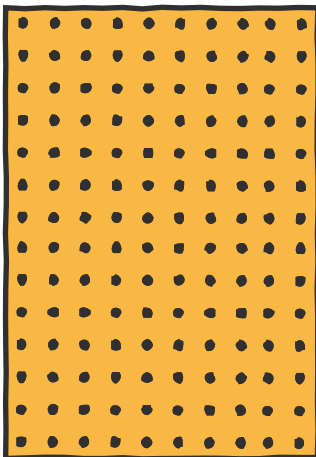
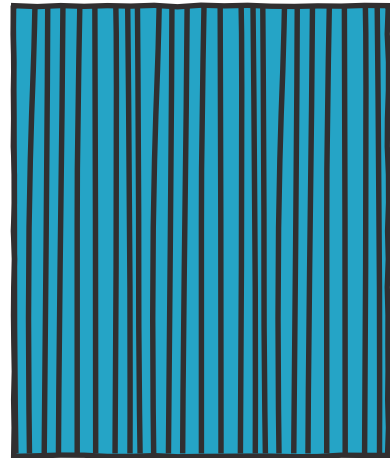


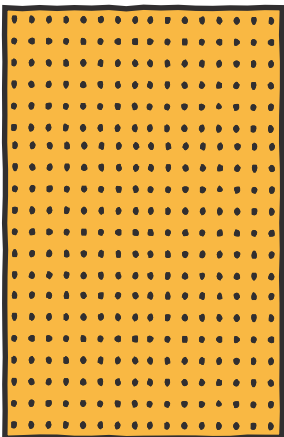
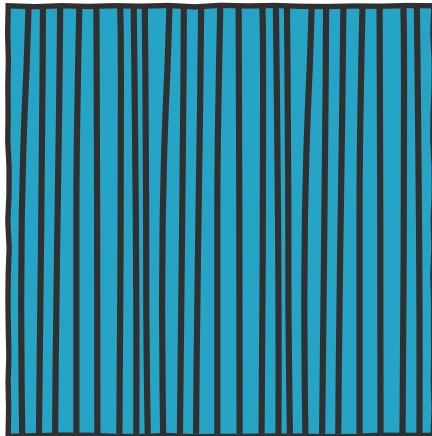
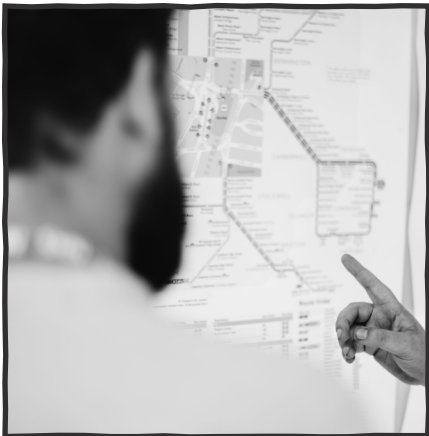
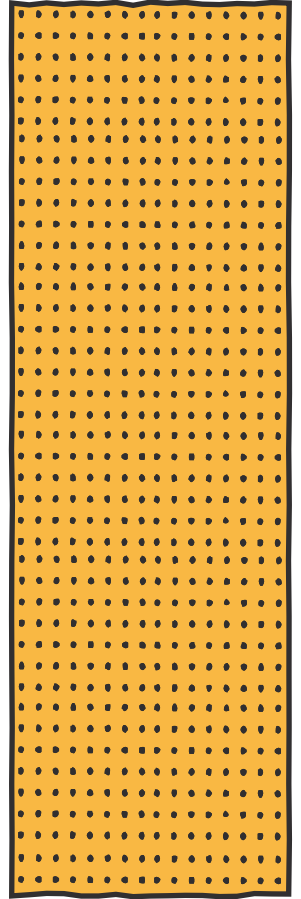
Universal Credit

The health impacts for people who are experiencing homelessness



Groundswell
Out of homelessness





Foreword

The fieldwork for this research was conducted in 2018 and 2019, as the trial and roll-out of Universal Credit was underway. The project was created in response to growing concerns amongst academics, not-for-profits and the media that Universal Credit was having an adverse effect on the most vulnerable in society.

Since the fieldwork was delivered some measures have been taken by the Department of Work and Pensions to limit the negative impact of the roll-out of Universal Credit for people who are homeless which include easements that aim to temporarily to aid the claimant secure stable accommodationⁱ. However, ongoing research and insight from Groundswell's service delivery reveals that people who are homeless are still facing challenges with accessing and maintaining Universal Credit.

At the time of releasing this report (April 2020) the COVID-19 pandemic is having severe impacts across UK society, especially for people who are homeless. We have also seen the biggest spike in Universal Credit claims with 500,000 new claimants applying for Universal Credit in just nine daysⁱⁱ. As this has occurred there have been adaptations including streamlining the application system and increasing the amount a claimant can receive by roughly one thousand pounds per yearⁱⁱⁱ.

We hope that the learning from this study can be used to create policies that support Universal Credit claimants during the COVID-19 pandemic. We also hope that this work adds to broader conversations about Universal Credit and informs future adaptations to make the system fairer and more sustainable for the most vulnerable in society.

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Summary and Core Findings

People who are homeless face challenges in accessing and maintaining Universal Credit which is having a severe impact on physical and mental wellbeing.

Groundswell, the London School of Hygiene and Tropical Medicine and King's College London conducted research to explore experiences of Universal Credit to understand the impact welfare reform is having for people who are homeless, and how this might affect their health.

We found an overall challenge for people who were homeless was how Universal Credit assumes capacity that is often contradictory to the experience of homelessness. The Universal Credit system assumes capacities of spare time, computer skills, internet access, a bank account and being able to self-advocate. Such capacities are challenging for many people, but especially those facing the multiple health and social challenges linked with homelessness.

The assumption of capacity leads to specific complications around payments, sanctions and delays in payments and IT access and communication. Linked to this were difficulties in demonstrating ill-health, which could be burdensome, arbitrary, unfair, and serve to further complicate access to Universal Credit and appropriate responses to ill-health.

Combined, these challenges generate the potential for severe health consequences, particularly relating to stress and anxiety, but also for how Universal Credit can undermine efforts to secure adequate housing, food and social support that are integral to good health.

We discussed our findings with a group of London based stakeholders to explore possible responses and summarise these potential policy changes at the end of this report.

Acknowledgements

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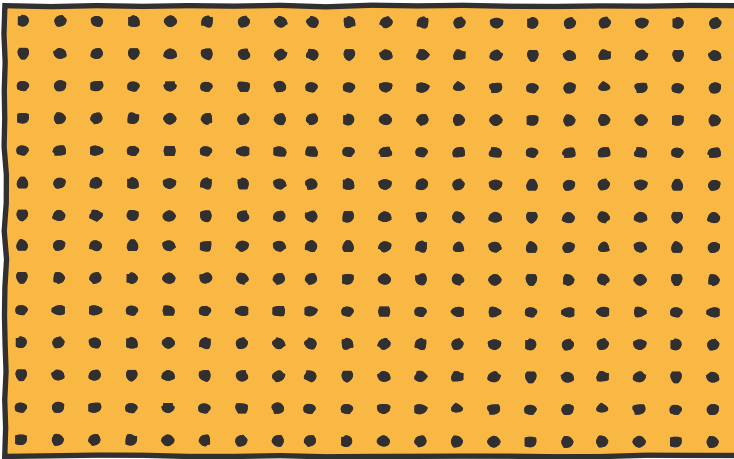
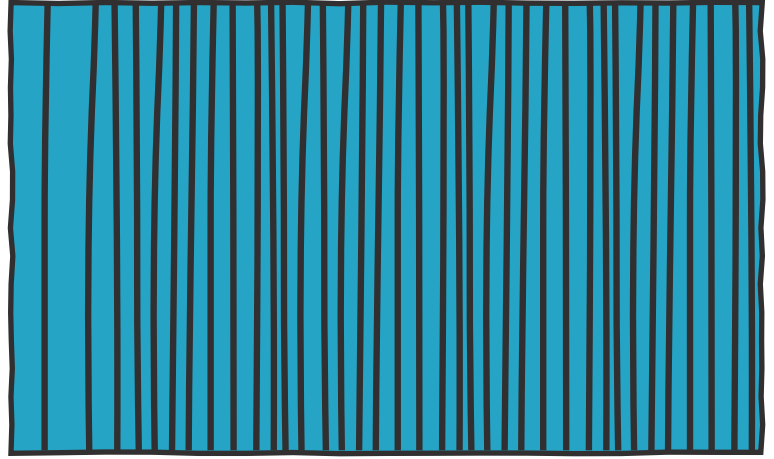
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Introduction

The following report is based on research conducted in partnership by Groundswell, a charity that uses peer research and advocacy to improve the lives of people who are currently experiencing or have previously experienced homelessness, the London School of Hygiene and Tropical Medicine (LSHTM) and King's College London (KCL). The research was conducted in 2018 and 2019 and explores the impact of the introduction of Universal Credit (UC) on people experiencing homelessness in London, with a particular emphasis on exploring the impacts on health.

Given that there is already significant research on homelessness and UC^{iv}, this research aimed to have a more explicit focus on health. The study was exploratory, intending to inform future peer research conducted by Groundswell on the benefits system more broadly and the impact on the health of people experiencing homelessness. The findings should be interpreted in light of the small-scale nature of this research.

The rules and application of UC, especially for people experiencing homelessness, are changing constantly^v. Changes and adaptations have been made since the data for this study was collected. However, the findings are still important for understanding the broader issues with UC and to ensure the current system can meet peoples' needs.

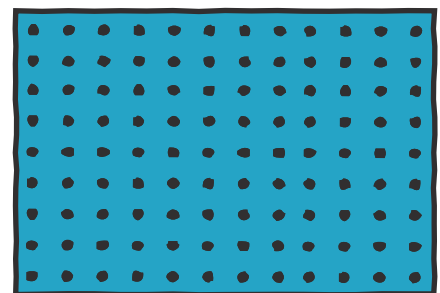
Background: Universal Credit

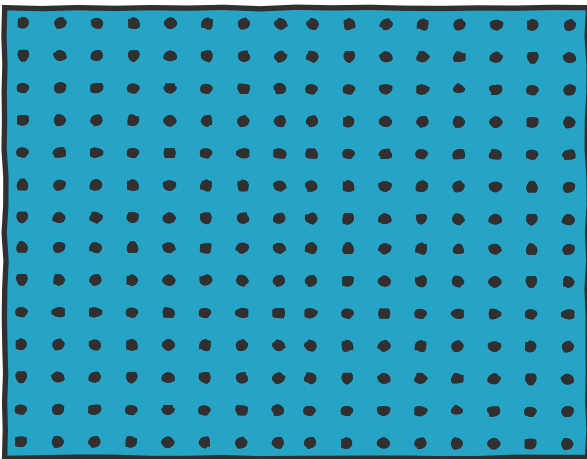
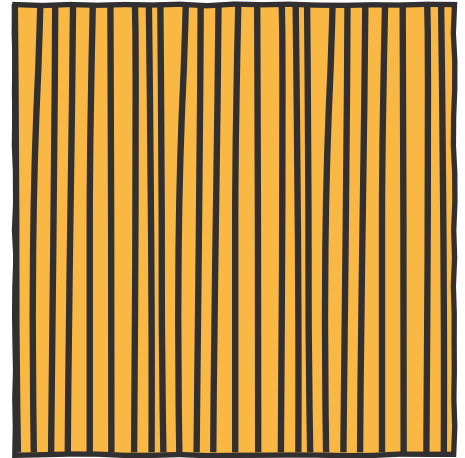
Universal Credit rolls together six existing welfare benefits into a single online-oriented system. The main purpose of UC was to simplify the welfare system and to create more incentives for people to get into work. As stated by the Department for Work and Pensions^{vi} (DWP) the main aims were to “1. make the benefits system fairer and more affordable, 2. reduce poverty, worklessness and welfare dependency and 3. reduce levels of fraud and error”. The rationales to reduce ‘welfare dependency’ and ‘fraud’ also link to the Government’s concern to increase the conditionality for welfare, through which benefits can be controlled and linked to sanctions^{vii}.

UC is generating growing public concern over its negative impacts on health and social welfare^{viii}. It was beset by a series of management failures, IT and design flaws, and well publicised accounts of the system failing some of its most vulnerable recipients^{ix}. A focus for critics was the minimum 42-day wait for the first payment for new claimants. This resulted in a rise of both foodbank referrals and evictions as low-income households are left with no funds^x.

A combination of structural challenges and administrative errors have resulted in severe financial hardship for those least able to bare it^{xi}. People who are homeless face particularly severe consequences within the Universal Credit regime. As a result, reliance on charities to meet basic needs, provide support, and advocate on the part of claimants is increasing^{xii}. The 2018 budget allocated an extra £1.7 billion to help welfare claimants transfer onto the new benefit (UC)^{xiii}, but this is only around half the amount hoped and campaigned for by charities and advocacy groups^{xiv}. A decade’s worth of preceding welfare reform has worsened health inequalities across the country^{xv}.

Although anecdotal evidence of the health costs of UC are abundant, the health impacts of UC have not been fully explored – particularly among the most vulnerable and people experiencing homelessness. This makes it an emerging priority for research and practice^{xvi}. As well as these broader priorities for social and health policy, UC also raises a series of immediate questions for people who are homeless and seeking or accessing Universal Credit, and those working in support of them. These questions include how the system can, in the short-term, be made to support people? How can health and welfare be prioritised?





Research approach

Given the exploratory nature of the research, a qualitative approach was deemed most appropriate. Six in-depth interviews were carried out with people who were homeless and accessing UC and a further six in-depth interviews with third sector stakeholders supporting people who are homeless. In addition to this, a focus group with 14 people who had personal experience of homelessness and/or were currently working to support those who do was also carried out. Interviews were conducted in hostel and agency settings and, in some cases, in cafes and offices.

The data was analysed thematically. After an initial analysis of the data a workshop was conducted at Groundswell offices and attended by various homeless and health professionals, including representatives from the NHS, DWP and third sector agencies, and with Groundswell volunteer Homeless Health Peer Advocates¹ who have experience of homelessness. Feedback meetings with hostel staff were also held. Alongside the presentation of the research findings, we also summarise the various suggestions made by stakeholders on how the system could be improved or reformed.

1 HHPA was created to address these inequalities and improve the health of people experiencing homelessness. To find out more visit <https://groundswell.org.uk/what-we-do/healthandhomelessness/homeless-health-peer-advocacy/>

Research findings

The challenge of assumed capacity was central to participant accounts and was identified by them as a root cause of unsuccessful and distressing interactions with the UC system. Part of what makes assumed capacity so distressing is that it inherently problematises the claimant, making them feel not good enough or positioning them as non-compliant for an inability to meet requirements and access resources that are outside of their control. The sections explore these issues around assumed capacity problems of payments, sanctions and delays; and demonstrating ill-health. Lastly, we report on how these issues negatively impact on health.

The system error of assumed capacity

Many of the difficulties with UC described by participants relate to an inherent mismatch between the way the UC system 'frames' potential recipients, in terms of behaviours and resources, and the actual lived experiences of homelessness and marginalisation. The UC system assumes that claimants have social, material, economic and psychological resources including, for example, computing access and skills, as well as time to spend negotiating a problematic claim. The 'general population' can lack these resources and capacities^{xvii}, therefore people who are dealing with the multiple stresses of homelessness may struggle even more.

These mismatches mean that the most vulnerable claimants, particularly those experiencing homelessness, poverty and/or addiction issues, do not always possess the necessary resources to participate in the system in the required way. The consequences for their health and wellbeing can be grave and far reaching. In which case, UC can exacerbate the health and social inequalities it should be addressing.

One focus group participant talked about the challenges of people who are homeless who are unable to read or write:

"When I go [to a] jobcentre to sign up and they give me some forms to fill and I don't know how to do it yet they are here to help so let me help you, but they say it's not our job and most homeless people, not all of them but some of them, they cannot write or read so they're stuck."

In addition to literacy, IT skills are also an issue. This participant explained the challenges they have:

"I'm no good at all with computers, no. I keep pressing the wrong things. I mess everything up.....they [day centre staff] have to help me to go on my Universal Credit thing, to log on, I need a hand to do even that."

A support worker described how challenging the online system is for people who do not have access to the Internet and technology:

"I think the whole digital thing is disastrous for people who are on a low income ... because we kept hearing from the DWP 'oh everyone's got a smartphone', and we kept saying well not everyone's got credit on their smartphone ... People kind of in their 50s who may be incredibly skilled as a builder or a plasterer, never used a computer in their lives."

The challenges of online access and assumptions of capacity also created pressure for jobcentre staff and third-sector organisations who support claimants^{xviii}. This pressure extends to third sector stakeholders taking on complete responsibility for processing a person's claim:

"I basically do the claim for people, just asking them the questions...most people don't have email addresses and bank accounts, so we set them up for people.....people are often completely blank and helpless when they come in, and don't know where to start."

Participants also spoke of not having the means by which to get to jobcentre appointments and interviews when they are homeless. As this participant explained:

"I was on Statutory Sick Pay right up to April when it ended, end of the Tax Year and basically they weren't going to employ me back there again. Universal Credit, they put me on that, I got no money for six weeks and they're asking me why I haven't gone out and get a job. Where's the fares for me to go anywhere?"

The UC system assumes literacy, IT skills, sufficient finances to manage variations in income, possession of a bank account, confidence and the capacity for self-advocacy. However, homelessness can be a cause or consequence of not having enough of these capacities, and of experiencing a range of social barriers to accessing them.

Payment challenges and sanctions amidst system complexity

There was considerable uncertainty and challenges for participants on what payments they would get for their UC, when they would get them, but also concerns over sanctions, and all this within a highly complex system that assumed specific capacities and resources.

A core issue was unpredictable and varying payments^{xix}. When people are in rent arrears, have fines or received over payments, deductions in payments can occur. However, these deductions can vary greatly and can be unpredictable. Furthermore, when deductions do occur people often do not know what it is for. As one participant told us:

"Yeah, that happened four months ago, £17 started getting deducted, and it said utilities. That's when I was with the previous job coach, I asked and I didn't really get anywhere with it, and then, funny you ask, the very last payment that I had, £98 got deducted, which was pretty, it felt like half of it was gone."

Participants were also affected by delays to their payments. Delays can themselves be a contributing factor to homelessness and can exacerbate the length of time someone is homeless^{xx}. One participant told us about the delay in their payment:

"I was in limbo for the calendar month, only to be told that my Universal Credit entitlement was still zero. I couldn't work it out ... basically it's like two and a half months that I'm waiting just to be told that you're not going to get anything."

Such delays can push people further into destitution and can mean they are unable to meet their basic needs, and this can consequently have an impact on their health.

Delays in payments could be due to system errors that could be easily addressed, but – again – this assumes people have the capacity to identify and negotiate such issues. This participant, a key worker, explained the challenges claimants can have in negotiating issues with UC:

“One of the mental health guys [sic], he doesn’t know how to use computers at all and he didn’t get paid for a month and then he was just like oh, he just didn’t do anything about it, he was oh I’ll get paid next month, we will be fine so then it was 2 months without money, so then he came here and it was just a simple thing on his to-do list but because he hadn’t come here and checked his computer because he hasn’t got one at home then he just left it and didn’t realise that it was a simple, you know, submitting his fitness for work form and he just thought, oh no, I should be getting my money soon and just kept waiting and waiting.”

If sanctions and delays in getting payments are not resolved, those experiencing homelessness can give up on the benefits system altogether, amplifying their vulnerability and exclusion. As this support worker described:

“They’ve had just bad experiences and they just don’t want to engage with it anymore, you know, people have got to the point where they’ve been sanctioned for a whole 6 months so they can’t claim benefits for 6 months and they’re just, sod it, I’m not going to deal with it anymore and they just use (homeless) centres like this for food and stuff.”

Accessing UC online can not only be difficult, but the online communication of decisions to claimants can be inconsistent, which leads to non-compliance and sanctions. The emphasis on IT being how all information is managed can lead to confusion on who is responding to an issue, or even if anyone is at all. Furthermore, when a sanction or reduction in award occurs it can be very difficult for the claimant to find out why. In this research, participants spoke of how operators on UC helplines often cannot access other benefit databases and the UC databases were often not up to date. This participant told us about the challenges they had trying to find the relevant information about their claim and how their query was treated by DWP staff:

“The person on the phone was literally laughing down the phone when she checked on the system and there was no records and she thought I was a crazy person, I was just trying again to hassle them for a file that doesn’t exist, and it turned out the file was just literally on another computer system, because I applied for a new style ESA it wouldn’t show up on her Universal Credit screen, but I wouldn’t know that looking from the front.”

Sanctions owing to challenges in finding work were also reported. It is well documented^{xxi} that there are several practical factors which inhibit people experiencing homelessness in looking for work and attending jobcentre appointments. Communication barriers and a lack of understanding and trust between jobcentre staff and claimants can perpetuate these issues.

The monthly payments can also cause specific challenges and the potential for abuse. For example, those who are drug and/or alcohol dependent or who have challenges managing money can find the monthly payments difficult. As this stakeholder who works in a hostel illustrated:

“So, if you’ve got somebody who is receiving a large lump sum of money, then once they receive that money, they are then going out and spending it, so you have alcohol support needs, they might be going out and spending large amounts on alcohol, they’re bingeing for two, three days, whatever it is, until this money is gone, they’re left with nothing.”

There is also increased risk for financial abuse from family members, drug dealers and other people claimants are indebted to:

“I have a couple of associates with mental health difficulties or confidence issues. But at the moment we had to keep them away from certain people as everyone knows when everyone else’s money is coming in.”

Demonstrating ill-health

Processes to demonstrate ill-health, and to access UC, were often described as burdensome, arbitrary and unfair. In consequence, people struggle to access appropriate support for their health conditions. We found that little allowance is made within the system for physical and mental health issues, especially long-term ones. This participant described the challenges they have getting to appointments with their health conditions:

“There was one point in October last year where I was too ill to go, and I thought I sent the message, I didn’t, like I said, my head was all over the place, and when I came to the Jobcentre, I think about two weeks later, there was talk of a sanction.”

Another participant detailed the disconnection between the procedures of NHS practitioners and the DWP:

“I mean as far as, you know, the doctors saying that you’re unfit for work, but earlier you were saying that every three months you’ve got to present yourself with a medical certificate, I mean...”

This participant echoes a common issue where people are signed off on a long-term or life-long basis, but they still need to regularly check in with Jobcentre branches. There is a ‘burden of proof’ placed on claimants with health issues, which can involve multiple and repeated interactions with state and health professionals. Being able to prove incapacity is a continuous process that is never completed despite the fact that claimants might have a terminal illness or life-long conditions.

Proving incapacity can be incredibly distressing for claimants who are also simultaneously managing the stresses and traumas of homelessness. Claimants who struggle to demonstrate ill-health or incapacity often need significant support from third sector stakeholders and NHS staff to prove their claim. Furthermore, errors in the system can have further negative impacts on their health and wellbeing. This participant described the challenges they have with proving in their inability to work despite the support from their GP:

“The GP knows that I’d love to go back to work, they know, they know but they, they sit down and they talk to me and they’re like ‘look, the medication you’re on, if you have an episode, the reports that we got da, da, da, just’, and my GP, she’s been my GP since I was a kid so she knows me and my family, so she’s like, her word to me’s gospel, when she says I’m not ready, I’m not ready. So……. Yeah, and she’s wrote me letters and everything and basically I got told this, the last certificate I gave in, I don’t know if you guys know, that Universal Credit won’t be recognising GP certificates.”

The issue of having to prove incapacity can lead people to be pressured to look for work despite not being physically fit enough:

“It’s so difficult, it’s not like going in and signing on anymore. They press you to get a job, and if you don’t apply for vacancies you aren’t going to get your benefits, so you have to apply. I can’t apply for vacancies for jobs I would get, portering jobs, as I can’t do them. And I’m penalised for that.”

Health and wellbeing impacts

The challenges of assumed capacity, managing payments and sanctions and then difficulties in demonstrating ill-health were linked by respondents to a range of health and wellbeing impacts, particularly around stress and anxiety, and the limits on the core determinants of health – housing, food, social support. These challenges exacerbate homelessness. This stakeholder spoke of the impact the UC system had on the health and wellbeing of the client they were supporting:

“[he had to] apply for Universal Credit because it was a live service last year, and so that was in the kind of January of last year. And I met him in December at the foodbank and he was referred by the mental health team and he literally could barely speak he was so poorly, and he was you know, been given an eviction letter and it’s like what, what happened in that year … so asked Citizens Advice about it and they worked with him and we were literally taking him to the mental health for support and doing the Universal Credit stuff and getting the eviction stopped.”

Importantly, as outlined above, the initial registration and transition periods can effectively tip claimants into destitution and/or crises, creating a series of long-term issues. These issues can then, in turn, create or exacerbate mental and physical health problems and/or addiction. This stakeholder described how their client’s health deteriorated as a direct consequence of UC:

“His mental health crisis was entirely as a result of the stress of Universal Credit … and this is what we hear so often, that feeling of powerlessness within the system, and we just see every day how damaging that is to people’s wellbeing and mental health, it’s not just that they don’t have literally enough for the basic things, it’s the shock and the horror that they’re put through.”

Another participant expressed the stresses of attending jobcentre appointments when they have so many other things to worry about:

“The period between August to December, being forced to go to all those weekly appointments [with a work coach] when I wasn’t in a fit state to do so. I think that was one of the main things that made me deteriorate, having to worry about that appointment whilst trying to pick yourself up and put yourself together again.”

Lengthy periods waiting for UC and/or sanctions impact physical and mental health and the management of alcohol and drug dependency. Furthermore, having limited income may mean that claimants must sacrifice basic needs like food and medication. This participant explained the challenges they had accessing vital medication:

“At that point, I was still buying inhalers, so I had no letter to say I’m entitled to any kind of benefits, I’ve applied for benefits but that doesn’t mean anything, only on the 14th of September that, finally, I got noticed that, you’re getting paid this amount and that’s your proof that you’re on benefits, but up until that point I’m still going into pharmacies and paying for my prescriptions.”

It is clear that the UC system is having an effect on the health and wellbeing of people experiencing homelessness. Many of these issues are around the challenges of proving the inability to work and the stresses of complying with the current system.

Stakeholder ideas for action

We presented an initial analysis of the data to a group of stakeholders. A total of 13 participants attended the workshop including staff from the DWP and Jobcentre Plus, health professionals, homelessness professionals and people with experience of homelessness. Three separate discussions within the workshop explored possible recommendations relating to: Universal Credit delivery, NHS delivery of care and future NHS strategy.

Of course, the discussion was, by necessity, pragmatic. Some workshop participants opposed UC altogether, while others viewed it as a work in progress with the potential to improve lives – with a variety of viewpoints in between. The points summarised here are neither an endorsement or a judgment on the current system, nor a set of optimum solutions for improving it. Rather, they are a selection of pragmatic ideas to foster debate for future policy.

I. UC delivery

In an effort to explore feasible responses that ensure UC delivery meets the needs of people who are homeless a range of suggestions were made. These potential areas for action are for the DWP, NHS and homelessness services.

Develop systems and support for UC flexibility

The system needs to be developed in ways that respond to the needs of people who are highly vulnerable. This should include system flexibilities, and support to help make those flexibilities work, and be able to distinguish between people who need a little support, and those who need significantly more.

UC payments that meet needs and circumstance

Benefits paid should be more generous and align with the vulnerabilities that people face. There must be clarity and predictability about the amounts and timings of payments. This could also link to giving people more choice over payments and sharing with partners. There needs to be clearer mechanisms for challenging how decisions on payments are made.

Phone and IT access

Enhanced access is needed to computers, Internet and phones in order for people experiencing homelessness to better manage their benefits. These technologies should also be used in a more 'human way': phone messages, for example, should only be delivered during office hours, to prevent unnecessary anxiety when people receive automatic messages late at night. Digital routes of access should also be there to complement face-to-face engagement not as a complete replacement.

Widespread use of easements and training for DWP staff

Several easements have been made since the introduction of UC to support people experiencing homelessness². However, DWP staff are often unaware of these easements. In this research it also became apparent that some DWP staff were not aware of the issues people facing homelessness experience more broadly. Therefore, further training on these issues led by people with experience of homelessness is paramount.

² For example, ability to get rent paid directly to landlord, reduction in number of hours required to look for work when homeless, advance payment for claimants waiting for first UC payment, weekly or bi-monthly payments, ability to claim over the phone as opposed to online, being able to use another address when homeless.

2. Relationship between NHS, DWP and homelessness services

Questions about housing and health

With the introduction of the Homelessness Reduction Act, DWP and NHS staff should be asking questions about housing and health issues of claimants/patients, recording this and where applicable following up their duty to refer.

Co-location of services

Given the stresses and often busy schedules of people experiencing homelessness, multidisciplinary teams 'under one roof' can have positive impact. Where possible DWP, NHS and homelessness service should co-create and co-locate services, whilst mindful how such co-location could also create unforeseen challenges.

Automatic limited capacity for work

The DWP need to reassess requirements and evidence for work capability. Claimants may be signed off by medical professionals but are still required to regularly prove incapacity to work by the DWP. This has an impact on the health and wellbeing of claimants. Given the challenges people experiencing homelessness face, they should automatically be put on the 'limited capacity for work and work related activity' stream of UC.

Sharing knowledge and joint working

To better support people experiencing homelessness with benefits and health there need to be more opportunities for sharing knowledge and joint working. Flexible funding would encourage joint working between NHS, DWP and homelessness services.

DWP staff links and engagement

Work coaches and other DWP staff could visit hostels and day centres to provide support and workshops on UC and the wider benefits system. This may also help deepen understandings of homelessness, it's impact on individuals and how to work best with people in this situation. A single point of contact at the DWP for homelessness services would assist many.

Training for NHS staff on UC

Staff in the NHS need training on UC and the wider benefits system in order to best support their patients.

3. Future policy and strategy

The workshop coincided with the release of the NHS 10 Year plan^{xvii} and participants were asked to explore the following question: What learning can we take from the roll out of UC that can be translated to the NHS 10-year plan? The following responses were discussed:

One size does not fit all

A key learning is that universal systems do not necessarily take into account individual needs. Creating a universal system requires a recognition that individuals may have different needs and steps should be taken to build an equitable system. The NHS needs to identify from the word 'go' that people will need support.

Slow and agile roll-out of initiatives

While digital access to a system can create a more flexible and accessible system for some, others may face challenges and may lose out from not having personal contact. When an initiative is piloted in a specific area that area will need additional resources to alleviate the challenges made by that pilot. An agile and positive approach is needed with additional support to alleviate challenges. People living in a pilot area should not be penalised for the adverse effects of a pilot.

Digital does not mean removing the personal

While digital access to a system can create a more flexible and accessible system for some, others may face challenges and the personal aspect needs to be layered onto the system. For those facing vulnerabilities and social exclusion this is especially important. Sustained relationships and additional support may be needed to make use of a digital route. There may also be a need for access points to be available to make digital a reality. An example was given of virtual consulting rooms which could provide access to healthcare through homelessness services.

The ability to flag up concerns digitally

The ability to 'flag' people on systems who have specific needs can help identify those who need additional support. It was suggested that within the JobCentre Plus/DWP system a process for highlighting those with support needs be established with pathways to link in to specific support services established.

New systems can embed mistrust

When a new system is put into place it can lead to further mistrust from those who have had negative experiences in the past. Negative consequences of a systems change can lead to people feeling more isolated. It was felt that this was particularly the case with digital systems when exclusion and mistrust may be longstanding. The importance of clear information and informed consent were highlighted as particularly important for people in vulnerable positions.

Data sharing to improve care and support

Digital systems and sharing information between support providers can help make sure support is tailored to the individual, avoid duplications and overcome working in 'silos'. However, it was recognised that sharing data could have a detrimental affect on claimants and could be used against their interests. When information is shared it should be done with the full consent of the individual involved and with them fully aware of the implications. Workshop participants highlighted instances where better care and support could be provided when the option is given to claimants to share information with other agencies. For example, PIP assessment findings being shared with a GP to ensure individuals receive appropriate health and social care support.

Joined up policy making

The roll-out of UC had unexpected impacts on healthcare access and it should be acknowledged that welfare policy will ultimately impact on other areas of policy like health. There is a need for better alignment between health and welfare sectors to better support the wellbeing of vulnerable people.

Conclusion: developing a welfare system that works

Our study has shown the range of challenges UC poses for people who are homeless. Overall, UC poses a serious risk to health for people who are homeless, rather than being a guarantee of welfare.

UC is a vast and complex system, that is fast evolving. The fundamental reforms that our study indicates are needed require wide consultation and consensus; in particular, people who are homeless need to be more involved in these processes.

Our study highlights three core areas that need attention in future reforms and discussions if UC is to support the health and welfare of people who are homeless:

Assumed capacity – the UC system assumes that claimants have a range of social, cultural, and economic resources and capacities. Homelessness can be a cause or consequence of not having enough of these capacities. Furthermore, people experiencing homelessness are also more likely to have physical and mental health problems that can compound the existing challenges of making claims and engaging with the benefits system. The assumption of these capacities is contrary to many of the reasons people need to claim benefits in the first place. The UC system needs to be organised around assuming that people may have a range of vulnerabilities.

Payments, sanctions and delays – the current system is uncertain and unclear, generating stress, anxiety and challenges in securing shelter and other essentials for life.

Demonstrating ill-health – the processes to demonstrate ill-health, and so access to UC, are described as burdensome, arbitrary and unfair. In consequence, people struggle to access appropriate support for their health conditions. We found that little allowance is made within the system for physical and mental health issues, especially long-term ones.

Reading and resources

A range of resources are available for people who are homeless and people working with them to address Universal Credit and related challenges, particularly relating to health care.

These include:

Barker, N. Starting to bite: how Universal Credit is making people homeless. Found at, <https://www.insidehousing.co.uk/insight/insight/starting-to-bite--how-universal-credit-is-making-people-homeless-59445>.

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Johnsen, S, Watts B & Fitzpatrick S (2018) Welfare conditionality study. Final findings: homelessness. Found at, www.welfareconditionality.ac.uk/wp-content/uploads/2018/05/39273-Homelessness-web.pdf

Shelter, 2019. From The Frontline: Universal Credit And The Broken Housing Safety Net. Found at, https://england.shelter.org.uk/__data/assets/pdf_file/0003/1827021/From_the_frontline_Universal_Credit_and_the_broken_housing_safety_net.pdf.

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- iii Rodionova, Z. 26th March 2020. Universal credit coronavirus increase: how much the benefit is rising, and self-employed worker rules explained. i news. <https://inews.co.uk/news/politics/universal-credit-coronavirus-increase-benefit-how-much-self-employed-workers-date-when-explained-2506394>
- iv O’Leary, C & Simcock, T 2019, ‘Policy Failure or F*** Up: Homelessness and Welfare Reform in the UK’, Paper presented at European Network of Housing Researchers Annual Conference 2019, Athens, Greece, 27/08/19- 30/08/19.
- iv Barker, N. 2018. Starting to bite: how Universal Credit is making people homeless. Inside Housing. <https://www.insidehousing.co.uk/insight/insight/starting-to-bite--how-universal-credit-is-making-people-homeless-59445>
- iv Shelter, 2019. From The Frontline Universal Credit And The Broken Housing Safety Net. https://england.shelter.org.uk/_data/assets/pdf_file/0003/1827021/From_the_frontline_Universal_Credit_and_the_broken_housing_safety_net.pdf
- v See report here for most up to date innovations <https://www.gov.uk/government/publications/universal-credit-and-homeless-people>
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Universal Credit

The health impacts for people who are
experiencing homelessness

