

Northumbria Research Link

Citation: Cheetham, Mandy, Moffatt, Suzanne, Addison, Michelle and Wiseman, Alice (2019) Impact of Universal Credit in North East England: a qualitative study of claimants and support staff. *BMJ Open*, 9 (7). e029611. ISSN 2044-6055

Published by: BMJ Publishing Group

URL: <https://doi.org/10.1136/bmjopen-2019-029611> <<https://doi.org/10.1136/bmjopen-2019-029611>>

This version was downloaded from Northumbria Research Link:
<http://nrl.northumbria.ac.uk/id/eprint/39323/>

Northumbria University has developed Northumbria Research Link (NRL) to enable users to access the University's research output. Copyright © and moral rights for items on NRL are retained by the individual author(s) and/or other copyright owners. Single copies of full items can be reproduced, displayed or performed, and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided the authors, title and full bibliographic details are given, as well as a hyperlink and/or URL to the original metadata page. The content must not be changed in any way. Full items must not be sold commercially in any format or medium without formal permission of the copyright holder. The full policy is available online: <http://nrl.northumbria.ac.uk/policies.html>

This document may differ from the final, published version of the research and has been made available online in accordance with publisher policies. To read and/or cite from the published version of the research, please visit the publisher's website (a subscription may be required.)



UniversityLibrary



Northumbria
University
NEWCASTLE

**The impact of Universal Credit in North East England:
a qualitative study of claimants and support staff**

Mandy Cheetham¹

Suzanne Moffatt²

Michelle Addison³

Alice Wiseman⁴

Key words

Public health, qualitative research, mental health, suicide and self-harm

Text word count 4420 (excluding title page, abstract, quotes, references, figures)

¹ Dr Mandy Cheetham, [corresponding author], Postdoctoral Research Associate, Teesside University, Centre for Public Health Research, School of Health and Social Care, Constantine Building, Middlesbrough, Teesside TS1 3BX, UK. M.Cheetham@tees.ac.uk. Tel. 01642 345611. Fax. 01642 384105

² Dr Suzanne Moffatt, Reader in Social Gerontology, Institute of Health and Society, Newcastle University, Newcastle upon Tyne, Tyne and Wear, NE1 4LP, UK

³Dr Michelle Addison, Lecturer in Criminology, Department of Social Sciences, Northumbria University, Newcastle upon Tyne, Tyne and Wear, NE1 8ST, UK

⁴ Alice Wiseman, FFPH, Director of Public Health, Public Health Department, Gateshead Council, Gateshead, Tyne and Wear, NE8 1HH, UK

Abstract

Objectives: to understand the impact of the roll out of Universal Credit (UC) from the perspectives of claimants and staff supporting them in North East England.

Design: Qualitative study comprising interviews and focus groups

Setting: Gateshead and Newcastle, two localities in North East England characterised by high levels of socio-economic deprivation, where the roll out of UC started in 2017 as a new way to deliver welfare benefits for the UK working age population.

Participants: 33 UC claimants with complex needs, disabilities and health conditions and 37 staff from local government, housing, voluntary and community sector organisations.

Results: Participants' accounts of the UC claims process and the consequences of managing on UC are reported; UC negatively impacts on material wellbeing, physical and mental health, social and family lives. UC claimants described the digital claims process as complicated, disorientating, impersonal, hostile and demeaning. Claimants reported being pushed into debt, rent arrears, housing insecurity, fuel and food poverty through UC. System failures, indifference, and delays in receipt of UC entitlements exacerbated the difficulties of managing on a low income. The threat of punitive sanctions for failing to meet the enhanced conditionality requirements under UC added to claimant's vulnerabilities and distress. Staff reported concerns for claimants and additional pressures on health services, local government and voluntary and community sector organisations as a result of UC.

Conclusions: The findings add considerable detail to emerging evidence of the deleterious effects of UC on vulnerable claimants' health and wellbeing. Our evidence suggests UC is undermining vulnerable claimants' mental health, increasing the risk of poverty, hardship, destitution and suicidality. Major, evidence informed revisions are required to improve the design and implementation of UC to prevent further adverse effects before large numbers of people move on to UC, as planned by the UK government.

(Abstract 296 words)

ARTICLE SUMMARY

Strengths and limitations of this study

- Universal Credit represents a significant change in the UK's welfare system, implemented against a backdrop of prolonged austerity, but research on its impact on vulnerable claimants in particular localities has been limited.
- This qualitative study provides detailed insights into the experiences of claiming and managing on UC among vulnerable people with disabilities, long term health conditions and complex lives in North East England.
- The main limitation is that the sample does not include UC claimants without complex needs.
- We have no reason to believe that the experiences of vulnerable claimants such as those described in this study would not be replicated elsewhere in the UK.
- The experiences of staff supporting UC claimants concurs with those of the claimants themselves, adding to the reliability of the findings.

BACKGROUND

In April 2013, Universal Credit (UC), a flagship component of the UK government's welfare reforms was introduced, which radically changed the welfare benefits and tax credits system for people of working age. UC aims to simplify the benefits system, 'make work pay' and reduce system fraud and error. ¹ Combining six separate welfare benefits into one monthly payment to a nominated household member has been beset with difficulties. ² UC has been 'rolled out' incrementally and by December 2018, 1.4 million citizens were claiming UC. ³ When the system is fully operational, just under seven million households will receive UC. ³ UC is being implemented against a backdrop of prolonged austerity characterised by 'savage' cuts to public expenditure ⁴ that have disproportionate impacts on post- industrial areas with higher levels of unemployment, poverty and welfare receipt. ^{5 6} Research by the Equality and Human Rights Commission (2018) shows the combined impact of tax, welfare reforms and public sector spending changes are greater for poorer households and households with disabilities. ⁶ The cash freeze in most benefit rates, cuts to child tax credit and the continued roll-out of UC have significantly reduced the incomes of low-income working-age households, particularly those with children. ⁷

Prior to its widespread implementation, aspects of UC that have attracted particular critical attention include tougher conditionality and the ratcheting up of sanctions, ^{8 9} a switch to monthly payments, ¹⁰ reduced entitlements and combined payments to couple claimants, ¹¹ loss of financial control for women, ¹² the digital administration system ¹³ and, paying housing costs to recipients rather than directly to landlords. ^{14 4} Perhaps most apprehension about the roll out of UC has concerned those regarded as vulnerable citizens with complex needs including: mental and physical health problems, disabilities, difficulties with language,

literacy and online access.¹⁵ Lone parents are regarded as faring particularly badly under UC.

16 17

A recent National Audit Office report² on the implementation of UC identified that, despite UC amounting to the most significant change in the UK's welfare system since its inception, the Department for Work and Pensions (DWP) has not measured how many UC claimants are having difficulties because it does not have systematic means of gathering intelligence from delivery partners.² Although the DWP found that four out of ten UC claimants they surveyed were experiencing financial difficulties,¹ very little research on vulnerable claimants with complex needs has been reported.

In 2017, UC was rolled out in two urban localities, Gateshead (population = 200,500) and Newcastle (population = 300,000) in North East England, where this study was set.

According to Indices of Multiple Deprivation (2015), Gateshead is ranked 73rd / 326 Local Authorities and Newcastle 53rd / 326, where 1 is the most deprived;¹⁸ both areas are amongst the top 20% most deprived localities in England.¹⁹ Child poverty levels are 25% (Gateshead) and 30% (Newcastle) compared to the English average of 17%. Unemployment, health inequalities, sickness and disability and premature mortality in Gateshead and Newcastle are considerably higher than the average for England and Wales.^{20 21} There is a social gradient in health whereby those who reside in the 10% most deprived areas in England have a shorter life expectancy (gap of 7 years for women and 9 years for men) than those who live in the most affluent areas of England.²² This gap has widened between 2001 and 2015.²³ The most deprived communities are seeing no life expectancy gain; prolonged austerity, low paid and precarious work and welfare reforms are regarded as contributing factors.^{23 24}

This qualitative study set out to examine the impact of UC on claimants' lives and to investigate the ways in which UC was affecting staff supporting claimants in local government and voluntary and community sector organisations. The research questions were:

- What are the health and social effects of the roll out of Universal Credit in Gateshead and Newcastle?
- What are the benefits and risks of the transition to UC for different groups?
- Whose health and wellbeing is affected, in what ways, and what is the wider impact on the claimant, their family, and local services?
- What are the implications of the findings?

METHODS

Recruitment and sampling

UC claimants were recruited via gatekeepers in Gateshead and Newcastle; a housing company and eight voluntary and community sector organisations which distributed information about the study and identified potential participants. We did not purposively sample UC claimants with particular vulnerabilities, although the advice and support organisations which acted as gatekeepers are likely to see people who require support making and managing their UC claim. Those who agreed for their details to be passed onto the researchers, were contacted either by telephone or email to establish willingness to participate and, if willing, an interview was arranged. People had the opportunity to ask questions about the study and were asked to provide written consent before participating. Inclusion criteria were: aged 18 or over; lived, worked, or accessed services in Gateshead or Newcastle; had applied for UC; had sufficient understanding of English to participate in an interview; and, were able to give informed consent. Staff were eligible to take part if they supported people

claiming UC in a paid professional capacity by offering advice and guidance. The recruitment period was April-October 2018.

Patient and Public Involvement

The need for the study emerged from embedded research undertaken by MC with local community groups in Gateshead, drawing on their priorities and experiences. Keen to explore the potential health and social impact of UC on residents, Gateshead Council commissioned the study. Local stakeholders were involved in the conduct of the study, and in dissemination of findings. All participants received a copy of the findings and were invited to comment.

Data collection

Semi-structured interviews were undertaken with UC claimants following a topic guide that covered: experiences of the UC claims process, support received, impact of UC on material circumstances, physical/mental health, family relationships and social networks, employment prospects, views about UC, and suggestions for changes to UC. After the interview, demographic details were collected and a £10 shopping voucher was given.

Eleven support staff from the local authority, housing and voluntary and community sector participated in individual interviews, and a further 26 took part in five focus groups.

Department of Work and Pension staff were invited, but declined to participate, with no reasons given.

Staff interviews and focus groups followed a topic guide that covered: experiences of supporting people to claim UC, perceived impact of UC on claimants, impact of UC on staff, implications of UC for service providers and wider health and social care system. Interviews with claimants were carried out by MC (n=26) and MA (n=7), focus groups and interviews with staff were carried out by MC (n=37) and SM (n=1).

Transcription, data management and analysis

UC claimant interviews lasted between 25 and 85 minutes (average 55 minutes), were digitally recorded and transcribed verbatim. Focus group interviews lasted between 50 and 80 minutes (average 65). Field notes taken immediately after interviews/focus groups were shared amongst the team. Findings from initial interviews and focus groups were used iteratively to inform subsequent data collection; for example, experiences of job searching emerged so we asked interviewees their views about whether UC helped people find work. Recruitment continued until data saturation was reached. Transcripts were anonymised and checked against recordings to ensure accuracy. Thematic analysis was used,²⁵ data management and retrieval was undertaken using Word. Transcripts were read and re-read by MC and SM, following which, a coding scheme was developed that reflected emergent themes. The coding scheme captured data relating to (i) the claims process including payment delays, deductions, debt/arrears; (ii) the impact of claiming and managing on UC on: finances; physical and mental health; family and social life; employment; and on advice and support staff in local government, voluntary and community and health sectors. These themes reflected the issues which participants identified. The coding framework was applied to an initial five interviews, following which the coding frame was revised, agreed, and applied to all interviews. The data set was coded, constant comparison used²⁶ and the data were interrogated for deviant cases in order to enhance validity and sensitivity.

RESULTS

The impact of UC on the lives of claimants is described by detailed analysis of the two central themes: (i) the process of claiming UC and (ii) the consequences of managing on UC.

Staff supporting UC claimants provide a further perspective which is reported in conjunction with claimants' experiences.

Participant characteristics

As shown in table 1, claimants who took part included 33 adults, 13 women and 20 men, aged 21-63 years. Most (28) were single, five were living with a partner and eight households had dependent children. Most participants (31) were not in paid employment, two were employed, and 12 were volunteering. The sample of claimants included individuals who had: long term health conditions/disabilities (15), including self-reported mental health problems (20), self-reported learning disabilities (2), cognitive impairment/dementia, sensory impairment; bereavement; recent discharge from hospital; and, stoppage of work through ill-health. In addition to these issues, the sample also included: lone parents; people in recovery from addiction; veterans; care leavers; ex-offenders; refugees and homeless people. DWP has introduced Universal Support for groups of people it considers vulnerable, including those experiencing, “mental and physical health issues, life events, poor skills or limitations such as literacy or language comprehension problems ... limited online access or skills, and those who struggle to budget”² but few participants said they had benefitted from this support or from the offer of Alternative Payment Arrangements such as fortnightly payments or housing payments directly to landlords.

Claiming Universal Credit (UC)

The UC claims process was experienced as complicated, difficult, demeaning, impersonal and punitive. Aspects of the UC design and function regarded as particularly problematic were its digital only system, lack of face to face contact, long delays to speak to DWP helpline staff and in-built delays for payments.

Walk a day in the shoes of someone who is on it...but until then, don't say it's easy, because it's not, not by a long shot ... If you're not au fait with a computer, it can be really a bit daunting (Claimant 6).

The requirement to initiate and manage a UC claim online was difficult for many participants, echoing DWP¹ research which found only 54% of claimants were able to register a claim unassisted. Poor digital literacy, lack of computer / internet access, email address and difficulties verifying identity online, added to the stress of completing an application. Research by DWP¹ found the process of verifying identity online was one of the most difficult steps for claimants in the registration process.

It's just a bit of a nightmare. I wasn't given any help, any assistance really.
(Claimant 7)

Claimants and staff experienced unhelpful delays of between 25-80 minutes when ringing the UC helpline to speak to an advisor:

You're on the phone and they just put you on hold. There's no human contact. It's automated. (Claimant 26)

There were numerous examples of system errors which could result in serious payment delays. Participants and support staff consistently described how the UC administration process was poor at responding to queries in a timely way. The responsibility to sort errors was felt to be entirely with the claimant, expected to rectify problems arising from inflexibilities and inadequacies within the system, and for whom the consequences could be severe. Participants compared UC unfavourably with the previous system in which they were able to deal with benefit administrators face to face or over the phone. Instead, Claimant 7 described how, under the UC system:

I've had nowt [nothing] but problems ... it's just a bit of a nightmare ... from my experience from starting this claim for Universal Credit, I've been passed from pillar to post three, four, maybe five different people.

A major problem for claimants concerned the in-built five week wait for first payment. On average, participants in this study waited 7.5 weeks for their first payment, and this ranged from 5-12 weeks. Claimant 15 estimated from personal experience that it was necessary to have, “a grand’s [£1000] worth of savings to survive being put on Universal Credit”. Those that could, borrowed from family and friends and ‘had to just scrimp’ (Claimant 28) to avoid going into debt, rent arrears and suffering serious hardship which included going without food and utilities. Claimant 2, a single parent, described struggling over winter whilst waiting for the first payment:

It was so difficult around those 6 weeks [wait for UC payment] ... the council gave me a food voucher but I still needed to buy nappies for the baby. My health visitor brought some food for us, because when she came, it was so cold, she was concerned.

Staff described clients going without basic necessities, observing how some resorted to ‘survival crime’ in order to manage:

The amount of people who have come in who are starting to get loads of shoplifting charges ... because they're waiting to be paid [UC], their money's been messed up, they've got nothing. (Staff focus group 4)

From January 2018, DWP can offer advance payments of up to a full months payment, which has to be repaid. However, the repayment mechanism was poorly explained and understood. Some people experienced what they regarded as punitive repayment levels, leaving them with impossibly low incomes:

... they're [government] like loan sharks, because how can you exist on £70 a week, but it's been cut to £20 or £30? [due to repayment of advance] (Claimant 16)

Managing on Universal Credit

Many claimants had difficulty managing on monthly UC payments, which fluctuated unpredictably and were affected by administrative errors and delays, punitive deductions and sanctions.

Material Impact

Materially, some participants were worse off by £100 per month under UC, including those unable to work due to disability or long term health problems. Some had lost entitlement to 'Severe Disability Premium' for people with substantial care needs who live alone, which is no longer available under UC, as reported by Claimant 29:

When you feel like, I can't feed myself, I can't pay my electric bill, I can't pay my rent, well, all you can feel is the world collapsing around you. It does a lot of damage, physically and mentally ... there were points where I did think about ending my life, but I managed to fight my feelings, because I knew, at some point, it was going to come right.

Participants described the profound impact of UC delays on debt and rent arrears, resulting in threats of eviction and homelessness for some. Claimant 6 described the stress of receiving a standard letter about arrears from the housing company:

At the time when you get the letter you start panicking ... I felt physically sick to be honest because all of a sudden you start worrying about what's going to happen.

Food insecurity was reported by many participants who were forced to skip meals, or use foodbanks. Those with health conditions discussed the difficulties of following nutritional and dietary advice from professionals, because they “*couldn’t afford to eat*” (Claimant 30).

Claimant 27 lost her job following an accident and struggled to manage on the monthly UC income of £200. Aware of the financial pressures on her family, she described the stigma of using food banks to which she had previously donated:

It’s not right. I shouldn’t have to go to my daughters and depend on her for something to eat. It should be the other way round ... It makes you feel so low, especially when you’ve got to go to the foodbanks. I don’t want to be like this for the rest of my life.

(Claimant 27)

A minority of participants described sharing their food provisions with their pet, sometimes their sole companion. In one case, a difficult decision was taken to re-home a dog because it was no longer possible to feed them.

Social impact

The lack of finance and associated strain people experienced impacted on family and social life. There was shame at requiring financial or food assistance from family and friends, many of whom were also surviving on low incomes. Some participants lacked resources for every-day activities that maintained contact with family and friendship networks as described by Claimant 22, who no longer felt able to play a full role as a grandparent:

It has a huge impact. You cannot do things. It’s so frustrating. I want to cry sometimes, because, like my grandkids, you know, I cannot give them what I want.

(Claimant 22)

Social activity was recommended by health professionals for Claimant 28, who had stopped work for health reasons. He explained this was not possible due to a considerable reduction in income following the transition to UC:

I would put some petrol in my little van and get one of the other older guys, like myself. We used to just go fishing or we'd go to the beach ... I'd go to the pictures and take my granddaughter or my daughter or one of the family ... I don't do it now because it's not economically viable. (Claimant 28)

Surviving on a low income made every day social activities difficult or impossible thereby increasing the risk of loneliness and social isolation.

Impact on physical and mental health

Most participants described their perception of a hostile, dysfunctional, uncaring system, which was difficult to navigate. Some felt they were not trusted or believed when they tried to explain their circumstances, as Claimant 1 described:

I ended up being treated for depression and anxiety, anyway, as well as the insomnia, still on medication now. I'm a lot better than I was then. I really was at the lowest ebb that I've ever been in my life I think ... Universal Credit was the straw that broke the camel's back. It really did sort of drag me really, really to a low position, where I don't want to be sort of thrown into again. (Claimant 1)

A number of participants had experienced major life events, such as loss of job or home, bereavement or relationship breakdown and the UC claims process was felt to add to their difficulties:

It's like insidious brutality, this Universal Credit thing. I don't know who dreamed it up, because on paper I can see some bits of it could be really good. Maybe it's just the way it's being implemented. (Claimant 16)

This claimant described how she had unsuccessfully tried to re-negotiate the job searching requirements agreed as part of her claimant commitment, to take account of her housing and health problems:

It's the hoops they make you jump through. They make it really, really difficult and they threaten you with sanctions at every turn (Claimant 16)

The lack of money due to payment delays and errors compounded the mental health problems of participants. Claimant 11 described how this affected her partner:

He was in and out of hospital with his depression, like self-harming and that. It was just horrible ... He spoke to the psychiatrist in the hospital. He was like, we've got no money, what's the point, I can't go out, can't see people, can't even eat properly. (Claimant 11)

UC was reported to have caused such distress and loss of hope for the future among six of the research participants, that they had considered suicide. Uncertainty over monthly payments, incomes reduced to the point that basic necessities became unaffordable, and a sense that the UC 'system' was unresponsive and obstructive, were apparent in these accounts:

I'm not a danger now, but the police have been round because I've been suicidal, that's how bad it's been ... just desperately thinking 'how am I going to eat?' It stemmed from the fact that I had to get a loan from them on top ... and now they take £50 off my benefits, which leaves me with next to nothing. (Claimant 3)

A number of individuals with health problems were claiming UC after being re-assessed as fit for work; a process experienced as extremely distressing, triggering suicidal thoughts:

When I lost my ESA (Employment and Support Allowance), I got to the stage where I was ready to commit suicide. I made an emergency appointment and went to see the doctor and explained how I was feeling ... I had all the tablets at home saved up that I was going to take. (Claimant 30)

Impact on staff supporting UC claimants

Staff accounts repeatedly reinforced the negative impact of UC on claimants. In addition, adverse effects were reported on staff in local government and the voluntary and community sectors caused by increased workload and the strain of supporting people with complex needs through a UC system not designed to meet their needs.

The significant time staff spent supporting vulnerable clients to manage their UC claims meant that they were less able to provide the support and care they wanted to offer:

It's just never ending. It's just continuous. There is a burnout, I think in a support role, but I think it's going to be shorter now that Universal Credit is having such a huge impact on clients' lives. (Staff 3)

Staff also provided examples of how UC impacts on demand in other services, including in primary and secondary health care:

How much pressure is there on the NHS if let's say a sanction saves the DWP £1,000, how much is that costing the NHS? Is it costing them £10,000 because you have a hospital admission because of it? ... it's very short sighted. (Staff 12)

The deepening impact of cuts in public services, reducing resources, organisational and personal pressures and increasing workload as a result of an “*unworkable and cruel*” (Staff 8) UC system, were said to be creating additional costs:

... health just spirals out of control because of these wider determinants of health.

People are being forced to do things that are actually making their health worse, and then that costs the NHS more, and then they reach crisis point, when actually they weren't in too bad a position when they started. (Staff 9)

Typically staff anticipated a bleak outlook as the roll out of UC gathers momentum with increasing numbers of vulnerable claimants being found ‘fit for work’ and then sanctioned because they cannot cope with the mandatory requirements placed on claimants. Ground down and demoralised by what they saw as the “*nightmare*” of the UC roll out, staff were “*fearful for clients*” ahead of the further roll out of UC, predicting “*the worst is yet to happen*” (Staff 4). There was little confidence that the UC system could meet the needs of vulnerable people with complex needs:

... if you wanted to devise a system that discriminated against people with learning disabilities, this would be it ... it absolutely particularly discriminates against people with mental health problems and people with learning disabilities. (Staff 8)

DISCUSSION

This study demonstrates how vulnerable people with complex lives, many of whom have health problems or disabilities, are pushed into debt, rent arrears, fuel and food poverty through UC and as has been described elsewhere in the UK, exacerbates the, “lived experiences of vulnerability” (p16).²⁷ The deleterious consequences of the UC claims

process itself, which was experienced as complicated, impersonal and demeaning, is a particularly distressing finding. Participants' accounts demonstrate how the five week payment delay (which in practice ranged from 5-12 weeks) exacerbates the difficulties of managing on low incomes. UC was designed with the assumption that most claimants would have enough money to manage over the initial waiting period,² or could draw on social or family support, despite UK evidence that in 2018 almost 10 million households had no savings and a further 3.26 million households had savings under £1,500 (\$1,955; €1,736).²⁸

Managing the UC digital claims process caused frustration and confusion and adversely affected claimant's mental health, increasing the possibility of serious self-harm and suicidal ideation, reinforcing other qualitative research on the mental health impact of welfare reform undertaken before UC was rolled out.^{29 30} Furthermore, punitive deductions pushed vulnerable claimants into debt and destitution, risk of alcohol and substance use relapse, increasing reliance of foodbanks, family and friends. The threat of sanctions for not meeting the mandatory job searching requirements of UC³¹ and heightened fears of eviction and homelessness, combined to seriously destabilise claimants' mental health and emotional wellbeing. UC increased financial and housing insecurity and served to push vulnerable claimants further from the labour market, undermining the intended aim of encouraging people into work. Similar concerns about the implementation of conditionality and the effects of sanctions on claimants have been reported in the largest UK study to date.³²

The experiences reported by UC claimants and staff in this study echo DWP's own survey of UC claimants,¹ which reported that older claimants and people with long term health conditions were faring less well on UC, requiring greater support to register and manage a claim.

It is now well established that being in employment does not equate to being out of poverty; ³³ almost 60% of UK citizens in poverty are in families where someone works. ³⁴ Rather than providing a safety net, UC is undermining basic rights to a decent standard of living, housing and health at a time of stringent cuts to public services. This is important given the uneven impact of welfare reform in the UK with estimated financial losses higher in older industrial areas such as North East England. ³⁵ The cumulative impact of UC is hitting hard alongside other welfare reforms, including real terms reduction in benefit income due to welfare 'reform'/retrenchment, alongside rising living costs and wage stagnation.

This study refutes claims of client satisfaction with UC reported by government ¹ and some members of parliament. ³⁶ The findings show that expert criticism levelled at UC in advance of its implementation ⁸ ³⁷ and predictions about the impact of UC on disadvantaged citizens, including disabled people, ³⁸ lone parents, ¹⁶ and those with mental health conditions ³⁹ have been proved correct. It would appear that the dread anticipated by future claimants is well founded, ⁴ ⁴⁰ exacerbating digital exclusion, ⁴¹ (in)equality ¹² and increasing costs and dissatisfaction. ¹⁵

The consequences of the 'burden of welfare reform' ⁴⁰ on citizens can be seen by the impacts on material circumstances, emotional and social life and health. Between 2009 and 2013 there was a significant increase in self-reported mental health problems in the UK population compared to 2004-2008. ⁴² This increase was greater for people with low levels of education, widening inequalities in mental health. ⁴² Recent UK research on mental health, austerity and welfare reform has concluded that cuts in social security are impacting on health through a combination of material and psychosocial pathways that include increased financial hardship and chronic stress. ²⁹ Strong associations between debt, depression, mental illness and suicide were identified in a systematic review. ⁴³ Increases in self-harm can be a consequence of debt, benefit change and economic hardship associated with austerity. ³⁰ Fear of benefits

being withdrawn, administrative errors and sanctions, identified in this study, have been identified as common drivers of suicidality.⁴⁴

There is an overall acceptance that simplification of the benefits system is a laudable aim. However, the social security system reflects a wide variety of life situations which means that by its very nature, it will inevitably be complicated.¹³ UC is ‘digital by default’ as a means of promoting greater flexibility, cost effectiveness, efficiency and making citizens more responsible for their own claims. Research on fully digital welfare provision is scant, but work in Denmark, with its highly digitalised public administration and welfare system indicates that “excluded citizens are pushed further to the fringes of the welfare system” (p2)⁴¹ demonstrating that use of digital technology can add to existing patterns and mechanisms of exclusion.⁴¹ In the UK ‘digital assistance’ for claiming UC has been outsourced to public libraries and civil society organisations³⁹ themselves subjected to public sector funding cuts. Moreover, as has been reported elsewhere,⁴⁵ this study found that voluntary and community sector staff are diverted from their core activities and instead required to assist recipients deal with the negative consequences of the benefits system which can be extremely harsh.

The findings add to a growing body of evidence about the hardships, indignities and financial difficulties experienced by UK citizens receiving state benefits.^{11 1 4 40} These observations were reinforced by the United Nations Special Rapporteur on extreme poverty and human rights, who described the UK benefit system as “punitive, callous and inhumane” (p3) during his recent visit to the UK.⁴⁶

Strengths, limitations and implications

Research on the impact of the roll out of UC in particular localities is limited.² A key strength of this study is to provide evidence about the impact of UC on vulnerable people with complex lives. Research reported here reinforces findings from a recent study on the

impact of UC on vulnerable people in North West England,²⁷ which strengthens the transferability of our findings to similar populations elsewhere in the UK. The inclusion of staff who support claimants provides additional perspectives which reinforce the findings from claimants. Although claimants with a wide range of life experiences were recruited, the study is limited by not including vulnerable claimants from areas outside North East England and only involving claimants who spoke a good level of English. There is an urgent need for further independent academic research on the impact of UC among disadvantaged groups, including single parents, and those in work with low and fluctuating incomes and self-employed claimants. An updated Equality Impact Assessment, last undertaken in 2011,⁴⁷ is necessary. Staff participants indicated the considerable stress and additional workload incurred by UC to local government and the voluntary and community sectors. General practitioners are increasingly concerned about the impact that UC is having on their patients' health and wellbeing,⁴⁸ but also the impact on increased demand for GP appointments, particularly as the UC roll out process gathers momentum.⁴⁹

Specific changes could be made to the design and implementation of UC which would make a difference to vulnerable individuals, families and communities. Without major, evidence informed, revisions, UC threatens to increase levels of poverty, health inequalities, drive the disability-employment gap and change the role of government from “a line of defence against destitution to becoming an active agent in its creation.”⁵⁰

Acknowledgements

The authors thank all research participants for taking part. We would also like to acknowledge the contributions of Allison Lawson for administrative support, Emma Gibson from Gateshead Council, Clive Davis and Neil Munslow from Newcastle City Council,

Professor Peter Phillimore and Dr Ruth Bell from Newcastle University and reviewers for helpful comments on earlier drafts and colleagues from Gateshead Advice Partnership, Gateshead Council Public Health team and members of the Research Advisory Group; Alison Dunn, and Peter van der Graaf.

Funding

The study was commissioned by Gateshead Council Public Health Team. Additional support from Fuse, the Centre for Translational Research in Public Health and Newcastle University Social Determinants Health theme is gratefully acknowledged.

MC, SM and MA are members of Fuse, the Centre for Translational Research in Public Health (www.fuse.ac.uk). Fuse is a UK Clinical Research Collaboration (UKCRC) Public Health Research Centre of Excellence. Funding for Fuse comes from the British Heart Foundation, Cancer Research UK, Economic and Social Research Council, Medical Research Council, the National Institute for Health Research, under the auspices of the UKCRC. The views expressed in this paper do not necessarily represent those of the funders or UKCRC. These funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing interest statement

Co-author AW is Director of Public Health at Gateshead Council and contributed to discussions about the study design and research questions, but did not undertake data collection, analysis or interpretation of the data or report writing. Members of the research advisory group included AW and representatives from Teesside University and Citizens Advice Gateshead, who contributed to discussions about the implications of the findings, and the decision to submit the paper for publication.

Author contributions

MC, AW and SM designed the study. MC, MA and SM undertook data collection. MC and SM undertook data analysis and interpretation. MC and SM drafted the manuscript. All authors subsequently commented on the draft manuscript, revising the content, and approved the final version for publication.

Data availability statement

No additional data are available.

Ethical approval

This study was approved by Teesside University Health and Social Care Ethics and Research Governance Committee (ref.009/18) and Newcastle University (ref. 1487/3928). R&D approval was granted from Gateshead Council.

I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd (“BMJ”) its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in BMJ Open and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge (“APC”) for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

References

1. Department for Work and Pensions. Universal Credit Full Service Survey Research Report 958
Department for Work and Pensions, 2018.
2. National Audit Office. Rolling Out Universal Credit. London, 2018.
3. Kennedy S, Keen R. Universal Credit roll-out:2018/19. London: House of Commons Library, 2018.
4. O'Hara M. Austerity Bites. Bristol: Policy Press 2015.
5. Schmuecker K. Universal Credit: a Joseph Rowntree Foundation briefing: Joseph Rowntree
Foundation 2017.
6. Reed H, Portes J. The cumulative impact on living standards of public spending changes Research
Report 120: Equality and Human Rights Commission, 2018. www.equalityhumanrights.com accessed
05.04.19
7. Hood A, Waters T. The Impact of Tax and Benefit reforms on Household Incomes. Institute for
Fiscal Studies, 2017. Institute for Fiscal Studies.
<https://www.ifs.org.uk/uploads/publications/bns/BN196.pdf> accessed 16.04.19
8. Spicker P. Introducing Universal Credit. In: Ramia G, Farnsworth K, Irving Z, eds. Social Policy
Review 25: Analysis and Debate in Social Policy,. Bristol: Policy Press 2013:3-22.
9. Dwyer P, Wright S. Universal Credit, ubiquitous conditionality and its implications for social
citizenship. *Journal of Poverty and Social Justice* 2014;22(1):27-35.
10. Hartfree Y. Universal Credit: The impact of monthly payments on low income households.
Journal of Poverty and Social Justice 2014;22(1):15-26.
11. Royston S. Understanding Universal Credit. *Journal of Poverty and Social Justice* 2012;20(1):69-
86.
12. Bennett F, Sung S. Money matters: Using qualitative research for policy influencing on gender
and welfare reform. *Innovation-the European Journal of Social Science Research*
2014;27(1):5-19.
13. Larkin PM. Universal Credit, 'Positive Citizenship', and the Working Poor: Squaring the Eternal
Circle? *Modern Law Review* 2018;81(1):114-31.
14. Hickman P, Kemp PA, Reeve K, et al. The impact of the direct payment of housing benefit:
evidence from Great Britain. *Housing Studies* 2017;32(8):1105-26.
15. Seddon J, O'Donovan B. The Achilles' heel of scale service design in social security administration:
The case of the United Kingdom's Universal Credit. *International Social Security Review*
2013;66(1):1-23.
16. Cain R. Responsibilising recovery: Lone and low-paid parents, Universal Credit and the gendered
contradictions of UK welfare reform. *British Politics* 2016;11(4):488-507.

17. Rafferty A, Wiggan J. The Time-related Underemployment of Lone Parents during Welfare Reform, Recession and Austerity: A Challenge to In-work Conditionality? *Social Policy & Administration* 2017;51(3):511-38.
18. Gateshead Council. Indices of Deprivation.
<https://www.gateshead.gov.uk/media/2557/Indices-of-Deprivation-2015-Briefing-for-Gateshead/pdf/Website-Briefing-IMD-2015-for-Gateshead.pdf?m=636621580254670000>, accessed 05.04.19
19. Index of Multiple Deprivation. Index of Multiple Deprivation, 2015.
<http://dclgapps.communities.gov.uk/imd/idmap.html>, accessed 16.04.19
20. Whitehead M. Due North: The report of the Inquiry on Health Equity for the North. Liverpool: University of Liverpool and Centre for Local Economic Strategies, 2014.
21. Wiseman A. 'Inequalities; It never rains but it pours'. Annual Report of Gateshead Director of Public Health: Gateshead Council, 2017.
22. Bambra C. Health Divides: Where you live can kill you. Bristol: Policy Press 2016.
23. Bennett J, Pearson-Stuttard J, Kontis V, et al. Contributions of diseases and injuries to widening life expectancy inequalities in England from 2001 to 2016: a population-based analysis of vital registration data. *Lancet Public Health* 2018; 3; e586-e597.
24. Addison M, Kaner E, Johnstone P, et al. Equal North: how can we reduce health inequalities in the North of England? A prioritization exercise with researchers, policymakers and practitioners *Journal of Public Health* 2018:1-13.
25. Green J, Thorogood N. Qualitative Methods for Health Research 4th Edition ed. London: Sage 2018.
26. Glaser B, Strauss A. The Discovery of Grounded Theory. London: Routledge 1967.
27. Stinson H. Supporting people? Universal Credit, conditionality and the recalibration of vulnerability. In: Dwyer P, ed. Dealing with welfare conditionality,. Bristol: The Policy Press 2019:15-40.
28. Money Advice Trust. A decade in debt: how the UK's debt landscape has changed from 2008 to 2018 as seen at National Debtline: Money Advice Trust, 2018:52.
29. Mattheys K, Warren J, Bambra C. "Treading in the sand" A qualitative study of the impact of austerity on inequalities in mental health. *Social Policy Admin* 2017(52):1275-89.
30. Barnes MC, Davies R. Understanding vulnerability to self-harm in times of economic hardship and austerity: a qualitative study. *British Medical Journal* 2016(6) *BMJ Open* 2016;6:e010131. doi:10.1136/bmjopen-2015010131

31. Department for Work and Pensions. Universal Credit: welfare that works. London: The Stationary Office 2010.
32. Dwyer, PJ & et al. i.e. members of the Welfare Conditionality project team 2018, *Final Findings Report: The Welfare Conditionality Project 2013-2018*. University of York .
33. Shildrick T, MacDonald R, Scott Webster C, et al. Poverty and Insecurity: Life in low-pay, No-pay Britain. Bristol: Policy Press 2012.
34. Social Metrics Commission. "A new measure of poverty for the UK," 2018:86.
35. Beatty C, Fothergill S. Hitting the Poorest Places Hardest: The local and regional impact of welfare reform: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2017.
36. UK Parliament Hansard House of Commons. UK Parliament Hansard House of Commons volume 647 Universal Credit, 2018.
37. Sainsbury R. Universal Credit: The story so far. *Journal of Poverty and Social Justice* 2014;22(1):11-13.
38. Dwyer P, Jones K, McNeill J, et al. First Wave Findings: Disability and Conditionality 2016 [Available from: www.welfareconditionality.ac.uk.
39. House of Commons Work and Pensions Committee. Oral evidence: Universal Credit roll out, HC 336, questions 665-724: House of Commons, 2018.
40. Patrick R. For whose benefit? The everyday realities of welfare reform. Bristol: Policy Press 2017.
41. Schou J, Pors AS. Digital by default? A qualitative study of exclusion in digitalised welfare. *Social Policy & Administration* 2018;2018:1-14.
42. Barr B. Trends in mental health inequalities in England during a period of recession, austerity and welfare reform 2004 to 2013. *Social Science & Medicine* 2015;147:324-31.
43. Richardson T, Elliot P, R. R. The relationship between personal unsecured debt and mental and physical health: a systematic review and meta analysis. . *Clinical Psychology Review* 2013;33:1148-62.
44. Bond N, Holkar M. A silent killer; breaking the bond between financial difficulty and suicide. Money and Mental Health Policy Institute London, 2018.
45. Jones K. No strings attached? An exploration of employment support services offered by third sector homelessness organisations. In: P Dwyer ed. Dealing with welfare conditionality. Bristol: The Policy Press 2019:91-118.
46. Alston P. Statement on Visit to the United Kingdom. London: Office of the United Nations High Commissioner for Human Rights, 2018.

47. Department for Work and Pensions. Welfare Reform Bill Universal Credit Equality Impact Assessment,. London: The Stationary Office, 2012.
48. Arie S. Doctors' concerns over Universal Credit are mounting. *BMJ* 2018:363.
49. Walton E. A truth universally acknowledged: moving to Universal Credit leads to large debt and poor mental health. *British Journal of General Practice* 2018:577.
50. Field F. 'Hitting Rock Bottom'. In: Ives E, Soodeen F, eds. Burning Britain? Great Britain: Bright Blue & Joseph Rowntree Foundation 2018:30.

Table 1 Demographic characteristics of UC claimant participants

Area of residence	Gateshead (n=22)	Newcastle (n=10)
	South Tyneside (n=1)	
Gender	Female (n=13)	Male (n=20)
Age range 21-63 years	21-30	5
	31-40	11
	41-50	5
	51-60	9
	60-65	3
Partnership status	Single	28
	Living with partner	5
Households with U18s		8
Benefits received	Universal Credit	32
	Personal Independence Payment (PIP)	3
	Employment Support Allowance (ESA)	1
Employment status	Employed	2
	Not in paid employment	31
	Volunteer	12
Housing status	Local Authority / Council	14
	Private rented	7

	Housing Association	6
	Homeless	3
	Living with parents	2
	Owner occupier	1
Disability / health issues	Self-reported mental health issues	20*
	Self-reported learning disability	2
	Other self-reported long term health conditions	15*

*Some participants reported both mental and physical health conditions