

WELFARE REFORM COMMITTEE

WOMEN AND WELFARE INQUIRY

WRITTEN SUBMISSION RECEIVED FROM NHS GREATER GLASGOW AND CLYDE

1. Introduction

NHS Greater Glasgow and Clyde is committed to tackling the impact of poverty on women and their children. We have developed a range of work with other partners on financial inclusion, employability and child poverty which are informed by a gender analysis.

A social security system which supports people at times of crisis and at transition points in their lives is essential to promoting health and well-being. A combination of welfare reform changes, a harsh economic climate, existing barriers to the labour market and austerity measures have had a significant negative impact on women and their children. This response highlights some of the key issues for women from a health perspective as demonstrated in our research and from the experience of our patients and clients.

2. Questions:

- **What is your (or your clients) experience of being on benefits or employment support?**
- **How has your (or your clients) experience with the benefit system changed in recent years since the introduction of the welfare reforms?**
- **Are there any challenges involved in being in receipt of your (your clients) particular benefits?**

2.1 Dignity and Respect

In a study commissioned by the Glasgow Centre for Population Health (GCPH) into the barriers and opportunities facing lone parents moving into paid work¹, the findings confirmed other evidence on the Jobseeker regime. Lone parents in Glasgow that took part in this GCPH study reported feeling pushed into applying for, or accepting, jobs they did not want, with those distant from the labour market not finding the jobseeker regime helpful in getting them into work. The study also found inflexible approaches being inconsistently and inadequately applied by Jobcentre staff.

In a seminar event to feedback on the GCPH research findings, some lone parents from Glasgow city that took part in the study spoke articulately and movingly about how the reformed benefits system, as it is currently delivered, made them feel they were not being treated with dignity and respect, but left them feeling worthless and stigmatised.

¹ GCPH, BP 46: Barriers and opportunities facing lone parents moving into paid work, 2014
http://www.gcph.co.uk/publications/535_bp_46_barriers_and_opportunities_facing_lone_parents_moving_into_paid_work

A recent report by a group of psychologists and psychiatrists expressed concern that austerity and welfare policies have had a negative impact on mental health.² They believe that the current rhetoric which has promoted the idea that those who use welfare benefits are worth less ('shirkers') than those who work ('strivers') has led to a psychological impact of; humiliation and shame; fear and distrust; instability and insecurity; isolation and loneliness; being trapped and powerless as characterising these impacts. This is despite the fact that over half of people experiencing poverty are in work. They highlight some important indicators of a psychologically healthy society: agency, security, connection, meaning, trust.

2.2 Insufficient Income

In an analysis of other data sources, the GCPH study noted that in absolute terms, one in five lone parents struggle to keep up with bills and debt payments with one in three unable to afford to keep their house in a decent decorative condition, or have a hobby. The data sources revealed that over half of lone parents do not have money to spend on themselves. The daily reality of coping with these difficulties was described by a parent that took part in the study:

“You just scrape by on your benefits really. By the time you pay your bills and get the shopping... I manage. I’ve got to manage!”

Lone parent, 26 years old, with three children (six, two and one).

There was a five-fold increase in food bank use in Scotland between 2012 and 2014. In 2013/14, 71,428 people used food banks, which include 22,387 with children. The three key factors behind this dramatic upward trend were: in-work poverty, delays in benefit payments and sanctions.

2.3 Sanctions

There is evidence that women will often go without food so that their children can eat.³ From a basic health and wellbeing perspective, this is important, and potentially worrying within the context of the increasing numbers with children using food banks and the numbers of lone parents facing welfare sanctions. In Glasgow, 40% of families with children are lone parent families (the highest local authority rate in Scotland). More than 90% of lone parents in the city are female.

At a Scotland level, since 2005 there has been an almost 16-fold increase in the numbers of lone parents claiming Jobseeker's Allowance (JSA), reaching 9,320 claimants in August 2014. Alongside this rise in claimants, there has been a nine-fold increase in the numbers of lone parents facing JSA sanctions: rising from 533 in 2009 to 4,546 sanctions in 2013.

² The Psychological Impact of Austerity, 2015, PAA

<https://psychagainstausterity.files.wordpress.com/2015/03/paa-briefing-paper.pdf>

³ Women, Children and Poverty, NHSGGC, 2012 www.phru.net.women, children and poverty

Of equal, if not more, concern, a recent Freedom of Information request by the national charity, One Parent Families Scotland,⁴ revealed that a sizeable number of lone parents on Income Support were also being sanctioned. Despite being widely perceived as a group shielded from the new, tougher sanctions regime, between July 2012 and June 2013, there were 6,020 Lone Parent Income Support sanctions in Scotland - nearly 30% of these sanctions occurred within NHS GGC.

2.4 Domestic Abuse

In Scotland, during 2012 and 2013 just over 60,000 people reported domestic abuse, with 80% of these a female victim. Lone mothers tend to have worse health than couple mothers and are much more likely to report domestic violence. Utilising data from the Growing Up in Scotland study, the GCPH study showed that almost half of lone parents reported experiencing some type of domestic violence with just over a quarter reporting physical violence. In contrast, only 7.4% of couple parents reported any type of domestic violence, with 3.4% reporting physical violence.

In April 2013, GEMAP Scotland Limited in partnership with Glasgow East Women's Aid received funding for the Women's Financial Support Project. This project was funded by the NHS Glasgow City Community Health Partnership in the North East Sector. Both organisations saw a clear need for enhanced financial support for women who were experiencing or had experienced domestic abuse. The aim was to empower women to gain confidence in dealing with financial issues and access emotional support from an informed position, leading to a healthier, more positive lifestyle. This innovative, needs led service aimed to reduce material deprivation that many families in the North East of Glasgow face, as well as improving the standard of living for women and children in the process. A case study is included in the Appendix which illustrates the huge impact domestic abuse has on women's financial, benefits and housing situation and the support one woman received from the project.

2.5 Mental Health

The GCPH Mental Health Profiles⁵ showed that women in GG&C had disproportionately high levels of depression compared to both men in GG&C and women in the rest of Scotland. In GG&C, 19% of women had depression – 124% higher than men in GG&C. In contrast, 8% of women in the rest of Scotland had depression; only 50% higher than men from the rest of Scotland. Consistent with this, high levels of hospital episodes for mood-related conditions (largely depression) were also seen for women in GG&C. Other domains where women had much worse outcomes compared to men included suffering domestic violence (227% higher) and having caring responsibilities (103% higher).

Within the context of these poor mental health profiles that women in GG&C face, there has been widespread coverage of the problems people have faced with the Employment and Support Allowance (ESA) assessments, particularly in relation to

⁴ DWP FoI No 4873 / <https://www.whatdotheyknow.com/body/dwp>

⁵ Shipton D and Whyte B. Mental Health in Focus: a profile of mental health and wellbeing in Greater Glasgow & Clyde.

Glasgow: Glasgow Centre for Population Health, 2011. www.GCPH.co.uk/mentalhealthprofiles

mental health. A report by MIND showed the impact of sanctions on people with mental health issues. From October 2008 to June 2013, there were 64,890 adverse ESA sanction decisions. The most affected group are people with mental and behavioural disorders, at 27,680 cases (42.66%).⁶

Loss of income and stigma through sanctioning or changes in benefits are very large risk factors in precipitating mental health problems and suicide. The very fact that people are having their income changed creates a risk. The above data suggests that welfare reform changes will have a disproportionate impact on women experiencing depression.

The Directors of Public Health in Scotland warn that a new scoring system to decide if claimants with mental health issues can get Employment and Support Allowance because of a risk of harm to themselves or someone else will discriminate against women. The new guidance is proposing a very basic screening tool that seeks to predict who is at highest risk of suicide or other problems. However, this is highly problematic and not nearly sensitive enough. It is much more likely to discriminate against women. Due to a number of complex and interacting factors, there is a higher incidence of self-harm amongst females than males, whilst the incidence of suicide is higher in males.⁷ The Directors of Public Health in Scotland have issued a statement challenging this guidance as discriminatory.

2.6 Child Poverty

Poverty has a significant impact on children's health and in Glasgow one in three of all children are estimated to be living in poverty, meaning over 36,000 children.⁸ In some neighbourhoods in Glasgow over half of all children live in poverty. In East Dunbartonshire and East Renfrewshire, although relatively more affluent areas, one in ten children live in poverty which remains a significant number. As welfare reform changes are implemented the benefit system is failing to protect vulnerable women and children making them more at risk of poverty.

Launched in November 2010, the Healthier, Wealthier Children (HWC) project aimed to develop new approaches to providing money/welfare advice and help to pregnant women and families with children at risk of, or experiencing, poverty, across NHS Greater Glasgow and Clyde. A key aim of the project was to establish accessible, sustainable referral pathways between early year's health staff and money/welfare advice services, to maximise income and provide financial advice and support to vulnerable families, with a view to mainstreaming this child poverty response within health and financial inclusion services to alleviate child poverty. Healthier, Wealthier Children was a partnership approach between NHS Greater Glasgow and Clyde, Glasgow City Council, other local authorities, third sector organisations and the Glasgow Centre for Population Health. The project was funded by the Scottish Government and operated across the ten Community Health (and Care) Partnerships (CH(C)P that existed across NHS Greater Glasgow and Clyde in 2010. Routine enquiry around money and debt worries in children and families services in

⁶ We've got Work to Do, MIND, 2014 http://www.mind.org.uk/media/1692930/back-to-work-report_2015_web.pdf

⁷ Prevention of suicide and self-harm: Research briefing. NHS Health Scotland 2014

⁸ Understanding Glasgow <http://www.understandingglasgow.com/indicators/children/poverty/overview>

children and families services has now reached £8.5 million financial gain and nearly 9000 referrals, since the inception of this programme in 2010, with associated outcomes such as reduced stress for families and improved budgeting. The evaluation of Healthier Wealthier Children can be found [here](#)

Case studies are included at the end of the report from Healthier Wealthier Children which show issues in relation to families experiencing childhood disability and relationship breakdown and how the service helped them.

3. Question: What would be your priorities for change when certain benefits / elements of employment support are devolved to Scotland?

The main priorities would be:-

- A social security system which supports women in pregnancy and children's early years and advice services which understand and can respond to domestic abuse.
- The dignity of clients is embedded into the social security system and there is an end to stigma surrounding benefit claimants.
- The punitive sanctions regime is removed, particularly in relation to women with children, but also young people who are, after all, future parents who should not start out family life carrying debt and other issues associated with poverty.
- Issues for older women, such as kinship carers, who are often keep the family together in very adverse circumstances, are recognised and supported through the benefits system and other support agencies.
- The EAS assessment is better designed to meet the needs of people with mental health issues.

These actions would have an immediate and long-term impact on health and well-being.

Additionally, an urgent action is currently required to ensure that the assessment criteria in the EAS guidelines on 'substantial risk for claimants with a mental function problem, particularly in relation to self-harm and suicide risk' is revised to ensure it does not discriminate against women.

4. Question: Do you have any suggestions of practical improvements that you would like to see when certain benefits / elements of employment support are under Scottish control?

Many of our suggestions are incorporated above. We have a substantial body of evidence in Greater Glasgow and Clyde on what works in relation to supporting women and children experiencing poverty such as Healthier Wealthier Children and the Women's Financial Support Project. This approach would be replicable across Scotland and Health Scotland is currently looking at this.

We are also planning secondary analysis of welfare reform in the NHSGGC Health and Wellbeing study including a boost for BME communities which will add to our evidence on the impacts in relation to women and other groups.

Jackie Erdman
Corporate Inequalities Team Manager
NHSGGC
29th April 2015

With thanks to Glasgow Centre for Population Health and One Parents Families Scotland.

Appendix- Case Studies

Women's Financial Support Project- East End

K came into our offices last November after the police had advised her to come due to recurring incidences involving her and her ex-partner. K has 4 children to her ex and all the benefits were in his name including the house. She was very distraught as she still relied on him completely to give her money for the children and some weeks due to his drinking he would give her very little to the point where she was struggling to feed the children. As well as give her food to take away there and then, an appointment was made with a money advisor and the homeless caseworker. The money advisor was able to help K to apply for the child tax credits and family allowance in her name, which she now has. She had wrongly been advised by the housing association that she had no rights to the house she rented as her name was not on the lease and that her ex-partner could put her out at any time. Angela the homeless caseworker advised her that this was not the case as it was the family home. As it took some time to sort out the benefits, GEWA were able to provide a Christmas hamper to K as well as gifts for her children to help ease the financial burden of Christmas.

Although K now is not financially reliant on her ex-partner, she is still intimidated by him, especially as she is living in an area where he and his family are very close. Therefore after much debate as it means changing her children's schools, she wants to move back to the East end of Glasgow to be closer to her family and away from the continued harassment and isolation. Another appointment has been arranged with Angela to help facilitate this and ongoing emotional support will be provided to K in the meantime.

Healthier Wealthier Children

1. Client referred by family support worker. Client recently separated from partner very stressed.
 - Young women with two children one under 5 with long term illness.
 - Child has had various operations but has not been diagnosed.
 - Income Max got support to complete D.L.A application for child

- Client has a lot of Debt to Brighthouse to a sum of £6,000 for a suite and television and a small amount to Provident, client paying off debt at £33.00 a week.
- Client only had 2 payments to go to finish of paying for suite but had just got the television

Outcomes

- Income Max got client a mentored loan through Credit union and Money Matters for £500.
 - Money Matters negotiated with Brighthouse for client to return television.
 - With the £500 loan the client bought a new television from Tesco.
 - Client now only paying £12 per week back for mentored Loan of which £2.00 is being put into her credit union, by the time client has paid off loan she have savings for the first time.
 - Money Matters got her re-payments to Provident down to a £1 per week and changed clients energy over to the social tariff saving her another £7.00 per week.
 - Client was unsuccessful on the first application for D.L.A – Welfare Rights Officer appealed was given D.L.A and higher rate tax credit and carers allowance which has given the family an additional £130 per week.
 - It has taken nearly 5 months' work to get final outcomes.
2. Mum with 2 children under 7. Son suffering from learning difficulties and bowel problems. Mum required replacement bed and bedding, washing machine and clothes.
- Community Care grant of £373 awarded after initial rejection. Only successful because GEMAP persisted given patient under severe emotional and financial pressure.
 - Disability Living Allowance applied for. Son awarded high rate care for 2 years on 5th April but the award was backdated to 11th March. Mum did not wish to appeal the fact that no mobility component was awarded.
 - As there was an award of high rate care this led onto the client being eligible for Carer's Allowance. Third appointment made to complete forms and benefit awarded. A backdate had been requested and granted to the 11th March when the DLA was awarded.
 - This then led to a review of patient's Income Support so that all relevant premiums could be added and recalculated.
 - Patient went from receiving £255.00 per week to now receiving £451.71 per week for all benefits.
 - All backdated money received as lump sum was £2,360

Patient says:

"I have found the service really beneficial and was shocked at how much I was actually entitled to after the Job Centre initially rejected my case. If only there were a million Trishas [GEMAP Income Maximiser] out there