



Consortium for the Regional Support for Women in Disadvantaged and Rural Areas

Response to: Help with Health Costs

Issued by: Department of Health

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Women's Support Network

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Foyle Women's
Information
Network



Women's Regional Consortium: Working to Support Women in Rural Communities and Disadvantaged Urban Areas

1. Introduction

1.1 This response has been undertaken collaboratively by the members of the Consortium for the Regional Support for Women in Disadvantaged and Rural Areas (hereafter, either the Women's Regional Consortium or simply the Consortium), which is funded by the Department for Communities and the Department of Agriculture, Environment and Rural Affairs.

1.2 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.¹ The seven groups are as follows:

- ♀ Training for Women Network (TWN) – Project lead
- ♀ Women's Resource and Development Agency (WRDA)
- ♀ Women's Support Network (WSN)
- ♀ Northern Ireland's Rural Women's Network (NIRWN)
- ♀ Women's TEC
- ♀ Women's Centre Derry
- ♀ Foyle Women's Information Network (FWIN)

¹ Sections 1.2-1.3 represent the official description of the Consortium's work, as agreed and authored by its seven partner organisations.

1.3 The 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. The Consortium ensures that there is a continuous two-way flow of information between government and the sector. It also ensures that organisations/centres and groups are made aware of consultations, government planning and policy implementation. In turn, the Consortium ascertains the views, needs and aspirations of women in disadvantaged and rural areas and takes these views forward to influence policy development and future government planning, which ultimately results in the empowerment of local women in disadvantaged and rurally isolated communities.

1.4 The Women's Regional Consortium appreciates the opportunity to respond to the Department of Health Help with Health Costs Consultation. We know from our own research on the impact of the Cost-of-Living Crisis² how many women and families are struggling with rising prices and trying to meet the costs of essentials. This means that any additional costs place a significant strain on their budgets and family life and therefore being able to access the Help with Health Costs scheme is an important area of support.

1.5 We wish to endorse the response made by the Women's Policy Group of which we are a member and the response made by our colleagues in the Rural Community Network (RCN). We fully endorse their responses and urge the Department to take their evidence fully into consideration.

² Women's experiences of the Cost-of-Living Crisis in Northern Ireland, June 2023
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2024/03/The-Impact-of-the-Cost-of-Living-Crisis-on-Women-in-NI-In-Brief-1.pdf>

2.0 Consultation Questions

Personal details		
Q1	Name:	Siobhán Harding on behalf of the Women's Regional Consortium
Q2	Email address:	policy@wsn.org.uk
Q3	<p>Are you responding as an individual or on behalf of an organisation, please highlight the most relevant option:</p> <p>Member of the general public <input type="checkbox"/></p> <p>Service user <input type="checkbox"/></p> <p>Health & Social Care Trust <input type="checkbox"/></p> <p>Health & Social Care organisation <input type="checkbox"/></p> <p>Advocacy organisation <input type="checkbox"/></p> <p>Another NICS Department <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/></p>	
Q4	<p>If you selected 'Other' please provide further details:</p> <p>The Women's Regional Consortium (Community & Voluntary Sector organisation)</p>	
Q5	<p>Do you agree to be contacted via email by a member of the Department if further detail is required to better understand your consultation response?</p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>	

Consultation Questions	
Q6	<p>Option 1 is proposing to have eligibility for Help with Health Costs based on two earnings thresholds (higher and lower, mirroring the existing earnings thresholds in Great Britain) for those in receipt of Universal Credit.</p> <p>To what extent do you agree or disagree that Option 1 is the most appropriate option?</p> <p style="text-align: center;"> Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither Agree nor Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input checked="" type="checkbox"/> </p>
	<p>Please provide further detail and explanation below:</p> <p>As outlined in the consultation document itself the GB thresholds have not been reviewed or revised since 2016 despite considerable increases in the National Minimum Wage and Living Wage and significant increases in the Cost-of-Living since they were set.</p> <p>Our research has shown the impact of the Cost-of-Living Crisis on women's lives³ causing them to struggle to meet their most essential bills including food and energy. Women often act as the 'shock absorbers' of poverty in their homes going without food, clothing and heat when money is tight to protect their children and other family members. This leaves many low-income women unable to afford even small amounts of money for anything additional including health costs. This can potentially lead to people not accessing the health services that they need and contributing to long-term health problems which limit their ability to participate in public life, in their local communities, take part in education & skills and work. Ultimately this ends up costing the Health Service even more in the long-term. For rural dwellers this is even further compounded by the issue of transport costs.</p>

³ The Impact of the Cost-of-Living Crisis on Women in Northern Ireland, June 2023
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2023/06/Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf>

The consultation states this option would mean that around 18% of individuals who would have been automatically passported under pre-Universal Credit arrangements will no longer be eligible for automatic passporting, which equates to around 56,700 individuals. This would leave these individuals to have to apply through what the Department terms a “*complex paper-based application process which creates an extra obstacle for individuals to overcome to access the healthcare they require.*” This is a significant number of people who are on low-incomes and who really need this help.

We know from our focus group research across a range of issues that there is a lack of awareness around entitlements and access to help and support across a range of issues. For example, our research on Universal Credit found that 86% of the women we spoke to had not heard of the Universal Credit Contingency Fund which provides a grant to help people in Northern Ireland get through the five-week wait in Universal Credit.⁴ We also know that uptake levels for the Healthy Start Scheme in Northern Ireland are the lowest across the UK regions at just over 52%.⁵ We provide these statistics by way of example of what happens when payments are not automatic and which rely on awareness and the ability to apply. These examples show just how many people are missing out on help they are rightfully entitled to and which could make a difference in their lives.

Those not eligible for automatic passporting would have to apply through the Low Income Scheme using an application form. As stated in the consultation this is “*clearly not an ideal situation*”. We are concerned that this group of people are more likely to miss out on these payments as they will have to know to apply for this help or rely on a health professional informing them. Relying on health professionals to inform potential claimants of this help can also be a lottery and dependent on the awareness of the staff member. This

⁴ The Impact of Universal Credit on Women, Women’s Regional Consortium, September 2020 <https://womensregionalconsortiumni.org.uk/wp-content/uploads/2021/04/September-2020-The-Impact-of-Universal-Credit-on-Women.pdf>

⁵ Healthy Start Scheme in Northern Ireland, ARK Policy Brief June 2024 <https://www.ark.ac.uk/ARK/sites/default/files/2024-06/policybrief28.pdf>

	<p>combined with issues around the stigma of being on a low-income or in poverty can lead to people missing out and reinforce a lack of awareness of this help.</p> <p><i>“Some people do not want to complete online forms and are often unwilling to collect and complete application forms.”</i> (Participant at Consultation Event)</p> <p>For these reasons we strongly disagree with Option 1 as the most appropriate option.</p>										
<p>Q7</p>	<p>Option 2 is proposing to passport everyone on Universal Credit (no earnings thresholds applied).</p> <p>To what extent do you agree or disagree that Option 2 is the most appropriate option?</p> <table data-bbox="379 981 1082 1261"> <tr> <td>Strongly Agree</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Agree</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neither Agree nor Disagree</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Disagree</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Strongly Disagree</td> <td><input type="checkbox"/></td> </tr> </table>	Strongly Agree	<input checked="" type="checkbox"/>	Agree	<input type="checkbox"/>	Neither Agree nor Disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Strongly Disagree	<input type="checkbox"/>
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	<p>Please provide further detail and explanation below:</p> <p>People in receipt of Universal Credit are by definition on a low income and therefore need the financial help provided through the Help with Health Costs Scheme. Research by the Joseph Rowntree Foundation (JRF)⁶ shows that support provided through social security benefits has eroded over decades and the basic rate (standard allowance) of Universal Credit is now at around its lowest ever level as a proportion of average earnings. JRF research shows around 5 in 6 low-income households on Universal Credit are currently going without essentials. JRF are calling for an ‘Essentials Guarantee’ in Universal Credit so that the standard allowance would need to at least meet this amount so that everyone has a protected minimum amount of support in</p>										

⁶ <https://www.jrf.org.uk/social-security/guarantee-our-essentials-reforming-universal-credit-to-ensure-we-can-all-afford-the>

Universal Credit to afford essentials. This research and the call for an Essentials Guarantee shows that many Universal Credit claimants, including those who are working, are struggling to meet their essential bills. They therefore need the help provided through the Help with Health Costs Scheme and we believe that all Universal Credit claimants should be automatically passported to this help.

We believe that this is a better approach as it would help to ensure that people are not deterred from seeking help with health issues due to cost or lack of awareness. In the long-term this will ensure savings to the health service as health issues are addressed early and not allowed to continue until they are more serious and therefore more costly to treat. Failure to address health issues due to cost can also lead to further problems including absence from work, leaving work and social isolation which can be difficult/costly to address.

For these reasons and to avoid the risks detailed in our answer to Question 6 around lack of awareness and stigma we agree with Option 2.

Q8 Taking into account the options set out in the consultation document and the answers you have provided above; do you think there is anything we have missed?

- Yes
- No
- Not Sure

If your answer is **Yes**, please provide further detail and explanation below:

There are a range of issues which are relevant to this consultation which have not been addressed in the consultation.

Poverty and Access to Healthcare Services

There is considerable evidence linking low income and poor health. People on low incomes have more risk factors, such as smoking and poor diet,

resulting in lower life expectancy. There are many factors associated with living in poverty which have an impact on health including poor quality housing, reliance on cheaper ultra-processed food, lack of access to green spaces, pollution, etc.

Poverty has a significant impact on people's health, their need for and use of health care services. Poverty restricts access to healthcare and leads to inequalities in health, education and life opportunities. Ultimately, the fact that people in poverty experience worse health is bad for them as individuals, but also bad for the economy and for the Health Service.

Poverty can create many practical difficulties in seeking health treatment including the cost of travelling to hospital, using the internet to access online services, waiting on phone lines for appointments and paying NHS charges. These can all be prohibitive for those living in poverty and the Cost-of-Living Crisis is worsening the issue.

Poverty contributes to difficulties in accessing health services at the early stages of illness. This can lead to costly outcomes both for patients in terms of worse outcomes and the financial cost to the Health Service by increasing pressure on late-stage health services which are more costly.

Poverty Stigma

Stigma around poverty can lead to a reluctance to seek help and access treatment. Many are embarrassed about their financial situations and can feel 'judged' for being in poverty and for trying to access the financial support they need. This can mean that some will try and hide or disguise the effects that poverty has on their lives leaving them outside access to the financial help that they need.

Awareness Levels

There is a general lack of awareness about help with health-related costs. This means that some people totally miss out on being able to access this help despite being eligible for it. For others finding out about this help can be

simply by chance or good fortune. In our research work with local women in Northern Ireland, we have found that many women find out about entitlements to help through informal conversations with their family members or friends or in their local communities. This includes conversations with women in their local Women's Centre or signposting by advice/community organisations. Simply putting information on websites and relying on people to know what to look for and where to look for it means that people will miss out.

Lack of awareness of the Help with Health Costs Scheme by some health professionals also contributes to patients missing out on this help. There are also issues with the detail of the scheme and in some cases patients are told they are entitled to help when they are not.

Rural Impacts

The cost of transport is a considerable issue particularly for those living in rural areas as we have detailed in our comments in relation to the Rural Needs Impact Assessment. Northern Ireland has a significant rural population with 36% of the population living in rural areas⁷ and this must be a consideration for this consultation.

The costs of transport are a concern in rural areas particularly around multiple appointments and having to travel long distances to access secondary care services. There are also issues with lack of access to public transport with many of those living in rural areas having to rely on access to a car. For some living in remote areas, particularly women, they are less likely to have access to private transport as we have outlined in our answer to Question 11. This means that people in rural areas face the problems of having to pay significant costs or delaying their healthcare.

Hidden costs in healthcare settings

There are other costs which can further the exclusion of people on low incomes from accessing the healthcare services they need. These include

⁷ Mid-Year Population Estimates – Urban/Rural Change, NISRA
<https://www.daera-ni.gov.uk/publications/mid-year-estimates-population-change>

parking and childcare costs, income lost due to time off work, subsistence costs. These additional barriers may mean that some people delay seeking the healthcare they need or miss appointments and treatment.

The cost of food and drink during hospital attendance can be significant challenge particularly for parents who have children as inpatients and outpatients. In some cases, there are limited options for buying food in hospital settings and where it is available it can be expensive.

Limitations of the Help with Health Costs Scheme

The Help with Health Costs Scheme does not cover all costs incurred. This particularly affects people who need glasses as the value of the optical vouchers to pay for frames and lenses has been frozen and has not been updated to accommodate developments in eye care including special coatings and thinner lenses. People have reported similar problems with dental care as the Scheme does not cover the cost of visiting a dental hygienist.⁸

Issues for asylum seekers

Issues around awareness of Help with Health Costs are compounded for asylum seekers who face additional challenges around accessing this help particularly around language barriers and difficulties completing forms and understanding the process. While they wait an asylum decision they are entitled to free NHS care and should automatically be sent an NHS Low Income Scheme certificate (HC2) for full help with health costs. There is evidence to suggest problems with this including some asylum seekers not receiving a HC2 or any information about it, the certificate is only valid for six months and is not automatically renewed meaning the completion of a long renewal form, the need for internet access to apply which some asylum seekers do not have and the certificate can take a number of weeks to arrive.⁹

⁸ <https://www.healthwatch.co.uk/blog/2024-09-09/whats-it-getting-help-health-costs>

⁹ <https://www.healthwatch.co.uk/blog/2024-09-09/whats-it-getting-help-health-costs>

Q9	<p>Taking into account the answers you have provided; if you have any further comments on any aspect of this consultation or the proposed options, please include these below:</p>
	<p><i>Timescale to Respond</i></p> <p>The final date for responses to this consultation is 10 March 2025. The consultation opened on 27 January 2025 leaving just six weeks to respond to this consultation. In order to enable genuine and meaningful consultation the consultation timeframe should be at least 12 weeks.</p> <p>As the Women’s Regional Consortium we want to ensure that women from the most disadvantaged and rural areas of Northern Ireland are given the chance to share their valuable experiences and opinions to help influence and shape the actions of Government. A shorter consultation timeframe severely limits the opportunities to organise engagement with local groups to explain the contents of the consultation, facilitate discussion and meaningfully collect the views of those impacted by its contents. It means that organisations like ourselves have insufficient time to properly consult with affected women so that their views/experiences which are so critical remain outside the process. They should be given the time and space to discuss these issues in a format that they can understand and in ways where they feel comfortable and empowered to contribute.</p> <p>This consultation was published alongside a number of other Government consultations which require detailed responses by the Community and Voluntary sector. The volume of consultations continues to put huge pressure on an already overstretched and under-resourced sector who are facing significant challenges due to funding cuts, insecure contracts and increased demand for our services.</p> <p>We refer the Department to the guidance on consulting with women produced by Women’s Regional Consortium members WRDA.¹⁰ This guidance</p>

¹⁰ Women at the Heart of Public Consultation, A guide for Public Authorities and Women’s Organisations, WRDA, November 2017
https://wrda.net/wpcontent/uploads/2018/10/WRDA_WomenAtTheHeartOfPublicConsultation.pdf

contains five top tips based on the many years of experience that women’s groups have in promoting women’s participation in public policy making. These include the need to work together with the women’s community and voluntary sector, making time for accessible face to face engagement, keeping language accessible and relevant, listening to the experiences of women and making women visible in the product as well as the process.

Move to UC

We are disappointed that it has taken so long to address this issue. Universal Credit has been in place in Northern Ireland since 2017 and over time claimant numbers have been increasing. Northern Ireland is in the final stages of the implementation of Universal Credit with ‘Move to UC’ so there is an urgent need to make changes to the passporting of individuals so that more people on the lowest incomes can be automatically passported to this important area of help.

Equality Screening and Rural Needs Impact Assessment

Q10 a) Do you agree or disagree with the Equality Screening?

Fully Agree	<input type="checkbox"/>
Mostly Agree	<input type="checkbox"/>
Neither Agree nor Disagree	<input type="checkbox"/>
Mostly Disagree	<input type="checkbox"/>
Fully Disagree	<input checked="" type="checkbox"/>

Please provide comments below:

The equality screening states *“there is no evidence to suggest that different genders will have any different needs, experiences, priorities or issues in relation to the policy.”* We suggest that women will have different needs, experiences and priorities in relation to this policy.

Women are more likely to be in receipt of social security benefits, more likely to be in low-paid, part-time and insecure work, more likely to be providing

<p>care either for children or other family members which limits their ability to carry out paid work and more likely to have to make up for cuts to public services through unpaid work. All these factors contribute to keeping women's incomes generally lower over their lifetimes and therefore puts them at greater risk of living on a low-income and in poverty.</p> <p>Lone parents are even more vulnerable to poverty (Census figures show that 93% of lone parents are women). In Northern Ireland the family type at the highest risk of being in relative poverty was 'single with children' at 38%.¹¹</p> <p>Welfare reform and austerity policies have disproportionately impacted on women. 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.¹²</p> <p>In Northern Ireland an analysis of the impact of the reforms by the Northern Ireland Human Rights Commission (NIHRC)¹³ showed that across most income levels the overall cash impact of the reforms is more negative for women than for men. Their most striking finding was that households with children experience much larger losses as a result of the reforms than those without children. This is particularly the case for lone parents (who are mostly women) who lose £2,250 on average, equivalent to almost 10% of their net income.</p> <p>We refer the Department to the latest Universal Credit claimant statistics¹⁴ (August 2024) which show the gender breakdown of Universal Credit claimants as 60% female and 39% male.</p>

¹¹ https://datavis.nisra.gov.uk/communities/PII_report_2223.html

¹² Estimating the gender impact of tax and benefit changes, Richard Cracknell, Richard Keen, Commons Briefing Papers SN06758, December 2017
<http://researchbriefings.files.parliament.uk/documents/SN06758/SN06758.pdf>

¹³ Cumulative impact assessment of tax and social security reforms in Northern Ireland, NIHRC, November 2019

https://www.nihrc.org/uploads/publications/Final_CIA_report_Oct_2019.pdf

¹⁴ <https://www.communities-ni.gov.uk/publications/universal-credit-statistics-august-2024>

The screening document asks ‘What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?’ The answer for impacts on men and women is given as ‘none’. However, we would suggest that there will be minor positive impacts for women who are more likely to be able to access Help with Health Costs if a change is made so that Universal Credit claimants are automatically passported to the scheme.

As highlighted by our Advice NI colleagues the existing inequalities in Help with Health Costs provision: *“specifically disadvantage lone parents and their children (who fall under the Section 75 categories of ‘dependents’ and ‘age’ respectively). Lone parents and their children are disproportionately affected by these legislative differences because lone parents are not only claimants themselves who may miss out on help with health costs, but they have the extra burden of being responsible for children who depend on them to meet their basic needs and these children will also miss out on help with health costs. The children are in turn disproportionately affected by these legislative differences because their primary care givers are unable to access help with health costs on their behalf. By denying a lone parent claiming UC help with health costs, it means that their children are also denied that help.”*

Therefore, if Universal Credit is an automatically passported benefit for Help with Health Costs there will be minor positive impacts for people with dependents.

Available Evidence

The equality screening states for all of the Section 75 categories that no evidence or information has been gathered as HwHC scheme is available to all residents in NI and eligibility is based on means testing. We suggest that going forward it would be useful to collect this data to provide information around where the needs are greatest and inform future work in this area.

We suggest that Government data in relation to poverty levels in Northern Ireland could have been used here as, for example, it shows that women are

	<p>more likely to be in poverty than men and therefore more in need of access to this help.</p> <p>We also suggest that other qualitative data may be useful here including our own research on the Impact of the Cost-of-Living Crisis on Women in Northern Ireland¹⁵ which illustrates the scale of the impact of inflationary pressures on women’s household incomes. In addition, an Advice NI response to a Request for Data to Inform the Department of Health Audit of Inequalities¹⁶ (February 2024) provides some useful case studies, available evidence and recommendations.</p>										
Q11	<p>b) Do you agree or disagree with the Rural Needs Impact Assessment?</p> <table border="1" data-bbox="263 840 1402 1205"> <tr> <td data-bbox="263 840 1029 907">Fully Agree</td> <td data-bbox="1029 840 1402 907"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="263 907 1029 974">Mostly Agree</td> <td data-bbox="1029 907 1402 974"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="263 974 1029 1041">Neither Agree nor Disagree</td> <td data-bbox="1029 974 1402 1041"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="263 1041 1029 1108">Mostly Disagree</td> <td data-bbox="1029 1041 1402 1108"><input checked="" type="checkbox"/></td> </tr> <tr> <td data-bbox="263 1108 1029 1205">Fully Disagree</td> <td data-bbox="1029 1108 1402 1205"><input type="checkbox"/></td> </tr> </table>	Fully Agree	<input type="checkbox"/>	Mostly Agree	<input type="checkbox"/>	Neither Agree nor Disagree	<input type="checkbox"/>	Mostly Disagree	<input checked="" type="checkbox"/>	Fully Disagree	<input type="checkbox"/>
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Fully Disagree	<input type="checkbox"/>										
	<p>Please provide comments below:</p> <p>The RNIA states <i>“The change in legislation will not impact those in rural areas differently to those in urban areas.”</i> However, we believe that the RNIA fails to take into account the specific rural impacts in relation to lack of access to transport in rural areas and the access poverty that exists in terms of services. This is particularly the case for rural women as is highlighted by our Consortium partner the Northern Ireland Rural Women’s Network (NIRWN):</p> <p><i>“Women are much less likely to have access to their own private transport than men. This means that women depend much more on public transport, and are at an economic disadvantage to men. The accessibility of education,</i></p>										

¹⁵ <https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2023/06/Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf>

¹⁶ <https://www.adviceni.net/policy/publications/advice-ni-consultation-response-request-data-inform-department-health-audit>

training, work and childcare provision and the cost of public transport are factors in determining women's participation, especially in rural areas. The economic disadvantages of lack of access to transport are compounded by the impeded ability to access basic services and social isolation. Feedback from NIRWN members clearly indicates that transport provision varies greatly across the region depending upon where you live, and often provision is linked to the school terms, resulting in no service during holidays."¹⁷

Women's Regional Consortium research¹⁸ showed that 38% of the women who took part in the research reported that they were finding it most difficult to pay travel costs. Rural women were particularly exercised about the increasing costs of travel and how this impacted on their lives.

We also wish to raise a particular issue on entitlement to Universal Credit which affects many rural households. The Move to Universal Credit has meant that Universal Credit has become an important passport benefit for accessing a range of additional help including Free Schools Meals, School Uniform Grants and Help with Health Costs. However, there are well documented problems for those who are self-employed with entitlement to Universal Credit, for example, farming families seasonal workers, tradespeople and some childminders. The self-employed are a considerable part of the Northern Ireland economy with Census figures showing that 15% of those in employment in Northern Ireland were self-employed (127,200 people).¹⁹

Rather than being based on annual income Universal Credit is based on monthly income and where there is a cash surplus in a month (for example, because of livestock sales) it could mean no Universal Credit entitlement that

¹⁷ Northern Ireland Rural Women's Network, Rural Women's Manifesto, <https://www.nirwn.org/wp-content/uploads/2016/12/NIRWN-Rural-Womens-Manifesto.pdf> p.2

¹⁸ Women's Experiences of the Cost-of-Living Crisis in Northern Ireland, Women's Regional Consortium, June 2023
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2023/06/Womens-Experiences-of-the-Cost-of-Living-Crisis-in-NI-2.pdf>

¹⁹ Main statistics for Northern Ireland, Statistical bulletin, Labour market, March 2023
<https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-3-statistical-bulletin-labour-market.pdf>

month. In addition, in months where there is little/no income Universal Credit has a 'Minimum Income Floor'. The Minimum Income Floor is an assumed level of earnings that the Department for Communities uses to calculate benefit payments for self-employed people. If earnings are below the Minimum Income Floor, Universal Credit payments will be calculated using this figure rather than actual earnings that month. The Minimum Income Floor is calculated by multiplying the amount of the National Minimum Wage by the number of hours normally worked.

Moving to Universal Credit can have negative implications for self-employed people who don't have a regular income each month and for those living in rural areas who are more likely to be self-employed. As the National Farmers' Union has stated Universal Credit does not account for the seasonal nature of farm business income where for example a farmer may lamb sheep in the Spring but sell them in the Autumn and therefore have no income until the Autumn.²⁰

Problems with moving to Universal Credit have been highlighted in a NISRA report into non-movers from Tax Credits to Universal Credit²¹ which found that being self-employed had an influence on claim decision. Table 8 from the NISRA report (see below) showed that self-employed Tax Credit customers had a 16 percentage point lower Universal Credit claim rate than non self-employed people. Controlling for other factors having at least one claimant in a household being self-employed reduces the probability of claiming Universal Credit by 12 percentage points.

Table 8 Move to UC Invitations, Claims and Rate by Employment Status

Employment Status	Invitations	Claims	Rate
Self-employed households	7,499	4,271	57.0%
Non-Self-employed households	21,083	15,463	73.0%

²⁰ <https://www.nfuonline.com/updates-and-information/universal-credit-changes/>

²¹ Move to Universal Credit (UC) Tax Credit Non-Movers Research, NISRA, 2024
<https://www.communities-ni.gov.uk/system/files/2024-12/dfc-move-to-uc-tax-credit-non-movers-research-report.pdf>

The NISRA report²² also shows that claim rates ranged from 64% in Fermanagh and Omagh, Mid Ulster and Newry, Mourne and Down to 76% in Belfast – see Table 10 from the report below. 72% of households in urban areas moved to Universal Credit in comparison to 64% of those in rural areas. The report found that overall, those in urban areas are 8 percentage points more likely to claim Universal Credit. Controlling for other factors being in an urban area increases the chance of a household claiming Universal Credit by 4 percentage points with half of the disparity between the figures being eliminated by controlling for self-employment status alone. This is because households in urban areas are less likely to feature a claimant who is self-employed.

Table 10 Move to UC Invitations, Claims and Rate by Local Government District (LGD)

LGD	Invitations	Claims	Rate
Antrim and Newtownabbey	2,118	1,505	71.0%
Ards and North Down	1,862	1,325	71.0%
Armagh City, Banbridge and Craig..	3,405	2,291	67.0%
Belfast	4,965	3,766	76.0%
Causeway Coast and Glens	2,010	1,342	67.0%
Derry City and Strabane	2,925	2,078	71.0%
Fermanagh and Omagh	1,950	1,247	64.0%
Lisburn and Castlereagh	1,705	1,200	70.0%
Mid and East Antrim	1,977	1,332	67.0%
Mid Ulster	2,674	1,720	64.0%
Newry, Mourne and Down	2,988	1,926	64.0%

The NISRA research²³ engaged with a number of key stakeholders and found that:

- Stakeholders noticed that self-employed customers and those in rural areas, such as farmers, encountered particular difficulties with the transition.

²² Move to Universal Credit (UC) Tax Credit Non-Movers Research, NISRA, 2024
<https://www.communities-ni.gov.uk/system/files/2024-12/dfc-move-to-uc-tax-credit-non-movers-research-report.pdf>

²³ Move to Universal Credit (UC) Tax Credit Non-Movers Research, NISRA, 2024
<https://www.communities-ni.gov.uk/system/files/2024-12/dfc-move-to-uc-tax-credit-non-movers-research-report.pdf>

- Stakeholders advised that for many, the additional administrative burden seemed unmanageable, especially for those in rural areas or with limited resources, such as farmers or small business owners.
- Stakeholders mentioned that some self-employed claimants either abandoned the process shortly after beginning or simply chose not to engage at all.
- Stakeholders felt that customers, particularly self-employed individuals, feared that the transition to UC would not only reduce their financial support but also add hidden costs—such as time spent administrating their UC claim.
- Stakeholders noted that the system feels ill-suited to self-employed individuals.

The importance of take-up of benefits and the links to entitlement to other payments (which would include entitlement to free schools meals and uniform grants) are described in a Journal of Poverty and Social Justice article.²⁴ Take-up of social security benefits is an important social policy issue revealing crucial aspects of the relationships of those involved with the state and society as a whole. *“In a welfare state such as the UK’s, relying increasingly on means-tested and conditional benefits, take-up of entitlements is likely to be lower and is therefore an even more significant concern. As Van Gestel et al (2022) argue, non-take-up therefore undermines the effectiveness and fairness of social policies. In the UK, means-tested benefits are also increasingly acting as the gateway to other provisions, including most recently one-off payments to help with the rising cost of living. This additional function of such benefits increases the significance of non-take-up, because of its knock-on effect on access to other policy instruments.”*

²⁴ Take-up of social security benefits: past, present – and future?, Journal of Poverty and Social Justice, Volume 32, Issue 1, December 2023
https://bristoluniversitypressdigital.com/view/journals/jpsj/32/1/article-p2.xml?tab_body=fulltext

Written evidence by the National Farmers' Union to the Work and Pensions Select Committee stated:

“with the current Universal Credit regulations those who choose to be self-employed appear to be at a disadvantage, particularly if they operate seasonal businesses, carry stock, or have to invest in equipment and machinery. These businesses may receive less support than an employed individual earning the same income and with the same personal circumstances. In addition there is a risk that the economic reality of their circumstances will be ignored. In our view there is a risk this will result in a two-tier welfare system which will prevent many self-employed individuals from accessing an important welfare safety net at critical times.”²⁵

Locally, Advice NI, Rural Support and the Ulster Farmers' Union (UFU) expressed their collective concern over the impact on self-employed people in Northern Ireland who will be impacted by the Move to UC.²⁶ UFU Deputy President William Irvine said:

“Due to the nature of farming and working in line with the seasons, there will always be months where expenses are incurred with virtually no income being received. However, there will be a period when the Single Farm Payment coupled with the sale of crops and/or livestock will greatly exceed expenditure..... When farmers receive the majority of their income, and with no allowance for the costs incurred earlier in the year, the income will exceed their expenses to such an extent that there may be no entitlement to any Universal Credit. Farm families will have no assurance about whether they will receive Universal Credit at the end of each month which could put them in an extremely difficult financial situation. The change to Universal Credit completely dismisses the pattern of income and expenditure for most self-employed businesses, especially farms. A pattern which farmers do not have the ability to change.”

²⁵ <https://committees.parliament.uk/writtenevidence/85750/pdf/>

²⁶ <https://www.ufuni.org/move-to-universal-credit-for-farmers-and-other-self-employed-people-a-burden-or-a-benefit/>

The following example from South Tyrone Empowerment Programme (STEP) in Dungannon highlights the issues for farming families, entitlement to UC and help with free school meals and uniform grants which could equally apply to the Help with Health Costs scheme:

A farming couple with 3 school age children were in receipt of Child and Working Tax Credits but had to move to Universal Credit. After two months UC stopped due to surplus earning rules. The issue was the family were due to buy stock for the farm with the earnings but the process was delayed a week meaning the money was in their account during the assessment period. This wiped out their UC award and therefore their entitlement to free school meals and school uniform grants. This was devastating as they needed to invest in the farm to make it sustainable.

The result of the issues with Universal Credit for the self-employed may mean that many rural people will have issues with entitlement to Universal Credit and therefore out of access to much needed help with health costs.