Mental Health & Universal Credit: Investigating Claimant Experiences

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Contents

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Abstract

Markedly as opposed to the reassuring ‘safety net’ moniker used at its inception, state welfare in the UK has become synonymous with narratives around dependency and worklessness, with loaded political rhetoric delivering accusations of malingering and scrounging regarding those who claim benefits. In 2010, Universal Credit (UC) was introduced to overhaul the welfare system, subsuming four existing means tested benefits and two tax credits under a unified system that would cater to all. In the intervening years, the question has been raised about whether this unified approach eschews the stigmatisation of benefits claimants, or whether every claimant, regardless of their individual reasons for claiming, has essentially been tarred with the same ‘work-shy’ brush. Vulnerable individuals, including those with additional health needs, have particularly struggled under UC’s strictly ‘work first’ approach. Furthermore, challenges encountered while claiming UC often encumber those who face continuing adversities related to living with poverty and responding to health needs. Rather than addressing the constituents of an unequal society, the ideological underpinnings of the UC system suggest that individuals are responsible for their adversity; structural constraints to ‘agency’ (the extent to which one empowered to exert control over their lives) are therefore undermined. Against this backdrop, I position my thesis investigating the mental health experiences of UC claimants in Greater Manchester (a region that experiences high rates of poverty). Sixteen individuals were interviewed between 29th January 2019 and 2nd March 2020, and a structure-agency framework was applied to interpret their experiences. Participants encountered challenges to agency within the overarching structure of the UC system, represented here in the following three distinct, yet highly interrelated themes: financial hardship; advancing through the claims process; being exposed to mental health and claims stigma. Each of these themes represented an impact to agency within the structural context of the UC system, and, especially when they intercepted, this appeared to constrain the capacity to manage mental health.

1. Introduction

This qualitative PhD thesis adopts a structure-agency framework to investigate the mental health experiences of people claiming Universal Credit (UC) in Greater Manchester. Heavily publicised, the introduction of UC represents the most substantive change to the welfare system in the UK since the post-war welfare state was developed (Easton, 2014; Reeves & Loopstra, 2020). UC is disbursed as a single monthly payment, paid directly to claimants in arrears; it was introduced in 2013 to replace four means tested benefits and two tax credits: Income Support, income-based Jobseeker's Allowance, income-based Employment and Support Allowance (ESA), Housing Benefit, Working Tax Credit, and Child Tax Credit, respectively (Sainsbury, 2014). As such, people claim the benefit in very diverse circumstances, for many different reasons. Still, with the introduction of UC, rhetoric from the government espoused a simplified benefits system that encouraged people to gain paid employment instead of becoming 'dependent' on state welfare (Department for Work and Pensions (DWP), 2010).

To pursue the aims of this thesis, I interviewed residents of Greater Manchester between 29th January 2019 and 2nd March 2020, about their experiences of claiming UC. The individuals I spoke with had self-reported as having experienced changes to their mental health in the process of claiming UC. As UC is widely recognised as being the most substantive reform to the UK's welfare system within the past several decades (Rotik & Perry, 2011), a growing body of literature has sought to investigate the mental health impacts for those in receipt of this relatively new benefit. As such, specific aspects of claiming UC - for example, being subject to the *Work Capability Assessment* (Barr et al., 2015a), the enhanced conditionality regime (Dwyer & Wright, 2014; Dwyer et al., 2017; Fletcher & Flint, 2018; Dwyer et al., 2019; Wright & Patrick, 2019; Wright & Dwyer, 2020) and extended sanctions (Niedzwiedz et al., 2016; Manji, 2017; Dwyer, 2018; Dwyer et al., 2020) - have yielded findings strongly indicative of adverse mental health outcomes. However, this thesis aims to respond to an apparent gap in the literature by developing a comprehensive understanding of the complex and diverse circumstances from which individuals become engaged with the UC system. Further, a structure-agency framework was adopted to investigate how these individual circumstances variously enable and constrain the agency available to maintain 'good' mental health in the process of claiming UC.

Conceptualising mental healthiness

Defining what is meant by 'good' mental health, Keyes (2002) draws a subtle, yet crucial distinction between the terms *mental illness* and (poor) mental health, describing how each exists separately in the literature when subject to measurement, and with one not necessarily holding influence over the other (Friedli, 2009). Due to the fluctuating nature of mental health related diagnoses, an individual with a long-term mental health condition (MHC) or mental illness would not necessarily be expected to live with poor mental health in perpetuity (Huppert, 2009), though many studies suggest a relationship between, for example, changes in mood and 'outgoingness' (the likelihood to engage in different activities, particularly those within a social context). Equally, it is widely acknowledged that mental health(iness) or 'mental wellness' or wellbeing does not simply refer to an absence of a diagnosed MHC, but an attentiveness to a constituent of elements that results in more positive mental health outcomes.

Seeking to gather insights from those whose mental health had changed throughout the process of claiming UC, it was not necessary to exclude individuals with a prior MHC diagnosis. This is because I was not seeking to identify the presence of mental illness specifically, and especially not in a causal capacity by which the onset of mental illness could be attributed to claiming UC. Rather, this study attempted to uncover whether any changes to mental health were experienced by those claiming UC; where mental health and mental illness are viewed as distinct terms, the presence of mental illness does not influence the qualitative measurement of perceived changes to mental health. Where a pre-existing MHC was present, participants were invited to reflect upon a possible interaction between perceived mental health changes and the pre-existing MHC they had; crucially, the two were viewed as sometimes interrelated, yet always distinct.

As became clear on review of topical literature, qualitative research into how an individual may best sustain a good standard of mental health, or a consistent sense of wellbeing, tends to focus on the following broad areas: emotion, cognition, social functioning, and coherence (Pressman & Cohen, 2005; Lyubomirsky et al., 2005; Dolan et al., 2006 in: Friedli, 2009; Parkinson, 2008). To elaborate, much research in this area attempts to garner an understanding of the ways in which a person feels, frequently as relates to their positioning within a specific social context; the perceptions they establish and revise about themselves and others, including attitudes and values; the way they relate and identify with other people, both within the immediacy of their close relations (friends and family) as well as within wider society, and; the manner by which they derive a sense of purpose from life, and develop an understanding of the world (Diener & Seligman, 2002).

The elements that are considered to constitute positive mental health include those that can be grouped under: 1.) The 'hedonic': positive feelings, including life satisfaction and general feelings of happiness and wellbeing; and 2.) the 'eudemonic', which relates to identity. Further, the 'eudemonic' considers one's self-perception; self-belief as a person who sustains a sense of agency by actively engaging in, and being a valuable part of, meaningful social activities, as well as one's capacity to derive a sense of meaning and purpose in the world (Huppert, 2005; Lyubomirsky et al., 2005; Carlisle, 2006 in: Friedli, 2009; Iasiello et al., 2019). The World Health Organisation considers 'mental healthiness' to include the following key elements: empowerment to manage one's own physical and mental health; an increased sense of belonging, self-esteem, self-determination and control (WHO, 2010). This definition of mental healthiness holds particular relevance to this thesis and the structure-agency theoretical perspective I adopt to investigate the experiences of those claiming UC.

Introducing structure-agency as my theoretical framework

I drew upon Hoggett's (2001) definition of *agency* for this thesis, which describes an individual's capacity to act, with intentionality, in accordance with their personal concerns and goals to engender change. Correspondingly, and by contrast, I also incorporate Hoggett's (2006) understandings of *negative agency* in my investigation, considering how individuals may be at once empowered to engender change within their circumstances, but in ways that seem counterintuitive (McIntyre, 1994). Again, the above definition of mental healthiness recognises the fundamental role of agency in managing mental health and staying mentally well (WHO, 2010). In defining structure for this thesis, I drew upon Archer's (2000) understanding that dominant societal structures may inhibit an individual's capacity to influence the world around them, while also accepting that societal structures include external rules and resources that serve to either constrain *or enable* action (Leibowitz et al., 2012). Correspondingly, this thesis focused upon how adversities and resources related to one's individual circumstances may serve to constrain *and enable* their sense of personal agency. Furthermore, while the capacity to exercise agency may be considered crucial to managing mental health, it also *partly* determines the extent to which one is able to advance through the benefit claims process (Wright, 2012). The availability of agency, therefore, may be considered particularly important for individuals responding to mental health needs and claiming UC concurrently. To this end, participants in this research drew upon *material*, *financial*, *social*, and *economic* resources to challenge the various structural elements that they encountered (Wright, 2012; Brooks & Kendell, 2013). Through the application of a structure-agency theoretical framework, this thesis investigated how the agency to maintain positive mental health may be affected by engaging with the UC system, with the following three distinct, yet interrelated, themes experienced within that overarching structure: *financial hardship*, *the UC claims process* itself, and *mental health and claims stigma*.

Those experiencing financial hardship have been recognised as being more likely to experience health adversities, with the link between poverty and health having long been established: a region with a high rate of poverty tends to correspond with a lower standard of general health (Mechanic, 2002; Fiscella & Williams, 2004), and mental health (Batty & Cole, 2010; O'Mahen et al., 2013; Longhi et al., 2016; Lenze & Potts, 2017). Further, negative emotional and cognitive responses are often incited by living in a region experiencing socioeconomic inequality and 'relative deprivation' (Smith & Pettigrew, 2011). When access to resources such as education, health, and criminal justice services are limited, and there is little availability of government/voluntary community organisations, relative deprivation can present a systemically derived risk to the mental wellbeing of the respective population. National survey data charting the geographical distribution of health outcomes throughout England found that poorer health throughout all 'social groups', and amongst both males and females, is generally higher in the North of England, as is most apparent in the two-year life expectancy gap between the North and the rest of the country (Bambra et al., 2018).

Those experiencing financial hardship have also been recognised as facing a far greater impact from changes to welfare provision, particularly the implementation of UC, than residents in more financially secure areas (Brewer et al., 2011). This is significant because UC was advocated as a means of "[…] substantially reducing poverty", moving "[…]as many as 350 000 children and 500 000 working age adults out of poverty" (DWP, 2010, p. 5). Contrary to this purported objective, advancing research has emphasised the apparent link between financial hardship and the implementation of UC (Hood & Keller, 2016; Garthwaite, 2016a; Wickham et al., 2018; Machin, 2017; Johnsen & Blenkinsopp, 2018; O'leary & Simcock, 2019; Corlett, 2019; Power et al., 2021). Further, the financial impact following the implementation of UC has been the focus of intense scrutiny in the media and has stimulated various large scale academic research (Roberts et al., 2017; Beatty & Fothergill, 2017). Localities experiencing a high level of poverty have been recognised as bearing the greatest impact following the introduction of UC (Finch, 2015; Foley, 2017; Trussell Trust, 2017; Harwood, 2018). Finally, adversities related to financial hardship, faced by those experiencing mental health related issues, may be intensified throughout the process of engaging with the UC system (Shefer et al., 2016).

With the above points in mind, one may recognise that participants in this research were likely to show an increased vulnerability to the health risks associated with financial hardship, and the challenges associated with claiming UC. It is crucial to bear in mind, however, that experiences of financial hardship were not sought out at the recruitment stage. Rather, participants constantly drew attention to the ways in which their experiences of financial hardship bore high relevance to mental health management and the claiming of UC. Correspondingly, financial hardship was conceptualised as a prevalent theme in the overarching structural context of claiming UC, which participants responded to as they managed their mental health. Through the application of a structure-agency framework, this research draws upon the experiences of those who were exposed to financial hardship, its associated health risks, and the claiming of UC, aiming to elucidate upon the interrelationship that exists between each.

Stigma was identified as the final prominent theme that participants in this research encountered in relation to the overarching structure of UC. This thesis builds upon benefits-stigma research by Baumberg Geiger (2016), applying their stigma terminology in discussions of both *mental health stigma* and *claims stigma*. In this context, *stigmatisation* refers to the perception that other people will devalue the identity of someone who claims benefits or experiences mental health problems, while *personal stigma* refers to one's own perception that claiming benefits or experiencing mental health problems devalues identity (ibid). Both persona stigma and stigmatisation may be experienced as elements of *claims stigma* (Pemberton, 2013) and *mental health stigma* (Corrigan et al., 2015); prejudicial views about claiming UC and experiencing mental health adversities, respectively. Where these experiences bare high relevance to the subject at hand for this thesis, is in their potentially constraining the agency one is able to command in the management of mental health: Instances of Prior research has exemplified the negative impact that may be felt by claims stigma, strongly indicating that many of those who are eligible to receive UC feel disinclined to claim the benefit for shame-related reasons (Walker, 2005; Chase & Walker, 2013; Pemberton, 2013; Baumberg Geiger et al., 2016; Baumberg Geiger et al., 2021; Scullion & Curchin, 2021). Similarly, experiences of mental health stigma may obstruct one's approach to relevant organisations and figures of support who could assist in mental health management (Perlick et al., 2001; Corrigan et al., 2011; Huggett et al., 2018). Again, stigma, as well as the UC claims process itself, and financial hardship, represented three interrelated themes that participants encountered within the overarching structure of UC.

Developing this thesis over a timeframe that began in 2018, being due for completion in 2021, I recognise that revisions were made to UC in response to the Covid-19 outbreak, which occurred after I had completed my fieldwork (my first interview took place on 29th January 2019, while I conducted my final interview on 2nd March 2020). Changes to UC were implemented temporarily from April 2020 to ease the financial burden for those who had been prevented from entering their workplace as part of government-issued measures to alleviate the spread of coronavirus (Cabinet Office, 2021). Covid-19 related changes included the '£20 uplift' per week, to the basic element of UC and Working Tax Credit (Summers et al., 2021), as well as inconsistently (Bennett, 2020) relaxed conditionality measures (DWP, 2020a). This generosity did *not* extend to 'legacy' benefits, including JSA and ESA, and was therefore unavailable to a large proportion of individuals receiving benefits at the time (Summers et al., 2021).

Due to the massive surge in applications for UC (Bennett, 2020), including by many individuals who would not necessarily have engaged with the benefits system otherwise (Blundell et al., 2020), much has already been written about the wider implications of a welfare system that cannot adequately support those who are out of work at such a time of crisis (see: Blundell et al., 2020; Hitchings & Maclean, 2020; Piyapromdee & Spittal, 2020; Crossley et al., 2021); however, further discussion on this particular topic extends beyond the scope and research aims of this thesis. The insights submitted by UC claimants in this thesis remain highly relevant because the government has remained unequivocal in its position to maintain UC in its 'pre-pandemic' functionality (including reversal of the £20 uplift), as restrictions were eased and people recommenced their usual working hours (Bennett, 2020.). Further, recent government announcements have signified a return of conditionality with stricter requirements to embark in an intensive, work-search regime for increasing numbers of people (Scullion et al., 2022). As such, the numerous issues that have arisen for those claiming UC within the context of mental health will likely persist.

Research aims

The overarching aim of this thesis was applying a structure-agency framework to investigate the mental health experiences of those claiming UC in Greater Manchester (GM). To this end, I identified three distinct yet interrelated themes that participants encountered within the overarching structural context of claiming UC, variously constraining and enabling the agency to manage mental health. The themes that I identified as part of the overarching UC structure were: *financial hardship*, *the UC claims process*, and *mental health and claims stigma*. I pursued the following linked objectives in my discussion of the mental health experiences of those claiming UC:

- To form a comprehensive understanding of the individual circumstances within which each participant was situated, focussing on any encounters with financial hardship;
- To investigate how these circumstances served to variously enable and constrain the availability of agency, and therefore the capacity to manage mental health;
- To explore how agency was affected when participants encountered additional potentially constraining and enabling influences as part of the UC claims process;
- To understand how mental health experiences and claiming UC contributed to stigmatic attitudes, and self-stigmatising appraisals, and the consequent impact to agency; and

- To identify the resources that participants drew upon within the overarching structural context of claiming UC, assisting in the agency to manage health.

The main body of this thesis is structured as follows: *Chapter 2* presents a literature review of topical research to date, opening with a discussion of health and poverty, which are closely linked in social research, broadly. The chapter then reveals how the welfare system has evolved into that which is represented by UC today; finally, focus is placed on how mental health has been investigated within the context of claiming the benefit. Extrapolating upon the overview offered above, *Chapter 3* explains why structure-agency was adopted as the theoretical framework to discuss the mental health experiences of UC claimants for this thesis. *Chapter 4* presents an extensive explanation regarding the methodological approach and research methods that were used to generate research data for this thesis. Finally, *Chapters 5* and *6* present a discussion of research data, identifying the unique contribution to knowledge offered by this thesis, concluding with suggestions for policymakers involved in the formulation and implementation of state welfare, and the direction that future research might take.

2. Literature Review

Hopefully reflecting the ambitious scope of the subject under scrutiny for this thesis, the research drawn upon to compose this literature review, (and subsequent chapters), is associated with various key academic disciplines. For example, in examining the policy detail relevant to the legacy of the welfare state and the implementation of UC, I drew upon work that may be considered foundational to the *social policy* discipline. I drew upon *psychological* understandings to develop my knowledge regarding the nature and symptomology of various mental health diagnoses, also incorporating key concepts such as *social capital* (Coleman, 1998) and *psychosocial* (Stenner & Taylor, 2008) understandings of behaviour, which may be considered to be traditionally *sociologically* aligned. Finally, while its origins may be traced again to *sociology*, prior investigations focussing on the concept and presentations of stigma prevail in various contexts, throughout a broad diversity of social science research (Golding & Middleton, 1983; Burke, 1991; Tyler, 2008; Brohan et al., 2010; Garthwaite, 2011; Chase & Walker, 2013; Baumberg Geiger, 2016; Patrick, 2016; Whiteford, 2017; Leyva, 2018; Scambler, 2018; Tyler & Slater, 2018; Wright & Patrick, 2019; Curran, 2020; Lister (2020); Scullion & Curchin, 2021).

This chapter presents an exploration of the UK's welfare system, from legislation that was passed following the Beveridge report, subverting the former Elizabethan Poor Laws, to reforms that are still in the process of being implemented. The introduction of UC and the challenges associated with, for example, the expansion of conditionality measures, were under scrutiny as I reviewed the respective literature, informing my overarching aim to investigate the mental health experiences of those claiming UC. The *literature review* was revisited periodically throughout subsequent stages of the research in order to ensure that the thesis remained up to date. Embarking on this chapter, several searches were made that aimed to collate the most relevant academic research in the area of interest. Table 1 below depicts the main search terms used at this stage of the project.

Term 1	and Term 2	and Term 3	and Term 4
Claimant	mental health	Universal Credit	Stigma
Or	Or	Or	Or
welfare recipient	mental illness	welfare reform	stigmatisation
Or	Or	Or	Or
benefit recipient	Health	welfare conditionality	marginalisation
Or	Or	Or	Or
Unemployed	Poverty	benefits sanctions	discrimination
Or	Or	Or	Or
Jobseeker	Attitudes	social security	Shame

Table 1: Primary search terms used for the literature review

Academic library searches were conducted on the University of Salford and the University of Manchester online library systems. Academic literature on the topic was heavily referenced from books and journal articles available both in printed form and from online repositories such as Cambridge Core, JSTOR, PsycInfo, MEDLINE, Science Direct, Wiley Online Library, Google Scholar, PubMed, and the University of Salford's own Institutional Repository (USIR). I also referred to government research and reports from inquiries, evaluations, green and white papers, and policy documents that were available from UK government websites. Finally, research council and research funder websites such as Economic and Social Research Council and the Joseph Rowntree Foundation were visited, and I referred to topical grey literature found in media articles available both in print, and from online sources.

In order to ensure that the literature held relevance to the subject of this research, some was excluded in the search; articles and journal entries over twenty years old were generally deemed less relevant. Though strict inclusion criteria for the literature search was not set, it was crucial to consider the year of publication of research articles and journal entries as this study concerns social policy measures which are representative of relatively very recent changes to the UK's welfare system. As such, the search included little literature over thirty years old, as this would have been at odds with the decision to reflect primarily upon the effect of changes to the welfare system since the mid-1990s. I explain why I decided to trace the origins of the UC system to this period in relation to its ideological underpinnings and specific aspects of its function (see: *Foundations of the welfare state* below*)*.

This thesis investigates the mental health experiences of those claiming UC, through the application of a structure-agency theoretical framework. I aimed to identify how individuals may be variously enabled and constrained in the exercising of agency to manage mental health, within the overarching structure of the UC system. Correspondingly, the themes *financial hardship*, *the UC claims process* itself, and *mental health and claims stigma,* were identified*,* with focus placed on how each affects agency, and therefore the capacity to manage mental health. Literature discussed in this chapter addresses these three themes.

Investigating financial hardship and health

For many individuals, challenges that exist in relation to financial hardship may impose constraints to agency prior to and during their claim for UC; as I explain, such adversities may precipitate the need to claim UC in the first place. This chapter opens with a discussion of the interrelated nature of financial hardship and health; those living through financial hardship are more likely to claim UC, and the health problems that arise in these circumstances frequently continue to encumber claimants - may indeed, be intensified - throughout the claims process.

The most deprived members of our society are recognised as being those most vulnerable to challenges associated with engaging with the benefits system and claiming UC (Hartfree, 2014; Cheetham et al., 2018; Cheetham et al., 2019; Carey & Bell, 2020); living throughout financial hardship may increase the likelihood of encountering the challenges associated with claiming UC. As such, understanding the interrelated nature of health and financial hardship may be considered an insightful starting point from which to explore mental health within the context of claiming, as it conveys how many of those with the greatest vulnerability to the challenges associated with claiming UC are situated. Further, this vulnerability exists for individuals living through financial hardship today, as well as throughout the era discussed in the next chapter which charts the formation of the UK's 'modern' welfare state.

Prior research has recognised that increased rates of poverty prevail in urban regions of Northern England, with the highest concentration of individuals on relative low income (19% of respective households) residing in the North of the country (Francis-Devine, 2020). Research into health interventions targeted at those living with poverty have attempted to build a more comprehensive understanding of the respective issues; however, social researchers frequently identify methodological limitations in carrying out research to measure the efficacy of interventions intended to alleviate health adversities (O'Mahen et al., 2013; Longhi et al., 2016; Lenze & Potts, 2017). Participants in research of this nature are often unable to attend study sessions, largely due to the challenges imposed upon those living through financial hardship; in turn this can implicate the veracity of the respective findings (Lenze & Potts, 2017).

To gauge the scale of poverty (when represented by health and social issues) and corresponding level of need, studies often adopt clustering techniques to generate statistical data that records the incidence of a range of relevant issues (Lignou et al., 2016). For example, Bellis et al. (2014) clustered the following health issues to understand how financial hardship is localised throughout the country: child poverty, teenage pregnancy, tuberculosis, mental illness, and smoking deaths. As well as these more explicitly physical health-related concerns, mental health issues have frequently been associated with living in a deprived urban environment. It has been found that those with additional mental health needs are more likely to live within a low income household than those with long standing physical illness (Cribb et al., 2018); this has partly been explained by the receipt of lower hourly wages and fewer hours worked, with the hourly earnings of healthy individuals and those with long term physical illness earning an average of 13% and 23% more, respectively, than those with mental health problems (Cribb et al., 2018). Psychiatric disorders, including, for example neurotic disorders (generalised anxiety disorder, depressive episodes), functional psychoses and alcohol and drug dependence, have consistently been found to occur with a greater frequency in those from a deprived background (Murali & Oyebodi, 2004).

As well as recording the number of low-income households to identify the prevalence of financial hardship within a given region, research has frequently drawn attention to the greater number of health and social needs identified (Braveman & Guskin, 2003; Garner and Bhattacharyya, 2011; Prior & Manley, 2017; Power et al., 2020). Social needs may relate to, for example: housing instability, fuel poverty, feelings of personal safety, food insecurity, and transportation (Billioux et al., 2017). In recent years, rising levels of health and social need have been met with reduced resources and social care services as the result of austerity and associated budget cuts (Lavalette, 2017). These cuts have been particularly impactful to more deprived areas (Beatty & Fothergill, 2014; Stuckler et al., 2017); a reality which is recognised as having contributed to the perpetuation and escalation of adverse health trends within these regions (Wickham et al., 2018).

When attempting to understand features of financial hardship beyond those which may be inferred from representative data (that which indicates rates of prevalence), it may be observed that deprivation in terms of social exclusion from wider society should be scrutinised with equal import to that which pertains to a lack of material resources. Gordon et al. (2010) drew upon Townsend's (1979) theoretical framework of relative deprivation as the foundation for their work to advance understandings of the nature, extent and causes of financial hardship in the UK over the past decade. According to Townsend, poverty precipitates deprivation, referring to an individual's lack of access to the living conditions and amenities which are considered customary, or widely acknowledged, within the society to which they belong. Continued exclusion from taking part in the very activities that might constitute ordinary participation within society, therefore, leads to circumstances of deprivation (Townsend, 1979).

As is elucidated upon in *Chapter 3: Theoretical Framework*, though this *redistributionist discourse* (Levitas, 2005) approach to understanding hardship and deprivation is in itself quite broad, it holds particular relevance within the context of this thesis as it alludes to the structural impositions inherent to circumstances of financial hardship, as well as the consequent effect that these impositions may have on an individual's personal agency; the freedom that they command in order to participate in society. 'Poverty trap' literature refers to self-perpetuating feelings of hopelessness that life will not improve, arising from the stress of living with poverty (Coates & MacMillan, 2020). Those within such circumstances may see their agency constrained from making decisions in response to longer term life goals because they are "cognitively overwhelmed" by the choices involved in meeting basic needs (Mullainathan & Shafir, 2013, p. 283); either paying for travel to work or for essential goods, for example. Without adequate resources to meet one's basic needs consistently, visions of fulfilling more substantive long-term ambitions may prove elusive.

Intersectionality in financial hardship and health inequality

Investigating the interrelationship between financial hardship and health, it is crucial to recognise that certain protected characteristics may predispose people to experience adversities relating to both health inequality, and financial hardship, with increased likelihood. Firstly, a continually growing body of literature has established the various ways that minoritised (Sewel, 2021) ethnic people in the UK show an increased risk of poor health, compared to White people (Byrne et al, 2020). While this may be considered unequivocal, the picture of why minoritised ethnic people in the UK experience poorer health is ever evolving, becoming more comprehensive and multifaceted in terms of recognising the drivers behind this stark inequity, as well as different societal elements at play, that may help to explain these differences. To provide an overview of the major health inequalities that have been recorded between ethnicities, various measures have been used. For example, it has been found that the infant mortality rate of minoritised ethnic children is far higher than that of white children (Bvumburai, 2021), higher rates of diabetes have been recorded, variably, throughout all non-White ethnicities, heart disease is generally more common amongst individuals of South Asian origin (particularly Pakistani and Bangladeshi people), higher rates of hypertension and stroke have been found to occur among African and Caribbean people, higher rates of sexually transmitted illness apparently prevail amongst Black Caribbean people, and finally, Black Caribbean and Black African people are more frequently admitted to psychiatric hospitals with psychotic illness diagnoses (Chaohan & Nazroo, 2020).

Despite the prevalence of these inequalities, it has been argued that investigations into ethnicity within a health care context have been marginalised and neglected in policy work for many years in the UK (Marmot 2010; Chaohan & Nazroo, 2020). The reason behind this omission is thought to originate from assumptions regarding the role of ethnicity in reflecting exceptional genetic and cultural differences, driving general differences in health (Chaohan & Nazroo, 2020). As well as this, assumptions that such differences simply reflect class inequalities and, therefore, associated socio-economic inequalities in relation to health

(Mullard, 2021), are commonplace. Socioeconomic inequalities, relating to ethnic marginalisation and health, were thrown into stark relief because of the Covid-19 pandemic, stimulating a breadth of research in this domain (for example: Bhatia, 2020; Otu et al, 2020; Keys et al. 2021; Cheshmehzangi, 2022). In recent years, recognition has been growing of the health impacts of discriminatory treatment, faced by minoritised ethnic groups in the UK. This discrimination includes that which is felt in wider society, but particularly the discrimination that occurs in the receipt of health care itself (Hui, 2020; Ajayi, 2021). While evidence suggests that equality of access to health care is standardised across ethnic groups (Chaohan & Nazroo, 2020), it has been found that minoritised ethnic people report a slower, less responsive (ibid) and inferior standard of care in the majority of General Practice services, with racism, discrimination, stereotyping and cultural incompetence identified throughout the National Health Service (NHS), regardless of the specific treatment or service being administered (Chaohan & Nazroo, 2020; Ajayi, 2021). Ethnic marginalisation is also reflected in the structural composition of the NHS itself as, although ethnic minority employees are overrepresented in the workforce, only 7% of NHS Trust board members are from an ethnic minority (Chaohan & Nazroo, 2020).

The additional vulnerabilities to health inequality that minoritised ethnic groups experience have been found to intersect with exposure to financial hardship; with these individuals being more likely to experience financial hardship than white populations (Edmiston, 2022). Indeed, compared to white people, minoritised ethnic communities are far more likely to reside in deprived areas of the UK (Chaohan & Nazroo, 2020). This is reflected in the higher rates of poverty that have been recorded among all minoritised ethnic groups, in comparison to the majoritised white population (Out et al., 2020), with minoritised ethnic households being twice as likely to live in poverty (Out et al., 2020). More specifically, of all minoritised ethnic groups, Bangladeshi ad Pakistani households have been recorded as experiencing the greatest risk of exposure to poverty overall, while simultaneously being more likely to be paid below the living wage (Chaohan & Nazroo, 2020). Indeed, the uneven distribution of poverty between different ethnic groups is a reality that Byrne and colleagues (2020) largely attribute to labour market distribution. To elaborate, it has been found that the workforce within low paid occupations are comprised of a far higher proportion of minoritised ethnic individuals (Chaohan & Nazroo, 2020). Furthermore, minoritised ethnic individuals are frequently paid below the minimum wage and are additionally vulnerable to exploitative labour practices (Selwyn, 2021). Finally, it has been found that, relative to the white population, Black people specifically are more likely to be in insecure work (Chaohan & Nazroo, 2020) while also having the highest rates of unemployment.

The above discussion concerns how minoritised ethnic individuals may be at a greater risk of encountering financial hardship along with, often interrelated, health inequalities. The third important dimension to consider in this discussion on intersectionalism, within this context, is gender. The reason that gender may be considered particularly relevant in this context is that women are statistically more likely to experience poverty (Payne & Pantazis, 2018; Byrne et al., 2020), a reality that is thought to originate from two key concerns: foremostly, women are paid less than men, on average per hour in the UK, with the accumulated amount earned throughout a lifetime also being, on average, far lower than the lifetime earnings of their male counterparts (Byrne et al. 2020). Secondly, and interrelatedly, earning levels are often negatively impacted by caring responsibilities, which occurs more often for women (ibid). This is further implicated when the pay gap is supplemented by a partner’s income within the same household; although this arrangement may provide financial security in the immediacy of one’s circumstances, this ‘dependability’ has also been found to contribute to the longer-term risk of gendered poverty e.g., where the relationship is in jeopardy, particularly when a separation occurs unexpectedly (Fahmy & Williamson, 2018). Bennett (2021) recently investigated the gendered impact of UC’s functionality, tracing some of the most significant issues that have arisen for women who claim UC to the system’s work first agenda. In particular, Bennett (ibid.) emphasised the impact of the gendered division of labour within the UK, evidenced by the disproportionately lower availability of work that is of an appropriate level for the skills and experience of women seeking part-time work. In turn, this significantly reduces the likelihood that women are able escape low paid work, compared to men.

Again bringing into focus how risks of exposure to financial hardship are increased when one experiences multiple intersectional determinants, simultaneously, it has been recognised that minoritised ethnic women are additionally likely to experience this kind of adversity (Pearson, 2019). For example, Black women are statistically more likely to be single parents and work in low paid jobs (Chaohan & Nazroo, 2020). Of particular relevance here, Black, Pakistani and Bangladeshi households specifically have been found to be more vulnerable to acts of welfare reform, including cuts to UC, because such households are generally more likely to have dependent children, within larger households (ibid). As is investigated to a greater extent in the latter part of this literature review chapter which investigates some of the gendered impacts of successive acts of welfare reform, women also experience increased vulnerability to financial hardship for multifarious reasons as they engage with the claims process (Bennett, 2021). Although intersectionality was not explicitly embedded within my research aims to investigate the subject at hand for this thesis, it is crucial to recognise that certain protected characteristics may predispose an individual to experience health adversities and financial hardship, including in the ways discussed above.

Social capital and financial hardship

Where challenging the above adversities is concerned, research often emphasises the importance of *social capital* (Coleman, 1998) as a mitigating influence on what are considered to be the health issues associated with financial hardship (Moore & Kawachi, 2017; Wiltshire & Stevinson, 2017; Annahita et al., 2019; Ehsan et al., 2019; Downward et al., 2020). Social capital refers to the importance of an individual's personal relationships (friends, relatives, acquaintances) and community networks, in potentially facilitating - or damaging (Villalonga-Olives & Kawachi, 2017) - access to positive health outcomes (Flores et al., 2017). A central focus of studies investigating the efficacy of health interventions (an approach which in itself can only offer a very modest glimpse at some of the issues associated with living with poverty), was, the impact of *weak* social resources, both in a precipitator and causal capacity, for those living with poverty (Batty & Cole, 2010).

Prior research suggests that the strength of social resources can serve a key predictor of long-term happiness, particularly amongst low-income families, with the benefit that income has on happiness apparently being diminished as a person becomes more financially stable, and the association between family support and happiness being stronger for those on a lower income (North et al., 2008). Daly & Kelly (2015) suggest that low-income families may benefit from the support offered by close relations in a material capacity to meet their most urgent, basic needs (including access to shelter and safety), but that emotional and psychological support is equally crucial in facilitating positive mental health. Literature has drawn attention to the way that engaging socially can act as a mediator between health management and structural constraints (Moore & Kawachi, 2017; Wiltshire & Stevinson, 2017; Ehsan et al., 2019; Downward et al., 2020), with social resources considered important to alleviating poverty within this field of study (Moser & Dani, 2008; Friedli, 2013; Brooks & Kendell, 2013).

In recent years, the assumption that social capital, within the context of hardship, will lead to substantial improvements to health, has been met with growing contention. For example, drawing on a wide evidence base incorporating 850 studies carried out over the past two decades, Shiell et al. (2020) assert that insufficient attention is paid to the structural constraints imposed upon study participants as they experience health adversities, in discerning the constituents of social capital. A greater emphasis should be placed, the authors argue, upon understanding the complex interaction between the systemic barriers that facilitate these constraints and the interventions designed to improve health outcomes, and this may be accomplished by drawing upon a breadth of insights from the various actors involved in this exchange (ibid). One may recognise that the availability of agency likely plays a key role in this exchange, with social capital constituting a resource to the individual in this regard, as they experience health adversity. Similarly, in this research, I present *social capital* as a key concept in relation to participant experiences (*see pages 69-71*), investigating whether it may constitute a valuable resource to enable the agency of individuals as they encounter the structure of the UC system, with sensitivity paid to financial hardship and exposure to stigma, situated within that structure. In order to understand how these various interactions may manifest, it is crucial to first understand what UC actually is: how it was conceptualised, and the reasons behind its implementation.

2.1 Policy Context

This chapter investigates how UC emerged as the most recent iteration of state welfare within the UK, by investigating its introduction within a historical policy context. Charting some of the key milestones in the development of the UK's welfare system, one begins to not only recognise the differences, but also appreciate where several striking points of similarity lie, between welfare policy of times past and that which is in place today. Further, the development of UC's ideological underpinnings may best be understood by situating its implementation in relation to historic welfare regimes, which may be characterised by their periodical, polemic shift between conditionality and universalism (Spies-Butcher et al., 2020). It is crucial to engage with this legacy as, in so doing, one is able to ascertain how the purpose and function of UC developed as the most recent manifestation of state welfare in the UK.

Foundations of the welfare state

The origins of modern welfare in Great Britain can be traced back to the Middle Ages, when Christian charity and monasteries provided relief to the poor throughout Europe, supplying amenities such as basic food and water provision, clothing, and in offering visitation to prisoners and the sick, as well as places of refuge for those seeking shelter (Spicker 2014). The dissolution of the monasteries following King Henry VIII's self-declaration as supreme head of the church in 1534 resulted in a lack of continued support for the poor, and consequently, Britain saw a sudden marked rise in rates of poverty throughout the nation. A decline in compassionate attitudes towards those experiencing poverty, having been derived from moralistic, Christian values espoused by monks and nuns prior to Henry VIII's reformation, resulted in a British society who placed responsibility for providing support and poor relief solely in the hands of the government.

In describing the journey of welfare in the UK, one takes stock of the ways in which similar provisions were available to a minority of the population prior to the inception of public welfare, thereby identifying some of its earliest influences. Shaping the government's initial approach to public welfare, one may consider the influence of the guilds, particularly the way they encouraged and perpetuated social division. Investigating social divisions of welfare and labour in the UK, Mann (1992) draws on the exclusivity offered by guild organisations from the twelfth century onwards. Guilds mainly existed as trade organisations (though a minority were primarily religious bodies), with the various forms of benefit they offered to their members including: provision for a proper burial, and donations for their widows, and, later, aid to the ‘deserving poor’. This welfare was only accessible to a relative minority of the population as it required a subscription fee which would be used for cover in the event of illness.

Gregg (1976) noted how, in the earliest instance, between the twelfth and fourteenth centuries, guilds effectively controlled the social division of welfare; a guild would seek to monopolise the trade in a town by encouraging membership from all those working in the same craft, thereby exercising exclusive control over the respective labourers. Further, guilds would often exclude individuals who were deemed ‘undesirable’; immigrants, for example - those of Jewish, French, or, most frequently Irish decent - or simply those migrating from one town to another. As the population of towns and settlements grew, so too did the role of guilds, which paid for the construction of schools and hospitals. Though this intervention contrasts markedly with the aid that would be offered by the state both by virtue of accessibility, and in terms of the variability of provisions offered by guilds from one town to the next, their encouraging of social divisions to inform eligibility would demonstrate a clear influence on public welfare for years to come.

The 1552 Elizabethan Poor Law Act attempted to gauge how prevalent poverty had become throughout Great Britain by officially recording the proportion of poor people in the general population. The urgency with which rising poverty levels needed to be addressed led to the subsequent 1563 Act, which introduced a three-tier system of categorisation of the poor to determine the mode of support individuals would be entitled to. The ‘deserving poor’ could receive ‘outdoor relief’ in the form of clothes, food, or money; this category was for the young, elderly, and infirm (Ginsberg & Miller-Cribbs 2005). The ‘deserving unemployed’ consisted of those who sought out, but had been unable to find, employment, while those who were categorised as ‘undeserving poor’ were recognised as criminals, thieves or beggars. The young ‘deserving unemployed’ of Elizabethan Britain had apprenticeships arranged with a view to lifting them out of poverty, while the ‘undeserving poor’ were ostracised members of the community; their begging was viewed as criminal activity, and punishments were extremely severe. Individuals unfortunate enough to be placed in this category were beaten as they crawled to their town's parish boundary; in cases of recidivism, they could be imprisoned or hanged (Spicker 2014).

For those living in poverty, the placing of blame with the individual as opposed to calling for change within society has a historical precedent whose origins date back to 17th Century England, with the evolving purpose and gradually increasing construction of workhouses across Great Britain. Workhouses primarily served two purposes when their use initially became more widespread: the 1601 Act of Relief for the Poor established each parish's legal responsibility for its own poor, and workhouses could save a region money by offering an alternative to outdoor relief (Longmate 2003). They also served as a deterrent to those able to work; in exchange for providing labour, individuals would be given board and lodging, but usually without receiving a wage (Carroll 2017). At this time, however, the workhouse did not necessarily represent a place of punishment, with reasonably comfortable living conditions being quite commonplace. However, the reputation of workhouses would change dramatically following 1834's Poor Law Amendment Act.

In 1832, the government investigated whether the economy was suffering due to the increasing financial strain of providing outdoor relief for the poor, with many believing that the support from each parish was leading to a population who were becoming 'work-shy', choosing to depend upon parish relief instead of seeking employment (Spicker 2014). An advocate of utilitarianism, Bentham proposed that to decrease the rate of those seeking relief from the state, the very act of claiming had to be stigmatised (Gash 1968). In response, the government sought to end all out-relief for the able bodied (formally the 'deserving unemployed') and in the late 1830s, Poor Law Unions, which replaced town parishes, oversaw the construction of hundreds of union workhouses across the nation.

An interesting parallel may be drawn between the Elizabethan system of categorising 'the poor' and some of the eligibility criteria in place for receiving means-tested benefits today; the terminology used to classify a 'deserving' and 'undeserving' poor (Manstetten, 2020) may strike a chord of recognition in terms of UC's functionality (Garnham, 2019). To propose an extended allegory, when the Elizabethan Poor Law of 1601 was passed, itself the culmination of several preceding acts of parliament, a poor rate was introduced that bears comparison to features of the modern system, with the implementation and function of so-called ‘overseers of relief’ (Hindle, 2004) resembling today’s benefits assessors. The role of these overseers to “set the poor to work” (Fishman, 2005, p. 21), certainly brings to mind the ‘work first’ (Bambra & Smith, 2010; Grover & Piggott, 2013) agenda set out in the Welfare Reform Act 2012, to, “[…] reduce poverty, worklessness and welfare dependency” (Makowiecki, 2014, p. 243). The notion of a benefits recipient becoming dependent upon the state instead of working for an income, or, as former Chancellor of the Exchequer George Osborne put it, receiving benefits as “a lifestyle choice” (Osborne, 2010), echoes Bentham’s rationale behind narrowing the eligibility for state welfare when the Poor Law Amendment Act of 1834 was passed.

It was partly considering the abovementioned rhetoric, adopted by the government to justify the introduction of UC, that I was motivated into conducting this research into current experiences of engagement with state welfare, and how this engagement may be perceived through a mental health lens. By engaging with individuals who claim UC, it may be possible to interrogate the notion that the benefit is claimed as part of a ‘lifestyle choice’, and not as a matter of necessity; again, this may be achievable by establishing the context that exists for each individual as they claim. The perception that claiming UC might offer a viable alternative to paid work may be viewed as particularly contentious when one considers that the most enduring feature of the Poor Law Amendment Act 1834 is arguably its principle of ‘less eligibility’. This tenet dictates that those who are in receipt of ‘poor relief’ must never receive an amount greater than that of the lowest paid worker; a guiding principle that has underpinned social security to the present day (Rudd, 2019).

The aforementioned 1834 reforms, or collectively ‘New Poor Law’, implemented the workhouse test; an administrative device which officials could use to determine the level of relief an individual would be entitled to on entering the workhouse. Under this regime, conditionality was not used to decide whether relief would be granted - indeed, relief officials could not refuse to provide outright - however, an individual’s obtaining of relief may have been contingent on their committing to a period of labour in the workhouse, enduring the purposefully, intensely unpleasant conditions (Crowther 1992). Union workhouses quickly gained a terrible reputation amongst the public for their cramped sleeping arrangements, poor sanitation, and very basic food provisions, as well as intensive, monotonous labour (Higginbotham 2014). The intended purpose of the union workhouse as a place of deterrence for the ‘able-bodied pauper’ was soon fully realised. By the 1850s, it became apparent, however, that workhouses were not populated by a majority who were unwilling to work, but instead housed a growing number of elderly, infirm, and the physically or mentally ill (Higginbotham 2014).

The Liberal government of the early 20th Century brought in several acts of reformation that can be recognised today, albeit in an evolved form. The 1909 Labour Exchanges Act introduced labour exchanges, which now exist in the form of Jobcentres, while the 1906 Education Act introduced free school meals to students (Gladstone et al 1999). Britain’s *1911 National Insurance Act* is widely considered to represent one of the world’s first compulsory unemployment insurance programmes and functioned on the basis of a contributary system; the result of employers and workers in capital-intensive trades forming an alliance but excluding a large proportion of the population who worked in respectively more labour-intensive trades (Hellwig, 2016). Over the subsequent decade, the scope of National Insurance was expanded to encompass a greater breadth of trades, culminating in the 1920 and 1921 *National Unemployment Insurance Acts* so that the scheme covered all manual workers (and lower earning non-manual workers), in all trades and industries apart from agriculture and domestic service, permanent civil servant and pensionable schoolteachers (Hilton, 1923). The way the UK was governed during this period earned it the reputation of laying the foundations of a ‘social service state’, as policy sought to create an infrastructure of public services offered outside of relief provided by the Poor Law. The aim of disengaging with previous legislation was to avoid stigma associated with pauperism; an issue that is still of concern for benefits claimants today. As will be explored in greater depth later in this chapter, recent studies indicated that 10-12% of claimants feel ashamed of receiving a benefit, while as many as 27% feel that others should feel ashamed of receiving state welfare (Baumberg 2016).

The policies introduced following the Beveridge Report of 1942 are often regarded as representing the most fundamental transformation to modern welfare in the UK. The reason changes brought by the Beveridge Report were especially significant was due to them constituting such an acute shift to the principles that had been attached to ‘welfare’ to establish a new, universal system. In terms of constituting a ‘safety net’, social reforms were established at this time that led to a gradual increase in economic equalities throughout the nation, forming the basis of Britain's welfare state as it may be recognised today (Thane, 2016). As observed by Burns (1943), soon after the Beveridge Report had begun to attract widespread interest both in the UK and from economists worldwide, the relatively simple concept of providing a free medical service for all, and the right to employment, saw mass appeal congruent with post-war idealism, with the populous yearning for a better, fairer, world. Acts passed by parliament under the Labour government from 1946 to 1948 essentially, put into legislation the principles set out by the Beveridge Report, and in 1948 the National Assistance Act officially abolished the former Poor Laws. While the former Poor Laws provided a response to issues around poverty, the principles behind the welfare state granted citizens of the UK entitlement to standardised health care and employment as a right, regardless of their status (Renwick, 2017).

An era of acceptance of the implementation of these reforms lasted for several decades, with a succession of both Labour and Conservative governments broadly supporting a mixed economy that imposed high taxes on the rich to redistribute wealth, generally sought to reduce inequality throughout the nation, and continued to facilitate a comprehensive, universal state welfare system (Dorey, 2014). High inflation, rising unemployment, and escalating strike action marked an economic crisis in Britain during the mid-1970s; this, along with a growing emphasis on the state's perceived role in cultivating a culture of dependency led to the emergence of the 'New Right' political movement, which would herald a sea change in the way that social security would be implemented (Jenkins, 2007). It was not until 1979, under Margaret Thatcher's Conservative government, that Britain effectively saw the beginnings of a reverse to the economic equalities introduced since 1945, with a dramatic shift in social policy due to welfare state retrenchment; asserting that spending had escalated during previous administrations, state expenditure on social assistance was reduced by 7% between 1979 and 1989 (Scott-Samuel et al., 2014). Policy reforms implemented during Thatcher's premiership are widely considered to have impacted upon social determinates of health inequalities throughout Britain, up to the present day (Wilkinson, 1986; Moser et al., 1984 cited in: Scott-Samuel et al., 2014).

Poverty rates rose from 6.7% in 1975 to 12% in 1985, and class divisions widened dramatically due to high unemployment rates and a substantial increase in income inequality (Ginsburg, 1992). The era saw an increasing incorporation of business interests in the management of the welfare state, with private sector management principles as the driving force. The Black Report (1980) was key in bringing to light the relationship between health inequalities and structural and material inequalities pervading society at the time; the report emphasised the urgency with which an increase to expenditure on welfare benefits, and action to reduce child poverty, needed to be implemented to address these issues (Gray 1982); findings which were initially suppressed and marginalised by Thatcher's government, before recommendations in the report were summarily and consistently rejected (Scott-Samuel et al., 2014). Despite launching a campaign that denounced growing private interest in the public sector that had been cultivated under Thatcher's government (Shaw, 2007), upon entering office, New Labour's economic policy continued the commitment to low inflation in order, the government proposed, to facilitate the demands of a changing global economy (Oakley, 2012), advocating the "inevitability (and) desirability […] of neo-liberal globalisation" (Jessop, 2003, p. 7). Exploring New Labour's economic policy is elemental to understanding their approach to the welfare state; their being 'merged' was central to the party's 'New Labour, New Life for Britain' manifesto and doubtlessly fundamental to their securing of the vote in the 1997 general election (Hills, 1998).

Previous Labour governments adopted a Keynesian approach to implementing state welfare, striving for equality in pursuit of working-class interests and seeking to redistribute capitalist wealth to aid the poor (Driver & Martell, 1998). New Labour were proponents of a so called 'third way' in political ideology, introducing policy they claimed would transcend the left/right diametric. Central to this stance was the linking of economic efficiency and social justice; enabling policies to tackle poverty including the introduction of the National Minimum Wage (NMW), which was introduced in April of 1999 (Stewart, 2004). In the years since its introduction, a growing body of research has established how the NMW has positively engendered the alleviation of poverty in discrete ways, specifically, the NMW has been linked directly with increases to both the real and relative pay of low-income workers, while also contributing to the narrowing of the gender pay gap (Hafner et al., 2017). Further, *child tax credit* and *working tax credit* were introduced in April 2003, designed to: simplify the system of financial support for parents, with entitlement being means tested against household income, and provide financial support for working adults in low-income households (with annual incomes below £5,060), respectively (Brewer, 2003). The 'welfare-to-work' programme (Powell, 2000) was introduced as a means of providing access to, and incentivising the acquisition of, skills and training, to alleviate financial hardship and strengthen labour market integrity. This approach may be seen as reflecting a wider international trend in labour market policy (Dwyer, 2004), especially with respect to 'Activation' and 'Activation-Plus' regimes adopted by governments in central Europe, the US, and Australia since the 1990s (Deeming, 2017), which, broadly speaking, seek to replace welfare with 'workfare'; the proposal being that lower benefits will act as an incentive to drive people into work and reduce long term unemployment (Goetschy, 1999). Of particular relevance to these discussions, Wright (2016) identified two broad and contrasting constructions of the 'active welfare subject', alternately; 'becomers', and 'beings', depending on the dominant model that presides over a given welfare regime (which is frequently era dependent). In sum, the former, 'becomers' may be considered as the prevailing model since the late 1990s to the present day and regards those who receive welfare benefits as passive and deficient, necessitating transformative intervention in the form of engagement with the welfare system in order to become 'active'. Contrastingly, the model of 'beings' credits welfare recipients as competent (or, already 'activated'), yet disempowered and therefore in need of intervention to reassert their voices and interests (ibid).

Under the above mentioned 'workfare' regime, the welfare system would be committed to education and training in order that the UK could compete economically in the global marketplace (Jessop, 2003). Partly in pursuit of this overarching agenda, Jobseeker's Allowance (JSA) - initially a Conservative policy - was introduced in 1996. Under JSA, claimants were placed within two distinct groups; according to whether or not applicants had sufficient work histories, the benefit would either constitute a) means-tested social assistance, as *Income-Based* JSA, or: b) social insurance, as *Contributions-Based* JSA (Manning, 2009).

Notably, JSA also implemented 'welfare conditionality' (Dwyer, 2004), referring to the behavioural conditions that must be met - in this context, either seeking out work or voluntary experience, or receiving education or training - in order to receive cash benefits, housing, or support services (ibid). Noncompliance with welfare conditionality results in sanctions being imposed as a punitive measure to monitor unemployed claimants. In October of 2012, there was a dramatic increase in the severity and complexity of the sanctions regime (see: *Appendix. A*). Although conditionality was not a new concept, its targeted implementation in this capacity signified a change to its use. As is elucidated upon in the next part of this chapter, this new use of conditionality would be a primary influence in the conception of UC.

Recent implementations of welfare conditionality

Clasen & Clegg (2007) characterise recent shifts in the implementation of conditionality at three distinct 'levels': *category* (group membership granting access to benefits e.g. being unemployed to access unemployment benefits; having a disability to access incapacity-related benefits), *circumstance* (specific 'means-tested' eligibility and entitlement criteria) and *conduct* (behavioural requirements that must be maintained for ongoing eligibility), each of which may be 'loosened' or 'tightened' ('levered') through reform to social security provision. In understanding the function of a specific conditionality regime through its 'levels and levers', Clasen & Clegg (2007) assert that one is granted an insight into social citizenship, namely the relationship between civil rights and responsibilities. The targeted use of conditionality in JSA in the mid-nineties, for example, saw heavily punitive measures imposed upon those who rejected participation in these 'New Deal' initiatives; *benefit sanctions* were swift and severe, and could result in the loss of benefit entitlement (Purdy, 2000). *New Deal* programmes were introduced as part of New Labour's welfare-to-work strategy in 1997, emphasising recruitment subsidies in pursuit of preventing long-term unemployment (Jarvis, 1997). The scheme was piloted with the *New Deal for Lone Parents* in July 1997, with advice on benefits provided, as well as child-care, training and job search techniques. It was then expanded to the *New Deal for Young People*; work experience and training was offered to reduce the risk of long-term unemployment, in targeted areas in January 1998, with the scheme available nationally in Autumn 1998 (ibid).

Once again, the emphasis on driving claimants into work was less pursuant of social justice and welfare as a right of the people, in line with historical Labour Party ideology. Instead, this stance related closely to the New Right, embracing the notion that state welfare should only serve to incentivise life *off* benefits, controverting alleged dependency (McAnulla, 2006 in: Oakley, 2012). Similarly, though the *New Deal* welfare-to-work scheme was initially aimed at the young unemployed, it was soon expanded to include other populations who had access to fewer employment opportunities and little financial security, such as the older unemployed, lone parents, self-employed people, and disabled people (Myck, 2002). The ideological assumption that responsibility over circumstances of hardship should be placed primarily at the individual level closely relates to Moral Underclass Discourse (MUD), which identifies “moral and behavioural delinquency” (Levitas, 2005, p. 7) as the cause of dependency on state welfare.

One may trace perspectives of this nature to primitive, yet evidently still-influential, ideologies espoused by prominent American theorists and political scientists throughout the eighties and early nineties, particularly Lawrence Mead, with his discussions of “passive poverty” (Mead, 1991, p.6), for which he attributed an attitude of defeatism to economic hardship, as opposed to a lack of job opportunities. Similarly, Charles Murray described a culture of dependency as characterising an ‘underclass’; those who lack the necessary skills, employment or wealth to achieve an ordinary standing within society (Murray, 1990). One may critique MUD on two important accounts: firstly, it fails to properly consider drivers of financial insecurity that exist beyond the individual’s control. Secondly, and interrelatedly, reducing the complex adversities that affect a considerable proportion of the population to evidence of individual ‘failure’, offers little scope for meaningful resolution; the ideology better facilitates the apportioning of blame and assuagement of responsibility on the part of the state, than it does offer interventional measures. Further, it is important to consider that many individuals experiencing mental health adversity and claiming UC will also be going through considerable economic hardship. Implementing a structure-agency framework to understand these experiences, one is positioned to ascertain the extent to which claiming benefits may be precipitated by circumstances beyond the individual’s control, as represented in familiar structural constraints. Again, this approach seeks to challenge the notion that claimants receive UC as a ‘lifestyle choice’ (Trade Union Congress, 2011).

Due to their shared commitment to conditionality, it has been argued that where New Labour policy demonstrated a contrast to the former conservative government was less in ideological substance, than in policy detail (Watts & Fitzpatrick, 2018). Gray (1998) highlights an important distinction between the two parties’ approaches to the welfare state: though both were committed to implementing conditionality, emphasising the personal responsibility of each claimant to find work, while the former delivered policy that aimed to deter individuals from claiming benefits in order to compel their seeking employment with the least government expenditure to this end, New Labour acknowledged the government's role in ensuring individuals would receive the appropriate skills to do so. The legacy of the welfare system in the UK is complicated and varied, represented by a series of milestones that both contrast with, and offer several notable points of comparison to the system that is in place today. In particular, the conditionality regime central to UC may have evolved from its targeted use in the 1990s; however, the severity of its punitive measures and the pervasiveness of its reach (Simpson & Patrick, 2019) are unique to its current function, as is explored in the next chapter.

Welfare reform and financial insecurity

The final this section of this chapter investigates the broader context of welfare reform in the UK, into which UC was introduced. The reason that this context of broader welfare reform is of such import, is because many individuals who currently claim UC will have already contended with acts of welfare reform that preceded or continue to be enforced at the same time as, the UC system. To clarify, by 2024 it is predicted that 2.6 million households will have transferred (or 'migrated') to the UC system from one or more of the previous 'legacy' benefits that UC replaces (DWP, 2022a). With this in mind, many individuals claiming UC will have already been faced with challenges related to prior acts of welfare reform. This thesis investigates how mental health is experienced by those engaged with the UC system specifically, representing as it does the most recent iteration of the 'welfare state', with specific aspects of UC's function under scrutiny. Accepting this as my overarching aim, I recognise that former acts of welfare reform will likely have already presented significant challenges to a number of current UC claimants.

Research suggests that between 2015 and 2019, the UK's poorest families with children lost over 12% of their net income because of the various tax and benefits reforms (Hood & Keller, 2016); reforms that occurred while UC was still in the process of being rolled out across the nation. As a result of the cumulative impact of welfare reforms since 2012, including under-occupation (because of the 'Removal of the spare room subsidy'[1], commonly

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[1] Housing Benefit entitlements are reduced for people who have a spare bedroom e.g. if a single occupant rents a two-bedroom house, the amount they receive to pay towards their rent will be reduced by 14%.

referred to as the ‘bedroom tax’), local housing allowance[2] (LHA) reforms, council tax support localisation[3], and the benefit cap[4], working age households lost weekly earnings equalling an average £ 23.02 per week by November 2016 (Policy in Practice, 2017). This equates to 4.4 million households in the UK having lost support following the localisation of council tax, with the introduction of LHA leading to an average £50 reduction to income per week, and the benefit cap seeing households lose more than £60 per week. Further, because of the ‘Removal of the spare room subsidy’ in 2013 (DWP, 2013), many of the UK’s poorest families living in social housing lost an average of £12 per week (at the time that I undertook this research, since having risen to £15).

Changes to direct tax and benefit policy - the greatest impact of which follow cuts to working age benefits - are predicted to directly increase income inequality and rates of poverty throughout the UK for years to come. Due to the nominal benefits freeze, which effected most rates until 2021, and in line with higher forecast inflation (Hood & Waters, 2017), the real term value of benefits has fallen by 7.5% since 2009 (Rowlands, 2022), while the resulting income inequality has already been intensified by the reduction to Work Allowance (the amount that a UC claimant can earn before their benefit begins to be withdrawn), increasing the number of low income parents in ‘inertia’; getting stuck in jobs which offer very limited scope for progression, or disincentivise their seeking employment altogether (Finch, 2015). Discussions of this nature resonate strongly with ‘poverty trap’ literature; Gugushvili & Hirsch (2014) refer to the poverty trap within the context of disincentivised employment. The ‘taper rate’ - benefits entitlement becoming less generous as income increases - may result in the individual being worse off in work, especially as they may be required to start paying tax, as well as potentially losing eligibility to other targeted service or benefits such as education fee waivers, free prescriptions, and social housing (ibid).

O’leary & Simcock (2019) highlight how a fourfold increase in the number of homeless households from the private sector directly coincided with the introduction of LHA, and

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[2] Local Housing Allowance is the amount of Housing Benefit that is available for tenants who rent from private landlords and differs between localities.

[3] ‘Council tax localisation’ shifted administration and design of council tax support from central to local government.

[4] This refers to the upper limit on the amount of benefit a household can receive.

subsequent acts of welfare reform between 2011 and 2016. In the intervening years, the 'benefit cap' has continued to be set at £20 000 per annum (outside of London) (DWP, 2020c); therefore, well behind inflation, which is averaged at 2.7% per year (Bank of England, 2021). Furthermore, various frequent changes to the benefits system have resulted in a loss of income for claimants in very different circumstances over the past five years, for example: Work Allowance has been cut entirely for non-disabled households without children (DWP, 2015); in 2016 the Housing Benefit *'family premium'*[5] was removed, and backdated payments of Housing Benefit were reduced from a maximum of six months, to 1 month only; in 2017, the minimum amount that a person in work had to earn to avoid being subject to the benefit cap was effectively increased from £430 to £520 per month; parents with a youngest child aged three and above were required to look for work in order to fulfil their entitlement for UC, and perhaps most controversially (Hirsch, 2020); the 'two-child limit' was introduced to UC, meaning that Child Tax Credit would not be granted to the third (or subsequent) child born into a household after April 2017.

Interrelatedly, and perhaps standing as the most alarming statistical measure of the direct impact of welfare policy implemented under the Coalition and Conservative governments since 2010, the number of children living with poverty in the UK has risen sharply from 3.7 million in 2013-2014 (Wickham et al., 2016) to 4.2 million (or 30% of all children) in 2020 (Francis-Devine, 2020). Widely predicted to be a contributory factor to the projected increase in child poverty, the aforementioned 'two-child policy' has resulted in an annual loss of £2780 for each additional child (Machin, 2017), predicted to rise to a loss of £3000 by 2023 (Corlett, 2019). Furthermore, the rate of Child Benefit (CB), beyond the first child, is worth less now than when it was first fully introduced in 1979 (ibid). To elaborate, in January 2013 the *High Income Child Benefit Charge* (HICBC) was introduced, with CB being progressively withdrawn from higher income households (those earning above £50 000), and removed entirely for households earning over £60 000 (Mari & Keizer, 2023). According to the parliamentary report that was published at the time that these changes came into effect, the intention was to provide for CB to be "clawed back through the tax system from families where the highest earner has an income above £50,000" (Seeley, 2023, p. 5). Since the

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[5] Previously, this meant that claimants who became responsible for a child under 16 would be granted entitlement to the full amount of Housing Benefit available.

introduction of the HICBC, there have been concerns raised about the high number of taxpayers charged penalties for not registering their liability to pay this through their tax return. As well as this, the £50 000 threshold has not been raised since 2013, therefore behind inflation (*ibid.*). Where these findings hold particular relevance to my own research is in their indicating a disproportionate impact to specific groups who have engaged with the benefits system; here, one recognises the financial losses that have been incurred by claimants with childcare responsibilities. These impacts disproportionately affected lone parents, and are considered to be heavily gendered because 90% of this demographic is female; lone mothers have lost up to a fifth of their net income as the result of UC implementation, equating to an average of £400 per year, compared to an average loss of £30 per year for men (EHRC, 2018 in: Richards-Gray, 2020). This illustrates how there are inevitably individuals whose circumstances predispose them to the challenges associated with claiming UC with increased vulnerability, already contending with the financial impact resulting from prior acts of welfare reform and associated policy measures.

Research may draw upon a range of perspectives to discern whether certain groups experience financial insecurity that is related to their specific circumstances as they engage with the benefit system, including, as above, the financial pressures imposed upon lone parents. Correspondingly, qualitative research concerning this specific population has been carried out, to investigate how these impacts are felt. A dedicated report from the major interuniversity *Welfare Conditionality: Sanctions Support, and Behaviour Change* analysed longitudinal study data comprising in-depth interviews with lone parents to investigate their perceptions of claiming UC as they managed childcare responsibilities (Johnsen & Blenkinsopp, 2018). The report highlighted positive aspects - as well as substantial limitations - in UC's efficacy to motivate people into finding work, including discussions of the financial impacts incurred throughout this process. The utility in qualitative research of this nature lies in its capacity to provide an in-depth understanding of discreet aspects of the UC system to inform future policy, so that the system better meets the needs of those who claim it. As a facet of these investigations, mental health is often found to be implicated at various stages of the claims process. Where my own research may be seen as differing from (and complementing) prior study, is in its application of a mental health lens to investigate *any* interrelationship between claiming UC and mental health, as identified by participants themselves.

2.2 The Introduction of Universal Credit

This second literature review section introduces the various interrelated themes and concepts pertinent to the research aims of this thesis. In broad overview, prior research is discussed under subheadings relating to *financial hardship*, *Universal Credit*, and *stigma*. The chapter concludes by explaining how my thesis proposes to respond to identified gaps in the literature; namely, the relative paucity of qualitative research that adopts a mental health lens to offer an investigative, claimant-led perspective on engagement with the UC system. Further, while a growing body of qualitative research *has* drawn on claimant perspectives to understand how mental health may be experienced in relation to discreet aspects of UC, the uniqueness of my own work is marked out by its application of a structure-agency theoretical framework to conceptualise and advance understandings of such experiences (see: *Chapter 4 Theoretical Framework*).

Universal Credit: ideological assumptions, punitive conditionality

Universal Credit (UC) was introduced by the UK's Conservative-Liberal Democratic coalition government in 2013, legislated in the Welfare Reform Act 2012. UC was intended as a substantive overhaul of the benefits system, widely regarded as constituting the single most significant act of welfare reform since post-war Britain (Royston, 2012). UC replaces four means tested benefits (Jobseeker's Allowance, Housing Benefit, Employment and Support Allowance, and Income Support) and two tax credits (Working Tax Credit, Child Tax Credit). As Millar & Bennett (2016) explain, the distinctive features of UC may be identified in three domains related to 1.) the underlying assumptions that it is 'like work'; 2.) the specific design architecture of the benefit; and 3.) how it seeks to transform the values of claimants and modify their behaviour. Firstly, UC is paid directly into the bank account of claimants, with the government's rationale being that this mirrors the terms of an employment contract[1]. Secondly, interrelatedly, UC is paid in arrears in a single monthly payment, based on a monthly assessment period (ibid); again, the monthly dispensation is intended to reflect the receipt of wages earned in an employment cycle. Thirdly, the ideological assumption of engaging with UC is that claimants will become more independent, including by learning to

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[1] Claimants in Scotland can opt to have the housing element paid to their landlord.

manage their finances and budget responsibly. Principally, this is to be achieved by a drive to enter employment, partly incentivised through UC's enhanced conditionality regime.

A further aspect of this drive towards independence concerns arguably the most overt changes (in comparison to prior benefits) to the function of UC; the implementation of the digital claims process. Most UC claimants are expected to manage their claim using the internet via the UC online 'journal' (Griffiths et al., 2020). This facility can be accessed through various platforms, including via the smartphone app, on tablet, or computer. *The UC Journal* provides a historical record of each claimant's actions, messages, and payments; the self-management of one's UC claim using this system is expected (Griffiths, 2021). Since its introduction with the Welfare Reform Act 2012, up to the present day - with UC having now been fully 'rolled out' across the UK (DWP, 2022a, p.11) - each of the three aspects of UC outlined above have been recognised as resulting in far reaching, perhaps often unintentional consequences for claimants (Millar & Bennett 2016), for multifarious reasons. Correspondingly, issues with the UC system in relation to the three above domains have frequently been problematised in the literature, as will be examined in close detail throughout the remainder of this chapter.

At its early stages, the introduction of UC was purportedly met with positivity from non-political organisations such as The Institute for Fiscal Studies, and charities including Citizen's Advice (DWP, 2010; Foley, 2017). The core principle of simplifying and consolidating the multifarious, disparate elements of the benefits system into one "streamlined" (DWP, 2010, p.4) system attracted cross party-political support (Wright, 2012; Sainsbury, 2014). Further, UC's purported aim of facilitating for claimants a smooth transition from unemployment to (re-entering) work, with enhanced financial incentives to do so (Stinson, 2019), was viewed as laudable, and commentators anticipated its implementation with keen intertest (Brewer et al., 2012; Tarr & Finn, 2012).

Again, UC has now been fully "rolled-out" across the country (DWP, 2022a, p.11) after having faced numerous delays (National Audit Office, 2018), while the "managed migration" (Social Security Advisory Committee, 2018, p. 1) of individual claimants transferring from legacy benefits onto UC is anticipated to be completed by September 2024 (UK Parliament, 2020). In the years since its implementation began, much criticism has been directed at the limitations of the UC system to meet the needs of those who would most benefit from an adequate safety net, namely members of society experiencing financial insecurity and living in circumstances of poverty. Arguably, upon examination of rhetoric adopted by the government at the time, indications of this outcome appear nakedly apparent.

Indeed, one predicts that the legacy of the 2010 to 2015 Conservative and Liberal Democrat coalition government will be marked in large by its focus on implementing a particularly rigorous, and many have argued particularly ruthless (Slater, 2012; Millar & Bennett, 2017; Dwyer, 2018; Cheetham et al., 2019), campaign of welfare reforms culminating in the introduction of UC. Set out within the Coalition Government's White Paper *Universal Credit: welfare that works* (DWP, 2010), the foreword by then Secretary of State for Work and Pensions (and key figure in the conception of UC) Iain Duncan Smith, stated that the implementation of UC would, "*tackle poverty, worklessness and welfare dependency […] overhauling the benefit system to promote work and personal responsibility",* representing long overdue welfare reform in response to, "*welfare dependency (that) took root in communities up and down the country, breeding […] intergenerational poverty"* (Smith in: DWP, 2010, p. 1). With these objectives, the government established its position that poverty could be alleviated with the introduction of UC; at its most fundamental level, the new benefit would liberate people from poverty by steering them into work. One may extrapolate from the above premise that those who continue to live in poverty, therefore, have been unable, or, as the use of language pertaining to 'worklessness', 'personal responsibility' and the general rhetoric heavily implies, or unwilling (through the demonstration of work-averse behaviour) to enter employment (Garthwaite, 2011; Wiggan, 2012; Sainsbury, 2014). Arguably, punitive measures associated with UC's welfare conditionality regime are enforced when claimants' adversities remain unresolved, as though demonstrative of personal failing, regardless of a wide variety of external influences (Slater, 2012; Millar & Bennett, 2017; Stinson, 2019; Wright & Dwyer, 2020; Hardie, 2021).

Sanctions are in place as a punitive measure for those whose progress in seeking and maintaining employment is deemed inadequate (Daguerre & Etherington, 2014). When an individual first begins to claim UC they are assigned a Work Coach who sets out their (usually 'work related activity'-based) responsibilities in the *Claimant Commitment* (DWP, 2022b), noncompliance of which results in a the possibility of a sanction (partial or total cessation of payments) being issued at four different levels. Lowest level sanctions are issued when an individual does not attend a work-focused interview and lasts until they fulfil this requirement. Low level sanctions last up to a month and are issued for what are considered minor ‘infractions’ such as non-attendance to a training course. A medium level sanction can last up to three months, issued when, for example, an individual has been unable to secure additional work to increase their earnings (when issued with a ‘work search requirement’). Finally, higher level sanctions last up to a total of six months and are issued when, for example, an individual refuses a job offer (ibid). As has been established, conditionality and the use of sanctions were first implemented under JSA; however, the enhanced conditionality regime at the heart of UC (Dwyer & Wright, 2014; Reeve, 2017) has stood as one of its most controversial elements, with research strongly suggesting negative impacts to health, particularly mental health (Walton, 2018; Dwyer et al., 2019), as the result of financial hardship and intense scrutiny from benefits assessors[6] (Cheetham et al., 2019).

Adversities related to punitive conditionality measures peculiar to UC largely derive from crucial differences between the way sanctions functioned under JSA, and how they function under UC. Where sanctions were implemented con-currently under JSA, the UC regime lengthens sanctions by their being consecutive (DWP, 2021). Sanctioned UC claimants must also demonstrate ‘compliance’ for seven days before applying for a ‘Hardship Payment’[7], with the added requirement that they reapply every four weeks. The stringency with which sanctions were applied in the years following UC’s initial implementation drew heavy criticism within parliament, as well as from academics and campaigners (Kentish, 2019); punitive conditionality measures for UC claimants are now less severe, as signified by the reduction to the average duration of sanctions: 29 days in January 2020 (DWP, 2020b[8]), compared to 63 days in June of 2017 (DWP, 2017a), when the regime was most severe.

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[6] 6 It should be noted, however, that ‘capability for work’ assessments became part of the disability benefit process when Employment and Support Allowance (ESA) was introduced in 2008.

[7] Hardship Payments exist for individual claimants, their partners, or children who would suffer hardship from a reduced UC amount as the result of being sanctioned. This payment is usually a ‘loan’, incurring debt, and results in a reduction to subsequent UC instalments until it is paid back (UK Government, 2022c); it has been argued that, in effect, this substantially lengthens sanction durations (Webster 2017).

[8] This is the most recent available data concerning sanction durations (see: DWP, 2022f, Updates on suspension of measures).

Further, the rate at which the 'Universal Credit Advance'[9] is repayable has been set at a maximum 30% deduction to monthly instalments (Sandhu, 2019). Finally, and perhaps most substantially, in concord with findings by the Work and Pensions Select Committee that outlined the counterproductive nature of three year sanctions (House of Commons, 2019), former Work and Pensions secretary Amber Rudd announced that six months would serve as the maximum term for higher level sanctions (UK Parliament, 2019; DWP, 2021).

Particular groups of people, including lone parents (Whitworth & Griggs, 2013), sick and disabled people (Dwyer & Wright, 2014; Dwyer et al., 2016; Wright et al., 2018; Cheetham et al., 2019), offenders (Fletcher & Wright, 2017; Povey, 2018) and migrants (Dwyer et al., 2019; Shutes, 2016), have been targeted for specific conditionality measures. Research indicates that benefit sanctions have become increasingly associated with driving demand for low-income households to seek alternate means of supplementing necessities, which has been found to partly explain the increased demand on food banks (Lambie-Mumford & Green, 2015). As a point of contrast, Nolan (2011) argues that imposing sanctions can improve a country's economic prospects by driving people into employment; furthermore, that a reduced number of entitlements being awarded decreases welfare state expenditure and strengthens the labour market, including for disabled people. One may grasp the rationale behind implementing UC to stimulate the labour market; however, investigating the labour market activity of 346 British local authorities, Reeves (2017) found no significant relationship between sanctioning disabled claimants and the employed disability rate, with the disability rate among economically inactive people increasing in line with the number of sanctioned disabled claimants.

With regard to the government's intention to increase employment throughout the population, there is evidence to suggest that the sanctioning of unemployed claimants with a disability is more likely to increase rates of economic inactivity in this population (Autor et al., 2016). Dwyer (2016) found that many claimants apply to job roles that they have no realistic chance of attaining, considering their personal employment history and experience, simply in order to fulfil their obligation to demonstrate job-seeking behaviour and continue receiving

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[9] A 'UC Advance' is a loan available to individuals claiming UC for the first time, or who have had a change of circumstances, to pay for essential living costs e.g. food, rent. The availability of the 'Advance' is necessitated by individuals only receiving their 'first' UC instalment five weeks after they begin to claim the benefit.

UC instalments (and avoid being sanctioned). Far from encouraging independence and fostering the relevant skills in order to produce a more capable workforce, these findings illustrate how the conditionality regime results in claimants modelling their behaviour in such a way that they become sufficiently compliant with the UC system. Additionally, as a consequence of meeting the Claimant Commitment and entering work as the foremost priority, prior research has suggested that claimants with additional workplace needs (including those related to disabilities and MHCs) are often obliged to enter work without facilitatory measures first being put into place (Whitworth, 2019).

It has been found that ‘easements’, designed to reduce or suspend the requirement for those in mitigating circumstances to search for work (such as the ill or disabled), are not routinely implemented (Dwyer et al., 2018). Jones et al. (2019) found that the demand to increase working hours as a foremost priority, i.e. often before workers had the opportunity to develop skills that would increase their success in a given role, was counterproductive on both a business, and an individual worker level. Generally speaking, employers voiced concern that the critical requirement to increase working hours negatively impacted employee wellbeing and motivation, as well as being detrimental to business interests with the prospect of reduced rates of retention and higher absenteeism (ibid).

Even for individuals who successfully enter employment and continue to claim UC, the behavioural requirements set out in their ‘Claimant Commitment’ will not necessarily be fulfilled; UC is without historical precedent for being the first state benefit whose conditionality regime extends to ‘in-work claimants’ (Dwyer, 2014). This policy means that workers may be expected to progress to a more senior position or take on more working hours, including finding another job, to increase their pay and thus meet the conditions to continue receiving UC (Jones et al., 2019). The function of UC purports to cultivate independence through disengagement from the benefits system over time, with benefit support being gradually withdrawn and replaced by increased working hours (Omar et al., 2017). However, the impetus to avoid being sanctioned by committing to *any* standard of work that is offered whilst claiming UC, regardless of its suitability when considering a given individual’s specific skills, training and experience, is a reality that has long been problematised in the literature (Dwyer & Wright, 2014; Rubery et al., 2018; Jones et al., 2019). A growing body of literature has sought to investigate the mental health implications for those who are driven commit to precarious work (temporary employment and/or unpredictable hours which may involve employment insecurity, insufficient wages, lack of worker rights and powers in the employee-employer relationship); studies suggest an overwhelming adverse effect on mental health, with a significant rise in symptoms of common mental health disorders including general psychological distress, depressive symptoms, and heightened anxiety (McKnight et al., 2016; Rönnblad, et al., 2019).

The presence of in-work conditionality calls into question the credibility of UC and its central objective of moving individuals from 'dependency to independence' (National Audit Office, 2014) in other areas, considering the apparent increased control inherent to its design. Millar & Bennett (2017) point out how current legislation seeks to discourage 'welfare dependency' in any way, including for those who are in employment and receiving wage supplements to 'make work pay', which itself could be interpreted as an extension of state support into the working population. A further facet of UC that appears to stand in contrast to the promotion of greater independence is that data sharing between the DWP and social landlords is now possible, allegedly to mitigate tenants' possible budgeting problems, debt, and drug and alcohol related issues, but which is expected to increase the dependence on, or control by, intermediaries (Bennett, 2014). In this instance it is worth noting, however, that although this possible increased control on the part of intermediaries seems to undermine the ideological goals of UC, it may be preferable to some individuals for whom these kinds of responsibilities may prove challenging to manage. Still, the apparent trend for modern welfare systems to implement conditionality whose reach increasingly extends to bridge different policy areas, has been recognised at an international level; Curchin (2019) exemplifies this by drawing upon "illiberal" immunisation conditionality policies in Australia and the US, whereby entitlement to various family and childcare related benefits are contingent upon a household's children being immunised. One may discern a gap in the literature regarding its general omission to consider how such, arguably, intrusive conditionality policy may implicate the mental health of those claiming state welfare by seeking insights from the respective population.

The impact of financial losses associated with UC

Following the financial crash of 2008, up to the present day, the implementation of public finance austerity, and associated welfare reform including the measures outlined above, have resulted in an estimated annual total benefit loss to welfare claimants of £14.5 billion (Wiedermann, 2022). The Living Standards Outlook 2019 drew upon Office(s) for Budget Responsibility and National Statistics projections to identify the major determinants of growing poverty in the UK; the report found that in 2021 basic support for the unemployed is at its lowest since 1990, including for jobseekers, whose benefit entitlement on UC equates to a record low of 14.5% of average earnings (Corlett, 2019). These financial impacts have been identified as key drivers in the need for emergency food provision across the UK, as well as having contributed to the considerable rise in foodbank use over recent years (Garthwaite, 2016a; Lambie-Mumford & Loopstra, 2020). Where UC specifically is concerned, Trussell Trust (2017) reported a 13% increase in emergency three-day food supplies between 2016 and 2017, and a 30% average increase between 2016 and 2017 in six months following rollout in 'full service' UC localities (areas in which new claimants are only eligible to apply for UC, as opposed to other 'legacy' benefits: the means tested benefits which were replaced by UC).

Foodbanks reported that the long assessment period before UC claimants received their first payment was the main reason behind increased demand, citing poor administration and the inability of the 'Advanced Payment System' to meet such a level of need (Harwood, 2018). More recently, Power et al. (2021) adopted a wide scale mixed-methods research design to gauge the scale and attempt to *understand* these drivers in greater depth. Overwhelmingly, those living with poverty and claiming UC described being financially unable to provide for their children, despite high awareness of the constituents of a healthy diet; this was an important finding, as it challenges the government's frequent past assertions that behavioural and educational interventions are most needed to support those who use food banks (Garthwaite, 2016a), rather than policies focussing on structural drivers relating to poverty and geographical access to food (Power et al., 2021).

Discussions of this nature are prevalent in the literature regarding the well-established 'heat or eat' debate (Beatty et al., 2014; Lambie-Mumford & Snell, 2015; Simcock et al., 2016; Purdham et al., 2016), which concerns households having to decide between meeting the expense of fuel or food costs (Beatty et al., 2014). Snell et al. (2018) tested the credibility of these observations in terms of how this choice is represented for those living with poverty in the UK and found that, owing to the fact that many households struggle to afford either food *or* fuel, the reality is far more nuanced than a simple budgetary decision, with factors such as energy billing periods, household composition, and the influence of social networks being highly consequential. By virtue of the qualitative methodology that was incorporated into the research design, it became possible for researchers to make these observations about living with poverty, drawing on participant experiences. With the advantages of this design eminently apparent, whereby primacy was given to in depth experiences of those living with poverty, one may recognise the utility in applying a similar approach to a range of related subjects, including investigations into the mental health experiences of those claiming UC.

Though cuts to welfare expenditure, and resulting deductions to instalment amounts, may be regarded as representing the greatest impact to claimants, issues around the process of application have also been found to result in considerable financial hardship. Indeed, it has been suggested that since UC was first introduced, the effect of the rigorous and protracted application process may have presented circumstances of financial hardship such that those awaiting first payment simply ‘gave up’, partially accounting for a reduction in applications (Finn & Goodship, 2014; SFHA, 2014). In 2017, Citizens Advice published a report which outlined some of the most significant challenges faced by people applying for UC, including: long delays before first payment, frequently in excess of six weeks, which in most instances lead to the incursion of debt; issues regarding the online application for prospective UC claimants, with those most likely to be making a claim also being those least likely to have access to home internet; claimants being more likely to be disabled, and the mode of support required in making a claim more frequently being of a person-to-person nature, rather than a simple lack of access to a computer (Foley, 2017). Since its implementation, the protracted application process for UC, including the long wait before first payment, has been problematised frequently in social research (Loopstra, 2017; Dwyer, 2018; Fitzpatrick et al., 2018; Trussell Trust, 2019; Griffiths et al., 2020; Summer & Young, 2020), and has continued to draw notoriety in the media (Bentley, 2020; Borland, 2020; Butler, 2020a; Caulfield, 2020;

Chakelian, 2020; Kilar, 2020; Brogan, 2021;); emphasising its contribution to the hardship that has been incurred by those who claim the benefit.

The DWP has implemented changes to the function of UC to alleviate some of the hardships that individuals who claim UC have reported, including the initial assessment period before receipt of first payment being set at approximately five weeks, consisting of: a one calendar month *assessment period*, followed by an additional seven days (DWP, 2022c). Further, it has been observed that the digitalisation of the UC system has now led to an expedited application process (Brewer & Handscomb, 2020) reflecting the professed simplification of the welfare system that was key to UC's approbation. Summer & Young (2020) argue, however, that this 'simplification' was primarily designed to ease the bridge between administrative technologies and systems and front-line delivery, and in so doing may have neglected to respond to the real world needs of claimants; indeed, the complexity that the system circumvents may frequently be felt by those who claim UC, instead of those who administer it. For example, the rigidly-fixed term of five weeks that constitutes the initial assessment period before first payment, establishes the start and end dates for subsequent UC instalments; an individual who receives their pay packet twice within this period will see their UC instalment implicated (and so they may be under, or over-, paid), and the onus falls to the claimant to account for such fluctuations in income (ibid).

Millar & Bennett (2017) assert that the notion that the UC 'contract' accurately reflects that which may be drawn up within an employment context is fallacious for several reasons, as: UC payments are released in arrears on the same date each month, unlike paid work which usually sees workers paid after their weekly or monthly hours have been performed, and thus the gap is much smaller; conditionality is imposed upon claimants, even those in-work, which can result in heavy sanctions and fines far more stringent than the typical disciplinary action that may be taken within an employment context; and, crucially the monthly payment schedule does not necessarily reflect a wage earning cycle for most people who claim UC. According to the government's own figures, only around half of workers paid under £10 000 per annum actually receive their wages monthly; hourly rates and varying shift patterns can affect the frequency with which many people in work are used to being paid, particularly those in lower paid roles (ibid). By virtue of this, Hartfree (2014) recognised that many claimants are forced to alter their money management strategies, which can be especially detrimental to low-income households, many of whom will have been used to budgeting on a weekly or fortnightly basis.

Further, low-income households, whose members may be facing mental health challenges associated with precarious housing (Brackertz et al., 2018; Bentley et al., 2019; Philo et al., 2019), have been recognised as showing additional vulnerability to the specific issues around the monthly payment schedule. As most claimants are left with no choice but to try and distribute their UC instalment over the period of an entire calendar month, while at the same time repaying their UC Advanced Payment (which equates to a reduced instalment amount (DWP, 2022d), Graven (2020) asserts that many are pushed into increased debt simply to meet household bills and living costs. Problems around the infrequent processing of payments to respond to the needs of all claimants regardless of their personal circumstances has recently been recognised and addressed in an adaptation to the system that now offers 'Alternative Payment Arrangements' (APA). An APA means that payments may be disbursed more frequently than once per month in instances that an individual (and their family) is deemed to be at risk of financial harm. According to the DWP (2020d), an APA is considered by a Work Coach or case manager on a case-by-case basis; vulnerable individuals with mental health issues, addiction issues, or those who have previously been homeless would meet eligibility criteria.

Mental health and Universal Credit: investigating the literature so far

The above presented a review of literature focussing on the financial impacts following recent acts of reform, crucially those associated with the introduction of UC. This section of the chapter focuses on research into the mental health of claimants in the current climate, with sensitively paid to financial impacts. The mental duress that is attributed to engaging with the UC system has been a regular subject of ongoing, widespread reporting in the media (for example, see: Knapman, 2019; Lochhead, 2019; McCahill, 2019; Pollock, 2019; Bulman, 2020; Simpson, 2020; Williams, 2020). While this media attention has brought the fallibility of UC to public consciousness, a mounting body of empirical evidence is serving to elucidate upon the link between engagement with the UC system and subsequent negative mental health outcomes. In particular, attention is drawn to the mental health adversities that UC claimants experience in relation to: discrimination regarding the veracity of mental illness

(Henman & Marston, 2008; Harrington, 2011; Burns, 2013; Wright et al., 2022), issues related to being subject to the conditionality regime and sanctions (McKnight et al., 2016; Dwyer et al., 2018; Rönnblad et al., 2019; Whitworth, 2019; Stewart et al., 2020), the anxiety and uncertainty associated with the Work Capability Assessment (Harrington, 2011; Warren et al., 2014; Baumberg et al., 2015; Barr et al., 2015b; Manji, 2017; Dwyer et al., 2020; Scullion & Curchin, 2021), and social isolation and marginalisation related to the digital claims process (Wright et al., 2018; Cheetham et al., 2019; Wright et al., 2022). In the latter part of this discussion, mental health impacts are investigated in relation to the purported broader aims of UC, which prioritises employment "incentive reinforcement" (Bonoli, 2010, p. 440), ahead, even, of responding to health needs that may reduce or negate an individual's capacity to work.

Recent research by Wright et al. (2022) strongly indicates that the expectations placed upon those with MHCs amount to discrimination, with the medical fact of an individual's MHC being essentially disregarded as one advances through the UC claims process (at least at the initial stages). This is because, being subject to the UC 'mainstream offer', claimants with MHCs are expected to seek work up to 35 hours per week (DWP, 2022b) under threat of being sanctioned, both before, and while awaiting the results of, a Work Capability Assessment (WCA) (SAMH, 2019). As such, UC is recognised as extending and intensifying conditionality for those with MHCs (Wright et al., 2022). UC conditionality and the associated sanctioning of claimants has been recognised as leading to not only material and financial losses, but also impacting negatively on the physical and mental health of claimants, including increased levels of stress, and reduced emotional wellbeing (Goodwin, 2008; Peters & Joyce, 2006 in: Whitworth & Griggs, 2013).

Research into the impacts of conditionality, to those with mental health impairments by Dwyer et al. (2020), found that the regime fails on two fundamental accounts: foremostly, being subject to conditionality was found to trigger negative health outcomes and failed to support people with mental ill health into finding work; secondly, the prospect of future employment also became *less likely* for individuals with mental ill health, when subject to the regime. Wright et al. (2020b) found that managing one's mental health, responding efficiently and consistently to the respective issues (including side effects from psychiatric medications) may significantly impact upon, and be impeded by, one's obligation to meet UC-related requirements i.e. those set out in the 'Claimant Commitment'. Further, drawing upon longitudinal study data from 2009 to 2018, Wickham et al. (2020) directly attributed a 7% increase in psychological distress to claiming UC, amongst a large sample group of 52 000 working aged adults.

Perhaps most alarming is evidence that shows how the extreme psychological distress, incurred by a large proportion of claimants, has been found to be of such an intensity that some individuals have been driven to suicide (Arie, 2018; Cheetham et al., 2019). More broadly speaking, depression (Wickham et al., 2020) and low self-esteem (Cheetham et al., 2019) have been identified as especially prevalent amongst those claiming UC. Indeed, following a series of high profile cases that culminated in the revelation that at least 69 people with mental health issues had committed suicide after their entitlements were suspended (Butler, 2020b), or they had otherwise engaged with the system (attending a Work Coach interview, for example), in July 2020 the DWP (2020) stated that they would revise their safeguarding procedures, with frontline DWP staff being obliged to consult with police and the NHS before deciding whether to withhold benefits payments for vulnerable individuals (ibid). However, these specific safeguarding procedures have not been implemented; instead, all DWP staff who have direct contact with claimants (Work Coaches, for example) are provided with mental health training, and are advised to use their discretionary powers to implement tailored mental health support, working closely with local organisations to provide additional specialist support. As part of these processes, staff can use 'pinned notes' via the online UC system, to support colleagues in identifying and managing the mental health needs of the respective claimants (Quince, 2021).

Specific MHCs and behaviours have been found to occur following changes to social security policy that came about when UC was introduced. With a reduced weekly spending budget, Moffat et al. (2016) found that stress, anxiety and depression were commonly reported by parents in social housing; symptoms which arose from financial concerns over issues such as inadequately heated homes, the prospect of re-location, an inability to provide healthy food for themselves and their children, and rent arrears. Barnes et al. (2016) found that economic hardships resulting from the cumulative impact of austerity measures can have the effect of 'triggering' the impulse to self-harm, and that changes to the welfare system associated with the introduction of UC may be a contributory factor in self-harm behaviours. Furthermore, Niedzwiedz et al. (2016) found that reductions to benefit entitlement amounts, as well as an increase in conditionality measures, may have an adverse effect on the mental health of disadvantaged social groups, such as the permanently sick or disabled and those with a lower level of education, with depressive symptoms being generally more prevalent in unemployed individuals. Finally, Stewart et al. (2020) assert that mental health is invalidated within the welfare system, as pressure and poverty arising from conditionality and the punitive use of sanctions are likely to exacerbate mental health problems.

With findings from the above literature in mind, it may seem alarming that there are no social security benefits for people with MHCs as such; rather, the government stipulates fulfilment of criteria for entitlement when an MHC “becomes a disability” (UK Government, 2022a): when the condition lasts more than twelve months; when it interferes with daily life, as defined under the Equality Act 2010. Providing their MHC meets this criterion, an individual may be entitled to out-of-work benefits such as Employment and Support Allowance (ESA) or UC, and/or non means tested benefits, Personal Independence Payment (PIP) or Disability Living Allowance (which has been replaced by PIP for new claimants). Research suggests that the removal of disability benefits such as ESA or Incapacity Benefit (which was replaced by ESA) for recipients with long term MHCs such as schizophrenia, anxiety, depression, bi-polar disorder is a common occurrence, with many reporting that the long bureaucratic trials associated with being caught in a cycle of assessments, rejections and appeals often leads to severe stress, exacerbating pre-existing MHCs, as well as instilling demoralisation at mistrust of authorities (Shefer et al., 2016). While findings of this nature offer meaningful insights into the experience of claiming UC for those with pre-existing MHCs, it is difficult to infer from them how stress related symptoms may be tied to specific features of the UC system and maintaining a claim, beyond those mentioned above.

The current body of research has identified a systemic prejudice against those with an MHC that has ‘become a disability’, as opposed to those who are physically or mentally disabled (Burns, 2013). Perhaps the greatest focus of contention in this regard concerns the Work Capability Assessment (WCA), which an applicant is usually required to undertake in order to determine their eligibility to the ‘out-of-work’ elements of ESA and UC. Following a WCA, an individual will be deemed either: ‘fit for work’, which means that they must prepare to look for work and is required to attend regular interviews with an advisor in order to maintain eligibility, to have; 'limited capability for work', which means that they are not presently able to work, but can prepare to look for work in the future, for example by writing out a CV (DWP, 2017a). Finally, a claimant may be found to have 'limited capability for work and work-related activity', which means that preparing to look for work is not required (ibid).

The WCA has long been problematised in the literature, in the first instance when it was introduced as a process within ESA, following the Welfare Reform Act 2007 (Barr et al., 2015b). A substantive independent review of the WCA took place in 2010 to ascertain whether it was fit for purpose. Harrington (2011) identified a range of serious issues associated with the assessment, including a lack of sensitivity and clarity around individual needs, with the process of assessment perceived as mechanistic and impersonal. Of particular relevance here, descriptors in the assessment were considered too inflexible, undermining the complex and subjective nature of certain conditions, particularly MHCs, resulting in a highly inaccurate measurement of capacity for work (ibid). Despite regular policy suggestions regarding how to make the WCA fairer and more effective (see also: Griffiths & Patterson, 2014; Warren et al., 2014; Baumberg et al., 2015), the literature indicates that many issues still persist today, both for those who claim legacy benefits (including ESA) and for individuals who claim UC (Barr et al., 2015b). For example, Scullion & Curchin (2021) interviewed Armed Forces veterans (variously claiming UC, ESA, and JSA) to gauge their experiences of the current welfare system. Various aspects of the system were regarded as being disrespectful, unfair and disempowering, and risked exacerbating pre-existing MHCs, with the experience of being subject to the WCA central to this risk (ibid). Regardless of the specific benefit that the individual was claiming or applying to claim, Dwyer et al. (2020) found that experiences of mental ill health were undermined in the assessment process, especially when compared to physical health issues.

Indeed, not only has the rigor of the WCA been seen as ineffective and unfair in terms of the extent to which it fails to fulfil its purpose, but the actual assessment process has been found to precipitate negative mental health impacts for welfare recipients, in and of itself. Investigating the period over which recipients of disability benefits (Incapacity Benefit or ESA, which replaced Incapacity Benefit in 2008) were subject to WCAs in a nation-wide reassessment process, Barr et al. (2015a) collected data from a total of 149 localities across

Great Britain to assess whether the WCA was associated with differences in local trends of suicide and mental health issues, including antidepressant prescription rates. Results painted an overwhelmingly negative picture in terms of mental health outcomes for those reassessed: per 10 000 people subject to WCA, there were six extra suicides, 2700 more reports of mental health related issues, and 7020 extra prescriptions of anti-depressants. Furthermore, the increases in adverse mental health outcomes saw a widening of health inequalities, as they were most pronounced in the most deprived areas of the country (Barr et al., 2015a). Approximately 50% of these reassessment decisions were overturned at tribunal; a strong indication of the fallibility of the process.

Exploring the growing phenomenon of self-surveillance as a facet of "hidden conditionality", (Manji, 2017, p. 35) interviewed claimants who had been subjected to the WCA, many of whom described the experience as damaging to their sense of self, with the spectre of ongoing "welfare surveillance" (Henman & Marston, 2008, p. 189) significantly impacting on daily life in terms of who participants felt they could interact with, and the type of activity they felt they could engage in. The majority of participants described feeling obliged to 'put on an act' in order to secure eligibility; welfare rights advisors sometimes encouraged applicants to dress badly as this would resemble what a disabled person 'should look like', before attending the WCA (Manji, 2017). These scenarios were relayed as being degrading, and could lead to an intense sense of self-consciousness or even paranoia within the participant's community, with fears that to act inappropriately would invite their being reported to the authorities on grounds of benefit fraud (ibid). Claimants also voiced anxiety regarding the process of applying for PIP, or being subject to the transitional reassessment from DLA to PIP, even though these benefits are non means-tested (rather than out-of-work) and cannot incur sanctions. Barr et al. (2015b) argues that it is in the government's interests to portray an ambiguous distinction between different kinds of benefits - and the characteristics of those who claim them - in this manner, so as to further narrow the margin of what conditions constitute a valid disability, thereby justifying less generous pay-outs and further cuts to welfare expenditure.

As previously established, UC was conceived from an *employment first* approach (DfEE, 2001), and as such, its suitability for applicants in extremely diverse circumstances, including those who are unable to commit to *any* work, has been called into question since the benefit was introduced (Dwyer & Wright., 2014). In maintaining close focus on the mental health lens through which the system is under scrutiny for this project, literature was of particular interest that drew upon feedback from mental health practitioners and their clientele in attempting to gauge the suitability of UC as regards its aim to incentivise work, for this particular cohort. Cheetham et al. (2019) identified the *digital claims process* as being particularly ill suited to respond to the needs of those who faced ongoing mental health challenges, and was described as complex, demeaning, and hostile. Some of the key issues that may arise for people with mental health difficulties as they engage with the digital claims process are discussed below.

Wright et al. (2022) found that, as well as fears about financial hardship and the threat of being sanctioned, the digital claims process could precipitate feelings of social isolation; collectively, these elements created conditions that provoked anxiety and low mood in those who had not formally experienced mental health issues. Further, prior research by Wright et al. (2018) found that correspondence via the online system could vary markedly depending upon whether a claimant attempted to initiate correspondence themselves or had been called upon. A request for any form of support or feedback during engagement with the online system, especially when trying to arrange face-to-face appointments, would often result in waiting for indeterminate periods before receiving a response. One may recognise apparent double standards in that, where an appointment for a claimant was made to meet with a Work Coach in person at the local Jobcentre Plus, for example, this would be mandatory, and no flexibility would be offered; those who failed to attend would risk being sanctioned (ibid). This variability highlights the fact that, for a small minority of vulnerable people for whom correspondence may be kept to a minimum (Omar et al., 2017; Robertson et al., 2020), for example those who are able to embark upon mandatory work placements with little support (Wright et al., 2011), maintaining one's claim online may be a relatively undemanding process. For many UC claimants with additional needs, however, the benefits system necessitates a more concerted interaction (Larkin, 2018), and consequently, the system's flaws become apparent.

The deleterious effects of claiming UC were seen as being pervasive and widespread in the lives of individual claimants, negatively impacting not only health, but also social and family lives (Cheetham et al., 2019). Monaghan & Ingold (2019) trace issues of this nature to the very conception of UC, as initially set out in the Centre for Social Justice's report *Dynamic Benefits* (2009), the evidence base for which may be understood as having drawn from a relatively shallow pool; the report placed focus on how engagement with the benefits system was largely being disincentivised due to high marginal tax rates, while evidence pertaining to the real world complexities of entering employment for those in very diverse circumstances, submitted in the DWP's own commissioned evaluations, was excluded from the report, as well as from subsequent papers preceding the Welfare Reform Act 2012.

The government's ceaseless campaign to increase employment in the wider population and reduce welfare expenditure (Adam & Browne, 2013) could engender unexpected, positive change, as incentivised employment can contribute to substantial health benefits. An extensive body of literature points to how employment can improve health outcomes for a broad demographic (Cylus & Avendano, 2017) - including those making the transition from receiving out-of-work disability benefits to employment (Curnock et al., 2016), and especially those with mental health problems (Nathwani et al., 2015) - which would strongly suggest that employment seeking behaviour should be encouraged. A recent study into the therapeutic effects of employment as a predictor for happiness, suggested that a single day's work per week generates significant mental health and general wellbeing benefits, most markedly for those who move from being economically inactive or unemployed into work that lasts between 1 and 8 hours per week (Kamerade et al., 2019).

However, as one may have gathered from the prior discussion regarding the current welfare system's ideological underpinning, the government's misjudgement is suggested to lie in its contention that generous welfare benefits cultivate work-averse behaviour and welfare dependency, when in fact the inverse has been found; the health benefits of employment are complemented by social security when in place to supplement low earnings (Moore et al., 2017). Investigations into mental health during periods of economic recession suggest that levels of depression, self-harm, and suicide increase as a result of job loss, debt, and other financial difficulties (Fitch et al., 2011; Haw et al., 2015; Corcoran et al., 2015). The direct health benefits of state welfare are most recognisable in alleviating finance-related stresses, and poor health is 5% less likely to affect recipients during the year following job loss compared to nonrecipients (Norström & Grönqvist, 2015). The Centre for Mental Health

(2010) note how supplementary financial income can in and of itself sustain better mental health status.

The association between better mental health outcomes and more generous unemployment benefits has been established internationally. Cylus et al., (2014) found that US-state level suicide rates were lower in those states that offered generous welfare benefits for those whose mental health had been impacted following the 2008 recession, compared to states with reduced social security expenditure. Consistent with these findings, Norström & Grönqvist (2015) analysed the unemployment-suicide link from 30 countries, (including Eastern and Southern European countries, Scandinavian countries, the UK, Australia and the USA) which can be characterised by offering very different social security policies, and identified patterns that indicate a graded association between a country's state welfare expenditure and the effect of unemployment rises on suicide.

Finally, Ruckert & Labonte (2017) found that in countries where austerity-driven welfare reform had been implemented, weak social security policies exacerbated health inequalities. Hopelessness associated with poor prospects of finding a new job, and limited access to medical treatment (including mental health services) as a result of austerity measures, are key considerations in attempting to explain the heightened risk of suicide following recession (Stuckler & Basu, 2013). Where austerity measures appear to precipitate such stark inequality and associated negative mental health impacts, the very rationale behind their implementation inevitably draws scrutiny. The UK government's approach to austerity, particularly with regard to reduced spending on welfare provision, has attracted intense scrutiny in the years since UC's introduction. Correspondingly, the next section of this Literature Review examines the apparent "weaponising of stigma" (Scambler, 2018, p. 772) to justify recent changes to the benefits system, stimulating public acceptance of cuts to welfare expenditure.

Reduced welfare expenditure and the weaponisation of stigma

As suggested by Slater (2012), government rhetoric places responsibility squarely on the shoulders of the individual, in terms of judging whether a claimant is successful in meeting entitlement conditions, as well as reflecting the, arguably, dominant perspective that currently permeates mainstream media, for example in representations of benefits recipients depicted on 'reality' TV shows (Couldry, 2011). Pyket (2014) asserts that the negative portrayal of benefits recipients, such as those depicted on programs like 'Benefits Street', helps to secure the public acceptance of governmental approaches to welfare reform, the underlying objectives behind which betray a behaviourist perspective (Lister et al., 1996), that those living with poverty should be held personally accountable for their circumstances. This is as opposed to considering, for example, structural factors that may increase the chances of a person falling into poverty, such as uneven employment opportunities (Pyket, 2014). The prejudicial language used to describe benefits recipients seemingly inherent to media representations of this population in the UK has been analysed extensively by social researchers (Whiteford, 2017; Leyva, 2018; Curran, 2020). Tyler (2008) emphasises how novel, stigmatising language has emerged in recent years in comic portrayals of the 'white poor', particularly evoked with the use of the word 'chav', for example in grotesque figures like the character of Vicky Pollard in BBC sketch show 'Little Britain'.

In sharp contrast to the rhetoric of “shirkers and scroungers” (Garthwaite, 2011, p. 370) that often permeates collective consciousness through media representations of those who claim benefits, the most recent available statistics show that in December 2021, 42% of UC claimants were actually employed (DWP, 2022e). Though this percentage would appear to indicate a large minority, one recalls that UC exists as the main benefit available to *all* individuals who engage with the benefits system, including those who cannot commit to *any* work. Despite this, results from a recent nation-wide survey conducted by the National Centre for Social Research (Curtice & Ormston, 2015), which investigated beliefs about the causes of poverty in the UK, suggest a growing consensus belief in the general public that poverty occurs as a result of personal inadequacies (individual characteristics and behaviour such as laziness or lack of willpower) as opposed to societal inequalities and injustices (Baumberg Geiger, 2016). Garthwaite (2016b) suggests that it is in the interest of the government to facilitate the stigmatisation of benefit recipients, portraying deceptive individuals who make the conscious decision to 'scrounge' instead of seeking employment; as a figure of disgust in media and political portrayals, welfare recipients can then be regarded as less deserving of support (Esmark & Schoop, 2017) which enables the state to cut expenditure on basic social security provision, tending to increase reliance on charity in more deprived areas.

The stigmatisation of welfare recipients frequently leads to an intensification of judgemental attitudes directed towards people living in deprived areas; individual characteristics, behaviours and lifestyle choices may be identified as the root of claimants' problems (Dunn, 2014), rather than issues related to more widespread societal inequality (material and austerity-determined psychosocial explanations) (Garthwaite & Bambra, 2017). Tyler & Slater (2018) situate the UK government's effective weaponisation of stigma within the context of the current global neoliberalist era, with the coalition government of 2010, and the subsequent, presiding conservative government's attack on so called 'welfare dependency' having been instigated in order to justify austerity measures in the form of social spending cuts that were implemented in response to the global financial crisis of 2008.

Through its active production, Tyler (2013) argues that stigma functions as a social and political tool of power; politicians, journalists and TV producers have embarked on a campaign of deliberate welfare stigma strategies that inculcate feelings of shame and humiliation in the respective population. This assertion strongly recalls Golding & Middleton's seminal study *Images of Welfare* (1983) within which the authors argue that, through situating representations of welfare recipients primarily within the context of benefit fraud, the media thus sets the agenda in which debates on public spending on welfare are made, cultivating a climate of hostility and suspicion directed towards the welfare state (ibid). Interrelatedly, Slater (2012) argues that the UK government continues to implement policy that cultivates a state of ignorance in the populous where poverty is concerned; by focussing on 'family breakdown', which puts behaviours related to drug and alcohol addiction, criminality, and poor educational performance at the root, public attention is diverted from the various structural and institutional failings of various UK social policies, tied to a less easily understood history of complex economic shifts (Slater, 2012).

Environmental or geographical factors ('categorical' features such as race, age etc., to use the earlier terminology) may be seen as somewhat secondary, or even irrelevant, to judgements regarding the personal characteristics that either enable or inhibit a person's potential to successfully navigate the benefits system. This arrangement carries the implicit suggestion that those who struggle to meet the conditions necessary to receive support, including their benefit payments, demonstrate personal failure, rather than presenting with an increased vulnerability to disadvantages from constraints that have been imposed upon them by an unequal society. Where these discussions hold particular relevance for the subject under scrutiny for my thesis, is understanding the role that stigma plays in ongoing mental health management. Further, by engaging with the UC system, which, as I have explained, is arguably justified and accepted through the perpetuation of stigma, associated negative mental health outcomes (frequently related to feelings of shame) inevitably impact on the management of MHCs. The term *stigmatised identity* (Burke, 1991) refers to the construction of identity as a continuous process of comparing between an individual's self-meanings associated with the development of their identity, and the apparent perceptions of others within the context of said identity (ibid). The rationale behind using the term for this project has been partly adapted from work by Marcussen et al. (2019), whose research indicated a significant association between lower self-esteem and self-efficacy, and increased negative mental health outcomes, particularly depressive symptoms, within the context of constructing identity.

Stigma related to mental health and claiming benefits

Self-stigma is a common theme in topical mental health literature (Brohan et al., 2010); within this context, it refers to individuals who both identify as a person with an MHC and concede to negative stereotypes about people who have the same condition, or 'mental illness' in general (Al-Khouja & Corrigan, 2017). This behaviour was exemplified in research by Perlick et al. (2001), in which a large proportion of individuals with MHCs believed that mentally ill people tend to be more dangerous than the general population, or are more frequently perpetrators, rather than victims, of violence, regardless of what statistical data on the subject may suggest (Choe et al., 2008; Varshney et al., 2015). Other participants with MHCs in the same study did not agree with this stereotype, but recognised that others did. This kind of negative self-appraisal compelled those who were aware of the mental illness stereotype to disengage from social situations either from fear of actually endangering those around them (through self-stigma), or, because they were aware that they might be *perceived* as being dangerous by those around them, and as such wanted to avoid this perception (public stigma). For both groups, the presence of stigma led to a lack of self-belief which was found to undermine the efficacy of rehabilitation interventions, further disempowering the subject of the stigma (Corrigan et al., 2011). Conversely, researchers have emphasised how social engagement, including peer support, may benefit self-esteem and mitigate stigmatic perceptions derived from experiences of mental ill health (Pyle et al., 2018; Huggett et al., 2018; Burke et al., 2019).

Further, mental health stigma has been found to occur across the lifespan. During a qualitative study investigating the psychosocial outcomes for school children with MHCs (Corrigan et al., 2015), stigma - both that which students perceived as being directed at them, as well as that which they internalised (self-stigma) - had far reaching consequences where the construction of identity was concerned. To summarise, due to their understandings of mental illness being rooted in harmful negative stereotypes, many participants disengaged from education due to a lack of self-belief, and expressed ambivalence towards a future in which they believed they would have little independence. Questions concerning long term goals further revealed the potential harm of identifying with a stigmatising label; students who acknowledged that they had a 'mental illness' mentioned the futility of searching for employment in the future, predicting that prospective employers would be discriminatory when learning of historic mental health problems (Corrigan et al., 2009).

There is evidence to suggest that the stigma attached to claiming benefits can contribute to shame-related feelings in several guises, the first two of which are closely related, yet often represented indistinctly in the literature: personal stigma and/or stigmatisation (Chase & Walker, 2013). Where personal stigma within this context refers to an individual's own feelings that claiming benefits devalues identity, stigmatisation refers to the perception that *others* will devalue identity, based upon receiving benefits (Baumberg Geiger, 2016). Pemberton (2013) describes 'claims stigma' as the most powerfully-led kind of stigmatisation identified within topical qualitative research. 'Claims stigma' refers to feelings that may be evoked at various stages of the benefit claiming process, rather than those that are associated with the very 'fact' of claiming, as a psychologically damaging identity marker. Several aspects of engagement with the benefits system give rise to possible instances of 'claims stigma': for example, the lack of privacy that claimants are granted throughout their correspondence with benefit assessors, particularly during assessments, which may include being subject to the judgments of suspicious staff (Walker, 2005). The experience of Work Coach appointments at the Jobcentre Plus have also been described as evoking feelings of shame and frustration, regarding the implicit threat of sanctions that may be used to drive claimants into a given job, as opposed to the Work Coach adopting an advisory role (Wright & Patrick, 2019; Scullion & Curchin, 2021).

Research into the concept of ‘othering’ holds an important place in these discussions; Patrick (2016) and Lister (2020) discuss the role of othering in response to stigma experienced by those receiving state welfare. *Othering*, by broad definition, refers to the process of one’s attributing negative characteristics to an individual, or groups of individuals, to distinguish them as representing that which is opposite (Lacan, 1966); the process includes an affect component, wherein those who are *othered* may be irrationally feared or hated (Rohleder, 2014). Within the context of this thesis, othering may be recognised in the pathologising of welfare recipients and their assumed passivity, characterising such individuals as either helpless victims, or more malignantly, lazy, work-shy individuals who are dependent on the state. Patrick (2016) investigated how individuals frequently engage in othering processes as a defensive form of citizenship engagement, to defend against the apparent harmful, stigmatising influence of claiming benefits. Further, Patrick (ibid) emphasises how those claiming benefits often describe their own deservingness of benefits entitlement in direct contrast to some ‘other’, less deserving benefit-claiming stereotype, whose behaviour is characterised as more problematic; for example, by describing previous employment experience as a reason for entitlement, while ‘the other’, who had never worked was therefore less entitled to the same social welfare.

The reason that Lister’s (2020) discussions hold particularly high relevance to my thesis, is when one considers the dual, constraining influences on agency that were recognised as potentially impacting those who are subject to being othered. The effect of being ‘othered’ (including by welfare agents themselves, for example Work Coaches) may at once produce a reduced sense of self-worth, stunting agency and overall self-efficacy, while also negatively impacting mental health and contributing to depression. Secondarily, though no less impactfully, the process may cause a ‘ripple effect’, impeding the solidarity and collective action that may otherwise be available to those situated within a poverty context (ibid).

One may recognise that the above types of stigma, relating to mental health and the claiming of benefits, may involve shame-related feelings that inhibit the agency available to individuals, both with regard to successfully navigating the UC system, and managing mental health. As an important element of the context that individuals in my research may have been exposed to, the next chapter in this thesis elucidates upon the influence of stigma as central to the structure-agency theoretical framework I adopt. This Literature Review chapter is ended below, with an explanation of how the research conducted for this thesis sits in relation to prior literature, aiming to advance knowledge regarding the mental health experiences of UC claimants.

My contribution to subject knowledge

This literature review has discussed a growing body of research strongly indicating how the experience of claiming UC may impact mental health (Henman & Marston, 2008; Barr et al., 2015a; Barnes et al., 2016; Niedzwiedz et al., 2016; Manji, 2017). It was my view that the important evidence referred to throughout this chapter would be complimented by additional research, approaching individuals with such vulnerabilities to submit their subjective insights into the often-complex interrelationship between managing health and facing the challenges involved with claiming UC. While the research discussed in this chapter clearly emphasises the mental health impacts incurred through the UC claims process, I identified a gap in the literature regarding how additional challenges associated with living with poverty and encountering stigma feature in this interaction. To elaborate, managing mental health may be further problematised for those who live with poverty as they claim UC; past findings have drawn particular attention to financial hardship incurred at the initial stages of application, awaiting first payment, monthly payment issues, and as the result of being sanctioned (Benzeval et al., 2000; Heflin et al., 2005; Barr, 2015a; Dorling, 2016). Quantitative data is crucial in order to review the wide scale financial impact of these processes; however, it does not convey how the experience may adversely affect an individual's daily life, beyond that which may be inferred. My own research into the mental health experiences of those claiming UC aimed to garner qualitative insights to advance understanding of this subject; this was only possible by directly engaging with individuals who claimed UC, providing a platform to offer such reflections.

Additionally, stigmatised perceptions associated with experiencing mental ill health and claiming UC are recognised as placing constraints upon one's capacity to maintain mental healthiness (Chase & Walker, 2013; Baumberg Geiger, 2016; Wright & Patrick, 2019; Scullion & Curchin, 2021). Correspondingly, *stigmatised identity* may emerge when one is exposed to specific types of stigma associated with mental health and the claiming of benefits; a high risk for the population that I engaged with in my research. Interrelatedly, by approaching those who were engaged with the benefits system as it currently functions, accusations of 'worklessness', as well as the efficacy with which UC steers people into work, could be tested for veracity. By adopting a qualitative methodology that incorporates a structure-agency derived framework, I was well positioned to discern how punishments for perceived noncompliant behaviour with the UC system implicated health, according to first-hand accounts. It was of particular interest to examine how features of being subject to UC conditionality may have affected individuals in relatively less understood ways, especially accepting that, though its function may be to drive claimants into work, many of those who are subject to its rigor are not necessarily able to commit to *any* work.

To reiterate, while a substantial, growing body of literature recognises variously: how discrete aspects of UC may impact mental health; how living with poverty and experiencing stigma relate to claiming UC and managing health, research that investigates how these elements are experienced *concurrently*, is not abundant. This thesis offers a unique contribution to knowledge on the subject, investigating how these various elements interrelate; the structure-agency theoretical framework I adopted was central to this aim. Through the application of a structure-agency framework, I aim to show how various influences (co)exist within the overarching structure of UC, affecting the agency available to individuals as they manage their mental health. Crucially, in addition to *financial hardship* and engaging with different kinds of *stigma*, I conceptualise *the UC claims process* itself as part of the overarching structural context that participants navigated. It seemed that, especially when each of the three themes - *financial hardship*, *the UC claims process,* and *mental health and claims stigma* - intercepted, there was a consequent impact to agency and therefore the capacity to stay mentally 'well'.

Finally, it is the contention of this thesis that, by adopting an inductive, qualitative research methodology that allowed participants to reflect upon their mental health in relation to financial hardship, claiming UC, and encountering stigma, one is better positioned to propose policy changes and modes of intervention that truly reflect the most urgent needs of this population (a reality which has been emphasised in recent work by the Joseph Rowntree Foundation: see Simpson & Patrick, 2020). The literature addresses, broadly, how claiming UC may see an impact to the mental health outcomes of claimants; this thesis aims to advance knowledge about this apparent relationship by discussing the above themes, themselves positioned within the overarching structure of the UC system. An extended aim of this thesis, therefore, is to convey the urgency with which changes to social policy must be implemented to stem escalating rates of financial hardship, income inequality, and social and health inequality. The next chapter of this thesis further elucidates upon how and why I chose to adopt a structure-agency derived theoretical framework to investigate the mental health experiences of individuals claiming UC in Greater Manchester.

3. Theoretical framework

This thesis adopts a 'structure-agency' framework to investigate the mental health experiences of individuals claiming UC in Greater Manchester. This chapter discusses how the elements of structure and agency have come to be recognised in relevant literature, and why the framework was chosen to investigate the specific subject of this thesis. The chapter begins by exploring structure and agency as two traditionally opposed constituents of a historic debate, prevalent in a considerable body of social policy literature, and sociological literature broadly. It investigates where the debate may be evidenced in contemporary research as a means of framing a range of topics (for example, issues pertaining to stigma, which can result in expressions of 'negative agency') and how, within the recent past, a reconciliation of these two elements has been advocated by many scholars. The chapter is divided under the following subheadings: *defining structure and agency; structure and agency in social research; stigma and constrained agency; situating my own research in the structure-agency debate.* The chapter concludes with an explanation of the *social capital* (Coleman, 1998), *psychosocial* orientation (Stenner & Taylor, 2008) I adopt for my investigation into how people experience their mental health while claiming UC, being variously enabled and inhibited in terms of expressing personal agency within circumstances that impose their own constraining influences.

Defining structure and agency

In order to explore some of the discussions in the structure-agency debate pertinent to my own research, it is crucial to first understand the meaning of these two terms, within the respective context. Archer (2000) describes the traditional view of 'structure' as being that which is imposed upon an individual by a dominant society, inhibiting the individual's capacity to influence the world around them. In partial contrast to this definition, Leibowitz et al. (2012) describe structure as the rules and resources externally available to an individual, recognising that these elements can serve to either constrain *or enable* action; it is acknowledged that some structural features have more power over the expression of action than others (ibid). For this thesis, I conceptualise the UC system as the overarching structure that participants encountered, with the following three distinct, yet interrelated themes within that structure: *financial hardship*; *the UC claims process*; *mental health and claims stigma*. Where the subject of this thesis is concerned, one may recognise that the financial security offered by an advance payment loan of UC represents a specific kind of structural resource. This would enable the loan recipient to act i.e. to meet expenses which had previously been beyond their means. Conversely, the subsequent repayment of the loan resulting in a reduced UC allowance could be considered constraining; the claimant would have to re-appraise their monthly budgeting to accommodate the deductions.

Structural 'rules' within the context of this thesis may include instances in which an individual is expected to meet conditionality measures in order to receive UC. Dwyer (2019) presents multiple first-hand accounts of recipients whose being subject to conditionality resulted in them acting less as a demonstration of the desired behaviour change (employment-seeking behaviour), than simply in an effort to avoid being sanctioned. Conversely, the requirement to meet with a Work Coach at the local Jobcentre Plus could serve to enable action and bring a service user closer to employment, providing the Work Coach is equipped with the resources to enable this action, perhaps accepting that a rapport has been established. Archer (2000) describes this interplay, or interaction, between structure and action as leading to new properties, including 'agency', which are 'irreducible' to what came before (Leibowitz et al., 2012). Interactions with the world and the resulting embodiment of personal agency may stimulate individual actors to change structural context, which is then experienced by the next generation as they enter into it (Archer, 2003).

To present a theoretical contrast to the above definition, which investigates the interplay between structure and action at the individual level, the study of 'structuralism' is more interested in the ways in which the 'social whole' – society – holds primacy over action (Giddens, 1984). This approach considers how social structures often relate to the opportunities one has in life, and may arise from inferences concerning, for example: class, designated gender role, social norms, and discourses (Shiffman, 2018). Structuralist sociology may best be understood as the study of 'social continuities', in that it attempts to uncover deterministic features inherent to social norms, roles, rituals, and systems, often with an extended aim being to understand the effects that these have on the agency of individual actors (Fox & Alldred, 2018). It has been argued that structuralist theories can sometimes overemphasise the social and material contexts of events and interactions with the result being that more subjective, human experiences in matters of personal agency - features such as reflexivity, desires, and emotions - are somewhat overlooked and underprivileged in their appraisal (Shilling, 1997). With this in mind, I elected to adopt the former position advocated by Archer, to interpret the individual mental health experiences of individuals as they claim UC (my reasons for adopting this position are elaborated upon shortly).

Having established how I conceptualise structure in the context of this thesis, the next section of this chapter establishes a corresponding definition for agency. Agency may be understood as the ability of an individual to act, with intentionality, according to their own personal concerns and goals, in order to bring about change (Hoggett, 2001). Williams (2000) describes agency as being influenced by the following three elements: subjectivity, identity, and subject position. How a person (subject) interprets personal experiences, both conscious and unconscious, is seen as constituting their individual subjectivity. As will be explored further below, identity may be understood as the way a person comes to establish their sense of belonging in the world; a continuously revised sense of self-perception is constructed after having formed an attachment to their social world. Where the individual situates him or herself within the social world to which they have formed an attachment is seen as defining their 'subject position'; furthermore, how the individual perceives themselves and others within this social world constitutes their social relations. Agency, therefore, refers to the ways in which these three elements interrelate, with the understanding that they constantly shift, based upon environmental factors (Williams, 2000).

A key aspect of agency is the notion of 'purposiveness'; a person can reflect upon why he or she has decided to act; they are able to provide reasons for carrying out their activities as opposed to simply *re*acting to structural factors, without volition (Sanghera, 2017). This process of reflexivity involves conscious and unconscious monitoring of both one's own actions, and a continuous attention paid to the actions demonstrated by others (Giddens, 1984). These interpretations of experience are prioritised based upon what the individual regards as being of particular import or significance to them; for example, actions that could implicate well-being (mental or physical), social self-esteem, or be related to particular political or religious beliefs, or family happiness (Archer, 1995).

Having established my definitions of structure and agency, the next section of this chapter discusses how their interrelationship has been conceptualised. Giddens (1984) argues that the concepts of action, subjectivity, and meaning (traditionally associated with 'hermeneutic' study) should be scrutinised in terms of how they relate to notions of structure and constraint. As such, *structuration theory* (ibid) attempts to, in effect, reconcile the two analytic positions, placing focus upon the way that social practices are ordered across space and time, and acknowledging that through carrying out 'actions', agents (individuals) demonstrate a continuous reproduction of the (structural) conditions that enabled these activities to be carried out. While Archer and Giddens are mutual in their recognition of a link between structure and agency, where they may be seen to diverge is in their explanation as to the nature of this link. While Giddens (1984) positions the two elements as relational, Archer (1995) argues that structure and agency should also be recognised as analytically distinct. Further, Archer (1995) describes how a non-conflation of structure and agency is important as structural factors exist *before* individual actions can affect their change, as well as *after* the actions that have given rise to them.

Structure-agency in social research

The reconciling of structure and agency in approaching a diversity of subjects, rather than adopting one or the other or placing each at a juxtaposition, may be recognised as a common feature in a breadth of contemporary literature. For example, in drawing upon tenets of the structure-agency debate as a foundation, and with reference to the theory of structuration introduced by Giddens (1984), Shiffman (2018) investigated the effects of global health networks on policy and population health. Through the prism of the structure-agency debate, where health networks take the place of 'agents', Shiffman (2018) suggests that social structures both constrain and facilitate the capacity of health networks to improve health services through a process of reproducing and altering these structures as they act; the dualism between structure and agency, therefore, is dismissed and deemed reductive, with these elements instead viewed as relational. Sanghera (2017) posits that personal reflexivity may act as a mediating factor between structure and agency, influencing a person's likelihood to exercise personal agency (Archer, 2003) to, for example, act charitably. In this scenario, Sanghera asserts, a person reflects upon their understandings of the world and their place in it, either seeking to effect positive change based on human dignity and respect by addressing social problems they have become aware of, or to affirm social connections and norms, leading to a sense of practical achievement (Sanghera, 2017).

Consistent with the above, contemporary social science literature has frequently sought to identify a mediator between structure and agency, in a range of contexts. Hunter (2003) describes how social identity acts as a mediating concept within a welfare context; between state structures and the agency of those who claim benefits (Taylor, 1998; Hunter, 2003). Seeking to establish an understanding of the function of welfare and those who benefit from its availability, Hunter argues that the state contributes to a negative construction of claimants based upon their assumed 'sameness'; social categories such as race, gender, and age, or, the characteristics or traits of an individual which lend to generalisations and categorisation. This generally contrasts with the self-perception of the individual claiming benefits, whose identity may be assumed to be based upon *difference*; the individual characteristics that mark them out as unique (Taylor, 1998).

Hunt (2008) adopted a structure-agency framework to investigate the experiences of women asylum seekers and refugees entering the UK, and considered structural factors that offer opportunities and constraints within the exile environment. Consistent with my own perspective, Hunt (2008) asserts that the agency of individual actors is highly variable, often contingent upon the extent to which integration or compatibility within structural context is possible i.e. asylum seekers and refugees entering the labour market may often be positioned to exercise personal agency with greater success than those who are not permitted to work, by policy. Similarly, it has been recognised that individuals who engage with the benefits system in the UK often face fewer problems claiming UC when they gain paid employment, also being less likely to experience the mental health adversities associated with the claims process compared to those who are unemployed (Wickham et al., 2020). As previously discussed, however, the presence of in-work conditionality can certainly constrain the freedom available to those who are working and claiming UC as well (Dwyer, 2016). Where agency is partly determined by one's adeptness at navigating the structural features to which they are subject - conforming to the 'sameness' expected of all individuals within a given context (Hunter, 2003) - this carries substantial ramifications regarding the construction of identity. Further, instances whereby an individual is seen to deviate from collective (group) expectations, this potentially leads to the emergence of stigma which, as discussed below, may impose further constraints to agency.

Stigma and constrained agency

Identity and stigma are themes that frequently appear in structure-agency literature as they concern how one 'self-perceives', and is perceived by other social actors in the world around them, to derive a sense of self. Structural factors within society can affect this 'self' by variously inhibiting and enabling expressions of individual agency. Those who are subject to stigma may experience a diminished capacity to exercise agency, incurring harm to their identity both as the result of psychological damage from negative self-perception (Link et al., 2001), as well as in instances where public perceptions of the individual lead to discrimination (an example of structural factors presenting as obstacles to agency) (Rusch et al., 2006). To elaborate, those who are vulnerable to prejudice (stereotyping and stigmatisation) often become the victims of discrimination, which may be experienced as a loss of life opportunities in areas such as education and employment (Link & Phelan, 2001; Livingston & Boyd, 2010). Individuals who are the subject of prejudicial treatment may also internalise the stigma they encounter; identifying with, and believing to be true, features of a given stereotyping label and therefore acting to 'self-stigmatise' (Werner et al., 2007).

Actors who are integral to the delivery of welfare policy such as those who work for the DWP e.g. Work Coaches, may play a significant role in enabling or inhibiting agency on a personal level. Various roles associated with the successful delivery of welfare policy have been seen to include an element of actively encouraging the stigmatisation of the 'claimant' label (Baumberg Geiger, 2016), possibly through cultivating a feeling of lack of entitlement within the individual claiming, or 'undeserved-ness' of support (Gubrium & Lødemel, 2014). By contrast, the direct impact of welfare policy may be somewhat mediated by actors such as welfare rights workers, seen as either enhancing the agency of the welfare subject, or mitigating the power of those who deliver welfare policy. Koch (2020) explored the role of 'street level bureaucrats' (Lipsky, 1980) as guardians of the welfare system, attributing the growing demand on front line staff to continued 'austerity localism', which concerns the state's withdrawal from local communities. According to Koch (2020), those frontline staff who facilitate access to the welfare system position themselves as, effectively, advocates on the part of those who are more vulnerable than themselves; they act to mediate, translate, and act as gatekeepers for those who are engaged with the UC system.

It is crucial to recognise, however, that those who work for the DWP are subject to their own structural constraints as they fulfil their role, being expected to support and enact government policies. Consigning actors to a simple dichotomy of constraint or empowerment, based upon whether they engage with claimants on behalf of the DWP or third sector organisations, respectively, is therefore disingenuous and unhelpful. It has been recognised that a disconnect exists between the conception of policy measures, including the introduction of UC, and their actual, practical implementation. Frontline staff may be required to subvert, adapt or otherwise negotiate elements of welfare policies in order that their clients are seen as compliant (Crossley, 2016), sometimes assuming total control to ensure that a claim is progressed successfully. Scullion & Curchin (2021) drew attention to the high level of variability between UC claimant experiences of Work Coach interactions, regarding the sensitivity demonstrated in dealing with matters of mental ill health. In one example, an individual felt disrespected by a Work Coach who failed to take their mental health issues seriously; another Work Coach offered flexibility, inviting the claimant to a phone interview as this was more manageable for them than meeting in person. Contrasting scenarios like these indicate that the level of support offered at certain stages of the claims process does not necessarily depend upon the particular organisation engaging with a claimant, relating more here to the tendency towards empathy, or lack of compassion, exhibited at an individual level.

Where these discussions hold particular relevance to the current topic is in evidence suggesting that being exposed to different kinds of stigma can lead to a benefit claimant expressing ‘negative agency’ (Hoggett, 2006); a term that describes attempts to change one’s circumstances in ways that may seem counterintuitive (McIntyre, 1994). A person who is eligible to claim UC may experience *stigmatisation* (Baumber et al., 2012) and attempt to create distance from the stigmatised identifying label that is, for many, part of being a benefit claimant. This could lead to the expression of negative agency when attempts are made to hide an ongoing claim, or even stop receiving benefits entirely in order to avoid the resulting psychosocial damage; clearly, stopping the claim would result in a cessation of the respective financial support. Discussing negative agency within the context of wider structural constraints, Hoggett (2001) emphasises the need for robustness when attempting to provide accounts of the lives of those who access the welfare system. To understand the experiences of powerlessness and psychic injury within this context, equal attention must be paid to injustices and oppression, as well as the capacity for the individual to act with destructiveness towards the self and others as a result of living within this environment (ibid).

Baumberg Geiger et al. (2016) conducted a large scale (n= 2601), nationally representative survey, partly to determine reasons for non-take up of benefits when eligibility was not in question; over one quarter of respondents had decided not to claim what they were entitled to due to shame-related reasons. More recently, researchers have sought to explain non-uptake of UC during the Covid-19 pandemic; approximately half a million individuals declined to claim UC, over a quarter of whom did not apply as the result of claims stigma, indicating the strength of its apparent, stigmatising influence (Baumberg Geiger et al., 2021). Further, scholars have drawn attention to the fact that the figures from these studies may actually be higher; those who decline receiving benefits due to stigma may be underrepresented as the admission of stigma can be stigmatising in itself (Taylor-Gooby, 1976). As discussed at length in the prior, Literature Review chapter, the structural barriers to receiving different kinds of support may be perpetuated by stigmatic representations of people who claim benefits, as propagated by the government and in the media.

For this thesis, I adapt the work of Baumberg Geiger (2016) to understand how stigma may be experienced. As such, the term *stigmatisation* refers to the perception that others will devalue one's identity based upon their either claiming UC or experiencing mental health issues, while *personal stigma* refers to an individual's own feelings that claiming UC or experiencing mental health issues devalues identity (ibid). Further, it was a central aim of my research to ascertain whether participants experienced *claims stigma* and *mental health stigma*, and whether this may have led to expressions of 'negative agency' that could obstruct the successful management of mental health.

Situating my research in relation to structure-agency literature

The research above draws attention to stigma as an adversity that many individuals may be exposed to within the overarching structure of UC. To investigate influences that may feature in the interplay between agency and structure as opposing concepts, research often adopts an 'assets' or 'deficit' based model, respectively (Wright, 2012), in order to interpret how individual actors (or groups) respond to these features. Research that adopts a deficit model in matters pertaining to agency arguably positions individual actors as passive to adversity, with limited recognition of the effort that they expend to challenge their constraining circumstances. Further, research of this nature tends to be theory-driven in that it seeks to provide evidence of oppression against the individual, as wedded to pre-existing, dominant power structures (Frost & Hoggett, 2008; Renault, 2015; Rylko-Bauer & Farmer 2016). By contrast, research that adopts an 'assets' model considers what individuals can achieve - the enabling of action - by drawing upon natural, social, economic and human capitals (Serrat, 2008 in: Wittmer & Gundimeda, 2012).

The approach that this thesis takes is partly consistent with the latter, 'assets' model school of thought, as it is interested in ascertaining how those confronted with UC draw upon resources to challenge certain features of this overarching structure. Further, while this thesis certainly recognises the existence, and weight of, pre-existing adverse circumstances that may influence an individual's capacity to exercise agency, including those related to financial hardship and stigma, it emphasises how agency is expressed at the individual level, to challenge these adversities. A more traditional assets-based approach to this research was considered, however, particularly considering my elected social constructivist research paradigm (defined in the next chapter), focus is placed specifically upon the social resources that individuals draw upon, to challenge the adversities they encounter. Correspondingly, I refer to Coleman's (1998) foundational thinking on the concept of *social capital*, as a basis to develop these understandings. According to Coleman (ibid.), social capital considers how *changing relations* among persons constitute a resource in the facilitation of productive action; it seeks to identify the functional aspects of social structure, and the value that these may hold for an individual in pursuing their own interests. Dubos et al. (2017) define social capital with reference to resources available in social structures (social integration, relationships, and networks), rather than in individuals, while advocating for the concept's utility in capturing the essence of a variety of sociological concepts including social cohesion, social integration, and social support.

With the above definitions being quite broad, it may be useful to consider some specific examples of social capital in relation to the subject at hand for this thesis. Where mental health is concerned, consider a scenario in which an individual feels constrained from partaking in a regular hobby within the local community because they develop overwhelming anxiety about leaving the house and being among crowds. Recalling that one of their siblings was diagnosed with social anxiety disorder in the past, having received therapeutic support to maintain this mental health condition, the individual could phone their sibling to discuss how they might alleviate feelings of anxiety when they go out for the day. For another example, consider an individual who has worked in a particular field since leaving secondary school; recently, they have been made redundant, aware that the kind of work they are used to undertaking is becoming widely machine automated. Feeling undervalued, the individual may recognise a former colleague at the local gym, and the colleague may go on to describe how they claimed UC while retraining to enter a new line of work, drawing on certain specialist skills accrued at the company they both used to work for. This exchange may inspire the individual to pursue similar avenues, claiming UC as they embark on a training course.

Though these examples are simplistic in terms of the resolutions they present, they each demonstrate the value that social capital can hold for an individual in order that they feel *enabled* to take productive action and pursue their interests. Within the context of this thesis, social capital may best be understood as the resources available to an individual as they engage in personal relationships, with family, friends, and acquaintances, as well as community networks, in order to enable productive action (Flores et al., 2017). Further value in adopting a social capital approach is that it allows for nuance in understanding how individuals interact with social structures, recognising that they may not necessarily constitute a consistently beneficial influence, but also have the potential to inspire unhelpful action (Villalonga-Olives & Kawachi, 2017). Interrelatedly, Lister (2020) describes how the potential for social structures to enable agency may be impeded by the process of *othering*, whereby an individual experiencing poverty or claiming benefits, for example, characterises other people encountering similar adversities as malignant, as a form of identity management in response to stigma. In assuming a social capital-based approach to my understandings of UC claimant experiences, primacy is placed upon the social resources that individuals draw from to enable personal agency from within circumstance whose structural features present considerable challenges to its availability. Finally, aiming to advance knowledge on the mental health experiences of UC claimants, primacy is afforded to what participants themselves identify as holding relevance in this regard, with data being generated *inductively*.

As well as incorporating understandings of social capital, and the value of social resources in the interplay between structure and agency, I draw inspiration from 'psychosocial' research into experiences of poverty. Psychosocial dimensions present within power structures, especially those related to poverty - where social damage is incurred through feelings of disrespect, embarrassment and shame - have been investigated with deep interest in contemporary social research (Hoggett, 2001; Froggett, 2002; Cooper & Lousada, 2005; Clarke, 2006). As suggested by Stenner & Taylor (2008), terming study of this nature 'psychosocial' has been gaining popularity as it is often considered befitting of research that seeks to explore both the psychological and sociological processes underlying a given phenomenon. Psychosocial research considers the effects of exposure to social phenomena at the individual level; however it seeks to do so without conceding to the potential limitations inherent to purely psychological orientations (Stenner, 2004). For example, issues around redistribution, equality and inequality, justice and injustice that may be identified within societal structures and processes, are often overlooked in research that adopts an entirely psychological focus (Stenner & Taylor, 2008). Likewise with respect to the application of a sociological framework for matters of welfare, some of the more frequently discussed dimensions of agency such as 'reflexivity' and 'choice' (Giddens, 1992) are not necessarily the most relevant for those with very limited resources (Adams, 2007) and may be seen as undermining the structural realities that pose genuine risks of social exclusion through poverty and marginalisation (Stenner & Taylor, 2008).

The structure-agency debate holds a prominent place in the history of social policy and sociological literature broadly. In charting how scholars have approached a variety of topics over the past several decades, especially those that seek to advance understandings of the relationship between state power and the power that an individual is able to exercise on a personal level, one recognises that structure and agency are seen less as elements positioned at a juxtaposition, but rather as constituents that interrelate. Furthermore, contemporary research is often interested in exploring how concepts such as reflexivity and social identity act as mediating factors between structure and agency. As I conducted my fieldwork and subsequent analysis and discussion, I was sensitive to how each participant positioned themselves within their social circles; how they perceived themselves as 'claimants' within this context; and as experiencing mental health symptomology (or an MHC).

This thesis adopts a structure-agency framework, informed by social capital literature, to investigate how individuals are able to manage their mental health as they encounter the structure of the UC system. Each of the three themes, *financial hardship*, *the UC claims process*, and *mental health and claims stigma* implicate the availability of agency to manage mental health, being experienced, often concurrently, within the overarching UC structure. Again, I accept and adopt Archer's conceptualisation of the interplay between structure and agency, recognising foremostly that all participants in my study were, to an extent, at the mercy of various influences that had the capacity to enable and constrain. However, I considered that participants applied their own subjective sense-making processes to navigate the UC structure, including exercising choice in self-perception and identity construction within social circles. As discussed at length in *Chapters 5-7: Research Findings*, I acknowledge that each participant was engaged within a set of circumstances that brought its own unique constraining and enabling influences and as such, the availability of agency differed considerably. My research considers the structure of the UC system in relation to the evolving legacy of state welfare in the UK, future iterations of which will inevitably be shaped, in part, by the experiences and actions of those who are currently engaged with it.

4. Methodology & Methods

This chapter begins by defining the methodological position I adopt in my research. Transparency regarding the philosophical assumptions a researcher makes when exploring a given topic is elemental to credible qualitative enquiry (Creswell, 2009) and may in fact be considered fundamental to all social research. One may only propose to advance understandings of a phenomenon and present new knowledge, after first establishing the context from which participants derive meaning and construct interpretations of their experiences (Grix, 2004). The first part of the chapter is divided between the subheadings: *ontology and epistemology*, *research paradigm,* and *methodology*. According to Crotty (1998) one's assumed ontology and epistemology informs the research paradigm that they will adopt, which in turn informs the selection of their methodology; the order of the chapter reflects this, consecutively. Further, each of these components is recognised as being key to forming a philosophically consistent whole within social research (ibid.), providing a framework to inform the respective research methods. The second section of this chapter, therefore, focuses on the research methods I adopted for this thesis, and is divided under the following subheadings: *selection and access*; *data collection*; *data analysis*; *ethics, and; reflexivity*.

Ontology and epistemology

Ontology may be defined as the nature of reality (Hudson & Ozanne, 1988) or the 'study of being' (Crotty, 1998). For the purpose of this thesis the term considers how the subject under study, the ways in which an individual experiences their mental health within the context of claiming UC, exists within the world. Further, this study is interested in the way participant views are highly subjective, with recollections of experiences reflecting an individualised interpretation of events, rather than participants being viewed as observers describing an objective truth. As such, the study assumes a relativist ontological position (Guba, 1990), consistent with the interpretivist paradigm described below. Relativism regards perceptions of reality as being mediated by an individual's senses (Guba & Lincoln, 1994), with language representative of an active, conscious engagement with objects in the world in order to shape reality for the individual and subjectively construct, rather than 'discover', meaning

(Frowe, 2001). As will be elaborated upon throughout this chapter, understanding how the researcher and the researcher's participants perceive the world, reality, and their place in it, provides the rationale behind which research methods are then chosen to explore a given topic (Scotland, 2012).

Broadly, epistemology refers to theoretical approaches that consider how knowledge is derived from experience, or, a way of understanding and explaining what is 'knowable' (Crotty, 1998). This thesis assumes a social constructivist epistemological perspective as it focusses on the meaning making process of the individual, sensitive to the socially mediated contexts in which knowledge is created and applied (Ültanir, 2012). This is as opposed to the collective generation of meaning assumed in a *constructionist* epistemology, which places a greater focus on historical and cultural specificity, with knowledge sustained by social processes (Crotty, 1998). Further, this research regards knowledge as a human construction that takes place at the individual level (Boghossian, 2006), but with the social environment playing a critical role; the individual actor is an active participant in the process of acquiring new knowledge as they interpret experiences and interactions within this environment (Vygotsky, 1978, cited in: Ültanir, 2012).

Constructivism maintains that knowledge is created through an active process of linking what an individual already believes about the world with respect to the ideas, events and activities with which he or she has already come into contact, to the interpretation of new experiences (Scotland, 2012). Participants in this study were invited to reflect upon their mental health experiences while claiming UC, with emphasis placed on the socially mediated contexts in which these experiences occurred. Crotty (1998) defines knowledge and meaningful activity as being that which is constructed both in the process, and as the result, of interaction between humans and their world, developed and transmitted in a social context. This study sought to investigate how participants interpreted their own reality as regards experiencing a possible interrelationship between claiming UC and mental health, including how interactions with other individuals engaged in this process may affect their interpretations. After having established the ontological and epistemological positions I assume for this thesis, the next section of this chapter explains how I arrived at an appropriate *research paradigm* to investigate the mental health experiences of individuals claiming UC.

Research Paradigm

As defined by Mackenzie & Knipe (2006), a research paradigm is that which establishes the intent, motivation and expectations for a research project. Guba & Lincoln (1994) use the term to describe the researcher's world view, or the conceptual lens through which a researcher views the methodological aspects of their research. Selecting a particular research paradigm may be considered a rational, initial step when preparing to conduct a new piece of research, as it informs subsequent choices relating to research design and methods, as well as what kind of sources will be drawn on throughout the literature review (Kivunja & Kuyini, 2017).

At the planning stage for the research design of this project, the following three paradigms were considered: positivism, post-positivism, and interpretivism. Though eventually choosing to adopt an interpretivist approach, each of these paradigms had the potential of offering both distinct advantages and disadvantages to the aims and objectives of my thesis, as is elucidated upon herein. A positivist position places the notion of an objective, quantifiable truth at its centre, with explanations regarding social phenomena pointing to causal factors in a similar fashion to research that seeks to advance knowledge of the natural world (Mertens, 2005). Research of this type involves the measuring of observable data; information about a phenomenon is collected, with the assumption that it exists in a state of reality independent of the researcher's personal beliefs, and as such can be measured with tools that are not affected by bias in the process of the researcher's analysis (O'Leary, 2004).

With respect to the focus of this project, a positivist approach could, for example, have been applied as the basis to implement a testable hypothesis regarding the direct effect that engagement with the benefits system and claiming UC may have on the mental health of recipients; the resulting negative or positive mental health outcome carrying with it the suggestion of causality. Contemporary social science research that adopts a positivist paradigm implements deductive reasoning at the data analysis stage (Kivunja & Kuyini, 2017), often seeking to provide evidence of patterns and trends within a broader population (Fisher et al., 2012). As such, studies of this nature tend to involve a relatively large sample size whose demographic profile is viewed as generalizable; quantitative methods of data collection and analysis are primarily used (Chui, 2007).

Positivism originated during the Enlightenment period with the notion that scientific reasoning could be developed in order to understand the world, replacing what had previously been accepted through faith, explained by religion (Mertens, 2005). The concept of a single objective truth was challenged by theorists after the second World War with the emergence of postpositivism. While postpositivists still held fast the notion that phenomena could be understood through systematic, deductive reasoning in order to produce facts (Fadhel, 2002), they accepted that all methods of observation were fallible (Cook & Campbell 1979). Postpositivism accepts that several distinct theories may reveal the truth about how phenomena exists within reality (O'Leary, 2004), and as such can provide the basis for explorative research, including the application of qualitative methods of data collection and analysis, though, arguably, quantitative methods are still used with greater frequency for research that adopts a postpositivist research paradigm (Kivunja & Kuyini, 2017).

Contrasting the above approaches, adopting an interpretivist research paradigm was recognised as being best suited to pursue the aims of this research. This is because the aims of this thesis are principally concerned with context and meaning, therefore rejecting the idea that the relationship between an individual's perception of the world and the world itself reflects a single objective 'truth', derived from a context of definable 'social facts' (Rist, 1975). Further, qualitative, interpretivist research often adopts an inductive approach, exploring the subjective experiences of individuals or groups, including those who have been exposed to the same phenomena, or who are part of a shared social world (Langdridge, 2004) to yield new insights and advance knowledge on a given topic. With regard to this study, participants were invited to share their subjective mental health experiences within the context of claiming UC. A generalisable sample was not used to advance knowledge on this topic because I aimed to represent the *depth* of these experiences, as opposed to, for example, their frequency of occurrence.

Seeking to present comprehensive interpretations of the contexts in which UC claimants experience their mental health is consistent with an interpretivist research paradigm for several reasons. Through the interpretation of participant responses, the researcher may be seen as actively engaging in the process of developing knowledge, attempting to present findings which advance knowledge through the eyes of the research participant (Yanow & Schwartz-Shea, 2011). Interpretivism emphasises the ways in which perceptions of reality are heavily influenced by social factors (Gray, 2014), which ties closely to a social constructivist epistemological position. Further, with value placed on subjective experiences and understandings of a constructed reality, interpretivists reject the idea that objective research on human behaviour is possible, which complements a relativist ontology (Willis et al., 2007).

The researcher may be regarded as attempting to approach reality from the participant's perspective; being, those who are understood to have developed expertise, through interactions with the world, that dispose them to reflect insightfully on the area of research interest. In drawing upon multiple perspectives to explore a given phenomenon, interpretivism is regarded as a paradigm which often allows for more nuanced and comprehensive investigative research (Morehouse, 2011), seeking to understand the relationships that people have with their environments, including how they contribute to creating the social fabric of which they are a part (McQueen, 2002). It may be deemed insufficient to explore the substance of these relationships without providing an explanation of the context within which they exist; assumptions regarding the nature of reality; this understanding offers consistency with the structure-agency theoretical framework adopted for this thesis. In the next section, I describe the advantages, as well as potential limitations, offered by utilising a qualitative methodology, to inform my research methods for the subject of this thesis. Furthermore, I offer examples as to how an inductive, qualitative approach may have proven effective to complement prior research endeavours.

Methodology

This thesis adopts a qualitative methodology, to investigate the mental health experiences of individuals claiming UC. Broadly, qualitative research approaches seek to develop knowledge about how people make sense of their world, including how they interpret and experience different events within it (Wilson & Sharples, 2015). While quantitative social research frequently attempts to gauge the scale of a given phenomenon by aggregating numerical data, a qualitative approach sees value placed instead on relatively few cases, with findings presented following *idiographic* inquiry; individualised representations of the world are discussed, using words and pictures to capture these experiences (Robson, 2011). With this broad definition in mind, one may recognise that the ontology, epistemology, and research paradigm selected for this thesis, described above, are entirely concurrent with a qualitative methodological approach.

The following part of this chapter focusses on the advantages and apparent limitations identified in prior research that has adopted, alternatively, quantitative and qualitative methodological approaches. By presenting a critical discussion of the methodologies used in this diverse, yet highly relevant, collection of research, I aim to exemplify why a qualitative methodology was deemed the most appropriate to investigate the mental health experiences of those claiming UC. In the *Literature Review* chapter, I drew upon a wealth of quantitative research that detailed the uneven distribution of health adversities, by location, collectively signifying the interrelationship between poverty and health. Findings of this nature are fundamental to deciding the geographical distribution of targeted health interventions, however one may recognise that they do not necessarily advance understandings of *why* these illnesses occur with apparent increased frequency. This is because the purpose of this kind of research is not necessarily to *advance understandings* of the multifarious influences that contribute to adverse health for those living with poverty, beyond that which may be gleaned by recording unemployment figures or other *quantifiable* variables. As such, one may assert that attempts to gauge the frequency with which health disparities occur would benefit from incorporating a qualitative, investigative perspective that may, for example, utilise in depth interviews to understand how these health issues arise and furthermore what features of living with poverty may contribute to their pervasiveness.

The scope of these findings, regarding the geographical distribution of poverty, may also be limited by virtue of the variables used to measure and define poverty; they necessarily exclude other features, particularly those related to the ongoing structural drivers in poverty's propagation. Indeed, it may only be possible to develop an understanding of these constituents of poverty by adopting a qualitative approach, drawing upon perspectives from those who live within such environs. As pointed out by Reeves et al. (2020), the literature calls for understandings of poverty that better reflect the most urgent needs of these populations, and this may be achievable only by inviting those with lived experience of financial hardship to *co-construct* its meaning and definition. While I did not adopt a co-construction approach in this thesis, I was mindful of how best to approach the subject of mental health within the context of claiming UC, recognising that those who live with poverty may be predisposed to experience this interaction with increased vulnerability. My aim in this thesis is to advance understandings of how mental health is experienced within the context of claiming UC, rather than attempt to convey a sense of the scale to which this interaction is experienced (as might have been achieved by aggregating survey data, for example).

It would be disingenuous, however, to equate the apparent limitations outlined above, exclusively to the fact that these research projects adopted a quantitative approach, as qualitative research also has the potential to present arguably simplified understandings of complex social phenomena. To exemplify this, the above limitations regarding definitions of poverty may also be recognised within a breadth of qualitative literature that attempts to reveal the apparent correlation between socioeconomic inequity and serious health problems, including reduced life expectancy. Particularly relevant to my own work, Mattheys et al. (2018) conducted qualitative interviews with people in the Northeast of England to ascertain how austerity measures implemented within a specific town, Stockton-on-Tees, resulting in cuts to social security, had negatively impacted mental health. Specifically, researchers found a significant link between reduced access to psychosocial and material resources (feeling isolated and unsafe; reduced financial security, respectively), and negative mental health outcomes (ibid). Clearly, findings such as these are crucial to drive shifts in policy so that the respective individuals receive better support; however, the study appeared to allow little scope for residents to explore their personal feelings about what it meant to live in deprivation, including how they personally conceptualised this ‘deprivation’. Researchers set the context (austerity driven social security cuts; specifically, those which contributed to spatial inequalities) within which mental health experiences were discussed, without deviation. With findings such as these in mind, it became key in the design of my own research not to assume that a specific kind of relationship (or indeed, necessarily *any* relationship) existed between mental health and the claiming of UC, when engaging with the respective individuals.

Indeed, Rose & McAuley (2019) sought to advance understandings into the apparent social causation that precipitates adverse health conditions in adulthood, for children growing up in adversity, by drawing on ‘life experience’ accounts from their parents. Researchers analysed a sample of four interview transcripts, from separate studies, comparing experiences of poverty from the nineties to the present day; each study had applied an in-depth interview method that allowed participants to identify for themselves how their daily worries and stresses were manifest with respect to their adverse living conditions. The common factor between these multigenerational accounts was that they could not be reduced to any simple path of causation; myriad influences were identified for each family in terms of the challenges they had to contend with, which, by extension, served to highlight the risk in assuming generalisable patterns to predict health outcomes for families living in similar circumstances.

Finally, qualitative research has frequently sought to establish causality between low employment levels and adverse health conditions (Thern et al., 2017; Latsou & Geitona, 2021). For example, Cribb et al. (2018) found that the most common types of illness (both physical and mental health problems) are experienced by those with the lowest employment rates, earnings levels, and hours. Broadly, a pattern in the literature emerges suggesting that a lack of paid employment frequently directly precipitates negative mental health outcomes and leads to an increased likelihood of exposure to a range of mental health adversities (see also: Moore et al., 2017; Cygan-Rehm et al., 2017; Thern et al., 2017; Latsou & Geitona, 2021). One may posit that findings from studies such as these hold great utility in their generalisability, yet one may recognise that these findings may simply reflect the relative difficulty for those living with poverty to arrive at information to manage mental health and seek out the required support. Though unemployment likely did influence the mental health of a proportion of the participants, it would arguably be contentious to posit that unemployment effectively *caused* their health adversities, as the reader may surmise.

In sum, gauging the scale of health inequalities that may exist for people who are unemployed and living throughout adversity is imperative to drive policy and apportion aid, and the above research is crucial in this regard. From a qualitative standpoint, one may feel inclined to exercise caution as they appraise such findings, as superficial interpretations of this kind of data could potentially lead to simplified understandings of complex social phenomena. Further, the apparent causal linking of illness with employment-centric statistics may be contentious without engaging directly with the respective population; otherwise, this interrelationship may only be inferred. Participant led, investigative qualitative research may hold particular methodological value here, with regard to understanding the nature of this apparent connection. This mode of research could offer a platform for participants to reflect upon their working experiences, and any interaction that may emerge within the broader context of mental health experience. Through this approach, explicit causation, or the researcher's prerogative to affirm or refute a theory-derived hypothesis, may be resisted in favour understanding the subject inductively (or 'bottom up') from the point of view of the individual, which is to say, those who have accrued experiential knowledge (Hunter, 2013)

Where the specific subject at hand for this thesis is concerned, literature strongly indicates how discrete aspects of the UC claims process contribute to, or exacerbate, mental health adversities (Cheetham et al., 2019; Wickham et al., 2020; Wright et al., 2022) and living with poverty is recognised as constraining the agency available to respond to health issues (Marsh & Rowlingson, 2002; Vegeris & Perry, 2003; Burns, 2015; Lister, 2015; Martin de Holan, 2017). An inductive, qualitative approach to investigating the mental health experiences of those claiming UC is needed to advance knowledge on how these elements intercept, being derived from the subjective experiences of individuals who have been 'exposed' to this apparent interrelationship. One may recognise that, although the specific, individual circumstances through which a person becomes engaged with the benefits system may be infinitely multifarious and complex, at its most basic level one may consider that state welfare (and therefore UC) primarily exists as a means of redistributing wealth throughout society via its system of "income maintenance" (Behrendt, 2002, p. 261); a vital resource for those with limited financial security (Robson, 1976; Joseph, 2019).

While much research, including the above, offers a valuable overview of trends in the distribution of poverty and its apparent effects on health, arguably a limitation exists in the relative scarcity of qualitative data with which to enhance understandings of claiming UC in relation to these adversities. Though a growing body of qualitative research has attempted to engage with the mental health experiences of those claiming UC, and how this may interact with the above-mentioned challenges associated with poverty, my research aims to allow claimants to draw any such comparisons *themselves*, by reflecting upon mental health experiences within this context. This thesis adopts a qualitative methodology, implementing an interpretivist approach to understand the mental health experiences of people claiming UC, drawing upon multifarious viewpoints from individuals who are engaged with this interrelationship. Correspondingly, by adopting a social constructivist epistemology and a relativist ontological position, the interpretivist research paradigm is used as the basis from which to inform appropriate methods of data collection and analysis. According to Crotty (1998), with these elements established, one can credibly consider which research methods would allow for exploration of the topic whilst maintaining philosophical consistency. A such, the next section of this chapter focuses on the methods I chose to generate and interpret research data, and is divided under the following sub-headings: *selection and access*; *data collection; data analysis; reflexivity,* and *ethics*.

Selection and access

Participants were recruited from Greater Manchester (GM) and were claiming UC at the time of being interviewed; they had self-reported (to gatekeeper organizations, discussed further below), as having experienced changes to their mental health within the same period that they were claiming UC. Recruiting participants from the GM region was an important consideration, as investigating any potential interrelationship between living with poverty, and claiming UC and managing mental health, was central to my research aims. To elaborate, GM experiences nationally high rates of poverty; according to the most recently recorded English Indices of Deprivation, the cities of Manchester and Salford are recorded as being the 5th and 19th of the 298 most highly deprived neighbourhoods in the UK, respectively (Department for Communities & Local Government, 2019).

Initially, the aim was to recruit 20 individuals who were claiming UC and living within GM at the time of interview. A total of 20 participants was estimated to be an appropriate number to generate a substantial body of data, speaking to the research aims whilst being manageable for a single researcher in a study of this nature. This was based on the prevalence of prior qualitative study that had investigated similar topics, having drawn on approximately the same selection size. The total number of completed interviews was 16, due to a combination of factors, including: changing availability on the part of prospective participants and disruption caused by the Covid-19 outbreak (discussed further under the 'Reflexivity' subheading). This is not to say, however, that conducting slightly fewer interviews should be taken to reflect a research limitation. That the fieldwork began, and was concluded, when it did, may in fact be recognised as a significant strength of the research in that it captured a unique, somewhat ephemeral, timeframe wherein the GM region had completed the ‘full service’ rollout of UC, while also occurring ‘pre-pandemic’. As such, interviews for this research took place at a singular moment in time.

As the inclusion criteria for this research was relatively broad - residing in GM, being over the age of 18, claiming UC at the time of interview, and having experienced changes to mental health while claiming UC - I attempted to present a modest image of the diverse cross section of individuals who claim UC. Individuals who participated in the study included, for example: traditional ‘jobseekers’, lone parents, those previously on tax credits, and people with existing health problems/disabilities, including those who had completed a period of transition from a legacy benefit (such as ESA) onto UC (see Fig. 2). In traditional terminology, participants are identified as belonging to a ‘sample’ group; Gentles et al. (2015) assert how this term may serve to undermine the highly subjective nature of interview data in qualitative research of this type, carrying the implication that participant responses represent the views of other people who meet the inclusion criteria, i.e. UC claimants generally, with results therefore lending to broad generalisations about this population. In keeping with my philosophical framework, findings from this study are not intended to be generalisable for the majority of UC claimants, with data analysed for its richness in exploring the phenomenon under scrutiny only; the group from which each participant is chosen, therefore, is referred to as a ‘selection’.

A group of individuals who work for services and organisations offering welfare support provision for people living within GM were approached in order to help facilitate access to participants. A less specific inclusion criteria was applied when approaching these ‘gatekeeper’ organisations in order to take advantage of the fact that they catered to a broad demographic. Most correspondence was via email; however, several meetings took place either face-to-face or over the phone, as this was offered as an alternative if preferred. Specific individuals were identified based upon their frontline experience and knowledge of working with UC claimants in GM; assistance was provided to facilitate access to claimants who had self-reported experiencing changes to their mental health throughout the claims process, which meant that I was able to maintain relevance to the aims of my research. Formal interviews did not take place with these practitioners; however, an abridged version of the Participant Information Sheet (see Appendix. B) was distributed to them, providing a comprehensive overview of the purpose of the research, what it involved, as well as how participant confidentiality and anonymity would be protected. Participants' right to withdraw data, and all relevant ethical considerations, were disclosed so that an informed decision could be made as to whether assistance at the recruitment stage was possible or appropriate for each party within their respective organisation.

This research employed purposive sampling (Guetterman, 2015); more specifically, my approach was consistent with *critical case sampling* in that I approached a relatively small group of individuals in order to yield knowledge (inductively) that would be highly relevant to my research aims (Etikan et al., 2016). In sum, I aimed to garner substantively rich insights from individuals who were able to reflect upon their mental health experiences as they claimed UC, with sensitivity paid to how the structure of the benefits system may have implicated mental health management. I was keen to engage with individuals who had the respective specialised, experiential knowledge that would speak with robustness to my research aims; it was anticipated that the specific demographics of this population (e.g. age, gender, and ethnicity) would largely be determined by individuals from the gatekeeper organisations who offered assistance at the recruitment stage, providing that the prospective participants met with the inclusion criteria. Access to approach individuals for my fieldwork was facilitated by a variety of third sector organisations whose clientele were situated in GM; different (GM) local authorities, housing providers, and charities also offered their support. Gatekeepers approached individuals on my behalf; it was only when express permission from the individuals in question was granted that I made contact.

Data collection

The method of data collection was informed by my assumed, social constructivist (Ültanir, 2012) epistemology; I was interested in gathering highly subjective data derived from each participant's individual perception of their mental health experiences in relation to UC, both broadly speaking, and with respect to specific aspects of the claims process. Additionally, I would endeavour to understand how participants made sense of these experiences within social contexts (ibid.). With these points in mind, one-to-one semi-structured interviews were conducted to collect data; it was anticipated that adopting this method would allow for extensive, explorative responses from participants, albeit elicited in a gently guided manner (Harrell & Bradley, 2009). Each participant was interviewed once, within a quiet public setting, (e.g., the conference room in a local library), at a time and place of convenience to them.

In the first instance, a topic guide (Appendix. C) was used as the basis for each interview, ensuring that points of discussion would maintain relevance to my research aims throughout. Broadly, questions and topics centred on the overarching research aim of this thesis, investigating the mental health experiences of those claiming UC. To elaborate, topics were partly selected based upon the significance they appeared to hold in prior literature. Correspondingly, with regard to mental health within the context of claiming UC, I composed a wide ranging, diverse topic guide, with questions related to: the online claims process, experiences of the Work Capability Assessment (WCA), the initial assessment period ('5 week wait'), issues relating to the conditionality regime, whether mental health support had been in place (with further questions regarding the nature of this support), the different ways that financial hardship was felt, including with reference to the monthly payment schedule, where appropriate, and the impact of receiving an Advanced Payment Loan (APL), resulting in a consequent reduction to instalment amounts (see Appendix. C, interview topic guide).

I made an effort to ensure that questions pertaining to the above matters were posed in such a manner that participants could offer their perceptions comprehensively. Further, while the topic guide provided the opportunity for participants to reflect upon various discrete areas of claiming UC and responding to mental health, I was also keen to cede control and encourage deviation from these predetermined topics (Harrell & Bradley, 2009), providing that relevance to the overall central subject was maintained. Further, participants were given the opportunity to digress from the interview schedule of questions (those which may have addressed the interrelatedness of mental health and UC more directly and explicitly) in order to explore mental health experiences that carried subjective resonance, while I positioned myself as a gentle guide (Barriball & While, 1994), steering interviews "conversationally" (Harrell & Bradley, 2009, p. 27), and in an unobtrusive way, pursuant to my research aims. I was also especially keen to invite participants to broach topics that apparently featured *less* prominently in prior literature. Correspondingly, as I intended to form a qualitatively rich impression of each participant's subjective circumstances, discussions relating to living with poverty, and experiences of different kinds of stigma, gave rise to emergent themes baring high relevance to the central subject of mental health and UC (see Appendix. H, showing participant *Celia's* initial thematic map). Participants elucidated upon how these different challenges may have been experienced concurrently, within the context of managing mental health. Again, by virtue of their generating 'new' knowledge, derived from individualised perspectives, these discussions would include frequent deviation from the precomposed interview topic guide. 'Probes' were used at my discretion, both as a means of clarifying answers, as well as to gently encourage participants to elaborate when responses seemed to hold particular relevance either to the subject directly, or to the participant in their interpretations of their experiences (Barriball & While, 1994).

A pilot interview was carried out at the initial stage of fieldwork, which resulted in several revisions to the topic guide. Brooks et al. (2016) emphasise the importance of conducting pilot interviews in order to make revisions to the 'research tools' that will be used at the main fieldwork stage, improving the researcher's capacity to collect suitable data. The advantages offered by conducting a pilot include a number of practical considerations, allowing the researcher to: discern approximately how long it will take to complete the topic guide; practice posing questions that may require extra sensitivity (particularly relevant in this research, considering the mental health subject matter); and test the suitability of an interview environment (ibid). As well as these practical considerations, I was able to adapt, and make additions to, the specific wording of my interview topic guide, improving my capacity to yield valuable data as I engaged with participants. The improvements that I made to the topic guide primarily related to striking the right balance between: maintaining my aim to yield inductive data (insights that reflected the participant's status as an individual with specialised, experiential knowledge), and; being confident to ask questions intended to elicit greater specificity, where appropriate. Foremostly, I recognised that the nonspecific nature of some of my questions, especially pertaining to advancing through the claims process, needed addressing, or I would risk generating a body of data that lacked substance and incisiveness.

To exemplify this flaw in my initial approach: it was difficult for the participant to recall the various expectations associated with claiming UC, when I asked the overarching question, "Can you reflect on any mental health experiences that related to advancing through the claims process?" This question was *leading*, in that it assumed that mental health issues did relate to this process. Furthermore, I recognised that to ask this question, exclusively, was unhelpful, and would not effectively yield data responsive to my research aims. Crucially, many of the questions I posed in the pilot interview placed an unreasonable expectation on the participant, to recall specific occasions and events, without appropriate prompts. By virtue of the overly general nature of the question above, the participant was inclined to submit an equally vague answer, stating: "(Universal Credit's) just so much to deal with, on top of everything else". This response was insightful in a certain aspect, in that it did indicate how demanding the claims process could be in relation to other challenges. However, were my data to consist of similarly broad insights, exclusively, this would probably make it difficult to present findings with sufficient depth to understand the interplay between mental health, UC, and other aspects of context, at the interpretive stage.

In sum, conducting the pilot interview was crucial because it informed adaptations to my topic guide so that I was at once able to maintain my inductive approach to data generation, while also asking questions, or providing 'prompts', regarding specific features of UC that were important to understanding people's experiences. Recognising the importance of this adaptation, I revised each area of the topic guide to include additional questions and prompts for clarification and finer detail. This was in addition to (rather than instead of) more general questions, such as those above. Again, I was keen to 'differentiate' questions in each interview so that participants had the opportunity to broach subjects that they deemed relevant themselves, as well responding to the specific topics I raised. Value was placed on each participant's subjective perception of claiming UC and managing mental health, and as such deviation from the interview schedule was not discouraged, providing responses remained highly relevant to the subject under investigation. Conducting interviews in this way, I strived to avoid rigidly positioning myself as *researcher* and the participant as *research subject*. As such, interviews often resembled a "controlled conversation"; a term associated with the 'unstructured' interview, common to ethnographic research (Gray, 2014). However, again in keeping with the general convention of the semi-structured interview method, participants were interviewed once only, for a duration of approximately one hour (Jamshed, 2014).

Data analysis

By virtue of the highly subjective nature of first-hand accounts comprising the research data, it was necessary to implement a method of data analysis that offers flexibility at the interpretive stage. Thematic analysis was identified as the most appropriate analytical method to apply in this research, maintaining consistency with the interpretivist research paradigm, and the data collection method (Braun & Clarke, 2006). To elaborate, the analytic process was inductive, attempting to advance understandings of the subject with themes strongly linked to the data generated at interview (Cohen et al., 2007); this is as opposed to applying a deductive, theoretically-driven method of analysis, whereby the researcher attempts to test a hypothesis, either affirming or refuting theoretic interests decided upon prior to data collection (Sargeant, 2012). Further, as an active role of engagement, one acknowledges that the analytic process cannot be entirely divorced from personal interest on the researcher's part, in terms of selecting which responses speak to research aims with veracity and robustness (Cupchik, 2001); with this in mind, analysis was guided to the greatest extent possible by participant interpretations of their mental health experiences while claiming UC.

Thematic analysis was implemented across six stages, following the example of Braun & Clarke (2006). Stage one involved transcribing the entire corpus of data (where each interview is considered a data 'item', the collected interviews or data set is termed 'corpus'), which was essential, practically, to facilitate the subsequent identifying of themes, as well as allowing for familiarisation with the data. It was furthermore essential to re-read each transcript several times while the raw audio played, both to check for any errors that might have been made in the transcription process, as well as, again, to cultivate a deeper understanding of the data by becoming more familiar with it. I then began to identify any potential points of interest within the collected transcripts using a highlighter pen and making annotations where appropriate.

Stage two entailed coding the data; highlighting segments of text from the transcript that seemed to reflect particular interest or meaning to the participant. Page and line numbers where segments of text had been highlighted were recorded separately. Once again, at this stage it was important that the interpretive codes represented data that seemed meaningful to participants themselves, rather than speaking to my research aims, and each code remained highly descriptive at this point (see Appendix. F). In several instances, it was also important to code slightly around extracts in order to convey the context in which a particular segment of speech occurred. The third stage entailed an initial interpretive analysis, whereby coded data was preliminarily clustered under 'candidate' themes (ibid). These clustered groups encompassed data lending to a collective, broad definition, but were still quite literal. My own preference was to produce as many candidate themes as possible (see Appendix. G).

Stage four involved refinement of candidate themes, reviewing those which seemed to be more distinct, whilst also merging certain themes that appeared to hold very close meaning. This was an iterative, continuous process of revision and reflection, in order to eventually compose a thematic map, which acted as a visual representation of the various themes that had been raised by participants at interview, clustered into groups (see Appendix. H). Analysis then moved away from individual data items, to seeking out themes within the entire corpus of data. At this point, the following master themes were chosen: *poverty*, *claiming UC*, and *stigma*. Finally, structure-agency was used as the theoretical framework to interpret, and present an in-depth discussion of, the data. Master themes emerged, reflecting participants' experiences within the overarching structure of UC, and were used to title each Findings chapter: *Financial hardship*; *The UC claims process,* and *Mental health and claims stigma,* respectively. The subject of this research, the mental health experiences of UC claimants, is prominent in each of the following findings, and conclusions, chapters.

Ethics

Guillemin & Gillan (2004) distinguish two fundamental dimensions to ethics in research: procedural ethics, which usually involves a process of application to seek ethical approval from the relevant panel or committee, and ethics in practice, which refers to the kind of 'spontaneous' ethical issues that can arise in the process of conducting research. Researchers have questioned the practical usefulness of ethical codes of conduct, whose guidelines must be met in order to achieve ethical approval from a committee, with regard to their relevance when conducting field work. For example, emphasis is often placed on how confidentiality must be maintained throughout the data collection process, but rarely discussed are the specific steps one must take in seeking a resolution if an unexpected incident occurs in the immediacy of an interview or focus group e.g. how one ought to proceed when confidentiality must be broken. This could pertain to circumstances in which an participant discloses information that involves putting themselves or others at risk of harm, or in instances when the researcher is put at risk. As such, the importance of ‘practice ethics’ has been emphasised to respond to these kinds of scenarios, with reflexivity playing a key role.

This project adhered to the guidelines set out by the University of Salford’s Academic Ethics Policy, which sits under the University’s Ethics Framework and Research Code of Practice, in compliance with the Research Ethics Guidelines of the Social Research Association (SRA, 2021). The project received ethical approval from the University of Salford Research Ethics Panel. Following ethical approval, participants were invited to take part in the research in person, with assistance at the recruitment stage from intermediaries and organisations based within GM, as referred to previously. Some organisations that were approached agreed to share details of my research by displaying a participant recruitment poster on their premises (see Appendix. D). Each potential participant was handed a Participant Information Sheet providing information about the study, including its aims (see Appendix. B), allowing for informed consent to participate, which was recorded via signature on a separate document (see Appendix. E). Prior to the commencement of each interview, I had a conversation with each participant to explain the aims of my research and to provide the opportunity for them to ask any questions. Participants were made aware that all information disclosed would be kept entirely confidential, with measures to protect anonymity including the anonymising of any aliases, place names, and any other identifying details. Further, each participant was informed that the interview would be approximately one hour long, recorded on a digital voice recorder with their permission, and should they so choose, they could ask for the interview to be terminated at any time. Participants were also made aware that their data would be kept safely on a password-protected computer, accessible only by me, and that they could withdraw their data from the study up to a specific date approximately one month following the interview.

Accommodations were offered to allow for a degree of flexibility insofar as arranging a time and place of convenience for each interview to be conducted. Scheduling was especially sensitive to consider possible work, family, and childcare commitments.

Throughout each interview, extra care was taken due to the potentially highly sensitive nature of the research topic, with questions being posed to potentially vulnerable individuals. Because the interview concerned mental health, measures were in place to protect participants from experiencing emotional distress or psychological harm. In an instance where a participant became distressed, I proposed to take a break in order for the participant to settle down; I would then ask whether it would be reasonable to continue, or to stop the interview altogether. For longer term support, signposting to local support services was suggested where appropriate. Following the completion of each interview, participants were handed a debriefing document, providing further background information on the study, as well as signposting potential support organisations to address any sensitive issues which may have been raised relating to the study topics (this included any issues pertaining to both mental health, and welfare rights).

As my research sought to investigate a potentially highly sensitive subject with individuals who may be seen as vulnerable or disadvantaged (Dickson-Swift et al., 2007) it was important to reflect on whether participation could pose any risk of harm throughout the data collection process (Lee, 1993). On several occasions, I needed to carefully consider the ethical implications of my research, beyond those that were considered when I made my application for ethical approval to the university panel. For example, my first interview was with Celia (pseudonym), a young woman who was recently bereaved of her father, and as such extra sensitivity was necessary when the interview involved discussing this area of her life. Butler et al., (2019) highlight the possibility that research participants in this position may experience secondary distress or trauma at the point of recruitment and emphasise the necessity of a multi-phase screening process to minimise the risk of participants incurring psychological harm when taking part in grief research. Similarly, in correspondence with the organisation who facilitated contact with Celia, the individual who helped arrange our interview had worked with Celia and her family for several years and was able to (informally) screen for the prospect that involvement in my research would present a psychological risk to Celia, prior to commencing our interview. A similar process of careful consideration was used across my selection group, to ensure that the wellbeing of every participant was considered.

Reflexivity

Reflexivity is an established technique to ensure rigour in qualitative study (Finlay 1998; Koch & Harrington, 1998) requiring the researcher to cast a critical eye over the influences that have guided the direction of a project from its inception. This includes the motivations behind choosing to advance knowledge in a given area, as well as decisions about which tools have been deemed most suitable to generate this knowledge. Where critical scrutiny of this nature holds relevance to ethics in practice, is in ensuring an alertness to the various interpersonal aspects of interactions between researcher and participant. Consistently being mindful of how best to protect participant autonomy, dignity, and privacy, is thought to cohere with an alertness to issues of knowledge creation within reflexive practice (Guillemin & Gillan, 2004). This is to say, a researcher's integrity is tested when demonstrating conduct that both serves to meet research aims and objectives, but also protects the wellbeing of the participant. Acknowledging the actual impact that participation in research may have on the lives of individuals is an important consideration and may necessitate an adaptation to the way that questions are framed, timed, and worded. In the immediacy of the interview situation, an increased sensitivity to participant responses may also include making an informed decision about whether to probe a participant on an emotive topic. Reflexivity in practice would lead to a decision that considered what such a response might bring to the project when elicited, in terms of potentially generating rich data, and whether this could be achieved while protecting the wellbeing of the participant and not causing undue distress.

During my fieldwork, there were several instances that required me to exercise my personal reflexivity to resolve certain challenges. For example, while most participants were recruited at the discretion of gatekeepers, one third sector organisation advocated a more researcher-led approach. In this instance, correspondence with a representative from a third sector organisation resulted in an invitation to embark upon a short course of General Data Protection Regulation (GDPR) training, as well as training to use the organisation's case recording system and data reports. Following this training, and after signing a confidentiality agreement, access to the database of individual client cases was granted. This was an extremely generous proposition as it allowed me to choose specific clients whose cases seemed likely to speak with robustness to my research aims; I was able to select individuals who had reported mental health related changes to their circumstances, and who were claiming UC. This arrangement was advantageous for several additional reasons; it also allowed me to implement variation in terms of the demographics of individuals I invited to be interviewed (age, gender, ethnicity, marital status and home situations; in some cases - reason for claiming) beyond those who simply fulfilled the broad inclusion criteria. Having direct access to the cases also mitigated against possible bias on the part of the gatekeeper organisation, in terms of which clients they decided to put forward as prospective interviewees.

It is important to note, however, that while this was certainly a generous offer and an excellent recruitment opportunity, in the first instance it was also an avenue that struck me as potentially ethically compromised. This was because clients had not provided consent for their private, personal information - including the nature of their correspondence and their contact details - to be made available to a third party in my position i.e., a researcher seeking prospective participants. Following consultation with my supervisors, I resolved this dilemma by requesting that my contact within the organisation make initial enquiries with prospective participants (in the same way that other organisations had); she would ask whether each individual would be interested in taking part in my research, then, providing that they answered in the affirmative, would go on to ask permission for their contact details to be passed on to me. Only following this process would I then make contact to arrange an interview. Contacting each potential participant was time consuming on the part of the advisor, and I was extremely fortunate and grateful that she was willing to support me in this way. It may also be argued that the individuals who comprised this group were likely to have a shared type of experience; those approaching the organisation in question would have experienced relatively serious issues in relation to their UC claim e.g., those that they had been unable to resolve at their local Jobcentre Plus. By virtue of these considerations, it was crucial that this organisation was not the only one that was approached for recruitment purposes.

I was particularly mindful of the need to reassure participants that their confidentiality would be protected throughout conducting my fieldwork. Several participants needed reassurance over the phone, that their participation would not involve any correspondence with the local council or contact with the DWP. I was happy to provide this reassurance, including during actual interviews in several instances. Two participants in particular seemed to voice suspicion over my role as an independent researcher from the university. Again, I was able to clarify the motivation and reason behind my research to reassure participants that every effort had been made to protect their rights, particularly where confidentiality was concerned. These experiences speak strongly to ethical challenges identified in literature around conducting 'outsider research' (LaSala, 2003). Wigginton & Settchell (2016) discuss the ethical implications of embarking upon qualitative research into sensitive issues where stigma may be a factor - as in the case with this thesis - wherein the researcher is positioned as an outsider to the phenomena under scrutiny. Although I am not entirely unfamiliar with the subject of this project considering my personal experience claiming ESA several years ago, and may indeed be able to offer some personal reflections on issues of benefits stigma, it may be argued that the essence of the research-participant dynamic in my elected methodology (and the fact that the welfare system in the UK has changed dramatically since I claimed benefits; crucially, with the introduction of UC) positions me as an outsider.

'Outsider research' may be regarded as providing both advantages and disadvantages to broaching sensitive subjects in research, compared to investigating from an insider perspective (Yost & Chmielewski, 2013). For example, the researcher's relative naivety regarding the phenomena may encourage participants to provide a more comprehensive explanation of their experience, including what may be considered taken-for-granted elements to those with an insider perspective (LaSala, 2003). Conversely, Hayfield & Huxley (2014) argue that the lack of familiarity with the subject under study can lead to the researcher either misunderstanding the disclosed experiences of the participant or imposing their own bias at the interpretive stage, allowing assumptions about a given population or group to guide their analysis, thereby effectively contributing to the stigmatisation of said group (Link & Phelan, 2001). Where my own research is concerned, I was able to reflect on my own prior experience of engaging with the benefits system when, several years prior, I received ESA. Although I have extensively outlined the features that mark UC as unique, I also recognise that there are elements that persist from the legacy benefit ESA, especially for individuals who claim while their health needs limit capacity for work. For example, I recognised that I was likely to find participant insights regarding the Work Capability

Assessment highly relatable, as I had also been subject to these assessments when claiming ESA.

At the interpretive stage, themes were generated inductively, based on participant responses, rather than their substantiating any preconceived theories I may have had about the interrelationship between UC and mental health. As well as considering my personal familiarity with elements of the research subject (having previously claimed ESA), the abovementioned risks inherent to outsider research were somewhat mitigated. Indeed, as I progressed with my fieldwork, I accepted the advantages to self-disclose my former experience of engaging with the benefits system and adapted my approach accordingly to develop rapport with participants in exploring this sensitive subject (Campbell & Wasco, 2000). To elaborate, I was initially tentative to disclose that I had claimed ESA, with the misapprehension that to do so would negatively affect my perceived impartiality and therefore the willingness of participants to speak freely. However, I soon found that participants responded well when I made brief remarks about having claimed benefits in the past (especially my own experiences of the processes that remained in UC); far from becoming inhibited, participants then offered greater detail than they may have, had I chosen to omit this about myself.

Finally, soon after completing sixteen interviews for my fieldwork, I reached a crucial juncture whereby I needed to decide how to proceed on account of the Covid-19 outbreak. It may have been possible to adapt my research methods to facilitate remote interviewing, but I decided to end the fieldwork stage, foremostly because I was fortunate at having already accrued sufficient data to analyse in my Findings chapters. It was also important to consider that to continue fieldwork as the pandemic pervaded many different aspects of people's lives would risk producing skewed findings, potentially becoming a central focus of subsequent interviews, obfuscating my research aims. Throughout this *reflexivity* section I have provided details regarding how reflexivity was exercised in response to potential ethical challenges and considerations, over the course of completing my fieldwork. The section below presents a reflection on the specific methodology and methods adopted for this thesis, recognising what was successful in my approach, as well as the limitations that emerged.

Reflections on my Methodology and Methods

This section of the chapter presents a discussion regarding the methodology I adopted to pursue my research aims, and the associated methods I implemented to generate research data. Though I drew from a substantial body of relevant literature to contextualise my work, it was my aim to allow participants to identify for themselves what features of claiming held the greatest personal and subjective significance in terms of how they experienced their mental health. Considering my elected methodological position, when I embarked on my fieldwork, I was highly sensitive to how each participant's idiosyncratic representations of their mental health experiences when claiming UC were derived from singular, subjective perspectives. It was fundamental to my objectives that each participant was able to elucidate upon their individual circumstances until they had conveyed an appreciable representation of the *context* of their lives. This meant that, while I did ensure that responses to my pre-composed schedule of questions were elicited, of equal import were any deviations that occurred, providing relevance was maintained.

I applied a deliberately broad definition to what constituted ‘mental health experiences’, which meant that participants exercised their own discretion to identify where matters relating to mental health had been raised throughout the claims process. As such, knowledge on this topic was generated inductively, for the most part, with scope for me to pose my own questions specific to individual elements of the claims process as well (please see Appendix. C, interview topic guide). As I conducted interviews, my intention was that reflections would be arrived at that bore high relevance to the subject of my research ‘organically’ (Braun & Clarke, 2006), e.g. in a more participant-led manner than would necessarily have been possible had I only accepted responses to a more rigid line of questioning (Harrell & Bradley, 2009). Further, the questions I posed attempted to establish a comprehensive understanding of each participant’s individual circumstances (Barriball & While, 1994), specifically pertaining to how they experienced any mental health and poverty related adversities as they claimed UC; because these experiences were so diverse, I would necessarily adapt my line of questioning to pursue relevant matters that participants raised (ibid.). The intimacy of this data would have proven elusive, if not impossible to generate, had I adopted a more restrictive 'tool', such as a standardised, structured interview schedule (Qu

& Dumay, 2011) at the data collection stage; such an approach would not have aligned with my elected constructionist (Ültanir, 2012) epistemological position either.

The majority of those with whom I spoke had complex health needs, and through applying a semi-structured interview method, insights into how they met their needs - frequently, for example, with assistance from relatives and other close relations - and claimed UC, were revealed. A participant-guided approach was necessitated not only by my elected methodology and research aims, but because topics under discussion were of a highly sensitive nature, for example, the management of personal health needs; potentially stigmatised elements of identity, including circumstances of poverty and financial insecurity, claiming benefits, and living with an MHC diagnosis or experiencing mental health-related symptoms. As suggested by Wiles (2012), adopting a qualitatively based, in-depth interview method allows the researcher to apply sensitivity when investigating potentially upsetting or emotive topics, as I found during my own fieldwork. I was satisfied that my elected approach yielded qualitatively rich, substantive understandings of the circumstances in which each participant was situated at the time of being interviewed. I was able to elucidate upon the interaction between adversities related to deprivation and the management of mental health; this frequently constituted the context for participants as they claimed UC. Ultimately, as participants claimed, they were faced with additional challenges that implicated agency, frequently constraining their capacity to respond to ongoing health needs.

While I was satisfied with my methodological approach, and the quality of the data that was yielded over the course of conducting my fieldwork, limitations emerged at various stages which are discussed herein. At the initial stage of fieldwork, approaching gatekeepers to gain access to prospective participants, I specified that I was interested in interviewing those for whom matters related to mental health had arisen. One may argue that this potentially excluded participation from those without mental health 'issues'. However, I did not seek individuals with diagnosed mental health conditions (MHCs); nor did I stipulate that I was aiming to recruit those who had experienced mental health *adversity*. Still, likely on the strength of the way that my request was interpreted, the majority (11 out of 16) of participants reported that they *did* carry a formal MH-related diagnosis. As set out in my introduction, it must be emphasised that the presence of an MHC does not necessarily equate to poor mental health when medical intervention and support is implemented.

Indeed, two participants with a MHC specifically highlighted that they had engaged with mental health services in the recent past and that their mental health was manageable at the time of being interviewed.

Earlier in this chapter, I explained how I implemented opportunistic sampling to recruit participants from various "gatekeeper" organisations in Greater Manchester, then arranged a time and place for an interview, that was convenient for the participant and myself; a decision largely necessitated by working independently. There were occasions that I spoke to several individuals who resided in the same place, at the same time. Considering this, it may be argued that some of the experiences I related to personal circumstances were less reflective of individualised accounts, as befitting of my methodological approach, and more reflected homogenised experiences wedded to the environment where the group was situated. For example, four participants problematised time constraints imposed at the shelter where they were staying. Still, although inclusion criteria were broad (individuals residing in Greater Manchester and claiming UC, over the age of 18), I did visit nine different locations to carry out interviews; with a selection group of 16, I was able to recruit participants whose diversity did somewhat reflect the breadth of individuals who claim UC and experience mental health challenges. In overview, I included within my selection group individuals who were variously: living in secure or insecure housing; living alone or with a partner; had dependents for whom they held care responsibilities (children or elderly relatives) or did not; were unemployed or, for those in work, held different kinds of employment (for example, working to a 'zero-hour contract' or with regular shift patterns and payments); held a mental health diagnosis or had not been acquainted with professional mental health services.

As well as these demographic considerations, the temporal nature of the data I collected may also draw scrutiny. With the fieldwork phase of my research having taken place over the course of approximately eight months between July 2019 and February 2020, one may assume that this implicates the extent to which participant insights may be credibly related to the experiences of claimants in the period thereafter, up to the present day. This is considering that certain elements of the UC system changed in the time since I conducted my fieldwork. Perhaps most significantly, the Covid-19 outbreak prompted governments around the world to change the accessibility of state welfare (see, for example: Béland et al., 2021;

Cantillon et al., 2021; Mok et al., 2021; Summers et al., 2021). The UK government implemented a 12-month temporary increase ('uplift') of £20 to weekly UC entitlements, and from March to July 2020, there was temporary cessation to 'work preparation' and 'work search' requirements for those claiming UC (Machin, 2021; Summers et al., 2021).

Recognising these limitations, I believe the experiences shared by participants maintain high relevance to the topic at hand presently, because the principal function of UC has returned to pre-pandemic terms regarding when and how a claimant is engaged at each stage in the claims process (DWP, 2022b). Moreover, the issues that arose for participants regarding, for example, the enhanced conditionality regime, are likely to continue to encumber claimants; sanction rates have returned to pre-pandemic levels and are steadily increasing (DWP, 2022f), even though the regime has consistently been linked with increasing poverty (Dwyer, 2018; Cheetham et al. 2019; Gray, 2021), and child poverty (Sandhu, 2016; Andersen, 2019; Webster, 2019). This, as well as the value of UC entitlements falling behind inflation and therefore the cost of living (The Work and Pensions Commons Select Committee, 2022), would indicate that health adversities related to financial insecurity are likely to become *more* pronounced in the future, with subsequently increasing health inequalities (Whitehead et al., 2021).

In terms of the specific 'tools' I used to carry out my fieldwork, I did use an interview schedule, but allowed for deviation from the topic guide at the participant's behest and my own discretion. My aim was always for participants to recognise, for themselves, instances whereby mental health was implicated in the process of claiming UC. With frequent reference to my personal discretion, the reader may view this as an additional limitation to my research; had I been part of a research team, there would have been opportunity to implement 'multiple coding' (Barbour, 2001), cross-checking interpretations of the data, reducing potential bias at the interpretive stage. On the other hand, my methodological approach accounted for my own subjectivity as a researcher, accepting that data collection and interpretation may be somewhat inflected by my own assumptions about the topic at hand. For example, I was aware that prior research had identified an apparent negative impact to mental health, as incurred at various stage of the UC claims process, and so anticipated this to an extent as I engaged with participants. Crucially, however, I sought to avoid eliciting responses that would simply refute or confirm my own preconceptions, as participants relayed their experiences. Experiential knowledge may in fact be seen as an asset when conducting fieldwork of this kind, providing that the researcher's subjectivity does not obfuscate new understandings derived from research data (Morse et al., 2002). In sum, I chose a data collection method that would allow me to glean an in-depth understanding of each participant's individual circumstances, and furthermore how these circumstances were implicated while claiming UC. This consideration was key, because agency is recognised as fundamental to sustaining positive mental health (WHO, 2010; Wright, 2012; Iasiello et al., 2019) and may be enabled or inhibited as one negotiates the structural features that exist within their environment (Archer, 2003). Focusing on how each participant made sense, subjectively, of their individual circumstances, I assumed a relativist-constructivist methodology (Guba, 1990; Ültanir, 2012).

This chapter began by establishing the philosophical framework underpinning this research, including how the approach was deemed appropriate to respond to the aims and objectives of this thesis. Having established my methodological position, the chapter then presented the various research methods that I adopted to collect and analyse data: I used an interview topic guide to conduct semi-structured interviews, while allowing scope for deviation at the participant's discretion. This approach was with a mind to generate data inductively; the advancement of knowledge was 'bottom up', with value placed on participants' subjective interpretations of their mental health while they claimed UC. Finally, I described why I chose thematic analysis to analyse this data and provided a detailed account of the specific steps undertaken to complete this analysis. As part of these discussions, I reflected on the crucial ethical considerations and measures that were undertaken to protect participants, as well as recognising the challenges I encountered, and resolutions I implemented, at various stages in the fieldwork process. The next chapter, *Research Findings*, presents a thorough discussion of the Findings that were generated following data analysis.

5. Research Findings

The following findings chapters present a discussion of the research findings from the sixteen interviews that were conducted during my fieldwork. They explore how my research data sits in relation to existing literature on the subject of mental health and UC, pursuant to my research aims. Because this thesis applies a structure-agency theoretical framework to advance subject knowledge, each findings chapter provides a discussion of one of three distinct, yet interrelated themes that emerged within the overarching structure of UC, and how participants exercised their agency as they encountered this structure. Correspondingly, the themes *financial hardship*, *the UC claims process*, and *mental health and claims stigma* are investigated in the respective three findings chapters, as depicted in *Fig. 1* below. To summarise, 'structure' refers to a constituent of features that enable or inhibit one's personal 'agency': the control one is able to exert over life in order to bring about change (Hoggett, 2001). Pursuant to my research aims, I describe how each of the themes existed in relation to the structure of UC, discussing the availability of agency to manage mental health as participants encountered this structure. Further, by bringing the concept of social capital (Coleman, 1998) to bear over these experiences, while I begin by establishing the structures that participants engaged with, I draw attention to the social resources that were utilised to challenge the UC structure, enabling agency.

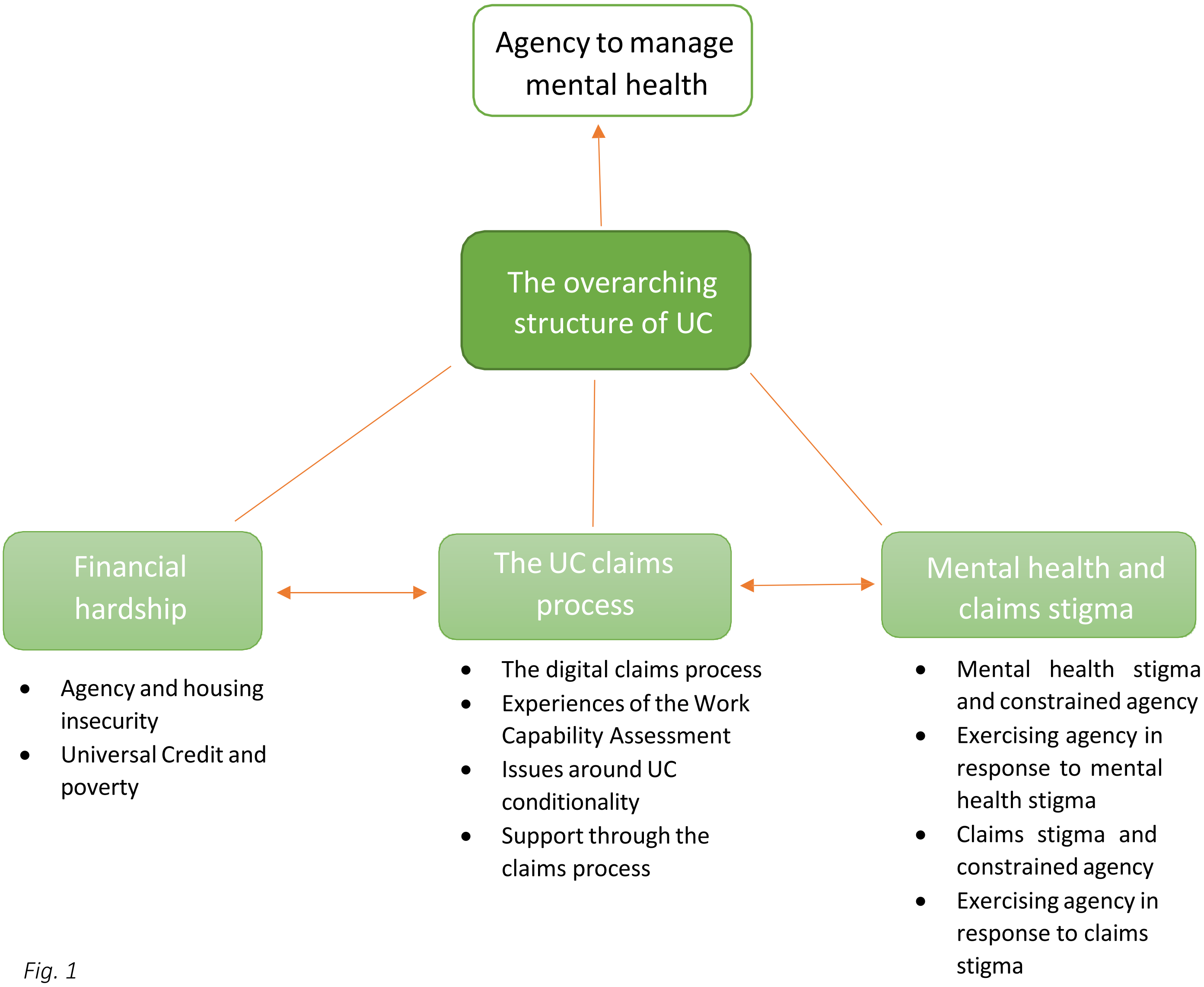


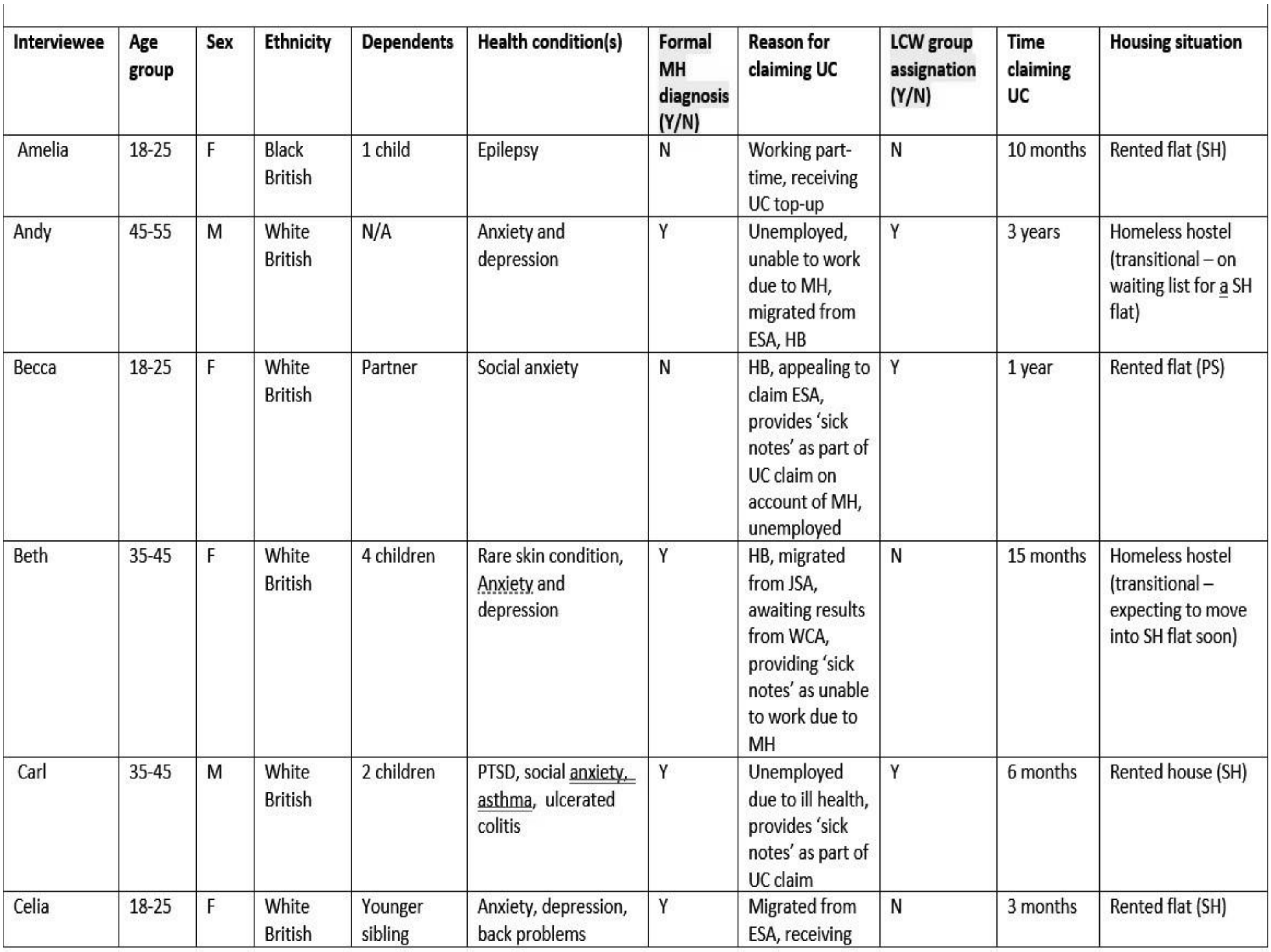
Fig. 1

The subject of this research, the mental health experiences of individuals claiming UC, resonates strongly in each theme identified above, as well as in the sub-sections and respective interpretive codes (data extracts). As depicted above, many topics converge and interrelate to form a composite interpretation of the data but features which distinguish each as unique in terms of speaking with robustness to my research aims should become clear.

Introducing the participants

As a point of reference for the reader to revisit, *Fig. 2* below introduces the sixteen participants who took part in my research; pseudonyms have been used to protect anonymity. The demographic details of each interviewee is presented, with summative information describing the health issues and/or MHCs reported by each participant, as well as their reasons for claiming UC. A total of 16 interviews was completed; as depicted, participants were from disparate backgrounds, but described a wide breadth of common issues regarding their mental health experiences whilst claiming UC. Within these discussions, one recognises that the presence of a long-term MHC does not necessarily constitute long term mental ill-heath (Huppert, 2009) or mental 'un-healthiness', where symptoms are managed successfully. Rather, a conspiracy of constraining influences *interacting* with the management of mental health may be seen as being particularly detrimental in this regard (Fiscella & Williams, 2004; Shiell et al., 2020). Although criteria for taking part in my research did not include having been formally diagnosed with a mental health condition (MHC), the majority of the individuals I interviewed *had* received a formal mental health related diagnosis (see: 'Formal MH diagnosis' column in *fig. 2* below).

Fig. 2 Showing participants' demographic details: health conditions; reasons for claiming UC



Interviewee	Age group	Sex	Ethnicity	Dependents	Health condition(s)	Formal MH diagnosis (Y/N)	Reason for claiming UC	LCW group assignation (Y/N)	Time claiming UC	Housing situation
Amelia	18-25	F	Black British	1 child	Epilepsy	N	Working part-time, receiving UC top-up	N	10 months	Rented flat (SH)
Andy	45-55	M	White British	N/A	Anxiety and depression	Y	Unemployed, unable to work due to MH, migrated from ESA, HB	Y	3 years	Homeless hostel (transitional – on waiting list for a SH flat)
Becca	18-25	F	White British	Partner	Social anxiety	N	HB, appealing to claim ESA, provides 'sick notes' as part of UC claim on account of MH, unemployed	Y	1 year	Rented flat (PS)
Beth	35-45	F	White British	4 children	Rare skin condition, Anxiety and depression	Y	HB, migrated from JSA, awaiting results from WCA, providing 'sick notes' as unable to work due to MH	N	15 months	Homeless hostel (transitional – expecting to move into SH flat soon)
Carl	35-45	M	White British	2 children	PTSD, social anxiety, asthma, ulcerated colitis	Y	Unemployed due to ill health, provides 'sick notes' as part of UC claim	Y	6 months	Rented house (SH)
Celia	18-25	F	White British	Younger sibling	Anxiety, depression, back problems	Y	Migrated from ESA, receiving	N	3 months	Rented flat (SH)

					self-harm, psychosis, depression		MH, HB, began UC claim at hostel			
Kaneez	35-45	F	South Asian	N/A	Depression, diabetes, arthritis, asthma, carpal tunnel syndrome, cystic ovaries	Y	Unemployed due to ill health, migrated from ESA, receiving UC and providing 'sick notes', HB, appealing to receive PIP	Y	7 months	Rented flat (SH)
Lewis	18-25	M	White British	4 children	Stress and anxiety	Y	Unemployed, but regular zero-hour contract work, HB, 'WRA' group	N	11 months (cumulative)	Rented terraced house (SH)
Luke	18-25	M	White British	2 children	N/A	N	Recently unemployed, HB, 'WRA' group	N	1 month	Rented terraced house (SH)
Peter	35-45	M	White British	N/A	Depression, anxiety, suicidality	Y	Unemployed, HB, formally received JSA, cannot work due to ill health	Y	Unclear	Transitory homelessness (currently housed at a budget hotel)
Phil	35-45	M	White British	N/A	N/A	N	On statutory sick pay due to ill health, UC top-up, HB	N	1 month	Rented flat (PS)
Richard	45-55	M	White British	2 children	Social anxiety	Y	Unemployed, but in 'WRA' group, regular zero-hour contract work	N	17 months (cumulative)	Rented flat share (PS)

							HB, recently found 'fit for work' following WCA, in 'WRA' group			
Graham	35-45	M	White British	N/A	Bipolar disorder; schizoaffective disorder	Y	HB, on statutory sick pay - receiving UC top-up, unable to work due to MH	Y	9 months	Homeless hostel
Helen	25-35	F	White British	1 grandchild	Photophobia with migraines, severe anxiety and depression, 'lower disk protrusion' (resulting in limited mobility), carpal tunnel syndrome, osteoarthritis	Y	Unemployed, HB, 'WRA' group, claiming UC due health conditions	N	1 year	Rented terraced house (PS)
Interviewee	**Age group**	**Sex**	**Ethnicity**	**Dependents**	**Health condition(s)**	**Formal MH diagnosis (Y/N)**	**Reason for claiming UC**	**LCW group assignation (Y/N)**	**Time claiming UC**	**Housing situation**
Jan	55-65	F	White British	N/A	Hyperthyroidism	N	Voluntary work, HB, unable to work due to ill health	Y	6 years	Rented flat (SH)
Julian	25-35	M	White British	N/A	Alcoholism, substance abuse,	Y	Unemployed and unable to work due to	Y	2 years	Homeless hostel

UC: Universal Credit

HB: Housing Benefit

PS: Private sector

SH: Social housing

ESA: Employment and Support Allowance

WCA: Work Capability Assessment

JSA: Jobseeker's Allowance

WRA: Work-related Activity group: assigned a Work Coach, the individual is expected to find and enter into paid work

LCW: Assignation to Limited Capability to Work group, on the basis of mental health issues

5.1 Financial hardship

This first findings chapter provides a discussion of experiences of financial hardship relayed by research participants, investigating how these circumstances impacted their capacity to exercise agency. Principally, discussions revolve around how participants were able to exercise their agency to manage mental health in an environment that imposed adversities related to financial hardship. With reference to the structure-agency theoretical framework I adopt, financial hardship was identified within the structural context of the UC system, which participants responded to as they managed their mental health. While one may recognise that no 'absolute' consensus exists regarding measurements of financial hardship or 'poverty', lacking the resources necessary to maintain an adequate standard of living and to participate in society are generally accepted terms (Smeeding, 2017). Furthermore, research investigates how poverty is represented by a lack of access to resources *financial*, *material*, *economic* and *social* in nature (Gweshengwe & Hassan, 2020). In its annual statistical briefing paper, the UK government measures poverty by aggregating the number of people in relative or absolute 'low income' (households with income below 60% of the median income, and 60% below the median, adjusted for inflation, respectively) (Francis-Devine, 2020).

While each of the sixteen participants who took part in this research may have met various definitions of living 'in poverty', I did not seek out individuals who had been given this designation; again, experiences related to financial hardship emerged as a prominent theme as I collected data, inductively. Of greater relevance here, and as one may ascertain from *fig. 2* above, experiences that appeared to correspond to financial hardship were highly varied, based upon each participant's complex and challenging, individual circumstances. The common feature throughout these issues was the apparent impact to mental health. Thus, while I discuss the impact of scant material resources, and being unable to afford to meet basic needs, I also recognise that the availability of social resources was fundamental to the availability of agency, and therefore the capacity to manage mental health through financial hardship.

The first section in this chapter focusses on how living conditions, namely those related to insecure housing, appeared to impact mental health, and constrain the agency to respond to mental health needs. I also recognise that, when the three themes (financial hardship, the UC claims process, mental health and claims stigma) co-occurred, this led to a particularly pronounced impact to agency, and therefore the capacity to manage mental health. I also draw attention to scenarios that exemplify how constraints to agency, imposed by financial hardship, may pose a liability to claiming UC. Indeed, much prior research suggests that financial hardship may predispose an individual to the agency-related challenges associated with claiming UC with increased vulnerability (Hartfree, 2014; Cheetham et al., 2018; Cheetham et al., 2019; Carey & Bell, 2020). The second section of this chapter discusses apparent instances of financial hardship being *perpetuated* by claiming UC, further impacting agency. The financial hardship that participants attributed to claiming UC is regarded here as distinct from, yet often experienced concurrently to, the structural features encountered when one progresses through various stages of the UC *claims process* itself (see: *Findings Chapter 2*). Finally, the concept of social capital is key to understanding how participants may have been empowered in this research; the last section in this chapter, *social support,* recognises the social resources that participants drew upon to enable agency, challenging the financial hardship that they experienced. Social relationships appeared to represent a valuable resource to agency, with some important caveats recognised.

Agency and housing insecurity

The mental health impacts of poverty have been established extensively in prior literature (Murali & Oyebodi, 2004; Bellis et al. (2014; Lignou et al., 2016; Cribb et al., 2018), as is discussed at length in the first section of the *Literature Review* chapter. As I interviewed participants in my own research, the interrelationship between poverty and mental health emerged most prominently in discussions related to homelessness and housing insecurity. To elaborate, the exercising of personal agency to respond to mental health needs was subject to constraints represented in the impoverished living conditions that participants described. Further, within this first subsection, five participants (out of 16 in total) are introduced who appeared to contend with particularly complex and severe MHCs; the challenges of poverty impacted upon the efficacy with which these participants were able to exercise their agency in response to their considerable health needs. Fundamental to sustaining positive mental health is continued access to a ‘safe haven’: an environment that offers stability and security to the individual (Frost & Hoggett, 2008; Moffat et al., 2016; Shiell et al., 2020), a contingency that was not in place for these participants. Issues relating to housing insecurity are prominent in experiences of poverty and/or social marginalisation (Cox et al., 2019), as is investigated in the first subsection of this chapter. Constrained agency to manage mental health was largely represented by a lack of control within an 'insecure housing' living environment. As I conceptualise UC as the overarching structure that participants encountered, I present scenarios which exemplify how these experiences of hardship are relevant to claiming UC.

As is elaborated upon over the course of this section, and presented in *Fig. 2* above, the five insecurely housed participants introduced in this section were variously: staying in a house share (*Richard*), had temporary accommodation in a local budget hotel (*Peter*), or had been staying in a homeless shelter (*Graham, Andy* and *Julian*). The insecurely housed individuals I spoke with had gone through protracted periods of receiving no professional support; had this support been in place, it may have proved enabling to agency, with which to respond to their mental health needs. At the time of being interviewed, most of these participants were still grappling with their symptoms alone. Peter (45) was homeless at the time that we held our interview; he was receiving UC to cover the costs of his temporary accommodation at a local budget hotel. We spoke on an occasion that Peter was visiting a local food bank. Peter had been living a solitary life since leaving his family home of the past 27 years, and he had recently endured traumatic life events. Peter provided an extremely insightful account of his homelessness and the challenges he had encountered throughout this lowest period of his life:

> *"I went through quite a lot, [the local council] kept saying to me they had to verify I was homeless. They kept saying they have to verify that you're homeless and when you're homeless you don't stay in one place. You can't do. People ask you to move on, people become aggressive to you […] I got beat up, I was sleeping in a church yard in a sleeping bag and some drunk people, they come and beat me up quite bad. And then I'll be honest, the next day - I've got a heart condition, I've had two heart attacks - I had all me tablets all taken, everything else, my passport, my bank card, everything. They took everything. No use to them but they took them so next day I went and I got all my tablets* [from the chemist] *and I took an overdose." (Peter)*

Townsend (1979) defines 'deprivation' as being that which constitutes a lack of access to the living conditions and amenities regarded as customary or widely acknowledged by society. Perhaps to a greater extent than anyone else I spoke with, Peter's recounting of his homeless circumstances illustrated how disempowered one can become, experiencing periods of almost total disengagement from society. Living transiently had led Peter to subsist in desperate isolation; he drew attention to the challenges that existed in simply gaining access to the appropriate housing support when the local council placed demands on him to 'prove' his homelessness. With no support forthcoming, and at a time when his health was particularly fragile due to his heart condition, Peter had been assaulted and robbed and his mental health had suffered to the extent that he attempted suicide.

Crucially, Peter was in the midst of contending with these adversities when he came into contact with the UC system, which did not appear to be sensitive to his particular needs (beyond covering his temporary accommodation costs). As is emphasised in the subsequent chapter, the claims process brings its own distinct challenges for those who receive the benefit, often further implicating one's sense of agency. Where an individual is already grappling with constraints related to financial hardship, these challenges may be experienced with more pronounced intensity. Along with the other participants introduced in this section, Peter's story illustrates how the uniform expectation placed on individuals who claim UC - that seeking employment should be treated as one's foremost priority - will be met with variable success depending on individual circumstances, including those implicating health. One may recognise that, in claiming UC, Peter had to surrender himself to the same expectations that would be placed upon an individual who had not faced similarly profound adversities. Similarly, Richard (53) was staying in a house share after having lived homelessly for several months; he described enduring serious mental health related issues including suicidality in the past. The impact to Richard's agency was derived from the limited control he was able to exert over his environment, as well as a lack of privacy; Richard discussed these constraints in relation to his mental health management. While out visiting his children, the housing association that owned Richard's flat gave new, prospective tenants unauthorised access to his room:

> *"The thing is, the council didn't tell us this was happening […] I got a text from another housemate who said the housing association had just come round with students*

> *looking at the rooms. But we got our own key for our room so I said how have they got in my room? 'Because they have spare keys' … They'd been in my room so I went mad. I went ballistic." (Richard)*

Though this incident may not have been illegal on the part of the housing association, it was perceived as a gross violation of Richard's rights as a tenant (namely, to have his possessions stored securely). Richard was left with the impression that, due to his situation of transient homelessness, these basic rights were withheld. Soon after this incident occurred, Richard was told he would have to move on, and so would likely become homeless again. He explained that:

> *"(The housing association) give you 56-day duty of care, after they tell you to move on. But nothing happens because we are the lowest of the low." (Richard)*

Richard's reflections suggested that his disempowerment was related to his being trapped within a demographic; by virtue of his former homelessness and continuing financial hardship, he had very agency over his situation. The issues that Richard discussed in relation to his precarious housing resonated with findings by Moffat et al. (2016) whose research suggests that the prospect of re-location can be a major contributory factor in the long-term management of mental health, particularly stress, anxiety and depression. Moving beyond gauging a simple causal impact, I was able to ascertain the complexity of Richard's circumstances and the way that challenges to agency around managing health emerged in relation to housing, through the application of my elected fieldwork method. The in-depth interview approach necessitated that sensitivity be applied, affording individuals the time and space to reflect meaningfully, and this held true for my discussions with others in very difficult circumstances. For example, Julian (28) also experienced profound and long-term mental health issues (see *Fig. 2*); he had been staying at a homeless hostel for a few months, which was where we met to conduct our interview. Julian mentioned that he was extremely sensitive to stress and described constraints to agency wedded to the living conditions, and time regulations, that were upheld at the hostel. The lack of communal space seemed particularly problematic:

> *"You can only go to bed at half seven at night […] it's just one big room with fifteen beds in it. You have the shared living room that only opens at half two, but when that's*

> *shut you can only sit in the staff room, and they need the space, so you can get stuck in the kitchen." (Julian)*

Where Julian felt constrained at the shelter, this impacted the management of his mental health; one recalls that sustaining a sense of agency is central to the eudemonic elements of maintaining positive mental health (Iasiello et al., 2019). From Julian's perspective, the rules that existed at the shelter seemed to represent a constraining influence over his agency. Correspondingly, Julian found difficulty managing his health issues. This is consistent with research by Hunt (2008) who suggested that the capacity of an individual to conform to the features of their environment often corresponds with the extent to which they can exert control over their lives, effecting their sense of agency. For Julian, these feelings had affected his longer-term outlook as well; even though he frequently returned to how discontented he felt at the shelter, it was with a sense of futility that Julian described the possibility of moving on to other assisted living accommodation:

> *"What's the point in moving out of here if I'm going moving to another house and be like this? I may as well just stay fucking here. I'll end up back on drugs and stuff like that." (Julian)*

A lot of Julian's language alluded to feelings of inevitability, entrapment, and powerlessness; each of which bore high relevance to the availability of agency. Julian was apprehensive about living independently as he acknowledged the potential danger of falling back into historic, maladaptive coping strategies, which revolved around drug taking, whether in isolation or sociably. Graham (37) was living at the same homeless shelter as Julian when we spoke, being in the transitional process of moving into a new supported accommodation. Graham referred to a feeling of entrapment that had been cultivated while staying at various accommodations over the past year; accessing mental health treatment at the local hospital's psychiatric ward had left him feeling institutionalised and, being unable to exercise his agency and act freely at the shelter, this feeling persisted:

> *"I am grateful to be here because it beats sleeping rough. But, in the end, I'm sad as well […] I just want me own place again. Even though this isn't a mental health hospital, you've still got to be in at 8, with loads of people you don't know, you know?*

> *Shady environment and I'm getting a bit fed up now […] I just feel stuck in a rut that I can't get out of." (Graham)*

It was clear that Graham desperately wished to return to a life where he felt able to exercise greater freedom. With the reality of the challenging circumstances that Julian and Graham encountered at the shelter in mind, a picture emerges, of the kinds of issues that exist for those in a similar position, trying to draw upon the agency necessary to concurrently manage a UC claim. Shared living arrangements with constraints such as those described by Julian and Graham problematise the DWP's stated priority of achieving economic independence from the state via employment (DWP, 2010) because they greatly limit the flexibility of claimants' availability for work. To elaborate, 'zero-hour contract' based-employment guarantees no minimum amount of work for employees, and only pays for hours completed (Pyper & Powell, 2018). Yet, this is often the only kind of employment available to UC claimants (Adams et al., 2019), requiring their commitment to undertake shift work at short notice, and at 'unsocial' hours. In sum, it would be extremely difficult to reconcile meeting these expectations while also complying with time curfews at the shelter.

The insights discussed so far position participants as somewhat passive to the constraints to agency that they encountered in relation to housing insecurity. Contrastingly, several participants mentioned developing their own, alternative means to accessing the agency with which to cope with the symptoms of their MHCs alone, when professional intervention had not been in place where they were staying. Living unsupported, consistently outside of the purview of any mental health professional, Julian often resorted to periods of drug and alcohol dependency to cope with the symptoms of his MHCs, including most recently at the homeless shelter where he had been staying:

> *"(The shelter ran) a drug and alcohol course-I was a diagnosed alcoholic. I did a lithium course for two month to get me off the alcohol cos I was bad on the cider and stuff. Yeah, I did that. I can't really remember much of it cos I was always tableted out me head." (Julian)*

As Julian conveys, he would vacillate between alcoholism and drug addiction to cope with his mental health, a sporadic pattern whereby dependence upon one would recur while receiving treatment for the other. Julian's choice to perpetuate this pattern may seem counter-intuitive, constituting ‘negative agency’ (McIntyre, 1994) as he embarked upon a cycle of self-destructive behaviour. However, once again, the extent to which one is able to exercise agency productively depends upon whether environmental factors will permit this, and whether one is able to ‘conform’ within their environment. Had Julian no longer faced what he perceived as challenges associated with living at the homeless shelter in addition to his largely unsupported mental health issues, his choices may have been very different. Reflecting on similar experiences of addiction as a means of coping with his mental health, Andy (49) had been staying at the same homeless shelter as Julian for several months prior to our interview; he had a history of alcohol and substance addiction that he said had also precipitated his homelessness. Andy stated that he had recently attempted suicide and was prescribed antidepressant and antianxiety medication; he held little hope, however, that this would be of significant benefit to his agency, in the long-term management of his MHCs. Andy revealed that he routinely grew dispirited with a revolving cycle of medications that seemed to lose their potency in responding to his needs, so he often resorted to alternatives:

> *“I’ll stop taking it then, stop taking medication cos it’s not working so, then I’ll just, you know, self-medicate with drink and stuff.” (Andy)*

In turn, self-medicating could present further complications to Andy getting the support he needed, obstructing his mental health treatment:

> *“I been to see a psychiatrist at the time but he said because I was on drugs he couldn’t assess me properly.” (Andy)*

Potentially more effective help than could be offered by medication alone was only available to Andy only if he observed a period of abstinence, but the very fact of being under-supported while living through hardship precipitated his continued drug use; the pattern was cyclical. Andy’s experience here exemplifies how constraints to agency can serve to inhibit one’s capacity to influence the world around them (Archer, 2003): while Andy had chosen to self-medicate in his drug taking, this was stimulated by the challenges imposed by his environment, and more substantive help remained out of reach. While Andy and Julian had somewhat similar experiences self-medicating to mediate in the interaction between managing their mental health while faced with hardship, Julian’s powerless feelings could also manifest in the compulsion to self-harm:

> *"Just like a relief isn't it? That's what it feels like, a relief, a bit of pain, all the shit in me head and that when shit's doing me head in (…) I'd just burn meself with lighters and stuff." (Julian)*

Again, the five participants introduced above experienced particularly serious and complex mental health issues, amongst the total sixteen individuals in my selection group. These mental health needs were responded to concurrently to the challenges to agency represented by housing insecurity; one aspect of living through financial hardship. Though I recognised that each of the 16 participants in this research described challenges to agency that related to financial hardship, circumstances were highly varied. Because of the diversity in my selection group, I was able to draw comparisons between the above challenges associated with insecure housing, and the relative advantages to mental health management, for those in more secure housing; principally, securely housed participants were able to exercise greater agency. The term 'sanctuary' was favoured by several participants when describing their own rented accommodation, as it was seen as offering respite from the outside world. Due to the unpredictable and fluctuating nature of the various mental health related issues that participants described experiencing, staying at home could be a short-term need or more of an ongoing coping strategy. Kaneez (39) explained that it was essential for her to have days when she could disengage from the stresses she associated with being away from home:

> *"I suffer from long term depression and usually I just like to not do anything. I like to be in my own space a lot of the time." (Kaneez)*

Kaneez suffered from many health issues and difficulties; along with her depression and severe anxiety, she had diabetes, arthritis, asthma, and carpal tunnel syndrome; having the time and space to manage her conditions was seen as enabling to Kaneez's sense of personal agency and was therefore crucial for Kaneez to stay well. To clarify, at home, Kaneez was able to exercise personal agency to manage her health without potentially being obstructed by unpredictable stressors outside. As the main provider for his family, Carl (37) described how, on occasions that the symptoms of his Post Traumatic Stress Disorder (PTSD) were particularly pronounced, leading to attacks of social anxiety that could become overwhelming, he would complete essential errands outside of the house and then return home as quickly as possible:

> *"Sometimes if I need to go somewhere I'll-I'll keep me head down. I'll go do what I need to do and then I'll go straight back home […] to me safe area." (Carl)*

Carl described how entering his local community to complete everyday tasks could potentially exacerbate his PTSD symptoms, obstructing the management of his mental health. Following his discharge from the Armed Forces, Carl had struggled with symptoms of PTSD while undertaking various construction jobs. He had two young children and lived with his girlfriend; they had been claiming UC as a couple for six months prior to our interview. Carl relied upon his home as a safe haven from anxiety; this emerged as an important theme for Carl, in terms of maintaining the agency with which to respond to his mental health issues. Conversely, where the participants in insecure housing were concerned, challenges could persist within their living environment that constrained their agency and obstructed access to mental health support. Especially with the insights from Julian and Andy in mind, one may recognise that being consistently faced with challenges of financial hardship, and the associated limited access to mental health support, precipitated feelings of low self-worth.

Consistent with the above, participants alluded to feeling undervalued as a consequence of their socioeconomic background; this resulted in a negative impact to self-esteem and the exercising of agency. These insights resonate with experiences of financial hardship more broadly; it has been found that the most economically disadvantaged in society, and therefore those most in need of financial assistance, are often judged especially harshly for their circumstances, as though their hardship represents, in essence, a self-inflicted state of being and thus a position undeserving of support (Stinson, 2019; Romano, 2019; Bennett, 2020). This stance parallels UC ideology, wherein accountability over personal economic viability is associated with individualised behaviours, with minimal consideration paid to external, structural influences (Slater, 2012; Dwyer & Wright, 2014). At its implementation, a central objective of UC was purportedly to challenge the "(breeding of) intergenerational poverty" (DWP, 2010, p.1) however extensive prior research indicates that claiming UC often has the opposite effect, apparently leading to increased financial hardship (Hood & Waters, 2017). The next section of this chapter seeks to advance understandings of this apparent link, investigating how participants attributed the claiming of UC to constrained agency related to financial hardship, and the perpetuation of their interrelated adversities.

Universal Credit and financial hardship

Prior research has strongly indicated that the implementation of UC has led to increased rates of poverty (Finch, 2015; Beatty & Fothergill, 2017; Foley, 2017; Harwood, 2018; Roberts et al., 2017; Trussell Trust, 2017). This section of the chapter seeks to elucidate upon the nature of this link through discussion of participant insights that attributed constrained agency in financial hardship, to the claiming of UC. Further, issues discussed here maintain high relevance to the topic under scrutiny as they aim to advance understandings of the ways in which claiming UC may contribute to the experience of financial hardship. Though such individuals may particularly benefit from a 'safety net' in the form of a more adequate welfare state, they may also be those most likely to suffer negative health outcomes under its strictures (Garthwaite, 2016a; Trussell Trust, 2017; Harwood, 2018; Power et al., 2021). In attempting to gauge the impacts of UC in areas characterised by pervasive financial hardship in the Northeast of England, Cheetham et al. (2019) found that navigating the UC system undermined vulnerable claimants' mental health, increasing the risk of poverty, hardship, destitution and suicidality in this population. The sense that UC could permeate all aspects of a person's wellbeing was encapsulated by Amelia (25), who stated that claiming the benefit was:

> *"Physically, intellectually, emotionally and socially getting me down." (Amelia)*

Amelia was working part time as a healthcare professional at a local hospice when we held our interview; she shared her home with her young daughter, caring for her as a lone parent. Amelia described how claiming UC constrained her agency because it was seen as a liability to the management of her epilepsy, having recently suffered a stress-related seizure:

> *"(I) already suffer from epilepsy, and since I've been dealing with all this Universal Credit, I've had, erm I've had a seizure since." (Amelia)*

Stress is a widely recognised cause of epileptic seizure (McKee & Privitera, 2017); Amelia went on to attribute the extreme stress of claiming UC to triggering her first seizure in over six years. This reflection may have represented the most direct impact on health amongst all the individuals who took part in my research. More broadly speaking, Andy explained how claiming UC had worsened his already considerable mental health struggles:

> *"It's just amplified the other things that are already not too good as well." (Andy)*

In keeping with the relativist ontology (Guba & Lincoln, 1994) and social constructivist (Ültanir, 2012) epistemological position assumed for this thesis, these experiences pertaining to worsening health symptoms as the direct result of claiming UC are subjective, yet reflect wider trends in the literature. For example, increased rates of depression and lower self-esteem have been widely associated with claiming UC, based upon survey data (Cheetham et al., 2019; Wickham et al., 2020). Fundamental to the struggles that participants in my research attributed to reduced agency in the management of mental health while claiming UC, was being unable to afford to meet essential living costs. At the time of being interviewed, for example, Becca was struggling to manage the symptoms of her PTSD, and she emphasised how difficult it was to care for herself on the low amount of income provided by her entitlement. Becca relayed that her claim for UC represented an oppressive influence on her daily life:

> *"Lot of people are telling me I look very run down, don't really maintain meself. I used to go out the house dressed like a little princess. I had me hair curled, makeup on, always dressed proper." (Becca)*

It was clear from Becca's reflections that the reduction to her income precipitated personal 'losses'; she reflected on being less healthy, and being unable to maintain her appearance had negatively affected her self-esteem. In mentioning that those around her had noticed her looking 'very run down', Becca alluded to a frequently recurring theme throughout the selection group; hardship was experienced on a daily basis, and paying to afford basic necessities including sufficient food was a prominent, ongoing concern for many participants. The findings discussed herein, therefore, may be recognised for their contribution to a growing body of prior research (Lambie-Mumford & Green, 2015; Garthwaite, 2016a; Trussell Trust, 2017; Harwood, 2018; Power et al., 2021) drawing attention to escalating food insecurity and food poverty experienced by individuals engaged with the UC system. Broadly, food banks have been recognised as an essential contingency for many who claim UC, due to the insufficiency of the entitlement amount (see various case studies: Garthwaite et al., 2022). In fact, UC has been identified as a key driver in the need for emergency food provision across the UK, contributing to institutionalised foodbank use in recent years (Garthwaite, 2016a; Beck, 2019; Lambie-Mumford & Loopstra, 2020). A 30% average increase in food bank usage was found to occur six months following rollout in 'full service' UC localities (Trussell Trust, 2017). Baumberg Geiger et al. (2021) reported on food insecurity based on responses from 6300 UC claimants, considering the impact of low income in relation to *any food insecurity:* reduced quality and variety in peoples' diets, and *severe food insecurity:* a reduction to the overall quantity of food consumed, including skipping meals altogether. Even with the £20 'uplift' in place, over half of UC claimants were found to be food insecure, and around a quarter were severely food insecure (ibid).

With respect to the structure-agency theoretical framework applied in this analysis, one may again consider that, without first being able to afford to meet basic living costs, including having enough to eat, this will inevitably reduce the availability of agency to manage a UC claim. At the time of being interviewed, the spectre of food insecurity had been faced with urgent desperation for participants Becca and Beth, who spoke about how they been unable to afford to feed themselves for days at a time in the recent past; a reality they attributed to claiming UC. Becca relayed the following, drawing attention to the financial constraints to agency that she felt had been imposed by UC compared to her former claim for Income Support; a legacy benefit which she spoke of as having provided greater financial security:

> *"[…] you end up sometimes not eating for two days cos you're worried you're gonna run out of food." (Becca)*

Beth (44) shared similar experiences to Becca; she was staying at a homeless shelter following referral from a women's refuge and was still grappling with post-traumatic stress disorder following domestic abuse. Also being afflicted by a rare medical condition, Beth had to carefully prepare for when she left the shelter in case she suffered an attack. Each of these discrete, yet highly interrelated elements of Beth's life had a collective, severely negative impact on Beth's sense of self-determination and the availability of agency to sustain a sense of freedom and control over her life, not least in terms of being able to respond to her mental health needs. Beth disclosed that she had had to become creative to try and feed herself, resorting to novel recipes to make her shopping last between UC instalments:

> *"[…] it was like no waste at all when I realised that you can actually get like seven meals out of one chicken." (Beth)*

Richard asserted that claimants must exercise a concerted amount of willpower to make an instalment of UC last between payments, and that even where one is able to sacrifice financing certain needs, the amount is too low to meet essential food costs:

> *"We were talking about what we have to do: you buy a loaf of bread and it might sound a bit daft this, but you buy a loaf of bread and you just don't leave it out and then just take it as and when. You split it up. You freeze it. You have to do it […] That's even if you're strong enough to not spend it on anything else. This is not even taking care of deodorants, tooth paste. Anything. Just buy just barely enough to eat." (Richard)*

Reflections such as those submitted by Richard and Beth are uniquely resonant when appraised considering the structure-agency framework underpinning my research. To elaborate, each described what they had to do to make their food last, as though passive or subordinate to this process; their descriptions suggested that they felt they were left with no choice but to ration their necessities as a matter of survival. These reflections are particularly striking when one considers the relevant government rhetoric, particularly around the time that UC was first being championed; that those who are in receipt of benefits demonstrate a failure to budget properly (Garthwaite, 2011; Patrick, 2014), 'misappropriating' their agency, rather than being driven into circumstances where agency is severely inhibited. For Amelia, who was working part-time when our interview took place, the tight financial situation was such that she felt she had little other choice than to stay with her grandmother on occasion, because she had insufficient funds to adequately feed herself and care for her daughter:

> *"I've had to leave my house for erm a few nights and go and stay at my nanas house so I can get food and so my little girl can be warm and comfortable." (Amelia)*

Amelia went on to explain that she couldn't afford her household utility bills because there had been an administrative error in her claim for UC, resulting in her not being recompensed for her childcare allowance. Beth described how her entitlement amount was so low, she had to make the impossible choice between paying for food or utilities:

> *"That made me think, 'How the hell am I supposed to live, how am I supposed to move into my flat, do I move into my flat and get gas an' electric or do I move in and get*

> *food? If I get food then how am I going to cook it without gas and electric? If I get gas and electric, how am I going to get food? That's what it made me feel." (Beth)*

Much prior research has drawn attention to the coping strategies that those on a low income must resort to in order to get by, especially with regard to paying for fuel and food (Hamilton, 2012; Chard & Walker, 2016; Simcock et al., 2016). Beth, along with Amelia, Richard and Becca, offer reflections that are consistent with a considerable body of literature investigating the 'heat or eat' debate (Beatty et al., 2014; Lambie-Mumford & Snell, 2015; Simcock et al., 2016; Purdham et al., 2016), whereby individuals must choose how best to exercise their agency, with households driven to choose between paying to meet fuel or food costs (Beatty et al., 2014). As previously discussed, where the welfare system falls short in providing enough financial assistance for claimants to afford their most essential needs, such as enough food to live on and adequate shelter, they will often need to borrow money, which represents a further liability to personal agency. Additionally, Peter emphasised that having sufficient financial provision to maintain one's household is elemental to independent living; the amount he was entitled to precluded being able to replace larger appliances, were they to break:

> *"So if your fridge goes or your cooker or your washing machine, you've got children or anything and they're paying you that rent, you're going to spend it. I don't know why they're doing it. They're setting people up to fail, constantly." (Peter)*

Indeed, Lewis (28) spoke about encountering this very issue; being unable to afford to repair his washing machine. Lewis approached the Jobcentre Plus, hoping to procure a budgeting loan:

> *"Well my washing machine's broke so I'm having to hand wash clothes. Yeah I went today and asked the Jobcentre if they'd help me with the washing machine and got told no, I'm having to hand wash clothes in me bath at the moment." (Lewis)*

Lewis went on to describe how his UC allowance – when intersecting with his requirement to pay Child Maintenance – left him with an insufficient amount to afford basic food provisions for himself and his son, which was why he was in the process of visiting a food bank when we held our interview:

> *"I've got three other children and they live with their mum. This is a separate relationship this. And I've got to pay child maintenance. And I remember a week before Christmas, child maintenance took all the money, paid me bills and all that and I was left with £20. Left with £20 to get shopping for a full week, for me and my son." (Lewis)*

Again, Lewis's statement arguably highlights the failure of UC to accommodate the complexity of claimants' lives as regards financial obligations; had Lewis only himself and his son's expenses to consider, perhaps the amount would have been somewhat more adequate, but Lewis was also having to pay child maintenance for children he had with a previous partner. The financial struggle felt by claimants was perhaps most definitively expressed by Celia, who asserted that whilst claiming UC she was able to purchase only:

> *"[…] my essentials that I need through the month. So you can just, like, you can just about live. You can't do anything else. You've just got a roof, that's it." (Celia)*

In expressing the very little that her claim for UC allowed her to subsist on, Celia alluded to the fact that she faced deprivation in other facets of her life, and that this deprivation resulted in reduced agency. One may argue that the implementation of UC represents a structural imposition that claimants are ill equipped to challenge, especially residents in impoverished 'target' areas, such as localities within Greater Manchester, where the initial UC rollout took place. As Beth elucidates:

> *"I can't do much more with that money, do you know what I mean? There's not much more I can do with it […] I feel like I'm trapped, I can't do anything, I can't get out of this rut. I begged them not to let me go on Universal Credit but because it hit my area, I'd no choice. It was a case of-if you don't claim it, then you get nothing." (Beth)*

Beth's feeling of entrapment was experienced more literally by several other participants, when they mentioned how transportation costs had become prohibitive as they claimed UC. Andy, for example, highlighted the fact that he had become isolated on account of having little freedom to travel within the local community, unable to afford public transport with his UC entitlement:

> *"You know, you've no money because everything costs doesn't it nowadays? You can't do anything. It makes that depression really really bad. You struggle really badly […] it doesn't help your depression, it makes it a hell of a lot worse. Because you can't get anywhere, and you've got no money to go and do anything so it's like you're trapped." (Andy)*

As Andy emphasises, being confined due to low finances was not only limiting in terms of where he could travel, but by extension, this immobility was having a pronounced impact on his mental health, exacerbating his depressive symptoms. Similarly, driving was critical to Helen being able to maintain her independence travelling around the local community, and her ongoing financial situation, including the allowances she had to make in navigating her UC entitlement, jeopardised being able to afford running a car in the long term. Further impacting her agency, Helen described how her UC instalments were of an insufficient amount to cover her living expenses, so she was forced to draw from her Personal Independent Payment (PIP):

> *"They're expecting me to pay £317 out of £700-odd and then expect me to find a way to pay all me bills out of the rest, and that'll include; obviously out of whatever's left I'll have like £110 car insurance left to pay, then I've got tax to pay, road tax. Well, me PIP's supposed to be there for me to spend on meself. My personal independence basically. I have got lower payments of mobility in there as well. But it doesn't go on anything it's supposed to go on: it ends up all on me damn bills." (Helen)*

Andy and Helen's experiences correspond with recent research into the impacts of "travel poverty" (Mattrioli, et al., 2017, p. 93), which found a significant link between reduced subjective wellbeing and unaffordable and inaccessible (Faber, et al., 2018), transport, frequently precipitating isolation and social exclusion (Churchill & Smyth, 2019). For Beth, the cost of transport was prohibitive to her in continuing to progress her UC claim itself. Beth required extra support in order to attend mandatory meetings at the Jobcentre Plus; there were no measures in place to accommodate her health issues as part of her UC claim. In order to meet these costs, Beth was in the process of applying for PIP:

> *"I may get extra help and I'm also in the process of (applying for) PIP because I should have funds available to me for me to be able to buy water and to be able to get to*

> *appointments, cos if it's raining I can't get to appointments. But on Universal Credit there's nothing available to you. There's no support, no." (Beth)*

Rather than helping to lift people out of poverty, as was the purported aim of UC at the time of its introduction (DWP, 2010), Beth described feeling trapped by UC, as the low amount to which she was entitled meant she was in a constant struggle to meet her most basic needs. Collectively, one may recognise the above insights as part of a recurring theme throughout these findings chapters, corresponding with research into the 'poverty trap'; those living through financial hardship experience severely reduced agency and are often driven to prioritise meeting the costs of basic needs as a matter of survival, ahead of pursuing more long term goals that might equate to a happier, more fulfilling life (Mullainathan & Shafir, 2013). In response to my research aims, these discussions put into perspective the constraint that UC was seen as posing to participants' agency, equating to reduced control over responding to various health needs, and less opportunity to alleviate circumstances of hardship.

As well as these more general, yet profoundly felt financial impacts attributed to claiming UC, participants identified which specific aspects of claiming UC contributed to constrained agency in relation to their financial hardship. Central to the issues that participants identified was the contentious (Butler, 2019; Reeves & Loopsta, 2020; Power et al., 2020) UC Advanced Payment Loan (APL). The APL is offered to individuals during an initial five-week 'assessment period', otherwise they receive no income from UC until their first instalment is paid (in arrears). Further, 80% of low-income households request an APL, along with 67% of people with additional health needs and disabilities (National Audit Office, 2020). Graham drew attention to the challenges he faced in attempting to meet repayments following receipt of his APL:

> *"When I signed onto it you get an advance, don't you? I think that's a bad thing. They should just pay you some money because, you know, I've been having to pay that back. There's three payments left on that so it's nearly taken a year to pay that off. It was like £650. I've been paying it back £50 a time when they paid me. And I've got three payments left on that so it'll be back to December." (Graham)*

Again, the decision to take out an APL is a necessity for many who have no alternative source of income when in the process of transition onto UC, or those who are claiming UC for the first time. Richard described the APL as being perhaps the most impactful aspect of UC in relation to his agency and the increased strain it placed on managing his ongoing finances:

> *"So you get £317, but because I'm in a house share the rent is paid, but the utilities I have to pay, which is £60 a month. I get £33 of budgeting loan gets took out, and £29 gets took out for an advance, which is what you get when you first sign on because you have to wait six to ten weeks before you get. So they give you an advance but then they start taking it out so basically £120 - £125 is took out of £317 before you even start." (Richard)*

From October 2021, the reduction to instalment amounts (subsequent to receiving an APL) was capped at 25%; at the time that I conducted my fieldwork, this was set at 30% (UK Parliament, 2020). Beth described the impact to agency derived from a lack of alternative sources of income for those living through financial hardship, highlighting the fact that UC alone cannot meet the needs of claimants, partly by virtue of APL repayment:

> *"I think because being on Universal Credit if you do need financial assistance and you're paying back an Advanced Payment and a Budgeting Loan there is no other funds available to you." (Beth)*

Having to manage other forms of debt was commonplace for participants, and the burden of this was often compounded by the necessity of repaying the APL, as Andy asserts:

> *"Because of debt coming out, fines coming out, on top of that I got £50 bank's charges. So I end up with £40 to last four weeks, which is impossible." (Andy)*

Participants also remarked upon the ways in which claiming UC made life more difficult than it had been while claiming, for example, Jobseeker's Allowance (JSA) for those more able to look for work, or Employment and Support Allowance (ESA) for those with additional needs. For Helen, it was clear that when she had claimed benefits in the past, before UC was introduced to her area, she perceived that the system had offered apparent advantages:

> *"When we were on benefits prior, you was able to take out a budgeting loan. Now you can't do that. Well, any other benefit. Whether it was Income Support or anything, you*

> *was able to do all that and now you can't. You can take an advance while you're waiting for Universal Credit to come through, and that's all you can have off them [...] then it's paying back £50 a bloody month." (Helen)*

Helen describes how previous benefits were more assistive to agency and responding to financial hardship, whereas for herself and others, when speaking about UC, the focus tended to be placed on the burden of what is owed back, and at a far higher rate of repayment than had previously been expected. Issues of financial insecurity resulting from UC deductions, as alluded to by Beth, Andy and Helen, have been problematised frequently in prior research (for example, see: Summers, et al., 2019). However, it was striking that Lewis, in opposition to the prior outlined views, effectively defended the process of loan repayment as being justified because it was he who had exercised his agency in making the decision to accept the loan in the first place, regardless of whether he had little recourse to do otherwise at the time:

> *"There was a six to eight week wait. I was entitled to Advanced Payments of up to £600. You can take how much you need. So say like I initially applied for £300. But since I've been taking like little bits, like £50 here, £50 there, I now I owe the full £600 and they're taking £95 off a month. Well, I took the money didn't I? So I've got to pay it back." (Lewis)*

Lewis's perspective, especially when viewed within the context of hardship that other participants endured in the process of loan repayment, encapsulates how being engaged with the UC system can, in fact, reduce the availability of agency and disempower the individual over a protracted period. While initially Lewis was keen to avoid receiving the full APL amount, he resorted to taking out continued advances in order to meet essential living costs until he was, effectively, doubly indebted to the UC system. In the first instance, Lewis continued to seek employment as part of his Claimant Commitment and received vastly reduced UC disbursements; in conjunction with this, he recalled that he had continued repaying £95 every month after taking out the APLs. It may be argued that the frequently complex decision making around personal budgeting arrangements and household finances is compounded by the often-intense level of commitment required to claim UC.

As well as the ongoing concern of continuing reductions, many issues resulting in reduced agency have been associated with the monthly gap between instalments, as represented in the literature since early in UC's roll out. Foremostly, prior research has found that many individuals are pushed into debt to meet household bills and living costs as a result of trying to make their monthly payment of UC last (Graven, 2020). Further, low-income households, who may already be facing mental health challenges associated with insecure housing (Brackertz et al., 2018; Bentley et al., 2019; Philo et al., 2019), have been recognised as showing additional vulnerability to the specific issues around the monthly payment schedule. The infrequency with which UC payments are disbursed was seen as broadly restrictive to the availability of agency, and therefore markedly unhelpful to the individuals who took part in this research, particularly for those with additional health needs and dependents (shown in Fig. 2). Lewis outlined his struggles with claiming UC, as opposed to previously having received Income Support and Child Tax Credit (which UC replaces):

> *"I used to get my Income Support which was £140 a fortnight and I used to get my child tax credit which was £64 a week, on top of my Child Benefit which was £21 pound a week. Yeah. And to be honest with you life was much was easier back then. It was. Even though I wasn't getting much money, it was easier […] I didn't have no rent arrears back then and now I am paying rent arrears and I'm trying to catch up with my Council Tax because I've been in and out of work for the past few months" (Lewis)*

As Lewis explains, the lack of sufficient financial provision from UC had the consequent effect of sending him into rent arrears, and the fact that he had been in work recently, albeit sporadically, actually further reduced his agency over the situation, making his circumstances more difficult to manage. Child Benefit (CB) is only available weekly to those on certain benefits and in specific circumstances; Lewis's former entitlement to Income Support meant that he could receive CB on a weekly basis, and, according to UK Government (2022d), he may have been eligible to continue to receive weekly payments of CB as a lone parent. Lewis's being unaware that he could have requested this alternative payment schedule suggests a lack of clarity regarding eligibility. Luke held a slightly different perspective on the way that UC could be a liability to agency for those in a vulnerable financial position, expressing his belief that the consolidation of benefits into one entitlement is central to UC's perceived disfunction, crucially because instalments were formally dispensed with greater regularity, and in a higher overall, amount:

> *"I say it's a lot harder for people to live now rather than back then. Now, the put together of the benefits rather than the separation. It's made it harder for people to live, putting it all into one claim […] yeah, they simplify it a bit yeah fair enough, but with child tax credits […] you (got) money every week, if you've got kids and you get Child Benefit, that's weekly, and then child tax credits was every two weeks. And then, it was still every month for Universal Credit so there's, you know the thing-you know the month gap barrier of it, like I said I think it's made it a lot harder for people." (Luke)*

It is with the above reflections from Lewis and Luke in particular that one begins to develop an understanding of the ways in which the single monthly payment of UC can negatively impact agency, being problematic for many claimants, for multifarious reasons. As Hartfree (2014) points out, low-income households are often used to budgeting on a weekly or fortnightly basis, and the monthly payment schedule necessitates that they are forced to alter their money management strategies. Lewis's experience reflects this; being used to keeping to an irregular working pattern, he could easily fall into rent arrears when he was out of work and waiting to receive his next UC instalment on a specific date:

> *"[the problem is] that Universal Credit's monthly. Life was so much easier on Income Support because with me being in and out of work, I've fallen behind with rent. They was phoning me telling me I could go in one day and the next day they won't want me […] it's all zero hour contracts." (Lewis)*

The DWP has recognised the potential risk that the monthly payment system poses to vulnerable claimants, and service providers may use their discretion to implement 'Alternative Payment Arrangements' (APA). When an individual (and their family) is deemed to be at risk of financial harm, APAs exist as a contingency for payments to be disbursed with greater frequency. APAs are considered by a Work Coach or case manager on a case-by-case basis for those with mental health issues, addiction issues, or those who have previously been homeless (DWP, 2020d). The reason that this is still problematic, in terms of one's agency and sense of self-determination, is that, according to government literature, the individual claimant is not personally able to make their own request for this contingency (ibid). Even though I carried out the majority (12 out of 16) of my interviews after the measure was introduced on 1st April 2019 (ibid), it should be noted that none of the individuals who took part in this research mentioned having been approached by a Work Coach or case manager after being identified as eligible for an APA, and the vast majority of all claimants still received UC on a monthly basis as part of the 'standard allowance' (UK Government, 2022e).

The above discussions describe constraints to agency represented in the financial impact that participants attributed to claiming UC; an important contributing factor to the overall experience of living through financial hardship, in this research. These discussions are presented as part of this Chapter's broader, master theme, investigating financial hardship within the structure of the UC system; again, participants were positioned within this structure as they attempted to exercise their agency, in response to their mental health needs. Having discussed experiences of financial hardship that constrained the agency available to manage mental health, the final subsection of this chapter recognises the social resources that participants drew upon in order to challenge these adversities.

Social support and financial hardship

It seemed that many participants drew upon social support as a crucial resource to agency; living through financial hardship and managing mental health. As such, this final section of the chapter investigates the role that *social capital* played as an enabling resource to agency as participants responded to their mental health needs. Broadly, social capital refers to when close relations (social networks) represent a resource that can offer various modes of support, including of a psychological nature (Villalonga-Olives & Kawachi, 2017). Literature has drawn attention to the way that engaging socially can act as a mediator between health management and structural constraints (Moore & Kawachi, 2017; Wiltshire & Stevinson, 2017; Ehsan et al., 2019; Downward et al., 2020), with social resources also considered an important element in assets-based approaches (Moser & Dani, 2008; Friedli, 2013; Brooks & Kendell, 2013).

Less evident in the literature are representations of how the benefits to agency, provided by social capital, can vary significantly between individuals over time. In this section of the chapter, I seek to illustrate how approaching figures of support to enable agency could change for each participant, depending upon the adversities they faced in their particular circumstances. For example, in the immediacy of his relationship breaking down, Lewis was engaged with social services, who monitored him as a lone parent. After this period, Lewis recognised how essential his family's ongoing support was, and would continue to be, for himself and his son in facilitating their various needs:

> *"Mum's been, well to be honest with you all my family have been heavily involved. They've all been there for me, financially, emotionally, mentally [...] they've been there for me and my son, you know? I'm quite fortunate to have that all around me cos not everyone's got that." (Lewis)*

It must be emphasised that, rather than establishing a bond of dependency, the presence of Lewis's family was essential to *enable* his independence and agency. Lewis was the full-time carer for his son and regularly sought work, while at the same time dealing with the challenges associated with his severe anxiety and navigating the structure of the UC system; support from his family enabled him to meet these challenges. The role that Lewis's family played in helping him to establish and maintain a household was paralleled by Becca (21), who expressed gratitude to her partner for providing a bedrock from which she had built a new life for herself, and for the pair of them as a couple. Becca and her partner met after living homelessly for several years in different parts of Greater Manchester:

> *"He has built my life up from scratch. I had nothing. Phone thanks to him. Nice clothes, my first pair of Nike trainers I've got on me feet." (Becca)*

Approximately six months prior to our interview, Becca had borne witness to a violent attack on her partner, which had left both traumatised and afraid to leave the house. Above, Becca reflects on how her partner's positive influence constituted crucial social capital, enabling her sense of agency. Research into so-called 'family resilience' has sought to understand the protective role of resilience, cultivated by families in order that individual members may draw upon the support of their close relations to facilitate in recovery from negative experiences (McCubbin & McCubbin, 1996; Conger & Conger, 2002), particularly following trauma

(Patterson, 2002). Despite her personal anxiety, Becca had been able to reciprocate the support that her partner had provided by facilitating his mental health recovery as they continued to live together, claiming UC as a couple. Similar to the scenario relayed by Becca regarding herself and her partner, Carl spoke about how the support role he had been used to fulfilling for his wife had effectively been reversed, at the time of interview; presently, she was providing support as he developed his agency, growing accustomed to managing the symptoms of his PTSD:

> *"She knows the signs of when I might zone off or I might, you know, start acting-or being a bit different than normal." (Carl)*

As Becca managed to maintain a household, Carl continued working and shared in childcare responsibilities thanks to the essential support from his partner. By receiving support from their partners, both Becca and Carl felt a benefit to their agency, being able to manage their MHCs to meet the challenges of daily life. Prior research suggests that social support is a key predictor of long-term happiness, particularly amongst low-income families, with the benefit of income to happiness apparently being diminished as a person becomes more financially stable, with the association between family support and happiness being stronger for those on a lower income (North et al., 2008). Daly & Kelly (2015) found that, while low-income families may benefit from the support offered by close relations in a material capacity to meet their most urgent, basic needs (including access to shelter and safety), emotional and psychological support is equally crucial in cultivating agency, facilitating positive mental health. Most participants in my research had received some manner of support from a close relation, or relations, as a resource to agency. This was in order for them to try and stay as independent and healthy as possible; the nature of this support could vary depending on each individual's level of need. Kaneez, for example, didn't leave her house often, and required more substantial practical support from her mother who lived locally and visited regularly:

> *"I've got a mother who lives nearby […] Yeah, she does come and visit me in the evening, she's the one who does my cooking and helps me around the house" (Kaneez)*

While Kaneez seemed to rely on her mother to help with practical, daily activities in order to maintain her home, Celia (24) had grown in confidence since moving out of her childhood home. Recently bereaved of her parents, Celia was in a position of responsibility over her younger brother, with whom she was sharing a flat, at the time of our interview. Living independently had been a struggle for Celia at first - she continued to suffer from acute social anxiety at the time that we spoke - but things had been steadily improving since she began cohabiting with her brother. Having been the primary carer for her parents when she lived at home, it became apparent that a large contributory factor to Celia's success in living independently was contingent on being able to extend the role of carer to her brother who had learning difficulties and relied on her support:

> *"(providing support to my bother) gave me that bit of confidence that I didn't have." (Celia)*

This relationship offered reciprocal benefits to both parties; in choosing to exercise her agency to provide support to her brother, Celia developed improved self-efficacy. With scant resources to fall back on, and no alternative source of income, trying to manage feelings of diminished self-worth and low self-esteem presented an ongoing challenge to agency for most participants in this research. This seemed especially acute while participants claimed UC and tried to navigate other challenges, often directly related to their living situation. Julian reflected on the role that effective social support played for him in improving his self-esteem, which he received from staff at the homeless shelter:

> *"Staff, security, like they make you feel welcome and stuff […] you feel like you're listened to here" (Julian)*

The sense of affirmation that the homeless shelter staff afforded Julian was fundamental to enable the agency with which he managed the symptoms of his MHCs, as, for Julian, their manifestation seemed to coincide with feelings of inadequacy. Richard felt he had gained the majority of emotional support, especially pertaining to his mental health struggles, from his ex-wife, who continued to play a highly encouraging role in his life since they separated:

> *"I think me ex-wife would probably be the one encouraging me, saying, you know you do need help. She has done in the past, she's said you need help because she knows I'm not the person I was. She knows that I'm really down most of the time. And I'll just sit there for two hours, let (my children) chat, then I'll say right I'll go home now. Cos I've got nothing to give them. I've got nothing to give them at all." (Richard)*

The support that his ex-wife provided was a crucial resource to Richard's agency, benefitting his self-esteem, as it was with this help that he was able to countenance feelings of guilt he associated with not being able to offer financial assistance to care for his children. Rather, Richard's ex-wife would focus on him fulfilling the role of care giver more broadly, reciprocating the stabilising influence that she exerted over him. It was in testament to the value of social capital that participants who may have not received support of this nature, historically, seemed to have endured the greatest adversities pertaining to their mental health and wellbeing. Prior to his time at the shelter, being excluded by his family, as Julian saw it, was extremely difficult for him to come to terms with; he described how dispiriting it had been to receive no visitors throughout the entirety of his stays on several different psychiatric wards across Greater Manchester over the past year:

> *"Shit went on with my family, messed me head up, ended up going back to self-harming, ended up back in the hospital for three and a half months […] nearly got killed and now I'm in this homeless shelter. They all know about me, even when I was in the hospitals, not one family member came to see me, but they all knew I was in there. There's nothing here for me, it's shit […] Since all me family split up from me in [the city] I'm just stuck down here now on me own, this is why I'm in this homeless shelter cos no one wants nothing to do with me." (Julian)*

This difficult period of Julian's life led to him cultivating feelings of having been abandoned, which appeared to have severely impacted his self-esteem. In turn, this presented challenges to Julian's agency to manage his ongoing mental health concerns while he stayed at the homelessness shelter. Managing one's mental health independently, whether through choice, as the result of marginalisation, social exclusion, or in response to stigma, could lead to participants becoming isolated. Though intentionally withdrawing from social interaction could be beneficial in the short term, over a protracted period this would often reduce the availability of agency and intensify symptoms of mental ill health. As the above experiences collectively serve to illustrate, the variance in symptomology between different kinds of MHC may necessitate very different forms of intervention, including with regard to the appropriate level of social support from one participant to the next. The common factor in successful mediation of symptoms seemed to be that, while participants generally embraced their independence, including managing their MHCs, they were able to approach family members (and other individuals who were considered part of a support network) when the need arose, as this usually enabled their agency. Again, the presence of such a support network did not cultivate dependency, but rather, it was a crucial, enabling influence on agency, facilitating independent living. Conversely, therefore, it was those without this resource to agency that seemed to have endured the greatest hardship.

Chapter summary

This chapter has provided an investigation into the financial hardship-related challenges to agency described by participants in this research; specifically, how these challenges were seen as impacting on mental health and wellbeing. Insights into cultivating the agency with which to manage one's health, within an environment that brings its own constraining influences, have been discussed. As part of these discussions, I have drawn attention to how scant resources, whether financial, material, social, or economic in nature, lead to a pronounced impact to the availability of agency and by extension the capacity to stay mentally 'well'. The financial inadequacy that participants attributed to claiming Universal Credit has been central to these understandings, with participants recognising the various ways in which encountering the structure of UC apparently contributed to diminished agency in experiences of financial hardship and maintaining positive mental health. Establishing the challenges that participants encountered in relation to financial hardship, I then emphasised the fundamental role that social capital appeared to play in enabling agency and the capacity to manage one's health. Further, positive social influences from close relationships were recognised for their importance in providing material and practical assistance, while also fostering emotional wellbeing and psychological stability. In garnering an understanding of these adversities and influences, one is better positioned to understand how participants experienced advancing though the UC claims process, which brought its own structural features to bear, further impacting the availability of agency. The next chapter, therefore, investigates experiences of mental health and *the UC claims process,* with sensitivity paid to the experiences of financial hardship investigated in this chapter.

5.2 The UC claims process

‘Mental healthiness’ is a term that describes feeling empowered to manage one’s own health, with an increased sense of belonging, self-esteem, self-determination and control (WHO, 2010). This chapters focuses on how participants experienced specific aspects of claiming UC, in relation to the availability of agency, to maintain mental healthiness. More specifically, participants described feeling variously enabled and inhibited in the exercising of agency as they progressed through the UC claims process, with discrete features of UC appearing to constitute structural constraints to managing mental health.

During each interview, participants reflected on whether specific features of the claims process implicated mental health, including when they first applied to receive UC. The prior chapter discussed participants attributing financial hardship to the initial 5 week ‘assessment period’, and subsequent repaying of an APL. Beyond this, the initial stage of application (or transfer from a ‘legacy’ benefit) was not recognised by participants in this research as being problematic in terms of the availability of agency and the capacity to manage mental health. Rather, the following three key aspects of the UC claims process emerged as particularly challenging to participants’ sense of agency: *the digital claims process* was recognised as the earliest problematic aspect of the claims process that participants encountered, and is presented as the first subsection of this chapter; the *Work Capability Assessment* (WCA), which exists as an ongoing measure of capability for work for many claimants with additional health needs (UK Government, 2022b), is presented as the second section of the chapter. Interrelatedly, the third section discusses issues around *UC conditionality*, referring broadly to the behavioural conditions that must be met as individuals claim UC (Watts et al., 2014).

Social capital (Coleman, 1998) is a key concept within the structure-agency theoretical framework I apply in my discussion; the final section of the chapter investigates how participants drew upon various modes of social support in response to issues they encountered in the claims process, enabling agency. To reiterate, this second findings chapter recognises aspects of the UC claims process that may have impacted the agency available to participants to manage mental health. Critically, the adversities related to financial hardship identified in findings chapter 1 frequently continued to encumber participants as they advanced through the claims process.

The digital claims process

Most UC claimants are expected to manage their claim using the internet via the UC online 'journal' (Griffiths et al., 2020). This facility, accessed via smartphone app, tablet, or computer, provides a historical record of each claimant's actions, messages, and payments; they are expected to self-manage their claim using this platform (Griffiths, 2021). Issues around accessibility to the journal, both to manage one's claim and as the primary mode of correspondence with JCP staff and DWP representatives, have been raised since UC's implementation (Dwyer & Wright, 2014; Summers & Young, 2020). In particular, a substantial body of research has scrutinised whether the digital claims process effectively accommodates those with additional needs (Foley, 2017; Walton, 2018; Wright et al., 2018; Craig & Katikireddi, 2020). For example, Cheetham et al. (2019) asserted that the function of UC may be particularly ill-suited to respond to the needs of those with mental health issues, with the digital claims process being described as complex, demeaning, and hostile. My own research aimed to contribute to these understandings, with sensitivity paid to how these elements impacted the availability of agency for participants to respond to their mental health needs; in particular, participants described using their journal as an isolating experience. Phil (45) had been in steady, long-term employment until very recently when he had suffered a diabetic stroke; he had only been claiming UC for a relatively short period of time before our interview. It seemed most Phil's difficulties with UC revolved around using a computer to manage his claim online, which he was adamant would have been an impossibility without assistance:

> *"I don't know why you can't just phone up or speak to somebody, why's it got to be this computer thing? I need assistance to understand the computer. It's pointless saying to me, there's your computer. Like saying, 'Here's the keys so go and drive that car' to someone who can't drive." (Phil)*

Wright, et al. (2022) recognised how the digital claims process is frequently an isolating experience, particularly for individuals with mental health problems; critically, this may play a significant role in *invalidating* the mental health problems of claimants. One may consider that the insights discussed here contribute unique, additional evidence to these understandings: Participants in this research described how the isolating influence of engagement with the UC system diminished their sense of agency, particularly in view of regular noncommunication. Beth, for example, had been constantly frustrated by delayed, or entirely absent, responses when attempting to contact the Jobcentre Plus:

> *"If you want to speak to somebody you have to send a message and I sent a message last week, and so did my housing officer, and nobody's got back to us. There's no support, there's no commitment from them. You're just basically talking to a computer all the time." (Beth)*

Interrelatedly, Graham recognised the mental health impact incurred when awaiting a response from phone operators, which he stated could cause considerable anxiety:

> *"You can be on the phone for an hour, just waiting to get through to someone. And then when I actually went to the Jobcentre and then they put me through to someone else and then the phone got cut off so I had to do it all again. So I was on, must've been on the phone for over an hour, just on hold for ages […] it's horrible just sat there being on hold, worrying." (Graham)*

Wright et al. (2018) drew attention to the diversity in experiences between claimants who initiated contact with the Jobcentre Plus, and instances where they had been called upon, finding that, universally, any correspondence raised by the individual was outweighed by the expectation to meet the requirements of their Claimant Commitment as the foremost priority. This finding captures well the negative impact to one's sense of agency as they encounter the structure of the UC system; where a claimant chooses to reach out to a given front line DWP worker (for example, their Work Coach), consistent unresponsiveness will inevitably diminish the feeling that they have an active role in proceedings, instead conditioning one to only be *reactive* to their claimant commitment. It should be recognised, however, that some of the individuals who took part in this research did convey that the nature of correspondence was advantageous to their agency, considering their personal circumstances, including regarding managing mental health. For example, Graham, who despite his criticism of having to wait for a response, as discussed above, seemed to view the function of UC in a generally positive light, citing the ease with which he had been able to manage his claim online, for the most part. With his entitlement to UC supplementing the amount that he received in statutory sick pay, Graham had been content to use the online system; not having to attend appointments at the local Jobcentre Plus had been particularly appealing to Graham, managing his claim via his mobile phone:

> *"I'm on Universal Credit but I'm on-I'm off sick from work at the moment so the Universal Credit is topping up my statutory sick pay; that's why I'm on it […] you can go on it on your phone […] it's better than having to go to the Jobcentre all the time, if you want to speak to someone you can message them and if you need to do anything it lets you know doesn't it? And you can do it. I think it's a good thing, yeah." (Graham)*

Graham's experience typifies how the UC system may be broadly more manageable for those with a relatively undemanding claim, wherein the availability of agency is not compromised as they engage in the claim process. Further, engaging with the system is likely to be less problematic for those who are IT literate, or prefer minimal in person contact (Wright et al., 2011). While maintaining one's claim online may be a relatively undemanding process for a minority of vulnerable people with mental health issues, for example those who are able to enter a workplace with little support (Wright et al., 2011), for many others, claiming UC necessitates more intensive support (Larkin, 2018). Arguably, it is in light of its limitations in addressing, and providing reasonable adjustments to accommodate, these mental health needs, that the system's flaws emerge, presenting challenges to the availability of agency. This appeared to have been the case for participants Helen, Beth, and Andy. Though online claim management (accessing the 'Universal Credit account') is usually one of the first features of the UC system that individuals will encounter in the claims process, many claimants with additional mental health needs are subject to a Work Capability Assessment (WCA) to decide whether they must look for work as part of their ongoing claim. The next section of this chapter discusses how the WCA impacted the agency of participants, in relation to responding to their ongoing mental health concerns.

Experiences of the Work Capability Assessment (WCA)

The WCA, used to determine the level (if any) of work-related activity a person claiming UC (and ESA, as there are still legacy benefit claimants who have not 'migrated' on to UC) must engage with, has frequently being problematised in the literature for how it may exacerbate existing mental health issues (Barr et al., 2015a; Manji, 2017; Cheetham et al., 2019; Scullion & Curchin, 2021). Consistent with prior literature (Griffiths & Patterson, 2014; Warren et al., 2014; Baumberg et al., 2015; Barr et al., 2015a; Barr et al., 2016; Dwyer et al., 2020; Scullion & Curchin, 2021), the WCA was a source of considerable mental distress for several participants in this research, diminishing the agency with which they would otherwise be able to stay mentally well. Celia and Becca, for example, reflected upon their experiences of attending a WCA, with reference to their respective mental health issues. There was a marked contrast between the language that Celia and Becca used to describe being deemed 'fit for work', following their respective WCAs:

> *"I had a medical, erm, a week ago, and failed." (Celia)*

Here, Celia reflects upon her ineligibility to join the 'limited capability for work' (UK Government, 2022b) group as being the result of some deficiency or inadequacy, with word choice ('failed') suggesting that she blamed herself for not being awarded an alternative UC designation. By stark contrast, Becca asserted that:

> *"[…] there's nothing out there […] No one will help you, you have to deal with it on your own and they make it worse by refusing you for something you're entitled to." (Becca)*

Becca emphasised that the result of her WCA compounded the feeling she had already cultivated; she encountered the structure of the UC system in isolation without the support that may have been otherwise assistive to her, enabling the agency with which to manage her claim. Becca believed she deserved to be entitled to non-work-related activity group payments, considering her situation, implying that the system had failed her. By contrast, Celia had internalised the focus on her own, individual failure. One may recognise these divergent responses in view of the different levels of familiarity each participant had within this structural context. In Celia's case, she described having suffered from anxiety and depression since childhood, receiving ESA prior to UC, while Becca's MHC developed much more recently after she witnessed a violent assault on her partner. Celia described repeated visits to the Jobcentre Plus, regularly engaging with unsupportive staff preceding her claim for UC; one surmises that these experiences may have contributed to her diminished self-esteem over time, reducing the availability of agency. By contrast, Becca's visits to the Jobcentre Plus to discuss how her mental health might affect her claim had begun relatively recently. Consistently, Goffman's (1963) pioneering work on 'spoiled identity' found that internalised stigma is more prevalent with continued exposure (frequency and duration), to the stigmatising influence (here, engagement with the benefits system, and being assigned the 'claimant' label). With this in mind, one may anticipate that Becca's resilience to stigmatisation may diminish over time.

The abovementioned experiences, including the distinction between Becca and Celia's accounts, draw out some of the ways that identity construction may have been partly based upon stigmatised self-perceptions attached to the 'claimant' label, as is consistent with the literature (Link et al., 2001; Werner et al., 2007; Livingston & Boyd., 2010). Garthwaite (2016b) suggests that self-recrimination, which Celia conveyed, and a sense of 'undeserving-ness' of benefits, is purposefully cultivated through government rhetoric, stigmatising welfare recipients in order to justify cuts to welfare expenditure. The burden of stigmatisation, and its consequent impact to agency in several different guises, was prevalent in the lives of most of the individuals I interviewed, as is investigated in depth in the final findings chapter (Chapter 5.3). Whenever the subject of the WCA was raised at interview, Celia became visibly shaken; I paused the interview to offer emotional support to Celia, careful to ask whether she would be comfortable resuming. To challenge the constraining influence on agency that Celia attributed to her most recent WCA, reflected in her diminished capacity to stay mentally well, Celia asked her GP for a higher dose repeat prescription of her antidepressant medication:

> *"My doctor had to up my tablets cos erm-I went and told her how I felt and it's-it's disgusting how they make people feel […] A week before (the WCA), all you do that week is just panic and panic and each day's just like worse and then when it comes to (the day of the assessment) like you, you just can't control it." (Celia)*

For Celia, it appeared that the most daunting aspect of claiming UC continued to be the persistent threat of re-assessment, which overwhelmed her to the extent that it reduced the availability of agency to manage her mental health needs; as Celia articulated, by the day that her WCA arrived, she no longer had any control over her anxiety. Celia's case was very much *not* an exception, as recent studies suggest a significant link between increased antidepressant prescribing, and engagement with the UC system, especially following an instance of reduction or cessation of entitlement (Williams, 2019). Lewis had a considerable range of stressful influences to contend with in his daily life, which collectively, substantially reduced his agency and sense of control over his own decisions. Lewis had to meet the pressures of managing his UC claim while at the same time grappling with severe anxiety, as well as the responsibility attached to being a young single parent living within very limited means. He described the prospect of being subject to a WCA as:

> *"(…) always there in the back of me head, but if I let it take over, that's where my stress and my anxiety tend to flare up." (Lewis)*

Andy reflected on a past experience of being subject to a WCA, subsequent to which he was found 'fit for work'; a result he believed was contrived of inaccurately, simply because he was one of many whose ineligibility would equate to a reduction to overall welfare expenditure by the state:

> *"[…] I attended a medical and they said I was fit for work. I filled in all the forms to appeal it but I don't know what happened to that, it kind of disappeared in the system somewhere […] (they're) trying to save as much money as (they) can by dumping a lot of people that are sick and finding them fit when they're not." (Andy)*

The clear, implicit message behind Andy's observation was that he, and those in a similar position, are denied individual agency as they are effectively dehumanised, treated not as autonomous individual actors, but disposable members within a collective group; challenges to this apparent subjugation may indeed 'disappear in the system' in order, as Andy perceived it, to cut welfare costs. This perspective echoes assertions made by Dwyer et al. (2016) who implied that rather than attempting to engender behaviour change as alleged, simple cost cutting was more central to UC's introduction. Though the prospect of reassessment may have been an ongoing cause for anxiety among several participants, there were other distinct elements of navigating the UC claims process that were seen as particularly impactful to agency and the management of mental health. Many such discussions related to how participants coped with being subject to the conditionality regime that is central to UC's function. Discussions around UC conditionality, and the impact of the regime to the availability of agency, are presented below.

Issues around UC conditionality

As previously outlined, when adversities related to financial hardship, and challenges associated with the UC claims process co-occur, this appeared to precipitate a particularly pronounced impact to the agency available for participants to respond to their mental health needs. This was especially evident when participants described the multifarious issues they encountered in relation to the conditionality regime. For many UC claimants, an important element of managing their claim is meeting the requirements set out in their *Claimant Commitment* (DWP, 2022b). UC applies welfare conditionality, which means that claiming the benefit requires an individual to behave in certain ways, usually, this entails committing to work-related activity, to continue receiving their payments (Dwyer & Wright, 2014; Watts et al., 2014; Dwyer, 2018). When an individual does not complete what has been set out in their Claimant Commitment, they may receive a benefit sanction, which equates to their payments being temporarily reduced or stopped (Daguerre & Etherington, 2014). With little recourse for an individual claimant to challenge these measures, there exist clear consequences in relation to matters of agency. These consequences may be especially dire for those with additional mental health needs, because, as has been established, the ability to exercise agency is essential to maintaining positive mental health. This section of the chapter discusses how the obligation to meet conditionality measures, and interrelated efforts to avoid being sanctioned, emerged as constraining elements to agency for many participants in this research, for a wide variety of reasons.

Prior research has found that facilitatory measures to accommodate additional mental health and disability related needs are often overlooked for those who are subject to UC conditionality, as the regime aims to drive claimants into the workplace as the foremost priority (Whitworth, 2019). 'Easements' are designed to reduce or suspend the requirement for people, including ill or disabled people, to participate in work-related activity; however prior study has found that these measures are not consistently implemented (Dwyer et al., 2018). It was certainly Kaneez's perception that her personal needs had been neglected in this way, as she felt that her many health problems, including severe asthma and arthritis as well as chronic depressive episodes and panic attacks, had not been taken into consideration as she faced continual pressure to engage in work-related activity. Kaneez described how, on numerous occasions, feeling hectored by her Work Coach at the local Jobcentre Plus reduced her agency significantly, leaving her with no choice but to return to work when she was not well enough to do so:

> *"I've numerous health conditions on one body. All these problems affect me. I've got issues like arthritis, erm, asthma. All these problems affect me… long term depression (pause) but I'm still having to prove to them that I'm not well enough to work (…) the Jobcentre are so hard, I have to keep proving to them that I'm too sick to work or I can't work. But with all the conditions and then health problems that I had and that the Jobcentre kept bugging me, I got so fed up of it that I would try to just get a job and see how it goes, but it was very difficult." (Kaneez)*

In the recent past, Kaneez had been required to find extra work, even when her health prohibited her from committing to full time hours, and she expressed self-recrimination at the time of the interview as she had been unemployed for a longer period. With the above statement in mind, one may consider that Kaneez's agency was stymied on two accounts: firstly, though she expressed a desire to return to work, Kaneez recognised that she was unable to on account of her health. What made Kaneez's situation far worse, however, was the way in which responding to her health needs was jeopardised as she engaged with the structure of the UC system. The pressure to provide evidence of her ongoing health adversities presented a constant threat to Kaneez's capacity to afford essential daily living costs; if she didn't continue to provide this evidence, Kaneez would be expected to enter work, and if she entered work, this would potentially negatively impact responding to her health needs. Clearly, this vicious, cyclical pattern left Kaneez's agency compromised; she stated that, in the past, she had been left feeling so disaffected with the system that she did return to work, inevitably compromising her health.

Consistent with Kaneez's experience of her health needs being neglected as she was pressured into finding work, Dwyer et al. (2020) found that UC does not adequately account for health issues as claimants are compelled into finding work, with those deemed 'unfit for work' (as Kaneez had been at the time of being interviewed) also being excluded from return-to-work based support measures. Further, UC claimants may face pressure to enter employment, even when medical facts have established that they cannot work (Wright et al., 2022); with nonattendance to work-related activity, including on account of additional health needs, the risk of triggering a sanction warning becomes a reality. Richard gave a particularly detailed account of what he perceived as the over-implementation and unjustifiable use of sanctions, as a facet of conditionality, in his local community:

> *"As far as the sanctions are concerned, they're saying, 'Right you've got to do what we tell you or you'll get sanctioned'. Right so 100% of the time I'm telling you that people who get sanctioned don't deserve to be. If you can come up with a plausible excuse, there should be no reason you shouldn't get your money [...] the government actually says you've got to have so much to survive. But if you're a naughty boy, we're going to make you starve. That's what they're saying. It doesn't work because they put people who are already on the poverty line, in fact below the poverty line, even further behind because you're having to borrow money off people and then you're having to pay it back. You never get straight." (Richard)*

Richard encapsulates how UC functions as an, arguably, counterproductive (Dwyer & Wright, 2014), punitive measure for many people; in particular, he describes how the sanction regime adds considerable weight to the financial pressures already encumbering those who are living through hardship. Further, Richard problematises the concept of 'deservingness' that has underpinned not just UC ideology, but the entire benefits system, broadly, since the Elizabethan Poor Laws (Renwick, 2017). With the availability of agency significantly reduced for people living through financial hardship, (for example, by being trapped in a cycle of debt), when they encounter the UC system and are subject to conditionality measures, structural barriers to achieve a so-called 'deserving' status become more difficult, often impossible, to challenge. Further, conditionality functions by responding to the needs of deprived communities with what essentially amounts to punishment, on an individual basis, and this cannot equate to productivity. Indeed, recent large-scale research by Dwyer et al. (2018), and Cheetham et al. (2019), demonstrated how the regime negatively impacts the agency of claimants, with the imperative to meet conditionality measures reducing the likelihood of claimants moving into paid employment. The application of sanctions, for various acts of perceived noncompliance with the conditionality regime, has been found to universally trigger a range of profoundly negative outcomes, including increased debt and higher likelihood to fall into rent arrears, housing insecurity, fuel and food poverty (Cheetham et al., 2019; Dwyer et al., 2018), and worse health outcomes (Walton, 2018; Dwyer et al., 2020; Wright et al., 2022). Especially pertinent to the topic at hand, UC claimants, as well as Jobcentre Plus staff, have reported that mental health needs are *invalidated* by conditionality processes (Wright et al., 2022).

As well as the more generalised, yet incisive observations such as those submitted in the above statement from Richard, participants gave individualised reflections regarding the ways that conditionality reduced the ability to exercise agency. Participants relayed how they struggled to respond to their mental health needs while meeting conditionality measures and trying to deal with the challenges of living within very limited financial means. A particularly evocative example of this was relayed by Julian, who spoke about the stress of having to manage his UC claim within the context of the chaotic living conditions at the homelessness shelter where he was staying. Julian's sleeping pattern was frequently highly erratic and of poor quality in the open dormitory at the shelter; he spoke about how, along with subsisting on an inadequate amount to eat, it was sleep deprivation in particular that was beginning to impact his health:

> *"Benefits playing on me head and not getting much rest, and not eating proper, it's not sleeping proper. I've not had any sleeping tablets, I've not had a good night's sleep in fucking five month." (Julian)*

Julian's situation was not uncommon, and certainly appeared to position the structure of the UC system as incompatible with maintaining his agency, to respond to his mental health needs. This is when one considers that the efficacy of sustained behavioural change, which UC conditionality purportedly aims to stimulate, is contingent upon respondents being able to access stable accommodation and various modes of support to manage their vulnerabilities (Dwyer et al., 2018), including poor mental health and homelessness. Again, as highlighted in chapter *5.1*, many of the individuals who took part in my fieldwork reported having received little or no support that might have otherwise empowered them to respond to their mental health issues more effectively, including those who were (or had recently been) homeless; it is with this in mind that one recognises the futility of their being subject to such conditionality measures. To clarify, those who are disempowered, owing to financial and material insecurity, are compelled to navigate an employment-centric structural system when they claim UC. Without their more basic needs first being met, this will inevitably lead to the perpetuation of - as opposed to liberation from - their oppressive circumstances. Peter's experiences with the Jobcentre Plus added further credence to this view:

> *"(the Work Coach) said to me, 'Can you not go back home?'. I split up with my partner of 27 years. I don't see my children, I don't talk to them. So asking can I go back home is just a waste of time. But they just, they don't do much to help you." (Peter)*

Although Peter appeared to suggest that he had exercised his agency in becoming homeless of his own volition, his reason for not returning to his former home seemed carefully considered; the relationship with his partner had become unamicable, so Peter had extricated himself from the household to avoid cultivating a toxic environment for his children. It is with Peter's insight that one further recognises the UC system as being based on a reductive premise, undermining the complexity of claimant lives by positioning employment-seeking behaviour ahead of individual needs, presenting additional constraints to agency. Arguably, the Work Coach with whom Peter interacted was unable to support him because his circumstances could not be resolved by the UC system's narrow, 'work-first' approach, delivered through its conditionality regime (Adam & Browne, 2013; DWP, 2015). The situation that Peter was determined to avoid had somewhat come into fruition for Richard, who explained that he had been living homelessly, sofa surfing where he could, but had returned to live with his ex-partner on occasion, feeling self-recrimination over the disturbance that his inconsistent presence at the house caused to his children:

> *"I lost me job and me flat at the same time, me ex-wife said come and stay here for a bit until you get yourself sorted so I was only there for about four week. I got another job, so because I got another job which was working at a butchers, I was able to say to me mates can I kip in your's for a week and I'll give you some money and that's what I was doing because it wasn't healthy me staying at her's […] the lads were getting a bit, me sons were getting a bit, "Oh he's back, he's back!" and it was never going to be like that so we decided it was best if I went sofa surfing which is what I did. Then I lost me job again, ended up completely homeless cos I couldn't pay anyone else. She said you can use my address as a care of." (Richard)*

Again, the UC system is structured around prioritising employment (compelling claimants to undertake job-seeking behaviour) without first addressing the individual living arrangements which, for many individuals, renders their capacity to commit to such an undertaking completely untenable (Millar & Bennett, 2017; Wright & Dwyer, 2020; Hardie, 2021). Claimants living with no fixed home address often must utilise their agency creatively, or in novel ways, when it comes to supplying their details to the DWP. Many people living homelessly are not in Richard's position of being in contact with an individual who can provide a 'care of' address and so instead resort to supplying the address of, for example, the homelessness shelter that they visit (Harris, 2020). A scenario such as this presents its own challenges, not least implications regarding privacy, and issues around regular access to correspondence materials (McCarthy et al., 2015).

Prior research has indicated that some of the complications that appear to exist here, between policy and practice, could be addressed by implementing specialised frontline training for those who work with homeless populations. Further, it has been found that those working for the DWP may benefit greatly from extra sensitivity training, to improve their efficacy in working with clients with multiple and complex needs. For example, based on an evaluation of the Livelihoods Training Project (commissioned by Oxfam Cymru and the DWP), Scullion et al. (2017) found that DWP frontline staff benefited from a person-centred approach to service user engagement and described being better able respond to the needs of clients who were experiencing poverty.

Above, Richard, Julian and Peter relay how being subject to the conditionality regime was perceived as interacting negatively with their homelessness circumstances, crucially because it undermined their agency to respond to their mental health needs in adversity. However, problems with conditionality were not exclusive to those in insecure housing, as the regime was also seen as presenting a liability to the agency of participants who lived in their own secure housing at the time of being interviewed as well. Further, one might hope that individuals with secure accommodation may be better positioned to exercise their agency to meet the drive to enter employment, which the UC system advocates. In fact, I found that conditionality presented a liability to employment, regardless of one's housing situation, because, again, it reduced the capacity of participants to exercise agency over their lives. Carl, for example, drew attention to the general feeling of powerlessness that he associated with claiming UC, compared to when he was in better health and working full time:

> *"(claiming Universal Credit), it's like I've got no control on me life now." (Carl)*

Antithetical to the publicity surrounding UC when it began being introduced across the UK, with the government's claim that it would encourage independence on the part of claimants with a drive into employment, UC appeared to have constrained Carl's agency. Carl also explained that the funding for his partner's nursing degree would affect their joint claim for UC; the bursary she had taken out to fund her studies meant that their joint income pushed them over the threshold amount that was allowed by the system, so their UC entitlement would be severely reduced, or even stopped:

> *"I believe that we'll probably get zero now. Zero help […] because they'll say what my missus has got-supposed to be help for her education." (Carl)*

Above, Carl describes how his partner's attempt to become qualified as a nurse was perceived as being discouraged by the way that UC functions. The constraints to Carl and his partner's agency, in feeling stymied to improve their circumstances, is described in 'poverty trap' literature: Coates & MacMillan (2020) situate self-perpetuating feelings of hopelessness in relation to poverty, whereby one must eternally prioritise meeting their most basic needs (Mullainathan & Shafir, 2013) rather than pursuing more substantive long-term life improvements. Mechanic (2002) notes that deprivation relates not only to a scarcity in various kinds of resources not only of a financial or material nature, but also where access to education is restricted, as had been the case for Carl's partner, being obstructed from continuing her training to become a nurse. Although Carl described how his partner was apparently disincentivised from her nurse training because it posed a liability to their joint UC claim and household financial stability, several participants described having no choice but to accept work that they considered unsuitable, simply to avoid being sanctioned.

Charting a similar trajectory of thwarted ambition to Carl's partner, Helen spoke at perhaps the greatest length on how she felt her agency had been gradually eroded throughout the process of claiming UC. Helen felt she had been forced to choose between improving her long-term life prospects, pursuing her ambition to work in IT, and acting to sustain her daily life in the short term by meeting essential daily living expenses. To elaborate, Helen was in the process of accruing considerable academic and practical expertise in computer repair but was deterred from continuing to develop her skills at the early stages of claiming UC, being informed that, were she to continue training instead of taking up any job that was offered to her, she would face potentially being sanctioned. Therefore, Helen described the negative impact that was incurred to her agency as she was forced into a position where she had to give up pursuing her burgeoning career:

> *"My main thing was repairing and fixing computers. I like doing the hardware stuff but I also like doing the software side of it as well. I did a course before all this, over a year ago I was doing a BTEC level 3 course at 'local college […] I completed me first year and the computer side of it, the installation and hardware and all that, I passed with flying colours. Then I ended up with Universal Credit and they turned round and said if I was offered a job and I didn't take it within the second year, I'd get sanctioned. I ended up giving up the course because of that threat. Cos I couldn't afford to lose my finances, you know?" (Helen)*

Much prior literature has drawn attention to the ways in which UC claimants are driven to seek out any standard of work, regardless of their personal, subjective skills, training, and experience, simply to avoid being sanctioned and reducing income (Dwyer & Wright, 2014; Rubery et al., 2018; Jones et al., 2019). Even where an increase to working hours may be desired by claimants (regardless of their Claimant Commitment), many participants who took part in my research revealed that their UC claim could 'interfere' with their exercising of agency, to commit to the amount of work that they wished, with the system perceived as effectively disincentivising their drive to seek longer employment hours, or, in fact, any work at all. In line with the UC's purported goals, increased working hours are intended to stimulate disengagement from the benefits system over time, cultivating greater independence (Omar et al., 2017); however, participants reported that full-time employment could often be disadvantageous based on numerous practical, financial considerations. Participants described the difficulty in having to apportion their agency, discerning what would present the most tenable option in terms of the number of hours that they could work while continuing to receive an adequate UC amount to meet their daily expenses; to summarise the ordeal, Amelia asserted that:

> *"I feel as though I have to do overtime in order for me to live, cos they're not giving me enough. Universal Credit are either paying me, but not paying me right, or not paying me at all." (Amelia)*

Helen also described how UC continued to disincentivise her seeking employment more broadly; even after her ambitions to establish a career in computer repair had long since been thwarted, the financial implications of having her working hours interfere with her UC entitlement reduced her agency, leaving her with a difficult choice between deeply disadvantageous options:

> *"I've had 7 jobs in a year […] I want stability and I don't get any of it. Me income's either not high enough or it clashes so badly with Universal Credit that I can't survive on it. So like it can be £700 a month and then Universal Credit will go, 'Oh well you're earning enough, we'll not pay you anything including anything towards rent'." (Helen)*

The fact that part time work seemed to present a more financially viable option in order that his UC claim should remain unaffected, than full time, yet less stable employment, left Lewis feeling especially incensed:

> *"To be honest with you, I've been looking at part time work, 15 to 20 hours, because it won't affect my Universal Credit […] Technically I'd be better off. You're better off working part time so I think the calculation system needs sorting out. I should be better off working full time, you know? If I could just get some steady work, some guaranteed work for the next twelve months so I don't have to worry every week you know. No more […] zero hours. I've got to pay my rent, I've got to get my shopping and it all builds up." (Lewis)*

Lewis's reflection resonates with 'poverty trap' literature; work may be disincentivised as benefits entitlement becomes less generous, in line with the respective income increase (the 'taper rate') (Gugushvili & Hirsch, 2014). Further, Lewis's experience speaks to widely recognised issues pertaining to the low-quality work that UC claimants are pushed into taking to meet their Claimant Commitment, perhaps most significantly (as Lewis alludes to in not being able to afford his rent and shopping) as a major contributory factor in the growth of in-work poverty (McKnight et al., 2016).

As well as the perceived financial liabilities posed to participants, responding to the Claimant Commitment, the way that the pressure to enter work reduced participants' agency also presented considerable risks to mental health. For example, because Carl's prospective UC entitlement would be insufficient for he and his family to live on, he went on to explain that he felt pressure to ignore guidance from his GP about taking time off work. Carl relayed that, owing to the reduced agency he experienced considering his circumstances, he had no choice but to re-enter employment before he had fully addressed his mental health needs, delaying his recovery:

> *"Universal Credit offered to give me so much money a month but I said thank you yeah but I-I can't do nothing with that so this is why I'm going back to work, I think a lot sooner than I physically and mentally should be, but I've got no choice." (Carl)*

Carl went on to imply that the reduction to, or cessation of, his entitlement, felt like a deterrent; the time Carl needed to come to terms with his PTSD and learn how to properly manage his symptoms, was essentially discouraged in favour of returning to work. As an interesting point of comparison, Julian expressed his appreciation for the strict requirements that he had been subjected to as part of his Claimant Commitment, suggesting that he had been encouraged to become more independent and to disengage from the benefits system after he had been sanctioned:

> *"To be honest, I'm glad they gave me the sanction cos it gave me motivation to go out and get a job. But at the same time, the job give me, like, a hernia. Made me ill didn't it […] Lifting stuff that was too heavy for me to lift […] There weren't really any health and safety regulations." (Julian)*

As one discerns from this statement, though Julian did initially express appreciation for having been motivated into finding work, as he saw it, he then appeared to be conflicted about whether this had truly served to benefit him; the strenuous job had been unregulated, its requirements were dangerous and sounded illegal, and Julian not only became unemployed, but needed to receive hospital treatment for his hernia, caused on the job. One may infer from the scenario relayed by Julian that, though he initially perceived his experience of conditionality and receiving a sanction as benefitting his agency, with the motivation to enter work, with hindsight he had become conflicted about whether this had precipitated a positive long-term outcome, because his health had suffered.

Rubery et al. (2018) observed that UC's drive to seek *any* standard of work as one's foremost priority may have the effect of normalising precarious employment, as Julian appears to allude to above, while McDonough (2021) suggests that UC has directly contributed to a widening *gig economy*, the result of labour market deregulation. These findings are particularly problematic when viewed considering the negative mental health impacts that may be incurred in insecure work roles. A significant rise in symptoms of common mental health disorders including general psychological distress, depressive symptoms, and heightened anxiety, have been associated with engagement in precarious work, with features including temporary employment and/or unpredictable hours which may involve employment insecurity, insufficient wages and lack of worker rights seen as being particularly impactful (Rönnblad et al., 2019). Furthermore, the psychological malaise associated with precarious work may be seen as being intensified for those who become embroiled in the claims process; Richard described having encountered several issues around precarious employment at his most recent place of work:

> *"When I'd lost me job, me last job at the butcher's […] five of us got laid off at the same time. We had noticed jobs were going. They said as soon as it picks up, and it could be a matter of weeks, they'll have you back. So I left it a couple of weeks before I made the claim. When you claim Universal Credit, you know it's going to take four to six weeks. It doesn't really matter what they say to you, it takes four to six weeks. What they always do, you get paid for a period from one date to the other, and […] it's always a day before or the day after, they always call it the day after so basically you miss out on that month completely. They know what they're doing." (Richard)*

Richard encapsulates how disempowering his experiencing of claiming UC had been, in a work-related context, with scant possibility to exercise his own agency as he waited for decisions to be made without being able to exert any control over proceedings. Further, in waiting to hear word from the butcher's before submitting his claim for UC, Richard had no income to meet his daily living costs, and yet he recognised that even had he submitted his application early, disbursements would have likely been scheduled such that he would have had to wait another month before receiving any of his entitlement. Issues around UC's payment schedule have been problematised in prior research; of particular relevance here, Millar & Bennett (2017) emphasise how varying shift patterns can affect the frequency with which many workers are used to being paid, and as such monthly instalments of UC do not necessarily reflect the wage-earning cycle for most people who claim the benefit. Consistently, Hartfree (2014) recognised that many low-income households will be used to budgeting on a weekly or fortnightly basis; the impact that is felt to agency in claiming UC therefore, necessitates that they alter their money management strategies in an effort to accommodate their claim. Though Richard had attempted to navigate the difficult situation as best he could, in both waiting to hear back for an update from his employer, and in trying to compensate for the UC system's protracted assessment period before receiving first payment, Richard was left with no sense of agency, with which to challenge either party. It was with a sense of powerlessness that Richard described 'noticing jobs disappearing', from his workplace, knowing that he would soon be next in line, while at the same time being resigned to what he perceived as duplicity inherent to the claims process, *'It doesn't really matter what they say to you [...] they know what they're doing'.*

The interrelationship that individuals like Richard describe, in responding to employment opportunities while simultaneously attempting to gauge how best to apportion their agency as they encounter the UC structure (to receive a sufficient entitlement amount), can continue to encumber claimants even during a term of employment. For example, even when Helen had been earning a more substantial income, she had felt burdened by the incessant obligations attached to keeping up with her UC claim, asserting that it felt to stymie her sense of individual agency:

> *"I don't want to be in that position where I'm only doing part time and still being tied to Universal Credit because it's an absolute nightmare. I mean, when I was getting me wages, over a grand in October and November, I was getting nothing off Universal Credit, but I still didn't feel free cos obviously they're still monitoring your income. And you still have to go on your journal to make sure (you state) whether or not you're getting anything. You still feel connected and it's like - I want that cycle to break. I want to be able to earn over a grand a month and feel like I'm not stuck to them. You know when you-when people used to find a job that they were earning enough, they*

> *could turn round and go, 'I've found a job, I can sign off', and then they wouldn't feel stuck to them [...] in that gap they felt free." (Helen)*

Helen's frustration at being beholden to the UC system when she was earning a sufficient income, recalls research by Wright & Dwyer (2020a), and Jones et al. (2019), which emphasised the counterproductive, frequently oppressive, spectre of in-work conditionality. By drawing on employer perspectives regarding the productivity of their workers who received UC whilst being subject to in-work conditionality, Jones et al. (2019) found that as the result of being driven into low paid jobs as soon as possible, individuals are often denied the opportunity to develop the necessary skills for success in the workplace, while employers have voiced concern that inappropriate or rushed job matches like this result in reduced retention rates amongst their staff, and increased absenteeism. It has also been found that claimants frequently pursue work they have no realistic chance of obtaining, simply to meet their clamant commitment and, again, avoid being sanctioned (Dwyer, 2016).

It may be asserted that many of the issues regarding engagement with the UC system arose from claimants being denied flexibility, which reduced the availability of agency to respond to their individual needs, with individualised, adverse circumstances being treated as secondary to a constant drive to enter employment, as delivered through the UC system's conditionality regime. In the worst-case scenario, the system's perceived failure to consistently accommodate the mental health needs of claimants has been linked to a worsening of their symptoms (Dwyer & Wright, 2014; Niedzwiedz et al., 2016; Shefer et al., 2016; Manji, 2017; Dwyer, 2018; Fletcher & Flint, 2018; Wright et al., 2022), which had been the case for several of the individuals I spoke with. One may recognise that many of these negative experiences related to the apparent constraining influence of the regime to participants' sense of agency, in a variety ways. The next subsection of this chapter draws attention to the social resources that participants drew upon to enable their agency, supporting them through the claims process. Social resources, enabling the agency to challenge the apparently constraining features of UC, appeared in various guises, including somewhat paradoxically, those that emerged while in the process of claiming the benefit.

Support through the claims process

Although most participants described the deleterious effects (Cheetham et al., 2018) of claiming UC, including the manner by which its function served to restrict freedom, there were several notable exceptions relayed by participants wherein improvements to mental health were cited as a consequence of agency being *enabled* by claiming UC. This section of the chapter begins with a discussion of the support that was offered by DWP workers (principally Work Coaches), to facilitate the mental health needs of participants through the claims process; the discussion then describes how third sector workers offered alternate, yet equally crucial, modes of support. At the time of being interviewed, Beth was experiencing continued mental health issues related to domestic violence, but had been given the opportunity to exercise a greater degree of agency as part of her claim for UC in choosing her Work Coach, and the outcome from this experience had been very positive:

> *"I got to choose my own Work Coach. Like I literally sat in the room and they was pointing them out to me and things and I got to choose my own." (Beth)*

Though posing numerous challenges (Anthony & Crawford, 2000; Tambuyzer et al., 2014), it has been generally accepted that providing the opportunity for those with MHCs to participate in the structure of their individual course of treatment (e.g. service user involved care planning) constitutes a resource to agency, being a crucial component to self-managing one's mental health symptoms, encouraging self-determination and control (Storm & Edwards, 2012; Jorgensen et al., 2017), which can in turn lead to more positive outcomes for independent living (Lawn et al., 2007; Saario et al., 2018). Beth's experience reveals an under-studied, interrelated topic, which entails those with MHCs seeing a benefit to their mental health when offered more opportunities to exercise agency when engaging with the welfare system and claiming UC. Beth had previously endured having little control over her life, with her freedom being stifled at the hands of her violently abusive ex-partner. The agency that Beth was able to exercise in choosing her Work Coach was conducive to her recovery, representing a facilitatory measure that was of great benefit in her specific situation. Consistent with these findings, Scullion & Curchin (2021) found that agency - choice and control - should be fostered, especially for individuals who had experienced trauma, as part of their trauma-informed investigation into veteran's engagement with the UK's social security system.

Reflections such as Beth's were elusive and as such particularly heartening as, despite its purported aim to stimulate independence through employment-seeking behaviour and more efficient budgeting, it was far more often the case that engagement with the system appeared to have reduced agency, precipitating feelings of aimlessness and entrapment, with participants' lives being dominated by the claims process. Shortly before taking part in my research, Beth had felt a benefit to her agency, enjoying the specialised support from the Work Coach she had chosen as they offered sensitivity to her specific needs. Exploring the role of 'street level bureaucrats' (Lipsky, 1980; Gotz, 2015), Koch (2020) found that frontline staff may facilitate access to the welfare system, acting to mediate, translate, and act as gatekeepers for those who are claiming UC. Such findings were certainly evident in this study, with participants mentioning various supportive figures who would enable their agency, to progress their claim while taking their mental health needs into consideration. One such example was relayed by Becca, whose Work Coach had been sympathetic to her still being in the process of recovering from the trauma of witnessing an attack on her partner:

> *"I'm not comfortable with being out of the house. She knows I don't want to be there; she knows I want to get home as fast as possible, soon as I get there she gets the ball rolling. Soon as that's done she sends me on me way." (Becca)*

While one could argue that it may have been more appropriate for Becca to have been offered the contingency of phone appointments considering her situation, she was at least able to attest to her Work Coach's empathy when they had met face-to-face. Luke also spoke in favourable terms about his Work Coach, who had fulfilled the same role several years prior, when Luke had been in his late teens (Luke was 26 years old when we had our interview); on the former occasion, her assistance had benefitted Luke's agency as he pursued his first paid job. Luke described the strong rapport he had developed with this specific Work Coach, and it was her support to which he partially attributed being better able to exercise his agency, to overcome his anxiety enough to look for work:

> *"I've known (my Work Coach) since before even having my first job. I've got the same one again […] She's nice. She's one of the nicest in the Jobcentre, I'd say that anyway. She's got the right attitude to give you the confidence to look for a job, yeah. She's been so helpful, it's good. Not all of them are like that though." (Luke)*

Indeed, many positive UC-based experiences, especially regarding mental health, pertained to the enabling of agency, derived from personal interactions with individual Work Coaches. These findings complement recent research by Wright et al. (2022), who found that UC claimants, as well as Jobcentre Plus staff, responded positively when Work Coaches exercised discretion to adjust Claimant Commitments in recognition of clients' MHCs. Offering further consistency with Wright et al., (2022), it was found that the support offered to participants, and the consequent impact incurred to the availability of agency in this research, could vary significantly. Jobcentre Plus staff may implement an appropriate use of discretionary power in routine practice to offer more support to claimants; however, it is crucial to acknowledge that staff are often constrained themselves in terms of having to follow the 'rules of the system'. Further, managing significant caseloads with limited time in appointments means that applying a more person centred approach is often untenable (Scullion & Curchin, 2021). The implementation of specialised training to support claimants who present with mental health vulnerabilities may be considered essential, to revise current welfare policy. Indeed, recent work by Scullion & Curchin (2021) captured how frontline workers would benefit from the application of trauma-informed care principles to enhance the delivery of social welfare, not only to better accommodate the needs of benefit recipients experiencing mental health vulnerabilities, but also to improve the wellbeing of staff.

In addition to the support provided by some Work Coaches, discussed above, participants were receiving significant support from third sector organisations. It has been found that agents working within the third sector may be required to subvert, adapt, or otherwise negotiate elements of welfare policy, foremostly so that their clients are seen as compliant (Crossley, 2016). This particular observation may be somewhat misleading, however, failing to capture the extensive, multifaceted nature of support being delivered by those working in the third sector, in order to enable claimants' agency, facilitating their advancement through the claims process. Recent work by Edmiston et al. (2021) has revealed the significant involvement that support organisations offer to individuals as they advance through the claims process, including, broadly, support related to: submitting a benefit claim, understanding the various elements of one's eligibility, providing psychological reassurance, and obtaining evidence required to complete an application. Furthermore, claimants with additional health challenges, including mental health issues, are recognised as sometimes requiring distinct support needs and preferences (ibid), as participants in this research described. Phil, for example, revealed that it was only through the intensive support of a benefits advisor who worked at the homeless shelter he visited (though Phil had his own accommodation at the time of our interview, he frequently spoke with a benefits adviser who operated out of a local homeless shelter), that he was able to exercise his agency to manage his claim:

> *"I was lost and (without) them […] I don't know where I would've been. Or what to do. I don't deal with the Jobcentre now. I've got [benefits advisor]. I said ….don't be sending things for me to do on that computer cos if you do I'm not going to read it unless I go to the homeless centre and get them to-give them that piece of paper, can you go on the computer and see if I've got to do anything?" (Phil)*

The benefits advisor facilitated Phil's computer use at a homeless outreach centre near to where he lived, ensuring that he received the UC instalments he was entitled to; essential for him to meet his daily living costs while he was out of work. Phil was a highly capable professional who had worked for most of his life in adult mental health services, and it was only when he began to claim UC that he needed to receive intensive support to maintain his independence for the period that he was out of work. Phil's insights here are an important inclusion because they represent an exception amongst the individuals that participated in my research; Phil's mental health did not appear to have changed substantially throughout the claims process, beyond his intense frustrations at navigating the online system. As such, one is able to discern how UC may function well, broadly speaking, for a narrow demographic of claimants in a similar position to Phil. Being a newly out of work professional with decades worth of secure employment, Phil's relatively straightforward experience with UC did not necessarily reflect how an individual with additional needs may feel that their agency is negatively impacted as they engage with the structure of the UC system. Julian, for example, stated that he relied on his homelessness support worker to keep up to date with any ongoing obligations he had to meet, as communicated online, in order to continue receiving his payments:

> *"Me support worker does it all for me cos I'm no good on computers and stuff, so he does it all for me. And if there's like a phone call he'll come here to me, ring them up and then speak on my behalf for me." (Julian)*

Andy also benefitted from a support worker who assisted him in completing a capability for work questionnaire; he was not required to attend a face-to-face medical assessment as the result of this support. It was also as a result of intervention from his support worker that Andy managed to secure housing at the homeless shelter; Andy described his interactions with his support worker in highly positive terms,

> *"I got a capability for work questionnaire weeks ago. Me support worker helped me fill it out […] There was only like a week before I come in here. Then he took my case over and then he got loads done. He got me back on the housing register, he got this done, he got me back in here, he did all sorts of things within the space of a week." (Andy)*

Support around gaining access to, and maintaining, accommodation was also discussed by Lewis and Helen, who had similar positive experiences to relay regarding the flexibility offered by the social housing providers whose properties they were renting:

> *"Well I can't pay it either way, I've just not got the money. Spend it on bills. I just talk to the renting office […] they're really good. And I just tell them obviously if there's rent arrears because of payments off Universal Credit then they can't really do nowt. And they ended up paying £200 in arrears at one point cos I couldn't pay, so Universal Credit ended up paying them off." (Helen)*
>
> *"I've been in there this morning. I've put steps in place to pay so much off my arrears every month. They've been very supportive actually." (Lewis)*

Helen and Lewis suggested that the social housing providers from whom they were renting their properties had come to accept the reality of the structural imposition represented by UC, recognising that their tenants were paid instalments inconsistently and so might experience difficulties meeting their rent on time every month; they appeared to accept that Lewis and Helen had limited agency, being at the mercy of the system. With the above reflection from Helen in mind in particular, the notion that UC encourages independence is again called into question; Helen's insight that *'Universal credit ended up paying (the housing provider) off'*, serves to illustrate how the impracticality of UC's implementation can actually undermine the agency that claimants are able to exercise in managing their own finances, here, necessitating direct intervention with the housing provider.

One may recognise findings such as these as being particularly problematic for participants in this research, in two significant ways: foremostly, one may recall that positive mental health is partially contingent upon one's capacity to exercise self-determination in everyday life (WHO, 2010; Wright, 2012); Helen and Lewis each experienced reduced agency to manage meeting their housing costs. Secondly, with reduced agency to pay their rent, the faciliatory measures implemented by their social housing providers were crucial for Helen and Lewis because each was dealing with significant health needs. As was established in *chapter 5.1*, housing security is conducive to positive mental health for many reasons (Frost & Hoggett, 2008; Moffat et al., 2016; Shiell et al., 2020); Helen and Lewis's housing providers intervened when issues related to their UC payments had driven them into rent arrears, potentially jeopardising their housing security.

Chapter summary

This chapter has explored how the capacities of participants to exercise agency over their decisions were fundamental to sustained self-efficacy, primarily in mental health management; it identified multifarious influences that were seen as enabling or inhibitory to this end. Maintaining employment seemed to be regarded as particularly empowering; however, this could be jeopardised by mental health symptomology. More frequently however, requirements attached to claiming UC as part of its enhanced conditionality regime, were seen as disempowering to agency. The structure of UC was seen as an inhibitory influence on agency in that it could stymie job prospects and longer-term career goals, as participants described the incessant pressure to enter into any work - regardless of its quality, security or suitability - as the foremost priority in fulfilling their Claimant Commitment. It should be noted, however, that UC was regarded as having benefitted a minority of participants in this research, who fell into a specific, narrow set of circumstances. Many of the more positive experiences related to the actions of specific Work Coach interactions, based on their implementing personalised support, which benefitted agency.

With these findings in mind, one may argue that the broader *Work First* agenda of the UC system is flawed because it seeks to steer *all* claimants into work, including many individuals whose mental health needs significantly restrict, or entirely negate, their capacity to enter employment. Furthermore, supportive measures offered by Work Coaches are inconsistent and uncommon; instead, vulnerable individuals are often driven to rely upon agents working in third sector organisations to offer modes of mental health support that the UC system fails to deliver, simply to meet the requirements of their Claimant Commitment. The final findings chapter discusses *mental health and claims stigma*, conceptualised as the final theme that emerged for participants in this research, within the overarching structure of UC. Further, through the application of the structure-agency theoretical framework, the next chapter seeks to discern how various adversities pertaining to mental health and claiming UC appeared to affect the self-perception of participants and, by extension, their self-esteem, further implicating the agency to respond to mental health.

5.3 Mental health and claims stigma

This final findings chapter investigates participant experiences that appeared to represent mental health and claims stigma. In this research, the theme of stigma is recognised within the structure of UC; participants responded to stigma as they exercised their agency to respond to their mental health needs. Stigmatised and stigmatising perceptions were expressed with reference to both mental health conditions (MHCs) or symptoms, and as a consequence of claiming UC. As such, a key contribution to knowledge is offered as this chapter recognises the impact to agency when participants experienced these two forms of stigma, frequently *simultaneously*. Further, I drew upon the concept of 'stigmatised identity' construction to investigate how these different kinds of stigma impacted the availability of agency, to respond to ongoing mental health needs. To elaborate, the process of identity construction may be regarded as representing a continuous influence over the eudemonic elements that constitute positive mental health; these elements relate to self-perception and self-belief, and the capacity to exercise agency to engage in meaningful social activities, achieving a sense of purpose in the world (Huppert, 2005; Lyubomirsky et al., 2005; Carlisle, 2006 in: Friedli, 2009). According to Burke (1991) the construction of identity entails a continuous process of comparing self-meanings in relation to identity, to the apparent perceptions of others directed towards oneself. 'Stigmatised identity' therefore, refers to a reduced sense of agency, and increased negative mental health outcomes, within this context of identity construction (Marcussen et al., 2019).

To define stigma for this discussion, I adapt work by Baumberg Geiger (2016) who used the following terms to understand claims stigma: 'stigmatisation', pertains to the perception that others devalue identity based upon claiming benefits, while; 'personal stigma', refers to one's own feeling that claiming benefits devalues identity. For my discussion, I apply this terminology to encompass instances of both claims stigma, and mental health stigma. As such, stigmatisation refers to the perception that other people will devalue identity based upon their experiencing mental health issues, while personal stigma refers to one's own belief that experiencing mental health issues devalues identity. The way that agency was expressed appeared to differ depending upon the type of stigma that participants encountered. With the social capital approach (Coleman, 1998) to investigating participant experiences in mind, I discuss how some participants appeared to draw upon their social relations, and engage with social networks, to challenge the mental health stigma that they encountered. Notably, as is elaborated upon below, social capital did not appear to constitute a resource to participants to challenge *claims stigma*. Rather, participants described resorting to methods of identify management (Goffman, 1963), often as they developed personal stigma about claiming benefits, to avoid the perceived risks to identity that claiming benefits posed.

Mental health stigma and constrained agency

The first section of this chapter explores experiences of agency and the mental health related stigma that participants described subsequent to, or in conjunction with, forms of stigma more specific to claiming UC (claims stigma). As Fox & Alldred (2018) attest in their studies investigating the deterministic features of 'social continuities', social norms, roles, rituals, and systems, frequently represent a significant influence over the agency of individual actors. Concordantly, this chapter recognises stigma as an important part of the context within which individuals engaged with the benefits system. The first section of the chapter focusses on constraining experiences of mental health stigma that participants encountered, while the subsequent section presents examples of participants exercising their agency in *response* to this apparent mental health stigma, frequently by drawing upon social capital (Coleman, 1998).

The result of developing a MHC or experiencing changes to mental health appeared to dramatically alter the self-perception of several participants in various negative ways, whether they had been living with a long-term condition or had only recently begun to develop symptoms. For example, reflecting upon his frequent readmittance to a local psychiatric ward, Carl often spoke in the third person (as in the latter part of the below extract) conveying how he believed his MHC had come to define his identity to others:

> *"(my colleagues) know like, the way my life is from how I was then to how I am now - that it took a drastic U-turn and it's gone a way where I don't want it. Nobody wants it, you know what I mean? It just feels like fucking poor Carl again, he's back in (a 'mental hospital') or-or something else has happened to him or whatever else" (Carl)*

This impact on Carl's behaviour echoes findings by Al-Khouja & Corrigan (2017) who observed how the presence of a MHC may often lead an individual to concede to negative stereotypes about people with the same condition, or about 'mental illness' in general, and this *personal stigma* negatively impacts self-esteem and the availability of agency over time. Carl's apparent experience of personal stigma appears to present a contrast to work by Marcussen et al. (2019), who found no association between 'identity discrepancy' (failure to confirm a self-perception when seeking social appraisals) and self-esteem; it appeared that being aware of his colleagues' perception of him, and the difficulties he faced with regard to his mental health issues, had indeed contributed to Carl's diminished self-belief and capacity to exercise agency. In this instance, Carl was keen to avoid the stigmatising effects that his mental health issues may bring to his identity. Corrigan et al. (2009) found that, in receiving a mental health diagnosis, one may experience harmful negative stereotypes which can impact agency with respect to a reduced self-belief and sense of competence one is able to enjoy within a given role; above, Carl expresses frustration that his continued experiences of PTSD rendered him an object of pity.

The way that participants exercised their agency in response to mental health symptomology, differed markedly. Julian attributed his own past experiences of trauma to self-harming. This corresponds with prior research indicating that self-harm occurs with increased frequency in those who have endured trauma (Dyer et al., 2009), particularly when additional feelings of dissociation are present (Hyland et al., 2018). Julian had been self-harming habitually since the relationship with his regularly abusive partner recently ended; behaviour that continued to impact his self-perception. Speaking fatalistically about his prospects for the future, the burden of stigmatisation emerged in Julian's belief that his persisting mental health issues, namely his regular self-harming, represented a particularly stark obstacle to his agency, because it rendered him unfit to start a family,

> *"I burn meself with lighters (showing self-harm injuries); that was a burn with a lighter, that was a slice that, you can see all the slices […] I don't want to be having a family and them all seeing all me fucking arms" (Julian)*

Julian's apprehensiveness about 'exposing' family to evidence of his self-harm, and by extension his mental health issues, recalls work by Corrigan et al. (2015) on public misconceptions regarding the association between acts of violence and mental illness.

Researchers found that those with MHCs may be driven to disengage from social situations to avoid such stigmatic appraisals (ibid). This inclination to withdraw may be further complicated when one considers that exercising one's agency to dissociate is recognised as being symptomatic of a PTSD sub-type (Stein et al., 2013) and has implications with regard to identity when the sufferer experiences derealisation (feeling detached from one's environment), or especially depersonalisation (feeling detached from one's own thoughts, emotions, sensations or actions) (American Psychiatric Association, 2013 in: Hoeboer et al., 2020).

Peter also described the breakdown of his relationship within the context of his mental health struggles, and again the interrelated impacts to identity, and agency, were central to his reflections. Peter was in a desperate situation when we spoke, having lived homelessly for several months following the breakdown of a twenty-seven-year relationship. His self-perception as a dependable father and partner, exercising his agency to sustain his own well-being as well as that of his family, would have been compromised, to his mind, had he accepted his mother's invitation to stay with her. In light of his serious mental health issues, struggling consistently with anxiety and depression that included suicidal ideation, Peter held the belief that staying with his mother would be such an imposition that becoming homeless was preferable to burdening her:

> *"Can't stay in a relationship where someone doesn't want to stay (with you) no more. So I had to walk away. First of all I went to my mum's but she's 72 and she lives in a one bedroom flat. It's not nice. And then putting on me mum. I don't want to do that so I made an excuse and said that someone was putting me up but they wasn't. I just went homeless because I didn't want her to worry. She had a good word with me when she found out that I lied to her, but I didn't want to put her under the pressure. She's 72 year old." (Peter)*

Here, Peter voices his belief that by becoming homeless he had protected his mother from having to shoulder the burden of accommodating him and the reality of living with his mental health conditions, at her advanced age. Andy, who was a client at a homeless shelter, had similar concerns about troubling his mum by staying with her. Andy stayed with his mother for a short period of six weeks, after which he managed to gain lodging in temporary accommodation,

> *"I mean, she said I could stay there for a couple of weeks and it turned into six. And then obviously she's a pensioner so I couldn't stay there any longer. When I left my mum's I still struggled with anxiety" (Andy)*

In a similar manner to Peter, Andy suggested that his presence at his mother's home represented an imposition to her life that he was unwilling to continue subjecting her to. Partly due to his complex mental health needs, Andy felt that continuing to live with his mother was untenable, suggesting that he had internalised these negative self-appraisals. His anxiety remained unsupported when he moved out from his mother's house. With respect to the above insights, mental health stigma was identified as a constraining factor that impacted on the close relationships that participants held with their families, as well as within other social contexts. Further, stigma was identified as detrimental to agency; internalising harmful perceptions regarding mental health appeared to have constrained participants in their capacity to respond to their mental health needs.

Exercising agency in response to mental health stigma

While the prior section of this chapter presented experiences of mental health stigma that appeared to constrain the agency of participants, this section focusses on instances wherein participants appeared to have exercised their agency in response to this stigma. Helen and Kaneez reflected upon perceived experiences of workplace discrimination which were attributed to the presence of their MHCs or mental health needs. Kaneez and Helen described experiences whereby they had apparently faced discriminatory treatment at work, but rather than internalising and essentially believing to be true these negative appraisals (as Peter, Richard and Andy appeared to have done, above), Kaneez and Helen voiced indignation; they had been mistreated and believed that they deserved to be treated more fairly. Kaneez went through a string of successive dismissals over the course of several years before her present period of long-term unemployment; dismissals she believed were the result of employers losing patience with her when she exhibited symptoms of severe anxiety in the workplace. Here, Kaneez recalls exercising her agency, trying to appeal to her most recent employer to keep her on in her position as a medical technician:

> *"I was nonstop talking and crying at the same time, like I really wanted this job. I do want to work, but nobody gives me a chance so I don't know what to do" (Kaneez)*

Kaneez felt that her health conditions did inhibit her capacity to work somewhat, yet crucially, it was ultimately her *perceived* or assumed incompetence at work that resulted in a lack of employment opportunities, and Kaneez exercised her agency to challenge this apparent discriminatory mistreatment by appealing to her employer. Like Kaneez, Helen (43) experienced what she perceived as discrimination from her former employer on account of her health conditions; coupled with what she perceived as thinly veiled ageist comments, it was clear to Helen that her contract had been terminated early, on unfair grounds:

> *"When you've got employers saying you're not fast enough, well it's like, you know damn well I've got medical conditions! You know, I've got carpal tunnel, I still get the symptoms of it […] For a forty odd year old trying to find a job, no one wants (you). They all want these college graduates or school leavers. They don't want anyone who's got issues or even can do the job, whether it's a slow job or not. It's always, "Oh yeah, we're a fast-paced company". But I'm like, "Well let me be, whether I'm slower than everyone else, if I can still do the job. I can probably do it better than anyone else, I'm just a little slower." (Helen)*

Helen was clear to point out that she had worked to the best of her ability and described how she had exercised her agency to advocate for her own experience and skills at work, to challenge the discrimination she had faced in light of her employer's observation that she had been 'slow'. Due to her various physical health needs, Helen was living in social housing that had been fitted with accessibility measures and adjustments. She occasionally cared for her granddaughter, and described a close relationship with her adult son who lived nearby. It was gratifying to hear Helen's account because she did not appear to have sustained lasting damage to her self-esteem, maintaining a strong sense of competency at the sign-making job, having left with the belief that it was to the company's detriment that they had dismissed her. It was the rare instance of a participant remarking that they had been treated unfairly yet continued to feel empowered in her skills, as opposed to feeling that they faced hardship as the result of making poor choices, effectively internalising their mistreatment (stigmatisation). Helen's positive sense of self-worth did not appear to have been significantly inhibited by the unsupportive responses she received from her former employer, but there were others for whom perceptions within a social setting seemed to hold far greater influence over their self-appraisals.

For Julian and Beth at the homeless shelter, social interactions appeared to mitigate mental health related stigma; they each appeared to have drawn on social capital (Coleman, 1998) as an essential resource to agency, to challenge the mental health stigma, or potential stigma, to which they were subject. To elaborate, Julian appeared to have cultivated a sense of collective identity with others at the shelter remarking that, as opposed to spending much time describing his own experiences in group sessions, he found it more beneficial to hear what other clients had been through, finding much common ground in their respective histories:

> *"Listening what everyone's been through in their life and similar to what I've been through to be honest, we're all in the same boat in here. It's either drugs, alcohol or domestic relationships, that's why we're all here" (Julian)*

Julian went on to describe how hearing about the struggles of others at the shelter could prove cathartic, engaging with their plight in turn lead to him feeling less alienated when recalling some of the difficulties he had been through. Similarly, for Beth, her relationships with both other residents and staff had become very amicable - familial, even:

> *"I don't know what others have told you but for me it's like a family. Everybody gets on quite well. Obviously there's age differences and things. Like some of these-my daughter's the same age as some of these" (Beth)*

Beth describes feelings of solidarity she enjoyed with other people at the shelter, while Julian suggests that engaging with, and relating to, others from a similar background within the same living space can mitigate feelings of alienation. Consistently, researchers have emphasised how social engagement, including peer support, may benefit self-esteem and mitigate stigmatic perceptions derived from experiences of mental ill health (Pyle et al., 2018; Huggett et al., 2018; Burke et al., 2019). Reflections such as these exemplify how social capital can represent a crucial resource to agency, for individuals who may otherwise have struggled to manage the reality of their challenging circumstances in isolation; for Beth and Julian, engagement within a social context appeared to have become a source of empowerment; a finding which is consistent with prior research that has emphasised the utility of social capital in a similar context (Moore & Kawachi, 2017; Wiltshire & Stevinson, 2017; Ehsan et al., 2019; Downward et al., 2020).

Despite these apparent advantages, prior research has interrogated the notion that social capital may *consistently* offer a benefit to agency (Shiell et al., 2020), and indeed, the reality of this somewhat simplistic exchange was tested with insights from the respective participants when they returned to reflect on different social interactions, sometimes with the same relations. To elaborate, although identifying with others in similar circumstances, including those at the shelter, could lend a positive influence on self-perception, there were also instances whereby identifying with other people living in constrained circumstances appeared to have the opposite effect, damaging self-esteem. For example, though Julian seemed to harbour a general feeling of amity with other clients, he also spoke about how living among drug users felt damaging to his sense of self:

> *"Living in here with all the druggies and stuff like that, it's horrible" (Julian)*

Drug use was mentioned by three out of the four participants at the shelter, being introduced as a considerable concern during their stay, with clients who partook in drug taking spoken of in derogatory terms. It seemed that Julian was more comfortable identifying as a person with a history of mental health issues, than he was as someone with former addiction issues, which may have been perceived as less 'legitimate' needs, than those associated with other MHCs. This perception is consistent with those conveyed in the findings of Corrigan et al. (2009), whose research into the public stigma of mental illness and drug addiction indicates that drug addicts are viewed as more blameworthy and dangerous than those who live with other MHCs. The sense of greater legitimacy or deservingness being associated with specific types of mental health issue, draws comparison to prior literature that addresses stigma related to the benefits system; broadly, how those who claim benefits often seek to legitimise their reasons for claiming while invalidating other claimants (Dwyer & Wright, 2014; Garthwaite, 2016b). The next part of this chapter explores how participants positioned themselves, in terms of deservingness, to other claimants of UC, as well as experiences of claims-related stigma that were experienced more broadly.

Claims stigma and constrained agency

While stigma was experienced by participants in various guises, claims stigma seemed to be especially impactful, holding particular power in its imposition over the process of identity construction and the availability of agency for participants. The stigma associated with receiving state welfare is widely acknowledged in a considerable body of literature (Walker, 2005; Chase & Walker, 2013; Baumberg Geiger, 2016; Garthwaite, 2016b); however, as a facet of claiming UC specifically, and regarding the consequences this bears to agency, knowledge is continuously advancing. As presented in Fig. 2 above, nearly all participants were unemployed at the time of interview; it was clear that being between jobs and relying on UC as a sole source of income negatively impacted self-esteem, and that this impaired agency. In terms of specific language used to discuss the experience of claiming UC, 'begging' recurred frequently as a lexical choice, especially where receipt of UC completely substituted income that had formerly been gained through employment (as opposed to supplementing lower earnings):

> *"I'd rather be at work cos I've never claimed it before […] when I came in (the Jobcentre Plus) I had no money so I tried to see if (the staff) would give me any money and they wouldn't […] I don't know, it just all feels like begging, I can't wait to be back at work and earning my own money and not on Universal Credit really" (Graham)*

Richard also alluded to feelings of low self-esteem as the result of 'begging' for his UC entitlement, as he described it:

> *"It's more the fact that, you know, you're having to walk to this place and just basically you're begging for your money, you're trying to appease them all the time [..]" (Richard)*

Dwyer et al. (2018) found that feelings of disempowerment, as well as confusion, alienation, and despair (Arie, 2018), are commonplace amongst those engaged with the UC system; with a long-term, negative impact to self-esteem (Brenner et al., 2018). Interrelatedly, despite its purported objective to emulate the contractual exchange undertaken through employment (Millar & Bennett, 2017; Graven, 2020; Wickham et al., 2020), e.g. "You should think of job-seeking as a full-time job" (DWP, 2022b), the experience of claiming UC was seen as contrasting markedly with the feelings of fulfilment and empowerment that participants generally described when discussing their actual employment experiences. For example, it was with a sense of regret that Lewis reflected on giving up his prior job, before circumstances necessitated his claiming UC. Though he conceded that he was generally a very anxious person, Lewis explained that the powder coater job for which he had trained led to him cultivating a deep sense of competence and pride, clearly benefiting his sense of agency; he described his previous work experience in the following terms:

> *"You know, (I did) a bit of everything. And then it led on to me being trained up as a powder coater and then for about two year I was a powder coater. I really do enjoy that job. Cos that's something I'm good at, you know? I can walk out of here confident, knowing that I can spray" (Lewis)*

For Luke (26), the necessity of claiming UC after being made redundant from his most recent job to support his family represented a return to the circumstances during which he had claimed earlier - a time when he had fewer responsibilities - and was described as being a demeaning experience:

> *"I'm on Universal Credit now. Worked for three years. I was on Universal Credit when I was around the age of 18. I hadn't found a job straight away. The job I was just saying I had I got sacked from. So being back on Universal Credit now… it's a downer really" (Luke)*

Luke lived with his girlfriend and their children. He had been out of work for a short amount of time and reported having struggled with general anxiety, while his partner also depended on his support for her own mental health needs. They were visiting a food bank when we held our interview and Luke and his girlfriend were claiming UC as a couple. Luke's experience of claiming UC after having been made redundant from his job had a clear impact to agency, reflected in his reduced self-esteem. Considering this insight from Luke, and comparable to Lewis's, one may again recognise that the government's equating of the claiming of UC to employment is fallacious, because the perceived benefits of employment do not appear to persist in the experience of claiming the benefit, especially where the availability of agency is concerned. Further, as a significant facet of identity, the benefits of employment on mental health, including self-esteem, have long been understood in the literature (Waddell & Burton, 2006; Oguz et al., 2013; Curnock et al., 2016; Cylus & Avendano, 2017). It has been recognised that those with disabilities, including MHCs, may be particularly receptive to the self-esteem benefits that employment can bring, as workplace proficiency can serve to mitigate the reduced feelings of 'mattering' associated with functional ability limitations (Schuring et al., 2017), leading to improved agency as an element of self-efficacy (Redmond & Barrett, 2015), and therefore challenging possible stigma.

Exercising agency in response to claims stigma

While the above section discussed apparent instance of claims stigma that participants encountered, somewhat passively, this final part of the chapter explores how participants responded to this stigma. Often, participants appeared to have developed their own beliefs about how claiming benefits could negatively affect identity (personal stigma), while exercising their agency by enacting various methods of identity management (Goffman, 1963). The first part of this discussion focuses on responses to claims stigma in a work-related context. Dwyer & Wright (2014) assert that the stigma attached to claiming UC is distinct, and indeed more pervasive, than that which may have been associated with legacy benefits, by virtue of its application to those both 'in' and 'out' of work. The abolition of this distinction effectively stigmatises everyone within its range (Bennett, 2012) as it re-categorises those who were previously seen as 'deserving' of tax credits, to an 'undeserving' (Dwyer & Wright, 2014; Garthwaite, 2016b) status. For example, as discussed previously and also later in this chapter, where formally those on low wages received tax credits, they are now only entitled to an equivalent (not in amount) instalment of UC, whilst potentially also being subject to some of the behavioural interventions, in the form of conditionality, as those out of work. However, as an interesting point of contrast to the inhibiting spectre of conditionality that UC seemed to represent for participants broadly speaking, Lewis conveyed that meeting the conditions of his claim served to demonstrate his willingness to work, and therefore 'protected' his identity as working class:

> *"Me mum's never been on-my mum's never used the welfare system, sort of always worked. I come from a working-class family […] No, I've not been at the point (of being sanctioned) yet, with the Jobcentre. No, because I am always looking for work you know, like I said I come from a working-class family." (Lewis)*

Speaking from a position that seemed to conform strongly to governmental rhetoric, Lewis explained that, to his mind, receiving a sanction would suggest a lack of willingness to enter continued employment, thereby disposing him to a status less deserving of UC. However, one may recognise that Lewis's efforts to avoid being sanctioned, and therefore circumnavigate the more insidious stigmatising effects of claiming UC, was the result of *personal stigma*. Again, expressing personal stigma in this context refers to an individual's conceding to negative stereotypes about claiming benefits, believing that in so doing, one's identity is devalued (Baumberg Geiger 2016). Where Lewis was concerned, this included exercising his agency, enacting behaviour to challenge these potential stereotypes about himself. Indeed, while he was keen to point out that he had been compliant in looking for work, thereby justifying his claim for UC, Lewis alluded to how his sense of belonging, both with respect to his family role, and his place within society, collectively, as part of a 'working class family', was challenged by his engagement with the benefits system. With the above statement, it seemed vital for Lewis to establish that his mother, and the rest of his family, were not in the same position as he, in being engaged with the benefits system. Evidently, this was in order to shelter them from the stigma that he perceived as being attached to receiving benefits. This became more apparent as Lewis went on to describe his experience of benefits-related stigma within the context of his social anxiety, explaining that one fed directly into the other:

> *"I do panic a lot and worry what other people think of me. You know, I'm one of those people who worries about everyone's opinion of me. It matters to me, you know. I don't like telling people that I claim it. I feel less. Less. Like I'm not as good as them sort of thing, you know. I have come across a few people who look down at people claiming benefits. Or being on the welfare system." (Lewis)*

Interrelatedly, rather than necessarily owing to the stigma of the benefit itself, Beth revealed that she would conceal the fact that she claimed UC in social situations in order to avoid the associated stigma of being unemployed:

> *"[…] when I've been out and I've met somebody and they ask what I do for a living I've said that I'm working. I work in the hospitals, or I've actually said I'm new to the area and I'm just waiting to start my job at the hospital." (Beth)*

Despite her earlier comments about the family-like sense of community at the shelter, Beth was keen to extricate herself from being identified, collectively, with other clients. Though she had managed to build friendships over the duration of her stay, Beth was keen to establish that her experiences of being unable to work while she stayed at the shelter were legitimate, owing to her health needs:

> *"I understand obviously people like for me, cos I can't go out all the time, it would be good if the TV room was open […] but they're doing it because people are lazy and that's understandable because you fall into a routine then don't you? […] For everybody else, even the staff have said like my situation is, like I'm not walking the same path as them not being able to commit. I'm not in a position to commit to any work at the minute. I need to fix myself, which is what I'm trying to do at the minute." (Beth)*

Beth iterated that while others should be held to account for their hardship, the health challenges that she was powerless to overcome mitigated her own capacity to work, and her situation, including the need to claim UC, was an exception. Beth's belief, that her need for support was more legitimate compared to others in a similar position, resonates with extensive literature into 'deservingness' over entitlement for those claiming benefits (Slater, 2012; Dwyer & Wright, 2014; Garthwaite, 2016b; Esmark & Schoop, 2017). The manner by which Lewis and Beth exercised their agency in attempts to hide, or avoid developing, stigmatised identities based on their engagement with the benefits system, is behaviour that corresponds with Goffman's (1963) definition of identity management, whereby the individual attempts concealment or 'passing' in order to mitigate the devastating impact that social stigma can bring. These feelings of shame resulting from engagement with the benefits system were closely paralleled by Julian's, who, while not relaying that he had attempted to conceal his claim, felt an extended sense of social stigma with respect to being both a UC recipient, and through his association with other clients at the hostel where he was staying; it seemed to be with the greatest sense of frustration that Julian might be seen as a disappointment to his family by receiving UC:

> *"There's only me burying my fucking family's name in the ground by being on the dole, stuck in this situation […] all me family, they're all workers, not one of my family's on dole. There's only me here that's stuck with all these fucking scrubbers in here, winds*

> *me up, all on dole, don't want to be on dole. (My family) see me differently, that's why none of them fucking talk to me, cos I'm on the dole and I'm in a homeless centre." (Julian)*

It was Julian's belief that the burden of shame in receiving benefits and being homeless was so great, his family would be implicated simply by association. Al-Khouja & Corrigan (2017) assert that the presence of two or more stigmatised 'identities' - in Julian's case as both a UC recipient, and as a client at the homelessness shelter - can lead to an intensification of stigmatising and self-stigmatising behaviours (Harnish et al., 2016), which can in turn lead to reduced agency, reflected in diminished self-esteem and poorer mental health outcomes. Similarly, throughout the total selection group of sixteen individuals in this thesis, many participants described encountering stigma associated with mental health 'identity' *simultaneous* to that which related to claiming UC. Where these two kinds of stigmatised identities were experienced concurrently, this appeared to represent a particularly pronounced, constraining influence upon agency, and by extension the capacity to manage mental health.

Participants Graham, Kaneez and Carl seemed most explicit and consistent in their mutual expressions of antipathy towards people who claimed benefits, albeit for quite distinct reasons. For example, Graham had been living with schizoaffective disorder for most of his life, diagnosed at young age, and he had managed to develop sufficient insight, to prepare to use his agency in response to symptoms that would otherwise interfere with his work. Rather than empathetic, the fact that Graham had managed to hold down a job for many years even with the challenges posed by his MHC, contributed to his view that other claimants were simply less responsible in their actions, and therefore less deserving of financial assistance, than he. In response to being asked why he had never attempted to claim extra financial support (for which he would likely have been eligible on account of his MHC) through PIP, or formally Disability Living Allowance, Graham explained that:

> *"You go in (the Jobcentre) and everyone's just after money off them and […] I always think they look scruffy and that and it's just not me. I've always worked so I don't like it […] Yeah, my friend always used to say when I was younger and I felt like quitting my job, go and sit in the DSS for an hour and you'd soon go back to working because of the kind of people there […] I mean I've worked with bipolar for years you know. I think*

> *some people play on stuff. Apparently depression and anxiety is the new bad back cos that's what everybody's off with now. Years ago it used to be you said you had a bad back, no one could prove you had a bad back and no one could prove the other so there's a lot of people claiming for that. I've seen shows on telly, Benefits Britain and all that." (Graham)*

Graham conveys the view that while his grapples with mental health were surmountable only through exercising his agency with a concerted effort, in order to maintain his employment, it is frequently the case that other individuals' purported mental health-related reasons for being unable to work are illegitimate and they are often less deserving of their UC entitlement. In finally describing, at least in part, how he formed the basis of these opinions by watching stigmatised representations on TV, Graham's commentary serves to substantiate findings from research by Garthwaite et al. (2016), who identifies shows such as 'Benefits Britain: life on the dole', 'On Benefits and Proud', and 'the Great British Benefits Handout' as perpetuating stereotypes by drawing a link between benefits recipients and 'moral laxity' (Jensen, 2014 in: Garthwaite, 2016b). As suggested by Bennett (2012), where receiving benefits is stigmatised for all those who claim, the legitimacy with which vulnerable populations (including those with physical and mental health issues who may be unable to commit to work) receive support from the system is called into question. In turn, with scepticism being directed towards all claimants, including those with additional vulnerabilities, the onus on the system to function responsibly and support those with such issues is circumvented.

Kaneez offered a somewhat consistent view to that which was expressed by Graham in that, although she did concede that the UC system was overly punitive, she believed it only functioned in this way as the result of those who are work-averse or using their agency to cheat the system:

> *"There are people who are fit and well to work, but we are getting punished for that- for that number of people that don't want to work at all" (Kaneez)*

Carl seemed to concur with Kaneez's perspective, implying that malingering behaviour was particularly widespread amongst those who are engaged with the benefits system. As such, the spectre of cultivating a stigmatised identity seemed to hold particular significance to Carl, who voiced his past consternation at being branded with the ‘claimant’ label:

> *“[…] naturally, I’d be like that-I’d never go on benefits. I don’t see meself as being on that” (Carl)*

Carl spoke of a large proportion of claimants being underserving of receiving UC, which resulted in a smaller share for those with a more legitimate reason for claiming like himself:

> *“That money that someone’s feeding you, for you to do nothing because you just think, ‘Oh, it’s easy money, I don’t need to do anything’, then that money could get split between the people that actually need it and our rates could go up” (Carl)*

As discussed in the previous chapter, Carl felt pressured into returning to work without first learning how best to manage the symptoms of his PTSD; he described exercising his agency to make this choice as preferential to engaging with the benefits system, which negatively impacted his overall recovery. As such, Carl appeared to demonstrate negative agency (Hoggett, 2006) in his attempt to distance himself from the stigmatised label of being a benefit claimant. While Graham, Kaneez and Carl each expressed stigmatic attitudes directed towards benefits recipients, participants also mentioned instances whereby they had experienced stigma that obstructed their agency in more direct, practical ways; UC was identified, for example, as an obstructive factor for those trying to gain access to housing. Several participants held the perception that landlords were discriminatory towards benefit claimants generally, suggesting that they make for unreliable tenants. For example, Beth believed that when it came to renting a property, her chances were very much diminished while she claimed UC:

> *“You can’t get accommodation if you’re on Universal Credit. If you need to go private you can’t get accommodation, you can’t-I know people who are going through this […] you can’t go to anyone for help getting a property if you’re on Universal Credit because it’s got such a bad stick. It’s awful.” (Beth)*

Contrasting Beth’s sense of indignation, Peter was more resigned in his belief that, while discriminatory treatment was unfair as it served to penalise those who were responsible enough to pay their rent on time (which was the way he described himself), it was a perspective that held some merit; Peter believed there was a precedent of UC claimants failing to make their rental payments on time:

> *"Landlords now won't take people on Universal Credit because the money just gets paid to you. You know, I'm a person who'll pay it, but because of all the people letting them down they won't take people like me. They put everyone in the same box, which is understandable. You know, because if there's a hundred people on Universal Credit and ninety-nine pay it but the hundredth person won't give you his rent every month […] This Universal Credit makes everyone (like that)" (Peter)*

These insights from Beth and Peter offer consistency with findings by Scullion et al. (2018) who suggested that some private landlords are far less accommodating to those who claim benefits, with the apparent unpopularity of tenants claiming UC being partially attributed to the perception that this cohort mismanage their finances; however, again, this was found to be largely owing to complications that arose around the monthly payment schedule. The apparent links between the claimant 'identity' and diminished self-esteem, and negative attitudes from others, collectively serve to highlight how UC can represent a stigmatising influence in people's lives. As Millar & Bennett (2017) attest, UC's singular focus on the promotion of employment incentives may be too narrow and exclusionary when it constitutes the entire welfare system for all working age adults, undermining the complexity of claimant lives.

Chapter summary

It is crucial to recognise that claims stigma existed within the context of wider stigmatic attitudes pertaining to mental health that were cultivated by, and directed towards, the particular population who took part in this project. Crucially, participants described an interplay between these different stigmatising elements; when different kinds of stigma co-occurred, this was especially impactful to the availability of agency to manage mental health. Further, this chapter has provided a discussion of the themes that emerged from research data relating to stigmatised identity; those which participants identified as impacting their self-perception within the context of claiming UC, and reflecting on their mental health experiences. It examined where instances of apparent stigma related to mental health were often seen as being exacerbated or made worse by engaging with the benefits system and claiming UC. Participants described both: stigmatic appraisals about other people who claimed benefits, apparently conveying their own feelings that claiming benefits devalues identity (personal stigma); experiences with other people who apparently devalued identity based upon the claiming of benefits (stigmatisation) (Baumberg, 2016). Further, mental health stigma and claims stigma could often be experienced simultaneously, resulting in a particularly pronounced impact to the availability of agency.

The chapter also explored how social positioning could be affected based on engagement with the benefits system, with many experiences of self-stigma being influenced by, or influencing, close relationships and family ties. Minimally, representations of benefits recipients in the media also appeared to contribute to the construction of stigmatic attitudes about benefits recipients, which was consistent with the literature. One may recall that, in conceptualising mental health for my research, I drew upon the World Health Organisation's terminology for 'mental healthiness', which considers the essential role that agency (self-determination, self-esteem and control) plays in the management of one's own mental health (WHO, 2010). Based on the findings presented in this chapter, one concludes that the influence of UC contributed substantially to the construction of stigmatised identity for those who took part in this research, represented by a continuous cycle of diminished self-esteem, reduced agency, and poorer mental health outcomes.

6. Conclusions

The central aim of this thesis was to investigate how people experience their mental health while claiming Universal Credit (UC). To provide context, I conducted a review of relevant literature to date, first charting the evolving welfare state in the UK (preceding the introduction of UC), and then exploring its current function constituted by the UC system. As a 'work-first' (Adam & Browne, 2013; Dwyer & Wright, 2014; DWP, 2015) welfare provision, I was especially keen to understand how UC was seen as responding to those with health needs that limit or negate their capacity to work. Beginning to identify themes in the literature, it became apparent that a crucial stage in this investigation would include understanding how mental health and UC are experienced by those living through financial hardship. Understanding hardship as a part of the context for this research was important because those with the least financial security are often regarded as benefitting most from an adequate welfare system, while at the same time showing increased vulnerability to mental health-related issues (Garthwaite, 2016a; Trussell Trust, 2017; Harwood, 2018; Power et al., 2021). I discussed literature that drew attention to predominant discourses at the time of UC's implementation, denigrating welfare recipients while advocating for UC as a means of alleviating poverty and liberating claimants from 'welfare dependency' by driving them into work (Garthwaite, 2011; Wiggan, 2012; Sainsbury, 2014; Millar & Bennett, 2017; Stinson, 2019; Wright & Dwyer, 2020; Hardie, 2021).

Examining these discourses regarding dependency, worklessness and empowerment, I recognised how UC claimants had their personal agency challenged and enabled by the various powers to which they were subject. For this thesis, my conceptualisation of structure derives from theoretical standpoints espoused by Archer (2000) and Leibowitz et al. (2012). A such, I recognise that structure traditionally refers to the constraining influences imposed upon an individual by a dominant society (Archer, 2000), while also accepting that rules and resources (including those of an economic, material, social, and financial nature) exist externally to the individual, and that these elements can serve to either constrain *or enable* agency (Leibowitz et al., 2012). With this understanding in mind, I identified three themes, *financial hardship*, *the UC claims process,* and *stigma*, within the overarching structure of UC, which participants responded to as they managed their mental health.

Living through financial hardship and responding to mental health issues appeared to predispose individuals to the challenges of UC with increased vulnerability (Hartfree, 2014; Cheetham et al., 2018; Cheetham et al., 2019; Carey & Bell, 2020); these problems were also attributed to UC's design as a 'work-first' welfare initiate (Dwyer & Wright, 2014.). Finally, I drew upon literature investigating how experiences of stigma occur for those who have mental health issues (Corrigan et al., 2011; Al-Khouja & Corrigan, 2017) and claim benefits (Walker, 2005; Chase & Walker, 2013; Baumberg Geiger, 2016; Garthwaite, 2016b; Wright et al., 2022). Completing the literature review, I identified gaps in the literature relating to how individuals engaged with the UC system while they responded to their mental health needs, and dealt with realities of living through financial hardship, *concurrently*. Further, discreet aspects of claiming UC, financial hardship, and being exposed to stigma, were well established as impacting mental health, but again, research was not abundant that sought to investigate how these various influences reduced the capacity to manage mental health as they were experienced together. This research aimed to address this apparent gap in the literature by investigating the mental health experiences of individuals claiming UC in Greater Manchester, an expansive and diverse region with nationally high rates of poverty (Department for Communities and Local Government, 2015; Manchester City Council, 2015; Bambra et al., 2018).

Prior to embarking upon the fieldwork stage of this research, I developed suitable data collection and analysis methods; there were practical considerations to bear in mind as I chose my methods, and I needed to ensure philosophical consistency in my methodology (Crotty, 1998). I assumed a relativist-constructivist methodological position (Guba, 1990; Ültanir, 2012) to interpret participants' individual experiences of their mental health as they claimed UC. It was fundamental that I captured equally: the individual circumstances within which each participant managed their mental health; how these circumstances existed in relation to claiming UC. Using purposive sampling (Guetterman, 2015) I interviewed sixteen people who lived in Greater Manchester and claimed UC; the diversity of this sample reflected the wide breadth of circumstances from which people engage with the UC system. Adopting a semi-structured interview topic guide, I gently posed questions to participants while allowing for deviation from predetermined topics, providing relevance to my central aims was maintained (see Appendix. C).

Thematic analysis (Braun & Clarke, 2006) was conducted on interview transcripts and themes were generated inductively (Cohen et al., 2007), consistent with my methodology and research design. To organise my data, as highlighted previously, three distinct, yet interrelated master themes emerged: *financial hardship*; *claiming UC*, and; *stigma*. A structure-agency theoretical framework (Archer, 2000; Hoggett, 2001; Leibowitz et al., 2012) was then applied to investigate participant experiences; I discussed how agency was affected in relation to the three themes, within the overarching structure of UC. Crucially, where experiences represented within these themes occurred *concurrently*, this particularly impacted agency and therefore the capacity to manage mental health. To elaborate, the content of each findings chapter may be summarised as follows:

- *5.1 Financial hardship* focussed on participants describing their personal circumstances, particularly how they experienced their mental health in daily life, and how living through financial hardship interacted with health management;
- *5.2 The UC claims process* explored how these personal circumstances, often related to financial hardship and interrelated health issues, were experienced within the structural context of claiming UC; and,
- *5.3 Mental health and claims stigma* investigated how experiencing mental health issues and claiming UC appeared to contribute to the self-perception of participants, leading to stigmatised (and self-stigmatising) appraisals.

Throughout each findings chapter, I sought to ascertain how participants drew upon resources to agency, to challenge the above-mentioned issues, enabling mental health management. This final chapter draws my thesis to a conclusion, expanding upon the points made above and establishing the unique contribution to knowledge offered by this thesis under subheadings discussing: the management of mental health in adversity; challenges to UC universality, based on mental health experiences; and the liability posed to agency when subject to multiple types of stigmatisation. The research presented here shows that, through the application of a theoretical perspective informed by structure-agency based literature (Archer, 2000; Hoggett, 2001; Leibowitz et al., 2012), as well as by adopting a relativist-constructivist methodology (Guba, 1990; Ültanir, 2012), I have been able to advance knowledge into how mental health may be experienced within the context of claiming UC. I close the chapter by discussing how this research may stimulate future study and serve to inform policymakers as UC, and the welfare system broadly, continues to evolve.

The first subsection of this chapter brings together discussions around the individual, frequently adverse circumstances that participants described having to contend with as they managed their mental health. Archer (1995) proposed that individuals express their agency relative to the environment with which they are engaged, and that the rules and resources that exist within a given context may persist as one 'moves between' different contexts. Similarly, I investigate how grappling with adversities related to living through financial hardship and managing mental health partly predetermined how ably participants entered, and experienced, the power structure of the UC system.

Managing mental health in adversity

As defined at greater depth in my theoretical framework chapter, agency refers to the sense of control one exerts over life and is implicated by structural context (Hoggett, 2001; Leibowitz et al., 2012); the various resources and challenges that exist within one's environment, including material and social resources and liabilities (Archer, 2003). Because agency is recognised as key to maintaining positive mental health (WHO, 2010), it is vital that one's structural context remains navigable when responding to health needs. To understand how participants in my research responded to the UC system, it was crucial to recognise how agency was mediated - enabled and inhibited - within the broader context of their lives. Extrinsic to claiming UC, participants in my research contended with various challenges to agency that were related to: managing mental health, living through financial hardship, responding to care responsibilities, meeting the demands of work, and challenging stigmatised perceptions (including those directed towards oneself) relating to mental health and claiming benefits.

Most pervasively, it seemed to be in relation to persistent financial insecurity, perpetuated by living in deprived circumstances, that participants described feelings of powerlessness and reduced agency. Where mental health was concerned, insecure housing, specifically, appeared to pose a threat to the 'sanctity' of home, a retreat from the stressors of daily life. Participants who lived in insecure housing described exerting very little control over their living situation, whether this pertained to life at a homeless shelter, or in a joint tenancy in a house or flat share. In turn, this reduced the efficacy with which they were able to respond to their health needs. It was apparent that having a 'safe space' was especially important for those who had received little or no professional mental health support. For the participants who rented their accommodation, either privately or from a social housing provider, there appeared to be clear advantages to mental health offered by living in secure housing. Home was spoken of as offering respite from stressful situations in public that may exacerbate mental health-related symptoms. This is not to say, however, that the participants who had secure housing were not at risk from the mental health adversities posed by financial insecurity. For example, feelings of isolation were attributed to travel poverty (Mattrioli, et al., 2017) by participants living in both secure, and insecure, accommodation.

Another key element to sustaining positive mental health existed in relation to the social support that participants were able to draw upon. Emphasising the vital role that social support could play, there was a clear relationship between social isolation, particularly as a facet of deprivation, and poorer mental health outcomes. While the presence of social support has long been recognised as crucial to maintaining positive mental health (McCubbin & McCubbin, 1996; Conger & Conger, 2002; Patterson, 2002; Villalonga-Olives & Kawachi, 2017), agency appeared to represent a mediator in mental health and social interactions; participants described the utility of social support when it constituted an aspect of life *that they controlled*. Although distinguishing between different types of social interaction seemed important as I tried to advance my understanding of what enabled participants to manage their health effectively, periods during which support was entirely absent seemed to be the most damaging.

To avoid mental health issues becoming more pronounced, participants described alternative coping strategies that they adopted when social or professional support was lacking; drug and alcohol dependency emerged prominently in this regard, seeming to bare the greatest impact for those who lived at the homeless shelter. Although resorting to drug and alcohol use was discussed as a demonstration of exercising control when professional support was not forthcoming, 'self-medicating' (Ruiz, 2010) brought its own implications to agency when addiction issues developed. Even where professional support *had* been implemented, this in itself was perceived as being sometimes restrictive to agency. For example, the side effects of psychopharmacotherapy were difficult for participants to contend with, especially when their living situation offered little long-term stability.

As should be apparent, I found that the agency participants commanded in their adverse circumstances partly dictated how effectively they were able to manage mental health. The confluence of negative influences that may beset an individual, such as those described above, represent constraints to agency; participants in my research contended with these concurrently to the structural impositions apparently imposed by the UC system. By presenting the various influences that may be imposed upon an individual prior to, and during, their engagement with the structure of the UC system, one may recognise as myopic the system's prioritising of employment ahead of meeting more basic needs. The UC system may be perceived as undermining the complexity of claimant lives by reductively prioritising work-related activity at all costs. While constraining influences associated with financial hardship continue to encumber the individual, reduced agency negatively impacts health management, and therefore the possibility of holding down a job remains elusive (Wright et al., 2022).

Through further investigation of the challenges to agency that participants described when advancing through the claims process, the next section of this chapter seeks to scrutinise the 'universality' of UC. As the primary benefit available for new claimants regardless of their individual circumstances (Parker & Veasey, 2021), UC's suitability for the individuals who took part in my research (in particular those who with ongoing mental health concerns) may be called into question. By extension, the next section of this conclusions chapter goes on to address how claiming UC implicated participants' ongoing management of their mental health needs.

Entering the structural context of UC

This section of the chapter discusses mental health within the context of claiming UC. Essentially, participants moved from one set of circumstances that held its own particular constraining influences, to a new situation that brought structural features (Archer, 2001), represented by UC. Further, by first establishing their individual circumstances, one is positioned to ascertain how effectively UC accounted for the needs of participants as they navigated the system. To elaborate, approximately 26% of people who claim UC experience health needs that include significant mental distress (Bond, 2021); even were this proportion of claimants far smaller, where *any* persons are less able to navigate the UC system for reasons related to their health needs, this challenges the universality of the benefit (McKee & Stuckler, 2011). This is because UC is now the main point of access to state welfare for the vast majority of individuals, regardless of their particular needs (DWP, 2022a). At its inception, the UC system was trumpeted as a means of liberating individuals from their constraints - namely, those related to living with poverty - through a drive to employment (DWP 2010). Therefore, it stands to reason that, conversely, those who are unable to work, especially those without *any* prospect of entering or returning to employment, will not see this benefit. On the contrary, the obligations faced as part of their *Claimant Commitment* may intensify familiar constraints (Wright, 2012), consequently reducing agency to respond to health needs.

Based on my own findings, I recognise earlier assertions made by Dwyer et al. (2019): by at once attempting to be suitable for all who access state welfare, yet at the same time adopting a work-first approach, the UC system necessarily marginalises claimants who cannot work for health-related reasons. Where once the welfare state may have been conceived as a 'safety net', a provision for those experiencing challenges in life that reduced or negated their capacity to work, UC was introduced with a different vision: to stimulate transition, driving claimants from worklessness (so-called 'welfare dependency') to employment (independence) (DWP, 2010) as the foremost priority and - most crucially here - regardless of their needs. With this rationale in mind, UC should constitute an asset to personal agency, with claimants being empowered to find work. Antithetical to this driving principle, however, advancing through the claims process appeared to have reduced the agency that participants commanded. Here, I discuss how claiming UC appeared to have constrained the agency of participants in the management of their mental health, focussing on three specific areas: financial adequacy, mental health in the claims process, and experiences of the Work Capability Assessment (WCA).

Foremostly, participants appeared to be disempowered because, while their circumstances at once necessitated that they engage with the UC system, receipt of the benefit provided insufficient income to meet their basic needs. Many participants stated that their UC entitlement only extended far enough to cover rent but was insufficient to pay for necessities including food and heating. In light of this, several participants were regularly attending a food bank at the time of being interviewed. Central to Wright's (2016) investigation of contrasting constructions of the 'active welfare subject', introduced in the literature review chapter, is the role of agency in the 'beings' model of those receiving benefits; those who engage with the welfare system are credited as competent, yet disempowered. Wright draws upon Lister's (2004) understanding of those who exercise agency while living in poverty, recognising how 'getting by' necessitates an active role of considerable attentiveness on the part of the individual. Sophisticated and complex budgeting strategies must be employed in response to unexpected spending demands, especially as few possess a recourse to defend against financial volatility (for example, in the form of 'savings') (ibid). Where these understandings may hold particular relevance here, is in recognising that there were undoubtably those for whom the management of mental health related issues, within this context of financial hardship, appeared to represent a commitment that was equal to, or potentially more exhausting to contend with, than a full-time job.

While prior research has drawn attention to the deleterious effects of claiming UC for people with MHCs (see: Cheetham et al., 2019; Wickham et al., 2020; Wright et al., 2022), I emphasise that most participants in my research did not convey a causal link between claiming UC and *emergent* mental illness. Rather, because the management of their mental health already necessitated their full-time commitment, when engaged within the structural terrain of the UC system, this consequently reduced the agency available to continue staying well. Bond (2021) emphasises how living with mental health issues frequently equates to depleted energy levels and less concentration for processing complex information, reducing one's capacity to respond to the basic tasks involved with managing a UC claim (ibid). My own research presents an additional element to these findings, as the difficulties that arose for participants as they managed their mental health and claimed UC were intensified as they also dealt with financial hardship. In effect, individuals who claimed UC while they grappled with their serious MHC were working two full-time jobs, simultaneously, while also living through hardship. The pattern was cyclical; the constraining elements resulted in profoundly constrained agency, which negatively impacted the management of mental health.

The government has recently argued that considerable efforts are made to ensure that all claimants receive personalised support as they claim UC, with the DWP providing specialised mental health training to Work Coaches to ensure that vulnerable individuals are sufficiently supported (Quince, 2021). This goal of equity, therefore, should mean that someone experiencing mental health adversities is not disadvantaged as they claim. Despite the government's assurances, it was apparent from the outset of embarking on my own fieldwork that there were stages of the claims process through which participants did not appear to have had their mental health needs accounted for. Further, the seriousness of a given MHC may be determined by the extent to which it "substantially interferes" with basic daily living skills (Kessler et al., 2001, p. 990), including in conditions experienced by 12 (out of 16) participants in my research: generalised anxiety disorder, phobias, posttraumatic stress disorder, mood disorders (bipolar disorder, depression), schizophrenia, and other conditions that feature psychosis (ibid) (see Fig. 2 showing participant demographic details). Managing their MHCs was more difficult as participants claimed UC, which functions by prioritising employment for those able to work and regularly reassessing those who are out of work on ill health grounds. Rather than simply measuring eligibility, the perceived 'threat' of reassessment was represented by potentially being summoned to attend another WCA. It was with considerable anxiety that participants described the prospect of ineligibility to UC (colloquially, being found 'fit for work').

Experiences of the WCA appeared to negatively impact mental health, as has long been recognised in the literature (Harrington, 2011; Barr et al., 2015a; Scullion & Curchin, 2021). Where my own findings advance contributions from prior research is in understanding this impact within the context of participants' lives, considering their individual living situations and the nature of their mental health related symptoms. At best, the experiences that participants relayed suggest that inadequate sensitivity was afforded to them on account of their mental health issues such that self-esteem was damaged either in the immediacy of the assessment or, apparently, over a longer period. At worse, experiences of the WCA suggest that those who present with mental health issues face discriminatory treatment (Griffiths & Peterson, 2014) that compromises positive mental health and the capacity to continue staying well. Participant insights conveyed how reduced agency resulted from the uncertainty and lack of control when anticipating reassessment, complimenting recent work by Wright et al. (2022). Upon being called for a WCA, current UC claimants frequently face protracted delays before their appointment, and it is this unpredictability and sense of anticipation - elements beyond the control of the individual - that are recognised as being particularly challenging for those experiencing mental health issues (ibid).

UC processes were difficult for participants to contend with as they were grappling to maintain positive mental health, and in challenging circumstances. Further, claiming UC represented an area of life that was unpredictable and confusing, and thus difficult to control. As has been stated, circumstances in which one feels a reduced sense of control are not conducive to sustaining positive mental health (WHO, 2010; Wright, 2012). This section of the chapter has largely focussed on the experiences of participants who were unable to work as they responded to their health needs (even though several had had their health conditions undermined when they were found ‘fit for work’ following a WCA). Although the majority (fourteen) of the participants in this research were unemployed at the time of being interviewed, two individuals were in work, and, additionally, several were able to reflect on their experiences of claiming UC while they had been working in the past.

Far from cultivating agency by stimulating progress into work, claiming UC was described as bringing additional weight to bear on participants’ adverse circumstances, with the mental health benefits that are often offered by employment (Nathwani et al., 2015; Curnock et al., 2016; Cylus & Avendano, 2017; Kamerade et al., 2019) not appearing to extend to the experience of claiming UC. Further, the government informs UC claimants that they should equate committing to work-related activity as part of their Claimant Commitment to being in full-time work (DWP, 2022b). Participants in this research, however, were keen to draw a clear distinction between the benefits to self-esteem offered by employment, and the contrasting negative impact to self-esteem that was incurred by claiming UC. This was consistent throughout my selection group; regardless of their employment status, participants seemed to derive feelings of inadequacy and resulting low self-esteem from the very 'fact' of claiming, signifying its stigmatising influence. On this basis, I recognised that participants faced structural barriers on several accounts, being at once denied liberation from financial hardship because most were unable to enter employment, while at the same time remaining unexonerated from the stigma of their circumstances: claiming benefits and contending with mental health issues. Correspondingly, the next part of this chapter will discuss experiences of benefits stigma, as well as stigmatic appraisals related to hardship and mental health.

Agency and multiple types of stigma

In chapter 3, I introduced the theoretical framework underpinning this research, which draws on structure-agency based literature (Archer, 2000; Hoggett, 2001; Leibowitz et al., 2012). Central to chapter 3 was a discussion of how various forms of stigmatisation, represented within social structures, implicate the agency of the individual (Link et al., 2001 Rusch et al., 2006; Wright, 2012; Gubrium & Lødemel, 2014; Baumberg Geiger, 2016). I explained how stigma was particularly relevant to the subject at hand for my thesis, which investigates mental health and claiming UC, with sensitivity paid to individual experiences of living through financial hardship. In the process of carrying out my fieldwork, experiences of stigma appeared to emerge in relation to both mental health *and* benefits claiming (claims stigma). Additionally, I found that when these potentially stigmatised 'identifiers' co-occurred, this further implicated agency, as has been suggested in prior literature (Harnish et al., 2016; Al-Khouja & Corrigan, 2017). Of the various stigma related experiences discussed, there were several features of claims stigma that led me to conclude that it may have been the most pernicious and damaging to agency for participants in my research. Principally, I distinguished claims stigma as unique from mental health stigma because of several important features, which I elucidate on below.

Topical literature suggests that to challenge stigma, an individual may seek empowerment by drawing on social capital (Lin et al., 2001) and feelings of unity with other social actors exposed to the same stigmatising influences, especially in a mental health context (Pyle et al., 2018; Huggett et al., 2018; Burke et al., 2019), which appeared to hold true for the participants in my research. While feelings of solidarity and companionship did seem to enable agency in assuaging mental health-related stigma, albeit to a limited extent, social capital did not appear to mediate experiences of claims stigma at all. Claiming UC was spoken of shamefully, perceived as an element of identity that participants were keen to extricate themselves from. Correspondingly, unity with other individuals who claimed UC was not sought out; in fact, participants often denigrated other claimants, apparently seeking to invalidate their reasons for claiming to legitimise their own. This kind of stigmatisation has been recognised in considerable prior work, especially that of Lister (2020), and Patrick (2016), who suggests that this 'othering' of welfare recipients is a defensive strategy to eschew feelings of shame that may be directed to oneself when claiming. Indeed, Baumberg Geiger (2016) found that stigmatising benefits occurs more frequently in ‘high claim’ areas. Recent studies have also drawn considerable attention to how media representations of benefits recipients contribute substantially to prejudicial attitudes (Tyler, 2008; Couldry, 2011; Slater, 2012; Pyket, 2014; Whiteford, 2017; Leyva, 2018; Curran, 2020). In my own research, only a single participant described how their (stigmatic) opinions had been reinforced by the media, perhaps suggesting that this simplistic causality is somewhat overrepresented in the literature. Conversely, I also recognise that my question guide did not include direct questions pertaining to the media and as such this may have precluded such reflections.

Guided by my research aims, I was able to interpret the above insights in relation to the broader contexts that participants described, comparing apparent experiences of benefits stigma with self-perceptions relating to financial hardship or poverty. Poverty-related stigma was not expressed explicitly, but was alluded to because of financial hardship, which in itself was often associated with reduced income resulting from claiming UC. A number of participants were unable to work due to mental ill health; claiming UC negatively impacted agency not only because it precipitated financial jeopardy, being unable to afford to meet the needs of family, but because its stigmatising influence negatively impacted self-perception. Risking health by returning to work early, simply to be availed of the stigma of claiming UC, could be seen as preferable. To avoid potential stigma, participants also described claiming UC in relative secrecy, which may be considered particularly problematic for those with additional needs, including the participants in my research. As has been stated, the actions required to manage an MHC and sustain positive mental health can reduce one’s capacity to respond to the basic tasks involved with claiming UC. By virtue of this, it has been found that up to 57% of claimants experiencing mental health issues approach close relations to support them through the claims process (Bond, 2021). Thus, participants needed to intuit whether approaching close relations would serve as a resource or impedance to agency in relation to claiming UC and managing health; family members acted variously as enabling agents of claims-related support, or they dispensed stigmatic appraisals, respectively.

It has been suggested that benefits stigma is implemented intentionally, with the shame of receiving benefits acting as a behavioural modifier to compel people into gaining employment (Tyler & Slater, 2018). Again, this assumption is erroneous, collapsing in practice because those who physically or mentally cannot work are simply unable to relinquish their shame. The participants in my research seemed imprisoned in a vicious cycle: by continuing to claim UC over a protracted period, this lengthened their exposure to benefits stigma, gradually eroding their self-esteem and sense of agency, which in turn precipitated poorer mental health outcomes. This was a crucial finding in my research; individuals seemed trapped in multiple ways as they responded to mental health needs while experiencing impositions associated with financial hardship and claiming UC concurrently. Attempts to challenge the UC structure were stymied with exposure to different kinds of stigma, resulting in reduced self-esteem, further constraining the agency to manage mental health. In the next section of this chapter, I suggest policy recommendations that could be implemented to better facilitate the mental health needs of those who claim UC.

Recommendations for policymakers

This section of the chapter is informed by features of the UC system that were problematised by participants at interview, discussing how these issues may be addressed by policymakers in the future. I have identified a number of potential improvements that could be made to the UC claims process to better facilitate those with additional mental health needs. Over the course of *chapters 5.1* and *5.2*, I described how not all people experience equality of opportunity when becoming engaged with the UC system. Far from this, the structural constraints imposed upon those who would most benefit from an adequate welfare system become overwhelming when they claim UC. This is because the respective individuals are often confronted with expectations to enter work before their mental health and financial hardship-related adversities have necessarily been addressed. Furthermore, for those designated as having ‘Limited Capacity for Work’, the threat of reassessment, and therefore financial precarity, persists. Few claim the benefit without being obligated to supply continued evidence of their incapacity, which, as has been discussed, may have its own negative impact to self-esteem. Rather than attempting to 'catch up' with the claimant's individual needs after they are, almost inevitably, confronted with further hardship, it would surely improve their prospects were a more thorough, individualised evaluation of needs applied from the outset (see Dwyer et al., 2019), with easement measures designated accordingly.

As participants described navigating the UC system, the overwhelming impression they seemed to convey suggested confusion and powerlessness. Based on this, greater clarity through each stage of the claims process would surely be prudent. Further, with the system perceived as complex and stressful to navigate, especially for those with MH needs, this often necessitates family support (Bond, 2021; Scullion & Curchin, 2021). It may, therefore, be fruitful to ascertain which elements of claiming necessitates this support, to enhance understandings of the role that family can play in maintaining a UC claim. Offering a permanent platform for claimants with MHCs, along with their families and close relations, to identify which features of the claims process prove problematic, may improve accessibility for individuals experiencing mental health issues. Recent work by Scullion et al. (2022 in: Garthwaite, et al., 2022) exemplified the crucial, supportive role that families played in times of crises, including regarding claiming UC, during the Covid-19 pandemic. Regularly drawing on insights from service users and their close relations would enable policymakers to improve responsiveness to additional health needs, rather than expecting new and existing claimants to continue seeking out social capital that may not be available. Considering this, it is crucial to recognise that many individuals will not receive familial support in the claims process, and furthermore it would be unreasonable to *expect* families to adopt this role.

The government recently stated that changes to the current system are unnecessary because front line staff now receive mental health training (Quince, 2021); while this represents encouraging progress, it has been difficult for me to find information regarding exactly what this training entails. Certainly, it would be advisable to bring the cultivating of claimants' agency to the fore because this has been shown to be conducive to positive mental health management. To exemplify this, in *chapter 5.2* I discussed the benefit to agency that was incurred when a participant was able to choose their own Work Coach. This approach may also improve employment prospects for a proportion of claimants with an MHC. Certainly, any adaptations of this nature should be welcomed as potentially advantageous over the current system, for which there exists no evidentiary link between UC exposure and subsequent employment (Dwyer et al., 2020; Wickham et al., 2020) despite what the system purports to do (DWP, 2010).

One of the more psychologically harmful (Redman & Fletcher, 2021) elements of claiming UC apparently continues to exist in relation to the WCA (Baumberg et al., 2015; Barr et al., 2015a; Barr et al., 2015b; Manji, 2017; Dwyer et al., 2020). The prospect of being subject to a WCA was identified explicitly as an ongoing source of considerable anxiety, in particular for two of the participants in my research who had PTSD, such that it appeared to have compromised, or delayed, their trauma recovery. The WCA is emblematic of a system that compels claimants with health needs to evidence their diminished capacity to work; UC entitlement is predicated on being *disempowered.* Clearly, in a situation where one is only able to afford to meet basic living costs by fulfilling regular obligations to show what they *cannot do*, this strongly implicates self-esteem. Foremostly, claimants may be better served by only having to undertake an initial health assessment; supplanting the WCA entirely would be more reasonable, however, because its current mode of assessment has been consistently evidenced to cause psychological harm (Harrington, 2011; Griffiths & Patterson, 2014; Warren et al., 2014; Baumberg et al., 2015; Scullion & Curchin, 2021), particularly in vulnerable individuals experiencing mental health issues (Henman & Marston, 2008; Barr et al., 2015a; Manji, 2017; Dwyer et al., 2020), including several participants in this research, as previously discussed.

Scullion & Curchin (2021) reflected on the suitability of the current benefits system, to meet the needs of Armed Services veterans experiencing mental health issues, including those related to PTSD; experiences of the WCA were frequently problematic. It was found that enhanced training for frontline staff involving the application of trauma informed care principles, could be massively beneficial to facilitate the needs of those experiencing severe mental health vulnerabilities. Where my own research is concerned, I recognise that this would potentially circumvent further psychological damage, considering that mental health symptomology was often seen as being exacerbated during reassessment processes. Further, based on my own interpretation of participant experiences in this research, where a claimant is designated to the non-work-related activity group on account of their MHC, there should be no prospect of obligatory reassessment. Instead, reassessment should be arranged at the claimant's request, when and if the respective individual exercises their own discretion to determine that they are well enough to work. Correspondingly, far more emphasis should be placed on providing support at the recovery and preparatory stages for those who intend to enter or return to employment. Mental health management, and the cultivating of agency to this end, should be prioritised. In the place of the current reliance on face-to-face assessments to determine UC group designation, greater emphasis should be placed on compiling extensive, up-to-date medical information regarding each claimant and their individual needs, informing desk-based assessments of existing evidence.

Of course, a more empowering approach to the implementation of state welfare, as outlined above, would necessitate a tectonic shift to the ideological assumptions underpinning the UC structure. Achieving a sense of purpose in life is fundamental to sustaining positive mental health (Friedli, 2009; WHO, 2010); people predominantly seek out and obtain fulfilling employment opportunities *of their own volition,* when they are able, to derive this sense of purpose, without needing for this pursuit to be 'incentivised' (Trlifajová & Hurrle, 2018). Considering its agenda of 'work activation', current state welfare policy seems to support the misconception that those who are not compelled into work will simply choose to remain workless (Wright et al., 2022). Further, misunderstandings about the purpose of state welfare, and misperceptions about the people who claim, are pervasive, and continue to be perpetuated by government rhetoric and media stereotypes (Tyler & Slater, 2018).

In terms of where more specific, less substantive yet hopefully more eminently achievable improvements to the welfare system are concerned, I would draw immediate attention to the availability of, and access to, so-called *easements*. *Easements* comprise facilitatory measures that may be implemented at the discretion of frontline DWP staff, intended to support those with health needs (discussed to greater depth in *chapter 5.2*). Key here is that these measures are only available when offered by the respective DWP workers (most often, Work Coach): easements cannot be requested by the claimant. Over the course of my fieldwork, it became apparent that few, if any, participants appeared to benefit from these easements; certainly, none mentioned that they had received support of this nature by name. It was unclear whether participants knew that these modes of discretion existed. Allowing claimants to apply for 'easements' should be offered as an essential contingency to accommodate additional health needs. Further, informing individuals about the various modes of extra help from the outset of claiming UC would be recommended[10] as opposed to a continuation of the current process which places perhaps unreasonable onus on Jobcentre

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[10] Currently, the government website refers only to additional financial support that may be available, with advice on how to ask for: an *Advance* or *Hardship Payment*, *Alternative Payment Arrangements*, a *Budgeting Advance* loan, and other kinds of benefits (UK Government, 2022c). Information on how to obtain support that may be implemented to facilitate health needs as part of a UC claim is not available.

Plus staff to recognise when a claimant would benefit from a specific provision. Indeed, as recently found by Wright et al. (2022), such requirements being placed on Work Coaches has contributed to their self-perception as fulfilling a role more akin to mental health social work. With the above policy recommendations in mind, the final section of this Conclusions chapter discusses the directions that future research may take in responding to the various limitations I have identified not only in my own work, but in the literature more broadly.

Recommendations for future research

Future research may be at once interested in adopting a similar approach to that which was adopted in this thesis, in order to reveal discreet aspects of a person's life that may seem divorced from the claims process, but which in fact bare high relevance. For example, the social networks that participants engaged with to maintain mental health were tested when participants returned to these agents of support after becoming embroiled in the claims process. Future research may yield new insights, investigating this topic in potentially far greater depth. Group interviews with claimants and their families may advance understandings of how benefits stigma is variously challenged and perpetuated within these social circles, while also providing the opportunity to inform policy, exploring how the needs of family members are facilitated as they claim UC and manage mental health. The advantages offered by this approach were exemplified by Scullion & Curchin (2021), interviewing Armed Forces veterans and their partners about the experience of claiming UC.

I was also aware - especially in *chapter 5.2*, which investigated specific aspects of the UC claims process - that the data I collected only ever constituted one side of a given interaction, with perspectives from the respective parties, DWP or Jobcentre Plus staff, being absent. It would be illuminating to investigate the subject of mental health and UC by continuing to draw upon the experiences of front line DWP staff, as recently exemplified in work by Wright et al. (2022). Further, participants in my research who presented with severe MHCs - schizophrenia, bipolar disorder, and PTSD - were particularly challenged by the structure of the UC system while they managed their symptoms. Again, the utility in exploring how those with specific MHCs such as PTSD navigate the UC system, has been demonstrated in recent work by Scullion & Curchin (2021), as they engaged with Armed Forces veterans who claimed the benefit. Finally, many individuals with mental health needs still claim the 'legacy' benefit Employment and Support Allowance (ESA), as well as the current, non-means tested disability benefit Personal Independence Payment (PIP). Comparative study focussing on how mental health experiences may differ, when engaged with these different alternative welfare benefits, is not abundant in the literature, and may prove insightful in future research endeavours.

As well as serving to expand upon the aforementioned areas, there are various adaptations and improvements that could be implemented in future research endeavours, to address the limitations that I identified earlier in this chapter. A larger research team would be better positioned to access a greater diversity of individuals, and from different environments, not necessarily being beholden to the strictures of opportunistic sampling. Further, frequently over the course of my fieldwork, I left interviews with the impression that the data I had gathered appeared to offer a potentially ephemeral, temporal snapshot of participants' lives. Although I was satisfied with the qualitative depth of the interviews I conducted, it would have been interesting to reinterview participants incrementally; as I have stated, instability and unpredictability were seen as particularly difficult to contend with while responding to mental health needs. As such, qualitative longitudinal research (QLR) would be highly utile to continued investigations, having been recognised for its value in advancing understandings of the interrelationship between one's individual circumstances, and their experiences of engagement with the structure of UC (for example, see Dwyer et al., 2019; Wickham et al., 2020).

In a similar manner, conducting my thematic analysis served to underline how it had not necessarily been possible to investigate the wide breadth of topics broached at interview to an equal extent. It was my aim to provide gentle guidance for participants to touch upon any particular element of their lives that they felt was relevant to their mental health as they claimed UC. I believe I achieved this to an extent, but it would be interesting to have repeated my interviews, adapting my topic guide accordingly, so that it focussed on the areas that participants favoured. Again, longitudinal research would allow these discreet, yet interrelated, subjects to be explored more equally, and at greater depth. This approach would also provide opportunity to investigate the mental health experiences of individuals whose claim for UC was intermittent, for example based on their being temporarily or precariously employed, and how this may interrelate with changes to their circumstances.

Finally, the second subsection of the literature review chapter, *Intersectionality in financial hardship and health inequality,* discusses how those with certain specific protected characteristics may be predisposed to encounter mental health and financial hardship related adversities with increased likelihood. Correspondingly, I identity a gap in my research, with regard to the lack of an explicit intersectional element to my research aims; future research endeavours within the domain of mental health and UC may consider how marginalised individuals, including those from a minoritised racial or ethnic background, may experience changes to mental health in discrete ways as they encounter the structure of the UC system.

Closing statement

Conceding to the possible limitations outlined above, this thesis offers unique understandings about the claiming of UC within the context of mental health. I have made a unique contribution to knowledge by successfully adopting a relativist-constructivist (Guba, 1990; Ültanir, 2012) methodological approach, and suitable associated methods (Crotty, 1998), that offered individuals the freedom to compose a qualitatively rich (Willi et al., 2007) portrait of their lives. Further, the question guide was successfully applied in semi-structured interviews (Barriball & While, 1994), giving voice to responses regarding, for example, specific aspects of the claims process, while also allowing for deviation (Harrell & Bradley, 2009). As such, participants drew upon multiple, seemingly divergent domains as they described their mental health experiences while claiming. Applying inductive thematic data analysis (Braun & Clarke, 2006), I grouped data according to what appeared to be particularly meaningful to participants: *financial hardship*, the *UC claims process* and *stigma* emerged as key themes, meaning that the findings represent the reality of this experience, as relayed by the participants themselves.

The discrete mental health impacts related to *financial hardship* (Batty & Cole, 2010; Fitch et al., 2011; Barr et al., 2015a; Burns, 2015; Lister, 2015; Moore et al., 2017; Stuckler et al., 2017; Brackertz et al., 2018; Wickham et al., 2018; Bentley et al., 2019), *claiming UC* (Griffiths & Patterson, 2014; Barnes et al., 2016; Dwyer, 2017; Scullion et al., 2017; Bond, 2021; Cheetham et al., 2018; Dwyer, 2018; Walton, 2018; Wright et al., 2018; Cheetham et al. 2019; Williams, 2019; Dwyer et al., 2020; Hitchings & Maclean, 2020; Stewart et al., 2020; Wickham et al., 2020; Wright et al., 2020b; Quince, 2021; Scullion & Curchin, 2021; Summers et al., 2021; Wright et al., 2022), and *being exposed to stigma* (Link et al., 2001; Perlick et al., 2001; Werner et al., 2007; Tyler, 2008; Corrigan et al., 2011; Garthwaite, 2011; Baumberg Geiger, 2016; Garthwaite, 2016b; Huggett et al., 2018; Pyle et al., 2018; Tyler & Slater, 2018; Baumberg Geiger et al., 2021; Garthwaite et al., 2022) have been well established in prior literature; however, this thesis builds upon and adds significantly to the literature by gauging how participants were subject to these elements, often concurrently, while they responded to their mental health needs. I was able to investigate these experiences to a greater qualitative depth through the application of a structure-agency derived theoretical framework (Archer, 2000; Hoggett, 2001; Wright, 2012), conceptualising the three themes *financial*, *claiming UC*, and *stigma*, within the overarching structure of UC.

While it may not have been an explicit objective of this research to test the efficacy of UC, its perceived limitations emerged as a crucial aspect of participants' mental health experiences. Participants in this research described the daily effort they expended to manage their mental health, to the extent that it often felt akin to committing to work. Because the government equates meeting the work-related activity requirements of UC to full-time employment (DWP, 2022b), participants who had been found 'fit for work' (DWP, 2017a) while they responded to ongoing health needs had their agency compromised by these simultaneous demands; they found themselves disempowered from both claiming UC and staying mentally well. For those considering a return to work, or those in work at the time of interview, UC was described as constraining agency by the way that it complicated the management of personal finances, individually or within a family, and it disincentivised work while they continued to claim. Further, many UC related experiences were described as damaging, psychologically or materially, exacerbating symptoms of mental ill health and precipitating, or perpetuating, financial insecurity.

A minority of positive experiences of claiming related to instances where there had been a compassionate exchange with an individual Work Coach. As participants in this research addressed their mental health experiences while claiming UC, they only spoke favourably of the UC system itself within the context of denigrating other claimants. This finding lends an additional dimension to prior research recognising how benefits recipients often direct judgemental attitudes (stigmatisation) towards others who claim, to legitimise their own reasons for claiming (Dwyer & Wright, 2014; Garthwaite, 2016b). Correspondingly, the stigmatising influence of claiming (Walker, 2005; Chase & Walker, 2013; Baumberg Geiger, 2016; Garthwaite, 2016b) appeared to weaken the fabric of social relations (Burke et al., 2019), reducing the availability of social capital (Annahita et al., 2019). This was seen as particularly impactful, because social capital was recognised as vital to many participants, assisting in the agency to manage mental health.

In sum, this thesis reveals how issues relating to the dysfunctionality of the UC system, as outlined above, collectively failed participants as they dealt with simultaneous pressures and responded to their mental health needs; it failed to provide sufficiently so that they could manage to meet their basic, essential living costs, and it failed to stimulate (or incentivise) a transition into employment for the minority who may have felt able to work. Further, UC appeared to contribute to financial hardship, while it reduced the agency with which participants were able to respond to their mental health needs. It is hoped that this thesis will stimulate discussion within academia and amongst policymakers, to further reveal how claimants of UC may be subject to adversities that intercept within the context of claiming UC, implicating the agency to meet their claimant requirements while they manage their mental health. Additionally, this thesis contributes greater depth to literature that scrutinises the work-first (Adam & Browne, 2013; DWP, 2015) ideological underpinnings that are central to UC's function (Dwyer & Wright, 2014); assuming that employment would provide a solution to the various adversities that many participants faced, prioritising work-related activity ahead, even, of health, inevitably undermined the complexity of their lives.

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8. Appendix

Appendix. A

Grade of sanction	Reason for sanction	Duration of sanction
Low-level	Nonattendance to an adviser interview or nonparticipation in a training scheme	4 weeks in the first instance, followed by 13 weeks for subsequent instances of noncompliance (within a 52-week period after the previous instance).
Intermediate-level	Being unavailable for work	4 weeks, fixed period in the first instance; 13 weeks for subsequent noncompliance (within 52 weeks of the previous instance).
Higher-level	Noncompliance with most important job-seeking requirements e.g., refusal of a job offer	13 weeks, fixed period in the first instance; 26 weeks in the second instance; 156 weeks (3 years) on a third and subsequent instances of noncompliance (within 52 weeks of the previous instance).

Table 1. Depicting changes made for those claiming JSA when the stricter sanction regime was introduced in October, 2012. Each type of sanction entailed total loss of entitlement for the respective duration (Adler, 2016).

Mental Health and Universal Credit: Investigating Claimant Experiences

Participant Information Sheet

Why is this research important?

Research into the way the UK's welfare system has revealed some of the challenges associated with claiming Universal Credit, including how people may experience changes to their mental health while they are claiming. The aim of this study is to investigate how mental health is experienced by those claiming Universal Credit by inviting people to discuss their experiences.

Who is doing the research?

The research is being conducted by me, Joe Pardoe, a PhD student with the University of Salford; I am the sole researcher on this project, which is being conducted over the course of three years and will form the basis of my thesis. The project is an independent study, and is being funded by the School of Health and Society at the University of Salford.

How will the research be conducted?

The study will be informed by a comprehensive review of relevant literature, which will be used to form the basis of the interview topic guide. New empirical data will be generated via 30 semi-structured interviews with individuals living within Greater Manchester and receiving Universal Credit at the time of interview.

Fieldwork will be undertaken at various locations across Greater Manchester.

Why we have contacted you/ how you can help?

I am interested in how people who are receiving Universal Credit may experience changes to their mental health, and particularly what specific aspects of the claiming process may bring about these changes.

You have been identified as a potential participant and I would to like to invite you to take part in in a semi-structured interview, lasting approximately one hour, at a place that is accessible to the public for example, a quiet space in a public library or community centre, or in an office space on the University of Salford campus. The interview will be audio recorded, with your permission.

What advantages/ disadvantages are there to taking part?

I am happy to provide a £10 shopping voucher for you participation, as a thank you for giving up your time to contribute to the study, and hopefully to compensate you if you had to spend money traveling to reach the interview location. It is my ambition to use findings from this study to advance understandings in this topic through future publication, and as such your contributions will be extremely valuable not only to me, in forming the basis of my PhD thesis, but hopefully within the field of social policy more broadly. As such, you may consider your participation as an opportunity to express yourself, and to be heard. Taking part in an interview does require a time commitment of one hour, and I am aware that sensitive issues could be raised, though I will do my best to provide support for this (see 'What if there is a problem?').

Do I have to take part?

You are under absolutely no obligation to take part in an interview. If you do agree to be interviewed, you will be asked to sign a consent form to show that you consented to take part. You will be free to end the interview at any point, should you so choose, without providing a reason for doing so. If you do decide to stop taking part, your responses will be deleted. If you wish for your data to be withdrawn from the study after you have been interviewed, you can request this by contacting me or my supervisor Dr Lisa Scullion (whose details are at the bottom of this page) up to one month following the date of the interview.

How will we use the data generated?

Your data will be analysed as part of the write-up for my thesis. Data from the project may also be presented in a findings document, which may then be prepared for publication and/or included as part of a presentation at conferences. It is important to bear in mind that your identity will be protected if you decide to take part; any responses given while you are being interviewed will not be identifiable to you and any personal details will be anonymised or removed so that you cannot be recognised. It is my ethical duty to breach confidentiality if criminal activity is mentioned, or something that could place yourself or others at risk of harm; if this happens, I will contact the appropriate authorities to protect any individuals that may be at risk. If you choose to withdraw your data from the study, any information you have provided will be deleted, and any record of your participation removed. Your data (the recorded responses from the interview) will be transcribed by me, working alone, with any identifying detail removed. Your data will be kept for three years following the interview date, after which point it will be destroyed.

What if there is a problem (at any point during the research)?

If you have any concerns about any aspect of this research, you are encouraged to speak to me, the researcher, and I will do my best to answer any questions. If you remain unhappy, please contact my supervisor Professor Lisa Scullion, whose contact details are listed below. If the issue still cannot be resolved, you may contact the University's Chair of Ethics Panel – their phone number and email are also included at the end of this document – or ask me to put you in touch with them.

Further information and contact details:

Professor Lisa Scullion
Allerton C504
University of Salford
Tel: 0161 295 5078
Email: l.scullion@salford.ac.uk

Making a complaint:

If you wish to make a complaint about the research, you can contact:

Professor Susan McAndrew
Chair of PGR Ethics Panel
University of Salford
Tel: 0161 295 2778
Email: s.mcandrew@salford.ac.uk

Useful contact details:
If you require support outside of this research project, the following provides contact details that may be able to help you:

Salford City Council Welfare Rights and Debt Advice Service: 0800 345 7375

Salford Citizens Advice Bureau: 0844 826 9695

Mind (Manchester branch):

Zion Community Resource Centre/339 Stretford Road

Manchester

M15 4ZY

Tel: 0161 769 5732

Mind (Salford branch):

The Angel Healthy Living Centre

St Philip's Place

Salford

M3 6FA

Tel: 0161 212 4880

Manchester & Salford Samaritans:

72-74 Oxford Street

Manchester

M1 5NH

Tel: 0161 236 8000

Interview Topic guide

Background questions

Please could you tell me a bit about yourself?

- Age
- Are you partnered, do you have children?

What's it like where you live (and who do you live with)?

- What's the nature of your accommodation (do you rent, own property, share etc.?)
- Do you live with anyone (partner, parents, children etc.)

How do you spend your time?

- Are you currently working (what's your job? How long have you had this job? What were you doing before?)
- Do you have any care responsibilities?

SECTION A

Exploring mental health from interviewee's perspective, without prompting to answer in the context of claiming Universal Credit:

'Quality of life'

What aspects of your life do you find enjoyable / not enjoyable?

Example probing questions to follow up:

- What do you think could improve your situation?
- How could your situation change to make life worse?
- Is there anything in particular that you believe has stopped/enabled you from doing the things you want to?
- Can you remember a time when you felt more / less content?

Questions around 'Mental Health' (in response to above questions, using interviewees own terminology to define any 'mental health' difficulties – explicit or implied)

Describe the nature and duration of [mental health condition]

Describe the ways [mental health] affects different areas of life

- Directly e.g. symptoms, medications
- Indirectly e.g. relationships, activities, stigma

SECTION B

Introducing topics that the literature suggests could hold relevance to interviewees (people claiming Universal Credit), but which have not been explored through a mental health 'lens' (continuing to use interviewee's own terminology for mental health / mental health difficulties):

The application process

- Mental health when making initial claim for Universal Credit (UC)

  Probes:
  - When did you start claiming?
  - What lead to this?
  - How long have you been claiming UC?
  - Did your mental health change throughout this process?
  - Is there anything you could reflect on regarding your mental health and the waiting period before you received your first payment?
  - How did you feel throughout the process of: navigating the Universal Credit online application system; using the 'Universal Jobs Match' site (where applicable)?

Regarding an on-going claim

- Mental health while continuing to claim Universal Credit

  Prompts:
  - What do you have to do to keep receiving UC?
  - What happens if you don't abide?

    (follow up question re: being sanctioned)
  - Did you feel threatened?
  - Did you feel it was justified / did you contest it?
  - Did you feel encouraged / forced to work?
  - What impact did it have on your household?
  - Can you think of other budgeting issues around maintaining your household?
  - Do you have any other sources of income?
  - Changes to general health and/or wellbeing

    - Stress, anxiety, depression, feelings of isolation, desperation/hopelessness etc.

- Being subject to a medical assessment (eg. the Work Capability Assessment)

  Probes:

  - Have you had any kind of medical assessment to see if you're fit for work?
  - What was it like knowing you had an upcoming assessment?
  - What did you have to do during the assessment?
  - How long did the assessment take?
  - How did you feel throughout the assessment?

- Mental health support throughout the process of claiming

  Probes:

  - Since you began claiming Universal Credit, have you approached any mental health services or organisations for support?
  - Can you think of any reasons you would feel encouraged / discouraged from seeking support for your mental health?

- Changes to mental health whilst being in contact with the DWP / Jobcentre Plus

  Probes:

  - How has your correspondence with the DWP (receiving letters, meeting face-to-face, speaking on the phone) made you feel?
  - How well do they understand your situation / needs?
  - How has your relationship been with your Work Coach, and have they helped you to address any mental health needs you may have had?
  - Follow up: how appropriate / useful was this support?

Self-perception as a UC claimant

- How do you see yourself as someone who claims Universal Credit, and can you think of any ways that this may have effected your mental health?
- How, if at all, does claiming Universal Credit effect your relationships with friends and family? Has this had any effect on your mental health?
- Please share any further thoughts you have regarding Universal Credit and the ways you may have experienced changes to your mental health whilst claiming

Mental Health and Universal Credit

I WOULD LIKE TO INVITE YOU TO TAKE PART
IN A RESEARCH PROJECT

What is the research about?

This study aims to investigate the mental health experiences of people who are claiming Universal Credit. **I want to hear from you if you:**

Are currently claiming Universal Credit

AND

Are currently living within Greater Manchester

I am looking for 30 people who are over the age of 18 to take part in a research interview. Results from the project will form the basis of my PhD thesis, and may be published in the future as a contribution to evidence around mental health and the benefits system.

Who is doing the research?

The research is being conducted by me, Joe Pardoe, an independent researcher from the University of Salford.

Will I be compensated?

I am happy to provide all participants with a **£10 shopping voucher** as a thank you for taking part in the study, and to compensate for any travel costs that may have been incurred.

How can I take part?

If you would like to take part, please contact me so that we can arrange a time, date and place of convenience to yourself, to conduct the interview. I will ask you questions about how you have experienced your mental health, including any changes you may have noticed, while you have been claiming Universal Credit. With your permission, I will record the interview with a digital voice recorder.

Interviews will last around one hour. You are free to choose not answer any question you feel uncomfortable with, and the interview can be ended at any time. Responses you give will be treated with the strictest confidence, and your anonymity will be protected, meaning that your name, address and any personal details will not be used in any published reports and I will not pass your details on to anybody else. I can also keep you informed about the research findings if you are interested.

How can I find out more?

If you have any questions about the research or would like to take part, then please contact me, **Joe Pardoe (researcher) via email at: j.pardoe@edu.salford.ac.uk**

Mental health and Universal Credit: Investigating Claimant Experiences

CONSENT FORM

Before formally agreeing to participate in my study, please read through the following statements, and respond to each one by circling YES/NO. Completion of this form is to ensure that you are fully aware of why the research is being conducted, and that you give your consent to be interviewed. Please feel free to ask any questions as you read through:

1. I have read the Participant Information Sheet (V4, 7/1/2019), which informed me of the purpose of the study, and have had the opportunity to ask questions about it if I wished

   YES/NO

2. I understand that I can withdraw from the study at any stage by informing the researcher within one month of me being interviewed, and that my data will not be included in the research

   YES/NO

3. I understand that I am free to choose not to answer a question without giving a reason why

   YES/NO

4. I understand that this research is confidential, however, in the case that I disclose that anyone is at risk of harm, the researcher is duty bound to report this

   YES/NO

5. I have been informed that the interview will be recorded on a digital voice recorder and I give my consent for this recording to be made. YES/NO

6. I understand that anonymised extracts from the recording might be used in the research report and that this may be read by others or published later YES/NO

7. I understand that if extracts from the recording are used, any identifying information about me will be removed and that every attempt will be made to ensure my anonymity. YES/NO

8. I understand that my data will be stored on a password locked computer, and that any data I submit (responses given at interview) will be kept for three years following interview date. YES/NO

I give my consent to take part in the research. YES/NO

Participant

Signed ……………………………………….

NAME IN BLOCK LETTERS ….…………………………………….

Date …………………………………………

Researcher

Signed ……………………………………….

NAME IN BLOCK LETTERS ….…………………………………….

Date …………………………………………

Table 1. Showing list of initial, descriptive codes (Celia)

Descriptive codes	Located at:
Formerly carer of father	1: 13, 4: 96-97, 5: 100-102
Shares home and cares for brother	2: 25, 6: 131, 6: 133
Dependent on family support	1: 15
Living independently	2: 25, 2: 33, 2: 41-42
Nature of mental health conditions	5: 113-115, 5: 121-122, 7: 150, 14: 329, 19: 470-471
Family relations	1: 10, 2: 33, 2: 48, 4: 92, 5: 121-122, 6: 124, 21: 507, 21: 509
Support for mental health	5: 109
Lack of support for mental health	21: 498-499
Transition from ESA to Universal Credit	7: 148, 25: 610-611
Reason for being on benefits	7: 150
Confused during engagement with UC system	7: 152-154, 8: 188-192, 9: 215, 11: 244-246
Problems with online journal	10: 239-240, 10: 224, 11: 244-246
Comparison between ESA and Universal Credit	8: 194-195, 14: 333, 14: 337-340, 15: 360, 17:406-410, 25: 610-611
Jobcentre Plus staff	11: 244-246, 15: 348-350, 15: 352
Perceived by Jobcentre staff	15: 367-369, 16: 377
Lack of support from Jobcentre Plus staff	18: 430-431
Correspondence with Jobcentre Plus	11: 244-246, 16: 394-17: 398, 22: 523-524
Judgmental staff	15: 367-369, 16: 371-372, 18: 443
Sympathetic / supportive staff	11: 257-260, 11: 262, 18: 433-435
Direct link between MH and UC	6: 146, 8: 176-177, 13: 309, 13: 316, 13: 318-319, 16: 394-17: 398,
UC and financial constraints	8: 188-192, 13: 303-304
Increase in medication	13: 318-319
MH impact on day to day living	4: 73-74, 4: 78-79, 12: 272-275
WCA and mental health	15: 348-350 15: 362-364, 17: 420, 18: 422-423
Experience of Jobcentre Plus	16: 391
How feel perceived as someone with MH conditions	24: 575-576
Pressure to prove existence of MH conditions	3: 60, 11: 255, 19: 459, 19: 466-477
Conceals claiming and MH	24: 575-576
How perceived as a claimant	24: 590-591, 24: 593-594
How perceives other claimants	25: 603, 25: 605

Table 2. Descriptive map of themes (Celia)

Relationships

- family
  - lived at home with parents who were dependent
  - started living independently after death of father, (now living with dependent brother)

Personal mental health experience

- Impact on day to day life
- How perceived as someone with MH conditions

Direct link between mental health and universal credit claim

- Increase in medication
- Worsening depression
- WCA and mental health

Engagement with benefits system

- Reason for claim
- Compares UC to ESA
- Confusion
  - over entitlement amount
  - over using online system
- Jobcentre Plus
  - being there in person
    - hostile / unsafe feeling environment
    - staff
      - unhelpful / judgmental
      - supportive / sympathetic
  - correspondence
    - affect on mental health
    - delayed responses
    - pressure to prove existence of MH conditions / illness
      - providing doctors notes
      - attending WCA

Welfare recipient perceptions

- self- perception as a claimant
  - judged
- perceiving other claimants
- sympathetic

Hierarchical flow chart showing initial interpretive thematic map (Celia)