that he'd had a 'brutally bad' time recently, especially because social security officials had disallowed and stopped his disability benefit, even though he had a bad heart condition".

Dr Stephen Carty a Leith GP told the Welfare Reform Committee of the Scottish Parliament:  

"Paul Reekie took his life following a work capability assessment. He didn’t leave a suicide note. He left on his desk two letters. One was a letter from the Department for Work and Pensions (DWP) informing him his incapacity benefit had been stopped and the other was from the council informing him his housing benefits had stopped."

Dr Carty went on to tell the welfare reform committee that he had been “staggered” by the DWP’s decision to judge people “who are clearly severely ill” fit for work. He also called the computer-based work assessments “inadequate”.

Mr Reekie’s death spurred the formation of the Black Triangle Campaign dedicated to preventing further deaths from the same causes.

Appendix 1: Case Studies (cont).

Case Study 5

Mr B was severely injured in 2001 whilst teaching martial arts. Forced to claim benefits he became depressed and had feelings of worthlessness. He was also put on drugs which he believes caused psychotic episodes. He could not afford to eat healthily.

In 2003 or 4, he cannot recall exactly, he was awarded DLA. He used that to help pay for utility bills and became somewhat more financially secure. Then it was stopped. He became more mentally unwell, left home and was homeless for 5 years mainly living in caravans. He failed to maintain contact with his children as he had no money.

In 2011 he was awarded DLA again and found it somewhat easier to manage to the extent that he tried to find work. He entered the Open University to gain further qualifications but then had a stoke preventing him from continuing his studies. He was again in pain and suffered from depression. He had difficulty as his arthritis was misdiagnosed for some time but this was resolved after a year. He developed a drinking problem which he attributes to the pain and depression he was suffering.

In 2013 he lost his DLA. He appealed and eventually won his case and the benefit was restored however he remained unable to lift himself out of poverty. Then in 2014 he moved into sheltered accommodation. He did not like it as there were too many people. Then he was awarded the high rate Mobility component of DLA. He now had a car and should have been able to get out and about but was left with the choice of buying petrol or food and chose food.

Since then he feels constantly restricted by poverty which thwarts his ambitions to do something useful with his remaining years of life. Unable to afford healthy food he developed high blood pressure and suffered another stroke.

His description of the impact of his poverty is vivid –

“Poverty is uncaring. Relentless. Attacked by governments. Told I and we are cheats. Not worthy. Surplus to the population. Views (sic) as just an illness. Not seen as human. Constant drip drip drip of worthlessness”.