



# DISABILITY, HEALTH, AND HUNGER

EXECUTIVE SUMMARY



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*“A gentleman came to us, as he had been signed off sick due to stress and mental health issues. He was on statutory sick pay for 6 months but when that came to an end, and he was still not well enough to work, he lost his job. He had children still at school and a wife to support, who was working but they were still struggling to make ends meet.”*

Lutterworth & Villages Foodbank

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# EXECUTIVE SUMMARY

Foodbanks in The Trussell Trust network have different experiences of the proportion of people they see with disabilities and ill-health but the problems faced are often very similar.

Managers and volunteers have reported issues arising from changes to benefits, benefit cuts, and assessments and long delays, particularly with Personal Independence Payments (PIPs) in receiving benefits. They also highlight difficulties for people with Employment Support Allowance (ESA) and PIP appeal processes. Local service provision tends to only provide support for some levels of need and tends to be short-term or hoc support.

Mental ill-health is one of the biggest concerns foodbanks have about people referred to them. Almost  $\frac{1}{4}$  of respondents noted a significant increase in the number of people referred whilst experiencing mental health problems in the last 12 months. Stress and anxiety caused by benefit changes, delays and appeals contribute to mental ill-health, alongside other pressures such as cost of utilities. Foodbanks do not always have the capacity or expertise to properly support people with mental health conditions but are increasingly working with charities and specialists to build networks to support people.

People with disabilities and health conditions face additional barriers including social isolation, debt, fuel poverty, cost of travel, low income, notable unfair sanctioning, homelessness, and accessing welfare support e.g. with claims/appeals.

Foodbanks experience a severe lack of welfare advice, non-financial support and emotional support for people with health conditions and disabilities. Foodbanks are doing what they can but cannot provide the long-term targeted support and resources that are needed on the ground. Many of the obstacles people face can be addressed by changes to the communication of information around accessing welfare support and advice; changes to the delivery of ESA, JSA and PIP; and by improvements to regional and local support for mental health conditions.

# RECOMMENDATIONS

## Claiming PIP and ESA

1. More support, advice, and advisors, to mentor people through the claims and appeals process.
2. Making the application process for ESA and PIP more accessible by changing terminology, and offering simple guidelines to explain what the new benefit involves.
3. More access for people with disabilities and health conditions to speak to a real person about their claim - if people are vulnerable they need to see a person rather than a computer.
4. More local support to include people who are less digitally literate.
5. A review of application forms and terminology, WCA and work allowances.
6. Increased opportunity for ESA and PIP assessments to be available locally.
7. Basic rate of income maintained between WCA decision and appeal tribunal.
8. Review and uplift ESA and PIP payment rates so that people with additional barriers/needs are not trying to subsist on the same income as people on JSA.
9. Review the benefits freeze.

## **Support and Advice**

1. Clearer and simpler DWP guidance notes online for agencies and charities for reference.
2. Combining health advice with welfare advice, with at least one mental health advisor for each Jobcentre and PIP assessment staff trained in identifying mental health conditions.
3. Increase access to the appeals process e.g. funding for welfare advisers to sit with people during court proceedings who would not otherwise go through with it.
4. A sustainable livelihoods approach, where people are given holistic, full-journey support.
5. Retraining or rehabilitation for people who worked in manual labour or physically demanding jobs before having an accident or becoming ill.
6. Free access to counselling for low-medium level mental health.

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*“Jane’ who was on DLA, she was transferred to PIP, she had an assessment and [was] declined PIP. This has had knock on effect as her husband’s [payments] with her husband’s Carer’s Allowance also being stopped. The net effect of the loss of income is approximately £906 p/m. Jane has had fibromyalgia for the last eight years, she is in a wheelchair and very worried as she may also lose her mobility allowance for her car.”*

Haverhill Foodbank

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