Women's Regional
Consortium

# Shaping future support: the health and disability green paper

## Issued By: Department for Work and Pensions

## August 2021

### 1.0 Introduction

This response has been made by The Women's Regional Consortium in Northern Ireland which is funded by the Department for Communities and the Department of Agriculture, Environment and Rural Affairs in Northern Ireland.

The Women's Regional Consortium consists of seven established women's sector organisations that are committed to working in partnership with each other, government, statutory organisations and women's organisations, centres and groups in disadvantaged and rural areas, to ensure that organisations working for women are given the best possible support in the work they do in tackling disadvantage and social exclusion. The seven groups are as follows:

- Training for Women Network (TWN)
- Women's Resource and Development Agency (WRDA)
- Women's Support Network (WSN)

- Northern Ireland Rural Women's Network (NIRWN)
- Women's TEC
- Women's Centre Derry
- Foyle Women's Information Network (FWIN)

The Women's Regional Consortium is the established link and strategic partner between government and statutory agencies and women in disadvantaged and rural areas, including all groups, centres and organisations delivering essential frontline services, advice and support.

### 1.1 The Impact of Austerity & Welfare Reform on Women

Austerity and welfare reform policies which have been progressively introduced since the last recession have undoubtedly had more of an impact on women than men. Women experience the impact of austerity and welfare reform policies as mothers and carers as well as being more likely to rely on welfare benefits than men. Research by the House of Commons Library shows that 86% of the savings to the Treasury through tax and benefit changes since 2010 will have come from women.[1]

It could be argued that the impact of austerity/welfare reform changes will be greater for women in Northern Ireland. The socio-economic conditions in Northern Ireland are such that there are likely to be greater impacts here not least due to the legacy of the Troubles, significantly higher levels of economic inactivity and higher rates of sickness/disability benefit recipients.[2]

Pre-Covid-19 the Women's Budget Group[3] highlighted that disabled people have been disproportionately affected by austerity cuts since 2010. Disabled women are set to lose 13% of their annual net income by 2021 from cumulative tax-benefit changes. Disabled lone mothers lose out the most from tax and benefit changes

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[1] Estimating the gender impact of tax and benefit changes, Richard Cracknell, Richard Keen, Commons Briefing Papers SN06758, December 2017
Estimating the gender impact of tax and benefits changes (parliament.uk)

[2] An anatomy of economic inactivity in Northern Ireland, Working Paper, Ulster University Economic Policy Centre, November 2016
https://www.ulster.ac.uk/__data/assets/pdf_file/0004/181435/UUEPC-Inactivity-Discussion-Paper-Final-Report.pdf

[3] Disabled Women and Austerity, Women's Budget Group, October 2018
https://wbg.org.uk/wp-content/uploads/2018/10/Disabled-women-October-2018-w-cover-2.pdf

since 2010. By 2021 they will lose 21% of their net income if they do not have a disabled child and 32% if they do.

The women's sector in Northern Ireland has long recognised the impact of austerity and welfare reform policies in Northern Ireland in its work with local women. Research by the Women's Regional Consortium has continued to highlight the gendered impacts of welfare reform and has cautioned on the dangers of gender neutrality in policy making and resource allocation which obstructs the achievement of substantive equality between women and men.

We refer the Department to our detailed research paper on the Impact of Austerity and Welfare Reform on Women which was published in March 2019. This research paper provides a series of recommendations which are important in the context of this consultation particularly that:

- Government should use a gender lens, embedded in the human rights framework, to analyse policies for gender bias, improve the policymaking process and avoid adverse effects on women's human rights like those which we have seen with austerity and welfare reform policies. This should include rural-gender proofing to address interacting structural and other barriers to accessing services and economic participation that can particularly impact women in rural areas.
- Further research is required in Northern Ireland to establish the impact of austerity and welfare reform measures on women as well as the likely effects of ongoing austerity/welfare reform into the future. This research should prioritise the adverse implications for the most vulnerable including those who suffer multiple disadvantage. The Consortium agrees with the CEDAW Committee recommendation that government should undertake a comprehensive assessment on the impact of austerity measures on the rights of women[4] and adopt measures to mitigate and remedy the negative consequences without delay.

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[4] Concluding Observations on the eighth periodic report of United Kingdom of Great Britain and Northern Ireland, CEDAW/C/GBR/CO/8, March 2019 (para 17) https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GBR/CO/8%20&Lang=En

## 1.2 Universal Credit and Women

There is substantial evidence to suggest that Universal Credit is failing the most vulnerable causing severe and ongoing problems for many claimants. Aside from the major problem of the five-week wait and associated issues with Advance Payments there are problems with the online nature of the benefit, how childcare costs are paid, the single payment, the rigidity of Universal Credit assessment periods and increased conditionality and sanctions. Many of these problems are likely to have greater impacts for women.

Structurally women are more likely to have to claim social security benefits due to their concentration in low paid, part-time and insecure work and traditional gender roles which make them more likely to provide childcare and other caring roles. The amalgamation of a number of existing benefits into Universal Credit has meant that this is now the key benefit for many women and families who will have to rely on it if they are on a low income, out of work or unable to work due to sickness.

We refer the Department to detailed research undertaken by the Women's Regional Consortium into the Impact of Universal Credit on Women. This research paints an overwhelmingly negative picture of life for women living on Universal Credit fraught with financial insecurity, worry, debt and in some cases cold and hunger. It highlights how the design of Universal Credit does little to protect women and their children from living on low incomes and poverty.

The importance of Universal Credit to act as a safety net for people in difficult times cannot be understated. This is even more evident as a result of the Coronavirus pandemic which saw claimant numbers in Northern Ireland and across the UK experience dramatic increases at the height of the pandemic. Before the pandemic women were already more vulnerable to poverty but job losses and the need to provide increasing levels of unpaid care are likely to increase poverty and dependence on social security benefits especially for women.

In its recovery response to the pandemic the Women's Regional Consortium believes it is important for Government to ensure that Universal Credit provides adequate support to enable people and families to recover from this crisis and get back on their feet. Crucial to this response is that women do not pay the price for the resulting recession, as they did for the last one, and Universal Credit is an important part of any recovery response.

There is now an even more urgent need for Government to act to resolve some of the problems identified with the design of Universal Credit so that it can help to prevent hardship and poverty and provide genuine support when women and families need it most. There is also the potential for local action by the Northern Ireland Assembly to strengthen the existing mitigations package to account for some of the new challenges resulting from Universal Credit. This would undoubtedly help to protect the many women and families who are so negatively impacted by Universal Credit.

We point the Department to the recommendations from this research paper particularly the following:

- We recommend that in its recovery response Government should apply an intersectional gender lens to social security policy, particularly in relation to Universal Credit, so that policies are developed and implemented to specifically support women who have been impacted by the Coronavirus crisis.
- The Women's Regional Consortium recommends that the increase to the standard allowance of Universal Credit should be made permanent to help protect claimants from poverty and allow them to meet their basic living costs. We also recommend a further £20 per week increase to the child element of Universal Credit to specifically support families with children through the crisis and as we emerge from it.
- The Women's Regional Consortium recommends an end to the five-week wait. While the five-week wait remains we recommend that Advance Payments are turned into non-repayable grants instead of loans to help prevent claimants getting into hardship and debt. Locally, we back calls from the Cliff Edge Coalition for the DfC to consider providing an automatic grant from the Universal Credit Contingency Fund for all those who are claiming Universal Credit for the first time.

- We recommend that the DfC should do much more to inform claimants about the help available through the Contingency Fund and should work to simplify the process for claiming this help as much as possible.
- We recommend the removal of the two-child limit in Universal Credit and Tax Credits. Locally we back calls from the Cliff Edge Coalition for the DfC to provide an additional payment to families who have children and who are impacted by the two-child limit.
- We recommend that the process of making and managing Universal Credit claims should be more user-friendly providing more options for claimants who struggle with the online process. This should include the availability of more face-to-face contact to provide additional support to those who need it.
- The Women's Regional Consortium recommends that Universal Credit staff members are well trained in the benefit and sufficiently resourced to answer queries on time. We also stress the importance of claimants having access to free, independent advice and recommend specific funding for community level information, advice and advocacy work that reaches out to those who are the most vulnerable and marginalised to ensure they can access their rightful entitlements.

### 1.3 Personal Independence Payment

It is important to note that Northern Ireland has traditionally had a much higher proportion of people claiming disability benefits than other areas of the UK. Prior to the introduction of PIP around one in nine people in Northern Ireland (208,760 people) were on DLA.[5] At that time Northern Ireland had proportionately twice as many people claiming DLA compared to the rest of the UK. The latest PIP statistics available show that there were 156,580 PIP claims in payment as at May 2021[6] and of these 82,810 (53%) were paid to women.[7]

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[5] Northern Ireland Benefits Statistics Summary, Department for Social Development, November 2015 https://www.communities-ni.gov.uk/sites/default/files/publications/dsd/benefit-statistics-summarynovember-2015.pdf

[6] Personal Independence Payment (PIP) Experimental Statistics, Department for Communities & NISRA, May 2021
Personal Independence Payment Statistics (communities-ni.gov.uk)

[7] Personal Independence Payment Statistics - May 2021 | Department for Communities (communities-ni.gov.uk)

Northern Ireland has a higher incidence of mental health conditions per head of the population than GB.[8] PIP claimant statistics show that psychiatric disorders are the main disabling condition accounting for 42% of awards.[9] The high claimant rate for PIP in Northern Ireland and the prevalence of claims for psychiatric disorders must be important considerations for this consultation.

In 2020 the Women's Regional Consortium made a detailed response to the Second Independent Review of Personal Independence Payment Assessment Process in Northern Ireland. The submission was based on evidence from local women within the network of local women's centres in Northern Ireland. Their lived experiences provided evidence on where the problems with the PIP process exist and how these can be fixed. We urge the Department to consider the issues and experiences outlined in this response as part of this consultation exercise.

### 1.4 Feminist Recovery Plan for Northern Ireland

In July 2021 the Women's Policy Group relaunched a Feminist Recovery Plan for Northern Ireland. The Women's Regional Consortium is represented on the WPG and we urge the Department to take particular note of the issues raised within the Plan in relation to disability and social security. We point the Department to Section 1.4 of this plan which addresses some of the key issues women experience within the social security system including hardship and debt caused by the Universal Credit process in particular the 5-week wait. It also highlights the impact of the welfare reform/austerity changes including the impact of the two-child limit, the benefit cap and the bedroom tax as well as the issues women face with the PIP process. We also refer the Department to Section 2.8 of the plan which details the issues for disabled women in relation to employment and the PIP process.

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[8] Mental Health in Northern Ireland, Northern Ireland Assembly Research and Information Service, NIAR 412-16, January 2017
http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2017/health/0817.pdf

[9] Personal Independence Payment (PIP) Experimental Statistics, Department for Communities & NISRA, May 2021
Personal Independence Payment Statistics (communities-ni.gov.uk)

## 1.5 Consultation Questions

We have not attempted to answer the specific questions asked in the consultation exercise. Instead we have provided general information under the relevant Chapter headings where we believe we have the necessary information, knowledge and evidence to support our answers.

## Chapter 1 Questions: Providing the Right Support

### Government focus on online

We suggest that the Government's focus on the provision of online information, advice and signposting is insufficient to reach some people particularly those who are the most isolated and vulnerable. There are issues with broadband access (particularly in rural areas) and cost implications with some the most disadvantaged unable to afford the extra costs associated with internet use. For others there are issues with a lack of digital skills and understanding of the online environment which could preclude them from getting the information and advice they need.

Government emphasis on directing people to websites, such as **GOV.UK** and in Northern Ireland **nidirect**, for information in relation to social security benefits is simply not good enough to ensure that people receive the right support. From our work with local women we know that many find out information on social security benefits and other Government help available through more informal networks, for example, from their sister or friend or from the woman sat next to them in their local women's centre.

An example of this is the Contingency Fund[10] in Northern Ireland. It was proposed by the Welfare Mitigations Working Group and introduced in the package of Northern Ireland mitigations.[11] However, an Audit Office report highlighted that uptake of the Universal Credit Contingency Fund has been low *"which may suggest difficulties in*

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[10] The Universal Credit Contingency Fund is a non-repayable grant to cover living expenses if you find yourself in financial difficulty at any stage between applying for Universal Credit and receiving full payment of your first award - subject to meeting eligibility criteria (indirect)

[11] Welfare Reform Mitigations Working Group Report, January 2016 https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/ofmdfm/welfare-reform-mitigations-working-group-report.pdf

*accessing these payments, a lack of awareness or an overestimation of need."*[12] Research by the Women's Regional Consortium into Universal Credit[13] showed that 86% of the women we spoke to as part of the research had not heard or did not know about this important help to get them through the 5-week wait.

This is despite information on the Contingency Fund being available on the **nidirect** website and in claimant's Universal Credit journals. It is also clear that claimants are not being signposted to this help. Women told us how important this non-repayable grant would have been to them and how it would have helped them avoid further debt, hardship and distress as detailed below:

> ***"They need to tell people about the help available (referring to the Contingency Fund). You just don't know about it. It would have helped me not get into further debt."***
>
> ***"If I had known about the Contingency Fund that would have really helped me. Now they are taking £75 a month off me and I'm really struggling and getting more and more in debt."***

Of the women we spoke to in our research only two had been able to get a Contingency Fund payment. One had heard about it through her sister who had received a payment and the other used to work within the social security system and had previous knowledge of this payment. This is an illustration of how online only information does not work and a singular focus on online information just serves to ensure that people miss out on the help which is available. Government must investigate how people, especially those who are the most marginalised, access information and advice and invest in these areas so that people do not miss out on the help and support that they are rightfully entitled to.

Since 2010, government policy has assumed the majority of consumer interactions with government services will be carried out online. This has been the case for the

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[12] Welfare Reforms in Northern Ireland, Northern Ireland Audit Office, 17 January 2019 https://www.niauditoffice.gov.uk/sites/niao/files/media-files/Welfare%20Reform%20Report%202019.pdf

[13] The Impact of Universal Credit on Women, Women's Regional Consortium Northern Ireland, September 2020 http://www.womensregionalconsortiumni.org.uk/node/150

introduction of Universal Credit which is primarily a digital service. Claimants must register and manage their entire claim online. The online nature of Universal Credit means that access to the internet and IT literacy are important elements in the accessibility of the benefit. The online claims process is likely to make it more difficult for a range of citizens to claim their entitlements. For example, widespread literacy difficulties, learning disabilities such as dyslexia and language issues, combined with patchy online access, present very real challenges.[14]

Without decent digital infrastructure allowing widespread access to reliable broadband then there are potential issues for the accessibility of Universal Credit and access to support around this. This is a particular issue in rural areas where broadband speeds and superfast broadband availability are lower. While services that deliver superfast speeds are available to 89% of residential premises across Northern Ireland, these services are available to just 66% of premises in rural areas.[15] Before improvements in basic digital literacy can be made in order to help address deepening social and economic inequalities there is a need to address digital accessibility particularly in rural areas of Northern Ireland.

The provision of internet access is not enough on its own and many people need ongoing support to get online and to use digital services. A baseline survey conducted by the DfC to measure readiness for Universal Credit where claims will be made and maintained online showed that 2% of respondents use the internet less than once a month and over a quarter (27%) stated they do not use the internet at all. 44% of respondents stated that they would not be willing to make an application for a benefit or tax credit online. In addition, 60% of respondents stated that they would need help or support to use the benefits and tax service online.[16] The results from a DWP survey in GB show that 54% of claimants were able to register their

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[14] Universal Credit, ubiquitous conditionality and its implications for social citizenship, Peter Dwyer and Sharon Wright, Journal of Poverty and Social Justice, Volume 22, Number 1, February 2014 http://dx.doi.org/10.1332/175982714X13875305151043

[15] Connected Nations 2020, Northern Ireland report, Ofcom, December 2020 https://www.ofcom.org.uk/__data/assets/pdf_file/0022/209443/connected-nations-2020-ni.pdf

[16] Welfare Reform (NI) Claimant Baseline Surveys, DfC, January 2019 https://www.communities-ni.gov.uk/system/files/publications/communities/wr-claimant-baselinesurveysjan19.pdf

Universal Credit claim online unassisted.[17] Overall, more than four in ten (43%) claimants said they needed more support registering their claim for Universal Credit. Three in ten (31%) said they need more ongoing support with using their Universal Credit digital account.

Marginalised citizens are least able to make effective use of e-Government services. They are least likely to be connected, to be aware of services, or have the necessary digital literacy to make meaningful use of such services. As government services become "digital by default" there is growing evidence that the most marginalised are being left behind.[18] This will be problematic for many women including refugee and migrant women, for whom language and IT literacy are often major barriers, rural women, who rely more on public transport to access public services than men, older women and low-income women with limited access.

> ***"I don't know how anyone with difficulty with computers could manage this process. I know a few people who are not confident enough with computers to do it themselves."***
>
> ***"If you ring up the Jobs and Benefits Office you have the option to speak to someone. But with Universal Credit you can't talk to a person. The old system allowed you to speak to a person so that you could understand it. Now for Universal Credit you can't talk to a person you have to put it on your journal."***

### Problems with forms and understanding documentation

It is clear in Women's Regional Consortium research with local women that there are issues with completing long social security forms and with understanding the terminology used in social security benefit applications and letters.

Research with local women specifically on PIP highlighted the following issues:

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[17] Universal Credit Full Service Survey, DWP, June 2018 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/714842/universal-credit-full-service-claimant-survey.pdf

[18] Leaving No One Behind in a Digital World, Hernandez and Roberts, K4D Emerging Issues Report, Institute of Development Studies, November 2018 https://assets.publishing.service.gov.uk/media/5c178371ed915d0b8a31a404/Emerging_Issues_LNOBDW_final.pdf

- 32% of the women who responded to a questionnaire felt that the information sent to them by PIP (including letters and other correspondence) was not easy to understand.
- Women's experience of completing the PIP form was dominated by complaints about the length of the form and how exhausting and distressing it was to complete.
- Women felt that the questions were very repetitive basically asking the same thing over and over again in slightly different ways. This led to many of the women feeling that the form was designed to put them off, that the questions were trying to 'trick' them and it created a fear of writing the 'wrong' answer which could potentially mean that they lose everything.
- Some of the women reported that it was difficult to complete the form due to the nature of their condition. They felt that it was difficult for some conditions to 'fit' in the form the way it is structured and this meant that they found it difficult to describe fully how their condition impacted them. Others reported that it was difficult to detail how they were impacted on their 'bad' days as well as their 'good' days.
- Many of the women (51%) reported getting help to complete the form stating that they would have felt unable to complete it effectively themselves. For many this involved getting help from family members/friends, independent advice agencies and women's centres.
- In some cases, women reported that the deadline for completion of the form was too tight making it difficult for them to complete it properly within the deadline.

These issues are highlighted by the following quotes from the women we spoke to:

***"I get PIP but I don't understand it and what way it works. A lot of the letters are confusing, it's the way they word things and I don't understand them. I panic and worry about what they mean. My daughter has to sort it out for me."***

***"It's the way they word things. It's easier if it is just in layman's terms rather than a lot of medical or governmental terms. They understand but we don't."***

***“I understand parts of the letters but where I don’t I get my son to check it.  Some of the letters are 3-4 pages and it is hard to take it all in and what they mean.  My son would read them to me sometimes.”***

***“I don’t find the letters easy to understand, I usually have to ask my mum to help me or bring it into the Women’s Centre and they help me understand what they mean and what I have to do.”***

***“The form is far too long. I have severe anxiety and completing forms make it worse. I was unsure of what to write and seemed to have to repeat everything throughout the form/booklet.”***

***“I think everyone should have help filling out the form, this should be mandatory.”***

***“I was totally stressed out physically and emotionally filling out the PIP forms.  The amount of repeated questions only with a couple of words changed is a complete joke.”***

***“I wouldn’t have had a clue to put on the form about my worst days.  Without my local advice centre’s help I wouldn’t have went for PIP – I just didn’t understand it.”***

***“I feel having other options instead of filling out a physical form like being able to vocally record answers, or even video record answers, would make the initial making of a claim more accessible to applicants. Especially those with muscular or motor difficulties.”***

***“I had to get help from my local advice centre to complete the form.  It’s very complicated they ask the same question over and over in slightly different ways.”***

***“I really needed help with the form.  They are looking for a lot more detail than what I would have given.   Where I would say a couple of words or two lines they need to know more.  My local advice centre really helped me to word it in the right way.”***

### Advocacy

In terms of advocacy the benefits of having access to free, independent advice and advocacy are evident in the success rates for benefit applications and at appeals.

Given the complexity of the social security system it is vital that all claimants have access to free, independent advice which is available when they need it. This is not about "playing the system" it is about knowing how to input into the system in the right way to ensure the right result. It is fundamentally unfair that a claimant should suffer any detriment because they did not know or could not get help to navigate these complex systems.

We point to the statistics on PIP in relation to the need for and importance of advocacy around appeals. A written answer to an Assembly Question asked by Rachel Woods MLA in September 2020 on the number of successful PIP appeals as a percentage of all PIP appeals[19] received highlights the rise in the numbers of successful appeals over the last number of years. The percentage of PIP appeals that were successful has risen from 0.2% in 2016/17 (PIP was introduced in June 2016), to 20% in 2017/18, 35.3% in 2018/19 and to 76.4% in 2019/20.

A written answer to an Assembly Question asked by Andy Allen MLA on PIP appeals[20] has highlighted the importance of representation at appeals with appellants being twice as likely to be successful with representation than without. During the last three years there have been 14,198 PIP appeals, 59% of which have been successful and 41% have been unsuccessful. Of these appeals 10,154 had representation resulting in 64% being successful and 36% being unsuccessful.

## Access to independent information and advice

Access to information and advice through advice agencies and other organisations such as women's centres is vitally important. These organisations provide trusted spaces situated within local communities and have skilled staff who are able to reach and engage those who are the most marginalised. It is important that claimants have access to free, independent advice in relation to social security claims particularly if they experience difficulties or struggle to understand the process. The

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[19] http://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=306552

[20] http://aims.niassembly.gov.uk/questions/writtensearchresults.aspx?&qf=0&qfv=1&ref=AQW%203545/17-22

Women's Regional Consortium stress the importance of claimants having access to such advice and information. We recommend specific funding for community level information, advice and advocacy work that reaches out to those who are the most vulnerable and marginalised to ensure they can access their rightful entitlements. Advice sector and women's sector organisations must be adequately resourced to continue and strengthen their work on fighting poverty, hardship and debt.

## Chapter 2 Questions: Improving Employment Support

We defer to our colleagues in the advice and disability sectors to provide detailed input to the questions asked in this section but we make some general comments on employment support below.

We refer the Department to our comments in relation to employment which were raised during our research into PIP.[21] Some of the women we spoke to reported that their job (due to the nature of the work or hours worked) negatively impacted on their health but they couldn't afford not to work and so ended up having to stay in these jobs and ultimately make their health conditions worse. As a result of austerity and cuts many disabled people have reportedly been pushed into unsuitable work in order to survive.

For some an award of PIP enabled women to be able to reduce their working hours so that they could both manage their condition and their work. For others it allowed them to stop working that job and provide them with an income until such times as they could find more suitable work. In addition, some other women reported that their PIP award allowed them to pay for the costs of transport to enable them to work or stay in work.

It is also important to note that awards of PIP are not just important in terms of a person's ability to stay in or return to employment. Where claimants are not able to

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[21] Women's Regional Consortium Response to Second Independent Review of the Personal Independence Payment (PIP) Assessment Process in Northern Ireland, March 2020 https://womensregionalconsortiumni.org.uk/wp-content/uploads/2021/04/March-2020-Womens-Regional-Consortium-response-to-Second-Independent-Review-of-the-Personal-Independence-Payment-PIP-Assessment-Process-in-Northern-Ireland.pdf

work PIP awards can be transformative for their lives in terms of their independence, the ability to socialise and travel and the ability to make their lives better through the purchase of specialist equipment/treatments.

> ***“I was able to change employment to a more suitable role and PIP supplemented my income while I made the move.”***
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> ***“Not receiving a PIP award put me in a cycle of working jobs that would make my health worse, because if I didn’t work, I would have no home or food.  I had to choose between my health and money.  Money won. But with no help from PIP.”***
>
> ***“I have ongoing mental health issues and cannot work at the moment. However, had I received PIP while still working, the money I received might have allowed me to reduce my hours without a huge financial penalty (inability to pay rent, for example), which might have meant I would not have lost my job in the first instance.”***
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> ***“I had been working full time and relapsing 3 or 4 times a year.  If I hadn’t been awarded PIP I would have had 2 options – keep working full time and end up very ill or get very ill and come out of work and claim the brew.  PIP gave me options and allowed me some breathing space.  I was able to work part-time hours and be able to afford to feed my children and look after my health.  If I hadn’t been awarded it I would have ended up claiming Universal Credit and not working.”***
>
> ***“It allowed me flexibility to manage my condition which is lifelong. I have had to learn to manage something that I will have the rest of my life and PIP allowed me to do this.  It allowed me to stay in work and has been a lifeline to enable me to do this.  It helped me buffer a substantial loss in earnings.  It has helped me to manage my home, my disability, my work and my health.”***

The consultation asks what more Government could do to work with other organisations and services, local authorities, health systems and the devolved administration to provide employment support and join up local support.  We wish the Government to consider that a one size fits all approach does not always work. There is a real need to take into account the particular issues that exist within the devolved administrations.

We highlight in particular the issues that exist in Northern Ireland which impact on a person's ability to enter and progress in work. Northern Ireland is a society emerging from conflict and the legacy of 'The Troubles' continues to have significant impacts in terms of higher levels of mental health problems and traditionally higher numbers of people claiming disability benefits than other areas of the UK. In addition, Northern Ireland is a low wage economy and has had consistently higher levels of economic inactivity than other regions.

**Mental Health**

*"Northern Ireland has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence of mental health problems than England."* The legacy of the Troubles is recognised as having a significant impact on mental health in Northern Ireland: *"39% of the population in Northern Ireland reported experiencing a traumatic event relating to the Troubles."*

The figures for young people are equally concerning showing the likelihood of continuing high levels of mental health problems long into the future in Northern Ireland: *"anxiety and depression is 25% more common in children and young people in Northern Ireland compared to other parts of the UK."*

A report by the Scottish Association for Mental Health (SAMH)[22] found that Universal Credit is causing hardship and emotional distress for people with mental health problems. The report detailed how good and fair employment can help a person's mental health and moves to simplify the social security system are welcomed. However, it showed that these aims have been undermined through the structure and delivery of Universal Credit and has instead added new barriers for people with mental health problems. SAMH warned that work coaches who make decisions over eligibility are not trained in mental health or disability, applications are digital by default which often acts to exclude those who need support and of the hardship caused by the five-week wait.

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[22] Universal Credit and Mental Health: Recommendations for Change, SAMH, March 2019
https://www.samh.org.uk/documents/ItWasAConfusionReport_ONLINE_VERSION.pdf

The Money and Mental Health Policy Institute found that nearly half of working age people receiving benefits have a mental health problem.[23] Mental health problems can make navigating the benefits system harder sometimes with serious consequences. Many people struggle to navigate the benefits system, including Universal Credit, because of common symptoms such as reduced concentration, increased impulsivity and memory problems. Problems affect all parts of the claiming process, from initial applications through providing evidence and attending assessments, to managing payments and challenging decisions. Claimant's mental health difficulties are being compounded by overly complicated and bureaucratic processes which are causing significant psychological distress for many people already struggling with their mental health.

***"There are a lot of issues for people with disabilities – people who can't express their needs. If they don't have family fighting for them they can't get access to services and support."***

***"I felt degraded on Universal Credit, it affected my mental health and self-esteem. The system does not work and the most vulnerable will be going through hell with this system."***

***"A person centred approach is the only way to go. If it can be tailored towards the person as much as possible it will make a difference. Each person's needs and experiences are different and they should be treated differently."***

### Women, Work and Economic Inactivity

Women's socio-economic status and concentration in lower paid, part-time and insecure work as well as the fact that women are more likely to claim social security benefits keeps their incomes lower over their lifetimes and makes them more vulnerable to poverty and financial hardship.

***"The benefits system doesn't help people to go out and seek work. The jobs women do are often the lowest paid. If they leave benefits for low paid work they just end up getting further into the poverty trap."***

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[23] The Benefits Assault Course, Money and Mental Health Policy Institute, March 2019 https://www.moneyandmentalhealth.org/wp-content/uploads/2019/03/MMH-The-Benefits-Assault-Course-UPDATED.pdf

The region with the highest proportion of jobs paid below the Living Wage in April 2020 was Northern Ireland (25.3%). Women are significantly more affected by low pay than men with more women earning less than the Living Wage in the UK (23.8% compared to 16.6%). Part-time jobs (35.9% or 2.8 million jobs) were much more likely to be paid below the Living Wage in April 2020 than full-time jobs (14%).[24] Women are significantly more likely to work part-time than men with 79% of part-time employees being women.

Women are also more likely to be employed on a zero-hours contract than men with 3.6% of women employed on these contracts compared to 2.8% of men across the UK.[25] Single parents are twice as likely to have a zero-hours contract as other family types.[26]

Women make up half of the working age population however nearly a third of working age women are 'economically inactive'. The Northern Ireland economic inactivity rate has increased to 27% and it is consistently above the UK average (now at 20.7%). The female economic inactivity rate is 30.9% compared to 23% for men.[27] In looking at the detail of economic inactivity it shows that more than a third of women who were unavailable for work gave the reason for inactivity as family/home commitments (61,000 or 34%) and this was the least likely reason for male inactivity (at 8,000 or 6%).[28]

## Childcare

Differing childcare support in Northern Ireland from GB means that parents in Northern Ireland are under more financial pressure. Families in Northern Ireland do not have access to the same support that is available in other parts of the UK such

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[24] Employee jobs paid below the Living Wage: 2020, Living Wage Foundation, November 2020 https://www.livingwage.org.uk/employee-jobs-paid-below-living-wage-2020

[25] People in employment on zero hours contracts, Office for National Statistics, August 2020 https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/emp17peopleinemploymentonzerohourscontracts

[26] Caring without sharing, Gingerbread, November 2020 https://www.gingerbread.org.uk/wp-content/uploads/2020/11/Gingerbread-Caringwithoutsharing-v3.pdf

[27] Northern Ireland Labour Market Report, NISRA, January 2021 https://www.nisra.gov.uk/system/files/statistics/labour-market-report-january-2021.pdf

[28] Women in Northern Ireland 2020, NISRA, June 2020 https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Women%20in%20NI%202020_0.pdf

as the 30-hours free childcare per week available to eligible families in England with a three or four-year old child.

Research by Employers for Childcare[29] in Northern Ireland shows that a significant proportion of household income is spent on childcare with one third of parents reporting their childcare bill is their largest monthly outgoing exceeding their mortgage/rent payment.  This research also found that families in Northern Ireland can expect to pay greater proportion of their household income on childcare than households across the UK as a whole with the average cost of a full-time childcare place equating to 35% of the median household income before housing costs.  This is amongst the highest in the OECD countries.

The CEDAW Committee has also raised the issue of childcare costs specifically in Northern Ireland noting its concern *"that childcare costs remain excessive, particularly in Northern Ireland, which constitutes an obstacle for women to enter and progress in the workplace."* [30]  The Committee recommended that Government should ensure the availability of affordable and accessible childcare particularly in Northern Ireland.[31]

The fact that Northern Ireland is still the only part of the UK without a Childcare Strategy, and is therefore falling behind other UK regions in terms of investment in the childcare sector means that women in particular will find it even harder to enter and progress in work.  This must be a consideration for this consultation.  Without access to help with childcare costs and other costs such as transport many women will be unable to move from benefits into paid work or to increase their hours of work.

***"My main concern is that I have no childcare but I am expected to job search. I am unable to work until my daughter returns to school in September."***

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[29] Northern Ireland Childcare Survey 2020, Employers for Childcare, November 2020 https://www.employersforchildcare.org/report/northern-ireland-childcare-survey-2020/

[30] Concluding Observations on the eighth periodic report of United Kingdom of Great Britain and Northern Ireland, CEDAW/C/GBR/CO/8, March 2019, para 45 https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GBR/CO/8&Lang=En

[31] Ibid, para 46

> ***“I am a lone parent, there is a lack of suitable jobs in the area, expensive childcare and I have mental health issues. I would struggle financially if working full-time with childcare costs, rent and regular expenses so it isn’t really a viable option.”***

### Voluntary and Community Sector Partnership Working

The consultation asks what more Government could do to work with other organisations and services to provide employment support and join up local support. We believe that there is a need to work in true partnership with voluntary and community sector organisations (VCS) as well as others. Government must recognise the importance of VCS organisations in providing employment support.

Many VCS organisations, including Women’s centres, provide trusted spaces situated within local communities and are able to reach and engage those who are the most marginalised. Women’s Centres have years of experience of providing quality training and education as well as vital experience of tackling poverty, disadvantage and inequality. They are skilled at reaching the most marginalised within communities and provide trusted spaces and skilled people to do this work.

The education and training services delivered locally by community organisations such as Women’s Centres are vital to tackling disadvantage, getting women into employment and promoting gender equality. These services which support statutory provision are the most cost effective way of ensuring that local needs are effectively met and ensures the best outcomes for the communities they serve.

#### *Community-based training and education*

The right to education is an important means to achieve gender equality. It is important that education and training is provided over the course of a lifetime and adapts to changing life circumstances. Community based education and training is vitally important to women in disadvantaged and rural areas reflecting their individual needs. It is a fundamental building block in supporting women to rebuild their confidence and their capability to enter the workplace and is a means to maintaining overall wellbeing. Community based education and training is generally delivered based on local community needs and takes account of the complexity of women’s lives and the barriers they face such as education, course fees and the academic environment.

Women’s exclusion from participation may be significantly impacted by educational disadvantage which can profoundly restrict a person’s life prospects and wellbeing. Community-based women’s education and training has emerged and evolved in response to this educational disadvantage with the express aim of accommodating unmet learner need. Improved employment prospects for mothers through education and training can translate as improved outcomes for children and the reverse is also true restricting wellbeing for the mother and also the wider family.

Effective policy responses to addressing women’s disadvantage can rely on the integrated availability at community level of appropriate childcare and learning pathways to potential employment such as that provided by the Women’s Centre Childcare Fund model as outlined below.

The Women’s Regional Consortium believes that investing in community-based training and education and integrated childcare is an important factor in enabling low income households to access the training and education they need to make the move into work. Once again this should be an important consideration for this consultation given that it helps in the achievement of gender equality, employment support and anti-poverty work.

*The Women’s Centre Childcare Fund (WCCF)*

As has already been stated childcare is a major consideration for women’s economic participation and moving from benefits into paid work. Without accessible, affordable childcare many women will be unable to move into work. The childcare support provided by Women’s Centres is an important part of the employment support offered to women in deprived and rural areas of Northern Ireland.

WCCF enables Women’s Centres to provide childcare places that are 100% supported for the most disadvantaged children and families. These sessional places (77,000 two-hour sessions) ensure that disadvantaged children have an opportunity to experience a childcare setting, to socialise, interact, play and learn in a supported environment.

Parents who avail of WCCF supported childcare also access a wide range of programmes available in their communities. Many of the services involve support to parents including: parenting skills, back to work programmes, advice services and health programmes. Therefore, WCCF enables the most excluded in disadvantaged communities to access support and engage in community development activities.

For some women (including ethnic minorities and lone parents) the prospect of increased economic participation can depend on the availability of appropriate integrated childcare and access to education/training opportunities at community level. A lack of appropriate integrated childcare and community education acts as a fundamental barrier to the engagement of socioeconomically disadvantaged women in education and training and in employment. This is the kind of integrated provision that is provided by WCCF and which is so vital to these women.

WCCF contributes to reducing child poverty, provides opportunities for parents to better themselves and contributes to their communities thereby tackling disadvantage.

Despite the importance of this childcare offering in tackling disadvantage and promoting equality WCCF continues to be administered on an annual basis and has been subject to Departmental cuts/austerity measures since 2012 which has seen the overall allocation reduced by just over 20% in that period.

The Women's Regional Consortium believes that this is a hugely important area of employment support. We argue that efforts to improve employment support must recognise the need for low cost/no cost childcare provision for marginalised women in disadvantaged and rural areas. The Consortium also believe that government should recognise the case for properly sustaining childcare provision through the

WCCF model on a ring-fenced, protected basis given the Fund's positive evaluation[32] in terms of need, impact and value for money.

***"I can only do a course if it has childcare available."***

***"Childcare is one of the key things for women. It is one of the biggest barriers women face to taking part socially, politically and economically."***

***"There are a lot of impacts for lone parents – it is no joke for them. There are no crèche facilities/childcare in this area. Women can't afford the childcare that does exist."***

***"I can't afford childcare as I don't get any support with it. I am lucky I have family to look after my kids. Without them I would need to leave work. My salary is not enough to pay the mortgage and childcare without some help."***

### *Women's Sector Funding*

Despite the importance of these services in terms of anti-poverty work, gender equality and employment support there is little value and investment by Government in these unique and trusted services.

Funding for the women's sector in Northern Ireland has been continually diminishing over the past ten years. In the last five years alone, the women's sector has faced cuts of 2 – 5% per year from budgets. Women's organisations have seen a shift from core funding to short-term project funding. This limits their ability to respond to emerging issues, retain key staff and develop any long term planning to meet the needs of women.

Funding for the women's sector is essential in ensuring that women can be empowered to gain the necessary skills and be supported to move into employment as well as providing for the needs of some of the most marginalised women in our society.

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[32] Evaluation of Regional Support Arrangements for the Voluntary and Community Sector, Final Report, June 2015, DSD and DARD

While we have urged Government to work in partnership with the VCS we stress that this must be a genuine partnership.  We would like to see the valuable services provided by the VCS acknowledged and integrated into the wider service delivery. However, this must not be done without the adequate funding and support to be able to carry out this important work effectively.

***"Education for women has been cut in the last 10 years and reduced away to nearly nothing.  Things need to be resourced."***

***"The work of the women's sector and women's centres is not valued.  We are just fed crumbs of funding.  Yet the sector is constantly firefighting doing the work on the ground but the funding always goes elsewhere."***

***"The community needs to have a bigger role in this – there's trust at community level."***

***"More funding is needed for Women's Centres who do so much for so many and often it is not heard about or valued.  They can get the help to where it needs to go as they see the need on a daily basis.  They are probably better than the doctors!"***

***"I wouldn't be here today only for the counselling and training provided by Falls Women's Centre."***

## Chapter 3 Questions: Improving our Current Services

We again defer to our colleagues in the advice and disability sectors for detailed answers to the questions in this section.

However, we do wish to give some feedback on the assessment process.  In general, we welcome moves by the Department to improve decision making including by having evidence available earlier in the process.  It is beneficial for claimants, advisers and staff if the right decision is made first time and as early in the process as possible.  Getting decisions right first time helps to lessen the stress and anxiety experienced by claimants, reduces the workload for advisers and staff and ultimately saves money avoiding costly appeals processes. We believe that substantial resources should be invested in ensuring that the correct decisions are made as early in the process as possible.

Indeed the Northern Ireland Public Services Ombudsman's Own Initiative investigation into PIP[33] highlighted how repeated opportunities were missed to make the right payment as early as possible in the process. Margaret Kelly, Northern Ireland Public Services Ombudsman said:
*"Both Capita and the Department need to shift their focus to ensure that they get more of the PIP benefit decisions right the first time, so that the most vulnerable people in our society get access to the support that they need, when they need it. Furthermore, it will safeguard public resources by reducing both the time and costs associated with examining the same claim on multiple occasions."*

We welcome that the Department has decided not to make changes that would make the assessment longer and more complex. Introducing more complexity into the system means the potential for increased lack of understanding of the process and the possibility for more errors/mistakes. We also welcome suggested reductions in the need for claimants to have to provide the same information over and over again, audio-recording of assessments and the use of telephone/video assessments. Improvements in these areas will reduce stress and anxiety for claimants and make the process more open and transparent.

**Telephone and video assessments**

As a result of the Covid-19 pandemic the Department had to make use of alternative forms of assessment such as telephone assessment. We welcome the increased choice of assessment methods for claimants where this is their preferred method of assessment.

> ***"The phone only option was not ideal, there are other options like Zoom or Microsoft Teams and captions need to be a standard on***

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[33] PIP and the Value of Further Evidence: An investigation by the Northern Ireland Public Services Ombudsman into Personal Independence Payment, Own Initiative Report, NIPSO, June 2021 https://nipso.org.uk/site/wp-content/uploads/2021/06/NIPSO-Own-Initiative-Full-report.pdf

***these. I also heard they used using a phone against people even though they offered no other option."***

***"Face to face assessments are extremely stressful. There has to be a better way of checking claims. Sending in vast amounts of evidence should show how much conditions impact someone's life. There should be a way of having shorter assessments or telephone assessments for people with multiple long term illnesses backed up by evidence."***

***"I understand that due to Covid-19 that there are telephone assessments. If I had been given this option, I think I would have been able to explain my conditions better and it would have been less stressful."***

***"People should be able to choose whether their assessment happens at a PIP centre, at home via telephone or video link, or at home with a visiting assessor."***

**Assessment Process**

We wish to highlight the following points from our research into the PIP assessment process[34] which illustrates the difficulties that many claimants in Northern Ireland experience with this process:

- 45% of the women 'strongly disagreed' that their assessment with Capita provided an accurate reflection of how their condition affected them, 15% 'disagreed' with this statement, 17% 'agreed' with the statement and only 4% 'strongly agreed'.
- 57% of the women thought their assessment report did not accurately reflect what happened at their face to face assessment with Capita with 19% thinking that it did accurately reflect their assessment.
- Women found the PIP assessment process overwhelmingly negative. Some reported a lack of empathy from assessors and felt that they were trying to 'trick' them or were hostile to them during the process.

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[34] Women's Regional Consortium Response to Second Independent Review of the Personal Independence Payment (PIP) Assessment Process in Northern Ireland, March 2020 https://womensregionalconsortiumni.org.uk/wp-content/uploads/2021/04/March-2020-Womens-Regional-Consortium-response-to-Second-Independent-Review-of-the-Personal-Independence-Payment-PIP-Assessment-Process-in-Northern-Ireland.pdf

- A number of the women reported issues with the fact that the assessor was typing during the assessment and there was little eye contact or apparent interest in what they had to say.
- Many felt intimidated and extremely anxious about the process feeling like they were being ‘grilled’ akin to a courtroom scenario.
- Some of the women reported that the assessment process was very prescriptive and some of the tests were not reflective of how their condition affects them. They felt that these tests were not reflective of how their condition impacts on their lives on both ‘good’ and ‘bad’ days. Others felt that while they may be able to complete the activities in the assessment it was not reflective of the impact that this effort would have on them afterwards.
- A number of the women expressed frustration that the assessors did not understand their condition or were not sufficiently trained in how different conditions are likely to impact on a person’s ability to live their life. Many felt that these assessors should be medically trained in order to be able to carry out an assessment properly. This may help to improve issues with the disparity of decision-making between different assessors.
- Others felt that assessors made assumptions on their ability based on unrelated issues such as looks, age, dress, education, etc.
- Some of the women found the assessment very long which in some cases exacerbated their health conditions both mentally and physically.
- They also reported that the questions in the assessment were repetitive and they felt frustrated that these questions had already been answered on the application form.

The findings from our research led to a set of recommendations for change and we suggest that these recommendations should be implemented across health assessments.

**Recommendations:**

- The process of having a PIP assessment is hugely stressful for claimants in some cases exacerbating existing conditions particularly mental health issues. There is a great need for the assessment process to be less formal and more claimant friendly.

- Various options should be provided to claimants for a PIP assessment including not only the possibility of having an assessment in the PIP centre or in their own home but more widely by telephone or video call.
- Many claimants feel that assessors do not understand their conditions and the likely impacts of these on their daily lives. It would make the assessment a fairer and more trusted process if the assessor was medically trained and had an understanding of the specific conditions presented by the claimant.
- Assessments should be digitally recorded as standard. The responsibility for recording the assessment should be the Departments and a copy should be provided free of charge to all claimants in a timely manner when requested.
- Assessors should be given adequate time after the assessment to use digital recordings to type up notes rather than during the assessment.
- The chances of having a successful outcome for PIP at all stages of the process are significantly increased with access to appropriate advice. Sufficient resourcing should be available to ensure that every claimant can access independent advice and advocacy in relation to the PIP assessment should they wish to avail of it. It is important that claimants know where and how to access free and independent advice.

***"It would have helped me to get a recording of the assessment as my report did not correlate with the assessment."***

***"I felt the process to be extremely stressful. The form was confusing, all I had heard were horror stories about the assessment and I was so anxious about explaining my conditions and symptoms. I have multiple conditions and it was very difficult to address all of them. The assessor obviously hadn't heard of some of these conditions or understood what some of my symptoms meant."***

***"Capita assessors need to be adequately trained on different conditions such as Cancer and Alzheimers, etc. They need to be trained and have an understanding of how certain conditions impact on people both mentally and physically. It meant the world to me that my assessor understood what I was saying about my MS at my assessment."***

***"People should be seen by their GP who knows them – not someone with no medical background and no knowledge of what they are looking for."***
***"Assessments should consider doctors reports without making face to face visits. They should also not assess on how they see people on the day because I could be having a good day when they see me rather than seeing me when I am really ill and unable to move."***

***"I found the PIP process very humiliating and degrading and the questions were all so repetitive. I was highly embarrassed having to explain toilet needs etc. to a complete stranger on the day of my assessment."***

***"The people who do the assessments need to have more knowledge about mental health not just depression and anxiety but complex conditions such as psychosis and bipolar, etc. Assessors need to have more knowledge about how to handle these in a safe way. Not to push and re-traumatise someone."***

## Mandatory Reconsiderations

Statistics show that 30% of PIP decisions to date have resulted in a request for reconsideration. By the end of May 2021, 79% of mandatory reconsiderations resulted in no change to the award.[35] The MR process adds an extra level of bureaucracy to the process and for many claimants just extends the PIP appeals process. We believe the Mandatory Reconsideration process should be reviewed to determine whether it actually provides an effective remedy for claimants.

## Appeals

Women's Regional Consortium research with women on PIP appeals showed that most of the women reported extremely negative experiences. Many discussed the legalistic and formal nature of this process and how it felt like a "court room". They talked about feelings of extreme distress and anxiety and the impact that it had on their medical conditions before and even after the appeal. For many the appeal

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[35] https://www.communities-ni.gov.uk/system/files/publications/communities/personal-independence-payment-statistical-bulletin-may-2021.pdf

process re-traumatised them and they felt like it was designed to deter them. Others raised the length of time the appeal process took reporting that it was very long.

The rises in the successful number of appeals over the last number of years most recently rising to 76.4% of successful appeals in 2019/20 illustrates that there is something wrong with the assessment process and give cause for concern. The fact that over three quarters of appeals are overturned is a clear indication that lessons must be learned from these appeals and fed back into the assessment process so that action can be taken to make it more effective. Appeals put claimants under enormous stress and sometimes even the thought of an appeal can be a deterrent from pursuing access to justice. In addition, appeals are very expensive. It would be more efficient in terms of spending public money if a more effective and fair assessment process was in place so that the right decisions are made at the start of the process.

***"Appeals should be less formal. It's like walking into a lions den with their big booklets and clipboards and you don't know what they are writing. It's all very formal and they don't put you at your ease – it's scary."***

***"The appeal process traumatised me, it made me sick and it made my condition worse."***

***"I felt the appeals process was a mountain to climb and hugely unnecessary if the original assessment just looked at all the evidence I had provided."***

***"The appeal feels like a court and jury. It doesn't feel like a medical thing it's a really scary environment. I was really taken aback by how formal it is – it's scary to face that. I felt guilty before proven innocent, I had to prove to 3 professionals that I have this condition."***

***"Utterly terrifying. Feeling like a criminal having to go to court and argue about a condition I live with every day. Again, it is re-traumatising, repeating things you have already written and discussed during the assessment and having to do it once again with people you don't know. It felt humiliating and like my privacy***

> ***was being invaded. Why a doctor and other medical specialists backing up your claim is not enough, I have no idea.”***

## Terminal Illness and the Special Rules

The High Court in Northern Ireland ruled that the different treatment of social security benefit claimants with a terminal illness is *“manifestly without reasonable justification and is, therefore, in breach of Article 14 ECHR in conjunction with Article 8 and Article 1 of Protocol 1.”* [36] In a decision handed down by Mr Justice McAlinden he said*: “I can find nothing to justify or indeed explain why those individuals who have a terminal diagnosis but are not expected to die within six months and those individuals with a terminal diagnosis and who are reasonably expected to die within six months but who survive beyond that six month period are treated differently."* [37]

This follows a case taken by Law Centre NI and the PILS Project for Lorraine Cox[38] who was diagnosed with the terminal illness of motor neurone disease. Lorraine was refused access to the special rules for terminal illness because she could not demonstrate her death was reasonably expected within six months. The judgement makes it clear that the current treatment of different groups of terminally ill claimants is discriminatory.

We welcome that the consultation commits to taking forward legislation to change the six-month rule so that people who are believed to be in their final year of life will be able to make fast-tracked claims to the benefits system. In Northern Ireland we welcome plans by Communities Minister Deirdre Hargey to reform the terminal illness provision in social security benefits by extending the current six months criterion to twelve months. We also welcome her announcement that she will bring forward legislation within this current Assembly mandate to do this.

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[36] https://judiciaryni.uk/sites/judiciary/files/decisions/Cox%27s%20%28Lorraine%29%20Application.pdf

[37] Ibid

[38] https://www.lawcentreni.org/news/high-court-decides-different-treatment-of-terminally-ill-claimants-is-discriminatory-1

We echo the calls from our colleagues in Marie Curie Northern Ireland for this legislation to be passed as quickly as possible and for the changes to be monitored to ensure that they are working effectively.

## Chapter 4 Questions: Re-thinking Assessments to Support Better Outcomes

Once again we defer to our colleagues in the advice and disability sectors for detailed answers to these questions. However, we wish to make the following comments about the assessment process.

### Role of Evidence in Assessments

There is a perception among some claimants that medical evidence submitted to support their PIP claims is being ignored within the assessment process. This clearly suggests to claimants that this further evidence is not viewed as important and devalues its worth within the process.

There is a need to make better use of the further evidence submitted as part of a claim. The information contained in the further evidence can be very valuable and is often provided by someone who has known the claimant for a considerable length of time. In particular, where medical evidence is provided this should be trusted and used more fully as the basis for making decisions.

There is also a need to address the cost of obtaining further evidence. This is a huge barrier to submitting further evidence. There are often substantial costs involved in getting medical records and if claimants are required to gather this evidence from multiple specialists the costs can be significant.

Appeal statistics would suggest that given the high rate of success at appeal that this may be partly due to further evidence being submitted at this stage. The Northern Ireland Audit Office report on Welfare Reform highlighted that 55% of cases heard at appeal were overturned stating that *"this may, in part, be due to additional evidence being made available by claimants."* [39]

A recent report by the Public Services Ombudsman in Northern Ireland also highlighted problems with further evidence.[40] Margaret Kelly, Northern Ireland Public Services Ombudsman said following publication of her Own Initiative Report: *"My investigation highlights that the system for dealing with further evidence, a critical part of how decisions on PIP are made, is characterised by confusion. Claimants face huge uncertainty throughout the process over who is responsible for providing further evidence, what evidence has been obtained and whether or not it has actually been considered as part of the decision to award benefit. In my investigation in only 35 of the 100 claims reviewed had further evidence actually been requested. The Department's own figures, gathered over a 9 month period, put this even lower at 25% of all cases".*

This investigation found that *"despite Capita and the Department's contention that further evidence has a key role in the PIP process, it was often only at the last stage and following the submission of an appeal to the Tribunal that the role of further evidence was elevated."*

***"I submitted letters from my GP, mental health team, OT, physio and rheumatologist but all of this information was ignored by my assessor."***

***"I submitted letters from health professionals and medical appointment letters. My medical evidence was ignored by PIP assessors."***

***"I'm not sure it's worth sending further evidence, they didn't even contact my consultant, whose details were listed on the form, to find out about how my stroke affects me."***

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[39] Welfare Reforms in Northern Ireland, Northern Ireland Audit Office, 17 January 2019 https://www.niauditoffice.gov.uk/sites/niao/files/media-files/Welfare%20Reform%20Report%202019.pdf

[40] PIP and the Value of Further Evidence: An investigation by the Northern Ireland Public Services Ombudsman into Personal Independence Payment, Own Initiative Report, NIPSO, June 2021 https://nipso.org.uk/site/wp-content/uploads/2021/06/NIPSO-Own-Initiative-Full-report.pdf

***“The experience was very difficult and required hours of evidence gathering including having to pay a £50 fee to access medical records.”***

***“My own GP and cardiologist have a deeper understanding of my conditions having treated me for many years. The decision should have been made using the evidence provided by them and not a 40-minute assessment by a physiotherapist.”***

***“Take all medical evidence into account - the Department should not be able to override or ignore evidence. Have an easy, clear and free way of getting medical evidence.”***

***“Reports and/or letters from experts (clinical psychotherapists, for example) involved in your care ought to be more valuable than an under-qualified PIP/DWP assessor.”***

***“Actually take the medical evidence on board and ban CAPITA from the process - they send assessors that don't have a clue about complex conditions and they then discredit evidence you have from your medical team. For life long regressive conditions, it should be a life time award. I only got a 2-year award and just one year after my first traumatic process of applying for PIP I had to do it all over again. It is the biggest stress in my personal life and I hate every minute of it.”***

***“Assessors should be made more aware of particular illnesses. Why are Reviews being done if illness is progressive and will last a lifetime without a cure?”***

### Fluctuating Conditions

79% of women we spoke to in our research felt that the PIP assessment process was ineffective for multiple and fluctuating conditions. Fluctuating conditions are difficult to assess by their very nature as claimants can have ‘good’ days and ‘bad’ days. There is a tendency for people to understate the impact of their health conditions on their life particularly when they have a ‘good’ day. The assessment does not do enough to tease out the impact of ‘bad’ days on the claimant. There are particular problems with mental health issues and a number of women we spoke to reported that these had largely been ignored in the assessment.

> ***“My condition fluctuates heavily. I didn’t want to "put on" or act up for my condition. Some days I can seem almost completely normal. Other days I cannot move, cannot lift my head, cannot walk. I didn’t feel a one-hour assessment gave an accurate representation at all and feel several assessments could’ve been more useful.”***

> ***“The nature of my condition fluctuates and I also did not feel that was accommodated for by the process. I felt that I didn’t really get a chance to showcase my individual condition as opposed to showing how my disability does/does not fit within a standardised narrative.”***

> ***“More awareness of fluctuations in symptoms, i.e. just because I can walk up the road on one day doesn't mean that it then doesn’t impact on my energy levels for the next two days and make me bed bound. I kept getting asked how far I could walk - no idea, it changes with how my symptoms are presenting but they kept pressing for a definitive answer which then undermined and invalidated my condition.”***

## Chapter 5 Questions: Exploring Ways to Improve the Design of the Benefit System

### Working with Claimants

We support the commitment in the consultation that the Department will make changes collaboratively and will work with and listen to the people who receive and rely on benefits. We believe that in order for this consultation to be truly effective the Government must gather, understand and use the experiences of claimants to shape the future of benefits. However, this must not be an empty promise paying lip service to co-design without really listening and showing a desire to make changes following what claimants have to say. It must involve genuine consultation and working with claimants across a full range of characteristics taking into account intersectionality.

We also believe there must be genuine partnership working on these issues with the organisations and individuals who work with claimants and who have the ability and skills to access those who are the most marginalised. As previously stated we believe that Government should be more supportive of the work of a range of VCS organisations in this regard and should support these organisations not just by involving them in the co-design process but by providing resources for them to do this valuable work.

## Moving into Work

For many making the move into work from benefits is a daunting prospect especially if they are worried about making ends meet. We point to the issues we have already outlined in Chapter 2 in relation to the need for employment support and the particular issues faced by women in terms of work and low incomes. We would like to see greater levels of support for people who are moving off benefits and into work so that it becomes less of a frightening prospect and claimants feel that they are genuinely supported to make this move.

In terms of Universal Credit its existing features such as the work allowance and taper rate aim to make it easier for people to move into work. However, we believe that the existing taper rate must be cut to allow people to keep more of what they earn. We would also like to see changes to the work allowances to allow claimants to earn more money before their payments start to reduce. Work allowance levels were reduced substantially or abolished in April 2016. Since then only those with a disability or a child get a work allowance and the rate is based on whether a claimant's Universal Credit includes amounts for housing costs or not. This means that for some claimants the value of their Universal Credit is reduced as soon as they start earning. This is a real disincentive for many to enter paid work.

In addition, a work allowance is only available to the 'main wage-earner' and there is no work allowance for second earners, who are mainly women. This gives little or no incentive for second earners to enter/progress in paid work. We believe this is a very gendered aspect of Universal Credit which will undoubtedly impact on many women.

There are also issues for lone parents under Universal Credit the majority of whom are women. There is a lower standard allowance for lone parents under 25 coupled with the fact that they are not entitled to the National Living Wage. This is a double hit for young mothers on low incomes. The Resolution Foundation has recommended boosting single parent work allowances and introducing a second earner work allowance for couples with children to support second earners to get into work without facing an immediate withdrawal of Universal Credit.[41]

## Mental Health

We welcome that the consultation notes the increase in the proportion of people reporting a mental health condition. This is a significant issue and as we have already highlighted is a particular concern in Northern Ireland. There is a need to provide better support within the benefits system for those with mental health conditions and to ensure the current system and process do not exacerbate their condition and work against their wellbeing. Unfortunately, our research on both PIP and Universal Credit shows that the current systems for these benefits cause many claimants great distress and anxiety and in many cases make their mental health conditions worse.

### *Universal Credit*

Financial difficulties can cause or exacerbate mental health issues and strain relationships and support networks. Research has shown a connection between Universal Credit and mental health problems.

A study published in the Lancet medical journal[42] showed a link between Universal Credit and an increase in mental health problems among vulnerable benefit claimants. The analysis suggests that the introduction of Universal Credit has led to an increase in psychological distress of 6.6% among unemployed people on Universal Credit

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[41] Back in Credit? Universal Credit after Budget 2018, David Finch and Laura Gardiner, Resolution Foundation, November 2018
Resolution Foundation report

[42] Effects on mental health of a UK welfare reform, Universal Credit: a longitudinal controlled study, Sophie Wickham, Lee Bentley, Tanith Rose, Margaret Whitehead, David Taylor-Robinson, Ben Barr, The Lancet, March 2020
https://www.thelancet.com/action/showPdf?pii=S2468-2667%2820%2930026-8

compared to the social security benefits which it replaced. "*In total, an estimated 63,674 unemployed Universal Credit claimants, or 95% of participants in the study, showed signs of worsening mental health – a third of whom (21,760) were suffering with medical depression*."[43] The study warned that this number is likely to continue to rise as the roll-out is finally completed.

A study by the Trussell Trust has revealed the detrimental impact the Universal Credit five-week wait is having on people's mental health. Many people reported experiencing high levels of anxiety, especially as they did not know how much they would receive and when. Some even reported feeling suicidal.[44]

Members of the Public Accounts Committee heard in July 2018 that claimants were facing "*considerable hardship and considerable deterioration in their mental health"* because of Universal Credit. Sophie Corlett, Director of External Relations for mental health charity Mind told Committee members that claimants "*struggle with the online application, they struggle with the conditionality that comes while you wait for your work capability assessment (WCA), they struggle with waiting for their first payment and if they are able to get an advance payment they struggle to pay that back."*[45]

***"Universal Credit caused so much stress and depression and feelings of worthlessness and poverty that I closed my claim. Everything about this system is designed to push people over the edge."***
***"I felt degraded, it affected my mental health and self-esteem. The system does not work and the most vulnerable will be going through hell with this system."***

***"It has left me suffering from severe depression due to debt and having no money. Stress and anxiety with not knowing every month what payment I will receive."***

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[43] Ibid

[44] #5WeeksTooLong, Why we need to end the wait for Universal Credit, The Trussell Trust, September 2019 https://www.trusselltrust.org/wp-content/uploads/sites/2/2019/09/PolicyReport_Final_ForWeb.pdf

[45] https://www.mind.org.uk/news-campaigns/campaigns/benefits/universal-credit/

*PIP*

In our research with women on PIP some of the women reported feelings of fear, anxiety and stress about the PIP process. Some were afraid of the whole process, reporting they were scared making the application, scared of the outcome, scared of the assessment, scared of losing their award and some reported fear of being punished for becoming more independent. Many of the women reported feelings of not being believed and of feeling shamed and demeaned going through the process. This impacted on their mental health conditions making them worse.

A recent case highlights the importance of the social security system in providing for those suffering from mental health issues and also how the social security system itself can exacerbate mental health issues which can lead to tragic consequences.

*A single mother Phillipa Day aged only 27 took a fatal overdose after her benefit payments were cut. Phillipa was found collapsed in her home beside a letter rejecting her request for a home visit to assess her benefits in August 2019. She later died in hospital. Nottingham Coroner's Court heard that the way Phillipa's claim was dealt with was the "predominant factor" in her overdose.*

*Phillipa had been diagnosed with unstable personality disorder and had been receiving Disability Living Allowance as she had diabetes. The payments stopped after she made an application for Personal Independence Payment in January 2019 reducing her income from £228 a week to just £60. The inquest heard that this was due to a missing form which meant that her payments were not reinstated for months despite her eligibility. This led to her taking out short-term loans and getting into debt.*

*In June 2019 she contacted the DWP and said she was "starving" and "couldn't survive like this for much longer". She was then asked to attend a face-to-face assessment despite this being distressing for her. The Coroner said that Phillipa's mental health problems were "exacerbated" by the benefits process and that call handlers repeatedly failed to flag that the case required "additional support" due to her mental health problems. The DWP did not tell her Community Psychiatric Nurse* *that she had not returned the form before refusing her application which could have resolved the issue.*

***"Anxious, very ill, mentally it was a nightmare."***

***"I found it was terrible for my anxiety, it also wasn't autism aware."***
***"Found the whole process terrifying (extreme fear of being accused of fraud) and worrying (knowing that I would not be able to afford my rent were I not to qualify for PIP, which would ensure my mental health would rapidly deteriorate, even more than usual)."***

***"Awful. Judged as a lesser person. Increased my depression."***

***"I felt overwhelmed. I also felt that I was being seen as a fraud. This hit my mental health greatly. Invisible illnesses are hard enough to cope with."***

***"I found it extremely distressing and difficult. It caused a huge negative impact on my mental well-being."***

### Poverty and mental health

It is important to recognise that poor mental health is strongly linked with social and economic circumstances such as poverty, unemployment, low paid and low quality work.

Research shows that poverty increases the risk of mental health problems and that poverty can be both a cause of mental health problems as well as a result of them. Statistics from the Mental Health Foundation show that those living in lower socio-economic groups are more likely to experience chronic ill-health and those in the most deprived areas of Northern Ireland are twice as likely to show signs of a mental health problem (30%) than those in the least deprived areas (15%).[46] Austerity and public cuts have also hit Northern Ireland hardest as it relies more heavily on public spending for its output compared to the UK.

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[46] Mental Health in Northern Ireland: Fundamental Facts 2016, Mental Health Foundation, https://www.mentalhealth.org.uk/sites/default/files/FF16%20Northern%20ireland.pdf

Sir Michael Marmot who carried out a government review on health inequality has said that increasing out-of-work benefits and support for low-paid workers as the country emerges from the pandemic could have a big impact in curbing a mental health crisis and even save lives. He said in an interview that Government Ministers should not "*fiddle around the edges*" and instead should drastically reform the "*uncaring*" system in place. He said: *"I have seen evidence that for some people in receipt of Universal Credit, there are mental health consequences. It is a brutalising system. Everyone should have at least the minimum income necessary for a healthy life."* He went on to say that: *"And in work, they should be paid a living wage. If they can't work, for whatever reason, then the welfare system should be sufficiently generous for their health not to be damaged by that experience. We know what needs to be done. Let's do it."*[47]

Northern Ireland's Interim Mental Health Champion, Professor Siobhán O'Neill has called for a "recovery plan" across society to deal with the impact of the pandemic on mental health.[48] Professor O'Neill has stressed that the budget for mental health services in Northern Ireland needs to be increased given the greater demand which is likely to be placed on mental health services in the aftermath of the pandemic. She also addressed the groups who are particularly vulnerable to mental health challenges as a result of the pandemic including young people, women and people with children at home as well as those with pre-existing medical conditions and those on low incomes. The plan includes interventions for those in socially deprived areas with Professor O'Neill stressing the benefits of targeting specific low-income locations and the benefit this has on mental health.

## Women's Poverty

Women's socio-economic status and concentration in lower paid, part-time and insecure work as well as the fact that women are more likely to claim social security benefits keeps their incomes lower over their lifetimes and makes them more vulnerable to poverty and financial hardship.

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[47] https://www.theguardian.com/politics/2021/mar/21/raise-benefits-to-curb-uk-crisis-in-mental-health-expert-urges

[48] https://www.belfasttelegraph.co.uk/news/northern-ireland/nis-mental-health-champion-calls-for-recovery-plan-in-aftermath-of-pandemic-40212739.html

Poverty is already an issue which impacts of on the lives of many women in Northern Ireland and is harmful not only to the women themselves but to their children, families and wider communities.  Women are generally more likely than men to live in poverty across their lifetimes – of all those living in poverty in Northern Ireland 36% are female and 31% are male.[49]  Lone parents (in Northern Ireland 91% of lone parents are women[50]) are even more vulnerable to poverty.  In Northern Ireland 37% of single parents are living in poverty.[51] Women often bear the brunt of poverty in the home managing household budgets to shield their children from its worst effects. This means that women end up acting as the 'shock absorbers' of poverty going without food, clothes or warmth in order to meet the needs of other family members when money is tight.[52]

Research by the Women's Regional Consortium on the impact of austerity[53] and on the impact of Universal Credit[54] on women shows the extent to which changes to the social security system have worsened women's ability to provide for their children and families and made them more vulnerable to financial hardship and poverty. Gendered policies such as the two-child limit and Benefit Cap as well as the introduction of Universal Credit which has been described as discriminatory by design have caused many women to struggle to afford the basics and to feed and provide for their children and families.

Concerns about austerity measures have been raised internationally by the CEDAW Committee. Following its recent examination of the UK, the CEDAW Committee

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[49] Households Below Average Income: Northern Ireland 2018/19, DfC & NISRA
https://www.communities-ni.gov.uk/system/files/publications/communities/hbai-2018-19.pdf

[50] Census 2011 – Key Statistics for Gender, Research and Information Service Research Paper, Ronan Savage and Dr Raymond Russell, Northern Ireland Assembly, 5 September 2014
http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2015/general/3415.pdf

[51] Households Below Average Income: Northern Ireland 2018/19, DfC & NISRA
https://www.communities-ni.gov.uk/system/files/publications/communities/hbai-2018-19.pdf

[52] A Female Face, Fabian Society Blog by Mary-Ann Stephenson, Women's Budget Group, February 2019
https://fabians.org.uk/a-female-face/

[53] Impact of Ongoing Austerity: Women's Perspectives, Women's Regional Consortium, March 2019
http://www.womensregionalconsortiumni.org.uk/sites/default/files/Impact%20of%20Ongoing%20Austerity%20Women%27s%20Perspectives.pdf

[54] The Impact of Universal Credit on Women, Women's Regional Consortium, September 2020
http://www.womensregionalconsortiumni.org.uk/sites/default/files/The%20Impact%20of%20Universal%20Credit%20on%20WomenRevised.pdf

raised concerns about the impact of austerity measures on women stating its concern about the *"disproportionately negative impact of austerity measures on women, who constitute the vast majority of single parents and are more likely to be engaged in informal, temporary or precarious employment."* [55] The Committee recommended that the UK government "*undertake a comprehensive assessment on the impact of austerity measures on the rights of women and adopt measures to mitigate and remedy the negative consequences without delay."* [56]

It is therefore clear that women have been more negatively impacted by a decade of welfare reform and austerity policies. This weakening of the social security safety net has meant that many women are struggling to afford basic essentials and to provide for their children and families. The causes untold stress and anxiety to these women limiting their life chances and wellbeing and impacting negatively on their mental health.

## Women's Health

Lifelong health issues for women, such as chronic menstrual pain are not treated well in Northern Ireland. With an 8 and a half year wait for women to be diagnosed with endometriosis, a condition that impacts on as many as 1 in 10 women, they are left in chronic monthly pain with no state-funded access to diagnosis or treatment.[57] This is just one example of the many chronic pain conditions that are misunderstood, have limited treatments and are underfunded. There are a range of conditions such as ME, Fibromyalgia and other auto-immune diseases which are predominately suffered by women. There is an urgent need for greater investment in female specific health services that deal with issues such as maternal mental health, endometriosis, periods, menopause, etc. The lack of support for women in the health service around these conditions will impact on women's ability to work and therefore the support they will require through the benefits system. Government

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[55] Concluding Observations on the eighth periodic report of United Kingdom of Great Britain and Northern Ireland, CEDAW/C/GBR/CO/8, March 2019 (para 17) https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/GBR/CO/8%20&Lang=En

[56] Ibid, para 18

[57] https://www.belfasttelegraph.co.uk/news/health/northern-ireland-women-with-endometriosis-in-eight-year-wait-for-diagnosis-40349476.html

must have a better understanding of the gendered nature of these issues and the need for additional support within the social security system to reflect this.

### The Impact of Covid-19

Pre-existing inequalities only make the economic challenges of Covid-19 worse. The pandemic has underscored the income inequality that exists after a decade of austerity following the financial crisis. Women are paid less on average than men, women are more likely to work part-time and in low-paid, insecure work. Women are also more likely to be caring for children/family members and are more likely to claim social security benefits. In short women's position in the labour market tends to be more precarious than that of men.

Many women will face stark choices between their work and care commitments due to the impact of Covid-19. School absences/closures create significant challenges for many women who struggle with the increased burden of work, childcare and home-schooling as a result of Covid-19. Having children at home all day increases the burden of domestic work including cooking meals and cleaning. Unfortunately most of this burden will fall on the shoulders of women. Research has shown that on average during a typical working day, men in the UK spend under 2.5 hours on childcare and do under two hours of homeschooling. Women in the UK however spend over 3.5 hours on childcare and do over two hours of homeschooling.[58] Single parents (in Northern Ireland 91% of single parents are women) face even harder decisions when schools are closed and their children are at home. They have to decide how to juggle earning and caring which makes their lives even harder.

Women are overrepresented in the hospitality and leisure sectors particularly in the lower paid and frontline services that have been the hardest hit as they are less likely to be able to work from home. These women are disproportionately impacted by this economic crisis.

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[58] Inequality in the Impact of the Coronavirus Shock: Evidence from Real Time Surveys, Cambridge-INET Working Paper Series No: 2020/18, April 2020 https://www.inet.econ.cam.ac.uk/working-paper-pdfs/wp2018.pdf

Job losses, reductions in working hours and the need to provide increasing levels of care as a result of the Covid-19 pandemic is likely to increase dependence on social security benefits. The social security system has a vital role to play in easing the impact of financial hardship and poverty on people and families. This is particularly the case for Universal Credit as the main benefit claimed by those who are experiencing reduced incomes.

The implications of long Covid must also a consideration for this consultation. Many of the symptoms of long Covid are similar to the chronic pain conditions suffered predominately by women. Government will need to consider how this will be accounted for within the social security system and in health assessments.

The numbers of people claiming Universal Credit are likely to continue to rise even further as a result of the recession arising out of the pandemic and the fact that many people will be unable to get work due to economic constrictions. This will mean more people, including many women, relying on Universal Credit to provide for themselves and their families and will put a focus on the ability of Universal Credit to enable families to weather this storm.

As society emerges from the Coronavirus pandemic and the resulting recession it is imperative that women do not pay the price as they did for the previous financial crash. Part of the solution must be to ensure that the benefits system (particularly Universal Credit as the Government's main welfare provision) provides sufficient support to the large numbers of women likely to be impacted by the crisis due to existing gender norms.

Women's Regional Consortium research on the impact of Universal Credit on Women[59] has shown that women's experiences living on Universal Credit are overwhelmingly negative. The research highlights how the design of Universal Credit does little to protect women and their children from living on low incomes and in poverty. The research recommended that in its recovery response Government

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[59] The Impact of Universal Credit on Women, Women's Regional Consortium, September 2020 http://www.womensregionalconsortiumni.org.uk/sites/default/files/The%20Impact%20of%20Universal%20Credit%20on%20WomenRevised.pdf

should apply an intersectional gender lens to social security policy, particularly in relation to Universal Credit, so that policies are developed and implemented to specifically support women who have been impacted by the Coronavirus crisis.

> ***"With just Universal Credit it's no life to live. We can't have the heating on just when it's really cold because we can't afford the gas, we had to have just hot water bottles at night. Thank God for food banks otherwise eating would have been much worse. No new clothes! I'm glad my little one is only small and doesn't seem to pick up on trends and knows we don't have much money so she doesn't ask for much because I can never afford it."***

This research particularly showed the severe impact of the five week wait for Universal Credit on the lives of local women. The five week wait severely restricted household budgets and caused many women to get into debt. It also had negative impacts on women's mental health and on the lives of their children. The women we spoke to took on the burden of this poverty cutting back on essentials such as electricity and gas so that they could afford food. Some of the women reported *"feeling like a failure"* for not being able to provide for their children.

Delays particularly affect women as they are often the *"shock absorbers"* of poverty going without food, clothes or warmth in order to meet the needs of other family members when money is tight. It is clear that in a global pandemic with low-income households facing increased costs that the hardship caused by the five-week wait will be even more severe.

It is arguable that there has never been a greater need for Universal Credit and the social security system to help people navigate their way through these unprecedented circumstances and to help prevent financial hardship and poverty. This need is likely to remain well into the future not just during lockdown restrictions as the economy is unlikely to recover for some considerable time.

### Reducing the Stigma and Investing in Social Security

We know there is still considerable stigma around social security benefits which can mean that those suffering from poverty have difficulty or are put off accessing their rights.  We believe that the Government must do more to counteract this prevailing attitude and work against this stigma which prevents people from claiming their rightful entitlements.

The social security system has a vital role to play in easing the impact of poverty on people and families. As the Covid-19 pandemic has shown, people need to be able to rely on the social security system when times get tough and they are hit by unexpected costs or lost earnings.  Life is full of crises that cannot be planned for, such as job loss, illness, periods of lower earnings and caring responsibilities.  The benefits system must provide a proper safety net for people and families allowing them to afford the basics such as food, clothes and heat.