



The Welfare Safety Net

Work and Pensions Committee Inquiry

Medact submission

December 2018

The welfare benefits system is seriously failing those with disabilities and health conditions, and can certainly be highlighted as a cause of further deprivation among those people... I have seen almost every claim rejected or given a lower level of disability benefit than the claimant should be able to expect based on their condition, and the cases are rarely overturned until they have gone through an appeal process lasting sometimes up to 6 months. There are significant problems with the rollout of Universal Credit in terms of accessibility but also a number of issues with the actual funding - for example, claimants who are disabled but also care for a disabled child are worse off as their Carer's Allowance is taken off their Universal Credit pound-for-pound. There is also a serious shortage of housing and some local authorities do not allocate a great deal of priority to those on the housing register whose current accommodation is unsuitable for health reasons.

Trainee Advisor with Citizens Advice Bureau working inside a Central London Hospital

About Medact

Medact are a global health charity who support a wide range of health professionals from all disciplines to work together towards a world in which everyone can truly achieve and exercise their human right to health.

Medact recognises that health and well-being throughout our lives aren't just about individual bodies, diseases, and conditions; rather, they are shaped by the social, economic and physical conditions in which we are born, grow, live, work and age. We know these social determinants of health are driven by political and economic systems that dictate how power and resources are distributed; and which have the capacity to create and exacerbate not only deepening social inequality but wider threats to health such as climate change, violent conflict, and human rights abuses.

Methodology

Medact surveyed 56 healthcare professionals to investigate their experiences of the impact of economic deprivation on patients physical and mental health. A wide range of health professionals answered this survey including nurses, junior doctors, consultants, dieticians, health students, sociologists researchers, clinical psychologist, physiotherapists, NHS admin, and Citizens Advice Bureau staff working within hospitals. The majority of respondents were GPs (20) and junior doctors (12). While 21 of the respondents are from London, the rest are distributed across North Wales, England and Scotland. The majority of questions were optional - respondents did not necessarily answer every question.

Broad findings

*Poor, overcrowded housing and lack of money for food and bills have a significant impact on the health of many of my patients. Stress related to trying to raise children in these conditions (without adequate food or safe accommodation) effects my patients mental health and ability to care for themselves and their families. **Speech and Language Therapist, Devon***

Across England and Scotland health professionals regularly see patients whose health is severely impacted by deprivation. Benefit delays and sanctions deemed cruel or unnecessary, alongside the high cost of living and rent, and lack of access to social housing and decent affordable private rented accommodation are consistently highlighted as influencing factors across the country.

*East London has seen a dramatic increase in housing difficulties with overcrowding a particular issue and young people, particularly, unable to live in their communities or near where they work. The private rented housing stock has deteriorated and housing association flats and houses almost impossible to secure. Many patients fall into arrears and people have been made homeless often as a consequence of debt and consequent exacerbation of their mental health problems. In addition to these as I work in a very deprived area I have seen increasing numbers of patients registering with us who are effectively homeless, not usually on the street but "sofa surfing". Food bank use has increased exponentially and people who one would never think of as being in food poverty are now regular users of these sorts of services. **GP, East London***

Austerity policies, cuts to social security, growing wealth inequality, and a reduction in funding to vital services are all blamed for the health outcomes health professionals are dealing with day to day. Overall this points to our unjust economic system that leaves many working families unable to afford healthy food and safe, healthy housing - which in turn has a huge impact on physical and mental health. Our survey concludes that the majority of people who face economic deprivation related illnesses are not supported by the social welfare net. They are in fact seen as an additional source of stress and anxiety to patients who are struggling to find support. A lack of housing and low wages were most regularly singled out as reasons that led to spiralling mental and physical ill health, compounded by an absent and unsupportive social security system.

*Patients will often become anxious and depressed and will sometimes abuse substances or alcohol as a consequence of housing difficulties or their substance and alcohol misuse will result in housing problems. Substandard rented accommodation also results in respiratory ill health and anxiety and depression which results in high rates of consultations, a feature of working in poor communities which is getting worse. **GP, East London***

Several survey respondents alluded to the way in which hostile environment policies in the NHS specifically impact the health of migrants. This survey did not have questions on this issue - however responses only add to evidence that show the devastating harm of ID checks and charging that deter vulnerable groups from accessing care.

*I saw a woman in antenatal clinic last week: migrant from Eritrea, homeless (couch surfing but running out of friends), unemployed, and still suffering mentally from her previous pregnancy that was a result of rape. I have also seen pregnant women who have been trafficked and what I believe is an increase in food insecurity and homelessness. **Junior Doctor, Specialist Registrar Obs and Gynae, London***

Detailed findings

1. What do we know about chronic deprivation and hardship in the UK and how should hardship and chronic deprivation be measured?

The majority of the health care workers surveyed said that they very often or often see patients whose health is impacted by chronic deprivation, that physical and mental health is seriously impacted by their housing, and that adult and child health is impacted by ability to access, prepare and afford health food.

*Rogue landlords and housing providers (Clearsprings, G4S, Serco etc.) - have multiple people in small flats, allow damp and vermin infested houses and fail to rehome those at risk of violence. We've had children in A&E who have horrific bites, from ticks or bed bugs, or who have had yet another severe asthma attack due to damp housing. We've had a fire claiming migrants lives: more than 20 migrant workers and 2 children (from eastern europe, potentially victims of modern slavery) were living in an unheated flat and used a cheap heater to try stay warm - this led to a sleeping bag catching fire, causing death and significant injury. Multiple patients have been terrorised by neighbours but been unable to move - from banging on doors, screaming abuse in the street, throwing things through windows etc - as the council won't use this as grounds to rehome. Such patients have therefore missed crucial health appointments due to fear of leaving their homes, or called an ambulance for protection. **Junior Doctor, London***

When asked:

- Do you see patients whose health is affected by chronic deprivation **72.7% said very often** and 18.2% often
- Do you see patients whose physical health is affected by the quality of their housing **47.3% of survey respondents said very often**, and 36.4% of respondents said often.

- Do you see patients whose mental health is affected by their housing **60% of respondents said very often**, and 23.6% said often.
- Do you see patients whose health is affected by their ability to access and prepare healthy, affordable **food 52.7% said very often**, and 21.8% said often.
- Do you see children whose health is affected by their ability to access healthy food **34.5% said very often**, 32.7% said very often

*People have lost their homes, by losing a job and not having a safety net...I have seen many people who buy unhealthy food because it is cheaper. They develop the habit of eating unhealthy food and do not have a habit of cooking. **Junior Doctor, Newcastle***

*Most patients I see who have negative health impacts related to housing are in social housing. The issues relate to dampness, antisocial neighbours, drugs/crime in the tower block, and feelings of isolation....The inverse care law - the distribution of health care resource is a fundamental determinant of health and will either exacerbate or mitigate health inequalities. The NHS should be at its best where it is needed most needed. **Academic GP in Scotland***

2. Is it changing? How?

Respondents were asked in the past two years have you seen a change in how often your patients health is impacted by issue related to deprivation? **76.8% of respondents said they have seen an increase or significant increase in health issues related to deprivation.** (Significant increase 37.5%, increase 39.3%).

3. What factors best explain the reported increases in indicators of deprivation like homelessness, rough sleeping and increased food bank use?

Government policy!!! Introduction of Universal Credit. Bedroom tax. Patients being deemed 'fit for work' and having their ESA stopped. Patients being unnecessarily or inappropriately sanctioned for being late or missing interviews. Patients unable to access an over-run Citizens Advice Bureau for support and not knowing where else to turn. Job centre/DWP using online services which patients cannot access. Lack of support/services for mental health causing patients to decline in functioning and through unemployment and benefits cuts spiral into debt and poverty which they are then unable to get out of.

*Lack of community support and pastoral care for those who do not have the ability/skills to access training or mentoring. Lack of community workers to support people with mental health problems. Lack of support for new Mums who are struggling with motherhood, mental health, managing their family on a small budget, often substance misuse issues. **GP, Sheffield***

Most of our survey respondents indicated similar factors were to blame for the increase in indicators of deprivation:

- delays and unnecessary or inappropriate sanctions
- high cost of living, lack of access to affordable private rented housing
- lack of social mobility
- increasing gaps between rich and poor
- hostile approach to eligibility
- universal credit
- austerity policies
- cuts in welfare and services
- systematic unemployment
- impossibility to secure social housing
- lack of services
- wealth inequality
- reduction in social and mental health services
- housing policy
- an unjust system
- difficulty navigating the welfare system

The number of deprived people has become so much larger that those stuck at the bottom of the pile have a much reduced chance of escape. They therefore become even more deprived and dependent on the state, which in itself is providing less practical support for them to escape the vicious cycle. There are fewer places on free courses for self-improvement and less access to welfare advice and support. There are fewer GP appointments and reduced access to good healthcare. People who are deprived get sicker and more depressed and people who are depressed get sicker and more deprived. GP, London

4. Do Jobcentre Plus procedures and benefit delays play a role?

Respondents consistently pointed towards jobcentre procedures, social security delays, inappropriate and unnecessary sanctions, and difficulty navigating the complex system as having played a serious role in the ill physical and mental health of their patients.

Insecure jobs, leading to insecure tenancy and mounting debt. Changes to benefits and a more hostile approach to determination of eligibility has led to families losing out - particularly on loss of benefits for more than two children - with many patients attempting discharge unsafely against medical advice to attend appointments at the jobcentre, as they worry about being sanctioned. Junior Doctor, London

5. What role does Universal Credit play in relation to deprivation, or could it play in tackling it?

Over half of survey respondents told us that Universal Credit very often (45.5%) or often (16.4%) played a role that resulted in people falling into deprivation.

Universal credit delay is a big issue... universal credit impacts families and most vulnerable in society... Draconian inflexible policies from the Department For Work and Pensions impacting patients with poor self esteem, low literacy and often depression and anxiety, I struggle to understand the system and the relentless experience of Jobseekers with little sympathy when life means that not everyone can meet their expectations is staggering. There are many who I have encouraged to try and get back to work, and are keen to do so but then the atmosphere and environment at the job centre has been so hostile I have ended up having to sign them off due to increased anxiety and depressive symptoms. Also the impact of Insecure, poorly paid jobs is huge and little protection. GP, Scotland

Our future recommendations around the entire social security is that it becomes a system that is people centred, offering support and advice in the understanding that hardship comes from unequal access to resources and power.

6. Is our welfare safety net working to prevent people falling into deprivation?

40% of respondents reported that they have never (10.9%) or not very often (29.1%) seen the UK's welfare safety net prevent people from falling into deprivation.

"I frequently see the impact of benefits sanctions on health, including two middle-aged men who have attempted suicide on the day of benefits assessments as a result of the stress of the process. Lack of housing stock is a contributor to homelessness, but many people who end up homeless or rough sleeping are multiply disadvantaged, often experiencing addictions and mental health problems, or with a history of complex trauma. "

Academic GP in Scotland

There is less funding available. Recent example of 15 year old allowed to be homeless during the day because no services available to her. Using volunteers houses overnight, but was expected to be put up in hotels in near future. According to local social services this is not an isolated or extreme case.

Failure of both health and social support, benefits changes and failure of support for those on low pay. I feel all of these are rooted in neoliberal policies, particularly austerity.... I have been told recently by parents that they are living on "black tea and bread" in order that their children can have nutritious food. Lack of social housing . Researcher, Sheffield

*Poor, overcrowded housing and lack of money for food and bills have a significant impact on the health of many of my patients. Stress related to trying to raise children in these conditions (without adequate food or safe accommodation) effects my patients mental health and ability to care for themselves and their families... I see children in food poverty most frequently, because their parents (usually single mums) are not given adequate social support to care for them, or childcare support so they can work full-time. They are in low paid jobs (pay seems to have become lower and lower over the last 5 years relative to living and food costs) **Speech and Language Therapist, Devon***

*For a very large proportion of my patients, overcrowded housing (including living in HMOs) is one of the biggest things that parents of my patients will talk about in terms of their worries for their kids. The main issues are that for kids with respiratory problems, parents are concerned about the level of damp in homes, and also about the fact that they are often living in homes where there are multiple other families under the same roof who also have coughs & colds which are being passed between the children. **Paediatric SHO, London***

Recommendations

*With the high cost of rent and insufficient wages or benefits, patients are forced into homelessness or to live insecure, poor standard accommodation with cases of families of 8 members in one room and pregnant woman sleeping in the street and homeless patients in the coldest nights, people with children homeless. The standard of the privately rented accommodation for those with limited income is really poor forcing people to live in substandard accommodation which affects their house or make themselves unintentionally homeless. **GP, London***

- **A well resourced, skilled and people centred social security system**
- **A redesigned approach to social security that trusts the experience of claimants**
- **A move towards a national living rent policy**
- **A move towards reducing barriers to companies offering a living wage**
- **Stricter housing policy for landlords to provide decent, affordable housing**
- **Changes in housing policy that see an end insecure tenancies, such as abolishing Section 21 of the Housing Act 1988, and improved landlord licensing**