

Witness Name: Neil Bateman

Statement No: WITN3487002

Exhibits: WITN3487003 –
WITN34870013

Dated: 20 January 2021

INFECTED BLOOD INQUIRY

SECOND WRITTEN STATEMENT OF NEIL BATEMAN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 13 August 2020.

I, Neil Bateman of Neil Bateman and Company Ltd, will say as follows: -

Section 1: Introduction

1. My academic and professional background is set out in my first witness statement, dated 1 June 2020. I now exhibit my CV showing fuller details [WITN3487003]. In brief, I worked from 1982 to 2003 as a social worker and in welfare rights for various Local Authorities and a Health Authority and within the Department of Work and Pensions (among others). These included managerial and front line advisory positions. In 2003 I became a freelance consultant, trainer and author in the field of welfare rights, undertaking work for a variety of public, voluntary sector and private clients.
2. Question 1 a: I received little information about the MFT and CF's functions, aims and objectives. I do recall a phone call from Martin Harvey former Chief Executive of MFT after the first case I took on asking me to accept further referrals from people needing help with social security issues because the

feedback about my work on that case had been so good and there was a need for welfare rights advice and advocacy for the MFT's beneficiaries. He briefly outlined the function of the MFT to provide financial support, the health issues faced by beneficiaries, the shocking death rate and that there was a need for welfare rights support for them. I had a similar phone conversation after the CF was set up when he asked me to provide the same service to CF beneficiaries. I also had a phone call from Rosamund Riley of MFT at that time who explained the nature of Hepatitis C and how it can affect people and the new types of beneficiaries whom they were now responsible for supporting, in that regard many beneficiaries were not people with haemophilia. I also reviewed the MFT and CF websites and I researched the nature of haemophilia, haemarthropathy, HIV and Hepatitis C online and in medical textbooks. I had some previous experience of working with people with haemophilia and haemarthropathy when I was a social worker.

3. Question1 b: I had an initial phone call from Mr Chris Tempest at EIBSS to discuss how I would work with them; I vaguely recall some information about their payment arrangements and he did mention the separate schemes now operating in Wales, Scotland and Northern Ireland, though I had become aware of the existence of these schemes from previous conversations with MFT/CF staff and government publicity. I reviewed the EIBSS website and had kept abreast of government announcements about setting up EIBSS.
4. Question1 c: I am a member of the British Association of Social Workers, the Association of Personal Injury Lawyers, the Expert Witness Institute and I am a rights member of the Child Poverty Action Group. I was a trustee of the latter in the 1990s. I have recent past membership of the National Association of Welfare Rights Advisers.
5. Question 1 d: I have not been involved in any other inquiries, investigations or litigation in relation to HIV, HBV, HCV and vCJD except for my work representing beneficiaries before the First-tier Tribunal and the Upper Tribunal in relation to social security disputes. In November 2017 I submitted a Memorandum of Evidence to the House of Commons Work and Pensions

Committee Inquiry into Personal Independence Payment (“PIP”) and Employment and Support Allowance (“ESA”) assessments which drew upon my experiences working with CF and MFT beneficiaries. A copy is attached as [WITN3487004].

Section 2: Your relationship with CF, MFT and EIBSS

6. It is important to bear in mind that my relationship with CF, MFT and EIBSS was and is very much an arm’s length one. My company was an independent contractor to CF and MFT, undertaking work from my office when requested, albeit this work built up considerably over time. The workload reflects the impact of governments’ Welfare Reform measures on beneficiaries, (especially changes to benefits for ill-health and disability), as well as regular requests by both beneficiaries and CF and MFT to resolve benefits issues. I have always striven to maintain good professional relationships with staff at MFT, CF and EIBSS as I believe this is in the interests of the people I assist.
7. Over time I was receiving a large number of requests from MFT/CF beneficiaries for help with social security issues. I learned from beneficiaries that other beneficiaries had recommended people contact me on various online discussion groups and I was told that they valued my work and expertise. As I recall, the vast majority of requests for help/referrals from CF and MFT were by people asking for my help rather than CF and MFT asking me to do a benefits check on people who had asked for financial help from them. This check was to establish whether people were entitled to additional security benefits and to then undertake any casework which might be needed to resolve their social security issues. The Haemophilia Society also recommended that beneficiaries seek my help and they included this information on their website.
8. As an example of the distance between myself and CF and MFT, I was not even aware that Martin Harvey the former Chief Executive had died until it was mentioned to me by a beneficiary whom I was helping some years later.

9. I was never sent copies of annual reports, accounts or minutes of meetings, (except the few I attended), by CF or MFT and I have always had a very limited knowledge of their payments schemes, (as well as that of the EIBSS payments schemes), as this was and is not usually required for the work I do.
10. My relationship with EIBSS is even more remote as my company is not even a contractor to them¹; they simply pay the bills on behalf of beneficiaries who seek my help or who are recommended to contact me by EIBSS staff, although it was agreed I would provide very brief reports on my work with each invoice as I had been doing with CF and MFT for years.
11. Question 2: As I explain in my statement, I was contacted direct by the beneficiary in question asking for help. It was a self-referral. I don't know how he heard of me. I spoke to Martin Harvey who agreed to pay my fees for sorting out the beneficiary's benefit issues. I cannot remember when I formally entered into an arrangement with MFT to take on more cases but it would have been confirmed by email and was very shortly after I had finished work on the first case. Unfortunately I no longer have records which would assist in relation to this question, but the Inquiry may be able to obtain relevant records from those with whom I corresponded.
12. It may assist if I briefly outline here why I no longer hold records such as these as it is relevant both to this question and to other questions that have been asked by the Inquiry. I am registered as a data controller with the Information Commissioner's Office and have been since June 2004. My standard practice as part of good data protection management is therefore to securely destroy paper documents which are more than six years old. While I hold some electronic documents for a longer period, these too are subject to periodic deletion. In particular, I deleted a large quantity of emails and other documents, (some of which would have related to my CF/MFT work, but a significant quantity would also have related to other work), when I purchased a new computer in March 2018. At the time that I purchased a new computer

¹ I have a written contract with each EIBSS beneficiary who seeks my help.

I obviously had no idea that the documents might be relevant to the Inquiry – indeed, I was not aware that I would ever become involved in the Inquiry.

13. I do still hold some relevant documents, such as letters to DWP, some benefit claim forms and written Tribunal submissions. I also have almost all the brief monthly reports and monthly time summaries I used to send Alliance House and EIBSS. I have provided the details of the documents I hold with this statement. However, in respect of this question, and some of the questions below, I do not have contemporaneous records.
14. Question 3: I am unable to say how light touch it was, but I do recall being told that THT did not do complex casework at specialist level including appeals. I am not aware of the precise circumstances in which MFT lost their contract, only that I recall that Martin Harvey told me that I was to be used in preference to THT and that THT would no longer be used for welfare rights advice by MFT as I had greater expertise.
15. Question 4: The screening was very simple as both MFT and I wished to have as few barriers as possible when people needed my help. They had usually already faced huge barriers and frustration when dealing with the Department for Work and Pensions (“DWP”) and we didn’t want to add to those. The screening consisted of MFT staff providing me with the beneficiary’s name, address and contact details and a sentence or two telling me what the presenting problem was so that I would know where to start the conversation with the beneficiary.
16. Question 4 (a): The vast majority of MFT beneficiaries self-referred either direct to MFT asking for a referral to me or if they contacted me, I would ask them to contact MFT to send a referral because MFT were paying and I felt that they should authorise each case. This also ensured that MFT were aware of the scale of need for my services and the social security issues facing beneficiaries. As far as I am aware, no one ever objected to this. CF beneficiaries either self-referred in the same way or they agreed with Caxton that I would do a check to see if there were any benefits they should be claiming. Some people contacted MFT or CF asking for discretionary help

after their benefits were stopped and were then referred to me to resolve the problem with their benefits.

17. I know from experience that it is common practice among several larger grant-making charities to try to get people to maximise their benefits because this ensures that they comply with their legal obligations not to substitute state funding² and because it ensures that any discretionary help by a charity adds value by being paid in addition to benefits. Some charities employ or pay for welfare rights advisers to do this work. Benefits can also provide a more sustainable longer-term income than discretionary help provided by charities and are governed by the law with rights of appeal to an independent Tribunal.
18. Question 4 b: Not that I am aware of except that CF work included more benefit checks for some of the beneficiaries seeking their help. Benefit checks can either be very straightforward and quick for a skilled, knowledgeable adviser to carry out or can reveal more complex issues which then require ongoing casework to resolve. A sufficiently knowledgeable and skilled adviser can do such work by phone and this is quicker and cheaper than undertaking home visits to clients. I did not undertake home visits³.
19. Question 5: I recall providing advice to two Skipton Fund only beneficiaries before CF was set up. I was informed by a member of staff that Skipton had no funds to pay for my services so I did those cases on a pro bono basis.
20. Question 6 a: Please ask MFT/CF. It was not something I was responsible for. I simply carried out the work I was asked to do. I was always clear with MFT/CF that my remit was to check whether people could be claiming any social security benefits, help them to do so and deal with any disputes with DWP or local authority benefit services including appeals to the First-tier Tribunal and to undertake work such as getting peoples' benefits reinstated after these had been stopped or they faced compliance/fraud interviews. I do

² For example, see page 26 of the Charity Commission guidance note no CC37 "Charities and public service delivery: an introduction and overview". March 2012 as updated January 2017. Copy attached as WITN3487005.

³ Except on one occasion when I gave a beneficiary a lift to a tribunal hearing.

recall this sort of information being set out in emails and telephone conversations with the two Chief Executives and other staff over the years.

21. Question 6 b: There was a written consent form which beneficiaries signed. An example is attached as [WITN3487006]. In addition, I understood that people had given verbal consent for me to communicate with CF/MFT about them. I always complied with whatever data protection processes were required by MFT/CF and of course was well aware of the need for client confidentiality. As I was acting on behalf of MFT/CF in the work I was doing, exchange of information would be inherent in such arrangements.
22. Question 6 c: As I recall, from October 2011, I was asked by Martin Harvey to submit a monthly report on cases I was working on. This was and continues to be, (with EIBSS), an extremely brief factual summary of work done each month⁴. A few sentences on each case. Often just one short sentence. An anonymised example picked at random [GRO-D] is attached as Exhibit [WITN3487007]. There were occasions when, if I judged that a beneficiary was particularly vulnerable or distressed, I would phone or email MFT/CF & EIBSS and share my concerns as is best practice in safeguarding issues. There was also an incident when a CF beneficiary threatened to come to my home and be violent towards me, and who was very angry towards CF staff, so I informed CF. Occasionally MFT/CF staff would phone me for a brief verbal factual update on a particular case which they were considering or in one or two cases I was asked to provide a fuller written factual report – for example, about one beneficiary who had multiple debts.
23. At some point, Martin Harvey asked me to start describing myself as “Welfare Rights Adviser to the Macfarlane Trust” in correspondence with DWP. I was happy to do so because I know that DWP treat correspondence from advisers from organisations more seriously than if it is from an individual and it can also simply matters when representing before the First-tier Tribunal.

⁴ Because of the disruption caused by the Covid Pandemic, I have submitted these more often or according to the amount of work done.

24. Apart from occasionally suggesting that they provide temporary financial support to certain beneficiaries (for example those whose benefits had been stopped by DWP – I might suggest that payment should continue until I got those reinstated which could take many weeks or months while I waited for a hearing slot at the First-tier Tribunal. Both CF and MFT were very responsive to such requests), I was not involved in any way in making decisions about who would receive payments from MFT or CF and I strenuously avoided any such involvement. It was my role to maximise beneficiaries' benefits and sort out benefit problems/disputes and the vast majority of people I dealt with appreciated and welcomed that distinction. .

25. Question 6 d: Because I was not involved in making decisions about who was to receive financial support from MFT/CF, I did not feel that there was a conflict in sorting out benefit issues for beneficiaries. Very occasionally over the years I was asked by a small number of beneficiaries to get involved in disputes with CF/MFT/Skipton/EIBSS about payments but as that would be a potential conflict of interest and because it was also outside my area of expertise, I declined. I was also invited by some beneficiaries to join an infected blood campaigning group, but because of time constraints and because of the potential for a conflict and some of the "politics" between campaign groups, I declined. I was approached by a recruitment agency to apply to be a trustee of MFT, which I believe was suggested by a beneficiary, but I declined to do so as that could be a conflict of interests and in general, charity administration is not a subject I particularly enjoy⁵.

Section 3: Advice on eligibility and policies

26. Question 7: I had no formal involvement in formulating the eligibility and procedural requirements of MFT/CF/EIBSS. I did give advice on one or two grant-making policy issues to CT and MFT, such as the means test they wished to apply. I can't remember how this came about but it was possibly at the request of Martin Harvey. I did provide some unpaid advice to EIBSS on

⁵ I have very recently become a trustee of the Ipswich Jazz Festival which is a very small Charitable Incorporated Organisation which organises a local annual jazz festival in Ipswich where I live.

the wording of their application form for discretionary payments only because I saw it on their website and noticed it had a number of errors.

27. I have spent many unpaid hours trying to sort out a process for DWP and MFT/CF/Skipton/EIBSS concerning notifications of payments to prevent beneficiaries being asked to attend Interviews under Caution (**IUC**), or Compliance Interviews (**CI**) with DWP about MFT/CF/Skipton/EIBSS payments which may not have been disclosed. The DWP regularly undertake data-matching with HMRC records to identify people getting means tested benefits who may have undeclared capital. Alliance House payments did not have to be declared but still showed up in data matches. This then meant people were asked to attend IUCs or CIs. There were/are distressing and a waste of everyone's time as in almost all cases no further action followed because Alliance House payments were disregarded for benefits.

28. John Armstrong and I had many telephone conversations to try to find a process whereby DWP could stop calling people in for IUCs/CIs. Various options were considered such as Alliance House passing names of beneficiaries to DWP which clearly would not be acceptable for confidentiality/data protection reasons and in any event, might be overlooked in DWP records. DWP looked at possible IT based solutions, (details of which I don't know), but nothing came of that. A guidance circular was issued by DWP to their staff to remind them to disregard payments by Alliance House, but this had limited shelf life. We also looked at the feasibility of a voluntary disclosure process for beneficiaries and DWP agreed to take this away and consider how workable it was from their perspective, but then Mr Armstrong retired and despite me chasing nothing happened. Increasing EIBSS payments to above means tested benefits levels and having them treated as income for means tested benefits would solve this problem, as I have suggested elsewhere in my statement.

29. I do recall two cases where beneficiaries told me that they had told DWP that other capital which would count for means tested benefits was Alliance House capital and I had to withdraw in those cases. More than one DWP fraud

official has told me that they have had such cases and I believe that this has added a further layer of complexity to finding a solution as it may be why DWP have been reluctant to have a blanket exemption for Alliance House beneficiaries. Unfortunately this issue is still unresolved.

30. Question 8 a: My concerns in 2008 [MACF0000127_036] were about creating an additional means test for people who had already been means tested for benefits purposes and were receiving means tested benefits. The minutes show that. This is a common view among many people in my line of work and generally a system of passporting people receiving means tested DWP benefits is the preferred and most efficient system for assessing financial needs and avoids duplicating means tests carried out by DWP. I can't recall how MFT responded to my views. I have found a letter to Martin Harvey dated 9th December 2008 which sets out my concerns. This is attached as [WITN3487008] and I believe it is self-explanatory.
31. Question 8 b: I don't recall seeing the MFT NSSC minutes of 3rd December 2008 before now and given the passage of time, I cannot recall the discussion at the meeting held on 1st April 2009. [MACF0000134_046]
32. Question 8 c: The Inquiry has provided the document CAXT000063_005-Welfare Reform Bill which was discussed at the meeting on 15th December 2011 (CAXT0000063-001). It is clear that this was not a policy document as is stated in the minutes of that meeting, but an article and critique for beneficiaries about the then Welfare Reform Bill in order to keep them informed about this important subject.
33. I don't recall advising CF about the development of any of its policies other than at some point I queried the inclusion of Housing Benefit as income in a policy about discretionary payment which I think I had seen on their website.
34. My involvement in development of MFT/CF's policies and procedures was very limited and not a significant part of my work for them. My personal values are and always have been very rights-based with a strong commitment to good anti-poverty practice and that was and is reflected in my work. As the

minutes show, I did also brief them about how Welfare Reform was affecting beneficiaries and from time-to-time I would also phone staff, (especially the two Chief Executives), to highlight how welfare reform/benefits policies and DWP practice were affecting beneficiaries and what we could do about it.

35. Question 8 d: Please see my answer to Question 7.

36. Question 9 a: I did not provide such advice. Please see my answer to Question 6 d. I provided factual reports about people's benefits issues. The minutes of the meetings [CAXT0000110_146 and CAXT0000097_005] show that I was only asking for CF to provide some ongoing financial support when peoples' benefits had been stopped by DWP and I was waiting to get them reinstated via appeal to the First-tier Tribunal. I don't recall the reference in CAXT0000097_005 at paragraph 5 iv to help with "gas and electricity meters". It may well be that the beneficiary had applied for help with this (presumably fuel bills). I don't recall asking CF or MFT specifically for help with anyone's fuel bills as the focus of my work was on maximising their benefits and resolving any benefit disputes.

37. Question 9 b: It is really unfortunate that there was a typing error in my email to Rosamund Riley [CAXT0000082_007] which I had not noticed until now and which was not queried at the time as far I can recall. I had intended to write that "...it would not [my emphasis] be reasonable for Caxton or MFT to require people to first apply for a DHP before they meet any shortfalls". The logical flow of the contents of the email shows that to be so. Neither was it generally my practise to get people to apply for DHPs as I knew and know they were difficult to obtain and usually only awarded for a short time, though I did help a small number of people who were in dire straits so that CF could then supplement whatever DHPs I helped them obtain. At the time, it was also felt important among welfare rights advisers to claim DHPs so that the impact of the Bedroom Tax was brought home to government who fund DHPs via the DWP. I always offered to help with completing DHP application forms by a telephone interview with the beneficiary. I did also point out availability of DHPs also because as a welfare rights adviser it is one's duty to explain all

potential benefit entitlements, though that advice was always explained in the context of the problems with DHPs (and indeed, the potential problems when claiming any benefits). I recall some clients insisting on applying for DHPs despite my advice about the problems. My main focus was and is on trying to get beneficiaries around the restrictions caused by the Bedroom Tax and other financial pressures caused by the inadequacy of Housing Benefit.

38. Question 9 c: I do vaguely recall the case [MACF0000022_112] because it was so unusual, but not the beneficiary's identity nor the full facts. I recall that it followed a long discussion with the beneficiary and/or her husband. It was extremely unusual for people to refuse to apply for benefits I had identified they were entitled to and when I had advised them how to claim and also offered support with doing so. This has however, become slightly more noticeable in recent years as payment levels by CF/MFT/EIBSS increased. In the case in question, it was clear to me that the beneficiary should qualify for ESA after she had been selected by DWP to undergo the process of having to transfer from her previous benefit for incapacity for work, (Severe Disablement Allowance), and to undergo a work capability assessment by DWP to see if she qualified for ESA. I had offered to help them through the process of the assessment, including completing the lengthy ESA50 self-assessment form for them by phone as was and is my standard practice. They were potentially missing out on additional income and National Insurance Credits towards a state pension. I was asked by Keisha Hanchard at MFT to send her the email. I did not comment on or make any recommendation about what financial support MFT should provide to the beneficiary and would not have wanted to. I did have a small number of cases which I had to close because those beneficiaries did not respond to my phone calls or did not provide me with information, (usually documentary), which I needed to advise them; some just dropped out of the process and this is not uncommon in advice work and most advice agencies will close cases when there is client non-engagement. I reported those facts to MFT and CF in my monthly reports.

39. I have never seen the note MACF0000022_105 before and I have never seen the policy quoted in the fourth paragraph on page 2 ["If a beneficiary... etc].
40. Question 10: This is the first time that I recall seeing the correspondence CAXT0000116_144 and I don't know which beneficiary it refers to.
41. Question 10 a: My understanding was that on occasion CF and MFT required people to have a benefits check before CF or MFT considered what additional financial support they might award. This is best practice as have I commented on earlier in this statement. It was not my understanding that payment would be refused without me having had a referral, though I knew that if I obtained additional income for someone, that might obviate the need for additional financial support by a charity or enable the charity's payments to top up benefits, this being to the beneficiary's advantage as it further increased their disposable income. Payments by charities are ignored as income and capital by the DWP when assessing entitlement to means tested benefits which means that benefit maximisation is "benefit efficient" because any charitable payments are then on top of social security benefits. As I stated earlier, as far as I can see, such benefit checking cases were a minority of those referred to me. I also recall Jan Barlow telling me that beneficiaries were free to obtain welfare rights help elsewhere, but I believe very few chose to.
42. Question 10 b: It is not for me to say whether it would be reasonable to refuse payment as it depends on a range of other factors, such as a charity's financial situation, legal obligations and the individual's circumstances. What I can say, is that I would not have been comfortable with that if I knew it was happening routinely or unreasonably and I would have tried to negotiate some acceptable alternative.
43. Having researched the issue for this statement I am now aware that some grant making charities may refuse to make payments if peoples' social security problems are unresolved. For example, the following statement appears on the website of the charity Turn2Us which provides information

about grant-making charities: “Most charitable funds will not give a grant if there are welfare benefits you could be claiming.”⁶ In addition, I have always known that some grant-making charities require people to apply via an intermediary such as a social worker or Citizens Advice Bureau as a way to filter applications and this process often includes some form of benefits check and casework on benefits issues. While I knew that MFT/CF did require some people to have a benefits check by me if they applied for discretionary help, I do not recall that it was MFT/CF’s policy or practice to refuse a discretionary payment if someone refused to claim benefits they were entitled to or refused to accept a referral to me. An application for discretionary help will often be evidence of someone under-claiming benefits or having problems with their benefits.

44. In any event, I would be surprised if the number of people refused payment by CF and MFT because they didn’t want to have a benefits check and benefit maximisation was significant as I would have expected that this would have been fed back to me by CF and MFT staff or by beneficiaries who sometimes told me what was on their “grapevine” and as I recall, the numbers referred to me to check benefit entitlement when MFT/CF were considering making a discretionary payment was a minority of my workload.

45. Question 11 a: I did not provide feedback about eligibility for grants as I have already explained, other than I would ask for ongoing financial support if someone’s benefits had been stopped by DWP or very occasionally, if I perceived a need for something. It was always feedback to positively assist a beneficiary and it didn’t happen often.

46. Question 11 b: As I recall, I attended just three or four such meetings between 2008 and 2017 and for only part of the meetings as the minutes show.

⁶ www.turn2us.org.uk/get-support/Grants-what-you-need-to-know last accessed 15th September 2020.

47. Question 11 c: My role was not to advise CF and MFT on individual applications and as the minutes show, it was to provide general feedback about my work, (without naming individuals), and to explain current policy issues with social security, such as the likely impact on the beneficiary community of forthcoming social security changes. It was very positive that the staff and trustees were concerned about the negative effects of Welfare Reform on beneficiaries.

48. Question 12: No. I helped one beneficiary to apply for Stage 2 payments from EIBSS. He was finding this very difficult because English was his second language and because of mental health issues.

Section 4: Department of Work and Pensions (DWP)

49. Question 13: From time to time I wrote briefing notes about benefit rights for beneficiaries which were put on the MFT and/or CF websites and I also recall them being included in at least one newsletter. I attended an open day for MFT beneficiaries on a Saturday which was in Reading and I gave a talk to them about benefits issues and benefits rights. I generally focussed on major benefit changes. I also provided some advice to MFT and CF about information to go to beneficiaries advising them to keep the charitable monies in a separate account in case there was a query by DWP. This is because disaggregating charitable monies, (which are disregarded by DWP), from other capital which is not disregarded can become very complex, stressful and time consuming for all if DWP examine peoples' finances, (as they routinely do for means tested benefits). DWP took the view that charity money must be kept separately, but my view was that there was no legal authority for that view, though it was a sensible thing to do and I remember expressing that view to DWP policy staff on one or two occasions. As I recall, the time I spent on this was unpaid, apart from travel expenses.

50. Question 14: I am not aware that specific training has been provided to DWP staff about how to treat payments made to beneficiaries, other than the general training on how means tested benefits are assessed. Various

Circulars have been issued to DWP and local authority staff on the position of payments and they are covered in the standing guidance manuals. In my experience as well as that of beneficiaries, DWP staff have very rarely heard of the various schemes and are unaware of how payments are to be treated. Advice workers and the First-tier Tribunal spend a lot of time correcting basic errors by DWP staff and dealing with their limited knowledge and common misunderstandings and this has been the case ever since I first got involved in welfare rights advice work in the 1970s. This is not helped by the high staff turnover within DWP. However, in fairness, MFT, CF and/or EIBSS beneficiaries are a tiny proportion of the DWP customer caseload, so a DWP staff member may only deal with such a case once or twice even in a long career. Guidance issued by DWP is often easily forgotten anyway given the huge amount of information cascaded to their staff, especially given that this is such a small group in DWP terms. The case for a dedicated DWP team for beneficiaries is worth exploring but may well not fit with the “virtual office” model of operation now used by DWP where work can be done by their staff members in a variety of locations with a call centre type of service as the public point of entry. DWP may also be concerned that other groups would then ask for such a service. Moreover, a specialist DWP office or team can disadvantage people who have multiple health issues and these are common among the beneficiaries I have dealt with. For the very small number of beneficiaries who currently receive Universal Credit, (a number which will increase gradually over time), their interaction with the DWP is predominantly done online.

51. Questions 15 a & b: I had to deal with a number of cases where beneficiaries had been asked to attend either Interviews under Caution with the DWP’s Fraud Investigation Service or Compliance Interviews with DWP staff. These were the result of false positives in the anti-fraud data matching work done by the DWP which seeks to uncover undisclosed income and capital and undisclosed bank accounts. It is a key element of their anti-abuse activity and involves cross matching DWP records of people receiving means tested

benefits with HMRC records of bank/building society interest paid⁷. In accordance with historic guidance from MFT and the DWP, people were advised that they did not have to declare payments from the charities and that they should keep the money in a separate account(s). At the time the law stated that these payments did not need to be declared to local authorities for Housing Benefit and Council Tax Benefit purposes and DWP adopted an administrative easement to not require disclosure. I understand that the reasons for this were sensitivities about people having to disclose their Hepatitis C and/or HIV status. Therefore, these undisclosed bank accounts were being identified as part of the anti-fraud data matching activity. I had expressed my concerns about this to Martin Harvey as it was highly distressing for beneficiaries to have to go through this and while I had been able to resolve individual issues quickly, it was sometimes a difficult conversation with DWP fraud investigators and was not good use of my time nor MFT's money to pay me to do so. It was also a waste of DWP staff time to be pursuing false positives. Martin told me that he could recall about 50 such cases over the years. We also believed that there were more as we had had feedback from beneficiaries that many people had dealt with the interviews on their own over the years. This continues to be the case now. While the numbers of beneficiaries affected may not be huge, it is highly unsatisfactory for those on the receiving end.

52. I believe that Martin Harvey used contacts within the Department of Health to set up the meeting with senior DWP staff. The meeting was attended by Dave White, former head of DWP's Fraud Investigation Service and his colleague John Armstrong. We discussed various options to try to prevent the interviews having to take place but could not identify anything legal and workable. It was left to John Armstrong and I to try and explore future options. John was also to be a named contact for me or MFT staff to get a stop put to interviews in individual cases. The most immediate action was for DWP to issue a guidance circular to their fraud investigators to ignore the

⁷ I understand that financial institutions routinely report all interest payments into accounts to HMRC for tax purposes.

payments and for DWP to publish a letter which would be on MFT's website for people to use if they were asked to attend an interview. It was important that the letter was on DWP headed paper as it meant that their staff would then pay attention to it. A copy of an edition of the letter from May 2010 is attached as [WITN3487009].

53. I spent a lot of time on the phone with Mr Armstrong over the years discussing various options to try to prevent these interviews happening but we were unable to identify anything which was workable and legal. One problem was, (and still is), that if people tell DWP about the payments and accounts, the nature of the DWP's customer record system is such that it apparently gets deleted after a while, so occasionally people can and do get repeated requests to attend interviews after they have declared their monies, albeit this affects very few people and I always seek compensation and an apology for them from DWP if it happens in a case I am representing.
54. We did start to explore the possibility of a voluntary disclosure programme for both CF and MFT beneficiaries as this was a potential solution, but Mr Armstrong retired and no one in DWP continued this work.
55. In November 2017 DWP amended the legislation to require disclosure of EIBSS payments, but none of the charities were informed about this change and I only found out via the normal updating systems I subscribe to. It remains an unfinished piece of short-term work for DWP to establish a system to enable people to disclose their charitable and EIBSS payments, for these to be properly recorded by DWP and for all future anti-fraud and compliance action on these issues to then cease. A leaflet from DWP explaining people's new duties to disclose EIBSS payments is still awaited despite me repeatedly chasing both matters with DWP and is a key part of that process. An email chain and my comments on the draft leaflet are attached as [WITN3487010]. I spoke to Ms Jo Ward in DWP on 31st May 2019 who I understand was the official dealing with this. Since then, despite reminders from me, the leaflet has still not appeared.

56. Mr Armstrong was very effective at getting the interviews stopped. All I had to do was phone him when I had referral with such a case and the beneficiary confirmed that the money was from MFT and the action usually ceased in less than an hour. I also recall Mr Armstrong actioning some cases where DWP Compliance staff had made inappropriate comments which I brought to his attention. Mr Bobby Towers has been similarly effective since he became my named contact for these matters. Over the years, DWP staff have told me they do not wish to spend their time on these benefit fraud false-positive inquiries.
57. A difficult issue arose in two cases where beneficiaries had told me that they had put other monies in their "MFT accounts" and had lied to DWP about this. This meant I had to tell them about their legal duty to inform DWP and I also had to withdraw from those cases. DWP said they had also had such cases, so this makes for an additional complication in trying to find a solution.
58. I also used Mr Armstrong to resolve anti-fraud/compliance problems with any CF cases that were affected. After he left and was not replaced, I had to resort to my previous practice of intervening directly with the Compliance Staff or Fraud Investigators.
59. I do not believe that the improvements which occurred were as result of training given to DWP staff. Systemic changes are required.
60. Question 16 a i: Three times, including the meeting discussed above.
61. Question 16 a ii, iii & v: See the minute MACF0000090_006. I can't recall the date of the third meeting which was with some senior DWP policy staff, myself and Jan Barlow to express our concerns about the ESA cases I was coming across. It was after ESA was well established, possibly about 2015. The issues we raised included poor quality assessments and beneficiaries wrongly being declared fit for work by DWP. Jan Barlow and I highlighted the injustices we felt were taking place and the misunderstandings about beneficiaries' conditions that these assessments illustrated.

62. I had also expressed concerns in 2012 to Dr James Bolton, a senior medical adviser to DWP, about the types of ESA cases I was coming across. An example is attached as [WITN3487011].
63. The welfare rights advice and voluntary sector has found DWP to be highly resistant to feedback about the harm being caused to people by the ESA assessments and constant re-assessments. The representations we made over the years on behalf of CF and MFT beneficiaries sadly had no noticeable impact and this is also the experience of numerous other organisations. The recommendations in the highly critical report by the House of Commons Work and Pensions Committee have largely not been agreed by government Ministers in DWP.
64. I have considerable experience of negotiating and lobbying about policy and practice issues with DWP over the course of my career and I remain an unpaid social security policy adviser to the Local Government Association. In addition, I have been involved in various DWP policy fora and in 2000 I spent six months on secondment to the DWP policy section on pensioner poverty on the recommendation of a Cabinet sub-committee. Suffice to say, it is not easy to get DWP to change course. The organisational culture is quite introspective, especially if government Ministers have given their view on a policy.
65. Question 16 iv: I was not aware there were any such internal working groups within MFT or CF on DWP issues.
66. Question 16 v: As stated earlier, the Chief Executive at that meeting with DWP was Jan Barlow.
67. Question 17: I believe that EIBSS do issue some written information to beneficiaries. Please ask them. There is also some information on their website. www.nhsbsa.nhs.uk/how-payments-affect-tax-and-benefits The long-awaited leaflet from DWP would be of great help.

68. Question 18: When representing a beneficiary in a dispute about entitlement to ESA and/or PIP, especially if it involves an appeal before the First-tier Tribunal, medical evidence about someone's conditions and how these affect their "functional ability" is often very important and may make a significant difference to outcomes. It also increases the chances that DWP will favourably revise their decision on a case, thus meaning no Tribunal hearing is required. Unfortunately, there were and are a small number of cases where a beneficiary's clinicians were unwilling or unable to provide relevant medical evidence or where that evidence was inadequate (for example, if it just listed someone's conditions and medication). I therefore asked CF to fund an independent medical practitioner to review the Tribunal bundle in such cases, (with the beneficiary's consent), and to write a brief report which would enable me to highlight aspects of the evidence or to make observations on behalf of the beneficiary in my own written submissions to the Tribunal and/or to include effectively as expert evidence. As I recall, this was only required in 6 cases. It was certainly helpful in getting successful outcomes in several of the cases. There have also been occasions where CF, MFT and EIBSS have had to reimburse the cost of reports provided by beneficiaries' GPs who are entitled to charge for such work.

69. Question 19: Beneficiaries' experience of being refused benefits such as ESA and PIP, after many years of ill-health and especially if they received the previous versions of benefits for their conditions for many years, is often devastating for them. They express feelings of anger, anguish and disbelief and find it extremely stressful, which is not good for people with compromised immune systems or other long term conditions. Many beneficiaries also rely on the benefits to pay for essentials or to provide practical help via the Motability Scheme⁸. The latter is particularly important for people with impaired mobility as without it, many can find themselves effectively housebound. Some CF beneficiaries were left destitute which was why I

⁸ Motability is a government funded charity which provides leased cars on very favourable terms to people who receive the higher rate mobility component of Disability Living Allowance or the enhanced rate mobility component of Personal Independence Payment.

would ask CF to replace the lost benefits until I succeeded in getting them reinstated with arrears paid.

70. The process of repeated assessments for PIP and ESA are of real concern to beneficiaries and I note that this is mentioned by a number of beneficiaries in their statements to the Inquiry. Welfare Reform, in particular the introduction of the new assessments for ESA and PIP, has had a very negative impact on them and eligibility for these benefits has been significantly tightened. One original policy intention for the introduction of ESA in 2008 was to reduce the numbers receiving it by one third compared to the previous benefits and for PIP to reduce numbers by 20%.

71. The changes to disability/ill-health benefits took place in the context of considerable misleading coverage in the media which portrayed benefits as being too easy to claim, being widely abused and of people exaggerating their disabilities and of benefits expenditure which was allegedly out of control. There are widespread concerns among advisers and the voluntary sector about the poor quality of assessments carried out by the DWP's private medical contractors and also the lack of accountability this creates. One concern I have is that I still regularly see cases where the correct rates of PIP have been awarded, (either initially or after I have mounted a challenge), but for an unrealistically short period, so someone has to face yet another assessment in a few months or years. I have successfully challenged all of these I know of where the award period was unreasonable. Beneficiaries have been affected by Welfare Reform in the same way that other people with disabilities and long term conditions have and the appearance of a culture of suspicion within DWP and their contractors which can come across to people making benefit claims.

72. Beneficiaries who are HIV positive will have often been awarded benefits in the past under the terminal illness rules for benefits which meant they did not

have to undergo an assessment⁹, but as HIV treatments have improved, these cannot now be relied on and so people have had to undergo the same assessment process as other benefit claimants. Also, previously people who had certain conditions¹⁰ were passported through the assessments for benefits for people who were unable to work and this ended with the introduction of ESA. As a result beneficiaries receiving previous benefits for long term conditions and who were/are unable to work and who had been “left alone by DWP”, have been required to be assessed and reassessed for ESA. On 29th September 2017 the government introduced a non-appealable, administrative process known as the Severe Conditions Guidance, which exempts the most severely incapacitated people with long-term conditions from repeated ESA assessments if they are assessed after that date. In my experience, this is not applied consistently to beneficiaries who have lifelong, deteriorating conditions like severe haemarthropathy and I understand it has only been applied to 4% of people receiving the Support Component of ESA. As that applies to 49% of those awarded ESA¹¹, it means that only 2% of those on ESA are protected by the Severe Conditions Guidance and thus exempted from further assessments about their fitness for work.

73. In 2013 the DWP introduced a two stage disputes process which requires someone to first submit an application for a Mandatory Reconsideration if they dispute a decision about their benefit entitlement. Only when they have a negative response to that, (which is in about 50% of cases involved ESA and PIP), can they submit an appeal to the First-tier Tribunal. There are lengthy delays in both stages and people can frequently wait for 9-12 months to get their benefits reinstated or awarded at the right rates. Tribunals uphold appeals in over 60% of cases involving PIP and ESA. The introduction of the Mandatory Reconsideration requirement resulted in a reduction of about 40% in the number of appeals to the First-tier Tribunal. I have always tried to get

⁹ The law passports people who have a degenerative illness where it can reasonably be stated that their life expectancy is six months or less, onto benefits like ESA, and PIP and the predecessor benefits. These are commonly known as the “Special Rules”.

¹⁰ It was a lengthy list which included poly-arthritis, those receiving the higher rate care component of DLA and people with HIV/AIDs.

¹¹ <https://www.gov.uk/government/statistics/esa-outcomes-of-work-capability-assessments-including-mandatory-reconsiderations-and-appeals-march-2020>

DWP to revise their decisions without the case having to go to a hearing before the First-tier Tribunal, but they do so in few cases and this is the same experience of all other welfare rights advisers. Since the DWP carried out the review of haemarthropathy and PIP cases, I have had much greater success in getting those cases revised without having to proceed to a hearing by using informal contacts within DWP.

74. Some beneficiaries expressed concerns that they were having to rely on social security benefits because of the low levels of financial support by CF or MFT and the difficulties with claiming that support.

75. Question 20: The Bedroom Tax certainly has had a negative impact on beneficiaries who rent social housing. It is difficult to judge the scale, but I certainly recall quite a few referrals from beneficiaries who were affected and MFT and CF and I were concerned that it could result in many beneficiaries being affected. In the early days, advisers such as myself were mounting legal challenges, (with mixed success), to try to push back the legal boundaries of the Bedroom Tax because it was having a harsh effect on poor peoples' finances. As a result, a body of case law has developed which has mitigated some aspects of the Bedroom Tax. In the case of beneficiaries, improvements to CF, MFT and EIBSS payments over the years may have reduced the impact of the Bedroom Tax for them but as the Inquiry will know, surviving partners are one group whose finances have not fared well under the various schemes.

76. Question 21: I do not know what welfare rights advice services are available under the Northern Ireland scheme. I understand that the Welsh scheme has or had a contract with the Velindre NHS Trust to provide this help. The Scottish scheme does not provide such help. However, on 26th August 2020, I was approached unexpectedly by the Scottish Government to provide a welfare rights service to their beneficiaries and I was told that they had carried out a survey which showed this as a need and that people had commented that they had had access to my help when CF supported them.

Section 5: Other

77. Question 22 a: My focus was always on resolving beneficiaries' benefits issues. It would have been a distraction to get drawn into discussions about problems with CF or MFT. It is also not legally relevant to questions of benefit entitlement and it might have introduced conflict into my relationship with the charities which would not have been in beneficiaries' interests.

78. Over the years, a small number of beneficiaries have commented that they did not agree with financial support being provided by a charity. They considered that government should provide this because government was viewed as responsible for them being infected. Some disliked the discretionary nature of CF's funding and said they felt there were "hoops to jump through" because of the inevitable means tests involved in making discretionary payments. Some were unhappy that they had been refused Stage 2 payments. There were also beneficiaries who were positive about the help they had received including paying to retrain, help with the cost of disability adaptations to homes, paying for counselling and paying for my services. One beneficiary said to me that paying for the work I did "was the best thing that the Macfarlane Trust has ever done". I have received other unsolicited, written feedback from beneficiaries who I have helped over the years.

79. Question 22 b: As a matter of principle, I personally am not comfortable with the concept of providing discretionary financial support via charities, but one has to accept that it is a fact of life and to work within it to improve the lives of those affected. We all work within systems and laws which we may not agree with, but we try to do the best we can for our clients. Discretionary financial support can however have the advantage of filling gaps in an inadequate social security system (for example, paying for training or adaptations to homes). I was not close enough to MFT and CF to see how they dealt with beneficiaries on a day-to-day basis, but in my dealings with staff I always found they were sympathetic and concerned about beneficiaries, wanting to help them.

80. Question 22 c: I recall that two people have expressed concerns about being refused Stage 2 Payments by EIBSS, but this is not my area of expertise.
81. Question 23: It depends on the type of benefits. Some are means tested and others are not means tested and are based on the extent of someone's functional disability or their status as a carer.
82. People with haemophilia and significant haemarthritic joint damage and who were not infected are very likely to have had to claim benefits for disability and ill-health anyway because of the impact of those conditions. Many with severe haemophilia and significant haemarthropathy would have been unable to sustain paid work, especially as their haemarthropathy deteriorated with age. In addition, many beneficiaries rightly value and rely on the Motability scheme in order to be more independent and therefore need to be awarded the enhanced rate mobility component of PIP to access that. If they have a carer, the carer can only qualify for Carers Allowance if the person being cared for receives the daily living component of PIP¹². There also the additional financial costs associated with having a disability/long term condition which PIP contributes towards, therefore an enhanced payments scheme for beneficiaries would still mean that many would still feel a need to make claims for PIP.
83. Personally I would favour removing the need for beneficiaries to have to claim means tested benefits. That has to be a priority. Means testing is bureaucratic, intrusive and error-prone and it creates a poverty trap whereby if peoples' income increases, the means tested benefits reduce making them little or no better off. It also inhibits many normal life events such as forming a new relationship, having more than two children, moving home, doing voluntary or paid work or starting a business. Removing the need to claim means tested benefits would be a major step forward for beneficiaries. It would also put a stop to the vexatious issue of beneficiaries having to attend

¹² If they receive the predecessor benefit to PIP as many still do, Disability Living Allowance, this must include either the highest or middle rate care component of that benefit.

Interviews Under Caution or Compliance interviews with DWP staff. Perversely, the fact that payments from EIBSS are ignored as income and capital for means tested benefits creates a reliance on means tested benefits, especially if the level of EIBSS payments is insufficient. Increasing EIBSS payments while the disregard continues, does not get people out of the trap of means tested benefits.

84. One option to explore would be whether to establish the current financial support schemes on a different basis with enhanced payments which counted as income for means tested benefits. Payments would have to be sufficiently high to lift people above means tested benefit levels. Effectively, establishing the schemes so they are analogous to an occupational pension scheme. To anonymise payments¹³ and to make use of administrative economies of scale, one option to consider is whether the new payments might be administered by an existing NHS pension scheme.

85. Levels of means tested benefits can be significant for many beneficiaries – for example, a single person over 25 living alone with no carer and who also receives the daily living component of PIP or the middle or higher rates of Disability Living Allowance care component can receive up to £197.60 per week in means tested benefits such as income-related ESA plus potentially usually 80% of their Council Tax and most or all of their rent, (if a tenant) in addition to EIBSS payments. Therefore, an enhanced scheme would need to be high enough to be more than existing levels of EIBSS payments plus means tested benefits. This complicated by the fact that the amounts of means tested benefits paid are very variable depending on household circumstances, housing costs and extent of disability and many beneficiaries are reaching state pension age and they then qualify for higher rates of means tested benefits. It will also be important that payments from any new scheme are disregarded in full for social care charges and for Income Tax.

¹³ For example, if applying for credit.

86. Further work on modelling and costing such a scheme would have to be done and the Inquiry may wish to consider commissioning such work by an appropriate academic institution and/or the DWP and DHSC. The costs of a new scheme could be partly defrayed by the reduced expenditure on means tested benefits and potentially a ring-fenced transfer of those funds from the DWP as was done with the Community Care reforms in 1994 and the Supporting People¹⁴ reforms in 2003.
87. People also maintain their National Insurance record by claiming ESA, which is important for Retirement Pension entitlement. However, many beneficiaries in their late fifties or older may well have already paid and/or been credited with the required minimum 35 years' worth of contributions. People can also opt to purchase voluntary Class 3 National Insurance payments towards Retirement Pension which are currently £15.30pw.
88. People may well still need to make claims for PIP, but that would be no different to other people receiving occupational pensions or, for example, veterans receiving payments from the non-means-tested War Pension or Armed Forces Compensation Scheme payments.
89. Some people have proposed passporting beneficiaries onto ESA and PIP. However, this is problematic in various ways and conflates the issues of proper financial support, (which I believe can be addressed by a new "occupational pension" type of scheme), with entitlement to disability benefits. First it would require primary legislation, second it would be outwith the firm policy stance taken by successive governments that almost everyone should be assessed and not doing so creates other difficulties; it would be unique in the benefits system – even armed forced service personnel disabled because of military service, are not passported onto ESA or PIP. Third, not all beneficiaries, particularly those with less severely impaired functional ability, qualify for the enhanced rates of PIP nor for the Support Component of ESA and passporting people with infections onto PIP and/or ESA does not do

¹⁴ Monies from DWP were transferred to local authorities to provide housing related support services.

much if anything for surviving partners who were not infected. I mentioned earlier the previous system for passporting people with long term conditions through the predecessor benefits to ESA for those who were unable to work, but the direction of current government policy since 2008 means that is not an option.

90. Question 24: There have been very minor issues which have had no impact on beneficiaries.

91. Question 25: I believe that my fees are and always have been proportionate and/or commensurate with the charitable sector. I charge and have always charged MFT, CF and EIBSS the same as I charge other charities I have done welfare rights casework for and for some years this has been the same rate I charge non-charitable bodies and individuals I have done casework for. Whilst I appreciate that comparisons with employed roles or fixed contracts are difficult, what I can say with certainty is the amounts of additional income I have obtained for beneficiaries far exceeds the fees I have charged and may well run into millions. In an attempt to show some kind of comparison, since January 2017 my company's total gross fees and expenses were £123,620, (an average of £32,965 pa) and that is likely to have been less than employing an in-house expert level welfare rights adviser with the associated on-costs and overheads. I have taken that figure as it is the one that I have most easily to hand. Some previous years would have been more expensive reflecting the amount of work I was asked and had to do.

92. Like any freelance professional, gross fees have to cover a wide range of expenses and other costs including accountancy, IT, office accommodation, administrative support, legal reference materials, training and professional development, pension, travel, absences from work, etc. I believe that my fees are also similar to the rates paid to legal advisers representing people at the Inquiry. I reduced my fees when I deregistered for VAT in April 2017.

93. I recall Jan Barlow telling me that some campaigners had wanted to find out how much I was being paid by MFT and CF as they wanted to have an in-

house adviser employed by the charities and that she had informed them that it would cost more to directly employ an adviser with my level of expertise and experience.

94. It has always been open to CF, MFT and EIBSS to look at cheaper ways to provide welfare rights help or simply not to use me but they have chosen to use and to keep me because of the quality of my work, the results I get for beneficiaries and the feedback they have had from them. It was open to them to tender for work or to refer people to services such as Citizens Advice Bureaux, but I recall being told that they chose to use me because of the feedback they received, quality of my work, my in-depth knowledge of the benefits system and social security law and the needs of this group of people. In addition, I know from past experience of managing advice services and from carrying out reviews and audits of advice agencies, that if the demand for advice is very variable, it is extremely difficult and potentially costly to tender for a service or to employ salaried advisers and in such cases, freelance advisers who can be called upon at little or no notice are best placed to handle the work and charges reflect the insecurity and variability of the work. There are very few specialist level, freelance welfare rights advisers that I am aware of.

95. At one point we did discuss fixed fees for work, but from my own past experience as well as that of solicitors and advice agencies which were paid fixed fees when Legal Aid was available for welfare benefits work, fixed fees do not work well and many such bodies had to subsidise the work in various ways and/or severely limit what they did for clients. Each case is different and the amount of time involved varies tremendously. A case which appears straightforward on a cursory, initial examination, can often turn out not to be so. Fixed fees can also result in very high charges for any work which does not take much time.

96. Over the years I have obtained large amounts of additional social security benefits for hundreds of CF, MFT and EIBSS beneficiaries. I regret that I did not report an ongoing record of benefit gains and other outcomes because I

was never asked to, but analysis of my records shows that, for example, since January 2017 I have obtained an extra £1,184,276 in actual and estimated additional social security benefits for 259 CF, MFT and EIBSS beneficiaries¹⁵. There were also lump sums and arrears of benefit obtained which I have not included but I do know these include more than £29,000 in one case and £13,335, £11,765 and more than £10,000 respectively in three others during that time. A number of cases are not yet closed, so further sums will be paid. I have selected this period because it is the most recent and easiest to analyse from my records.

97. The annual benefit gains are repeated for each year that the person retains entitlement, though again these are not included in my figures. There was a return of £10.44 in extra income for beneficiaries for each £1 spent by CF, MFT and EIBSS together with the sense of justice which beneficiaries have felt when they have won a case.

98. My invoices are all supported by a summary of time spent on each case billed and these will have been scrutinised by many staff members over the years.

99. As can be seen from some of my answers, I have also not charged for all time spent, especially on “policy” issues like working with DWP to find a solution to fraud and compliance interviews.

100. I have over 40 years’ experience in my field, I have a national reputation for my work and operate at the higher specialist level. My expertise is often sought out by solicitors and barristers to provide expert witness reports, training and consultancy and they also refer clients to me. I have also had referrals from the Haemophilia Society and they would advise beneficiaries to obtain my help with benefit problems. I have undertaken audits of advice services, represented Appellants before the Upper Tribunal and been involved in cases which led to judicial reviews and the ECJ. My written work has been extensively published in the professional and popular

Date	Organisation	Number helped	Annual extra benefits
2017	Caxton Foundation	61	£183,927.12
2017	Macfarlane Trust	42	£138,859.24
2017-18	EIBSS	60	£343,544.00
2019	EIBSS	55	£310,486.80
2020	EIBSS	41	£207,459.72
	Total	259	£1,184,276.88

press and includes a number of textbooks. My rates are considerably less than solicitors providing welfare law services and reflect the level of experience and expertise I bring to my work. Unlike solicitors I do not charge in ten minute units, only actual time spent and all work done is timed to the minute except for Tribunal attendance which is charged at a flat fee plus reasonable expenses. Tribunals are located around the country and can involve one or two days' absence.

101. Cases which involve an appeal involve obtaining evidence, possibly preparing witness statements, researching relevant legal provisions and preparing written submissions. Five or six hours taking instructions and case preparation is common. Even helping someone through an ESA or PIP assessment typically requires up to two hours to complete the paperwork with them over the phone, briefing them, reviewing other evidence, etc. Some cases can involve many hours work if they are particularly complex or involve an appeal to the Tribunal. The time involved is made worse by how long it takes to deal with the DWP and frequent errors which require formal complaints to be made, sometimes repeated ones in individual cases. Waiting on the phone to them can easily take 20 minutes or even longer, (I avoid doing that where I can), or having to progress chase delays by DWP in responding to letters, etc. An example of a Tribunal submission I wrote in July 2020 is attached as an example of my work¹⁶, exhibit [WITN3487012]. This appeal was upheld in full.

102. The main driver of demand for my work with CF, MFT and EIBSS is Welfare Reform and it is significant that when the first lockdown took place during the Covid pandemic, DWP suspended most disability benefit assessment and compliance activity and my workload massively decreased.

103. Question 26: Covered above.

104. Working for MFT, CF and EIBSS beneficiaries has often been physically and mentally exhausting and did start to affect my health, so I have

¹⁶ Anonymised copy provided with the consent of the beneficiary.

been happy for the work to diminish since EIBSS was established and this suits my own future retirement plans.

105. Question 27: Copies of my correspondence in relation to paragraph 44 are attached as exhibit [WITN3487013], but other correspondence from that case at that time has since been destroyed in accordance with data protection principles.

106. In paragraph 45 of my first statement I mentioned a case involving East Hampshire District Council. A review of my records shows that at my request the council agreed to compensate the beneficiary for the way he was treated by the staff and they also reimbursed MFT for the costs of my time in dealing with the case.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed
GRO-C

Dated 20th January 2021

Table of exhibits:

Date	Notes/ Description	Exhibit number
N/A	Current CV	WITN3487003
Nov 2017	Memorandum of evidence	WITN3487004
Jan 2017	Extract from Charity Commission Guidance CC37	WITN3487005
18 Nov 2016	Sample consent form	WITN3487006

GRO-D	Example of monthly report	WITN3487007
9 December 2008	Letter to Martin Harvey	WITN3487008
May 2010	DWP letter	WITN3487009
March 2019	Email chain with Bobby Towers DWP	WITN3487010
July 2010	Email chain with Dr James Bolton DWP	WITN3487011
July 2020	Example of a submission to the First-tier Tribunal	WITN3487012
GRO-D	Letter of complaint to DWP	WITN3487013