

Witness Name: Keisha Baker-Benjamin

Statement No.: WITN4559001

Dated: 30/08/21

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF KEISHA BAKER-BENJAMIN

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 26 May 2021. I am grateful to the Inquiry for granting me an extension of time to respond to this request, the original Rule 9 Request having been sent to my old address in November 2020.

I, Keisha Baker-Benjamin, will say as follows: -

Section 1: Introduction

1. Please set out your name, address, date of birth and any relevant professional qualifications relevant to your work at the Macfarlane Trust (MFT) and the Caxton Foundation (CF).

Response:

Keisha Baker-Benjamin.

GRO-C

DOB: GRO-C 1986.

Registered Social Worker ref: GRO-C

At the time in question, I was known as Keisha Hanchard, I have since reverted to my maiden name 'Baker-Benjamin'.

2. Please describe your employment history including the various roles and responsibilities that you have held throughout your career, as well as the dates.

Response:

1. National Opinion Poll – Telephone Market Researcher (September 2002 - 2003). This role involved undertaking telephone interviews using an

automated system and taking verbatim responses. I had to input and consolidate data into a computer system

2. Macfarlane Trust (June 2004-2005) - Office Assistant. This role included
 - (a) answering telephone calls, operating a switchboard for call diverts, and responding to registrants, replying to queries and solving disputes;
 - (b) arranging meetings, including mailing documents, making room and accommodation bookings, organising meeting requirements (i.e. photocopying, meal orders, beverages etc); and,
 - (c) assisting with the organisation of conferences / events, including batch mailing of approx. 700 recipients per mail-out, making bookings, and greeting attendees at events, liaising with hotels etc.
3. Macfarlane Trust (2005-2011) – Support Services Officer – It should be noted that this title didn't change with the introduction of CF in 2011 and I was advised to continue using this title when completing MFT-related work. My role and responsibilities are listed in my response to Q6 below.
4. Caxton Foundation (2011-2017)– Welfare Support Officer – This was my title when addressing CF applicants. My role and responsibilities were similar to those for the MFT (see Q6 below).
5. NHS Business Services Authority England Infected Blood Support Scheme (November 2017- February 2019) – I was 'TUPE'd' to this position from CF. We were referred to as 'EIBSS Assessors', but my contract and title did not change from CF. I was made redundant from this post.
6. Masonic Charitable Foundation – Grants Team Leader (April 2019 – current)
- In April 2019, I obtained a 1-year maternity cover contract with the Masonic Charitable Foundation. This was extended for 1 year from 2020-2021 until I was offered a permanent position in March 2021 as a Grants Team Leader (GAMES Development and Process Lead). My role is to line-manage a Senior Grants Officer, six Grants Officers and lead on the development and processes of our bespoke database. I have also assisted in redeveloping the grant processing systems and manage the day-to-day workload of the whole team (two Senior Grants Officers and twelve Grants Officers).

3. **Please set out the positions you have held at the MFT and the CF, including any committees, working parties or groups relevant to the Inquiry's Terms of Reference, and describe how you came to be appointed to those positions.**

Response:

Please see my response to Q2, points 2 to 5.

I did not hold a permanent position on any committees. I mainly sat in on the NSSC / Grants Committee for MFT, to assist with any queries on cases I had presented for consideration. On occasion, I was also invited to attend other meetings such as the board meetings, partnership group meetings or events meetings, although this did not happen regularly.

4. Please specify whether you worked full or part time for the MFT and the CF. How did you split your time between the two of them?

Response:

I mainly worked for the MFT and from 2011 onwards completed work for the CF, as required. Work would sometimes be fluid between the two organisations. There was no specific split per week, but I would say the majority of my time was spent on MFT. In financial terms I believe I was paid from MFT budget at 100% whereas other colleagues' pay was split between the charities. My work for CF was mainly dependent on workload.

5. Please set out whether you were employed by the MFT and the CF, or whether you were engaged on a different basis. If so, please specify.

Response:

I began working for MFT in 2004. CF took over as the umbrella organisation in 2011 and all staff were 'TUPE'd' to CF.

6. Please describe your role and responsibilities in the above positions.

Response:

For the MFT (Support Services Officer), my role and responsibilities were as follows:

- Case management – advocacy, needs assessments, analysing & processing grant applications
- Project management – one-off grant projects, lump-sum payments, reserves funding distribution, annual census (annual budget circ. £2.2m)
- Training of staff on organisational processes
- Responding to telephone, email & fax queries
- Analysing financial data and managing grant budgets with the Director of Finance
- Compiling reports from current and historical data - manual & computer based (Microsoft Business Solutions: Great Plains, Access and Integra)
- Devise, design and manage publications for distribution, online content and internal documents
- Maintain computerised & manual files including mailing lists and general filing
- Preparing Trustee Committee reports and minute taking (where required)

- Supervise and line manage Support Services Assistants, temporary staff and work placements
- Multi-agency working – Hospital staff, Local Authorities, Social Workers, Welfare Benefits Advisors and Debt Advisors
- Events Management – co-ordinating events, liaising with venues to book space and accommodation, programmes, travel arrangements, managing invoices for Finance to pay etc.
- Ordering office supplies when required
- Archiving historic information & improving current work processes

For the Caxton Foundation (Welfare Support Officer) my role and responsibilities were as follows:

- Case management – advocacy, needs assessments, analysing & processing grant applications
- Training of staff on organisational processes - these was similar to MFT processes, but the amounts were different, according to CF policy and guidelines
- Responding to telephone, email & fax queries – as and when required. There was a full time Welfare Assistant, Nicole Hornby, who worked on the CF day-to-day
- Maintaining computerised & manual files including mailing lists and general filing as and when required
- Multi-agency working – Hospital staff, Local Authorities, Social Workers, Welfare Benefits Advisors and Debt Advisors as and when required
- Assisting with complex cases that required the use of the Social Work skills I had acquired.

7. Who did you report to at the MFT and the CF?

Response:

As an Office Assistant I reported to Rosamund Riley, who was the Office Manager.

In my role as Support Service Officer for MFT, I reported to the Head of Support Services, Jude Cohen, and when Jude left, it was then the Support Services Manager, Rosamund Riley. When Rosamund left there was an interim Manager, Scott Craddock, and following him, I reported to Victoria Prouse as Director of Operations.

Rosamund Riley, Scott Craddock and Victoria Prouse also worked for the CF.

8. How frequently did you attend Board Meetings at the relevant scheme? What was your role at these meetings?

Response:

I did not frequently attend. Attendance was for senior management. Other staff were invited to attend sections of the board meetings depending on the subject matter, but would not sit through the whole agenda.

9. What induction, training and information did you receive from the MFT and the CF as to its functions, aims and objectives?

Response:

I do not recall the exact induction when I first started in 2004. I do remember the MFT/ET and Macfarlane Trust Special Payment Trust (MSPT) 1 and 2 were explained to me. This was a separate payment vehicle that was in operation alongside the charity to issue the lump sum payments set out by the Department of Health (DH) for confirmed beneficiaries. My role as an Admin Assistant was also explained.

When I progressed to Support Services Officer, I undertook a Social Work degree through the Open University for 3 years condensed from 6 years from September 2009-2012. I completed an entry level course in 2008-2009. The aim of the service was going in a different direction under the Head of Support Services, Jude Cohen; there was talk of regional social workers and I was to undertake home visits to obtain completed applications forms and provide support. This changed with the Head of Support Services' departure and following the appointment of the Support Services Manager, Rosamund Riley, this planned way of working was dropped and business went back to how it had been when I first started.

When the CF took over in 2011, we were given a document about the aims and objectives of the new organisation, which I recall was to be similar to the format of the MFT but for those with hepatitis C.

There were training opportunities such as attending a course in 'dealing with difficult callers' and attendance at medical talks and seminars. Other courses I have a record of attending are listed below:

Terrance Higgins Trust (*July 2016 – December 2016*)

- City & Guilds HIV & AIDS Awareness Programme

Pennysmart (*October 2015*)

- Dealing with Debt (England & Wales) training

MIND - Mental Health Charity (*February 2015*)

- Introduction to mental health; Part 1 training

LASA - Social Welfare Law & Tech Support Services (*January 2015*)

- Welfare benefits overview training

Advice UK (*December 2014*)

- Dealing with difficult callers training

Caxton Foundation Internal Training (*July 2014*)

- Hepatitis C Training by Professor Howard Thomas & Professor Geoff Dusheiko

Home Study Group (2011)

- Grief and Bereavement Counselling

Open University (September 2008 – December 2012)

- Bachelor of Arts (Honours) in Social Work (England)

10. Please set out your membership, past or present, of any other committees, associations, parties, societies or groups relevant to the Inquiry's Terms of Reference, including the dates of your membership and the nature of your involvement.

Response:

I was not a member of any committees. I did, however, infrequently attend ad-hoc meetings by invitation where I was required.

I have attended meetings such as the Partnership Group, which was a working party for the beneficiaries to report back to the charity/trustees.

I have sat in on board meetings when invited and events-related meetings. I am unable to recall the exact dates of these meetings.

I would most frequently sit in on the NSSC (National Support Services Committee) meetings, later changed to the Grants Committee. These meetings usually took place every 6 weeks and I think these were reduced to 4 weeks with an increase of cases being presented. I would prepare cases for consideration at the meeting (such as photocopying, giving an overview, produce a grants history of payments already made and anonymising the application) and present the grant applications for consideration which did not fall within the office guidelines. My work was overseen by the Support Services Manager / Director of Operations. The Trustees of the committee were required to exercise their discretion to make a decision on the cases.

11. Please confirm whether you have provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products. Please provide details of your involvement and copies of any statements or reports which you provided.

Response:

I have not provided evidence to, or have been involved in, any other inquiries, investigations or criminal or civil litigation in relation to human immunodeficiency virus ("HIV") and/or hepatitis B virus ("HBV") and/or hepatitis C virus ("HCV") infections and/or variant Creutzfeldt-Jakob disease ("vCJD") in blood and/or blood products.

Section 2: the structure of the Macfarlane Trust and the Caxton Foundation

- 12. Please explain the extent to which the Alliance House Organisations¹ ('AHO') shared premises, staff and resources. What impact did this have on data sharing and confidentiality and how were such issues managed? How were documents and information stored by the relevant AHO? Was information shared across the AHOs? If so, were registrants aware of this?**

Response:

When I joined the MFT in 2004, the MFT and ET were originally based on the ground floor of Alliance House. The Skipton Fund (SF) also joined when it opened in late 2004. There were filing cabinets in the office. There was also a storage room in the basement of the building, which required a key and/or possibly a pin pad.

The offices then moved to the first floor, but I cannot recall the year. There was a separate office for the staff and another room opposite for the files and kitchenette. MFT and ET paperwork was kept in the filing room and the SF files were kept in the main office. With the introduction of the Caxton Foundation (CF), another basement room was acquired which housed the MFT files and the CF files remained upstairs. There was also space for a boardroom sized table to hold meetings internally rather than externally. All rooms were lockable and most cupboards in the room were too, with the exception being the stationary cupboards. The storage cupboards were typically kept locked and each key had an alphabetical system to denote which key belonged to which cupboard. The rooms also had a keypad entry. If the room with the kitchenette was kept on the latch, which would happen if someone was preparing tea and coffee's for a meeting etc, the cupboards within that room would be locked.

¹ i.e. the Macfarlane Trust, the Eileen Trust, the Macfarlane and Eileen Trust Limited, the Caxton Foundation and the Skipton Fund.

The Eileen Trust (ET) documents were held at Alliance House until Susan Daniels took over the case management of them, following the introduction of CF in 2011. I do not know where the documents were stored after this.

With regard to data sharing, I believe there was a consent form sent to all MFT and EF beneficiaries to complete and give consent to share data with the SF and CF if they were co-infected with hepatitis C. I believe there may also have been one for all MFT and EF beneficiaries to complete for MFET. Once the consent forms were received, data between the organisations were shared. If a consent form was not received, I do not believe that person's data was shared. There was also a separate log-in area on the databases to keep all of the personal data separate.

13. Please set out your recollection of the relationship between the different AHOs.

Response:

Each AHO had various projects and from time to time, staff would be required to juggle their responsibilities to assist the different AHOs. Staff would work together where consent had been provided, but remained within their separate entities where this was not the case.

Employees from each of the AHOs were friendly with one another. Some staff were long-standing employees and had shared many life experiences with their co-workers, such as marriages, children and purchasing property etc.

If training was organised for the staff, we would sometimes complete this together, for example, I recall there being hepatitis C information training and benefits training. I think we also attended debt advice training together.

14. Please describe the working relationship between yourself and the senior management. Were there any difficulties? If so, what were they, how did they impact on the running of the MFT and the CF and how, if at all, were they resolved?

Response:

I had worked under Martin Harvey, CEO for numerous years prior to his retirement. I believe I had a good working relationship with him. I also had a good working relationship with his replacement Jan Barlow.

I had a good working relationship with my direct line managers. All three had a different

style of working and vision for the origination, so I had to adapt to these.

With the appointment of Jan Barlow there was a restructure of the policies and procedures, committees and working documents. I believe the aim was to streamline and remove ambiguity from grant processing. With any change to an organisation, especially a long-standing charity such as MFT, there was a period of adjustment to the changes. I am aware of grumblings about the changes within the beneficiary community, but it was the responsibility of senior managers to address these. My main responsibility was simply to process grant applications.

In terms of my interaction with the Trustees, I would see them less frequently but the MFT Trustees would make a conscious effort to come into the main office (as opposed to going straight into the meeting room in the basement) to say hello.

MFT staff and Trustees also partook in an 'away' weekend (I cannot remember the year but it was many years ago, before the CF). The staff were encouraged to bring their partners to this event, as were the Trustees. Following the set agenda of work during the day, we would spend time together in the evening, to get to know one another.

I do not believe I knew the CF Trustees as well as the MFT Trustees. I can clearly remember the first Chairman, Christopher FitzGerald, who would always make an appearance to personally greet the staff. He was very approachable. I cannot remember the name of the chairman who followed on from him.

Section 3: the work of the MFT and the CF

Identifying beneficiaries

15. Who was responsible during your time at the MFT and the CF (if anyone) for identifying new beneficiaries?

Response:

For the MFT, the Department of Health (DH) was responsible for identifying new beneficiaries. The applicant may have initially contacted the MFT directly, but their details were then passed to the DH to undertake an investigation into the route of their HIV transmission. The DH would then confirm if they were eligible to receive

payments. Following this confirmation, the applicant would be set up as a new beneficiary and allocated a unique reference number.

CF beneficiaries were identified following a successful SF application.

- 16. If it was you – what steps did you take to identify new beneficiaries? How successful were they? Could more have been done? If so, what? Why were those steps not taken?**

Response:

N/A

Eligibility and registration at the MFT and the CF

- 17. Who set the procedural requirements an applicant needed to satisfy before being accepted as eligible as a beneficiary of the MFT and the CF (i.e. to register into the Scheme)? In answering this question, please address the following;**

- a. Was there a burden of proof on the applicant, and if so, what was the standard and how did it operate?**

Response:

For the MFT – the DH set the procedural requirements an applicant would need to satisfy before being accepted as eligible as a beneficiary. As I recall, the applicant had to prove their eligibility by providing medical evidence or where this was not applicable, witness testimony to support their claim. I believe they needed to prove beyond reasonable doubt that their HIV infection was as a result of receiving contaminated blood or blood products from the NHS. Or, in the case of an infected partner, that they were infected with HIV from a person who had received contaminated blood or blood products from the NHS.

Following confirmation from the DH that an applicant was eligible to become registered with the charity, the applicant would then have to satisfy the individual grant criteria in order to receive a grant. The beneficiary also had to provide evidence of their finances to qualify for a 'regular payment' which later became the 'top-up' payments. However, their eligibility enabled them to automatically qualify for non-discretionary payments from MFET (Macfarlane and Eileen Trust Limited) which were released monthly or quarterly according to the beneficiary's preference.

For the CF - the applicant would have to apply to the SF and meet their eligibility criteria in order to be eligible to apply to become a CF beneficiary. I cannot remember the full SF criteria. The SF released non-discretionary payments similar to the 'MFET' payment, for 'Stage 2' Applicants. Those who qualified for Stage 1 payment only and Stage 2 payments could also apply to become registered with the CF. Registration was not automatic. Consent would be needed to confirm their SF eligibility.

b. What evidence or information did an applicant have to provide?

Response:

I believe the MFT required details about the batch number of the medications/blood they had received, or if this was not available, evidence indicating the likelihood that they received infected blood. If the beneficiary was an infected intimate (partner of a beneficiary), there were more criteria around their relationship, date of infection, sexual history etc.

Once the DH had confirmed eligibility, MFT would then arrange for the MSPT1 and 2 lump sum payments to be made. MFET payments and any MFT grants were also paid and backdated to the date on which the application was made.

I cannot remember the requirements for the SF applicants, which is applicable for CF beneficiaries.

18. What were the procedural requirements for establishing eligibility for the MFT and the CF? Did they change over time and, if so, how? Were you involved in their amendment? Were they kept under review by the Board of the MFT and the CF? If so, how often? If not, why not?

Response:

Please see my response to Q17a.

I do not believe the criteria changed, but cannot evidence this. I do not believe the Board of either organisation was responsible for eligibility, this was created by the DH.

- 19. Who was responsible during your time at the MFT and the CF for assessing whether an applicant met the eligibility criteria to become a beneficiary of the MFT and the CF?**

Response:

For the MFT it was the DH.

For the CF, a successful SF application had to be made – the applicant would give us consent to obtain confirmation of their eligibility from the SF.

- 20. If it was you – please answer the following questions:**

- a. Did you make these decisions alone or as part of a group/committee? If so, please give details.**

Response:

n/a

- b. Were there written criteria for you to apply when assessing these applications? Can you recall what the criteria was? If so, please set it out.**

Response:

n/a

- c. How clear was the criteria and how straightforward to apply? Please describe any difficulties you had in doing so.**

Response:

n/a

- d. What were the common reasons applicants did not meet the eligibility criteria?**

Response:

n/a

- e. Did you think the criteria were fair? If not, please say why. Were you able to raise this with senior management? If not, why not? If you did – what was the response?**

Response:

n/a

- f. What was the process if you deemed an applicant ineligible?**

Response:

n/a

- g. What proportion of applications were deemed eligible and what proportion ineligible?**

Response:

n/a

- h. Were reasons for deeming an applicant ineligible provided?**

Response:

n/a

Applications for payments and grants

- 21. In relation to decisions on substantive applications at both the MFT and the CF, please describe:**

- a. The range and type of regular payments that were made to beneficiaries and how they were assessed/quantified.**

Response:

MFET provided regular monthly or quarterly payments; the period was selected by the applicant and reviewed each year following completion of a form. MFET was a non-discretionary payment and went up with CPI each year. I cannot remember the exact amounts over the years I was employed as these changed annually, but each month was at least £1,000.

MFT also provided regular monthly payments subject to household income; these were later referred to as 'top-up' payments. There was a household income range by bracket and depending on where a beneficiary's household income sat within those brackets, the beneficiary would receive a top-up payment in addition to their MFET payments. The amounts also changed over the years, so I am unable to give the exact amounts that were payable, but they were roughly between £100 to £500 per month.

- b. The range and type of lump sum payments that were made to beneficiaries and how they were assessed/quantified.**

Response:

The MFT did not make lump sum payments. On confirmation of eligibility from the DH, there were x2 Macfarlane Special Payments Trust ("MSPT") lump sum payments (or x1 for an infected intimate). The MSPT 1 payment was dependent on your status at the time of infection e.g. being a child, single, couple, couple with children etc. I believe the payments ranged from

£1,000 to £50,000+.

There was also a MSPT2 payment of £23,500 payable to all beneficiaries including the infected intimates. I believe the ET followed the same payment structure. Once the MSPT payment vehicle no longer existed (I am afraid I cannot recall which year this stopped), the MFET Ltd company issued these payments, as the charity was unable to do so.

The CF did not provide lump sum payments. These were paid through the SF in Stage 1 (£20k) and Stage 2 (£50k) payments.

c. The range and type of payments or grants that were made for specific expenses or items and how they were assessed/quantified.

Response:

A range of grants were available for the applicant and their dependents; school uniforms, trips, course-related costs, hospital travel, mobility equipment/deposits, home adaptations etc.

The grants were also means-tested and the applicant would be expected to seek statutory assistance in the first instance where applicable. For example, if an applicant required home adaptations they would be expected to apply to the local authority for a Disabled Facilities Grant (DFG), and if in receipt of Higher rate Disability Living Allowance then an application would need to have been made to the Mobility deposit scheme etc.

Grants were assessed based on the level of disposable household income and capital. However, if capital was derived from MSPT or SF lump sum payments (the capital sums only), those sums would be disregarded. I cannot recall the exact calculation of eligibility or level of disposable income required for each grant criteria.

d. In relation to a, b, and c above, whether policies were applied or whether decisions were made on an ad hoc basis.

Response:

Office guidelines were followed to assess grant applications. Where cases did not meet the office guidelines criteria, they would be presented to a panel

of trustees for consideration (NSSC/Grants Committee). Discretion would be used at the meetings. Where applicants appealed, the case could be reconsidered by the panel or presented to the full board for consideration.

- e. What kind of applications were delegated to staff, such as yourself, and what kind of applications were made at Board level and why? You may wish to refer to the 2014/15 Grant Guidelines [MACF0000171_049].**

Response:

Most grants were delegated to staff. If applications were above the delegated authority levels and the applicant wanted more than the maximum grant available, they would be presented to a Grants Committee. See document reference MACF000011_042 - internal use Grant Guidelines 2014-2015. Although this document states it was for internal use, the external version was the same but without the amounts for each grant area. Decision appeals were also presented to a Grants Committee and could be further escalated to the full board. I believe secured loans were always considered at board level. I cannot recall the other grants that were specifically for the Grants Committee.

- f. Which staff members (by role) considered grant applications?**

Response:

The following roles would consider grant applications:

- Grants Manager / Head of Service / Director of Operations
- Support Services Officer / Assistant Welfare Officer

- g. What was the process the staff adopted for the determination of applications? Did you have any criteria/policies other than the Office Guidelines?**

Response:

Outside of the Office Guidelines, discretion could be used on applications. I think the Grants Manager / Head of Service / Director of Operations role had a small level of authority, so did the CEO and then the Grants Committee and Full Board. Applications would be presented to these levels of authority for approval.

I cannot detail the full process of approval as I was not involved. I would only

communicate the final decision to the applicant.

h. Were your decisions reviewed by anyone before an applicant was informed of the outcome?

Response:

Complex cases would be discussed with my manager or the CEO and the letter would be proof-read before the applicant was informed. If it was a clear-cut case then no, the outcome would not be reviewed. As good practice, most rejections would be reviewed/proof-read.

22. Who was responsible during your time at the MFT and the CF (if anyone) for assessing individual applications for grants/funding?

Response:

See Q21F.

23. If it was you – please answer the following questions:

a. What kind of applications were you able to determine?

Response:

All grants that fell within the office guidelines delegated authority for staff. Please refer to the document MACF0000171_042 - internal use Grant Guidelines 2014-2015

b. Did you make these decisions alone or as part of a group/committee. If so, please give details.

Response:

Where applicable and authority was already pre-approved, grants could be awarded alone if the criteria were met.

Where cases required escalation of a decision by my manager or the CEO, they were informed of the details of the case and wrote the decision on the case.

For Grants Committee, cases were anonymised and presented for consideration. Originally when cases were presented to the NSSC, the reference number was used although the names would be redacted. After a while, some case histories became more frequent, and there was therefore a risk that a person might assume who the application was from. Some

beneficiaries would claim that the NSSC was an unfair system.

Following the introduction of the Grants Committee, all identifiable markers were removed from the cases and they were simply labelled in numerical order, so the Trustees did not know the frequency of requests by case number.

I believe the CF followed the same system as the Grants Committee.

- c. Were the procedural requirements that had to be complied with clear? Were they written down? If so, did the applicants have access to those requirements? If so, how? If not, why not?**

Response:

The office guidelines defined the paperwork required for each assessment of a grant and the criteria to be met. The beneficiaries had been aware of the office guidelines and the amounts prior to the revamp of documents in 2014. The only change following this, is that beneficiaries were sent an updated copy of the Office Guidelines, but without the costings (this was a decision of the board). There were clear instructions on what could be applied for, which cases required Committee decision and details of the appeal process. Details can be found in the document MACF0000171_049.

- d. What was the burden and standard of proof for such applications?**

Response:

Depending on the beneficiary's request, a variety of documents could be required such as: confirmation of statutory rejections of applications e.g. Disabled Facilities Grants (DFGs), hospital letters/appointment cards for visits, costs of the request such as quotes and receipts. Proof of household income e.g. benefit letters, wage slips etc. Supporting reports from medical professionals, social workers etc.

- e. Were you aware of beneficiaries who were unable to satisfy the procedural requirements such as providing supporting documentation? What if any adjustments or provision were made for determining such applications?**

Response:

Yes. Depending on the request there could be adjustments such as accepting bank statements showing the costs or other relevant evidence they had, or cases would be requested to be presented to the Committee if the Office Guidelines criteria could not be met, and discretion was required.

f. Did you consider the procedural requirements to be appropriate? The Inquiry has heard evidence that they were unduly burdensome such that some applicants simply gave up. How do you respond to this evidence?

Response:

I am unable to comment on the appropriateness of the procedural requirements. I did not have anything else at the time to compare the procedures with. Guidelines were in force for the duration of my employment and were used for all applications. My job description was to follow the guidelines and escalate cases where they did not fit the guidelines. I understood that all evidence may not be available at the time of an application so the case did not always meet the criteria, but a final decision could be made by the Committee.

I am aware that some applicants found the application process tiresome. I think some beneficiaries believed that they should be given grants as and when required and that they should not have to satisfy any assessment criteria as they were infected through no fault of their own. I would frequently have to explain that having HIV and or hepatitis C was the qualifying criteria to register with the charities, but that there were further criteria to meet in order to receive grants from the charities. I would also remind MFT and Skipton Fund Stage 2 Applicants, that they were receiving non-discretionary payments as a result of their infection without requiring to meet a financial assessment.

I am also aware that not all applicants were as meticulous with their paperwork as others and so could not always find the exact document they required. However, I do believe the MFT and CF were fair in trying to find and accept alternative documents, for example, even if these were slightly out of date (not within the current financial year), to try and assist the beneficiary / applicant with the grant being requested.

- g. The Inquiry understands the MFT and CF produced Grant and Office Guidelines to use when assessing applications [MACF0000171_042] [CAXT0000103_005]. Were there any other written criteria for you to apply when assessing these applications? If so, please provide details and the criteria used.**

Response:

During my time working for the MFT there would have been updated versions of the office guidelines. The types of support didn't change very much, it was typically the amounts that changed, with the cost of items increasing in price. For some grants we would use a national amount e.g. NHS England patient travel to hospital allowance for mileage or IVF costing for each round of treatment. The versions of the guidelines listed above were the most recent version of the guidelines, I believe.

It is my understanding that the CF used the MFT guidelines as a basis to create their own guidelines, although I was not involved in finalisation of this process.

- h. How clear was the criteria and how straightforward to apply? Please describe any difficulties you had in doing so.**

Response:

The criteria were clear and the applicant would be given a breakdown of what was required when making an application. Additional information may sometimes have been requested, but this would be dependent on what the applicant had stated on their application. There were no difficulties in applying the Office Guidelines policy. The grey areas of support would be in the discretion used by the Committee. Depending on the evidence provided for a case, that would determine the outcome. If the outcome of the application was negative, the applicant had a right of appeal.

- i. Did you have to take account of whether the budget for that particular year had been spent when deciding whether to grant an application for a grant/funding?**

Response:

Not that I'm aware of. I did not check a budget before approving grants.

- j. Who decided on the level of reserves the MFT and the CF should maintain? What was the justification for the level of reserves?**

Response:

I believe the level of reserves was determined by the CEO and Trustees and possibly by the DH.

- k. Were the grants means tested? What were the income brackets applied? Were the income brackets published? If so, where and how could the beneficiaries access this information?**

Response:

Yes, the grants were means-tested. There were 4 or 5 income brackets but I do not remember the exact amounts for each. I believe the income brackets were published and the applicant was advised in their award letter for that year. I think the information was published on the website and could be accessed by verbal request.

- l. Did the level of reserves impede or otherwise impact decisions to award funding under the Office Guidelines?**

Response:

The guidelines were reviewed by the board and I would assume they looked at funding levels before making a decision about the availability and levels of grants for the following year.

- m. Were you given guidance about what the reserves could be used for? If so, did this impact decisions about whether to award a grant?**

Response:

I do not believe I was given guidance regarding what the reserves could be used for. I believe there were two one-off specific projects specifically related to the use of the reserves; one regarding home improvements and there may have been another for the bereaved partners of beneficiaries. Other than these, I cannot remember the reserves directly impacting on the decision for me to award a grant under the Office Guidelines.

- n. At the MFT Grants Committee meeting on 9 April 2015 it was noted that there was an underspend of the grants budget for the year**

[MACF0000155_005]. The same was noted in 2017 [MACF0000170_009]. You were present at both of these meetings, how frequent was it for there to be an underspend? Did this cause the MFT to reconsider either any of its decisions or the policy/criteria applied when determining applications?

Response:

I cannot remember if this was frequent. Comments regarding the budget information was for my manager and the CEO to action. I did not decide policy so cannot comment on whether the level of underspend caused the MFT to reconsider either any of its decisions or the policy/criteria applied when determining applications.

- o. Did you consider the amount of money previously given to an applicant from (i) the MFT/CF, and/or (ii) other AHO's, and/or income from benefits when determining each application? If so, how?**

Response:

Yes, in respect of some payments made by the AHOs. An income and expenditure form was completed for all grants requested, so income and capital data was collected, including the regular non-discretionary payments from SF stage 2.

I cannot remember all the items that were disregarded (the "disregards") but the MSPT 1 and 2 payments and also SF stage 1 and 2 lump sums were not included.

A grants history report would also be generated for each applicant to determine their grants history from MFT/CF and whether funding had already been given for the items they were requesting.

- p. Did you think the criteria were fair? If not, please say why. Were you able to raise this with senior management? If not, why not? If you did – what was the response?**

Response:

I do not feel I am able to answer this question, as the MFT was a very unique charity running alongside other payment vehicles, and also issuing non-discretionary payments. At the time, I also did not have a similar charity to compare the criteria with so as to determine whether the criteria were 'fair'. However, now that I am working for the Masonic Charitable Foundation, I can say that they offer very similar grants and require the same burden of evidence that the MFT/CF were requesting from beneficiaries/applicants.

The other difficulty I have in saying whether the criteria were fair is that as far as I can remember, there were some MFT beneficiaries who had always stated that they did not want a charity set up. Quite a few (according to beneficiaries who attended events at least) had wanted lump sum settlements to be paid, not ongoing payments. However, in contrast, some were happier for the ongoing payments as they had all used their initial lump sum payments within the first 5 years, as they believed that was the total time of their lifespan with the HIV infection. What may have been perceived as 'fair' to some, may not therefore have been viewed as 'fair' by others.

This conflict of views was aired frequently by the MFT beneficiaries and senior management would therefore have been aware of it.

- q. What were the common reasons applicants did not meet the criteria to be awarded a grant?**

Response:

I cannot remember the common reasons. But an example of a reason could be having sufficient funds/capital for the purchase.

- r. If you turned an application down, what happened?**

Response:

The applicant was advised of the decision and could appeal.

s. What proportion of applications were turned down by you?

Response:

I did not keep statistics on the number of applications I turned down, however I do remember frequently awarding grants on a daily basis, so the proportion of rejections was a lot less than those awarded a grant.

If I was unable to award a grant but could see that there might be exceptional circumstances, I would also suggest the case for presentation to the Committee and would try to manage the beneficiary's expectations. In such an instance, the outcome of the case, if a rejection, would be recorded as a panel rejection rather than an office guideline rejection. Where this was not the case and the criteria were very clearly not met, the case would be rejected under the office guidelines.

t. Did you give reasons for refusing an application?

Response:

Yes. I would state why the case did not meet the office guidelines criteria.

For panel cases, the Committee would be asked to state the reason for the rejection, which would be recorded in the Committee minute and relayed to the beneficiary in their letter.

u. Were guidelines on the decision-making process supplied to/made available to beneficiaries?

Response:

The applicant was advised of what was required for an application and whether their application was incomplete for consideration under the office guidelines. There was no guidance on decision making for the Grants Committee cases other than the right to appeal.

24. What impact did disposable income have on a beneficiary's eligibility for support?

Response:

If a beneficiary's level of disposable income indicated that they could cover the costs of the request, then the application would be rejected.

25. Was there a criteria for determining whether a beneficiary had a substantial level of disposable income? Please explain how this determination was made, including any situations where level of income would not be taken into account.

Response:

I cannot remember the exact formula for the assessment and there is a risk that my vague recollection could be confused with the assessment criteria I am currently using in my new role (and I would not want to give false evidence by mixing the two).

Doing the best that I can, I believe there were a variety of factors taken into consideration, such as whether the MFT/CF applicant was a Stage 1 or 2 recipient. If for an MFT beneficiary was a SF Stage 2 recipient, then the beneficiary would be in receipt of at least £2000 per month net (x1 MFET limited regular payment and x1 SF Stage 2 regular payment) as well as their usual household income. So, if for example they were applying for a £250 washing machine, then the likelihood of their application being approved would be very low. Equally, if their disposable income per month and capital excluding MSPT 1 or 2 or SF 1 or 2 was high enough to cover the grant, then again this would be refused.

The Support Service Manager/Director of Operations oversaw the rejections if there were any grey areas to reject an application.

26. Please answer the following questions:

a. How did you calculate the amount of regular payments to beneficiaries?

Response:

For the MFT top-up payments, the applicant's details were entered into an excel spreadsheet and the pre-saved formula would calculate the household income. There were 'disregards' such as carers' allowance, DLA/PIP, disability benefits. Council tax was also excluded from the calculation. Depending on the income bracket the household income fell into, that would determine the level of regular payment to be made.

MFET gave the same rate of payment to all beneficiaries regardless of

income.

I did not assess CF regular payments very often; this was completed by my manager along with the Welfare Assistant. I would provide assistance where required, but as this was infrequent, I cannot remember the exact criteria.

b. Were there guidelines for this?

Response:

Not like the office guidelines but there was guidance on what was considered income and expenditure and what benefits would be included and disregarded.

c. Were overpayments common? If so, what were the reasons for this?

Response:

I cannot comment on how frequently they occurred as I did not control the data, or always contact the applicant following an overpayment being found. I was aware of there being overpayments. This could be down to human error e.g. the wrong household income bracket being used to determine the top up payments; a reassessment following a change of circumstances and the amount not being changed for that beneficiary the following month; or a memo being missed.

I do remember implementing a folder with a copy of all memos that went to Finance so we could cross reference any changes each month to reduce the number of errors. There was only one Finance Manager which later turned into a finance team of 1 Manager/director and an assistant. They worked on all of the AHO and each AHO had regular payments for set days of the months. Thousands of payments would therefore be made each month, so some errors were unfortunately inevitable.

d. How did you spot overpayments?

Response:

If there was an overpayment noted by Finance, they would inform my manager who may either address this themselves, or provide me with clear guidance on what action to take.

e. How did the MFT and the CF keep track of beneficiaries' changing circumstances (e.g. a dependent leaving home, or progression of disease)?

Response:

The onus was on the applicant to report changes of circumstances. I believe there was a paragraph on the award letter for top-up payments stating this. If changes were not reported, they would be picked up the following year when support was reassessed. The new data would be compared to the previous year and any discrepancies would be addressed with the applicant to confirm the changes.

f. Do you consider that the MFT and the CF were mainly reactive or proactive in identifying beneficiary needs/changing circumstances?

Response:

The MFT was reactive to changes as notified by the applicant. However, I am aware the applicants were encouraged to apply for support where needed. There was a newsletter which provided details of grants and applicants were reminded to apply for SF payments if there was a decline in health and when the criteria for SF payments changed.

27. Please refer to an email to you about a beneficiary payment [MACF0000186_003]. How would you commonly identify mistakes/discrepancies in beneficiary payments? Would mistakes commonly be discovered after a beneficiary had passed away? If so, what happened to the funds owed to a deceased beneficiary?

Response:

Finance would identify discrepancies following a reconciliation and flag these with my manager, who would then action these or give me instructions to carry out. If the beneficiary received any advances on their top-up/regular payments then there would be a reconciliation of their payment schedule and any errors would be picked up here. This could be for the deceased or living.

I was not always involved in the balances, following a beneficiary's death, so cannot report on what was common. I can remember that all MFET balances were paid to the estate following receipt of the will or probate; this would be where the applicant was receiving monthly rather than quarterly payments and the balance of the quarter was paid to the estate. With regard to MFT grants, I would not be confident to confirm whether all were written-off or paid to a family member.

28. In or around April 2014 you began to develop criteria and guidelines for grant applications with Jan Barlow [MACF0000171_042] which the Inquiry understands was for disclosure to applicants. Is this correct? Had such criteria and guidelines been developed for disclosure to applicants prior to this date?

Response:

Yes. However, I would describe the process as re-developing, as there had always been grant guidelines and criteria in place and applicants had always been aware of these. The previous grant guidelines and criteria were being redeveloped by the Trustees and a new version of support created.

I am sure the previous guidelines used to be printed into a booklet and sent to the MFT beneficiaries, either once a year or with the newsletters prior to 2014; I can't quite remember which. Copies were also sent to the hospital social workers who would support MFT beneficiaries with applications.

After 2014, the guidelines were available on the MFT and CF websites. A copy may also have been posted out, although I'm not 100% certain of this.

29. Please refer to NSSC Minutes dated 8 April 2014 [MACF0000171_052].

a. What was meant by the 'criteria for processing loans'?

Response:

I do not believe this was a separate policy. There is an 'advances' section under section 5 of the office guidelines (document reference MACF0000171_042). 'Loans' was the broad term used but they were known as 'advances' of the beneficiary's regular payments. Full criteria for these are in the office guidelines document dated May 2014.

b. What was the reason for developing a loans criterion?

Response:

I wasn't party to the full reasons for developing the loans criterion; this would have agreed at board level. I was instructed to work with the CEO to implement this.

I am aware that the MFT had historically given secured loans to beneficiaries and advances on their regular payments. By developing a criteria that was

equal for all and which set boundaries on the maximum amount that could be considered, I believe this was intended to prevent a beneficiary from borrowing above their means.

c. Why did the update take place?

Response:

As stated above, I was not party to the reason.

d. How did the criteria for the loans develop?

Response:

As stated above, loans were historically given by MFT so I assume the previous criteria were tidied up.

e. What were the main differences between the previous policy and the update which took place in 2014?

Response:

I cannot recall what the previous policy was. Finance would manage secured loans and advances were less frequent.

f. Please set out the ways and the extent to which you were involved with the development of the loans policy.

Response:

I do not remember having much involvement in this section of the guidelines, only the grant sections guidelines section of the 2014 iteration.

30. In the same meeting, it was recorded that you would be working with Jan Barlow to begin developing potential criteria and guidelines for grants.

a. What was the reason for developing criteria/guidelines for grants?

Response:

As stated in Q28, there have always been grant guidelines and criteria in place and applicants have always been aware of these. The previous grant guidelines and criteria were being redeveloped by the Trustees and a new version of support created. The criteria/guidelines were clear in terms of the paperwork required for each type of application.

b. What prompted the update of the grants policy?

Response:

The office guidelines document MACF0000171_042 section 4 sets out the 'types of support for which grants will not be awarded'. There is a paragraph that states that there was "limited grant funding" and that some items (the ones removed) "*beneficiaries could reasonably be expected to fund through their MFET and MFT regular payments and child supplements*".

c. Who was consulted on this update?

Response:

I don't recall, as I was not party to those conversations.

d. What were the major changes made during this policy update?

Response:

A lot of the lower costing support was removed. The office guidelines document MACF0000171_042 section 4 sets out the 'types of support for which grants will not be awarded' and the reasons why – see response to Q30b.

e. What were the justifications for those changes?

Response:

Please see my response to Q30b

f. What impact do you consider the changes had on the accessibility of grants for beneficiaries?

Response:

I don't believe there was a major impact as the beneficiaries were in receipt of at least £1,000 per month NET of tax or household income (if they were infected with HIV only) or double that if they were also a SF Stage 2 recipient, so they were able to afford items without the need to apply for a grant.

g. Do you consider the changes had an impact on the amount of successful grant applications?

Response:

I think the goalpost for 'determining charitable need' shifted with the

increase of MFET Ltd, MFT top-up payments (including supplements) and after the SF regular payments started. As a result, the number of grant applications reduced overall, whilst the larger requests remained consistent.

h. Do you consider that the grant guidelines achieved the goal of being explicit and transparent? If so, why? If not, why not?

Response:

Yes, I think the grant guidelines achieve the goal of being explicit and transparent as applicants were aware of the criteria they needed to meet. Staff were also clear on the rules they were following and confident to award or reject grants according to the application details against the criteria. However, whenever a charity has discretion, which MFT had in the form of the Grants Committee, there would always be an undefined grey area as I do not believe you can truly stay consistent when using discretion based on people's lives/requirements.

31. In the 'Grant Guidelines for beneficiaries' introduced in May 2014 [MACF0000171_049]:

No reference is made to maximum amounts or frequency of payment, whereas the 'Grant Guidelines 2014/15 - Internal Use Only' [MACF0000171_042] contain both for all categories listed i.e Moving Home - Maximum £2,500 (every seven years); Repairs to Property - Maximum £2,500 (every ten years). Why were beneficiaries not informed of these limits?

Response:

See Q23C. The Board decided that the financial limits would not be included in the version of the guidelines provided to beneficiaries.

a. Why was no reference made to the persons eligible for Education related grants, or to the additional school costs available for children of deceased primary beneficiaries, whereas such grants are listed in the 'Grant Guidelines 2014/15 - Internal Use Only' [MACF0000171_042]?

Response:

I'm not 100% sure and didn't make the decision to include or exclude the

grants referred to, but I believe this may have coincided with the introduction of child-related additions that were added to the top-up/regular payments. Depending on the number of children in a household, if an applicant qualified for a top-up payment, they would also receive an additional £100 per child to be used towards child-related costs. The additional school costs available for children of deceased primary beneficiaries were only available to that particular group. They would be informed directly of this support as part of their condolence letter, rather than the grant appearing in the main document, given that all living beneficiaries with HIV wouldn't be eligible for that grant.

32. How frequently did you provide your views to the Trustees on applications that they were determining? Were the Trustees receptive to your input?

Response:

I would assist in compiling the documents for committee e.g. copying, anonymizing name and references. My manager and I could be asked for a comment on the case or to provide further background information if this was not included in the printed background statement. The Trustees would listen to our comments, but were responsible for the final decision. The Trustees could be receptive to my manager's input but would rather make the decision collectively following discussion, or if they were unable to decide, could defer the case pending further information.

33. What if any non-financial support was available to eligible beneficiaries of the relevant AHO? In particular was assistance given to beneficiaries with access to benefits and other services? If so, please give details of the kind of assistance available.

Response:

Benefits Advice: – Neil Bateman was an independent advisor who was subcontracted to assist applicants with benefit related queries. He would support cases up to tribunal and attend to support applicants.

Debt Advice: - Pennysmart was an organisation used to assist with debt advice

Terrance Higgins Trust ("THT"): – This organisation was used to provide general guidance and a helpline. At one point they also covered the phone lines over the

Christmas period, when the offices were closed

Events – day or weekend events: – MFT would have various events for beneficiary groups: Men Only (for those infected with HIV), Women Only (for partner and women infected with HIV), Something for the Weekend (for beneficiaries and their families including children). There would be guest speakers, free complimentary therapies. All meals and accommodation costs were covered. The applicant would pay a small contribution, I cannot remember the exact amount but was something like £25 per person and could also have their travel costs reimbursed.

Home visits: – For a short period (I cannot remember exactly when), applicants could request home visits to assist with completing applications forms for submission.

34. What was your role in delivering this support?

Response:

Benefits & Debt Advice: I would submit referral forms to both Neil Bateman and Pennysmart.

Terrance Higgins Trust (“THT”): I didn’t have any involvement in THT’s set up, this was managed by my Manager.

Events – day or weekend events: I was responsible for the Women Only events and assisted with the ‘Something for the Weekend’ event, as it was larger and required most staff to attend. I would source venues, arrange contracts, send invites to beneficiaries, arrange deposit collections, arrange the complementary therapy treatments with the venues, arrange all meals throughout the weekend according to dietary requirement, attend for the weekend, manage any issues over the weekend and collect feedback after the event.

Home visits: This mainly came from the MFT reserves project where I was asked to complete the balance of home visits the contracted company was unable to complete. I believe I also visited some CF beneficiaries where this was requested but these visits were done in conjunction with the Support Services Manager.

35. Please describe how you delivered this support? How did you communicate with beneficiaries? Did you make home visits? If so, in what circumstances and

for what purpose? How was it determined that a home visit was required? How did beneficiaries perceive home visits?

Response:

For the MFT reserves project, applicants were contacted to establish their availability for a visit. A risk assessment form was completed prior to the visit. Tickets were booked and the visit arranged.

I cannot remember why visits were opened to the CF but the process of risk assessment etc. was completed in the same way as the MFT.

Most beneficiaries were content to have a visit and even requested one, as it was an opportunity for them to put a face to a name for many that I had spoken to over the phone. They could decline the visit at any stage and were not forced to have one.

36. Was the availability of non-financial support made known to the potential beneficiaries, and if so how?

Response:

I believe beneficiaries were directed to the MFT or CF website for more information on the types of support available.

37. Please provide your view on the consistency and fairness of decision making by the MFT and CF when assessing applications.

Response:

I believe the consistency and fairness of the decision making through the office guidelines was high. Where cases fell into grey areas, we would take the case to the Committees for consideration.

I think my opinion as to the fairness and consistency is probably less clear where the Trustees were able to use their discretion, based on the information received. The issue here was that applicants used to speak to one another and compare the grants they were awarded – I remember having a conversation with some MFT beneficiaries about this years ago at one of the events.

However, because there were probably only 'half-truths' being told between each

beneficiary, the outcomes they received may have appeared unfair to some, as they were not aware of the full reasons that a grant for someone else may have been approved or declined. I would therefore say that hearsay played a part in whether the process was perceived as fair and consistent by applicants.

I am also aware that prior to the 2014 Grants Committee, there were historic concerns about the NSSCs decision making. However, the Trustees were within their rights to use their discretion and we would also state that applications would be looked at on a case-by-case basis. Due to data protection, we were unable to share the details of other beneficiaries' grant outcomes, so some believed there was a conspiracy in our privacy / the non-disclosure of this information.

38. Was there a procedure in place to consider applications made on an urgent basis? If so, what was that procedure?

Response:

There was an informal procedure in that the application would 'jump the queue' and be looked at urgently. These were usually determined by my manager or the CEO. I was then instructed on whether an application was accepted to be urgent and who was required to make a decision. I would either process the application myself or prepare the case for panel consideration. Where an application needed to be considered by the Committee/Board, it could be sent via 'round robin' to prevent an applicant having to wait weeks for a panel meeting.

39. What practical support or assistance was available to applicants to help them in making applications? Did many applicants take advantage of this assistance?

Response:

There were occasions when applicants asked for assistance to complete applications over the phone or via a visit, and both were provided. I am aware that quite a few applicants had local hospital social workers, so would use this service to complete and submit application forms.

40. What steps did the MFT and CF take to engage with and understand their beneficiary community? Were you involved in any such work? If so, please describe your role. How successful were these steps? Could more have been done in your view? If so, what?

Response:

I am aware of Partnership Group meetings taking place. I have attend some of these, but the responsibility to attend was my manager's, along with the CEO. I mainly attended in a 'meet and greet' capacity so beneficiaries were able to put a face to a name and not simply deal with a voice on the end of the phone.

I cannot comment on what happened with the information following these meetings as I was not involved.

41. Please refer to [MACF0000060_087], which refers to preparation for the conducting of a beneficiary needs survey.

a. What was the purpose of the beneficiary needs survey?

Response:

I believe this was the reserves exercise undertaken to reduce the level of reserves by focusing on the needs of the beneficiaries. The final focus was around home improvements and works required to enable beneficiaries to remain in their homes. Home improvements covered things such as adaptations, roof repairs etc.

b. Who created the questions to be used in the survey?

Response:

'=MC' was the company who completed the survey. I believe the questions may have been created by the company in conjunction with senior management and Trustees, but I cannot be sure.

c. To what extent were you involved with conducting the interviews?

Response:

'=MC' was contracted to manage and undertake the interviews, but their contract expired before all interviews were completed. I was involved in assisting with the completion of some of the surveys that were outstanding.

d. What was the purpose of the interviews?

Response:

To collate information, gather paperwork/pictures e.g. of damaged property and to establish the support MFT could provide.

e. How were beneficiaries supported if they became upset or distressed

during the interviews?

Response:

I cannot comment on any interviews that I was not present on. For those where I was present, if an applicant became upset I would listen to their views and ensure these were recorded as part of the application. I managed expectations. I do not believe I was involved in any visit where an applicant was inconsolable or outraged beyond reason.

42. Please refer to [MACF0000024_124]. Did the MFT struggle to respond to beneficiaries in a timely manner? How did you prioritise the competing demands on your time? Was it MFT policy to only financially assist beneficiaries with 'urgent repairs' (i.e. stopping a leaking roof) but not to 'make good' the property following the repairs (i.e by replastering and decorating the affected area following the repair)?

Response:

I cannot remember the KPI for grant applications. However, depending on the type of request, some applications could take longer to process than others. This could depend on whether all of the information relevant to the case was provided at the initial stage of the application, whether advice given had been adhered to, if the costs of works were available, if there were enough quotes for comparison, if the grant was being assessed by a panel using discretion as it didn't fall with the office guidelines etc.

Almost all grants were processed in date order, regardless of whether they were received by post, email, fax. This was to make the process fair for those that may not have had electrical means to send requests to MFT. There may have been an expectation that an email would be replied to sooner than a letter, but the email would be printed and put in date order for a reply. If an application seemed urgent, I would flag these with my manager or the CEO in my manager's absence and be given consent to process the case sooner.

MFT did not support cosmetic works to properties. If there was a leaking roof, the repair would be completed. I can't remember if replastering was included but redecorating was not. Where an applicant had works completed but wanted to 'make-good' areas outside of the repair e.g. plastering a whole room rather than just the repaired area, this would have been declined.

43. What was the relationship like between the senior management/board of the MFT and CF and the beneficiary community? Could this have been improved in your view? What steps did you take to improve the relationships?

Response:

I cannot comment on the relationship between the senior management/board of the MFT and CF and the beneficiary community. I was not always present at meetings where this was discussed.

I am aware from personal communications with the MFT community that they were not happy with some of the policies and processes in place and that a charity was set up in the first place, as opposed to just being given larger lump sum payments. I could only comment to them that this was the set up and I had to work within the framework of the policies and procedures in place.

I am aware that the beneficiary community met with my manager, the CEO and/or Trustees to air their views, but I cannot comment on what the outcomes of those discussions were.

I was not in a position of power to improve relationships.

44. Please consider [MACF0000022_107] and [MACF0000022_108] concerning a complaint from a beneficiary to you about the MFT's discretionary top up payments. Please also consider [MACF0000022_105] which makes reference to a rule applied by the office when reviewing discretionary top ups and benefit entitlement, which states:

"If a beneficiary is in receipt of some statutory support but it is believed there is more available, or their benefits are reduced, they are encouraged to speak to the benefits adviser. If a beneficiary chooses not to take up the advice of the benefits adviser, where it is believed benefits are available, the office will calculate their income based on the benefits for which they could be in receipt. Payments are then calculated based on the level of income a beneficiary would be receiving if they chose to take up benefits."

- a. What was the justification for imposing this rule?

Response:

I cannot provide evidence of the exact justification as I didn't create the rule. The rule also wasn't determined by the office, it was on the instruction of the

Trustees. My opinion is that I believe it was to ensure that charitable funds were not being used as a substitute, when state support was already available for this purpose and where an applicant chose not to apply for that support for any reason, rather than decline the application, the assumed benefit was being included before making a payment to ensure the process was the same for all who applied.

b. Do you consider that this rule was fair to beneficiaries? If so, why? If not, why not?

Response:

I cannot comment on whether the rule was fair. The rule in my opinion ensured that all applicants were maximizing their incomes through eligible statutory services before being topped-up by the charity. Assistance was being provided to ensure their benefits were correct and where there was a shortfall against the MFT criteria, the applicant could apply for the top-up payment.

c. Were there any exceptions to the MFT's policy to refuse payment where a beneficiary did not wish to apply for state benefits? If so, please provide details.

Response:

Yes as mentioned above in 44.a

d. Would the MFT still refuse to provide payment, if for example, the advice of the benefits advisor was that there were low chances of success of receiving payment, or a mere possibility of receiving state benefits? If so, please provide details.

Response:

I do not think so, but also cannot confirm this. If the Benefits Adviser had confirmed this then there would be no assumed income to add to the calculation. I am confident that top-up payments have been assessed on £0 income following this exact advice from the Benefits Adviser. The assessment would be completed based on the information received.

45. Please refer to the NWC meeting dated 17 November 2011 and the decision to employ the services of Neil Bateman as a benefits advisor. [CAXT0000062_001]

What were the reasons for doing this? How did the relationship between the Caxton Foundation and Neil Bateman begin?

Response:

I cannot remember the exact details of the meeting in 2011. I can only comment that many applicants were going through many benefits changes such as DLA reassessment and possible ESA assessments and were finding that their 'lifetime' benefit award (previously approved under special rules), was being withdrawn on reassessment and applicants were losing their mobility cars and equipment or substantial income. Neil was able to assist the applicants with these issues and I believe his success rate on getting decisions overturned and back payments for applicants was quite high.

46. Please explain the nature of the relationship between your role and the independent debt and benefits advisors, such as Jayne Bellis and Neil Bateman, in particular:

a. At what point would you typically have contact with the independent debt and benefits advisors?

Response:

When an applicant would call to say they are being investigated for fraud having received contact from the DWP or when benefits were being reassessed and cases lost. Also where the applicant or people in the household were stating £0 income and no carer's allowance etc.

b. Who was responsible for making the decision to refer a particular beneficiary to external advisors?

Response:

I could refer cases, but would usually discuss these with my manager in the first instance.

c. How were referrals made to these external advisors on any individual case?

Response:

The applicant had to provide consent to share data prior to the referral – this was a form or template email. Once received, an email template or form would be sent to the advisers.

- d. What guidance and training was provided by the MFT and the CF to these advisors as to the assistance they were to provide to beneficiaries upon referral? Was any guidance written down?**

Response:

I cannot evidence it, but I believe there was a contract in place between MFT and the advisers.

- e. Were grants conditional on beneficiaries accepting a referral to the benefits or debt advisors? If so, how was this received by beneficiaries?**

Response:

If the applicant had requested assistance with clearing debt or had requested multiple advances of their top-up payments, then this condition could be set. It might have been added, for example, if an applicant declared that they were constantly in their overdraft. It would depend on the circumstances of the request.

From conversations with applicants there was a mixed response. Some were pleased they were given free access to these services (funded by MFT) and some found the process intrusive and just wanted a grant to be paid.

You may find it helpful to refer to the following documents when answering the questions above; NSSC Meeting dated 5 March 2014 [MACF0000149_001] and email from you to a beneficiary dated 12 October 2016 [MACF0000226_013]

- 47. If a beneficiary chose to withdraw from PennySmart, were any other alternative lines of support offered? You may wish to consider the following minutes and correspondence when answering this question:**

- I. [MACF0000155_052];**
- II. [MACF0000022_103];**
- III. [MACF0000158_014].**

Response:

Yes. The applicant was able to contact their local Citizen's Advice Bureaux (CAB), to seek independent advice. I think there may also have been another organisation, Step Change.

The charities were seeking to ensure the beneficiary was managing money in the long term rather than a grant being paid to clear the issue, only for another to arise shortly thereafter. Beneficiaries were receiving regular payments in excess of £1,000 per month net excluding their usual household income (depending on the charity), so when disclosing that they were constantly in their overdraft, for example, there was a genuine concern for them.

48. What were the arrangements about disclosure to the MFT and the CF of any confidential financial and other information given by the beneficiary to the advisor?

Response:

See response to 46c.

There were two or three disclaimer statements on the consent form that the applicant had to tick. From memory there was something about consenting to sharing data, whether the MFT/CF could receive a copy of the report or advice etc.

49. What was the purpose of establishing the Grants Committee and how did this differ to the other board subcommittees, such as the NSSC? When answering this question, you may find it helpful to refer to the MFT Grants Committee Minutes dated 1 July 2004 [MACF0000026_067].

Response:

I cannot comment on the exact purpose as I did not make the decision. I can comment that the NSSC and Grants Committee were the same thing. The name change was part of the rebranding of the office guidelines to 'grant guidelines' and therefore having a 'grants committee' rather than NSSC. The NSSC I believe also had a historic negative reputation, so it was hoped that the new name and process guides would make the process seem like a fresh start.

50. In a National Welfare Committee meeting for the CF on 12 July 2012 [CAXT0000089_002], it was decided that there would not be benchmarks for grants requested under Office Guidelines. Why was this?

Response:

I do not know. I was not present at this meeting.

- 51. In a meeting of trustees at the CF at which you were present [CAXT0000108_039], it was decided that when considering support for carers, each application will be considered separately by the NWC. What differences in need did the board consider justified unequal treatment?**

Response:

This meeting took place in 2011 and was around the time of the setup of the CF. In reading the minutes, I was not present for the whole of the meeting and do not remember the full discussion around carers and any justification for unequal treatment.

- 52. Please consider the attached email from you to a beneficiary [MACF0000202_004]. Were you aware of any legal advice being provided to the MFT concerning secured loans on individual beneficiaries' properties? Please set out the nature of your involvement with the administration of secured loans.**

Response:

I was not responsible for the management of secured loans. The files were kept separately by Finance and any actions were completed through my manager and legal parties. I may have been asked to access the archives to find relevant files or complete a small action in the absence of my manager, but was not involved in the main administration.

- 53. Please refer to the attached correspondence detailing a number of outstanding grants and receipts [CAXT0000125_004]. How did the Trust deal with outstanding grants and receipts owed to beneficiaries? How frequently were discrepancies discovered after a backlog of 'outstanding grants' had been created over time? Was it common practice to withhold funding from beneficiaries if a backlog occurred? Was any support given to beneficiaries if funding was delayed due to a backlog of outstanding grants and receipts?**

Response:

This letter relates to CF so I will reply in reference to this charity.

The letter in question was a unique case where multiple grants would be awarded

over a period of time. This was not a common occurrence for most applicants. The initial award letter would remind the applicant that a receipt was required following purchase. A further reminder was also sent 3 months later to allow time for the expenditure to occur.

You will see from the dates in this letter that grants were awarded during the 3 month period of a reminder letter being sent, so technically the receipt wasn't late when another grant was awarded. When further grants were awarded and there were outstanding receipts, the applicant would be reminded of these each time. Where applicants were unable to provide receipts, an acknowledgement slip could be sent which had a statement along the lines of "I [name inserted] acknowledge the sum of [amount] towards [reason for grant approval]". The slip would then be signed and returned in a FREEPOST envelope. This was required for auditing purposes to show that the applicant had received the funds and would be filed with the original award letter. Receipts would also be required to show proof of expenditure.

The Trustees were made aware of cases where the applicant was not providing proof of purchases, as we had no way of knowing if the grants being paid were being used for the purposes for which they were given. The Trustee would then decide the action they wanted to take.

In terms of the frequency of such situations, I do not believe this was a common occurrence, as most applicants would send the receipt after purchase within a few weeks of the grant award, or following the first reminder.

It was not common practice to withhold funding from beneficiaries if a backlog occurred. I do not believe that most applicants applied for grants on this scale, so there were not many opportunities for a 'backlog' of receipts to occur.

Finally, I would like to say that I think the letter is evidence that support still was given to applicants when receipts were outstanding. As stated before, this case however was unique.

- 54. Was there a culture at the MFT and/or the CF of offering loans to beneficiaries in lieu of grants, despite an application for financial support having met the relevant thresholds on health grounds? Please see [MACF0000026_069] as an**

example.

Response:

Although health may have been a factor in consideration of some requests, disposable income and capital levels were also considered. If it appeared the applicant had the means to afford the grant, regardless of health grounds, but may not have been able to access their capital straight away (some beneficiaries could have funds tied up in ISAs or rental properties or other assets they could not access straight away), then a loan/advance could be offered in accordance with the criteria set out in document MACF0000171_042 section 5.

I cannot comment on whether there was a culture of this as I was not involved in the decision making of loan requests – these were overseen by my manager and the committee if over the £3k threshold. I would only administer the outcomes e.g. write letters etc. where required.

Section 4: Complaints and Appeals

55. Were you aware of any concerns or dissatisfaction with either the substantive or procedural eligibility requirements for the MFT and the CF? If so, what were these and what did you/the Board do in response?

Response:

Yes. I am aware that applicants didn't believe there should be financial assessments for grant applications and that they should just be needs based. I cannot remember who advised me about charity law but it was explained that charities could not just give grants without defining the charitable need, which also included a financial assessment. I'm sure this has been raised at meetings with the beneficiary group and at events. This was possibly even covered in a newsletter, but I cannot evidence this for sure.

56. Was there an appeal procedure for the MFT and CF? If so, did you play any part in it? If so, please describe your role.

Response:

There was an appeals procedure. Cases would be presented to the CEO/committee for consideration. There was also a further escalation to the full board. My part was

to collate the information to be considered for appeal.

57. Was there a complaints process? If so, how did it operate?

Response:

Yes. I cannot remember the details of the process, just who considered these; namely the Support Services Manager/Director of Operations would be made aware of the complaint and the CEO/Trustees would consider the complaint.

I do know the applicant had a set time to appeal and had to provide information in addition to what was already provided.

58. Did you consider the complaints process fair and effective? If so, why? If not, why not?

Response:

I think the process was fair in that your case would be reconsidered following an unfavourable decision. There were also various levels of escalation and different people to consider the appeal so not the same person making the decision over and over.

59. How common was it for the MFT and CF to receive complaints? How many complaints were you aware of being made?

Response:

I'm not too sure how many formal complaints were raised as I did not manage these. I am aware applicants were, on occasion, upset with regards to grant decisions and appeals, but I cannot comment on the number of complaints.

60. What information was provided to beneficiaries about the appeal and complaints procedure?

Response:

There was a formal complaints policy which I think was available on the website. The decision letter may also have had a paragraph regarding complaints, but I cannot remember for sure.

61. Did potential beneficiaries or beneficiaries articulate concerns about the

MFT/CF to you? If so, what was the nature of their concerns and how frequently were these issues raised with you? Were you able to bring them to the attention of the senior management? If so, what was the response? If not, why not?

Response:

There were comments/concerns about the process and the decisions made. Comments may have been made by telephone, or in person at events. There were not many that required action, as the applicant was typically 'venting' and didn't wish for me to take further action, but was pleased I had listened.

For those that did want action, these would be reported to my manager. I would request that the concerns be put in writing and confirm receipt and pass these on. I would then no longer have a part to play in the issue, unless I was given a letter template to send on behalf of my manger or CEO.

62. What training did you receive on how to handle complaints made by beneficiaries who had become distressed or aggressive? How did you handle these types of interactions?

Response:

I have had training on dealing with difficult callers. I am also trained in social work which provide strategies for these scenarios.

63. Please consider the documents referred to above at paragraph 44 concerning a complaint from a beneficiary to you about the MFT's discretionary top up payments [MACF000022_107 and MACF000022_108]. How were complaints such as this, relayed back to the trustees?

Response:

I cannot comment on the journey of complaints to the Trustees. As explained in Q61, I would pass the complaint to my manager and would only then have further involvement if given a letter template to send on behalf of my manger or CEO.

64. When a beneficiary complained to you about the decision making of the Trust, how would you address and acknowledge their concerns? When answering this question, you may wish to consider the attached email between yourself and a beneficiary [MACF0000186_001].

Response:

As shown in my reply to the email in question, I would advise the applicant of their

right to appeal and, if known at the time, advise which committee meeting the case would be presented to. The committee papers would include all documents received from the applicant in relation to that specific grant request. In this case, the email would have been presented to a panel as part of the appeal for the Committee to address. I did not make the definitive decision on how grant application would be assessed, so I was not able to address the applicant's concerns about the process, but the committee could do this.

- 65. On receiving a complaint from a beneficiary alleging that the trust was being unfair and inconsistent, did you investigate the complaint? Please explain your reasons why or why not.**

Response:

If I had received a complaint document, I would have presented this to my manager. My manager would then investigate the complaint and may have asked for my input such as finding the case file and creating a summary of all grants provided. My manager and the CEO would then take this complaint further.

- 66. Please refer to [MACF0000026_098]. After attending a home visit with Mark Simmons and the MFT's appointed occupational therapist, Kay Harris, why was it decided that a further assessment was required by a different occupational therapist? How did the MFT respond to allegations by beneficiaries that the trust was financially driven as opposed to needs driven?**

Response:

I cannot recollect why a further assessment was required in this case by another Occupational Therapist. I do know that a decision such as this would have been made by the Committee, rather than by myself as a grant processor, as I did not have the authority to make such a decision. Although I am referred to as the Trust's Social Worker, I did not hold this professional position at the charity. I just had the qualification.

I only vaguely remember this case. I think it was for extensive ground floor home adaptations and possibly to be looked at through the reserves home improvements project. There was a panel of Trustees that looked at these cases.

Section 5: Relationship with Government

67. Were you aware of any oversight by the Department of Health (or any other Government department) over the MFT and the CF? In particular, did the Department of Health have any involvement with and/or give any direction/guidance to the MFT and the CF (and if so, what?) in so far as you were aware as to:

a. the content of any policies adopted by the MFT and the CF;

Response:

The majority of the policies were in place prior to me working for the MFT and I believe CF used most of the MFT criteria as a starting point. I can only assume the DH were involved or were aware of the grants that were being allocated. Funding requests were submitted annually and I would assume they would have had access to the annual accounts.

b. how the MFT and the CF should discharge its responsibilities to the beneficiaries;

Response:

I am aware of various meetings taking place between the MFT/CF with the DH but I was not present to comment on the content of these.

c. the kinds of applications the MFT and the CF should grant; and/or

Response:

I do not know.

d. the quantum of the grants/payments it should make?

Response:

The DH set the lumpsum payments and non-discretionary annual amounts (paid monthly or quarterly). We would wait for the DH confirmation of the CPI rate to use to inflate the previous year's payment, but I am unsure if the DH was involved in setting all grant amounts.

68. In your role as a Welfare Support Officer, were you aware of any difficulties faced by the MFT and/or the CF in obtaining funding from the Department of Health? If so, please set out your knowledge of these difficulties.

Response:

I am aware of funding requests being made and that annual funds were not guaranteed so a reserve was kept for a worst-case scenario event of being declined funding. I have it in my mind that the reserves were at a level to allow the charities (or just MFT, I'm not sure), to function for at least a year or 18 months at the current rate of regular payments being administered.

- 69. How much information did staff at the MFT and the CF receive from trustees and board members about the financial situation of the MFT and the CF, including how much funding had been provided to the schemes each year?**

Response:

I have the figure of 2.2m in my mind for MFT/MFET funding. I don't know if this is accurate. I think this was just MFT/MFET.

I think Caxton had a higher budget but I cannot recollect any amounts or evidence any of this. I was not on the Financial Committee and I do not believe this was freely discussed with staff.

- 70. Did you, or others within the MFT and the CF, raise any concerns and issues with the Department of Health about the funding, structure, organisation or running of the MFT and the CF, or about the involvement of the Department of Health, or about any other matter? If so, please explain what concerns and issues were raised. What was the response of the Department to those matters being raised?**

Response:

I remember an application being made for increased funding but cannot remember which year. I believe this was declined due to the level of reserves we kept. I am unable to give any more information than this. I was not involved in this process. This would have sat with senior management.

- 71. What if any contact did the MFT and the CF have with the Department of Work and Pensions ('DWP')/its predecessors in relation to welfare benefits? In particular:**

- a. Were you aware of any beneficiaries having their benefits stopped as a result of the assistance they received from the AHOs?**

Response:

Yes. I recall this occurring when there was a national change in benefits

from Income Support to Employment and Support Allowance. It also happened when Disability Living Allowance changed to Personal Independence Payments.

I believe many MFT beneficiaries were granted their benefits under 'special rules' and believed their benefit would be paid for their lifetime. I think HIV was downgraded from terminal to a manageable condition and those that were on 'special rules' were reassessed, which resulted in some benefits stopping.

During the assessments, I recall being told that some DWP workers would issue letters alleging fraud, assuming that the beneficiary was making a false claim as they were receiving MFT/SF monies.

b. Did the MFT and the CF take any steps to prevent this happening? If so, what? If not, why not?

Response:

Yes. Martin Harvey, CEO met with DWP representatives and organised for a joint DWP letter to be made available for MFT to send to applicants to show, as evidence, that the payments should be disregarded for benefits calculations. There was also guidance sent around to DWP staff on disregarding these benefits. I believe Jan Barlow, CEO may also have updated this letter.

Neil Bateman, Benefits adviser would also fight cases where benefits had been incorrectly stopped. Emergency payments, increases in top-up payments and also buying a car where DLA was stopped and the mobility vehicle was removed, were undertaken to assist applicants whilst going through the issue.

c. Did the MFT and the CF raise this issue with the DWP/its predecessors and if so what was the response?

Response:

Yes – please see my response to Q71b

Section 6: Other

72. Do you consider that the MFT and the CF were well run? Do you consider that they achieved their aims and objectives? Were there difficulties or shortcomings in the way in which the MFT and the CF operated or in their dealings with beneficiaries and applicants for assistance?

Response:

I would say yes. I worked there for many years and although it was sometimes difficult to work for a charity whose most vocal beneficiaries didn't want it to exist, for those who accepted the reasons, they would engage with the charity positively and on a personal level, we had many pleasant conversations. It is worth noting that because I was the main person responsible for processing MFT grants, I was very familiar with the beneficiary community, attended events with them, and would occasionally receive cards, flowers and praise from beneficiaries and their families.

I do believe that things became more regimented from 2014. Prior to this, some beneficiaries felt the system was unfair, as someone would be awarded a grant and another would be declined, even though they believed their circumstances were the same. Some people didn't like the change in 2014, but others could see that it made the system better.

Other changes from 2014, especially the decision to no longer hold events, moved the staff further away from the beneficiary community, which historically had been quite close.

As to the CF, this was still in start-up mode in 2014 and I think it experienced all of the initial issues the MFT had also faced: people did not want a charity or to be means-tested.

I think their position was better than MFT, as they were able to utilise the structures already put in place by the MFT and build on this in the way the CF Trustees wanted. I think they also had a 'user group' of applicants that fed into the services.

73. Did you receive training about hepatitis C and HIV; the effects of the illnesses; and the impacts the illnesses had on beneficiaries? Do you think the policies or guidelines at the MFT and the CF reflected the difficulties that beneficiaries experienced of living with the illnesses?

Response:

Yes, I received training about hepatitis C, HIV and haemophilia. There were various sessions delivered by a variety of specialists – I have listed some of my training in Q9.

However, I must say that you did not need to have this knowledge to be able to process grant requests. For any health-related requests, we would ask for recommendations / supporting medical reports from hospital social workers, doctors, nurse, consultants who would all provided their professional opinion on what was being requested.

The policies or guidelines at the MFT and the CF reflected the difficulties that beneficiaries experienced in living with the illnesses by providing an opportunity to apply for items relevant to some of the illnesses such as counselling, mobility equipment, respite breaks, pre-payment certificates (for medications), adaptations and home repairs and education-related courses to get into employment.

I think the difficulties that the charities faced were knowing the full extent of singular and co-infections, co-infections with haemophilia and ageing with these illnesses. The health circumstances of the beneficiaries varied so much. Some would have no symptoms and could work full-time earning a salary beyond the financial remit of the charity, whereby others could be immobilised and not working. Some had families and children. Some have had family members die and them survive. I'm not sure how a charity is able to cover all of these scenarios, I think the office guidelines offered a wide range of support before and after 2014.

74. Please provide any other information you may have that is relevant to our Terms of Reference.

Response:

I don't believe I have anything further to say that would assist the Inquiry in fulfilling its terms of reference.

Statement of Truth

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

Signed GRO-C _____

Dated 30/08/21 _____