

Written evidence from Ms Uisce Jordan, Edge Hill University [UCW0027]

I am writing as a PhD candidate whose research is looking at the lived experience of benefit receipt for men who are unable to work due to their mental health. The participant group are in receipt of a range of legacy benefits including ESA (Support Group), DLA, PIP and Universal Credit (Limited Capability for Work). I am submitting this evidence with regards to the participants who have been moved onto Universal Credit, Limited Capability for Work. Universal Credit was not the purpose of the research; therefore, the information being provided is supplementary information that has been collected.

Regarding Universal Credit:

Firstly, it is important to note that all participants were in financial arrears as a result of transitioning to Universal Credit. All of the participants within this research were mentally ill and being in financial arrears prevented them from engaging in activities which would support their mental health. Some felt that they were in crisis during the wait for payment and unable to access any support, for example no financial resources meant being unable to get a bus to visit a support group/ see family.

Participants who received the advance payment were struggling to pay this back, it was viewed as an additional debt. Instead of taking the Universal Credit Advanced Payment, two participants had received a temporary loan from the supported accommodation that they were staying at. They were paying this back in smaller instalments along with their service charge.

All of the participants had been forced to rely on foodbanks at least once, but often several times. Where possible, some participants relied on family or friends for financial assistance, predominantly due to delays in payment, which caused them to feel embarrassment and shame.

Those who were now on UC, and who were not yet, emphasised the difficulty of now being paid monthly. They stressed how much being back on payment plans similar to their legacy benefit payments would benefit their mental health. The pressure of now trying to budget money was making people more ill. Alongside a mental health diagnosis, several participants had substance misuse problems and the monthly payment was leaving them increasingly at risk of destitution. Participants continually stressed the lack of autonomy they felt around this topic and the feelings of powerlessness that ensued.

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