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**SCOTTISH GOVERNMENT CONSULTATION ON SOCIAL SECURITY IN SCOTLAND: FOCUS GROUPS WITH WOMEN**

**OCTOBER 2016**

To contribute to the Scottish Government’s consultation on social security in Scotland, Engender, Scottish Women’s Aid, Scottish Refugee and Carers Scotland ran a package of workshops with women on different aspects of social security. Since 2013, we have worked together to highlight the gender inequality that means women are extraordinarily disadvantaged by public spending cuts and ‘welfare reform’.[[1]](#footnote-1) Certain groups of women, including lone mothers, refugees, disabled women, unpaid carers and women experiencing domestic abuse are particularly affected.

New powers over social security in the forthcoming Scotland Act will provide opportunities to partially address this. We held eight focus groups to gather views from women with experience of the social security system, including women refugees, women providing unpaid care, women experiencing domestic abuse and mothers on low incomes. These focussed on how to create real social security for women in Scotland, how to achieve the goal of dignity and respect throughout the system, and on the design of individual benefits.

This report sets out recurring issues that emerged across the thematic workshops and proposals on how Scottish Government could engage new social security powers to further its commitments on gender equality. It also includes a record of the respective sessions.

**1. KEY THEMES**

**1.1 LISTEN TO WOMEN**

Whether with regard to caring, disability, employment support or maternity benefits, women report that they are not listened to or believed by officials within the current social security system. This links to issues of stigmatisation and stereotyping (including gender stereotyping) that are prevalent throughout this report. It also highlights an “us and them” attitude, in which officials see themselves as the experts and applicants for social security as uninformed. This is not the case. Women were clear that they are the experts in what needs to change to improve the social security system, and indeed in the realities of their own lives. Women believe they should be consulted directly throughout the design of new policies and programmes.

**1.2 GENDER ROLES**

Women’s ongoing responsibility for household spending and management, including in terms of childcare and long-term care, was another theme that cut across all of the groups. This was raised in terms of access to resources, and fears over losing independent income under Universal Credit, and in terms of providing for children. Women still tend to assume responsibility for managing budgets, including childcare, the impact of sanctions and expensive social care and immigration charges.

**1.3 LACK OF DIGNITY AND RESPECT**

The current system is entirely lacking in dignity and respect, as highlighted throughout this report. Women proposed a range of ways in which this could be addressed in a Scottish approach to social security, including ensuring equal access to individual entitlements, building flexibility into systems, abolishing medical assessments, recognising people with insecure immigration status, and tackling organisational cultures. They also highlighted issues that are not raised in the consultation document around the inadequacy of benefits levels. It is not possible to live in dignity below the bread line and this must ultimately be addressed if the Scottish Government is to achieve its goal of a system that treats people with dignity and respect.

**1.4 GENDER-SENSITIVE SERVICES**

Severe problems dealing with systems and policies that bear no relation to women’s lives was also a recurring theme. Frontline workers do not understand the reality of women’s circumstances and this has a negative impact on outcomes, mental health and wellbeing. More and better training for social security staff in gender equality and intersectional issues was proposed as a way to address this lack of understanding and poor treatment. This should include childcare, lone parenting, unpaid care, violence against women, gender stereotyping, women and the labour market, and issues for disabled women and migrant/refugee women.

**2. PROPOSALS**

Women made the following proposals regarding new powers over social security. Countless other suggestions as to how the system could be improved and better holistic support provided are highlighted throughout this report.

Systems

1. Directly involve women in the design of any new legislation and delivery systems
2. Increase and improve training for frontline staff on gender equality issues, including the impact of domestic abuse and trauma
3. Invest in independent advice, advocacy and welfare rights services
4. Ensure that the new social security agency works closely with other agencies and services, including the Home Office, housing, health and social care, and childcare

Devolved entitlements

1. Introduce automatic individual payments of Universal Credit
2. Ensure that carers in employment and education, and older carers are entitled to the new carers benefit
3. Work towards the introduction of a Citizen’s Income in Scotland
4. Create a Destitution Fund for people with insecure immigration status or ‘no recourse to public funds’
5. Set eligibility for the Best Start Grant as widely as possible and allow women to apply for at least six months after the birth of their child
6. Abolish or significantly reduce the use of medical assessments, and increase the number of lifetime awards granted to disabled people

**3. WORKSHOP DISCUSSIONS**

**3.1 SCOTTISH WOMEN’S AID ENGAGEMENT SESSIONS**

Scottish Women’s Aid (SWA) held three focus groups with women in Kilmarnock (27 th September) and Edinburgh (6th and 11th October). Women were supported to attend these meetings by East Ayrshire, Edinburgh and Shakti Women’s Aid. All the women who participated in the sessions had experience of using the social security system.

In all three sessions common shared themes emerged from the discussions covered by women. Some affected women in general and others specifically related to women as EU migrants or with insecure immigration status, women with disabilities, women with children, women in same sex relationships. Women taking part in the discussion often raised issues that highlighted their multiple and intersecting identities and the consequent multiple ways in which they felt the benefits system failed them or discriminated against them. The thematic commonality across all three sessions reflected the systemic inequality of the social security system and of women’s lives. The following note highlights the recurring themes from the three sessions.

**Principles**

The opening discussion concentrated on the experiences of women in using the benefits system and what a social security system based on dignity and respect should look like for women.

**Gender inequality**

A recurring theme was that the benefits system and staff responsible for its delivery did not recognise or respond to the reality of women’s lives. Failure to take into account women’s additional caring responsibilities, the impact of domestic abuse on their physical and mental health had an enormous impact on the women that participated in the sessions. They highlighted that they were treated “the same as everyone else not as individuals with different circumstances.” That they were put through a “tick box exercise” and often felt judged for being single parents and victims of domestic abuse, “we are all painted with the same brush.” Women had to explain their story over and over again to different staff members “you get bored repeating yourself you start missing out bits and these might be what they need to know.” Women were also continually asked to provide details about the perpetrator;

* “stop asking about the man”
* “they know you are in refuge but keep asking for details about him.”
* “they assume you’re heterosexual – hard having to tell so many different people”

Women with children said that their child care responsibilities were not taken into account, they were expected to attend appointments, to look for work, to travel considerable distances to do so and were sanctioned for being unable to fulfil obligations which were completely unrealistic to their circumstances.

* “expected to get a job even though that’s not possible with very small children”
* “need to ensure women with children are able to live and look after their children and aren’t penalised for not working”

Women talked about the impact this had on their health and wellbeing.

* “just compounds feelings you have from domestic abuse”
* “every time its stressful I don’t feel believed or taken seriously “
* “takes lots of time and energy impacts on health really badly”

Several women participating in the sessions were from outwith the UK and they raised a range of additional issues that related to their status as immigrants and how these intersected with their gender and experience of domestic abuse. Restrictions to benefits for people from the EU have a gendered impact and this has an additional dimension for women who have experienced domestic abuse[[2]](#footnote-2). Women described being destitute, having no money to survive and that they were totally reliant on the Women’s Aid groups for food parcels, toiletries etc. Some women had been able to access crisis grants. (These are limited to 3 applications and are not always granted).

* “destroyed my mental health, compounded the impact of domestic abuse”
* “they lost my residency form 3 times I had to repeat applications and was left with no money”
* “decision making took a long time I had to rely on crisis grants to survive and food parcels”
* “shouldn’t be leaving people with no money to survive”

Women discussed how failure to meet the residency test or a gap in their employment history meant they had to work, even if they had children and no childcare, or when their health was affected because of the impact of domestic abuse. Some women who had come to this country on spousal visas, or whose ex-partners had removed or destroyed their passports also described the system as completely inhumane.

* “I’ve been working here for 11 years my passport was stolen I applied for new one. I have a national insurance number but I can’t get benefits and can’t work without a passport - how do they think I’m surviving with no money”
* “Having no means to survive has destroyed me it’s had an enormous impact on my mental health and added to the domestic abuse”
* “They shouldn’t be leaving people with no money, people who have worked and paid taxes”
* “What do I need to do, put my daughter up for adoption to be able to work and survive?”

**Confusing and complex system**

Women talked about the benefits system as complicated and difficult to navigate their way through without expert assistance. They found the process disabling; they did not know what benefits they were entitled to – often finding out from support groups about their right to a benefit rather than from DWP staff. Women highlighted that they were unable to get an accurate calculation from the DWP about the impact additional hours of work would have on their benefits making it difficult to progress in their employment or resulting in tax credit overpayments that caused budgeting problems when they were reclaimed at a later date.

* “If you work more hours how will that affect tax credits or housing benefit?”
* “Benefits are calculated on your estimated income for the week but if you are on a zero hour contracts you can’t estimate.”
* “The Jobcentre won’t tell you, you have to know the right questions to ask”
* “When claiming PIP I wasn’t told I could be eligible for carers allowance for my disabled daughter, found out from the carers support group I went to”

**Dignity and respect**

Women stated that a social security system that treated them with dignity and respect would be:

* rights based, easy to understand and apply for, with the opportunity for face to face contact in the process
* non-judgemental, flexible, responsive to women’s additional caring responsibilities and valuing of women’s unpaid work
* provide a safety net to ensure all women have the means to survive and look after their children regardless of their immigration status
* knowledgeable of and responsive to domestic abuse and the impact on women and children’s health and wellbeing
* consistent in delivery, timescales and in taking responsibility for its mistakes and correcting them

**Universal Credit flexibilities**

All the women who took part in the sessions were unaware that Universal Credit is paid as a single household payment. They were horrified that this was how benefits will now be paid to couples and families. There was consensus that the payment would go to the male partner as he would feel entitled to the payment as “head of the household.” They described this as; “a really bad idea”, “as dangerous” a “recipe for disaster” and “a really scary thought.”

In these discussions women highlighted how control of money was integral to their ex-partners means of exerting control over themselves and their children. They saw this as giving men a way to much more easily control family finances and enabling of domestic abuse. In their experience the money would not be spent on maintaining the family and home instead women would end up having to repay the debts and loans that would result.

* “When there’s domestic abuse there’s no sharing. I had to provide him with receipts for everything I spent. I would be too scared to ask for money or ask him what the money was spent on.”
* “I was given a weekly budget, if I overspent then I had to ask to borrow off him and then pay him back out of the next week’s budget”

Women were seriously concerned about the impact this would have on their children and how they would be able to adequately feed, clothe and provide for their children.

* “children will be really hungry”
* “there will be more child poverty where money is controlled, lots of kids won’t get what they need”
* “We’ll be more reliant on foodbanks as women won’t have money to pay for food – do you have to wait until it’s too late?”

There was unanimous agreement in all three sessions that payments should be split between couples as the default position. In order to safeguard the best interests of children any benefit payments for the child should go to the mother.

* “Women need control of money to make sure it goes to the child”
* “It’s usually women who are more concerned about keeping a roof, food, clothing – men aren’t”
* “The evidence is common sense, nine times out of ten it’s the woman who takes care of the children when you separate so payments for children should go to the woman”
* “So he can’t touch the children’s money”

**Disability Benefits**

A key concern for women in the focus groups was the lack of understanding of the impact of domestic abuse on their health by benefits staff, assessors and some health practitioners. In most cases women, with the support of their support worker had to appeal the original decision.

* “The categories for health are really narrow and don’t match women who’ve experienced domestic abuse I had to appeal”
* “The impact of domestic abuse was not recognised, he refused said I was fit to work even though I had a broken nose and ribs”
* “I have anxiety and depression due to something that is not my fault but it’s not recognised as an illness”

Women found the assessment process extremely stressful, that it was like an interrogation and the assessors had no awareness of or training in domestic abuse. Attending assessments had an enormous impact on their health. They talked about the importance of having a support worker to accompany them through the process and concern that they would have to repeat the process again.

* “I couldn’t sit in the room with the man, I’d asked for a woman but this wasn’t taken into consideration”
* “People were heartless, cold and inhumane”
* “The assessment was horrendous: humiliating, the interpreter challenged what I was saying he said “don’t talk nonsense”
* “I had severe panic attacks and anxiety I was too hyped up from waiting so long, I needed my support worker to see me through it”

They discussed how assessments don’t always relate to health and found the points that were given for their appearance humiliating. These assessments failed to take into account the amount of effort, both physical and mental that had gone into getting dressed and coping with the assessment.

* “Appears clean, well dressed, can hold eye contact – humiliating”
* “well you look respectable”
* “If you can hold a conversation they look at you in horror”

Women thought there were better and more accurate means of assessment.

* “For long term incapacity your GP sees you and knows you best there should be no need for you to attend other assessments your GP can send medical information”
* “Why bother wasting everybody’s time when it is clear condition is chronic and unlikely to improve”

**Discretionary Housing Payments**

Women discussed applying for DHP when they were moving out of refuge into permanent housing; most had been unsuccessful in getting DHP to cover the rent for their new flat while they were waiting for their SWF grant. They thought it unfair that they had to start a new tenancy immediately, although they had no possessions to move in with and this resulted in rent arrears because housing benefit was not paid for both properties for a short period of time. It felt like a difficult beginning to what was a new start in their lives.

* “ I was advised by the housing officer that I would get a discretionary housing payment when I moved to my new flat to cover the overlap in rent when I was moving from refuge but the council wouldn’t pay and I ended up in arrears”
* “ I was only given 3 days to move in but it took me three weeks to move from the refuge it was very stressful moving out and my flat needed a lot of work before I moved in but DHP was refused so I accumulated rent arrears”

**Best Start Grant**

None of the women in the sessions were aware of the Sure Start Maternity Grant. This confirmed their experience that the availability of different benefits and criteria for entitlement were kept closely guarded by the DWP, “you don’t know what your rights are.” Women thought that midwives were best placed to ensure women were informed of the Best Start Grant and should support women to apply for it. But that it “shouldn’t be just included with all the other bumf you get given by midwives” as it would get lost within that. They also thought that health visitors could check that women had received the information and had made an application. They also suggested posters and application forms in GP surgeries to let more women know about the scheme.

Women highlighted that because domestic abuse often results in homelessness they had to leave their homes often with little or no possessions. They were not able to store buggies, cots and clothing for future use. If sometime later they had another child they were effectively starting anew and often with little financial resources. They recommended that domestic abuse should be included as an eligibility factor to enable women to receive £600 on the birth of a subsequent child.

**Advice, representation and advocacy**

Women talked about the necessity of having support and advocacy to help them navigate a benefits system that they found incredibly complex, bureaucratic; often hostile with little or no understanding of domestic abuse. They found the support of their women’s aid support worker indispensable in this process. They were able to support them complete application forms that were often only accessible online. To make numerous phone calls to chase benefits. Women living in refuges or other temporary housing had no access to computers, could not afford to make premium rate calls to call centres and be kept waiting for long periods. Women mentioned that CAB services often seemed overwhelmed by the volume of people needing advice and this then meant queueing for hours to see an advisor, who often had little knowledge or understanding of domestic abuse.

**3.2 ENGENDER ENGAGEMENT SESSIONS**

Engender held three workshops with women on low-incomes, at Dr Bell’s Family Centre in Leith on 12th September, at the North West Women’s Centre in Maryhill on 14th September, and the Making it Work support group in East Kilbride on the 24th October. In total, 46 women took part.

In each session, the opening discussion concentrated on women’s current experiences of the social security system, and how dignity and respect could be achieved for women with new powers coming to Scotland. We then moved on to talk about specific entitlements that are coming to Scotland.

**1. Principles and current experiences**

**Inadequacy of benefits**

The recurrent themes below emerged in response to specific questions asked, in line with the parameters set out in the consultation document. Women also repeatedly spoke about hardship and the impossibility of leading a full and dignified life on benefits. Women spoke about the strain of being responsible for the welfare of children and budgeting for their needs, about going short themselves in order to provide for others in the family, and about the impossibility of returning to paid work as a result of prohibitively high childcare costs. This inadequacy of benefits levels underpins many of the issues set out below.

* “Santa might be made redundant this year, we’ll see”

**Lack of dignity and respect**

Initial discussions focussed on the appalling lack of dignity and respect that defines the current system, and ways in which the Scottish Government should seek to avoid replicating practices that make people feel worthless. Some women felt looked down upon as single Mums, or felt intimidated as women by security guards in Jobcentres. Women discussed the axing of lone parent advisers in Jobcentres, and the negative impact this will have, given that there is already so little understanding of the reality of women’s lives. Training for staff in gender equality and intersectional issues - including childcare, unpaid care, violence against women, gender stereotyping, women and the labour market, and issues for disabled women and migrant/refugee women – was proposed as a way to address this lack of understanding and poor treatment.

* “Half the time I leave in tears they’re so nasty”
* “You feel like you’re instantly blamed for everything”
* “It’s as if you’re just nothing, and you have to put up with that”
* “You don’t tick their boxes so you should just leave. You’re not human any more, it’s demoralising”
* “It’s how people speak to other people – you shouldn’t be working in these jobs if you have that attitude”
* “When you ask for help it’s like ‘who are you to ask for help?’ There’s no compassion anymore”

A clear theme to emerge was that women themselves are the experts in social security and their own lives. Whether with regards to their support needs or caring roles, living circumstances, childcare requirements, or issues relating to paid work, women know what will or will not work for them. They urge officials to listen to them and to take them seriously, and for women’s voices to be included in the design of new systems and policies.

* [In response to how could the system treat women with dignity and respect?]

“Actually listening to what you’re telling them” The response tends to be ‘that’s not right, you’ve got to do it this way’, but it’s not always possible to do it the way they want it to. When you are looking after children or elderly parents, there are families with sick kids with problems and you try to say why you couldn’t make that appointment because something happened, you can be sanctioned.”

**Stigmatisation**

Women feel stigmatised by the label ‘claimant’. Use of the words citizen, applicant and recipient in place of claimant was proposed in our focus groups. Women were very clear that language has a strong impact, about how people see themselves and others. Focussing more on entitlements, rather than benefits was also raised in several of the groups.

Women have felt stigmatised as young Mums, as lone parents, as a result of mental health issues, as migrants, and as working class women.

* “When I was applying for the ESA, because I’ve got depression, there was a lot of stigma”

Stigma was also discussed with regards to cash vs. goods, where the risk of stigmatisation was seen to be very high. Women spoke of their fears of the label “catalogue kids”, and the benefits of control and choice.

* “Every beginning of every term is a nightmare. Everything is so expensive now and you don’t want your kids going in being picked on”
* “It’s degrading”
* “People would know as a soon as they came in your house”
* “The kids at school with a ticket get singled out”

**Stress and anxiety**

Women spoke at length about the needless complexity of the system and the strain this put them under when trying to access their entitlements. This appears to be equally felt across the entire social security system and a key area for change.

* “You need a specialist worker to help you because it’s so complicated, you really need to know the system to understand so that you can be confident to ask for what you want.”
* “It’s confusing, language isn’t accessible and you can’t understand what it means. I just give up. Ignoring it happens and folk get more and more into debt.”
* “You get a letter saying they are going to do something, and it just about sets you into a frenzy, because you don’t understand how it works or why things have changed.”
* “Sometimes it can take so long to get through to them, I get so stressed waiting to get through to them and you don’t always have that time to sort it out”

Women described using tactics such as phoning up on a Tuesday morning, rather than on a Friday, in order to receive a better service. It was strongly felt that the onus shouldn’t be on applicants, but rather on the social security agency to ensure that people receive the support that they are entitled to.

* “It shouldn’t be like that – you should get standard advice no matter when you call.”

Women also spoke about lack of understanding of mental health issues throughout service delivery, both from personal experience and as unpaid carers.

* “When I was applying for the ESA, because I’ve got depression, there was a lot of stigma”
* “They don’t understand mental health”
* “You’re sort of in the dark; you’re in a hole clawing out and getting nowhere. You’ve got to fight for everything”

**Administrative errors**

Women repeatedly spoke about administrative errors on the part of benefits agencies, for which they had to pay the price.

* “Sometimes they overpay you and then you get a letter saying they want it back even though it’s not your fault and you didn’t realise it”
* “Sometimes it can be a mistake on their part and you have to find the money”
* “It depends on who you get, it’s completely slapdash and potluck”
* “The onus is on you to go and sort it out.”

An agency assumed one woman was living with her ex-husband even though they had been divorced for 8 years. She had to prove her circumstances again in full, and meanwhile had to pay back money that she didn’t have. Other participants received letters falsely suspecting women of cohabiting with new partners. This reflects the feeling that everyone is assumed to be “scamming the system” and that people don’t deserve support. This is an issue that arose each time we spoke about dignity and respect with women.

* “Automatically anyone claiming is a scrounger. How do we get rid of that culture in Scotland?”
* “We need to start off with ‘how can I help you?’ not ‘how can I hinder you’.”

**Independent advocacy and advice**

Women spoke at length about the value they place on support and advice, given the difficulty of getting anywhere within the system and their treatment within it.

* “Having help and advice somewhere and not feeling like you’re on your own. That is one of the biggest things.”

Women also expressed concerns about the elderly who are not online or able to get out in order to access support services, and fears about what will happen as funding for these services is cut.

“The social security system that we have is not out there getting to them. It’s the third sector that’s doing it.”

**2. Devolved entitlements**

Discussions mainly focussed on Universal Credit payments and the Best Start Grant. We held a separate session on Carer’s Allowance in partnership with Carers Scotland (see below).

**Universal Credit payments**

Women who attended our Gender Matters focus groups for this consultation were unanimously in favour of splitting payments between members of a couple. The vast majority were shocked to hear about the proposals for the first time. At the session in East Kilbride, our recording includes an audible collective gasp when this part of the consultation was described.

Reactions included:

* “The weans will starve”
* “Absolutely bonkers”
* “Look at women who are with men who area abusive – it’s not just about violence, there’s a financial abuse as well. Those men could just be taking that money and we wouldn’t see anything. The mother and child wouldn’t get anything. Absolutely horrible”

As well as anticipating restricted access to resources in the event of household payments of Universal Credit, women emphasised the negative and regressive impact it would have on gender equality.

* “It’s like going back to the 50s where just the man got a wage and he just kept it”
* “It’ll get spent down the pub”
* “It’s scary to think that my partner will be in total control of the family income, I honestly don’t know to what to think about that.”

With regards to the option of choosing between household and split payments, one participant said:

* “For some women there is no choice. For some women the men just take the benefits”.

**Best Start Grant**

Our session in Leith concentrated on the Best Start Grant and drew out responses to a range of questions in the consultation document.

*Eligibility*

Women supported the widest eligibility proposed in the Scottish Government consultation document; the use of Working Tax Credits and Universal Credit. They also highlighted the need for provision for women with no recourse to public funds, many of whom are migrants or refugees struggling to manage complicated administrative arrangements. It can take a very long time for benefits to come through, and although they are ultimately they are backdated but then you miss out.

* “There needs to be some flexibility and room to consider individual families.”

There was consensus that the BSG application process should be open for at least six months after the birth of the child. Having children may alter entitlement to a range of qualifying benefits, and this takes time to understand and process. The current deadline to apply within 12 weeks of the birth of a child also excludes women who are struggling to access benefits to which they are entitled. This includes a high number of refugee women, whose payments are subsequently backdated, but would currently miss out on the BSG in such a scenario. Sanctions related to Universal Credit, including those of a partner could have an impact on eligibility. The BSG should be flexible and designed to take these issues into account.

* “Your head is all over the place after a new baby, not everyone is able to just nip down to Citizen’s Advice. It’s so complicated.”
* “You might not find out about it in time with three month deadline. It’s just the luck of who you meet and who tells you.”

Women highlighted that eligibility should not be pegged to a fixed point in time, given the complexity of the benefits system and precariousness of the labour market for women. For instance, a woman on a zero hours contract, or with a new partner (or countless other circumstances) might not be eligible for BSG payments on a child’s birthday, but be eligible a week later. Circumstances over a period of time should therefore be used as the basis for assessment.

* “Zero hours contract means that you can end up in debt really quickly. People started coming knocking on my door, so I was terrified to open the door. I thought I wasn’t eligible for the grant, because I was working and wasn’t on these benefits. It turns out I was eligible for the benefits, but I didn’t know.”

*Financial pressure points*

Women felt that whilst other pressure points exist, these are the junctures at which financial pressures are greatest. Women at our focus groups highlighted the need to ensure that grants are processed in time to enable the purchase of essential items, or to organise any related childcare needs. The point at which a nursery place is confirmed by letter was suggested as a suitable point of entitlement.

The start of high school is also an extreme financial pressure point, especially as older kids begin to feel it if they don’t have the “right” stuff. Younger kids are less bothered by what they have. On balance, the start of nursery and the start of primary school are deemed to be the right points.

*Integrating with Healthy Start*

Women were very supportive of the proposal to integrate the BSG with other support for pregnant women, particularly in light of low uptake of the Sure Start Maternity Grant (SSMG). As below, women described struggling to access information about the range of support to which they are entitled.

* “It would be so helpful, I can’t even put it into words”
* “There’s not a lot of information out there, if you don’t ask, you don’t get”

We were told that many women had been unaware of their entitlement to a SSMG (or in some cases, particularly amongst migrant women, to any social security payments at all). Women spoke of the ‘school gate’ as being their best source of information and advice, a situation which evidently will see many of those entitled to support falling through gaps.

*Cash payments*

Some women at our focus groups were initially open to the idea of goods in-kind, but this was subsequently outweighed by discussion on the risk of stigmatisation. Women spoke of their fears of the label “catalogue kids”, and the benefits of control and choice.

* “Every beginning of every term is a nightmare. Everything is so expensive now and you don’t want your kids going in being picked on”
* “It’s degrading”

Some people are given or can source cheap second hand goods, and would prefer to use the grant to cover core costs, such as heating or transport that increase along with family size. Cash is also needed when kids start school, for things like school trips, materials to help with projects and tickets for school plays. Overall, it was felt that in-kind benefits would be inconsistent with the principles of dignity and respect.

* “You don’t want people to know that you’ve got stuff from a benefits catalogue”
* “It gives you a confidence boost as well as a financial boost. It gives you a feeling of control”

*Promotion*

Women were keen for midwifery and other maternity care services to help promote the BSG and other entitlements related to pregnancy and young children. Women suggested that posters could be placed in waiting rooms for appointments with sonographers, gynaecologists and maternity assessment. The BSG could be flagged in NHS ante-natal classes and included in the literature that is given to all pregnant women.

* “I wasn’t entitled to any benefits before my child was born, but afterwards yes. But no-one tells you that, so it is scary.”

Likewise, broader health and social care services could also help to promote the BSG (and other potential entitlements), especially amongst newly-registered women, who may have moved to the area and be entitled to the nursery or primary school payments. Early years centres and services that support refugees, lone parents, unpaid carers and other low-income groups could also play a role in promoting the scheme.

More widely, women suggested that graphics could be used to better convey information about entitlements throughout pregnancy and beyond. This could be in the form of a flowchart, illustrating timelines, qualifying benefits and clear distinction between different types of support. These would include the new Baby Box, and eligibility for state-funded childcare, as well as means-tested benefits throughout the early years such as free school meals and clothing grants.

**3.3 SCOTTISH REFUGEE COUNCIL ENGAGEMENT SESSION**

Eight refugee women participated in the session held in Glasgow on the 10th October, representing Refugee Women’s Strategy Group, North East Framework for Dialogue Group, Unity Sisters and Anyiso. SRC staff facilitated discussion around the following questions.

**1. What is your communities’ experience of engaging with the current social security system?**

*System is complex and confusing*

Women said that refugees find the current social security system confusing and complex. The system is unfamiliar to them and some feel overwhelmed by so many forms. They noted that asylum seekers often suffer from poor mental health and so find a new, complex system difficult to cope with. They often do not know what entitlements they have, what to expect or where to seek help and advice.

In-work entitlements were highlighted as particularly confusing, which results in many women in particular, who are juggling family and caring responsibilities, feeling discouraged from applying for jobs.

*Administrative delays, inefficiency and poor service*

A major issue for the refugee community is the way the transition from asylum support to mainstream social security is handled by statutory agencies. Women said there were huge administrative delays and people in their communities were surviving on Crisis Grants, foodbanks, or are forced to become indebted to friends who lend them money or food during this period. They said this impacted particularly on their children. They felt that the main reason for the delays and hardship experienced by new refugees was poor communication between statutory agencies such as the Home Office and DWP.

Another issue discussed in both groups was the impact of inefficiency and mistakes made by DWP, for example, when overpayment occurs and the recipient is unaware that they have been overpaid. DWP then forces repayment even though it was their mistake and the recipient may have already spent the money. Another common error reported was paperwork being lost by DWP. Women were frustrated that statutory agencies never apologised for their own errors or delays.

Women reported feeling that the job centre did not understand their needs, for example, they reported job coaches putting pressure on them to accept inappropriate or unrealistic work offers. One woman in poor health was offered a cleaning job, but felt she could not manage such a physical job; her job coach disagreed and sanctioned her, leaving her without payments for several months.

*Punitive sanctions*

Women felt that the sanctions regime penalised them unfairly. They said that minor mistakes such as forgetting to call or missing an appointment can result in cuts to payments that have a disproportionate impact on them and their families.

*Temporary housing and shift work impacts on social security*

Both groups said that refugees face particular difficulties when transitioning into mainstream social security because they invariably spend time in temporary accommodation, at the same time as being pressured by the job centre to take up work. But the high cost of temporary accommodation means they are unable to take up work offers because they can’t afford to pay their rent. Women felt that this disconnect and lack of communication between housing and social security providers caused them many problems.

Women said their housing was often of poor quality and they felt they had no choices and limited support in the homeless system. They said their key workers were not there when they should be and the advice provided was not enough to help them navigate complex systems. They also identified a shortage of larger houses, which impacted particularly on larger refugee families, leaving them stuck in temporary accommodation for long periods of time.

If in work, women said they were often doing shifts, which frequently change and can impact on their social security payments. They are often unclear about how much they should be receiving.

*Low levels of support mean living in poverty*

Women said that social security payments were not enough, that the cost of living has gone up but payments have not increased. They said people in their communities were living in poverty even with social security support and that it was particularly hard for mums as children often need extras and grow out of clothes quickly.

*Stigma, language and cultural barriers*

The group said that they faced a lot of stigma as asylum seekers, and that language and cultural barriers meant they felt powerless and that they often don’t have a voice.

**2. The Scottish Government speaks about the importance of ‘Dignity’ and ‘Respect’ in the delivery of social security – what does this mean in practice?**

*Enough support to live a dignified life*

The group said that a system designed around dignity and respect must ensure that it provides enough support to enable people to eat well and live a dignified life.

*Non-discrimination*

Women in the group felt that refugees faced discrimination in the current system (for example in the type of work offered to them or in educational opportunities) because they are not from the UK.

They said Education Maintenance Allowance was an example of discrimination against asylum seeking children as they are not entitled to this and so lose out. They said non-discrimination should be central to a new system and that the Scottish Government should find ways to treat asylum seeking children the same as other children in a way that ensures that families’ asylum support is not penalised.

The group said that staff delivering social security should receive training to make sure they are confident about the rights of refugees and are able to explain them clearly.

*Efficiency*

The group said that efficiency is critical to people feeling they are being treated with dignity and respect. The current system is too bureaucratic with many forms to fill in.

For example, the majority of new refugees transitioning from asylum support go through the homelessness system and move house repeatedly. Each move requires a complicated series of forms to notify the job centre of a change of address as well as a change in local centre, contact person, and the need to explain circumstances to a new person from the beginning.

An efficient system should enable the transfer of information between contact centres, minimal paperwork and continuity in service.

*Good communication and customer service*

The group said that good communication and customer service was essential to dignity and respect. They reported errors such as receiving the same letter in the post multiple times, and negative experiences in the way job centre staff communicated with them in person or on the phone, saying they were brisk, snappy, and impatient, and often had little or no respect. As a result, many people in their community were afraid to go to the job centre.

They said that staff in the job centre should take their time to explain your options and entitlements with respect.

Similar problems were noted in the way HMRC dealt with new refugees, with the group saying staff there needed training to understand and support people transitioning from asylum support and that they needed to improve problem solving when delays occur.

*Fairness*

Women felt that the way sanctions are implemented needed to be fair. There should be better decision making and the process should be more transparent. One woman spoke of her experience of informing the job centre in advance of the reason for having to miss an appointment, but still being sanctioned despite this.

*Dignity in the way health is assessed*

Women said that the way health assessments are carried out needed to change. One woman said the current system made her feel like she was ‘lazy’. She said she wanted to work, but couldn’t at the moment. However, although her GP had provided her with sick notes for over a year, the DWP said she was fit to work.

The group questioned the need for additional assessments and said that a GP or health professional’s medical evidence should be enough.

*Joined up working between agencies*

The group said that statutory agencies are not currently working together and that this is key to a fair and efficient system that treats people with dignity and respect. Social security needs to communicate with housing, health, and the Home Office, for example, as people’s entitlements and access to different services and support often depend on different agencies.

The Scottish Government must consider how its powers link to social security entitlements managed by UK agencies, and ensure refugee integration plans address joined up working across statutory agencies. Agencies and Governments must work together and share relevant information to ensure that all mainstream social security payments start without delay as soon as (or before) asylum support stops.

**3. What does the Scottish Government need to consider in this process in particular to ensure the system works for refugee women, carers, new mums/parents/children, disabled people, recipients of Universal Credit?**

*Universal Credit*

Both groups felt that UC should be paid every two weeks not every month, as this is more manageable for people and makes it easier to budget. This was felt to be especially so for women with children, allowing for better family budgeting. Women felt that if money comes at the end of the month, people are already struggling.

Both groups also thought that UC payments should be split between family members. If anything, the main carer (usually women) should receive a greater share, but it was recognised that asking who the main carer in a family could cause conflict, so splitting payments 50-50 would help promote more independence for women and the aspiration of equal responsibility in the household.

Women noted a concern that mothers should continue to receive child benefit payments and care should be taken that splitting UC payments doesn’t cause any issues with child benefit.

*Disability*

The group said that the current DWP system feels like the Home Office, like they are not believed and their credibility is being assessed. The way that disability and what is considered essential living costs are assessed needs to improve. A GP’s assessment should be enough for social security entitlements as they know their patient and condition best.

More information is needed about Disability Allowance to help people to understand their entitlements and the definition of disability. Women said that their communities needed better information on these issues and how to apply so they could learn and guide their members. Key issues for the refugee community include mental health, sickle cell, and obesity.

*Maternity*

Some women felt that the Scottish Government should make sure that all new mothers in Scotland can access the new Sure Start maternity grants and that there should be no discrimination based on immigration status. Others felt that the grants should be available to women on low incomes.

The group said that it was a good idea to increase the amount of the first payment and to make a further payment on starting nursery and again on starting school. They said there should be flexibility in when the initial grant can be paid, either before or after birth as per current system.

*Funeral and cold weather payments*

The group noted that most refugees are not aware of their entitlements to funeral and cold weather or fuel payments. The Government should increase awareness with community organisations, job centres, community centres, libraries, and parents through schools.

They said that funeral payments should be available to help cover the costs of funerals of family/friends overseas that you are responsible for.

*Top-up payments*

The group questioned the UK Government policy of only paying Child Benefit to the first two children in a family. Women said that paying nothing to other children makes them feel like they are not important, and is difficult to explain to the child/ren. They suggested that the amount paid for subsequent children could decrease incrementally, rather than them receiving nothing. The group suggested that this could be an area for the Scottish Government to consider implementing a top-up payment to ensure that all children in Scotland get the same start in life.

*Public information*

The group said that a major issue for new refugees (and other communities) is that they do not know what they are entitled to. To address this, information about entitlements should be available in different languages in places like GP surgeries, dentists, community centres, CABs, public transport, libraries and gyms, where people can access them.

More information is needed in particular about Discretionary Housing Payments and how to access them. Housing benefit rights were identified by women as particularly complex as they are based on hours worked/rent level etc. It can be so complex for people that they don’t access their entitlements and miss out. DHP should be available for people who need deposits for private accommodation (as very little social housing is available for larger families). Key problems though are lack of social housing, long waiting lists, and private rented accommodation being very expensive.

*Key priorities*

Women in one of the groups identified key priority areas for the Scottish Government to think about:

* fairness in access to work, and non-discrimination;
* improving awareness and how people access advocacy and information about rights and entitlements in languages other than English;
* children must be treated equally irrespective of where their parents are from or their immigration status, including by ensuring access to education and the availability of childcare more available to enable women to study/work.

**3.4 CARERS SCOTLAND AND ENGENDER ENGAGEMENT SESSION**

Carers Scotland and Engender jointly ran a session on 12th October in Glasgow, with women carers from across Scotland. Ten women from a range of local authority areas participated. The following key themes, points and comments were raised.

**Lack of value placed on care**

The current lack of recognition that caring is work, and the lack of value placed on carers and disabled people throughout the social security system was a very strong theme to emerge.

* “They need to stop treating as non-workers. We are workers, it’s a 24/7 job”
* “Every other employee in this country gets a day off, carers don’t get a day off”
* “You don’t have a retirement to look forward to, you’re a worker for life”

Women said that the increased allowance of £11 per week will not make a meaningful difference to their lives.

* “£10 a week is not enough, it’s a slap in the face”

The group discussed the idea of a basic income for carers, which would go some way to reflecting the extent to which their unpaid work props up Scotland’s economy. This would also reduce their workload and extremely high levels of stress involved in applying for social security and making ends meet. It would also mean that carers received support regardless of educational, employment or pensioner status.

* “Don’t treat us differently, we’re all doing the same job”

Several women had experience of being treated differently to professional staff that had been involved in supporting the person they care for. They found that paid carers were listened to more than unpaid family members, although they knew much less about the situation. There was a gendered element to this, with many women feeling labelled as “fussy” or “over-anxious Mums”.

* “You are listened to less in the role of Mum.”
* “They make assumptions about your parenting. I was signposted to a parenting class.”

**The new carers benefit**

Women felt that the eligibility criteria for the new carers benefit in consultation document are not ambitious enough.

* “The proposals are risk averse”
* “There are a number of quick possible fixes"

Women proposed the following short-term actions:

1. Restrictions on education should be scrapped immediately, and made the point that this would fit with wider Scottish Government strategies around inclusive growth.

2. The earnings disregard should be fixed so that people don’t have to choose between paid work and caring. For some women at the focus group, the ability to undertake paid work in addition to caring would make a significant difference to their lives. It would not only increase their independent income (vital for women’s equality) and that of the household, but have a positive impact on their wellbeing, self-esteem, and social life. It would enable women to maintain or develop skills in the workplace, and it would prepare women for the possible need to return to work after their ‘carer journey’ has ended.

3. The new carers’ benefits should take into account multiple caring roles.

4. Carers should be involved in designing the new benefit, as well as disability benefit forms.

5. There should be transitional arrangements for when a person’s caring journey ends. After years of caring and being out of the labour market carers can’t secure a job within a month. Women felt that this is a gender issue, given that so many more women give up paid work in order to care than men.

**Disability benefits**

All women had negative experiences of filling out “nightmare” forms and supporting people to secure disability benefits. The process is not transparent, difficult to understand (including in terms of wording on forms), and difficult to navigate. Forms are far too long and complicated. Online, face-to-face and phone applications should be considered.

* “People feel under suspicion and like they have to grovel”
* “You are forced to make it look as bad as possible”

Women questioned whether medical assessments are necessary at all, given the “screeds” of medical and other evidence that can attest to a person’s condition and support needs. In addition to medical reports and input, this could include evidence from educational institutions and more involvement from families. Certainly, assessments should not be the default route to providing support. Should Scotland choose to emulate the medical assessment model, practitioners with specialist knowledge should deliver assessments. Women cited examples of GPs not having sufficient knowledge of mental health conditions in particular, and of not asking the right questions.

* “You can’t meet someone for 5/10 minutes and really know the first thing about them”

Women also believe that people with certain conditions should be granted lifetime awards, and there should be a system that recognises the progression of conditions like MS. The system should also recognise that people with mental health conditions might report that they do not need support that they do in fact need.

* “My son believes he can do all sorts of things that he can’t do alone.”

Private contractors should not deliver medical assessments on behalf of the government. Women spoke of this process as humiliating, “soul destroying” and avoidable. One participant described the migration from DLA to PIP as “six months of pure torture”. Even less so than GPs, staff from these companies cannot be expected to understand complex conditions.

* “Having someone from a private company asking you about the most intimate aspects of your life is completely inappropriate”

**Payment in-kind**

Women were adamantly against this suggestion. Indeed there was some anger at the suggestion that a portion of their only independent income, which even with the increase to £73.10 per week is nowhere near adequate to cover basic living costs, should be annexed for other purposes or replaced with alternative support. Women said:

* “It would be a tax on disability”
* “Using part of my benefit for a cheaper fuel bill? For me it’s a big no-no”
* “Hidden layers of disability [for instance high energy bills] are not understood”

It was suggested that the Scottish Government could use any purchasing power it may have to reduce energy costs more broadly, which would have a positive impact on fuel poverty.

**Wider support for carers**

Discussion also focussed on the impact that caring has on physical and mental health. The majority of carers do not get formal breaks and it is a 24/7 job.

* “Nobody looks after carers, despite the huge amount of anxiety and stress they experience.”

Women discussed the benefits of a free bus pass for carers, which would have a significant impact on their mental health and wellbeing. Many carers spend considerable sums of money on public transport in order to attend multiple appointments and navigate complex schedules, leaving them with little or no leisure time. As well as the positive impact on overall budgets, the flexibility afforded by free bus travel for carers would help enable them to carve out some time for themselves.

* “With a bus pass, I could nip down the park at lunchtime”
* “I’m stuck in the house because I had to give up my job”

Other additional support that women would find valuable is discounted or complimentary access to relaxation therapies, such as those provided by the Carers’ Support Centre and other organisations. This would have a positive impact on carers’ emotional wellbeing and make them feel valued.

* “We’re on so little money the government should look after us a little. We save the government a lot of money”

Women also discussed the lack of support for carers once they have reached the end of their caring journey, and how this is a gender equality issue given that so many women give up paid work at the peak of their career.

* “What happens when caring stops?”
* “As women, we lose pension rights and returning to work becomes hard. The new returners programme should take carers into account.”

**Stigma**

Women carers spoke about their contribution to society (estimated at a value of £10.8bn to Scotland’s economy), which is not recognised by the current social security system. Conversely, their experiences of struggling to receive the support that they and those that they care for need to survive, was fraught with stress and guilt. Carers have consistently faced assumptions that they are out to scam the system.

Women unanimously had negative experiences throughout the assessment process and experienced stigmatisation attempting to access their entitlements.

* “There needs to be better training for those making assessments. The assumption is that “you’re at it” unless proven otherwise.”
* “There’s an assumption that you are guilty until proven innocent, you come out feeling unclean.”

**Young carers**

Women felt that cash support for young people could be problematic and that other forms of support, such as short breaks, could be more appropriate.[[3]](#footnote-3) There is an inherent danger that formalising young carers roles could reinforce their caring responsibilities and compromise other opportunities such as accessing education. Women also suggested that a funded mentoring scheme by older carers for young carers could be useful. Design of a young carers allowance would have to take stock of different ages, and not treat older young carers and very young children as a block.

**Additional points**

* Where do carers fall in the Council Tax Reduction Scheme?
  + “It’s give with one hand and take away with the other”
* Social security for carers needs to tie in with wider agenda re. social care charges- overall income level and implications need to be taken into account
* The new Scottish carers benefit should not get subtracted from the DLA of a person who has their own household?  They end up paying for having a carer out of very limited resources, instead of the Government.
* The new Scottish carers benefit should be a qualifying benefit for Funeral Payments.
* Carers can face domestic abuse from relatives with mental health issues and there is no support whatsoever for this.
* The overemphasis on fraud in the consultation document, compared with overpayments and the pervasiveness of mistakes in the system is skewed. It risks compounding stigma.

1. <http://www.engender.org.uk/content/publications/A-Widening-Gap---Women-and-Welfare-Reform.pdf> [↑](#footnote-ref-1)
2. https://www.engender.org.uk/content/publications/Securing-Womens-Futures---using-Scotlands-new-social-security-powers-to-close-the-gender-equality-gap.pdf [↑](#footnote-ref-2)
3. We have not consulted with young carers organisations on this issue and therefore this is not an Engender position, but the view of participants at the workshop [↑](#footnote-ref-3)