DBC Disability Benefits Consortium

"It would mean not having to skip meals" – the emergency need to #IncreaseDisabilityBenefits

27 April 2020

The Disability Benefits Consortium (DBC) is a network of over 100 organisations with an interest in disability and social security.

Using our combined knowledge, experience and direct contact with millions of disabled individuals, people with long-term health conditions and carers, we seek to ensure that Government policy reflects and meets the needs of all disabled people.

In March of this year, in response to the Covid-19 pandemic, the Government announced an emergency increase of £20 a week for both Universal Credit and Working Tax Credits. However the same increase has not yet been extended to other out of work benefits, such as Employment and Support Allowance, leaving many disabled people without this urgently-needed support.

This emergency increase must be extended immediately to Employment and Support Allowance, on the grounds that anything else would be discriminatory; that disabled people already face additional costs and reduced benefits; and that disabled people in particular are facing increased costs as a result of the Covid-19 emergency.

To support this we have used evidence and direct quotes from a survey of 224 disabled people who responded to our call for evidence, 95% of whom said their costs had increased as a result of the Covid-19 emergency.

Don't leave disabled people behind

"This is a matter of equality for disabled individuals who can not, for no fault of their own, go out to work. Our costs have increased too. There is a duty to look after the most vulnerable members of society and treat them equally."

For disabled people, the Covid-19 emergency has been uniquely challenging. Many disabled people are at greater risk from Covid-19, and have had to go to more extreme measures than other people, and for longer, to protect themselves – leading to significant anxiety and isolation.

The changes and restrictions the UK has seen in response to the emergency are also more likely to impose additional challenges for disabled people. And at the same time, disabled people have had to fight to retain their rights, in the face of the Care Act being suspended and concerns about discrimination in provision of health care.

“£20 a week would bring a little peace of mind, knowing that we're not falling even further behind those who lucked into health and jobs.”

In this context, it’s all the more important that any extra support the government is able to provide does not exclude disabled people.

Employment and Support Allowance is an out of work benefit, designed to support someone financially when they are unable to work because of their health. Disabled people face substantial barriers to employment as well as additional costs, which are not faced by non-disabled jobseekers.

The emergency increase of both the Universal Credit standard allowance and the Working Tax Credit basic element by £1,000 over the next year – or approximately £20 a week – is much needed and very welcome. But by only applying the increase to some benefits and not others, the Government’s stated aim to “offer more generous support to those who are without employment” remains incomplete. Disabled people and people with long-term health conditions who already claim benefits such as Employment and Support Allowance have been forgotten about.

“We already live on the bare minimum”

In a society that’s rarely designed to take disabilities into account, disabled people themselves are forced to take on the extra costs needed for them to get by. On average, disabled people need an extra £583 a month for additional costs that non-disabled people don’t have to face –

for example on specialist equipment, transport, or essential health services. [1]

“Disabled people have extra costs in general than the rest of the population and these don't magically go away during a national crisis.”

Despite these extra costs, many disabled people have seen their financial support plummet over the last ten years of cuts and changes to the benefits system. Disabled people have lost benefit payments of around £1,200 on average each year, as a result of the changes. That’s £900 more than the reduction faced by non-disabled people.[2]

People with the greatest need have also seen the biggest loss. The more disabilities a person has, the more they’ve lost out: someone who has six or more disabilities has lost over £2,100 each year on average. And in households with at least one disabled child, the total loss as a result of all the benefit changes was, on average, over £4,300 each year.

Increased costs faced by disabled people as a result of the Covid-19 emergency

From the 14th to the 23rd of April, the Disability Benefits Consortium surveyed 224 people who are either disabled or seriously impacted by a physical or mental health problem.

95% of respondents said that their costs had increased as a result of the Covid-19 emergency.

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[1] Scope (2019) Disability Price Tag report https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag/

[2] Disability Benefits Consortium (2019). Has Welfare Become Unfair? The impact of welfare changes on disabled people. https://disabilitybenefitsconsortium.files.wordpress.com/2019/10/disability-benefits-consortium-cumulative-impact-report.pdf

Food

92% of respondents specifically emphasised the additional costs of food.

Reasons for this included:

Many disabled people who normally rely on food deliveries are now unable to find available slots:

“I cannot carry shopping home, due to a chronic illness impacting my spine. As online orders from supermarkets are completely booked, I have had to find alternative shops to order from for home delivery, all of which are considerably more expensive. The world just got tremendously less accessible for me, and as a consequence, vastly more expensive.”

“My partner and I have to self-isolate. She is mid-level risk but if I get sick we don’t have many friends or family that could help with 24 hour care e.g. bathing/meds. She can’t be left in house alone because of her mobility so we have always shopped online (never told Sainsbury’s that but I didn’t realise you needed to disclose your disability pre pandemic) we can’t get any food delivered so have resorted on deliveries from smaller local grocers but they aren’t as cheap, especially as my partner is on a restricted medical diet.”

Disabled people are more likely to be unable to risk leaving their homes at the moment:

“I am a shielded adult. ASDA will only deliver with a minimum spend of £40, I can normally only afford about £10 per week for shopping and even less when I get a bill in. PIP application delayed due to pandemic, two months wait now.”

“I was unable to get a slot as an extremely vulnerable person for four weeks, and I am living alone with no support network as me and my partner recently ended things. I had to live off Deliveroo for weeks or I wouldn’t eat and I have cystic fibrosis so I couldn’t leave the house and this was my only way to get food.”

Disabled people may also be more likely to have medically restricted diets, which are harder and more expensive to source at the moment:

“Food is more expensive too. If you're on a specific diet because of your condition, you're in trouble. I suffer from diabetes.”

For those who normally rely on extra support from friends or family, they may now be doing without that:

“Daughter hasn’t been able to help me as much, so I have had meals delivered when I have had flares in fibromyalgia.”

Disabled people are more likely to have a lower income, meaning they may rely on more affordable food options which aren’t currently available:

“More money on food because reduced items aren't there anymore, and neither are cheaper items. Also prices in general have increased.”

Many supermarkets currently have long queues to get in, which aren’t possible for some disabled people:

“I can't get my shopping delivered because there are no slots and the queue for the nearest supermarket is from 45-60 minutes. I can't sit up or stand for that long, so I have had to get all my food and essentials from the shop in the next village which is much more expensive. I only have between £20-25 a week for food after paying my bills so I'm having to live on cheap junk food like pizza and hotdogs for most of the week and can only have a proper healthy meal twice or 3 times a week.”

Utilities

28% of respondents specifically emphasised the additional costs of utilities.

Reasons for this included:

Many disabled people having to shield at home, or being more likely to need to stay in their house 24/7:

"Increased power and heating costs as my father, who is my primary carer, is having to shield at home too, when he normally has a very active social life."

"I expect my gas and electricity bills to be much more than usual, again because we are at home full time shielding."

"Electric and gas charges are way up. My father is paying for some of my energy charges out of his pension. This isn't right."

Disabled people at higher risk from Covid-19 needing to take additional precautions to protect their health:

"Water and electric usage has increased due to extra hygiene measures."

"I don't normally run hot water as have electric shower, but kept it on for hand washing, so electric higher."

People having their usual care reduced, or experiencing higher levels of isolation:

"Phone usage costs has increased as carer can't visit anymore."

Managing health

28% of respondents specifically emphasised additional costs related to managing their health or disability during the Covid-19 emergency.

Reasons for this included:

Being unable to access medical support:

"I was seeing my doctor regularly to have my blood pressure and pulse checked to keep me safe on the medications that I take, but now I can't go to see him I have had to buy the equipment to monitor it myself at home. I needed some other basic medical equipment so I can monitor my health condition myself while I can't go to my doctor's appointments because of the lockdown, but it was all inflated in price due to high demand. Things that should cost £10 now cost £50."

“Medication as my Rheumatologist appointment and orthotics appointment has been cancelled.”

“Having to buy vitamins because my hospital appointments with endocrinologist have been cancelled until further notice and I have suspected immune disorder.”

Needing to minimise increased risk from Covid-19:

“Face masks, disposable gloves, extra cleaning supplies like soap, disinfectant, Dettol spray, antisepctic wipes, bleach, more laundry tablets because changing clothes every time I go outside, shampoo to clean hair after going outside, kitchen towels and sponges to wipe down outer and inner door handles.”

“PPE - to protect myself and my PA/carers”

“Had to buy masks & gloves for going to a CT scan and a blood test as not doable over the phone and I wanted to minimise risk.”

“I had to stock up on all sorts of foods and medicines that I wouldn’t normally buy to ensure my family and myself could cope should we catch the virus. There are three disabled people in my household of four. Two are very disabled. I also bought home-schooling items to make up for lost education which amounted to a fair bit as my daughter has learning difficulties and the other is ASD. I bought things to keep them occupied with sensory items, etc. Medicines included pain relief, cough and cold remedies, Vix, plug in air purifiers, Lemsips, and multivitamin and minerals. I also bought soft and easily digestible foods for the children and ones that are easy and quick to cook as my disabilities prevent me from making meals in general and if I got ill, I’d need easy things to microwave for example.”

Managing the mental health impact of the pandemic and lockdown:

“I’ve also had to spend extra money on activities for the household to assist with mental health due to stress.”

“Found the need for carer to come in more due to stress and impact on mental health.”

Travel and transport

10% of respondents specifically emphasised additional costs related to travel or transport.

Reasons for this included:

Having to reduce risks by taking taxis to get shopping, medication, or go to medical appointments:

“I can't risk taking public transport anymore so have had to take a taxi to get my medication which is 45 mins each way... also have to get taxi to shops.”

“Taxis for medical appointments such as blood samples as buses not running or reduced service. Appointments were essential and not cancelled by surgery. Taxi for other things, to shops, when a bus would normally be taken.”

Needing to pay for people to collect shopping and medication:

“Extra expenses for people to do my shopping and pick up prescription drugs for me as I am advised not to go outside as I am at high risk from the coronavirus as it could be fatal as I have COPD.”

“Paying people to go to the shops as I cannot do it myself and there are no delivery slots available.”

“Had to pay fuel costs for person getting my shopping and as they’ve had to go more frequently to find things the costs have been high.”

What difference would an extra £20 a week mean?

Most respondents told us that getting an extra £20 a week would make a real difference to them. In this current health emergency, no-one should be having to choose between eating or washing, or be unable to afford the medications they need to stay well.

It would mean people could afford the essentials:

“I could put the heating on for a start. I've had to choose between heating or medication. The weather may be getting warmer but as I'm now working from home I'm also spending more on electricity which I'm struggling to afford.”

“At the moment I am already having to cut back on necessary things like heating and food.”

“It would mean I wouldn’t have to worry about buying food and paying the delivery charge as there has been a few times i have waited and gone without because of this. It would be the difference between being able to eat well, and buy the things I need, and stretching what I have in the house as far as I possibly can, which is unhealthy and gruelling.”

“It would mean not having to skip meals.”

It would mean people are better able to manage their health:

“It would mean that both me and my PA/carers are safe.”

“Because I have health needs that don't go away just because of COVID, I am having to spend extra on the materials and equipment that I need to look after my health condition. Normally these are much cheaper but now all sellers are inflating their prices I can't afford the things I need. An extra £20 a week would really help with this. I could buy a box of medical gloves and have them delivered to me for £20, which would keep me safe in managing my bowel programme, or I could buy some extra food so that I don't go hungry.”

It would reduce people’s anxieties, and help prevent them from going into debt:

“Right now we all need a little extra help and money worries should be the least of our stresses in the current climate. It is well known stress is a huge trigger for poor physical and mental health and disabled people need to be their absolute fittest in the current circumstances.”

“An extra £20 a week would mean the difference between debt or no debt, having to cut back on essentials to survive or being able

to have all my basic needs covered. At the moment I am already having to cut back on necessary things like heating and food.”

Beyond the emergency increase

It’s clearly essential that the same emergency increase that Universal Credit has seen is immediately extended to other legacy benefits such as Employment and Support Allowance. Not providing this increase equally would be discriminatory, and it would make a real difference to many disabled people at the moment.

However it’s important to acknowledge that an extra £20 a week in no way meets the real needs of disabled people who rely on benefits. It will help ease some immediate hardships, but it still wouldn’t mean the amount people receive is enough to live well.

“Honestly it won’t do much, it’s an appallingly low amount of money. At most it will ease the extra cost to my food bill.”

In order to make sure the levels of payments of disability benefits better reflect the actual cost of living with a disability or long-term health condition,regular, independent surveys should be established to understand the actual costs people face. Such surveys and assessments of benefit inadequacy must include ‘extra costs’ benefits such as Personal Independence Payment and Disability Living Allowance.

In addition, action must be urgently taken to reverse the damaging impact of recent policies that have contributed to cutting the amount many people receive to its often seriously low levels:

- The benefit cap and two-child limit must both be ended,
- The Work-Related Activity component of ESA (and Universal Credit equivalent) must be re-introduced,
- Universal Credit must have a disability element added,
- To restore the losses sustained during the four-year benefit rate freeze, benefits must be uprated by the Consumer Prices Index + 2% for four years, and the “Local Housing Allowance” should be permanently restored to at least the 30th percentile of local private sector rents.

Without these changes, disability benefits will continue to fail to meet people's actual cost of living. For those who are forced to rely on this reduced amount for many years, or their whole lives, the result is clear: living precariously, never having enough to cover all your costs, and not having any financial cushion to help you cope with sudden shocks or changes.

The awful consequences of people with the greatest needs being left so financially vulnerable have been brought into sharp relief by the current Covid-19 emergency. We should act now to make sure this can never happen again.