
# The Psychological Wellbeing of Children in the Families Affected by the Welfare Reform Universal Credit

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**Abstract**

Despite indicators from staff, and recipients of Universal Credit of a likely detrimental impact of the move to Universal Credit, there is not only a paucity of academic literature which examines the impact of Universal Credit, but also of the impact it might have on children's psychological distress. Following a systematic review of the existing literature regarding the impact of Universal Credit on individuals in the UK, this research aimed to answer two hypotheses. These were "Children in families that are on Universal Credit will have worse psychological wellbeing outcomes (measured by the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)) than children that are in families on legacy benefits as a result of moving onto Universal Credit" and "Children in families on Universal Credit will have worse psychological wellbeing outcomes than children in families on legacy benefits". . Secondary data was extracted and analysed from the UK Longitudinal Household Survey. Regression analyses were used to explore these hypotheses. Results indicated that both hypotheses should be rejected. Possible explanations for these findings are explored, although as this was preliminary examination of a piloted programme further research in the area is recommended.

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# Chapter 1. Introduction

## 1.1 Chapter Summary: A Systematic Review of Studies Exploring the Impact of Universal Credit Benefits on Psychological Distress

This chapter describes a systematic review conducted to examine the impact of the UK welfare reform Universal Credit on psychological distress. It provides a background and history to our understanding of welfare policy and how it has been linked to psychological distress outcomes. This additionally provides context for the second study which examines the impact of Universal Credit on children's psychological wellbeing outcomes.

## 1.2 Study Background

### 1.2.1 UK welfare policy history

The introduction of Welfare in the United Kingdom can be traced back to the Elizabethan Poor Law of 1601. This law was introduced during a period of severe economic depression, where there was wide scale unemployment and famine. Laws were established which brought in taxes to parishes (local governments) for the purpose of taking care of the poor. These allowed parishes to establish workhouses where the rights of the poor (who could only receive support within the parish in which they were born) were curtailed (Quadagno, 1984). It was suggested by Dickens that the poor faced a 'choice' between starving slowly in the workhouse or quickly outside of it (see Golightley & Holloway, 2016). This law was further developed in 1834, when new legislation was passed, the English Poor Law, which distinguished between the 'deserving' and 'undeserving poor'. The 'deserving poor' being those who were unable to provide for themselves through sickness, disability, or age, and the 'undeserving' those who were deemed 'work avoidant'. However, the reality highlighted that the work offered lay within a system in which the poor were expected to labour in

workhouses where human rights were flouted and insufficient food and clothing was provided (Golightly & Holloway, 2016). A radical shift was introduced in the 1940s, post-war, which proposed a reform to the social-security system - The Beveridge report (Beveridge, 1942). Beveridge expected allowances, unlike those before the war, to cover all essential costs—housing, food, clothing, fuel, light, and "household sundries," plus "a margin . . . allowed for inefficiency of spending" (see Thane, 2020). The Labour government in power at that time began to implement the report's recommendations in 1946, although they did not implement allowances to the level suggested by the report. This was because the Labour government did not remain in office for long at the time and was unable to fully realise the recommendations. The report had suggested that they should be implemented gradually over a number of years (Thane, 2020). However, this report marked a shift away from the prior, split, subjective and judgement laden rhetoric of the 'deserving; and 'undeserving' poor. It put forth ideas of the rights of all individuals to flourish.

### 1.2.2 A neo-liberal welfare state: Welfare in the context of austerity

Within recent history, both globally and within the United Kingdom, there has been a move to neo-liberal approaches to public services including welfare support. Neoliberalism is an economic theory which proposes that the wellbeing of those in society is best advanced by liberating entrepreneurial freedoms and skills. The neoliberal state favours individual private property rights, the rule of law, and the institutions of freely functioning markets and free trade as ways in which individual freedoms can be guaranteed. Each individual is held responsible for their own actions and wellbeing, and this extends to the realms of welfare, education, healthcare and pensions. Individual success or failure is considered a reflection of one's entrepreneurial acuity or personal failings rather than of systemic or structural inequalities (Harvey, 2007).

This approach as implemented in the United Kingdom was described by Philip Alston, Special Rapporteur on Extreme Poverty and Human Rights, as one which was often accompanied by ignoring human rights standards and "shelving compassion" (Alston, 2019). In the UK, a political tactic of "common sense neoliberalism" was identified by Hall and O'Shea (2015). Within this political tactic politicians speak of their policies in a manner which suggests that they are in line with the public's rhetoric and granted truths. This strategy leads to a sense that government policy has been legitimised by widespread public opinion and offers a framework with which to make sense of the world. This knowledge is made available without the need for deep thought or wider reading and thenceforth it is a strategy to influence popular opinion without invoking critical evaluation (Hall & O'Shea, 2015). It arguably serves to maintain power and position without requiring politicians to adjust their policies to meet the needs of the wider population. Hall and O'Shea (2015) further argued that Margaret Thatcher appealed to a "common-sense" rhetoric to undermine and subvert the idea of fairness that had previously driven ideas of welfare provision. This can be seen here:

> A great number of people in Britain are becoming increasingly alarmed about a society which depends on the state's help - on entitlement. What has happened is that so many of the people who have done everything right and saved for their old age and put a bit by, seem to have had a raw deal. Some of those who have done only too little and have not done it very well have been on the beneficial end of what has been going … You can't have welfare before someone else has created national wealth. (Thatcher, 1978, in Hall, Massey & Rustin, 2015).

This rhetoric, where fairness is indicated to be conditional, a reward for personal effort was observed by Hall and O'Shea (2015) to have been echoed by David Cameron in 2011:

> For too long we've lived in an upside-down world where people who do the right thing, the responsible thing, are taxed and punished, whereas those who do the wrong

> thing are rewarded … And for that person intent on ripping off the system, we are saying - we will not let you live off the hard work of others. Tough sanctions. Tougher limits. In short, we're building a system that matches effort with reward … instead of a system that rewards those who make no effort. (Cameron, 2011).

This strategy of placing 'hardworking families' in opposition to those who were unable to find (or actively participate/engage in) work was reflected in attitude surveys. These detailed a decline in sympathy for the poor and a conception of fairness that indicated 'no one is owed a living' (Hall and O'Shea, 2015). Hall and O'Shea (2015) argued that this ideological context (which strengthened a neoliberal framework and agenda) was strengthened by both Conservative and New Labour governments. This provided an environment where misinformation and propaganda were prevalent and a created and fertilised a setting in which welfare cuts could be implemented. Closer examination of the rhetoric has identified a reframing of the United Kingdom's fiscal difficulties in 2010 as being the result of a welfare provision that is too generous, rather than focusing on the need for a £500 billion bank rescue following a global financial crisis (Cummins, 2018). The publicised aim was to create a "smarter state" (Cameron, 2015) through an austerity agenda. Structural issues were transformed into a discourse of individual dependency and wilfulness leading to State burden, for which tough action was needed.

The previous period of austerity in the UK, which was followed by World War II was marked by the establishment of key aspects of the modern welfare state such as the National Health Service (NHS). The present period of austerity has seen the privatisation of key welfare institutions (Todd, 2015) alongside this neo-liberal reframing of who deserves access to welfare resource. The wider context of austerity has included the closure of hundreds of children's centres and of hundreds of libraries. This alongside removing significant and vital support to the local community, has also meant the loss of thousands of jobs (Alston, 2019).

In addition to this, changes in legal aid have meant that those who are economically disadvantaged are further marginalised as they are denied fair representation in key areas of public law such as family, housing, and immigration (Alston, 2019). The Special Rapporteur on extreme poverty and human rights further reported that:

> British compassion has been replaced by a punitive, mean-spirited and often callous approach apparently designed to impose a rigid order on the lives of those least capable of coping and elevate the goal of enforcing blind compliance over a genuine concern to improve the well-being of those at the lowest economic levels of British society. (Alston, 2019).

He also noted that whilst the message of the Government is that work is the solution to poverty, the reality was that there were record levels of employment at a time that a fifth of the population lived in poverty, and in-work poverty was rising faster than employment (Alston, 2019).

### 1.2.3 The introduction of Universal Credit

As part of austerity, a set of reforms were applied to the UK's benefit system. One significant reform was the introduction of Universal Credit in April 2013 by the Conservative and Liberal Democrat coalition government. Nationwide rollout of Universal Credit was originally set for October 2017; however, the programme was reset in February 2013 delaying the timeline to 2023, and it has been incrementally rolled out (Turn2us, 2019). Universal Credit combined six benefits from this legacy system (Income-based Jobseekers Allowance, Income-related Employment and Support Allowance, Income Support, Housing Benefit, Working Tax Credit and Child Tax Credit) into a single payment which is paid monthly in arrears. The arrears payment means that a claimant must wait a minimum of one calendar month from application submission to receiving the payment. In

2015, a further change was introduced to Universal Credit in the form of limiting the child element of tax credits and Universal Credit, to two children for new claims and births after April 2017 (Bate, Keen & Kennedy, 2017). This meant that parents of a third child (and any subsequent children) born after this date would not be eligible for the specific child payment for those on low incomes. The cited intentions behind Universal Credit were to encourage people on benefits to start work, or to work more (Department for Work and Pensions, 2015). They additionally included that they intended to simplify the system and reduce expenditure on it, along with reducing the number of people who are working but living in poverty. They suggested that they furthermore wanted to reduce fraud and error - which fits in with the afore mentioned rhetoric of individual blame for the financial crisis.

One of the strategies by which Universal Credit aimed to achieve this was Conditionality. The government described this as a group of conditions that applicants need to meet based on their capabilities and circumstances (Department for Work and Pensions, 2022a). If applicants fail to meet any of these responsibilities, they are faced with the possibility of sanctions. These sanctions affect the next Universal Credit payment or series of payments. Change introduced by the reform was additionally that it was assessed on a joint basis, where a partner may be penalised for the other's failure to abide by the terms of the claimant contract and meet this criterion of conditionality. A finance specific aspect of benefit reform is the tapering. This meant that the Universal Credit payment was gradually reduced as the applicant earned more. Those in low-paid and part-time work are required to seek an increase in hours or a higher paid job until a certain income threshold is reached. In addition to this, with regards to seeking work, claimants are also expected to search for work further away from home than with the previous system, with a 90-minute commute being considered reasonable (as opposed to the current 60-minute commute). On top of this, claimants must search for work once the youngest child in a family turns five as opposed to

the previous requirement of age of seven (Gillies et al., 2012). There are also a number of job search requirements expected for those on Universal Credit which are backed by 'a punitive system of sanctions and fines' (Dwyer & Wright, 2014). Furthermore, whilst claimants can offer 'good cause' as a defence, broader factors, such as the availability of appropriate jobs in local labour markets, are not considered. There is a reliance on automatically generated information to calculate allowances (Department for Work and Pensions, 2022b) which may raise concerns regarding the ability of processes to discriminate as to what 'good cause' is.

Despite the intent of encouraging recipients into work, an analysis by Institute for Fiscal Studies of the effects of Universal Credit concluded that although the impact varies according to household circumstances, overall, the changes mean a significant reduction in the generosity of Universal Credit. They concluded that for some groups they mean a reduced incentive to enter or progress in work (Johnson, Joyce, & Emmerson, 2016). Further to this The Social Mobility and Child Poverty Commission (2015) reported that they believe that it will be "very difficult" for many families to increase their hours and pay in order to avoid big cuts to their incomes when compared to the current system. Among working households, 2.1 million were projected to see a reduction in benefits as a result of Universal Credit's introduction (an average loss of £1,600 a year) and 1.8 million an increase (£1,500 average gain). Among the 4.1 million households of working age with no-one in paid work, 1 million were projected to experience a reduction (an average loss of £2,300 a year) and 0.5 million an increase (average gain of £1,000 a year). Working single parents and two-earner couples were reported as relatively likely to lose (an average of £1,000 a year), and one-earner couples with children likely to gain (an average of £500 a year) (The Social Mobility and Child Poverty Commission, 2015). Universal Credit involves a cap on benefits of a maximum allowance of between £1,284.17- £1,916.67 per month depending on geographical location, partnership status and children (Department for Work and Pensions, 2022c). The introduction

of this reform also included a benefit freeze of most elements of Universal Credit which lasted for four years, from 2015-2020 which meant that payments did not account for inflated costs of living (Department for Work and Pensions, 2022d).

There have been concerns raised that this may impact on the ability of a range of applicants to access the process. Another aspect of the reform which highlights systemic inequalities and the disproportionate impact on those accessing Universal Credit, was that to streamline the process, the system was made digital by default for applicants (Department for Work and Pensions, 2012). Widespread literacy difficulties, learning difficulties, learning disabilities, and language issues, combined with patchy online access, mean that some may find it particularly challenging (Wright & Haux, 2011). This is also impacted by hardware issues such as access to electronic devices upon which to access the digital system. These stipulations and processes involved in claiming and declaring seem to place more onus on the applicant. They may have a function of reducing costs for the state, but they do not appear to have a function in supporting the wellbeing of applicants.

### 1.2.4 Evaluation of Universal Credit

The Department for Work and Pensions outlined an evaluation framework for Universal Credit (DWP, 2012b). Identified themes for evaluation included delivery and implementation, attitudes and behaviours, impact measurement, testing/experimentation, and cost benefit analysis. This was widened out into broad evaluation aims which included changes in perceptions and beliefs towards work and welfare, customer experience, employment impacts, changing claimant behaviour, and the costs of delivery and overall discounted net benefit. The first evaluation document, which was published in 2012, for Universal Credit identified key outputs including that Universal Credit claimants spent 4 days more in work 4 months after their first claim (DWP, 2012a). Further to this, they identified that those on Universal Credit were 3% more likely to be working 6 months after their claim

than those on Job Seeker's Allowance (Cabinet Office, 2022). Subsequent publications emphasised this focus on the impact on the labour market, such as "Estimating the early labour market impacts of Universal Credit" (DWP, 2015a), "Universal Credit Employment Impact Analysis (DWP, 2017) and "Universal Credit: estimating the early labour market impacts: updated analysis" (DWP, 2015b). All these publications hyperfocus on employment and labour outcomes arguably emphasise the neoliberal values underpinning the welfare reform.

Rotik and Perry (2011) conducted research on perceptions of welfare reform and Universal Credit as part of an external agency on behalf of the Department for Work and Pensions. This research examined perceptions of Universal Credit prior to its implementation and identified potential risks for the implementation including the degree of financial incentive, and the single monthly payment. They shared that there was general suspicion with regards to the Government's motives for introducing Universal Credit and whether this would make people genuinely better off.

In a paper independent of the Department for Work and Pensions, Dwyer and Wright (2014) critiqued the enhanced conditionality aspect of Universal Credit. They noted the change in focus for those in low-paid and insecure work and suggested that the changes recategorised "the previously respectable 'deserving' status of low paid workers as 'undeserving'." They described "an extensive tiered system of very harsh benefit sanctions and a new range of civil penalty fines". This was seen when recipients could give a reason of 'good cause' as a defence, which may be for something like for having not been deemed as taking reasonable action to secure work. However, broader factors such as the availability of appropriate jobs locally would not be considered. Their paper further acknowledged that the change to digital by default had the potential to prevent individuals with literacy difficulties, learning difficulties and trouble with gaining access to electronic hardware and online

services from receiving their benefits. They also suggested that the redefinition of 'fit for work' additionally, added an area of concern for those with long term health conditions and disabilities. They ultimately concluded that "the new requirements and stringent sanctions of Universal Credit may not be experienced positively by recipients", although they did not go as far as to define the potential impact that this may have.

The Race Equality Foundation raised concerns that Universal Credit would disproportionately affect Black and Minority Ethnic (BME) families. They cited reasons for this including that BME families are disproportionately more likely to be living in poverty, have lower levels of resource to cope with delays in payment, have increased language barriers and so may face sanctions, are larger on average, and that the Work Programme has been found to be ineffective in BME people. They raised additional concerns regarding accessibility for those with complex mental health conditions and suggested that Black and Minority Ethnic children may be disproportionately impacted by Universal Credit (Sandhu, 2016).

Additionally, Webster (2014) suggested that the sanctions attached to conditionality would disproportionately affect other specific groups. These included young people aged 18-24, men, ethnic minorities, disabled job seekers, claimants with mental and behavioural conditions, and homeless applicants. Webster reported evidence which points to an increased likelihood in these groups being sanctioned. Further to this, Webster queried the "flawed ideology underpinning it" and suggested that the sanctions themselves were not evidence based.

### 1.2.5 Economic policy and psychological distress

Whilst there are aspects of the economic policy that may be protective and positive for psychological wellbeing (Gaffney, 2015) it was beyond the scope of this review to consider both positive and negative aspects. Therefore, the focus was on psychological

distress, as a negative aspect of wellbeing. Much of the research commonly conflates and links mental health and psychological wellbeing (e.g., see Manwell et al., 2015). The World Health Organisation (WHO) has defined mental health as achieving "a state of complete wellbeing" (WHO, 2015, 2022). The review consequently considered mental illness and (poor) mental health as aspects of the phenomena psychological distress.

Callaghan and colleagues' (Callaghan, Fellin, & Warner-Gale, 2017) critique of Child and Adolescent Mental Health Service (CAMHS) policies pre and post 2010 posited that there has been a repositioning of mental health services into health more broadly, particularly established in the policy document 'No Health Without Mental Health' (Department of Health, 2011). They argued that this is a biological framing of psychological distress as 'an illness like other illnesses.'. This consequently has resulted in a loss of focus on social context and concerns about inequalities in the production of psychological distress. This detracts focus away from the social conditions that are so strongly associated with mental health difficulty, such as poverty, poor housing, and social exclusion (Callaghan et al., 2017). Similarly, a discursive analysis examining the Government strategy for prioritising mental health, 'Closing the gap: priorities for essential change in mental health', concluded that the policy demonstrated a clear neoliberal agenda which prioritised functionality over wellbeing and worked to persuade the public to adopt this viewpoint. The analysis identified a reconceptualisation of mental health, locating it within the individual (Kennett, 2017).

This aspect of prioritising functionality over wellbeing but using a surface level discourse of care may be thought as exemplified by the primary care initiative "Improving Access to Psychological Therapies" (IAPT). The development of this programme had the explicit goal of increasing the numbers of individuals in the workforce and decreasing the proportion of time that individuals are off work with sickness (Department of Health, 2012).

This may be seen to imply a 'moral underclass' discourse, which literature suggests serves as a method of social exclusion within neoliberal governments in the UK. This attributes social exclusion to the moral or behavioural deficiencies of the excluded in a perspective which disregards structural factors so as to blame the excluded. Within this discourse, the existence of the welfare state indicates that benefits have caused a 'deviant' behavioural response of choosing a life of dependency instead of the independence that paid employment provides (Cook, 2009).

The relationship between lower socio-economic status and mental health has been identified by a growing body of evidence (e.g., Andrade et al., 2000; Gutman, Joshi, Parsonage & Schoon, 2015; Hudson, 2005; Jin, Zhu & He, 2020; Peterson, 2018; Reiss, 2013;Thomson, Snell & Bouzarovski, 2017; Wickham, Whitehead, Taylor-Robinson & Barr, 2017).

There is international evidence, for example longitudinal evidence conducted in China (Jin, Zhu & He, 2020) and cross-sectional data on working-age Americans (Peterson, 2018). Research in China which tracked participants over four years used structural equation models to examine pathways in two directions were used at two-year periods. They found significant total effects and indirect effects of poverty on depressive symptoms at baseline. They found that depressive symptoms directly led individuals to drift into poverty at baseline and follow-up (Jin, Zhu & He, 2020). In a US based study, individual level regressions were run examining mental health variables related to depression and anxiety and socio-economic status variables, poverty and low-income, and including some demographic variables. OLS estimation techniques were used, and poverty was shown to have a positive relationship with the outcomes of depression and anxiety, such that the incidence of poverty led to a 0.57 point increase in depression and a 0.50 point increase in anxiety scores on average. The impact was pronounced for females. Low–income produced a consistently larger effect than the instance

of poverty, resulting in a 0.65 point increase in depression scores as compared to those with higher incomes (Peterson, 2018). In addition to this, cross-sectional research analysing data from the European Quality of Life survey which examined data from 1,000-3,000 respondents across member states or candidates for the EU examined the link between energy poverty and wellbeing. Energy poverty was defined as an ability to keep the home adequately warm and might be considered an indicator of economic status. This research calculated prevalence rates for the incidence of poor emotional well-being (scored according to a WHO-5 index score of ≤ 50) in the non-energy poor and energy-poor populations across the EU. There was consistently a higher prevalence of poor wellbeing in the energy poor population than the non-energy poor population. The combined logistic regression results established that the risks of experiencing poor emotional wellbeing, as well as likely depression (established by a dichotomised WHO-5 score of ≤ 28), were greater among energy poor households than non-energy poor households in nearly all European countries. An odds ratio of 2.64 [95% CI 1.91-3.64]; $p<.05$) was reported for the UK for poor wellbeing and of 2.76 [95% CI 1.89-4.0]; $p<.05$) for likely depression which differed significantly from zero (Thomson et al., 2017). Further to this, Andrade, (2000) examined the association between socioeconomic variables and mental disorders based on the analysis of the WHO instrument, the Composite International Diagnostic Interview (CIDI), survey across several countries. Comorbidity of mental health disorders showed a significantly inverse relationship related to family income in the families with the lowest income 0-25%. The odds ratios according to country were Canada (1.6 [95% CI 1.1-2.2]; $p<.05$), Netherlands (1.9 [95% CI 1.3-2.8]; $p<.05$), the USA (2.4 [95% CI 1.8-3.0]; $p<.05$) and Mexico where there was an insignificant relationship (1.2 [95% CI 0.4-3.7].

Unmanageable debt has also been associated with increased risks of poor mental health in the UK (e.g.,Fitch, Hamilton, Bassett, & Davey, 2011; Meltzer, Bebbington,

Brugha, Farrell, & Jenkins, 2013). However, it has been suggested that the relationship between income inequality and mental health may have a further contextual layer. The Easterlin paradox refers to the contradiction that wealthier countries are happier on average, yet a country's happiness does not seem to increase as its wealth grows (Easterlin McVey, Switek, Sawangfa & Zweig, 2010). A systematic review investigating this concluded that area-level income inequality (higher levels of difference between incomes) was associated with poorer mental health outcomes. This was found across all mental health conditions, although it was more pronounced for psychosis and seemed to be more pronounced for low- and middle-income countries (Tibber, Walji, Kirkbride & Huddy, 2022). Additionally, research has revealed a strong inverse correlation between social expenditure and suicide mortality, which has a correlation with psychological distress and mental health conditions (e.g., Bell, Russ, Kivimäki, Stamatakis & Batty, 2015; Mérida-López, Extremera & Rey, 2018; Patalay & Fitzsimons, 2021; Royal College of Psychiatry, 2020) in the majority of 26 European countries (Yur'yev, Värnik, Värnik, Sisask & Leppik, 2012). Extra social spending may decrease the extent to which income inequality affects individuals, decreasing the likelihood of suicidality. It is therefore important to understand the extent to which individuals are disadvantaged relative to those around them, in addition to their absolute level of deprivation, when considering risk for psychological distress. This may be particularly important given the potential for Universal Credit to further disadvantage some financially (The Social Mobility and Child Poverty Commission, 2015).

The effect of poverty on mental health outcomes is not exclusive to adults. Socioeconomically disadvantaged children and adolescents were reported in a systematic review to be 2-3 times more likely than children that were not disadvantaged to develop mental health problems. In this review, of 55 studies which met the inclusion criteria, 52 indicated an inverse relationship between socio-economic status and mental health problems

in this population. The odds ratios (OR) ranged from 1.18 to 3.34. The prevalence rates for children from low SES groups and children from high SES groups ranged from 13.2% to 8.9%, respectively, to 33.4% and 15.9%, respectively (Reiss, 2013).

The impact of poverty has been found to extend to both mother and their children. Transition into poverty was found to increase the odds of socioemotional behavioural problems in children by longitudinal research. This research examined families that transitioned into poverty in the UK Millennium Cohort study, where there were no previous mental health problems or poverty when the children were aged 3 years. They found that of the 6063 families included in the analyses, 844 (14%) had a new transition into poverty. After adjustment for confounders, transition into poverty increased the odds of socioemotional behavioural problems in children (odds ratio 1·41 [95% CI 1·02–1·93]; $p$=0·04) and maternal psychological distress (1·44 [1·21–1·71]; $p$<0·0001). These effects were independent of changes in employment status. It was additionally reported that controlling for maternal psychological distress reduced the effect of transition into poverty on socioemotional behavioural problems in children, (1·30; 95% CI[0·94–1·79]; $p$=0·11) indicating the complexity of the effects of poverty on children's psychological outcomes (Wickham et al., 2017).

### 1.2.6 Universal Credit welfare reform and psychological distress

Although there is evidence to suggest that there is a relationship between poverty and psychological distress outcomes, there is less evidence to examine the impact of the welfare reform Universal Credit in this specific area. There is evidence to suggest that previous welfare reform may have had a serious impact on mental health outcomes. The introduction of the Work Capability Assessment (WCA) scheme meant that individuals who were claiming the Employment and Support Allowance (ESA) were subject to fitness to work assessments. It was calculated that the WCA process was linked to 590 suicides, 279,000

additional cases of self-reported mental health problems and 725,000 additional prescriptions for anti-depressants (Barr et al., 2016). Where there are changes in practice or policy, it is important that outcome research is conducted to identify whether there are any shortfalls in practice and to optimise the end results of healthcare. The current prevailing individualistic discourse may mean that consideration of mental health and psychological distress at a socio-political level has not been integrated into evaluative frameworks. This reflects a systematic reframing of psychological distress where social conditions are insufficiently considered (Callaghan et al., 2017) and points to how policies are mirrored by there being a significant gap in the literature.

There have been several changes involved in the reform Universal Credit, which although advertised as a positive, fairer, reform which radically simplifies an overly complicated system (Department for Work and Pensions, 2010) have the potential to contribute to psychological distress. An increased focus on work and the implementation of conditionality may create a sense of shaming of those who do not fit into the definition of neoliberal individual successful functioning. This may occur through othering or creating or solidifying feelings of being in an 'outgroup' relative to the rest of the population (Stephan, 2014).

The possible financial difficulties and changes in the delivery of payments for Universal Credit are an identified area concern, which may be associated with psychological distress. This may relate to the possibility of increasing financial inequality relative to the population (as discussed previously, e.g., Tibber et al., 2022), and in a society which has less opportunities to close that gap than jobseekers may account for (Mueller, Spinnewijn & Topa 2020). It may reflect worries about objective poverty and meeting needs, as we understand from Maslow (1943, 1970) that basic needs need to be met, and without that there is a risk of remaining in chronic stress (e.g., Williams, 2010). Another psychological explanation may

include a sense of insecurity in terms of an expectation of attachment needs being met by the state. It has been theorised that attachment can relate to broader social systems and organisations as well as individuals (e.g., Paetzold, 2015) There may also be a negative impact on control, which may function to affect actual control, perceived control (Whitehead et al., 2016) or to lower an individual's internal or external locus of control (Rotter, 1966). This may be exacerbated where there are specific vulnerabilities which could make adjusting to a new system harder. There has been some initial examination of this. The disastrous impact of austerity and welfare conditionality on people living with disabilities has been detailed by Ryan (2020). The mental health impact on this group has been specifically examined (Mehta, Taggart, Clifford & Speed, 2021). Mehta et al. (2021) explored disabled ESA claimant experiences of being placed in the WRAG (Work-Related Activity Group). This research examined the experiences of people receiving the legacy benefit (ESA) in the WRAG group, which was introduced in 2008, prior to the implementation of Universal Credit in 2013. Despite this, the study points to the conditionality and sanctioning that underlined this reform and is similarly entrenched in Universal Credit. This research suggested that such conditionality poses a real public health risk, particularly to the some of those most vulnerable in society.

Professor Philip Alston, the United Nations Special Rapporteur on extreme poverty and human rights visited the UK in 2018. This visit which included consultation with a range of stakeholders including "civil society, front line workers, work coaches, and officials from local, devolved, and UK governments; and visited community organizations, social housing, a Jobcentre, a food bank, an advice center, a library, and a primary school […] also met a range of Ministers in the central government and in Wales, as well as with the First Minister in Scotland […] with politicians from all of the major political parties." (Alston, 2018). As a result of his evaluation, Alston made strong recommendations regarding the reform of the

British welfare system and noted that policies of austerity have led to "tragic social consequences". He also reported a "severe toll on physical and mental health" and detailed that as part of the evaluation he had "heard story after story from people who considered, and even attempted, suicide, and met with multiple organizations that have for the first time instituted suicide prevention training for front-line staff.". Whilst important, this research did not report the details of its data collection, and it might be argued as lacking in strong methodological rigour. Whilst evaluations that are based on consultation are important, it is also important that the empirical research that does exist is examined to understand whether it confirms such findings.

Therefore, it seems important and urgent to develop the understanding of the impact of this specific welfare reform, Universal Credit, on psychological distress outcomes.

Consequently, the aim of this systematic review and the related second piece of research was to evaluate the impact of the introduction of the welfare reform Universal Credit on psychological distress. By providing robust and concrete evidence on how the change to Universal Credit has impacted on distress across different stages of life, it was hoped that this review could help inform policy and research recommendations in considering mental health and psychological wellbeing in the design of the UK welfare system in. This may enable a more holistic and person-centred understanding of this policy.

### 1.2.7 Reflexivity and researcher position

Social policy is not neutral and examination of the ideological positions that inform policy is required in order to understand the intended and unintended consequences for those affected. It has also been posited that all research is at its core political and that: "knowledge cannot be separated from the knower" (Steedman, 1991). Therefore, although consideration of positionality is typically associated with qualitative research (which is seen as contextual, as it occurs between two or more people within a specific space and time e.g., Dodgson,

2019) it would be erroneous of me to understand review research and quantitative research (in the later paper) as neutral and value free information about a phenomenon. To consider this approach, might indicate that I err towards constructivism rather than positivism. Indeed, I value a post-positivist approach. Those who subscribe to this approach have been described as "constructivists who believe that we each construct our view of the world based on our perceptions of it" (Trochim, 2008). It recognises the importance of triangulating across multiple fallible perspectives and acknowledging our biases. My choice to examine this question was driven by a political stance that is left leaning and a professional belief that we have a duty to critically examine the socio-political circumstances in which the people we work with exist in. My social and economic history includes growing up in a low-income family on benefits and so I have a close connection to the stories here. However, I have analysed this work from a position of relative privilege as somebody in secure work and it is important to note that I have not experienced claiming benefits, including Universal Credit, as an adult.

### 1.3 Systematic Review Method

A systematic review was conducted to identify, examine, and evaluate the research within the area. It has been recommended that a clearly defined research question is used to produce evidence to strengthen the rationale for further research (Robinson & Lowe, 2015). In order to examine the mental health outcomes associated with children and adolescents whose families have moved onto Universal Credit (UC) specifically, the mental health outcomes and psychological distress of the general population more broadly were first investigated through this review. This section provides a description of the systematic literature review undertaken on this topic specifically to consider the research questions:

"Is the implementation of Universal Credit associated with psychological distress and worsening mental health outcomes"

And "If it is, what aspects of Universal Credit are associated with these outcomes"

### 1.3.1 Search Strategy

The SPIDER format (Sample, Phenomenon of Interest, Design, Evaluation, and Research type) was used to inform the search because of its suitability for mixed-methods research (Cooke, Smith & Booth, 2012) (Table 1). The search utilised seven electronic databases, which were Web of Science Core Collections, CINAHL (EBSCO), Scopus, APA PsychInfo (EBSCO), Proquest Psychology, Proquest Public Health and Medline (EBSCO), with all available years of publication from 2013 to 2021. These years were chosen as Universal Credit was introduced in 2013.

Table 1

SPIDER Search Strategy

| SPIDER term | Associated Criterion |
|---|---|
| Sample | Anybody who had experiences relating to Universal Credit specifically |
| Phenomenon of Interest | Research relating to the phenomenon of receiving Universal Credit |
| Design | Case reports, cohort studies, cross-sectional, longitudinal, randomised control trials, quasi-experimental, phenomenological, ethnographic, grounded theory research design |
| Evaluation | Outcomes relating to worsening mental health, mental illness, and psychological distress. Both objective (e.g., formal diagnoses) and subjective wellbeing and mental health outcomes were included. Subjective measures included those that were measured by validated outcome measures or were self-reported (e.g., commentary relating to stress, mental health and impact on psychological wellbeing). |
| Research Type | Qualitative, quantitative and mixed methods will all be searched for |

Much of the research commonly conflates and links mental health and wellbeing (e.g., see Manwell et al., 2015 and the WHO organisation has defined mental health as achieving "a state of complete wellbeing" (WHO, 2015, 2022). The review intended to identify papers which referred to mental illness and mental health as well as general distress in order to gather perspectives on these phenomena. However, as Universal Credit is a relatively new reform, there was a paucity of literature regarding the specific reform, and an initial scoping search found that there were limited papers elicited when adding specific terms related to psychological distress. Therefore, the final search strategy for the review did not include term in the search relating to psychological distress to ensure that the full breadth of the phenomena of interest were captured by the research, even where it was less clearly defined by search terms. This meant that the search strategy did not include specific reference to the outcome of interest and was very short. Due to the variety in the included research types and wanting to achieve maximum output of papers for the search, the review did not include design or research type. The database search was conducted April 2021, using the following strategy of just including the term "universal credit"

The following inclusion and exclusion criteria were applied during the screening of articles.

Inclusion criteria:

- The phenomenon exposure of interest was receiving Universal Credit (this must be clearly stated and able to be differentiated from other benefits more generally)
- The sample was anybody who had experiences relating to Universal Credit
- The research included reference to sample's mental health or psychological distress or stress
- Both objective (e.g., formal diagnoses) and subjective wellbeing and mental health outcomes were included. Subjective measures included those that were measured by

validated outcome measures or were self-reported (e.g., commentary relating to stress, mental health and impact on psychological wellbeing).

- Full text was available
- Qualitative, quantitative and mixed-methods research which may be published and unpublished reports and theses
- Case reports, cohort studies, cross-sectional, longitudinal, randomised control trials, quasi-experimental, phenomenological, ethnographic, grounded theory research design

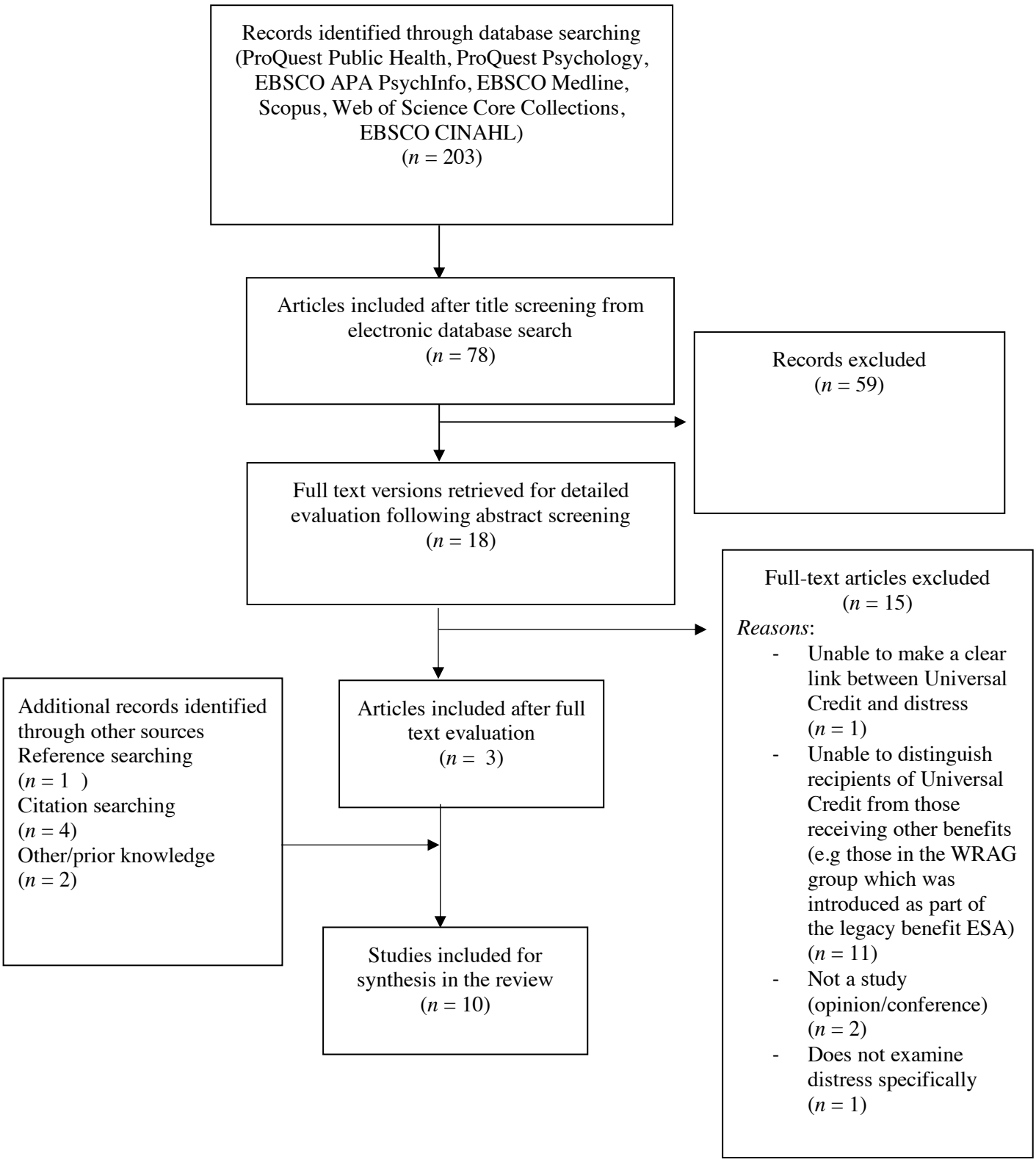
Exclusion criteria:

- Research which did not include reference to Universal Credit
- Outcomes that focused on general health but did not include a mental health/distress component were excluded
- Studies not written in the English language, due to time constraints regarding translation
- Reviews. As this was not an overview of reviews it did not feel appropriate to include reviews as this requires a different unit of analysis (e.g., see (Pollock, Fernandes, Becker, Pieper & Hartling, 2022). In addition to this, such sources of information are mixed & difficult to interpret. The research will discuss the extent to which the result of this review corresponds to existing reports in its exploration of social policy as part of the discussion
- Opinion articles
- Research conducted prior to 2013

Figure 1 describes the process of paper selection. The study identified 203 articles from databases, of which 125 were excluded on the basis of title screening, and a further 59 following abstract review, leaving 18 articles. After checking the full text of these 18 articles,

15 were excluded for not meeting the eligibility criteria, with three articles remaining for review. The database searches were supplemented by reference and citation searching of the included studies. Reference lists were reviewed using the same process, and one additional article was identified for inclusion. Google scholar was used for citation searching as it has been indicated as producing the highest yield of relevant studies (Wright, Golder & Rodriguez-Lopez, 2014). From citation searching, four articles were identified for inclusion. Following this, two further appropriate articles were included based on other/prior knowledge of the literature.

**1.3.2 Figure 1: Flow Diagram of Search Procedure and Outcomes**



### 1.3.3 Data Extraction and Synthesis

Individual study data was extracted into pre-defined tables. Study characteristics and variables of interest extracted included sample, design, methodology, analysis, and study quality as measured by the MMAT (Hong et al., 2018).

Table 2

Descriptive information for papers included in the review

| Reference | Sample | Design and Method | Analysis | Study aims | MMAT score |
|---|---|---|---|---|---|
| Andersen, (2020) | *N* = 10<br>Mothers in receipt of UC<br>Purposive sample | Qualitative, semi-structured interviews | Thematic analysis | To investigate the gendered implications of conditionality for responsible carers within Universal Credit | 7/7 |
| Cheetham, Moffatt, Addison & Wiseman, (2019) | *N* = 33<br>Universal Credit claimants, *N* = 37 staff (Total N = 68)<br>UC claimants and support staff in Northeast England, Purposive Sampling | Qualitative, semi-structured interviews, focus groups following a topic guide | Thematic analysis | To understand the impact of the roll-out of Universal Credit from the perspectives of claimants and staff supporting them in North East England | 7/7 |
| Dwyer, Scullion, Jones, McNeill & Stewart, (2020) | *N* = 207<br>Recipients of Universal Credit, ESA, JSA, Purposive Sampling | Longitudinal, qualitative research, interviews with question guides | Temporal analysis using a "top-down" coding schema and framework matrix approach along with bottom-up | To explore the impacts of the application of welfare conditionality on benefit claimants with mental health impairments. To also explore the effectiveness of welfare conditionality in supporting people with experience of mental ill health into paid work. | 7/7 |

| | | | | | |
|---|---|---|---|---|---|
| | | | thematic analysis | | |
| Griffiths, Wood, Bennett & Millar, (2020) | *N* = 90 Couples receiving UC, and individuals who had previous experience of claiming as a couple but were now claiming Universal Credit as lone parents or single claimants. Purposive sampling via a recruitment agency | Qualitative research, interviews with topic guides | Thematic analysis | To explore how couples claiming Universal Credit budget and manage their money. | 7/7 |
| Koch & Reeves, (2021) | *N* = 4 UC claimants, food bank manager. Purposive sampling | Mixed-methods - ethnographic and secondary data | Ethnographic and secondary data quantitative analysis | To investigate the system of Universal Credit in the United Kingdom as an example of conversion. | 8/17 |
| Pybus et al., 2021) | *N* = not reported Universal Credit low-income parents and carers during covid-19 pandemic. Purposive participatory sampling. Sampling from local authorities' data. | Mixed methods - participatory qualitative research and longitudinal secondary data analysis data, diary entries and online responses to a regular question series and Place Based Longitudinal Data Resource and Local Authority data and Ministry of Housing Communities and Local Government data | Mixed methods, possibly thematic as reference to "themes" and quantitative economic analysis | To explore links between Universal Credit and mental health | 16/17 |

| | | | | | |
|---|---|---|---|---|---|
| Veasey & Parker, (2021) | *N* = 8 Homeless-support workers. Purposive sampling. | Qualitative, Selective sampling, Participatory Research | Interpretative phenomenological analysis (IPA), thematic | To examine the experiences of homeless people, according to support workers, of the enhanced welfare conditionality and sanctions under Universal Credit? | 7/7 |
| Wickham et al., (2020) | *N* = 52187 Participants of working age, not out of work due to disability. Sample from secondary data set (Understanding Society data set) | Longitudinal, controlled, quantitative study, secondary data collection | Quantitative, regression and longitudinal difference-in-difference analysis | To determine the effects on mental health of the introduction of Universal Credit. | 7/7 |
| Woudhuysen, (2019) | Qualitative - 11 recipients of Universal Credit in Tower Hamlets, 20 key stakeholders, 20 foodbank client cases Purposive Sampling | Mixed methods – qualitative (included) and cross-sectional survey (excluded from review) | Thematic analysis and descriptive statistics | To gain an in-depth understanding of the experiences of families with children on Universal Credit in Tower Hamlets. To gain an understanding of the wider impact of Universal Credit on the principal interactors with claimants with children ('stakeholders') in the borough. | 7/7 |

The small number of quantitative studies and elements of studies, along with the lack of homogeneity within the studies (e.g., Lee, 2019) did not indicate that a meta-analysis would be possible or appropriate. Therefore, quantitative data was extracted and, where relevant to Universal Credit and mental health outcomes, was summarised. Although qualitative synthesis of is less formalised than quantitative, there have been major advances in methods over the past decade and there are a diverse range of approaches including meta-ethnography, critical interpretative synthesis, realist synthesis and narrative synthesis (e.g., (Dixon-Woods, Agarwal, Jones, Young & Sutton, 2005). For studies which consider people's views and experiences, Harden et al., (2004) suggested a thematic synthesis was appropriate. As the aim of this review is to develop an understanding of the impact of Universal Credit on people's experiences of psychological distress, a thematic synthesis was used as a frame to synthesise the qualitative data. The principles of inductive thematic analysis were used, where the author read the articles in full and allocated codes to salient features of the data.

### 1.3.4 Quality Assessment

All articles were read thoroughly, and information was extracted. The quality was assessed using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018), a critical appraisal tool designed for the appraisal stage of systematic mixed studies reviews. The review did not identify any studies as having significant ethical or methodological flaws. However, as no specific outcomes relating to psychological distress were reported for Woudhuysen (2019), the qualitative component only was included. One study (Koch & Reeves, 2021) scored lower proportionally on the MMAT (Hong et al., 2018), and reported that it used an ethnographic and secondary data analysis mixed-methods methodological approach. However, the quantitative element of the study seemed to reflect previously conducted research rather than research for that specific publication. The qualitative aspect scored low as it reflected the lack of research question for the study, which was more

indicative of the methodological approach than the quality of the research. This perhaps reflects limitations in the tool for ethnographic research.

Further examination of study quality showed that most studies provided descriptions of analytic methods. Although Wright et al., (2018) and Pybus et al. (2021) identified themes they did not explicitly identify the method of analysis as thematic. Koch & Reeves (2021) provided detailed information regarding the ethnographic aspect of their study; however, the quantitative secondary data analysis did not provide much information regarding the methods used or the sample in the quantitative aspect. Similarly, although conclusions drawn from Pybus et al., (2021) were robust, the method of quantitative analysis and the sample from which it was drawn from was not fully described by the text. With the exception of Wickham et al. (2020), which extracted secondary data from a longitudinal household panel survey, all studies collected purposive samples for recruitment, often through gatekeepers and snowballing to ensure that the target demographic was included.

Some studies (Andersen, 2020; Koch & Reeves, 2021, Veasey & Parker, 2021) had relatively small or limited samples. However as this was in line with their methodologies, this was not thought to impact on quality. Pybus et al., (2021) did not report the sample size used which may raise quality concerns, however this seems to be reflective of the dynamic nature of the participatory research design.

Omission of researcher position and reflexivity has an impact on the quality of research as it is integral to understanding how the processes of doing research shapes outcomes (Hardy, Phillips & Clegg, 2001). An omission of reflexivity risks research that does not explore the influence of researchers' experiences and values on the research process and the moral epistemological stance which researcher endorses (Subramani, 2019). Ethical considerations are also an important part of the research process (Guillemin & Gillam, 2004). Across most included studies there was a notable lack of reporting regarding this. Cheetham

et al., (2021) discussed involvement of local stakeholders but did not reflect on researcher reflexivity or ethical considerations. Veasey & Parker, (2021) mentioned consideration of a researcher's interpretation but did not specify the strategies used. Andersen (2020) gave detailed information regarding ethical consideration but did not note the researcher's position or reflexivity. Whilst Dwyer et al., (2020) and Griffiths et al., (2020) reported on procedures regarding informed consent and anonymity, this study also did not indicate reflexivity or researcher role. One ethnographic study provided information on the background of the research assistant but not that of the named authors (Koch & Reeves, 2021). Although Pybus et al., (2021) did not provide information regarding the researchers' positions on their report, they do provide this information, along with further information for participants such as consent and anonymity, on the wider covid realities website linked to it. Wright et al. (2018) similarly provide further details on researcher positions on their website along with information regarding user involvement. Woudhuysen (2019) reported that the lead author was the London Campaign Manager of Child Poverty Action Group which suggests an ethical position. The study reported providing a prize draw incentive but did not provide further detail on research ethics. Wickham et al., (2020) did not provide specific details on ethical considerations, although stated that the data was from a wider secondary data set. It is important that research ethics are included in research so that the reader is aware that the dignity, rights, and welfare of research participants was protected (World Health Organization, 2016).

There is little empirical evidence on which to base decision for excluding studies based on quality appraisals, and all studies were judged valuable from a policy, support, and professional perspective so following Noyes and Popay's (2007) recommendation, studies were not excluded based on quality.

### 1.3.5 Synthesis and overview of data

The findings have been organised around the type of data (quantitative and qualitative) along with the two key research questions for this review. The quantitative data primarily focused on whether there is distress in the population of interest, as does theme one of the qualitative data. The qualitative data then provides further examination as to the determinants of this distress. This is also briefly commented on in the quantitative findings.

Of the ten studies included, one study included only quantitative data (Wickham et al., 2020), and three studies reported that they used mixed methods including a quantitative component (Koch & Reeves, 2021; Pybus et al., 2021; Woudhuysen, 2019). One study reported collecting primary data (Woudhuysen, 2019), and two studies indicated that the quantitative data was secondary data (Wickham et al., 2020, Pybus et al., 2021). However, it was unclear whether one of the reported mixed methods analyses was primary analysis (Koch & Reeves, 2021). Woudhuysen (2019) included quantitative analysis but was excluded as it was survey data that did not include a psychological distress outcome.

Of the ten studies included, nine included qualitative findings (qualitative and mixed-methods studies). Seven of these included thematic analysis, one also used a framework matrix, one used an ethnographic approach, and one did not report their methodology although thematic analysis was surmised.

### 1.3.6 Synthesis of Quantitative Data

The quantitative data is summarised. Pybus et al., (2021) reported that their analysis demonstrated that between 2013 and 2020 there had been a rise in antidepressant prescribing linked with more people claiming Universal Credit. For every 1% increase in people claiming Universal Credit there was a 5.6% (95% CI 4.78, 6.52) increase in antidepressant prescriptions across Local Authorities in England, after accounting for each areas Index of Multiple Deprivation 2015 score. The study concluded that this indicated that antidepressant

use had gone up in places where more people have moved on to Universal Credit between 2013 and 2020, after accounting for other indicators of deprivation that are associated with poorer mental health. The study suggested that people in receipt of Universal Credit may be vulnerable to experiencing psychological distress, for which some people may be prescribed antidepressants. They also indicated that a link existed between deprivation in local authorities and the percentage of those on Universal Credit. They reported that in the last quarter of 2020 there was a mean average of 8% people on Universal Credit (ranging between 6.55 and 11.3%) in the least deprived local authorities, compared to a mean average of 18% in the most deprived (ranging between 12.64 and 25.66%). Pybus and colleagues (2021) concluded that mental health and support services in these areas may experience higher levels of need linked with Universal Credit.

Wickham et al. (2020) examined the impact of the introduction of Universal Credit reform on psychological distress as measured by the General Health Questionnaire-12 and the mental component summary of the 12-item Short Form Health Survey (SF-12). This was specifically looking at individuals who were unemployed and eligible for the benefit Universal Credit (intervention group), comparative to distress changes in a control group of employed individuals (comparison group). A difference-in-difference methodology was used to account for between-group differences and a regression analysis examined change before and following the introduction of the Universal Credit policy change. Reported results were that following the policy change and introduction of Universal Credit, psychological distress started to increase among those eligible for Universal Credit, an increase which was not mirrored in the comparison group. The prevalence of psychological distress in the intervention group relative to the comparison group increased by 6.57 percentage points (95% CI 1.69 to 11.42); the average score on the GHQ-12 scale increased by 1.28 points (0.61 to 1.95), and the average score on the SF-12 mental component summary decreased by

1.45 points (–2.58 to –0.32). In relative terms, the increase in psychological distress was equivalent to a 21% increase in psychological distress relative to the baseline prevalence in the intervention group of 32%. The study also examined whether there were differential changes according to age, sex, or education through logistic regression. No effect was found when considering age group, sex, or educational group.

Koch & Reeves (2021) reported that in quantitative cross-local authority analyses, Universal Credit sanction rates appeared to be higher in areas where there were more disabled and lone parent claimants, suggesting systematic disadvantage within the regime of conditionality. The figures of these analyses were not reported. The implications of this for distress outcomes are further elaborated on in the qualitative portion of the study.

### 1.3.7 Thematic Synthesis of Qualitative Data

The qualitative findings were synthesised utilizing thematic synthesis and followed the principles described by Thomas and Harden (2008). This process included systematically coding the results sections of included texts line by line, developing initial descriptive themes, and drawing upon an inductive approach to ensure proximity to original data. Nvivo software was used for this process. Codes across datasets were then grouped and analytical themes were developed from them, 'going beyond' the findings of the included literature (Popay et al., 2006; Thorne, Jensen, Kearney, Noblit & Sandelowski, 2004).

#### *Theme 1. Manifestation of Distress*

All included qualitative papers referred to participants on Universal Credit experiencing low mood, depression and/or anxiety. This was described as occurring alongside self-harming (Cheetham et al., 2019; Veasey & Parker 2021), suicidality (Cheetham et al., 2019; Dwyer et al., 2020; Veasey & Parker, 2021, Woudhuysen, 2019), and contributed to episodes of hospitalisation (Cheetham et al., 2019).

"*UC was reported to have caused such distress and loss of hope for the future among six of the research participants, that they had considered suicide.*"- Cheetham et al. (2019).

It was also described as 'chronic', and with recurrent panic attacks (Dwyer et al., 2020; Griffiths et al., 2020). A constant state of anxiety was also named by parents (Dwyer et al., 2020; Griffiths et al., 2020; Pybus et al., 2021). Distress was also described in terms of anger, towards the system, and anger that could manifest and impact interpersonal/relational dynamics (e.g., Woudhuysen, 2019), with participants describing that "it caused a lot of arguments" (Griffiths et al., 2020).

Feelings of shame and the impact on the recipient's self-esteem emerged from the review in seven papers (Cheetham et al., 2019; Griffith et al., 2020; Koch & Reeves, 2021; Pybus et al., 2021;Veasey & Parker, 2021; Wright, 2018; Woudhuysen, 2019). This was described as embarrassment, and in relation to financial struggles, as well as difficulties accessing the system, feeling like a 'failure' for needing assistance.

"*There was shame at requiring financial or food assistance from family and friends, many of whom were also surviving on low incomes. Some participants lacked resources for everyday activities that maintained contact with family*". - Cheetham et al. (2019)

"*Some were embarrassed and stressed about being unable to take their children out and noticed their children being aware of the experiences of their better-off friends.*" - Woudhuysen, 2019

This sense of failure described by three papers (Koch & Reeves, 2021; Cheetham et al., 2019; Woudhuysen, 2019) was exacerbated by social exclusion, isolation and an inability to participate in 'normal' family and social activities. Participants lacked the resources to participate in everyday activities and the settings in which they were able to meet those in similar situations such as the Job Centre, were described as highly stigmatising, and humiliating (Koch & Reeves, 2021). Physical health was another form of distress relating to

the benefit reform identified by four papers (Cheetham et al., 2019; Dwyer et al., 2020; Pybus et al., 2021; Veasey & Parker, 2021). This could be quite extreme, such as coronary concerns, as well as a worsening of long-term health concerns.

### *Theme 2. Context of a Rigid and Controlling System*

Participants (both recipients and staff supporting recipients) across all papers –- reported distress associated with a difficult, rigid, and hostile system of Universal Credit which seemed to dehumanise the recipients. These have been organised into two subthemes, 'administrative rigidity and conditionality', and 'threat and control'.

**Administrative Rigidity.** One paper described that rigidity was also applied as a "*unified rigid logic of social security*" (Koch & Reeves, 2021). Little consideration was given to individuals' circumstances, mental health difficulties, vulnerabilities or of the risks of homelessness. An outlined example of disregard for individual circumstances was in deductions for 'inherited' overpayments. This related to when a member of a couple had claimed benefits whilst within another couple - seen as penalisation as a result of a transgression by one of the partners (Griffiths et al., 2020). It was suggested that separate payments to couples might help address this perceived unfairness. Furthermore, for those in work and claiming Universal Credit, it was explained that the timing of the payment of wages could result in changes to Universal Credit which could have serious ramifications (Griffiths et al., 2020).

*"The mother, who was the Universal Credit payee and responsible for paying the childcare costs, worried that she and her partner would be unable to afford the nursery fees next time her wages were paid early"* - Griffiths, (2020).

This paper also noted that for working claimants, the need to attend the Job Centre in person during work hours was hard to fit around work, which felt contra to encouraging participation in work.

The digitalisation of claims was identified by five papers as contributing to difficulties (Cheetham et al., 2019; Griffiths et al., 2020; Pybus et al., 2019; Veasey & Parker, 2021; Woudhuysen, 2019). For some, digital literacy was an issue, and for others, access to the digital hardware, internet and/or digital devices were an issue. Further to this, administrative and system errors were reported which could result in delays, sanctions, and increased distress (Cheetham et al., 2019; Griffiths et al., 2020; Veasey & Parker, 2021). This might be seen as creating distance between applicants and the system through non-relational processes.

**Conditionality, Threat and Control.** References were made to the impact of conditionality through threats of sanctions, on claimant's physical and mental health (Andersen, 2020; Cheetham et al., 2019; Dwyer et al., 2020; Griffiths et al., 2020; Koch & Reeves, 2021; Pybus et al., 2019; Veasey & Parker, 2021). Some of those with health problems were reassessed as fit for work under Universal Credit, which was described as extremely distressing, and triggering suicidal thoughts. Staff working with claimants suggested that they "believe that people have taken their lives because of it" (Veasey & Parker, 2021).

The conditionality associated with the job search requirements were noted by all papers to involve significant workload and stress. This was concluded as contributing to a decline in wellbeing and a state of constant anxiety, with one paper indicating that this prompted some individuals to overdeliver on the requirements which might have contributed to distress (Andersen 2020).

Threat and control were described as exemplified by the staff involved in the process of delivering Universal Credit. In some cases, they were seen as contributing to the hostility of the process (Andersen, 2020; Dwyer et al., 2020; Koch & Reeves, 2021; Pybus et al., 2021; Woudyusen, 2019). This could be through subjectivity leading to inappropriate

requirement setting or disregarding of individuals circumstances. Participants reported staff could be "*very curt and very aggressive*" (Pybus, 2021) and that they had felt "*bullied*" (Dwyer, 2020).

"*Jobcentre Plus staff were said to have shown rudeness or apathy to claimants seeking support, leaving people with a lack of dignity, of not being treated with respect, not being listened to and being made to feel worthless*" - Woudyusen, 2019

Further to this, a sense of state control and surveillance from staff, which left participants relatively helpless to mobilise against hostile conditions was identified (Koch & Reeves, 2021). Ways in which this was achieved included the practical commitments and need to evidence these, the regular contact from staff, as well as the fluctuating financial precarity recipients were on which painfully highted a constant proximity to homelessness (fear or real). There was a sense of constantly being under threat and a lack of control over this.

"*persistent and anxiety-provoking threats to withdraw essential income without notice via sanctions for minor infringements (such as being late for a Jobcentre Plus appointment). Recipients felt at the mercy of unpredictable decisions beyond their influence*." – Wright et al., 2018.

***Theme 3. Financial Material Position***

An important aspect of a hostile system identified across all papers was the resulting worsened financial position as a result of Universal Credit. The financial implications, which impacted on recipients' distress, included income insecurity and income reduction, to the extent where they described their situations as unable to meet their own basic needs (Cheetham et al., 2019; Griffiths et al., 2020; Koch & Reeves, 2021; Pybus et al., 2019; Woudyusen, 2019) or their children's' basic needs (Andersen, 2020; Cheetham et al., 2019; Griffiths et al., 2020; Koch & Reeves, 2021; Pybus et al., 2019; Woudyusen, 2019). These

included housing needs, and the realities of eviction and rent arrears (Cheetham et al., 2019; Griffiths et al., 2020; Koch & Reeves, 2021; Woudyusen, 2019). Moreover, the loan, which was introduced to support the initial transition to Universal Credit, was indicated as contributing to future insecurity. It reduced future payments, meaning that claimants were unable to meet their material needs (Griffiths et al., 2020; Pybus et al., 2019). Financial insecurity also resulted from uncertainty over fluctuating monthly payments (Cheetham et al., 2019; Koch & Reeves, 2021; Pybus et al., 2019), a reliance on a single monthly payment, and 'inherited' debt from partners (Griffiths et al., 2020).

Another difficulty associated with the system was that it was assumed by some participants, or they had been wrongly advised, that legacy benefits would automatically run on during the move. This error had resulted in homelessness in one case, and in other cases claimants had to borrow from others. This initial assessment period was described as a "*continued source of fear and anxiety for Universal Credit claimants, driven predominantly by financial insecurity*" (Pybus et al. (2021) and associated with distress (Cheetham et al., 2019; Griffiths et al., 2020).

***Theme 4. Pre-existing intersecting vulnerabilities and supporting services***

A contributing determinant identified across papers was belonging to different vulnerable groups prior to claiming Universal Credit. These groups included those with disabilities – physical and intellectual, long-term health conditions, mental health conditions, rough sleepers, women, parent/carers, and survivors of abuse (Cheetham et al., 2019, Dwyer et al., 2020, Griffiths et al., 2020, Veasey & Parker, 2021; Woudyusen, 2019). It was reported that the impact from the system of Universal Credit extended beyond the individual system and placed pressure on supportive services. This included the National Health Service, housing associations, advice services, voluntary and community organisations, and local councils/governments as there was a need to mitigate for a system which was described as

unable to support complexities and vulnerabilities (Cheetham et al., 2019; Dwyer et al., 2020; Woudyusen, 2019). The ability to alleviate the distress was also compromised.

"*National Health Service staff … spoke of their ability to deliver effective treatment for people with pressing mental health needs being undermined due to the time they have to dedicate to supporting patients dealing with, and appealing against, flawed WCAs and/or benefit sanctions.*" - Dwyer, (2020).

***Theme 5. Impact on Families***

Universal Credit created specific concerns for parents and families (Andersen, 2020; Cheetham et al., 2019, Griffths et al., 2020, Koch & Reeves, 2021; Pybus et al., 2021; Woudyusen, 2019). Conditionality meant that there were struggles in meeting the responsibilities of childcare along with the need to meet the job search requirements, which led to uncertainty and parental distress (Andersen, 2020; Griffiths et al., 2020).

*"for those parents and carers subject to work search requirements, the presence of conditionality led to added precarity. When coupled with the need to home-school and care for children, single parents with young children were particularly affected"* - Pybus et al., (2021).

Parents across studies reported they felt that the realities of childcare were disregarded by the system. They also noted that along with struggling to meet their children's basic needs (Andersen, 2020; Cheetham et al., 2019; Griffiths et al., 2020; Koch & Reeves, 2021; Pybus et al., 2019; Woudyusen, 2019)., there was also difficulty engaging in 'normal' family activities, and concerns over the impact these could have on their children, which contributed to distress for the parents (Cheetham et al., 2019; Pybus et al., 2019; Woudyusen, 2019). These findings suggest a system which is invalidating or ignoring of parental responsibilities and the material reality of raising a child, which was subsequently seen to affect the mental wellbeing of parents. Further to this, relational difficulties and stressors

were described by couples, both with and without children. In one study, some shared that they had ended their relationships because of the strain placed on it by Universal Credit. Strain included where their finances were reduced due to claiming as a couple and where the division of labour was not always seen as equally distributed - stress and time invested in resolving problems or errors in claims was in some cases loaded more heavily onto one partner (Griffiths et al., 2020). Additionally, where the money went into a single bank account, there was an experience of inequity of access to finances (Griffiths et al., 2020). The level of power and threat that the system holds over families was exemplified by concerns that it would impact their family to the extent that their children could be taken from them which served as a stressor for parents, who hold an additional role as containing and providing safety for their children (Griffiths et al., 2020; Koch & Reeves et al., 2021).

"*Unable to make ends meet, and with mounting borrowings and debts, she worried that the family's difficult financial circumstances would come to the attention of social services, raising the spectre of her children being removed and taken into care.*" (Griffiths et al., 2020).

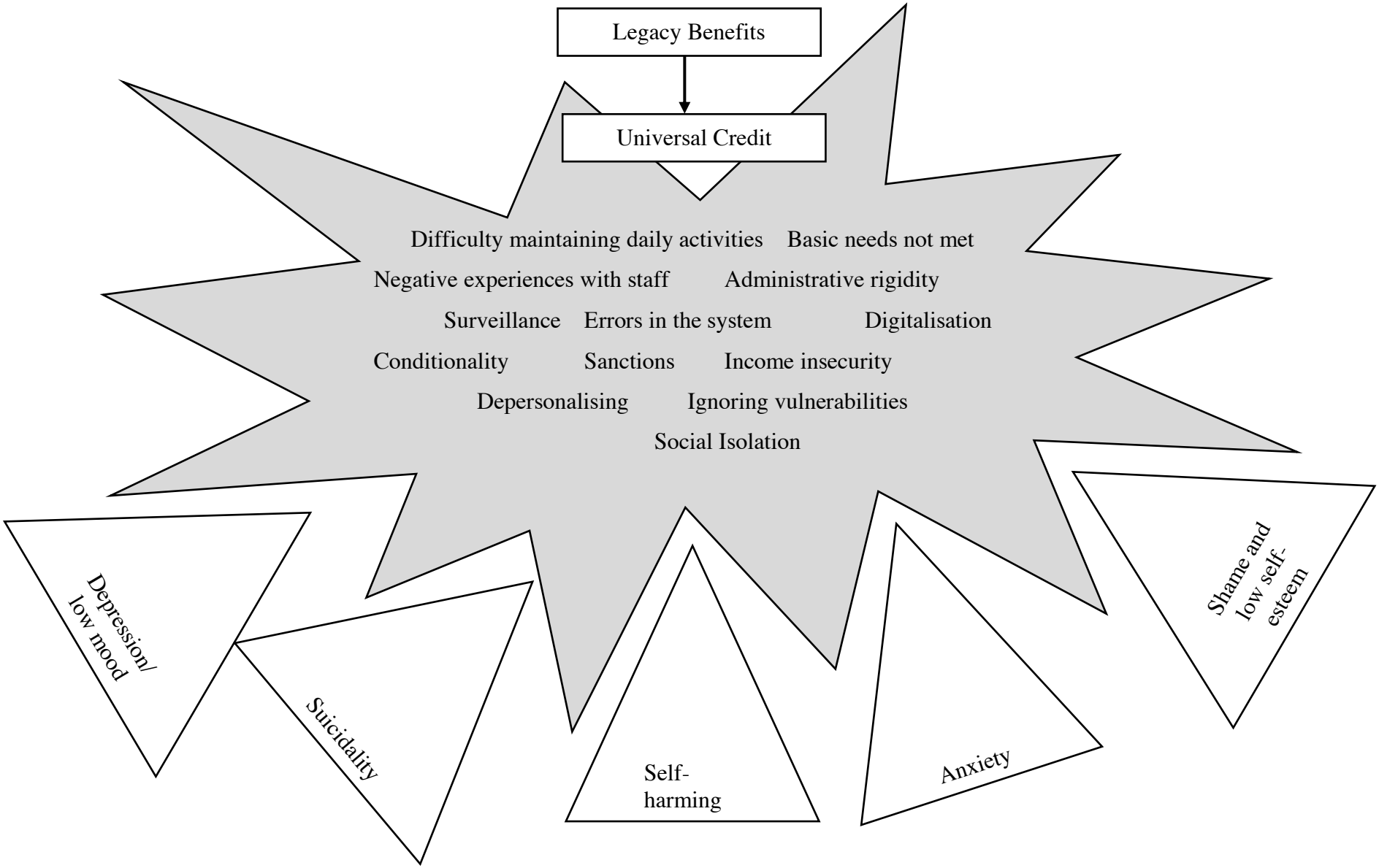
### 1.3.8 Model of Impact of Welfare Reform

Results from the synthesis of quantitative and qualitative data were drawn together into a model which gives an overview of some of the manifestations of the distress associated with the reform as well as the aspects of this reform which are suggested to contribute to the presentations of distress (Figure 2). As illustrated in the model, the cumulative effect of many changes to the welfare system contribute to distress, and the resulting distress cannot be quantified as directly extending from one or more aspect of the reform, but a broader response to many different aspects. It is also possible that different aspects have exponentially different impacts on individuals depending on their prior levels of support or pre-existing vulnerabilities. The review sought to uncover a range of subjective truths and

experiences of this reform, but it is worth noting that there are likely identified aspects of Universal Credit within this simplified structure that were experienced as a difficulty of legacy benefits, and that may reflect aspects of the welfare process more broadly. It is within the above expanded upon themes that aspects more specific to Universal Credit were explored.

**Figure 2.**

*A Model Exploring the Impact of the Welfare Reform Universal Credit*



## 1.4 Discussion

### 1.4.1 Overview of main findings

The systematic review identified ten papers which explored the negative psychological wellbeing, distress and mental health impact of the welfare reform Universal Credit. The majority of these papers were qualitative, one paper was quantitative, and three were mixed methods, pointing to a scarcity of research examining this, particularly of quantitative data. This was the first systematic review to explore this topic. It confirmed that there was a wide-ranging negative impact upon individuals' wellbeing and identified specific aspects of the system which contributed to this. The findings identify a number of potential contributing factors to the relationship between welfare reform and distress, however the direct relationship between these is not known. The discussion tentatively considered ways in which the relationship may function. A brief overview of the findings indicated that:

- Manifestations of distress varied in presentation and severity and include depression, anxiety, self-harming, suicidality, and shame.
- Some recipients had support from family and friends, however, this served to exacerbate feelings of shame.
- Some recipients were socially isolated from others and reported difficulty maintaining daily activities.
- The experience of the job centre was described as humiliating and served to isolate recipients from each other.
- Administrative rigidity was one aspect of the system that was described as contributing to distress.

- The system was seen as dehumanising - lacking consideration for individuals' circumstances, mental health difficulties and vulnerabilities, or of the risks (feared or real) of homelessness.
- Conditionality was a key difficulty which was identified as contributing to both mental and physical distress. This was combined with a sense of feeling surveilled by DWP staff and feeling that there was subjectivity in the requirements.
- There were errors in the system which could also result in delays, sanctions, and increased distress.
- Digitalisation was experienced as difficult by some, in that some found the digitalisation difficult to navigate, access to the internet was a problem for others, and access to devices to access the internet.
- The worsened financial position that many faced as a result of Universal Credit was also identified as associated with a decline in wellbeing. The income insecurity was often to the extent that recipients were unable to meet their own, or their families' basic needs, and feared, were threatened with, or experienced homelessness.
- The review identified specific groups that were described in the literature as particularly vulnerable to distress associated with the change to Universal Credit. These groups included those with disabilities – physical and intellectual, long-term health conditions, mental health conditions, rough sleepers, women, parent/carers, and survivors of abuse. This placed extra pressure on voluntary and statutory services to mitigate for this.
- There were particular pressures on parents and families where conditionality was found to impact on ability to meet childcare responsibilities and to engage in family activities. There were concerns from families that they might lose their children because of pressures.

Although not a primary aim of the review, the review also highlighted that despite these challenges, there have been a range of informal and formal avenues of support that individuals have sought. These include homelessness services, local councils, citizens advice workers, NHS staff and families and friends. This speaks to the public's willingness and ability to adapt to these hardships, although the services themselves were reported to have experienced the strain as a result.

### 1.4.2 Theoretical implications

This review confirmed that for many, the welfare reform Universal Credit was experienced as a stressor. The process was described as depersonalising, where individuals' vulnerabilities were ignored, in favour of adherence to rigidity. Gerson, (2005) noted that Winnicott suggested that "by providing services and benefits, government replicates the family's role. It holds the family in the same way that the family holds the child, generating autonomy though dependence" as exemplified by the statement "Social provision is very much an extension of the family" (Winnicott, 1965). If we consider the role of the government as a holding environment, we might reflect on the implications of aspects of the reform such as changes in income security, humiliation, rigidity, distancing (through non-relational processes of digitalisation), and in particular conditionality as the 'not good enough mother'. Although the reform had the intention of providing autonomy rather than dependence, it seems that in not providing an adequate holding environment, the outcome might be of a 'false self', where individuals are forced to adapt to the situations they are in, which may explain the emergence of psychological distress.

The impact of the neoliberal positioning of the recipients of welfare, and in this case Universal Credit as a 'moral underclass'(Cook, 2009) may be worth considering. This was highlighted by a report by Webster (2014) who described a change in the language used in reference to sanctions in the Police Exchange report, suggesting that sanctioned claimants are

likened to criminals. Language such as of ‘offences’, ‘failures’, transgressions’, ‘serial and deliberate breach’ was pointed to by Webster (2014) who argued that “very often they have simply taken a different view from the state about the most constructive way forward. Or they are exercising a fundamental right, such as the right to give up a job at any time on whatever grounds they see fit”. Experiences related to the rigidity of positions taken, humiliating experiences at the job centre, isolation, an inability to maintain daily activities and meet basic needs, along with conditionality, may serve to exacerbate this positioning. Conditionality in itself provides context for success and failing and indicates a duty for the individual to prove they are worthy of state support. Further to this, isolation and an inability to meet basic activities and needs may serve to ‘other’ recipients of Universal Credit from the rest of society, furthering this sense of failure/failing. This might explain the descriptions of shame experienced by some recipients. Shame has been identified as a social emotion(Izard, 1977) and to be ‘othered’ or further socially marginalised by what may have previously been experienced as a source of support, might locate the distress as partially social (e.g., Lister, 2015). These experiences of constant surveillance, scrutiny, and conditionality are to a degree that most of society does not have to endure. This may contribute to psychological distress through different possible pathways.

It may serve to further ‘other’ the individuals as they are less able to assimilate into normative ways of living in society, pushing them into an ‘outgroup’ position. This process of othering or out-grouping has been argued as fuelling dehumanisation (e.g., Loon, Goldberg & Srivastava, 2020) and has been associated with ‘contemptuous emotional responses’ (Fell & Hewstone, 2015) which may reflect the reports of ‘rudeness’ from staff involved in Universal Credit towards recipients. The othering may also come from broader society. Social isolation and needing to rely on friends or family members for basic survival were aspects of Universal Credit that were identified by the review as contributing to distress.

These might be considered as highlighting a sense of difference between claimants and non-claimants. This may be in part due to the reciprocal nature of support and that those in need can be reluctant to seek help where reciprocity is difficult, further isolating them, or that social isolation intensifies a sense of poverty as there a lower sense of security, increasing the possibility of a financial emergency (Lister, 2015). This social element may relate to previous findings that increasing financial inequality relative to the wider population contributes to mental health difficulties (e.g., Tibber et al., 2022).

Lister (2015) suggested poverty is experienced as "a shameful and corrosive social relation as well as a disadvantaged and insecure economic condition". The insecure economic aspect of poverty should not be ignored. Whilst the aforementioned aspects of Universal Credit constant surveillance, scrutiny, and conditionality may contribute to chronic stress through social relationship pathways, there was also stress associated with financial insecurity that was identified by the review. The impact of aspects such as inability to meet their basic needs, also may indicate that Maslow's hierarchy of needs may play a role (1943; 1970).

Additionally, there is an aspect of conditionality and surveillance which may point to a paternalistic sense of needing to direct or control claimants into "socially acceptable" ways of managing their lives. The review highlighted a need to overperform at times to demonstrate meeting targets of conditionality, possibly indicating the demonstrative aspect of the programme. This may be considered exemplified by the presence of a behavioural insights team. As part of the push into work as a solution to poverty, there has been investment in psychology in the form of instrumental behaviourism. This was initiated with New Labour and then further developed under the Coalition Government when they introduced a Behavioural Insights Team to examine ways in which 'nudge theory' could be applied to government policy, essentially using government apparatus to condition desirable

behaviours into the public (Rodger, 2008). This team is now privately owned but continues to work in partnership with the government (The Behavioural Insights Team, 2020). However, as Wright et al., (2018) pointed out, claimants may have their own perceptions on how to manage, but the findings of the review suggested that the presence of conditionality ensured that even applicants who hold jobs – albeit lower paying, insecure or minimal hour jobs, are pushed into experiencing extreme levels of distress, because of the mandates placed on them, for not having met a government approved criteria. This sense of their own control, and ability to direct their lives, being undermined may contribute to experiences of distress. Research has hypothesised that there may be two pathways for control and lower socio-economic status (Whitehead et al., 2016). They suggested that both 'actual' and 'perceived control' can impact on distress, health, and chronic stress. The low 'actual control pathway' described that a decline in power over the influence in individuals' lives can have a direct and indirect effect on health through exposure to health damaging living environments, demand overload, powerlessness, and insecurity. Low 'perceived control' was described as contributing to a low future orientation, an aggressive response involving anger, anxiety, and hostility, which may induce a chronic stress response or a passive response such as low self-esteem or self-efficacy which may induce depression.

A framework which considers aspects related to external control more closely through which these results could be interpreted is the power threat meaning (PTM) framework (Johnstone & Boyle, 2018). This framework "highlights and clarifies the links between wider social factors such as poverty, discrimination, and inequality, along with traumas such as abuse and violence, and the resulting emotional distress or troubled behaviour". The reconceptualisation of symptoms as distress may be considered as aligning with a PTM approach, whilst the aim of the review was to clarify the link between experiences of welfare reform and resulting emotional distress. The PTM poses a series of questions to support

meaning making. These include what has happened to you? (How is power operating in your life?), how did it affect you? (What kind of threats does this pose?), what sense did you make of it? (What is the meaning of these situations and experiences to you?), what did you have to do to survive? (What kinds of threat response are you using?). In considering the impact of welfare reform, the review considered the role of economic and socio-political power, however what also emerged was a sense of coercive power, and ideological power where recipients' thoughts, experiences and beliefs were devalued, in favour of the neo-liberal dominating discourses of Universal Credit. The threats that these posed included unpredictability and a lack of control, relational conflict, and social isolation. Additionally, exposure to negative views about the group and humiliating experiences as well as bodily threats to health both physical and mental. It is also important to acknowledge the economic threat to financial security, housing and being able to meet basic needs. Meaning making was also threatened, as recipients' ability to create valued meanings about important aspects of their lives was affected. The meanings made from this should not be separated from the cultural discourses as our personal meanings are shaped by the social discourses we exist in, such as what it means to be on Universal Credit, or to be a benefit claimant, along with ideological meanings and assumptions about the world. The neoliberal ideology which prioritises individual responsibilities over collective welfare and sees difficulties as a reflection of personal failings rather than structural inequalities (Harvey, 2007) can be considered a meaning which is intrinsic in the afore mentioned threats. These meanings would shape the personal meaning making of the experiences and situations that the recipients find themselves in. The threat responses of depression, anxiety, self-harming, suicidality, and shame can be understood within this framework as ways in which the recipients were able to survive this.

A closely related approach which can also be used to understand these results is liberation psychology which includes the specific analysis of oppression, which includes poverty, discrimination, marginalisation, and social exclusion. Moane, (2017) described three principles of liberation psychology. The first was that understanding, and intervention require an analysis of social conditions at a systemic level, that is a macro level, structural or socio-political. The second was that it is necessary to understand psychological patterns related to oppressive social conditions, often referred to as internalised oppression, and the third was supporting processes of change that include transforming internalised oppression and developing the capacity of those who are oppressed to take action. Liberation psychology highlights the relational and ethical nature of the work and understands the part of the psychologist as facilitator rather than the expert. The psychologist should be working with the people (Afuape, 2015). When considering a liberation psychology understanding of the review, the results may be interpreted as highlighting socio-political conditions that Universal Credit recipients are experiencing. These may include identification of features associated with distress, including conditionality, sanctions, administrative rigidity, surveillance, and depersonalisation and more broadly the neo-liberal political landscape of austerity. The results might be further interpreted as reflecting the psychological patterns, in the identified distress, relating to oppressive social conditions. The internalised oppression may be experiences as depression, anxiety, self-harming, suicidality, and shame – distressing responses to socio-political changes that are internally held by the recipients. Finally, one of the hopes of the research is that it can be used to support processes of change, by highlighting the nature of the relationship, and through recommendations to policy makers and clinicians.

### 1.4.3 Impact on specific groups/families

The vulnerability of specific groups was a notable finding from the review. Those with physical and/or intellectual disabilities, with long-term health conditions, mental health

conditions, rough sleepers, survivors of abuse, women, and parent/carers were identified as at particular risk of experiencing distress because of the welfare reform Universal Credit. This might similarly be understood through a Power Threat Meaning framework (Johnstone & Boyle, 2018) which considers the cumulative and intersectional impact of increasing forms of power and threat.

Pressures on parents and families were noted to impact on children in terms of activities and meeting their basic needs. However as there were no papers which specifically explored the impact on the psychological distress or wellbeing of the children themselves, it was therefore difficult to conclude whether they are also a vulnerable group.

### 1.4.4 Implications for clinical practise

Clinicians and individuals working with recipients should consider the impact of welfare reform when they receive referrals and explore the recipients' experiences of receiving Universal Credit to caution against pathologising a reasonable response to difficult circumstances. They might deliberate aspects of Universal Credit that have been identified as particularly associated with distress and explore whether these are experienced by those they are working with. They may also explore the advocate role of a clinician and whether there is anything they can do to mitigate the impact. The review noted the potential role of power in this experience, and it is important to also reflect on the power that clinicians hold in the roles of those we work with. This power may be used to support these individuals, or we may inadvertently perpetuate structural power and experiences of powerlessness.

Further to this, clinicians might be particularly mindful of the groups identified as especially vulnerable to distress associated with the reform. Clinicians could consider the way in which recipients are isolated in their distress and whether they have a role in supporting the development of community, peer support and empowering each other. Clinicians might be mindful of the developments in the local area and whether the roll out of

Universal Credit in their area might contribute to added strain for statutory and voluntary services.

Psychologically trained staff might consider drawing on the findings of this research to provide clinical consultation to staff working directly with those on Universal Credit such as job coaches and administrators. There is previous precedent for psychologists supporting in these areas and providing psychoeducation to similar services (e.g., Psychologists for Social Change, 2020). Moreover, psychologists have experience developing "psychologically informed environments" as an intervention, in which psychologists support the development of psychological safety and rebuilding of damaged attachment relationships. These can be implemented in any setting and should aim to support the development of social environments that make people feel emotionally safe (Phipps, Seager, Murphy & Barker, 2017) but have traditionally been implemented in settings such as shelters, support centres, hostels, day centres and assessment centres or hubs (Breedvelt, 2016). The use of psychologically informed environments seems to be rare outside of these sectors, and it may be for clinicians to also consider implementing such an approach within mental health and social care services.

### 1.4.5 Recommendations for policy

The Department for Work and Pensions (DWP) has stated that their aims include to support the most vulnerable in society, and children (Department for Work and Pensions, 2021a; Work and Pensions Committee, 2019). They have indicated that they would like to be a compassionate service (e.g., Asthana, 2022; Department for Work and Pensions, 2020). However, the results of this review, support evidence such as that by the United Nations Special Rapporteur on extreme poverty and human rights (Alston, 2019) that indicates that the implementation of the welfare reform Universal Credit as part of the austerity agenda has been experienced by recipients as harmful. Professor Alston published a report with his

evaluation of austerity and a series of recommendations, much of which concerned Universal Credit (Alston, 2019). In this report he recommended amongst other points that the United Kingdom should:

- Reverse particularly regressive measures such as the benefit freeze, the two-child limit, the benefit cap and the reduction of the Housing Benefit
- Restore local government funding needed to provide critical social protection and tackle poverty at the community level, and take varying needs of communities and differing tax bases into account in the ongoing Fair Funding Review
- Initiate an independent review of the efficacy of changes to welfare conditionality and sanctions introduced since 2012 by the Department of Work and Pensions
- Train Department staff to use more constructive and less punitive approaches to encouraging compliance
- Eliminate the five-week delay in receiving initial UC benefits
- Ensure that the benefit truly works for individuals, including by facilitating alternative payment arrangements and reviewing the monthly assessment practices
- Review and remedy the systematic disadvantage inflicted by current policies on women, as well as on children, persons with disabilities, older persons and ethnic minorities

The results of this review, which contrary to Alston's (2019) evaluation was based on examination of empirical data, support these recommendations, which have been echoed by politicians and other organisations. Both the opposition to the Government (The Labour Party) and the Green Party have discussed scrapping Universal Credit as policy measures (GreenParty.Org, 2019; Jayanetti, 2022; Labour.org.uk, 2019) suggesting that there is existing political support for a need for system change. The Trade Union Congress (TUC) has

similarly recently called for replacing Universal Credit (Klair, 2022). They have suggested that that it should be replaced by a system that helps to prevent poverty and works together with efforts to create decent work for all. They have indicated that this system should help with additional costs, including childcare, housing, and the added living costs linked to disability. It should help people work the number of hours that fits their family circumstances. Additionally, it should be simple to understand and deliver and in which claimants and staff are treated with dignity. Finally, the system should enable financial independence within families and promote equality for everyone in society (Klair, 2022).

The Commission on Social Security, which is led by experts by experience, has additionally called for Universal Credit to be replaced. Again, the themes of a need for a system which prioritises "dignity respect and trust" emerged from their proposal. They proposed a "Guaranteed Decent Income (GDI) of living off at least half of minimum wage. They also proposed the removal of conditionality, in that there would be no job-search or work-related conditions for those on GDI and all benefit sanctions would be scrapped. They additionally suggested scrapping the DWP but did not elaborate on a replacement (The Commission on Social Security, 2022).

The results of the review would support the replacement of Universal Credit with a more compassionate system such as that outlined by the TUC. It would support an increase in payments as the struggle to meet basic needs was associated with increasing psychological distress. Arguably, the system of welfare should ensure at the very least that basic needs including housing are covered. However, it was also highlighted that an inability to do more than some of the basic activities such as afford Christmas presents for children, and to socialise also impacted on wellbeing. These results may be taken as indicating that the system of welfare should go beyond meeting basic needs to ensure that those existing on it can live a comfortable and full life. A person-centred approach to support should be considered that

contemplates intersecting vulnerabilities and individual circumstances. Within the system of welfare, there should be a consideration of providing training to all DWP staff (or those that work in any replacement systems of welfare) regardless of the position or proximity to service users, that is psychologically informed, and compassion focused. To create a more psychologically minded culture, it is important that those at all levels of the organisational hierarchy are supported to take a compassion focused approach. This should include active evaluation of the language used. The DWP should scrutinise the language and discourses used to approach recipients. The evidence from the current review supports and strengthens the view that conditionality should be re-examined and removal should be considered. The ideology from which conditionality comes from, which extends to the language choices, and underpins the welfare system should be replaced with an ideology that frames those that require support from the State as deserving. The results of this review also highlight, similarly to Alston (2019) and TUC (Klair, 2022) that systemic disadvantage faced by women, as well as on children, persons with disabilities, older persons and ethnic minorities needs to be addressed as a matter of urgency. Based on the review, recommendations could go further to specify that a reformed system should account for the unpaid labour practices of childcare and other caring responsibilities. Furthermore, in terms of paid employment, the views of recipients who are seeking jobs, on the work that they would value, should be reviewed and incorporated into plans with respect.

Finally, Alston (2019) suggested restoration of local government funding needed to provide critical social protection and tackle poverty at the community level may provide a broader welfare support than is currently offered by Universal Credit. The results of this review might indicate that development into community services that can support the development of supportive networks would also be recommended as an alternative to a system which was reported to have a consequence of social isolation for recipients.

Ultimately, there is a risk that if the Government does not urgently re-examine the current failings of the welfare system, that it will continue to contribute towards increasing psychological distress for claimants.

### 1.4.6 Strengths and limitations

A clear strength of this research was that it was the first review to systematically examine the impact of the introduction of this specific welfare reform Universal Credit on the psychological wellbeing of the public. Although there are many areas of evaluation identified by the Department for Work and Pensions (e.g., DWP, 2012a, 2012b, 2015a, 2015b, 2017), there did not appear to be strong consideration for, or published evaluation of, the impact on psychological wellbeing and distress.

The review focused on both qualitative and quantitative evidence, privileging both the perspectives of those who have experienced an impact on their wellbeing from welfare reform, and the quantitative data which allowed the review to also consider a broader population-based perspective on the outcomes. This allowed for a holistic understanding of the evidence out there, along with identification of gaps in the literature, and therefore of potential areas for future research. Furthermore, the review excluded other reviews, there may be scope for future research to conduct an overview of reviews in the area (Pollock et al., 2022). However, as Universal Credit was still in its pilot stage during the review period that this was undertaken in, there were limited reviews which examined this area.

The study excluded research which was not deemed to include a mental health or psychological wellbeing outcome. Whilst acknowledging that the research was examining a UK phenomenon, it is also important to acknowledge that what the study identified as "mental wellbeing" and "psychological wellbeing or distress" is also open to personal bias and a Eurocentric lens. Further to this, there was a specific focus on the negative psychological outcomes 'distress' associated with this welfare reform, at the cost of

considering the positive outcomes and benefits, which although they were not ubiquitous across papers, were also identified in some of the papers. For instance, Woudhuysen (2019) identified that some individuals reported an improvement in their confidence following the move to Universal Credit, although this was not elaborated on. However, it was not considered feasible to look at this within the time, and practicality constraints of the research, and there was a concern that it would lead to too broad a range of papers, and search terms. It was likely though that this also reflected bias on the part of the researcher. Although the researcher's social position is acknowledged with regards to this paper, I feel that I could have gone further in my reflexivity and considered the impact of my social position more at each point in the process of developing the research. This may be seen as mirroring an identified shortcoming across the reviewed papers. This was a critique of the papers and may reflect a need for a broader need for consideration of reflexivity whilst researching this area. Moreover, a broader inclusion of psychological wellbeing may have risked including a larger set of papers for analysis. There is no agreed number of papers for inclusion in a systematic review (e.g., Kane, Wood & Barlow, 2007) however, to include too many may have been at the risk of a loss of detail, and too few may have excluded alternative viewpoints.

Although there was justification for use of the specific search terms and a small search strategy, and the research included a range of databases, this may be considered an area of limitation for the study, which identified important papers outside of the search engines through prior knowledge, reference and citation searches. The specificity of the term "Universal Credit" was judged to be necessary in order to examine the particular impact of this policy but due to the small number of studies, and relative newness of the policy, this also meant that only a small number of papers were identified for review A lack of terms unique to Universal Credit may have additionally hindered this, although there are terms that sit within Universal Credit as part of the broader austerity agenda such as "conditionality". However, as aspects of

conditionality, such as the WRAG, predate the introduction of Universal Credit, and were introduced into legacy benefits, it was hard to identify alternative analogous terms that were only unique to Universal Credit. As Universal Credit expands and is further rolled out, there may be a greater number of studies on the topic, and possibly new terms unique to the reform, as it is refined by policy makers. These results may also reflect the breadth of the area that such research covers, which includes economic, social sciences, psychology, mental health, clinical, vulnerable groups, politics, and policy impact. However, the research question and search terms were driven, and constrained in part by the ways in which the discourse has been shaped in terms of policy frameworks evaluation. It is important to recognise that human distress within the policy sphere is shaped by way of conceiving human distress as mental health, although the study made attempts at broadening the understanding of distress beyond diagnostic criteria and language.

### 1.4.7 Conclusion

It is important that practitioners are aware of the potential impact of welfare reform on recipients. The proportion of the population receiving this benefit has exponentially increased because of the Covid-19 pandemic (Department for Work and Pensions, 2021b) and we may also see a concurrent increase in the vulnerability of these populations. The current review also indicates that Universal Credit might contribute to increasing the distress of already at-risk population groups such as those with disabilities, mental health concerns, survivors of abuse, and low-income families. Whilst it is positive to also see that voluntary and statutory services and friends and families, have supported recipients, there were reports of the strain that this places on those around them, which leads the current review to question whether this is sustainable. It is also important to question whether is appropriate - it is hiding the true impact of the reform and potentially is creating secondary victims who may get themselves into debt or find themselves in adverse circumstances following the experience of financially

supporting someone who may not be able to repay them. Further research is required to understand whether those receiving Universal Credit due to the Covid-19 pandemic experience similar outcomes, and to further understand the specific aspects of the reform that contribute to distress, so that this might be mitigated. This research highlighted a need for a wider political and ideological debate around generating a more social, collective understanding of responsibility. Without further interrogation there is the potential for policies to exacerbate the difficulties they are seeking to address.

### 1.4.8 Implications for future research and second paper

In light of the findings of this review, future research should evaluate the specific impact on those identified as particularly vulnerable to the effects of the Universal Credit welfare reform. These groups included those with disabilities, mental health concerns, survivors of abuse, and low-income families. It might also be of interest to examine the factors (individual and contextual) that support resistance to distress associate with the reform.

Further to this, given that the impact on families, particularly low-income families, was one area which was particularly highlighted by this review, it was of note that none of the research examines the direct or indirect impact that this welfare reform has on children within families. There is a paucity of literature which examines whether there is an impact of moving onto Universal Credit, and whether there are any differences in outcomes for children in families receiving Universal Credit. The second paper included in this thesis attempted to address this.

### 1.4.9 Paper Two Research Aims

The results of the systematic literature review suggested that there was a need to further explore the psychological distress associated with the introduction of the welfare

reform Universal Credit. Whilst the research indicated specific pressures on parents, a gap in the literature was identified regarding research examining the psychological wellbeing of children within the families impacted by this reform. Given the negative impact on parental psychological distress outcomes indicated by this review, it was hypothesised that: "Children in families that are on Universal Credit will have worse psychological wellbeing outcomes than children that are in families on legacy benefits as a result of moving onto Universal Credit". A secondary hypothesis was that: "Children in families on Universal Credit will have worse psychological wellbeing outcomes than children in families on legacy benefits".

To test this proposition, it was necessary to examine the comparative psychological wellbeing outcomes of groups of children whose families were on Universal Credit, and on legacy benefits. It was therefore important to identify a sample of families that had received these benefits. A regression analyses was felt to be the most appropriate way of exploring this relationship and provided an opportunity to examine whether there were any other variables (from those identified in the systematic review) that may improve our ability to predict children's psychological outcomes. There was therefore a secondary research aim to explore whether and how the regression model's explanatory power would be impacted by the addition of other variables, including parental mental wellbeing, parental health/disability, child gender and ethnicity, and the number of siblings in the household. The research that follows was an attempt to provide initial exploration of the areas identified above, to investigate the research hypotheses and provide direction for further research.

# Chapter 2. Methods

## 2.1.1 Overview of Chapter

This research was designed based on the findings of the systematic review which identified a gap in the literature regarding the impact of Universal Credit children's wellbeing outcomes. The review indicated that parents experienced psychological distress associated with the welfare reform Universal Credit. However, despite this and hypothesising from The Race Equality Foundation (Sandhu, 2016) that children would be impacted, there was no empirical evidence detailing whether this was the case. The current study aimed to bridge this gap in the literature. It aimed to explore whether there was a relationship between the change from legacy benefits to Universal Credit, and children's psychological wellbeing outcomes. It was hypothesised that "Children in families that are on Universal Credit will have worse psychological wellbeing outcomes than children that are in families on legacy benefits as a result of moving onto Universal Credit". A secondary hypothesis was that "Children in families on Universal Credit will have worse psychological wellbeing outcomes than children in families on legacy benefits". The research also aimed to explore a selection of other possible explanatory factors for the impact of Universal Credit on children informed by the results of the systematic review and other relevant literature.

This chapter explains the rationale behind the variables included, the choice of design, and the analyses run. It also provides details of participants, of descriptive statistics and of the regression analyses. Secondary data was used for this research, due to its high quality and history of informing policy and evaluation within relevant domains (Understanding Society, 2009). This dataset was also situated within the University affiliated with this research. Regression analyses were applied to the data. These analyses aimed to develop a model to examine whether the benefit status could be predictive of children's psychological wellbeing

outcomes, as measured by the SDQ (Goodman, 1997). Regression analysis was used to explore this possible relationship. The use of linear regression analyses using the Enter method allowed for the addition of other variables. The study included other variables into the regression model which were indicated by the systematic review as possibly relating to changes in psychological wellbeing. There were likely a wider range of possible influencing variables however as this research had a finite dataset and wanted to avoid issues of multicollinearity and lack of power, a select few were included based on the review of the literature. These were parental mental wellbeing, parental longstanding illness or disability, child age and gender, child ethnicity, and number of siblings in the household. The rationale behind these is explained further in this chapter.

### 2.1.2 Researcher Stance

The use of quantitative research often been associated with researcher alignment with a positivist stance towards knowledge (e.g., Park, Konge & Artino, 2020). Positivism has been defined as an approach which "relies on the hypotheticodeductive method to verify a priori hypotheses that are often stated quantitatively, where functional relationships can be derived between causal and explanatory factors (independent variables) and outcomes (dependent variables)". Moreover, it has been indicated that positivists contend that knowledge can and must be developed objectively, without the values of the researchers or participants influencing its development." (Park et al., 2020). However, as Scott (2010) indicated, the use of quantitative approaches in research does not need to indicate that the researcher is a "naïve positivist". Researchers can acknowledge the social construction in measures and take a "post-positivist stance". This has been described as one which "recognises that scientists should not claim to verify statements about reality and that only approximations to reality can be sought" (Romm & Litt, 2013).

The current study tried to take a post-positivist stance, as it holds the perspective that no research is neutral in its nature (Steedman, 1991). All aspects of the research, such as the identification of the variables used, the statistical analyses and the interpretation, may be influenced by the previously mentioned social, economic, political, and historical realities and experiences of the researcher. With this in mind, it felt important to acknowledge the researcher position. That is as holding left-wing, socialist influenced politics which inform a systemically oriented belief in examining the impact of oppressive historical and social practises to better understand distress. My personal socio-economic history includes that my childhood experience was that my family were low-income and on benefits which has impacted my decision to study this topic, and my expectations regarding the findings. Nonetheless, it is also significant that the research was conducted from a position of privilege comparative to the families that I am examining. I am in secure work, and I have not experienced claiming benefits, including Universal Credit, as an adult.

Hammersley (1995, 2016) has argued that study into the patterning of social life is an active process, in which accounts of the world are constructed through somewhat selective observation. The above experiences will have impacted my observation of the phenomenon I am exploring regardless of the methodology employed. With regards to a post-positivist position and how this relates to this field of study, it was important to consider Fielding's (2009) position. This position indicated that with regards to policy making, an interpretivist position, makes provision for a range of methods, including quantitative, recognising the need for co-existence. This was interpreted to suggest that there was a need for (but not reliance on) quantitative research to support with meaning making. With consideration of this, the current research was intended to be exploratory in nature, to draw attention to an underexamined area relating to this policy reform. It was hoped that it could inform direction for future research using a diversity of approaches.

### 2.1.3 Secondary Data Considerations

Secondary datasets are often freely available and can allow for the creation of complex indices and analysis of large samples (Black, 2018). The use of Household Panel surveys, a subset of Secondary Data has been explored in more detail (Sideler, Schupp & Wagner, 2010). It was noted that there was an advantage of permitting details to be collected on income, wealth, education, and family dynamics. This overview detailed the importance of collecting information on multiple family members and acknowledged this was all important information to psychologists. Such information was key to the design of the current study. The current study was interested in examining whether there was an impact of variables associated with one family member (the parent) on another family member (child).

The use of surveys has been associated with a positivist and empiricist traditional stance (Jupp, 2006). This is because of the prioritisation of observation, verificatory process, a value-free, truth-seeking approach and operational or objective logical method. The household panel approach has been considered to reflect current thinking rather than underlying phenomena, as it imposes social facts onto circumstances. Interestingly, Sideler and colleagues (2010) reflected on the importance of cross-checking findings with other sources such as experimental data. This seems in line with the post-positivist stance that has been considered as underpinning the philosophical approach to this study. However, it is important to recognise that even within secondary data analysis, there is the possibility for different results from the same dataset. Whilst Sideler and colleagues (2010) recognised that this can be due to methodological differences, this research acknowledged that there are aspects of the researcher's identity and background that may influence the analysis itself. For example, an anxiety regarding the variability involved in participation recruitment within the context of a doctoral timeline and an interest in the vast potential in within secondary data contributed to my choosing to use secondary dataset. Along with this, my appreciation for the

potential of quantitative data and its role in influencing research direction and policy impacted on my decision to use a household panel survey. It has been identified that an important advantage of using existing secondary datasets is that research can be conducted on current issues of interest to policymakers. There is the potential, particularly with welfare reform, that if one had to design a study from the beginning, the issues might be resolved or forgotten by the time the data were collected (Hofferth, 2005). Particularly if the researcher hopes to reach a dataset of a comparative size as that of the existing dataset. For me as a researcher, although this formed part of my doctoral research, it was important that my research had the potential to influence live change.

My personal, educational, and professional experiences impacted on the choice to use this dataset, and the interpretations I made. Whilst this research has aims and hypotheses, it hoped to uncover one perspective, recognising that this may not be everyone's subjective experience. The broader aim of the research, in line with a household panel approach, was to provide indication as to future areas of evaluation and study.

### 2.1.3 Understanding Society Data

The data used for the current study was drawn from the UK Household Longitudinal Study which is more commonly known as Understanding Society and is based at the Institute for Social and Economic Research, at the University of Essex (University of Essex, 2022). This is a national, population-based, multi-year study of people residing in the UK including England, Scotland, Wales, and Northern Ireland which started in 2009. In Wave 1, data from 39,802 households was collected, making it the largest household panel survey in the world. The study, which was commissioned by the Economic and Social Research Council (ESRC) and is led by the Institute for Social and Economic Research (ISER), collects data from household members aged 10 and above on an annual basis, although fieldwork takes place over 24-month periods, known as 'Waves'. The present study included data from Wave 7,

known as timepoint one (data was collected Jan 2015-May 2017) and Wave 9, time point two (data was collected Jan 2017- May 2019). These waves were included as they included the relevant variables (wave 8 did not) and they were the most recent waves including these variables at the time of analysis.

The secondary dataset from the Understanding Society (University of Essex, Institute for Social and Economic Research, 2022) was considered to be an appropriate dataset from which to draw from for the analyses for a number of reasons. These include that the dataset, which includes a very large sample (101,086 individuals across 39,802 households), covers the lifespan, and includes intergenerational data. The dataset also covers a broad range of topics including data regarding respondent's economic situations and wellbeing, which were relevant for the current study's research question. Further to this, the methodology for the data collection is rigorous as it is "underpinned by world-leading methodological research". It has been supported by and developed by an internationally recognised team of survey methodologists, statisticians and social science researchers which has contributed to its use by researchers globally, and within UK government departments (Understanding Society, 2009). The dataset is a longitudinal panel survey set across several years and could therefore be used to capture changes over time, which was of specific interest to this study as it was examining possible changes as a result of the introduction of a welfare reform. The Understanding Society database has been cited as informing "development of new policy over time' and of "business practise in private and Civil Society sectors" (Understanding Society, 2009). Further to this, Understanding Society data was detailed as a possible data source for the Department for Work and Pensions (DWP) analyses when they outlined the framework for evaluating the reform (DWP, 2012b). The use of such an established data set may increase the utility of the results of the analysis and justification of using them in policy recommendations. The Understanding Society data has been used by local councils (e.g., Sen

& Patel, 2021) in the House of Lords (UK Parliament Committees, 2022) independent think tanks (e.g., Sarygulov, 2021), the Treasury (e.g., HM Treasury, 2021), and in developing policy (Understanding Society, 2009). It was of particular relevance that this research has been used to examine experiences of Universal Credit (e.g., (Brewer, Joyce, Waters, Woods, 2020) along with family wellbeing (Tosi & Grundy, 2021). It was additionally used by the Department for Work and Pensions, for considering outcomes for children who grow up in workless families (Department for Work and Pensions, 2017). This context was important given that the current research aimed to examine a policy drawn up by the Department for Work and Pensions, and consider possible areas for reform, as it suggested precedent with regards to research that utilised this dataset. Consequently, there was strong rationale for using the Understanding Society database.

To access the data, permission was sought from the UK Data Service, for access to the UK Data Archive. Standard access was sought, however as the data accessed was defined as 'safeguarded', user and project registration were required. Data licensed for use in the 'safeguarded' category are not personal, but the data owner considers there to be a risk of disclosure resulting from linkage to other data, such as private databases. The safeguards include knowing who is using the data and for what purpose, and to this end it was required that a summary of the study's aims was submitted to the UK Data Archive and the End User License terms and conditions were accepted. The End User License refers to the agreement made between the person accessing the data (the 'End User') and the University of Essex and the funders. This included that the data was used for the purposes of not-for-profit research or teaching or personal educational development. It also meant that means of accessing the data (such as passwords) are kept secure and are not shared. Further to this, the confidentiality of the individuals included should be protected and attempts should not be made to derive information relating to a specific individual or household. The data should be destroyed at the

end of the access period. Research produced from the data should also cite and acknowledge the dataset from which it was derived. Data extracted through the End User license excludes variables with a higher disclosure risk, so excludes day and month of birth, detailed country of birth variable, detailed occupational codes, and geographical locators beyond the government office region.

## 2.2 Participants

### *2.2.1 Recruitment*

Participants data was extracted from the household panel survey, the Understanding Society study. This section details the recruitment for Understanding Society data sample.

The Understanding Society study, up to Wave 9, included 101,086 individuals across 39,802 households. This was across nine years for Understanding Society data, plus 18 years of British Household Panel Survey (BHPS) data (the predecessor to this survey data set, many of whom remained in the Understanding Society database). The design of Understanding Society included all household members, allowing for exploration of the impact of specific events on certain groups. The Understanding Society sample has multiple components which were described in detail in an Understanding Society working paper (Lynn, 2009). These included the General Population Sample (GPS), which consists of 25,500 responding households, the Ethnic minority boost sample (EMBS) which consists of 3,500 responding households of Indian, Pakistani, Bangladeshi, Caribbean, African and additional ethnic groups, and The British Household Panel Survey (ex-BHPS) sample which consists over 8,000 households. These components together are the Understanding Society sample.

The GPS part of the sample was based upon a proportionately stratified, equal probability (clustered) sample of residential addresses drawn to a uniform design throughout

England, Scotland and Wales. A selection of postcode sectors was identified as primary sampling units (PSUs), so that any postcode sector with less than 500 residential addresses was grouped with an adjacent sector and treated as a single unit. These sectors were separated into 12 geographical strata, which were then subdivided into 108 further sub-divisions based on non-manual workers and population density. From these 108, a systematic random sample of 2,640 sectors were selected, with probability proportional to the number of residential addresses in the sector. These sectors were then allocated systematically to 24 monthly samples with 110 sectors in each monthly sample. Within each postal sector, 18 addresses were selected from the Postcode Address File using systematic random sampling. The England, Scotland and Wales GPS sample was therefore based upon an initial sample of 47,520 addresses. Northern Ireland had an un-clustered systematic random sample of addresses. Of these addresses, field interviewers conducted the final stage of sampling and contacted all residents of the addresses, except addresses that contained more than three households. In these cases, three households were sub-sampled at random. Those living in the households were deemed Original Sample Members (OSMs) and were followed for future waves to their new addresses. Those living with OSMs in their future residences were eligible for interview as a temporary sample member until they no longer live with the OSM.

The Ethnic minority boost sample (EMBS) additional sample of addresses was selected from a set of postal sectors that were estimated to contain relatively high proportions of relevant ethnic minority groups, based upon 2001 Census data and Annual Population Survey data. It was designed to include adults from Indian, Pakistani, Bangladeshi Caribbean and African ethnic groups. There was 15 to 103 addresses selected per postal sector, and sampling fractions were chosen to achieve the intended target sample of ethnic minority groups. Only those of target ethnic minority groups were included in the sample.

The ex-BHPS (British Household Panel Survey) sample was integrated into UK-HLS at Wave 2. This sample consisted of all members from the BHPS who were still active at wave 18. The BHPS sample contains different components, which includes the initial sample, and booster samples in Scotland and Wales. They were randomly allocated to the first 12 months of the UK-HLS sample.

### *2.2.2 Inclusion Criteria*

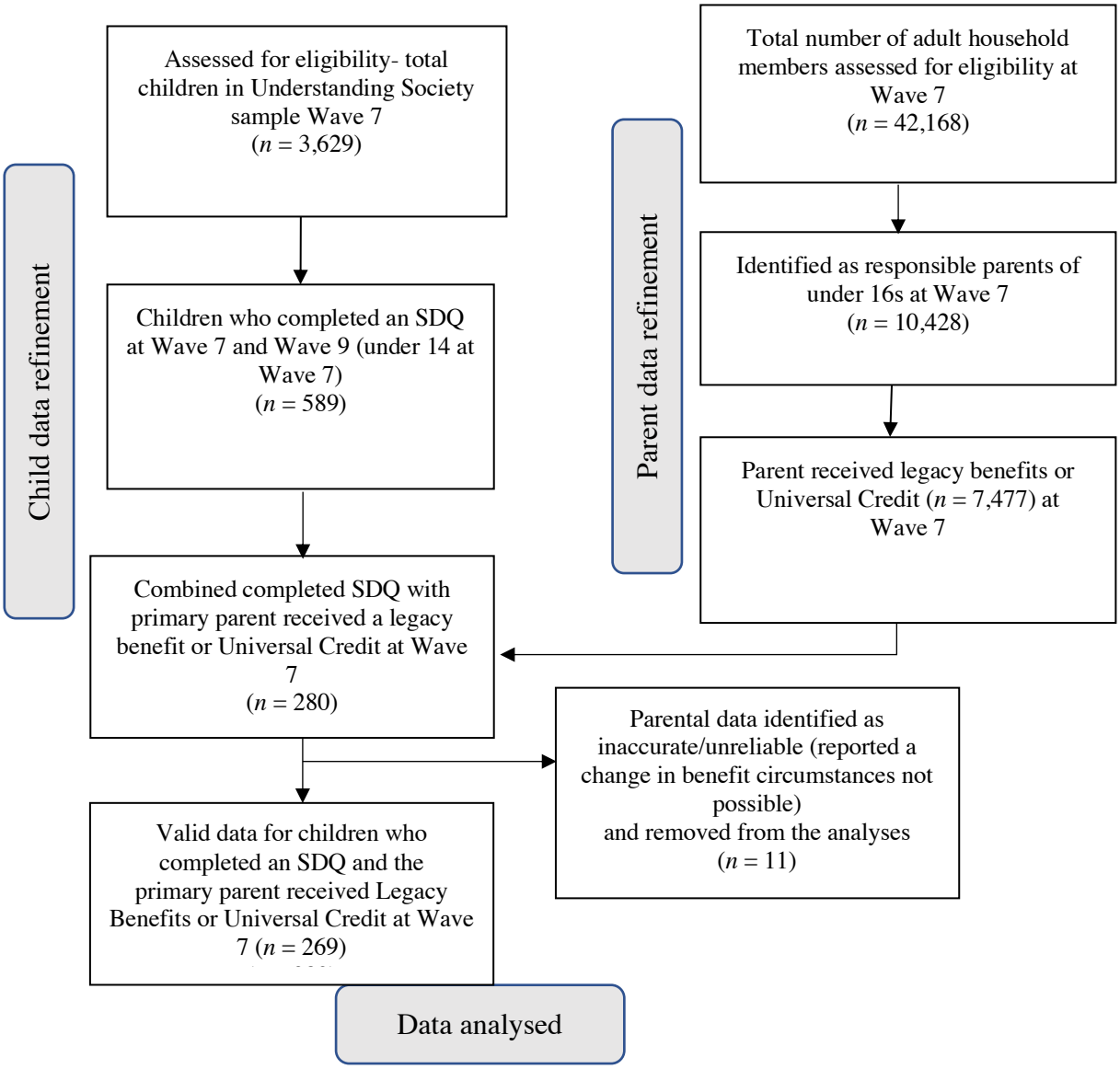
For the purposes of this study, the participants examined included, from the Understanding Society dataset, children and young people aged 10-16, whose responsible parent had indicated in the survey that they had received either Universal Credit or one of six legacy benefits. These benefits included Income-Based Job Seeker's Allowance (JSA), Income-Related Employment and Support Allowance (ESA), Income Support, Working Tax Credit, Child Tax Credit and Housing Benefit. Self-report data could only be collected from this age group as the child reported wellbeing outcome, the Strengths and Difficulties Questionnaire, (SDQ; Goodman 1997) was collected at two yearly intervals for children aged 10 -15.

### *2.2.3 Participants included*

A total of 259 children were included in the analysis. These children were identified through data refinement strategies. This included an initial identification of the number of parents in the full sample (*N*=10,428). After this was identified, data containing relevant variables including welfare reform/Universal Credit status was extracted and recoded. Parents receiving legacy benefits or Universal Credit at Wave 7 were identified (*N*=7477). This data was then merged with data relating to youth data for children who had completed SDQs at Wave 7 and were at the younger age of completion (11-13) to ensure that they would complete at the second timepoint for the study (*N*=280). Data for these same children was

identified at Wave 9 and extracted. The data from 11 children's parents were deemed to be unreliable as they were reported to have moved from Universal Credit to legacy benefits. As this move is not possible (e.g., see MoneyHelper, 2022) these datapoints were removed so that they could not compromise the reliability off the dataset. Therefore, the final sample included *N*=269 for analysis. See the consort diagram in figure 3 for further details.

*Figure 3. CONSORT Diagram of Participants in the Study*




## 2.3 Measures

Data was extracted from the main survey and the youth survey and so the measures included were limited to the questions in these. Full questionnaires for each of the waves completed are available on the Understanding Society webpage. The main survey, which

pertains to adults in households, broadly covered demographic information, education economic factors, and employment. In addition to this, it covered experiences related to religion, health related outcomes and behaviours, relationships, and parenting style where relevant. The youth survey included questions regarding social media and gaming usage and experiences within the family. It looked at school experiences, bullying, work and money, health and nutrition, and aspirations. The SDQ (Strengths and Difficulties Questionnaire, Goodman 1997) was integrated into the youth survey. The SDQ explores behavioural and emotional mental health. The set of questions included in the survey differed across waves. One example of this was that the SDQ was included in every second wave (i.e., it was included in Wave 3, 5, 7, 9 but not in Wave 4, 6, 8). For the purposes of this analysis specific variables were extracted from the larger dataset. The variables included were chosen based on the findings of the systematic review. Whilst it was recognised that there were likely other variables that might be of relevance to the study, to avoid issues of multi-collinearity, and due to limitations in the dataset from which variables were extracted, exploration of other variables was limited to key variables identified from the review of the literature.

### *2.3.1 Primary Outcome Variable*

The most substantive and validated measure of children's psychological wellbeing included in the Understanding Society dataset was Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). It was consequently considered appropriate for use in this research and was extracted from this wider dataset for the purposes of these analyses. The SDQ can be administered as a self-report, parent report or teacher report tool. It is a brief behavioural and emotional difficulties screening questionnaire developed regarding 3–16-year-olds. It was collected for children between ages 10-15 as a self-reported measure, and also as a parent reported measure for children aged 5 and 8 by the wider Understanding Society dataset. It was beyond the scope of this professional doctorate to analyse data for younger children and

this research aimed to build on previous research which has examined the impact of economic difficulties on children within this age bracket (e.g., Wickham et al., 2017). This research therefore focused on the experiences of older children. This outcome measure was collected during odd-numbered waves – waves 1, 3, 5, 7 and 9), although only outcomes from waves seven and nine were included. Therefore, data from waves 7 and 9 were included. This allowed for examination over time, but also accounted for the slower speed of the introduction of the variable of interest (Universal Credit or welfare reform status) as it was piloted across the UK.

The SDQ is a validated and widely used screening tool and has been recommended by Child Outcomes Research Consortium (Child Outcomes Research Consortium, n.d.). It is routinely collected by Primary and Secondary care services for Children and Adolescents (Deighton et al., 2014) as a measure of emotional and behavioural mental health. The SDQ includes 25 items on psychological attributes, both positive and negative, which are divided between five scales. These scales include five questions on each scale - emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour. With the exception of the prosocial scale, a higher score on the scales indicates poorer adjustment (Goodman, Lamping, & Ploubidis, 2010). A combination of all the scales without the prosocial scale is known as the Total Difficulties score.

Examination of the SDQ has shown moderate test-retest reliability, with a Pearson's correlation coefficient of .71 over an 8-week interval (Yao et al., 2009). It has been demonstrated as having good concurrent validity (Muris, Meesters & van den Berg, 2003). This was indicated by substantial correlations found between parent reported SDQ scores and Child Behaviour Checklist (CBCL) scores, for example the correlation between SDQ total difficulties score and CBCL total score was $r = .70$. For the self-report SDQ, strong correlations were found between SDQ total difficulties and Youth Self-Report (YSR, the self-

report version of the CBCL) total score ($r$ = .74). Additionally, SDQ emotional symptoms and YSR internalising ($r$ = 0.74) and SDQ conduct problems and YSR externalising ($r$ = .56) showed strong positive associations. These were also seen between SDQ emotional problems and self-reported anxiety as measured by the Revised Children's Manifest Anxiety Scale (RCMAS) (RCMAS; $r$ = .75). Strong associations were seen for depression, as measured by the SDQ and the Child Depression Inventory; (CDI; $r$ = .64). Strong correlations were moreover seen between SDQ hyperactivity-inattention and self-reported symptoms of ADHD on the Child version of the ADHD Questionnaire (ADHDQ-C) ($r$ =.66) (Muris et al., 2003). Good discriminant validity has been demonstrated by the SDQ (Lundh, Wangby-Lundh & Bjarehed, 2008). Discriminant validity was demonstrated through the emotional subscale which did not correlate with prosocial behaviour. Peer problems showed discriminant validity by correlating only very weakly ($r$ = 0.14) with aggressive behaviour and prosocial behaviour showed discriminant validity by not correlating with measures of emotional suffering. Research has demonstrated strong internal consistency, with research reporting an overall Cronbach's alpha coefficient of .81 (Yao et al., 2009), and mean Cronbach's alphas for the SDQ scales at .64 for the self-report version, which might be considered satisfactory (Muris, et al., 2003). However, Cronbach's alphas for conduct problems .45 for the self-report version) and peer problems (.54 for the self-report version) were found to be notably low (Muris et al., 2003). This raised questions regarding the reliability of the subscales, and so the current study only used the total difficulties score (which excluded the prosocial behaviour items).

### *2.3.2 Potential Factors*

**Welfare (Universal Credit) reform status.** The study aimed to explore whether children in the lowest income families that are on Universal Credit will have worse psychological

wellbeing outcomes than children that are in families on legacy benefits. The predictor of interest was therefore welfare reform/Universal Credit status. The study comparator was legacy benefits, which Universal Credit replaced. These benefits included Income-Based Job Seeker's Allowance (JSA), Income-Related Employment and Support Allowance (ESA), Income Support, Working Tax Credit, Child Tax Credit and Housing Benefit. In order to understand whether there was a difference in outcomes for children in families on legacy benefits and Universal Credit, it was important to identify which set of benefits the family was receiving. They were either receiving at least one of the six legacy benefits, or Universal Credit. Universal Credit is a new benefit which combined six of the legacy benefits (Income-Based Job Seeker's Allowance (JSA), Income-Related Employment and Support Allowance (ESA), Income Support, Working Tax Credit, Child Tax Credit, Housing Benefit) into a single payment.

To identify these families, responses from the main survey were examined and extracted. In the "unearned income and state benefits" section of the survey, adult respondents were asked questions regarding their benefits. The list of "unearned income and state benefits" questions was extended to cover 41 sources following the introduction of Universal Credit and Personal Independence Payments in Wave 4 (2012-2013). The current study examined key closed questions from this section to ascertain whether they had received any of the legacy benefits. For the questions regarding Universal Credit, respondents were told

> "One of the most important parts of our research is how people are getting by financially these days. We have found that we need to ask about a number of different types of income, otherwise our results could be misleading. Please think about ALL of the extra sources of income you receive, as well as any benefits or tax credits. If

you are at all unsure about whether something would count, you can check with me. We'd like to remind you that anything you tell us is completely confidential."

Following this, they were asked "First, are you currently receiving any of these payments". They were given four options, which included 'Income Support', 'Job Seekers Allowance', 'Child Benefit', 'Universal Credit', or 'None of these'. Those not receiving Universal Credit, were then asked, "Are you receiving Child Tax Credit" for which there was a binary response of "Yes" or "No".

The other legacy benefits were asked about in closed questions "Are you currently receiving any of these payments, either just yourself or jointly". They were given options, which included a range of state benefits, along with the six legacy benefits (Income-Based Job Seeker's Allowance (JSA), Income-Related Employment and Support Allowance (ESA), Income Support, Working Tax Credit, Child Tax Credit, Housing Benefit). They were given the options of any other state benefit or credit or None of These. Again, there were the options to give binary response of "Yes" or "No".

These responses were used to identify whether a family was in receipt of Universal Credit or legacy benefits. The final sample was filtered to include only young people whose family (specifically the parent identified as their responsible parent) had received legacy benefits or Universal Credit during Wave 7 (timepoint 1). The families benefit status was also extracted for Wave 9 (timepoint 2) for the same sample. Families could move from legacy benefits to Universal Credit, or remain on Universal credit or legacy benefits. Families are unable to move from Universal Credit to legacy benefits and therefore any of the sample that reported this were deemed invalid responses and removed from the sample.

For the purposes of examining hypothesis 1, codes were allocated to create a variable 'longitudinal pattern in benefit status' according to whether the child's family remained on legacy benefits from timepoint 1 to timepoint 2 (0), remained on Universal Credit across both

timepoints (1), or changed from legacy benefits to Universal Credit (2). For the purposes of the analysis, for hypothesis 2 a binary variable was created to code whether a child's family was receiving legacy benefits (0) or Universal Credit (1).

**Parental mental wellbeing.** The results of the systematic review indicated that parental distress was associated with the introduction of the welfare reform Universal Credit, so it was important to include this in the analyses. It was added to explore whether it would improve the predictive ability of the model so as to better our understanding of contributors to adolescent wellbeing and to contribute to existing literature which indicates that there may be an association between parent and adolescent wellbeing outcomes (e.g., Giannakopoulos et al., 2009). The Short General Health Questionnaire (GHQ-12) was used as a proxy for parental mental wellbeing. It is known as a screening tool for minor psychiatric disorders in the general population. The Understanding Society database also included the Warwick-Edinburgh Mental Wellbeing Scales, however this outcome measure focused more on psychological wellbeing than distress (Tennant et al., 2007). There was research which suggested there were tools better suited to identifying parental mental health such as the Hospital Anxiety and Depression Scale (HADS) and the Patient Health Questionnaire (PHQ) (e.g., Hahn, Reuter & Härter, 2006). However, it was the only validated primarily mental health specific outcome measure tool that was included in the Understanding Society dataset from which data was extracted for this research. Moreover, the GHQ-12 captures symptoms of anxiety, depression, social dysfunction, and loss of confidence (e.g., see Tseliou, Donnelly & O'Reilly, 2018). Such symptoms feel relevant to capture given the results of the systematic review which indicated difficulties relating to all of these areas. Moreover, research has indicated that this instrument has been widely validated (e.g., Hardy, Shapiro, Haynes & Rick, 1999; Lundin, Hallgren, Theobald, Hellgrend & Torgéne, 2016; Werneke, Goldberg, Yalcin & Üstün, 2000). The GHQ-12 reliability has been estimated as having a Cronbach's

alpha of between 0.53 and 0.9 according to the different scoring methods employed (Hankins, 2008). This variation in reliability scoring may mean that there could be some degree of measurement error that should be held in mind, as internal consistency may be low. Although the current research was limited in terms of scope for instruments available for use. The GHQ-12 score of the parent indicated as the responsible parent for the child was included in the analyses as a continuous numerical variable. Whilst legally there may have been a second 'responsible parent', the study used the survey stated named 'responsible parent' only. The inclusion of a second parent would have precluded the inclusion of single parent families as there would not have been an appropriate statistical comparator that could be added into the regression model. This may have detracted from the purposes of this research which was not focusing on two-parent families outcomes, but on outcomes for all families on these benefits.

**Parental longstanding illness or disability.** The review also indicated that specific groups including those with disabilities were particularly impacted by the introduction of the welfare reform (e.g., Ryan, 2020). This variable was included in order to explore whether this may have any relation to child wellbeing outcomes for families on welfare, and whether inclusion of this factor would improve the analyses' ability to predict SDQ outcomes. A binary categorical variable was included which indicated whether the responsible parent in the child's family had a chronic illness or a disability (1) or did not have one (0).

**Parental employment status.** Parental employment for the responsible parent was included as the results of the systematic review suggested that there may have been differential pressures on employed and unemployed recipients of Universal Credit. This was therefore included as a binary categorical variable in the analyses.

**Demographic data**. Fieldworkers collected details relating to sample members (a) gender of child; (b) age of child; (c) ethnicity of child (d) number of siblings in the household (e) gender of parent. Binary categorical variables were used to identify gender for both

children and parents (male/female). Age was included as an ordinal variable in terms of years. These were included to explore whether age or gender improved the model's predictability as previous research has suggested that there is an age and gender gap in mental health and wellbeing outcomes (e.g., Campbell, Bann & Patalay, 2021). Campbell and colleagues found that the gender gap in mental health in adolescence was largely ubiquitous cross-culturally, with girls having worse average mental health. Parental gender was included in the descriptive statistics in order to inform an understanding of who was in the sample, but it was not added into the regression model. This was because the study limited the number of predictors included in the model in order to maintain high power and avoid issues of multicollinearity. Multicollinearity occurs whenever an independent variable is highly correlated with one or more of the other predictor variables in regression analyses. Multicollinearity is an issue because it undermines the statistical significance of an independent variable (Allen, 1997). Ethnicity was separated into 'White' and "Ethnic Minority" due to the lack of diversity in the sample, where some ethnic groups made up a very small proportion of the sample. Ethnicity as a binary variable was included into the regression analyses to guide initial exploratory examination as to whether this was an influencing variable. It was included to explore whether the hypothesised impact of Universal Credit on children from Black and Ethnic Minority backgrounds (Sandhu, 2016) might be seen through differences in SDQ outcomes.

The number of siblings was added as an ordinal numerical variable and included in the analyses. This was incorporated to investigate whether there are greater difficulties in larger families as this was indicated as a possibility by the systematic review. There was furthermore evidence from which suggested that children with an emotional disorder tended to have more siblings than other children (Green, McGinnity, Meltzer, Ford & Goodman,

2005). This research was dated however, and it therefore felt useful to include this in the results to see whether this would be seen within this more current sample.

### 2.4 Data Collection

The secondary data used for this study was collected in its primary form in waves over 24 monthly samples, with collection starting in January and ending 24 months later in December. Data was primarily collected by structured interviews delivered by fieldworkers, face-to-face, or by telephone and for Wave 9 some respondents were invited to complete the questions online. Respondents were initially contacted to complete it by one modality (telephone or online) but were also given the opportunity to do it in the other modality, if preferred, for Waves 9. Adult respondents were incentivised to take part in the survey with £10 and child respondents were incentivised with a £5 high street gift card.

Fieldworkers received training, and practise rehearsal from Kantar and NatCen Socal Research Consortium to ensure the standardisation of delivery. The questionnaire was translated into several languages including Bengali, Gujerati, Punjabi Urdu, Urdu, Polish, Portuguese, Turkish, Punjabi Gurmukhi, and Welsh. Interviews using these languages were completed using the standardised translated scripts by accredited bilingual interviewers. Fieldworkers were instructed not to interview any household members that they knew personally, or professionally, and in these cases to refer to their regional team for re-allocation. They were also informed not to interview those who are in prison.

For households with more than one person, all eligible household members, which included adults 16+ and children 10-15 years, were asked to participate. This was regardless of whether the person had been interviewed for a previous Wave. Multiple attempts at contact were made if necessary. A household was defined as “one person living alone, or a group of people who either share living accommodation OR share one meal a day and who have the

address as their only or main residence". Where households have moved, they were followed up to their new address by neighbours, new residents, or a "link contact" provided in the first contact with UKHS. This may be through a Tracing Letter, requesting an updated address, where individuals are reluctant to pass whereabouts, but consent to send on a letter to the household. Consent for follow up is collected in each Wave. All attempted contacts with households were recorded on an electronic contact sheet by the fieldworker.

### *Consent*

Informed consent was collected from respondents by fieldworkers. The respondents were given full information regarding their decision to take part in the UKHS, including the risks and benefits. Respondents were fully aware that participation was voluntary. An advance letter was sent out at the start of fieldwork in each wave, to allow respondents the chance to make enquiries or to withdraw from the study prior to fieldworkers collecting data. At every wave, respondents were advised that each question, and each element of the study was voluntary.

**Child responses.** Verbal consent for the young person to complete a self-completion questionnaire was requested from the legal guardian for the children), as well as from the young person. The questionnaire was not given without both consents. All sample members aged 10 to 15 were asked to complete a paper self-completion questionnaire. The incentive was given at the same time as the questionnaire, not on collection of the completed questionnaire. These questionnaires were given in a plain envelope and either collected by field interviewers or mailed back by the sample households. If the young person had trouble understanding the questionnaire, or reading difficulties, the fieldworker supported them. The young person was asked to go away and complete the questionnaire in private, away from parents, and return it sealed. Confidentiality was respected regarding this, and parents were

not shown the completed questionnaire. Respondents were kept informed of the Understanding Society study, the key findings, and how the data continued to be used.

### *Ethics*

Respondents' survey answers were anonymised. Personal, identifiable details including name, address and date of birth were removed. Data was securely deposited in the UK Data Service archive, based at the University of Essex. Understanding Society is compliant with the ISO-27001 data security protocols and procedures, which is an international standard for information security management. Access to the data for the purpose of this study was applied for through the UK Data Archive. For this, applicants must demonstrate that the research is of social value and in the public interest and so for the purposes of the thesis research, a brief study protocol was submitted. Data was compliant with the General Data Protection Regulation. The Understanding Society study was also approved by the University of Essex Ethics Committee (see Appendix A), and The Understanding Society study protocols and research programme are scrutinised by a number of research ethics committees to assure that ethical and legal obligations are respected at all times. The current study, which was conducted with the Understanding Society dataset was also approved by the University of Essex Ethics Committee (Application ID ETH1920-1571) (see Appendix A for ethical approval). Data could be provided on request held in respect to an individual by Understanding Society. Individuals were able to withdraw if requested, so that no additional information would be deposited, and the person would then not be contacted for future waves.

## 2.5 Statistical Analyses

Data analyses were carried out using IBM SPSS Version 27. Linear regression models with a restricted maximum likelihood method of estimation, were adopted to investigate both

hypotheses. Linear regression models were deemed appropriate for this research, as they are a robust statistical option.That is the first hypothesis of changes in the outcome measure (total difficulties SDQ score) according to longitudinal pattern in benefit status, and the second hypothesis exploring potential differences in outcomes for children belonging to families on Universal Credit or on legacy benefits. This methodology also allowed for the investigation of other potential contributors to differences in the outcome measure.

Covariates planned to be included in the full model were: Universal Credit status; parental wellbeing (GHQ scores); child's age; child's gender; parental illness or disability; parental employment status; whether the child's ethnic group is White or Ethnic Minority; and the number of the child's siblings in the household.

For the first research hypothesis, which aimed to investigate whether a shift from legacy benefits to Universal Credit is associated with a change in SDQ scores, a regression analysis was run with the categorical predictor variable 'longitudinal pattern in benefit status', where codes were allocated according to whether the child's family remained on legacy benefits from timepoint 1 to timepoint 2, remained on Universal Credit across both timepoints, or changed from legacy benefits to Universal Credit. In order to examine whether the longitudinal pattern in benefits status could predict a change in SDQ , an SDQ change score outcome variable was created by subtracting timepoint 1 scores from timepoint 2 scores. A simple linear regression model was run in order to test whether the variable longitudinal pattern in benefit status could significantly predict SDQ change scores.

For the second research hypothesis , the variance in the outcome measure was analysed separately for each single wave, and two separate linear multiple regressions were run using the Enter method The Total Difficulties SDQ score was the unique dependent variable for both regression models. The outcome measure (SDQ scores) showed a non-normal right-skewed distribution, and therefore a square root transformation was undertaken

to approximate it to a Gaussian distribution. The linear hierarchical multiple regression using the Enter method was run to determine whether the addition of Universal Credit status, improved the regression model's prediction of young people's SDQ scores. The multiple linear regression allowed for the testing of other predictor variables including parental wellbeing as measured by the GHQ, child's age, and gender, parental illness or disability, parental employment status, whether the child's ethnic group is White or Ethnic Minority, and the number of the child's siblings in the household. A Bonferroni correction was used to account for potential type-I error inflation and therefore adopting a p-value of .025 for statistical significance. Tests were run to assess key assumptions of regression analyses including checking model linearity, independence of the errors, homoscedasticity, normally distributed errors, and absence of multicollinearity. VIF and Tolerance values were calculated and examined to assess multicollinearity. Studentized deleted residuals were examined to assess whether there were outliers greater than ±3 standard deviations influencing the regression. Leverage values were examined to check that there were no observations with unusual predictor values that were outliers with respect to the independent variable. Cook's distance values were examined to assess the risk of outlier observations exerting influence on the model. The assumption of normality was assessed by a Q-Q Plot. Linearity was assessed by partial regression plots and a plot of studentised residuals against the predicted values. Independence of residuals was assessed by a Durbin-Watson statistic. Homoscedasticity was assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. The outcomes of the examination of the assumptions, including violations were reported in the results.

A priori power calculations were carried out using G*Power (Faul, Erdfelder, Lang & Buchner, 2007) to determine the sample size required for regression analyses with eight predictors, medium effect size ($d$= .50), and a corrected alpha of .025. Results showed that a total sample of $n$=68 was required to achieve a power of .99. As the sample size used was $n$=269, it was concluded that the study would have sufficient power.

# Chapter 3. Results

## 3.1 Overview of chapter

The current chapter outlines the results of the quantitative analyses of the secondary data extracted from the Understanding Society dataset. Following the results of the systematic review, it was hypothesised that "Children in families that are on Universal Credit will have worse psychological wellbeing outcomes than children that are in families on legacy benefits as a result of moving onto Universal Credit". A secondary hypothesis was that "Children in families on Universal Credit will have worse psychological wellbeing outcomes than children in families on legacy benefits". Quantitative secondary data analyses were considered as an entry point in which to begin exploration as to whether this is a viable area for study. The current study had access to the Understanding Society database, a household panel survey which collects data from all members of the household, including children and their parents. This database collected data relating to children's psychological wellbeing in the form of the wellbeing questionnaire, the Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997). It therefore felt appropriate to examine the psychological wellbeing outcomes of groups of children whose families were on Universal Credit, and on legacy benefits. This was made possible as the Understanding Society dataset collects data pertaining to family's economic situation, and so tracking of family's welfare reform/ Universal Credit status was possible through this dataset. The current study therefore extracted data relating to these variables, to explore this relationship. A regression analyses was used as it is a robust technique that allows for statistical examination of the relationship between two or more variables. This statistical technique has been described as having two uses in scientific literature "prediction, including classification, and explanation" (Palmer & O'Connell, 2009). However, as the research is taking a post-positivist stance, it considers the

results as exploratory rather than as pertaining to a singular truth. Multiple regression analyses also provided an opportunity to examine whether the other variables identified in the systematic review may improve our understanding regarding contributors to children's psychological wellbeing outcomes. There was therefore an additional research aim which was to explore other possible explanatory factors for variability in the SDQ scores. These variables included parental mental wellbeing, parental health/disability, parental employment, child gender, age and ethnicity, and the number of siblings in the household.

### 3.2 Participants

The participant information included in the current research is included in Table 3. There were slightly more girls (53.9%) than boys (46.1%) and significantly more White participants (66.5%) than Black and Ethnic Minority participants (33.5%). Although this was above the national average. Amongst the Ethnic Minority participants, there was considerable variety in ethnic background.

The key variable of interest, Universal Credit status, indicated that most participants' families received legacy benefits at both timepoints, but there was a greater proportion receiving Universal Credit at timepoint two (11.2%) compared to timepoint one (3.7%). For the variable longitudinal pattern in benefit status, 1.9% of participants ($n$=10) remained on Universal Credit from timepoint 1 to timepoint 2, 7.8% ($n$=42) changed to Universal Credit, and the largest proportion 90.3% ($n$=486) remained on legacy benefits (90.3%).There was also a difference in the number of parents reporting a long-term illness or disability. There were more respondents reporting this at timepoint two (40.5%) comparative to timepoint one (33.5%). There was little difference in the GHQ-12 scores between the two timepoints (timepoint one 2.69 and timepoint two 2.63), and similar levels of variation as indicated by standard deviations of 3.79 and 3.69. There was a small difference in the number of women

named as responsible parent, with 69.1% at timepoint one and 71.0% at timepoint two. There were a larger proportion of responsible parents who were in employment at time point two (73.6%). compared to timepoint one (69.1%). This only refers to the responsible parents so it is possible that the employment status of the other parent may be different for two-parent households or families. The relative proportions of participants in their resident countries were equivalent at both timepoints, with the majority reporting living in England (84.8%). The majority (82.5%) reported living in urban as opposed to rural areas (17.5%), again with equivalent proportions at each timepoint. There was little change in the number of siblings in households of the child respondents, and it was most commonly reported that children had one sibling in their household (40.1% at timepoint one and 39.8% at timepoint two). Reported descriptive statistics for the participants were limited to the two timepoints. Whilst it might be interesting to compare participant characteristics to the general population, there are several possible relevant groups that this might include. Groups such as the general population of adults, adults within certain income brackets, parents of any age children, parents of specific age children. This is before considering the timepoint at which this is collected. As the current study focused on the specific experience of welfare reform change, it was not felt necessary to include a general population comparator.

**Table 3**

*Participant Characteristics*

| | Timepoint 1 | | Timepoint 2 | |
|---|---|---|---|---|
| Variables | N | % | N | % |
| Benefit received | | | | |
| Legacy Benefits | 259 | 96.3 | 239 | 88.8 |
| Universal Credit | 10 | 3.7 | 30 | 11.2 |
| Mean Age (SD)* | 11.87 (.83) | | 13.91 (.78) | |

| | | | | |
|---|---|---|---|---|
| Child Gender | | | | |
| Male | 145 | 46.1 | - | - |
| Female | 124 | 53.9 | - | - |
| Ethnicity | | | | |
| Ethnic Minority Group | 90 | 33.5 | - | - |
| White Group | 179 | 66.5 | - | - |
| Parental Wellbeing | | | | |
| Parental longstanding illness or disability | 90 | 33.5 | 109 | 40.5 |
| No reported parental illness or disability | 179 | 66.5 | 160 | 59.5 |
| Mean parental wellbeing score (SD) | 2.69 (3.79) | | 2.63 (3.69) | |
| Responsible parent gender | | | | |
| Female | 186 | 69.1 | 191 | 71.0 |
| Male | 83 | 30.9 | 78 | 29.0 |
| Parental Employment | | | | |
| Parent in paid employment | 186 | 69.1 | 198 | 73.6 |
| Parent not in paid employment | 77 | 28.6 | 70 | 26.0 |
| Residency | | | | |
| England | 228 | 84.8 | - | - |
| Wales, Scotland, Northern Ireland | 41 | 15.2 | - | - |
| Urban area | 222 | 82.5 | - | - |
| Rural area | 47 | 17.5 | - | - |
| Number of (natural, adopted or step) siblings in household not including child respondent | | | | |
| no siblings | 42 | 15.6 | 46 | 17.1 |
| one sibling | 108 | 40.1 | 107 | 39.8 |
| two siblings | 67 | 24.9 | 67 | 24.9 |
| three siblings | 32 | 11.9 | 30 | 11.2 |
| four or more siblings | 20 | 7.43 | 19 | 7.06 |

*Note*. *The symbol* - indicates no change in variable across timepoints

### 3.3 Descriptive Statistics for Outcome Variables

The means and standard deviations for the total SDQ scores were calculated as the SDQ was the outcome measure of interest for the purpose of this research. They were calculated for both timepoints and are outlined below.

The mean SDQ total score (total is the sum of emotional symptoms, conduct problems, hyperactivity/inattention and peer relationships problems subscales and is scored from a range of 0-40). The SDQ for timepoint 1 was 11.01 (*SD* = 6.67) and for timepoint 2 it was 11.82 (*SD* = 6.34). Scores ranged from 0.00 – 32.00 for timepoint 1 and from 1.00 – 30.00 for timepoint 2. Visual examination of the histograms demonstrated non-normal right-skewed distributions for both timepoints, which was also evident by significant Shapiro-Wilk tests ($W(269) = .970, p<.001$; $W(269) = .969, p<.001$). Following application of a square root transformation, the mean transformed SDQ for timepoint 1 was 3.18 (*SD* = 1.01) and for timepoint 2 it was 3.30 (*SD* =.96). Inspection of histogram and Shapiro-Wilk test's ($W(267) =.992, p=.146$) and ($W(269) =.988, p=.021$) change demonstrated a Gaussian distribution for timepoint 1 and although it was still not a Gaussian distribution for timepoint 2 , it was closer than pre-transformation.

For the first research hypothesis, the variable SDQ Change score was calculated. This variable was created by subtracting the SDQ scores from timepoint 1 from the SDQ change scores from timepoint 2. The mean SDQ change score was .70 (*SD*=5.52). Scores ranged from -19.00 – 18.00. As visual inspection of a histogram showed a Gaussian distribution, a transformation was not undertaken.

**3.4 Outcome from Tests of Assumptions for Regression Analyses**

For the first regression analysis, which was a simple linear regression, assumptions were met. Observations were independent and errors were normally distributed according to examination of a histogram. Examination of scattergrams suggested that linearity and homoscedasticity were met (see Appendix B).

For the multiple regressions assumptions were also met. When examining the regression correlations between predictors for timepoint 1, there were some significant correlations. These included SDQ scores and the following outcomes and Universal Credit status ($r$ =.126, $p$ =.022), GHQ ($r$ =.174, $p$ =.003), child gender ($r$ =.148, $p$ =.009) and child ethnicity ($r$ =.234, $p$ <.001). Along with this, parental GHQ scores and parental illness/disability ($r$ =-.277, $p$ <.001), and parental employment status ($r$ =.199, $p$ =.001). Additionally, Child age and parental employment status ($r$ =-.124, $p$ =.022). Parental illness/disability and employment ($r$ =-2.84, $p$ <.001) and number of siblings in household ($r$ =.140, $p$ =.013) were also correlated.

For timepoint 2 there were also some significant correlations. These included the SDQ scores and the following variables - GHQ scores ($r$ =.194, $p$ <.001), parental long-standing illness/disability ($r$ =-.117, $p$ = .001), and ethnicity ($r$ =.189, $p$ <.001). Additionally, there was correlation between Universal Credit status and parental wellbeing ($r$ =-.113, $p$ = .134), parental employment status ($r$ =-.163, $p$ = .005) and parental GHQ scores ($r$ =-.113, $p$ = .037). Other correlations included parental GHQ scores and child age ($r$ =-.116, $p$ = .034), parent illness/disability ($r$ =-.361, $p$ <.001), employment status ($r$ =-309, $p$ <.001) and number of siblings ($r$ =-.164, $p$ = .005). Finally, Parent employment status was correlated with age ($r$ =-.141, $p$ = .013), parent illness/disability ($r$ =-.335, $p$ <.001) and ethnicity ($r$ =-.114, $p$ = .036). However, despite this significance, the coefficients themselves were small for both timepoints and therefore the requirement for a lack of multicollinearity was satisfied. For timepoint 1 twelve cases (4.46%) of studentized deleted residuals were greater than ±2.0 standard deviations which is within the 5% of cases that can be expected to be within that. Of these 1.86% were greater than ±2.5 standard deviations. There were no leverage values greater than 0.108, suggesting there were no observations with unusual predictor values that were outliers with respect to the independent variable. Similarly, for timepoint 2, 2.6% of studentized deleted residuals were greater than ±2.0 standard deviations which is within the 5% of cases that can be expected to be within that. Of these none were greater than ±2.5 standard

deviations, indicating a lack of outliers biasing the regression. There was independence of residuals, as assessed by a Durbin-Watson statistic of 2.261 for timepoint 1 and a Durbin-Watson statistic of 2.010. for timepoint 2. For both sets of analyses there were no values for Cook's distance above 1, suggesting that there was little risk of outlier observations exerting influence on the model. There were no leverage values greater than 0.108, suggesting there were no observations with unusual predictor values that were outliers with respect to the independent variable. For time point 1, there was furthermore no evidence of multicollinearity, as assessed by Tolerance values greater than 0.1 and VIF (Variation Inflation Factor) values ranged from .806 and 1.00. This was also seen in timepoint 2, as assessed by Tolerance values greater than 0.1 and VIF (Variation Inflation Factor) values ranged from 1.000 to 1.220. The assumption of normality was met, as assessed by Q-Q Plots. There was linearity as assessed by partial regression plots and a plot of studentised residuals against the predicted values. Plots can be found in Appendices C and D.

### 3.5.1 Regression Analyses

A simple linear regression analysis was run for the first research hypothesis. This regression analysis examined whether the variable longitudinal pattern in benefit status could significantly predict SDQ change scores. The regression was not statistically significant ($R^2$ =.000, $F(1, 265)$ = .018, $p$=.894. The predictor values indicted that the longitudinal pattern in benefit status predicted none of the variance from a model without predictors ($\beta$ =-.013, $p$ = .894).

Two separate linear multiple regressions using the Enter method were run at each time point. This was to examine whether the addition of Universal Credit status improved the prediction of young people's (transformed) SDQ scores. This data is described below.

A linear multiple regression using the Enter method was run at each of the two timepoints. This was to examine whether the inclusion of Universal Credit status (i.e., on Universal Credit or on legacy benefits) improved the model's ability to predict young people's (transformed) SDQ scores. The models also included variables including parental mental wellbeing, child age, child gender, parental health/disability, parental employment status, child ethnicity (White or BAME), and the number of siblings in the household. This data is described below and included in Tables 4 and 5.

***Timepoint One***

Model 1 which examined the inclusion of the benefit status variable did not explain a significant proportion of the variance at the Bonferroni adjusted alpha of .25. ($R^2$ =.016, $F$(1, 251) = 4.071, $p$=.045) from a model without predictors. The addition of parental wellbeing (GHQ) to the model (Model 2) led to a statistically significant increase of 4.9% of the variance ($\Delta R^2$ =.033, $F$(1, 250) = 8.622, $p$=.004). A positive significant beta value (β = .048, $p$=.004) indicated that higher scores on the parental psychological distress measure GHQ predicted higher scores on the child SDQ outcome. The addition of the child's age to the model (Model 3) did not lead to a further statistically significant increase in the variance explained ($\Delta R^2$ =.001, $F$(1, 249) = .286, $p$=.593; β =, 04).

The addition of the child's gender variable (Model 4) explained 7.3% of the variance ($\Delta R^2$ =.023, $F$(1, 248) = 6.186, $p$=.014) from a model without predictors. A significant beta value, (β =.309, $p$ =.014.) for the variable which was coded as 0 (female) and 1 (male) indicated that if the independent variable is 1 (male) an increase in .309 might be seen in the transformed SDQ scores.

The addition of the categorical predictor parental illness or disability (Model 5; $\Delta R^{2=}$.00, $F$(1, 247) = .102, $p$=.750), parental employment status (Model 6; $\Delta R^{2=}$.00, $F$(1, 246) = 0.26, $p$=.871) and number of siblings in the household (Model 8; $\Delta R^{2=}$.001, $F$(1, 244) =

.225, $p$=.635) did not lead to significant $R^2$ change. In Model 7, the addition of the binary predictor variable of ethnicity (White or Ethnic Minority) showed a significant increase in the variance explained of 4.9% ($\Delta R^2$=.049, $F(1, 245) = 13.616$, $p$<.001. A significant beta value, ($\beta$ =4.84, $p$ <.001) for the variable which was coded as 0 (BAME) and 1 (White) indicated that if the independent variable is 1 (White) an increase in 4.84 would be expected in the transformed SDQ scores.

The full model of benefit reform status, GHQ score, child age, child gender, parental illness/disability, parental employment status, number of siblings in the household and ethnicity was statistically significant and explained 12.3% of the variance ($R^2$= .123, $F(8, 244)$=4.280, $p$<.001; adjusted $R^2$ =.094). See Table 3 for full details on each regression model including confidence intervals.

***Timepoint Two***

For timepoint two, Model 1 which examined the inclusion of the benefit status variable did not explain a significant proportion of the variance at the Bonferroni adjusted alpha of .25. ($R^2$ =.005, $F(1, 248) = 1.232$, $p$=.268; $\beta$ = -.210) from a model without predictors. The addition of parental wellbeing (GHQ) to the model (Model 2) led to a statistically significant increase of 3.5% of the variance ($\Delta R^2$ =.035, $F(1, 247) = 9.062$, $p$=.003). A positive significant beta value ($\beta$ = .050, $p$=.003) indicated that higher scores on the parental psychological distress measure GHQ predicted higher scores on the child SDQ outcome. The addition of the child's age to the model (Model 3) did not lead to a further statistically significant increase in the variance explained ($\Delta R^2$ =.008, $F(1, 246) = 1.992$, $p$=.159; $\beta$ =, .110). The addition of the child's gender variable (Model 4) did not explain a significant proportion of the variance ($\Delta R^2$ =.00, $F(1, 245)$ = .011, $p$=.918) from a model without predictors ($\beta$ =-.013 $p$ =.918). The addition of the categorical predictor parental illness or disability (Model 5; $\Delta R^2$=.003, $F(1, 244)$ = .647, $p$=.422; $\beta$ = -.107), parental

employment status (Model 6; $\Delta R^2$=.000, $F(1, 243) = 0.41$, $p$=.840; β =.031), and number of siblings in the household (Model 8; $\Delta R^2$=.003, $F(1, 241) = .685$, $p$=.409; β =-.036) did not lead to significant $R^2$ change.

In Model 7, the addition of the binary predictor variable of ethnicity (White or Ethnic Minority) showed a significant increase in the variance explained of 6.2% ($\Delta R^2$=.063, $F(1, 242) = 10.426$, $p$=.001. A significant beta value, (β =4.23, $p$ =.001) for the variable which was coded as 0 (BAME) and 1 (White) indicated that if the independent variable is 1 (White) an increase in 4.23 would be expected in the transformed SDQ scores.

The full model of benefit reform status, GHQ score, child age, child gender, parental illness/disability, parental employment status, number of siblings in the household and ethnicity was statistically significant and explained 9.2% of the variance ($R^2$= .092, $F(8, 241) = 3.066$ $p$ = .003; adjusted $R^2$ =.094). See Tables 4 and 5 for full details on each regression model including confidence intervals.

**Table 4**

*Linear Regression Analysis Examining Predictability of Adolescent Self-Reported SDQ Scores at Timepoint 1 (Wave 7)*

| *N*= 253 | | Unstandardized Coefficient | | 95.0% Confidence Interval | | Sig. (*p*) |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Lower Bound | Upper Bound | |
| Model 1<br>$r^2$ = .016<br>$r^2$ change = .016 | Universal Credit status | .684 | .339 | 0.16 | 1.352 | .045 |
| Model 2<br>$r^2$ = .049<br>$r^2$ change = .033 | Universal Credit status | .734 | .335 | 0.75 | 1.393 | .029 |
| | Parental wellbeing (GHQ) | .048 | .016 | 0.16 | 0.81 | .004 |
| Model 3<br>$r^2$ = .05<br>$r^2$ change = .001 | Universal Credit status | .744 | .336 | 0.083 | 1.404 | .028 |
| | Parental wellbeing (GHQ) | .048 | .017 | 0.16 | 0.81 | .004 |
| | Child's age | .040 | .075 | -.108 | .188 | .593 |
| Model 4<br>$r^2$ = .073<br>$r^2$ change = .023 | Universal Credit status | .674 | .333 | 0.18 | 1.330 | .044 |
| | Parental wellbeing (GHQ) | .052 | .016 | 0.019 | 0.84 | .002 |
| | Child's age | .040 | .074 | -.106 | .187 | .588 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Child's gender | .309 | .124 | 0.64 | 0.553 | .014 |
| Model 5 | Universal Credit status | .678 | .334 | 0.020 | 1.336 | .043 |
| $r^2$ = .073 | Parental wellbeing (GHQ) | .050 | .017 | 0.016 | 0.084 | .004 |
| $r^2$ change = .00 | Child's age | .041 | .074 | -.106 | 0.187 | .586 |
| | Child's gender | .306 | .125 | 0.060 | 0.551 | .015 |
| | Parental long-standing illness or disability | -.044 | .136 | -0312 | 0.225 | .750 |
| Model 6 | Universal Credit status | .681 | .335 | 0.021 | 1.342 | .043 |
| $r^2$ = .073 | Parental wellbeing (GHQ) | .050 | .017 | 0.016 | 0.084 | .004 |
| $r^2$ change =.00 | Child's age | .042 | .075 | -0.106 | 0.190 | .576 |
| | Child's gender | .307 | .125 | 0.060 | 0.554 | .015 |
| | Parental long-standing illness or disability | -.038 | .141 | -0.316 | 0.240 | .788 |
| | Parent in paid employment | .023 | .144 | -0.261 | 0.308 | .871 |
| Model 7 | Universal Credit status | .622 | .328 | -0.023 | 1.267 | .059 |
| $r^2$ = .122 | Parental wellbeing (GHQ) | .046 | .017 | 0.012 | 0.079 | .008 |
| $r^2$ change = .049 | Child's age | .051 | .073 | -0.094 | 0.195 | .492 |
| | Child's gender | .308 | .122 | 0.67 | 0.549 | .012 |
| | Parental long-standing illness or disability | -.069 | .138 | -0.341 | 0.202 | .615 |
| | Parent in paid employment | -.047 | .142 | -0.327 | 0.233 | .740 |
| | Child's ethnicity (White or ethnic minority) | .484 | .131 | 0.225 | 0.742 | 0.00 |
| Model 8 (final model) | Universal Credit status | .627 | .328 | -0.019 | 1.274 | .057 |
| $r^2$ = .122 | Parental wellbeing (GHQ) | .045 | .017 | 0.012 | 0.079 | .008 |
| $r^2$ change =.001 | Child's age | .051 | .074 | -0.94 | 1.96 | .490 |
| | Child's gender | .307 | .123 | 0.548 | 0.548 | .013 |
| | Parental long-standing illness or disability | -.084 | .141 | -0.362 | 0.195 | .554 |
| | Parent in paid employment | -.65 | .147 | -0.355 | 0.225 | .659 |
| | Child's ethnicity (White or ethnic minority) | .492 | .132 | 0.231 | 7.52 | .000 |
| | Number of siblings in household | .024 | .051 | -0.076 | 1.25 | .635 |

*Note*. The total N for the regression analysis is less than that of the sample due to missing predictor data

**Table 5**

*Linear Regression Analysis Examining Predictability of Adolescent Self-Reported SDQ Scores at Timepoint 2 (Wave 9)*

| *N*= 250 | Unstandardized Coefficient | 95.0% Confidence Interval | | Sig. (*p*) |
|---|---|---|---|---|

| | | B | Std. Error | Lower Bound | Upper Bound | |
|---|---|---|---|---|---|---|
| Model 1<br>$r^2$ = .005<br>$r^2$ change = .005 | Universal Credit status | -.210 | 0.189 | -0.582 | 0.163 | .268 |
| Model 2<br>$r^2$ = .040<br>$r^2$ change = .035 | Universal Credit status | -0.146 | .187 | -.515 | 0.223 | .437 |
| | Parental wellbeing (GHQ) | .050 | .017 | 0.17 | 0.82 | .003 |
| Model 3<br>$r^2$ = .048<br>$r^2$ change = .008 | Universal Credit status | -.139 | .187 | -0.507 | .229 | .457 |
| | Parental wellbeing (GHQ) | .052 | .017 | 0.082 | 0.85 | .002 |
| | Child's age | .110 | .078 | -0.044 | 0.264 | .159 |
| Model 4<br>$r^2$ = .048<br>$r^2$ change = .00 | Universal Credit status | -.139 | .187 | -.508 | 0.230 | .459 |
| | Parental wellbeing (GHQ) | .052 | .017 | 0.020 | 0.085 | .002 |
| | Child's age | .110 | .078 | -0.044 | 0.264 | .160 |
| | Child's gender | -.013 | .121 | -0.252 | 0.264 | .918 |
| Model 5<br>$r^2$ = .050<br>$r^2$ change = .003 | Universal Credit status | -.129 | .188 | -0.499 | 0.241 | .493 |
| | Parental wellbeing (GHQ) | .047 | .018 | 0.012 | 0.082 | .011 |
| | Child's age | .112 | .078 | -0.42 | 0.266 | .151 |
| | Child's gender | -.014 | .121 | -0.253 | 0.225 | .921 |
| | Parental long-standing illness or disability | -.107 | .133 | -0.368 | 0.155 | .467 |
| Model 6<br>$r^2$ = .051<br>$r^2$ change =.00 | Universal Credit status | -.124 | .190 | -0.498 | 2.49 | .513 |
| | Parental wellbeing (GHQ) | .047 | .018 | 0.011 | 0.082 | .011 |
| | Child's age | .114 | .079 | -0.042 | 0.269 | .151 |
| | Child's gender | -.012 | .12 | -0.253 | 0.228 | .921 |
| | Parental long-standing illness or disability | -.100 | .137 | -0.370 | 0.170 | .467 |
| | Parent in paid employment | .031 | .153 | -0.270 | 0.331 | .840 |
| Model 7<br>$r^2$ = .090<br>$r^2$ change = .063 | Universal Credit status | -.168 | .187 | -0.536 | 0.200 | .369 |
| | Parental wellbeing (GHQ) | .049 | .018 | 0.014 | 0.084 | .007 |
| | Child's age | .135 | .078 | -0.018 | 0.288 | .084 |
| | Child's gender | -.008 | .120 | -0.244 | 0.227 | .944 |
| | Parental long-standing illness or disability | -.093 | .135 | -0.358 | 0.172 | .492 |
| | Parent in paid employment | -.022 | .151 | -0.319 | 0.275 | .883 |
| | Child's ethnicity (White or ethnic minority) | .423 | .131 | 0.165 | 0.681 | 0.01 |
| Model 8 (final model)<br>$r^2$ = .092<br>$r^2$ change =.003 | Universal Credit status | -1.57 | .187 | 0.212 | 0.212 | .404 |
| | Parental wellbeing (GHQ) | .051 | .018 | 0.087 | 0.087 | .005 |
| | Child's age | .137 | .078 | 0.291 | 0.291 | .079 |
| | Child's gender | -.013 | .120 | 0.224 | 0.224 | .916 |
| | Parental long-standing illness or disability | -.069 | .138 | 0.202 | 0.202 | .617 |
| | Parent in paid employment | .011 | .156 | 0.318 | 0.318 | .946 |
| | Child's ethnicity (White or ethnic minority) | .415 | .132 | 0.674 | 0.674 | .002 |
| | Number of siblings in household | -.036 | .044 | 0.050 | 0.050 | .409 |

*Note*. The total N for the regression analysis is less than that of the sample due to missing predictor data

# Chapter 4. Discussion

## 4.1 Chapter Summary

This discussion chapter provides a summary of the findings of the research. It draws on relevant theory and literature, along with the systematic review, to add context to the findings. It is hoped that this chapter will support the developments of richer understandings of the research. This chapter considers the strengths and limitations of this research, many of which link to limitations of using secondary data for analysis. It points to the possible clinical implications, policy implications and gives suggestion of how this research might be developed for future research. The chapter includes a reflective statement from the researcher.

## 4.2 Overview of main findings

The purpose of the present study was to explore whether children in families that are on Universal Credit had worse psychological wellbeing outcomes than children that were in families on legacy benefits as a result of moving onto Universal Credit. This research also wanted to compare psychological wellbeing outcomes of children on Universal Credit and legacy benefits. A secondary aim of the study was to examine whether the model identified any other predictors influencing child mental health outcomes. A simple regression examining change over time in SDQ scores according to the longitudinal pattern in benefit status was run. Following this, two separate multivariate linear regression models were run at the separate timepoints for the single sample.

### 4.2.1 Research hypotheses

For the first research hypothesis, the longitudinal pattern in benefit status was not found to significantly predict the variance in SDQ change scores. This meant that the

hypothesis that "Children in families that are on Universal Credit will have worse psychological wellbeing outcomes than children that are in families on legacy benefits as a result of moving onto Universal Credit" was rejected.

The second research hypothesis was that "Children in families on Universal Credit will have worse psychological wellbeing outcomes than children in families on legacy benefits". This hypothesis was also rejected as a result of two sets of regression analyses at two separate timepoints.

This might be considered as inconsistent with the findings of the systematic review which indicated that families were vulnerable to experiencing distress as a result of the welfare reform and suggestions such as by Sandhu (2016) that children may also be vulnerable to experiencing adverse outcomes. However, it builds on the review's findings to expand our understanding of the impact on low-income families. Although the research has rejected these initial hypotheses, it is important to recognise that this research is preliminary examination of a pilot programme and hopes to prompt further exploration and questioning into this area.

Linear regression models were used to investigate the potential independent association between other possible factors of children's well-being and the Strengths and Difficulties (SDQ) scores. The models found association between limited other included variables and SDQ scores at both timepoints. For both time points, the parental wellbeing proxy, the General Health Questionnaire (GHQ-12), was a statistically significant predictor of child SDQ scores and explained an additional 3.3% and 3.5% of the variance. For timepoint one gender explained 2.3% of the variance (where males tended to have higher SDQ scores), but this did not explain a statistically significant proportion of the variance for timepoint two (0%). For both timepoint one and timepoint two, ethnicity explained the largest proportion of the variance 4.9% and 3.9% respectively) with higher SDQ scores for the White

ethnicity group compared to the Black and Ethnic Minority group. For both timepoints the inclusion of child age, parental illness or disability, parental employment status, and number of siblings in the house did not explain significant variance. The full model which included all variables was significant for both timepoints and explained 12.3% of the variance for timepoint one and 9.2% of the variance for timepoint two.

### 4.3 Interpretation of results

The results indicated that there were not significant changes in SDQ outcomes according to both whether the child's family were moved onto Universal Credit or not, and comparatively for children whose families received legacy benefits or Universal Credit. This suggests that the process of changing to Universal Credit was not associated with worsening psychological distress for children in the sample. It also suggests that children in families receiving legacy benefits or Universal Credit do not have different levels of psychological distress as a result of their families differing Universal Credit (whether they received Universal Credit or legacy benefits)

The insignificance may reflect the age of the children (mean ages 11.87 and 13.91), which may be defined as adolescent. As they become adolescents, the importance of different factors changes, and hence the importance of changes in the benefit system in their household may have a lesser impact on children than it does parents. For instance, we also understand from child development research that as children age the influence of their peers increases (e.g., Ciranka & van den Bos, 2019). As other factors, such as peer influence, hold more importance in the child's life, the impact of the family financial circumstances may decrease. This may be interpreted as in line with an attachment based neurodevelopmental model, which might understand this as adolescence is a period of peak neurobehavioral sensitivity to social stimuli (Albert, Chein & Steinberg, 2013; Andrews, Ahmed & Blakemore, 2021;

Schriber & Guyer, 2016). It is important to note however, that these are possible interpretations for a specific result, at a specific timepoint. Whilst exploring these may help point those in positions of support to think of ways in which we can better care for those who are vulnerable, in holding in mind pluralism, this research should be understood as exploratory and one version of a truth (Pedersen & Wright, 2012). There is a need for more research, but also acknowledgement of the subjectivity and variation in people's lived experiences. With that in mind, the interpretations used should be considered as tentative attempts to understand what might be happening.

One theoretical perspective through which these findings might be understood is Bronfenbrenner's bioecological model of development (Bronfenbrenner & Evans, 2000). This multidimensional systemic model of human development is based on the tenet that the individual exists within systems at different levels, specifically as micro-, meso-, exo-, macro- and chronosystems. These systemic levels interact with one another and affect change, growth, and development of the child. Events in one system or at one systemic level influence and are influenced by the other systems and systemic levels. It may be that events at an economic level may impact on parental wellbeing, but that this distress is held within this meso-system, and it may interact on other not measured aspects of child development, or may it may be that other systems hold influence, limiting the extent to which it may impact on the child's wellbeing.

The findings of the review in chapter 1 indicated that there may be a range of statutory, voluntary, and informal ways in which people receive extra support to cope with the ways in which the process of claiming Universal Credit has created distress. These included homelessness services, local councils, citizens advice workers, NHS staff and families and friends. Drawing on this, it may be tentatively suggested that families may be receiving support, mitigating the risk of wellbeing impact on the children. The surroundings

may be better able to, to a greater or lesser extent, provide support, through services such as Citizens Advice and GP practises, as well as possibly informal channels of advice and support. In line with this, it may be that families have strategies in place already to manage some of the difficulties associated with accessing the legacy benefits systems, which have supported minimising impact of the transition.

Parental wellbeing outcomes predicted a significant proportion of child wellbeing outcomes at both timepoints. This was in line with research which suggests that maternal mental health can predict child mental health outcomes (Straatmann et al., 2019). Research examining 14-year-olds prevalence of socioemotional behavioural problems showed an increased relative risk (RR) where there was evidence of maternal mental health problems. Of those with mothers with mental health problems, 16.5% were reported to develop socioemotional behavioural problems, whilst for those with mother's who did not report mental health problems, 7.3% developed socioemotional behavioural problems. This was calculated to indicate an RR of 2.25 (1.81 to 2.79) (95% CI) for those with mothers with mental health difficulties, compared to a 1.00 risk for those without. Socioemotional behavioural problems were similarly measured by the SDQ although a cut off was used by Straatman and colleagues (2019) study to make a binary distinction between normal to borderline behaviour and socioemotional behavioural problems. This was not used by the current research as it served to examine psychological wellbeing more broadly within the general population.

However, meta-analytic evidence (Connell & Goodman, 2002) has found that for the association between mental health problems in fathers and child internalising problems, the weighted mean effect size was .14, and for mothers the weighted mean effect size was .18. Both these effect sizes are small in magnitude, and account for less than 5% of the variance in children's internalizing problems. The research suggested that there was heterogeneity which

may indicate moderating variables. In a follow-up contrast, a stronger association was found between mothers' than fathers' mental health problems and children's internalizing behaviour problems ($g = 0.04, p < .05$) although the difference between the average effect sizes is small. For internalising problems, there were similar findings. For mothers, the weighted mean effect size was .17, and for fathers the weighted mean effect size was .16. Again, these are small effect sizes and heterogeneity was reported. For externalising, a follow up contrast found that the weighted mean effect sizes for mothers and fathers were not found to be significantly different from one another ($g = 0.01, p < .05$) (Connell & Goodman, 2002). Although the meta-analytic evidence points to a minimal effect of poverty, any possible variables which may influence poorer mental health outcomes should be explored. Moreover, the current research examined a broader concept of psychological wellbeing and did not examine clinical populations with regards to the parents or children. However, the metanalysis examined clinical populations of parents and included clinical populations of children. It did point to a possible avenue for future exploration, which might be examining whether including parental gender together with parental wellbeing affects the predictability of the model in future research.

The results of the first chapter in this thesis started to touch on the possibility that shifts in benefit systems might be experienced as psychologically distressing by adults. The results of this study have developed this further to suggest that the change in benefits is not experienced as differentially distressing by the children in the household. In the systematic review, a possible interpretation that was considered was with regards to a holding environment. With acknowledgement of Winnicott's (1965) position that "social provision is very much an extension of the family", the role of the State is to hold individuals, particularly in relation to welfare was explored. It was questioned whether an adequate holding environment can be provided within the context of a neoliberal welfare state. Recipients exist

in the context of a government discourse of welfare recipients living "off the hard work of others" (Cameron, 2011) and their access to support is contingent on meeting a set of conditions. This raises questions as to the extent to which this can this be considered a stable and reliable environment for those that need this support. Gerson (2005) and Kellond (2022) expanded on Winnicott's ideas for a welfare state that provides a holding environment. They emphasised the need for stability to support the family to provide a holding environment in turn. A quote from which exemplifies this said:

> The need for stability in the caregiver-child dyad would make reliable social institutions necessary, institutions capable of sheltering the family unit from extremes of poverty and insecurity, through social insurance and children's allowances. If the caregiver, most often the mother, is to provide the child with a good-enough holding environment, then the home itself must have a similar holding environment, provided by the welfare state. (Kellond, 2022, p119)

The review prompted us to consider parents as particularly vulnerable to welfare reform and wonder whether this may impact children. Gerson (2005) has touched on this, in explaining the responsibilities of the state in ensuring parents are supported. Gerson (2005), in interpreting Winnicott's ideas, suggested that secure social institutions are a necessity in order to ensure that the child and their home are held. Aspects of the reform such as changes in income security, humiliation, shame, rigidity, distancing, and conditionality may provoke levels of distress in the parents that may mean it is difficult to provide psychological safety for their offspring. Although this research has indicated that children were not differentially impacted in terms of their psychological wellbeing outcomes, by the change in welfare reform, it may be hypothesised that this might be a result of the parent holding the distress. We can ethically question whether it is good practise to provide a holding environment for caregivers that can be argued as no longer good enough. Whilst there was not significant

impact on children's wellbeing outcomes, there may be other aspects of parenting practises that were impacted, and there may be a longer-term indirect effect of the impact on parental wellbeing. It is unsurprising that the mental health of individual children would be mediated through their experiences of being held through the family system. However, with the decline in extended family and broader community support networks (Arlidge, 2002) we might consider with concern, how long this can continue for.

The variation in the results for gender between timepoints may be better understood within the context of previous UK-based research. The sample were younger at timepoint one, which may impact the influence of gender, however the relationship between age and gender and SDQ/wellbeing outcomes seems to vary across studies (e.g., Booker et al., 2014; Booker. Kelly & Sacker, 2018). Research suggests that there may be other variables that influence different outcomes in gender and SDQ, such as social media interactions (Booker et al., 2018). The influence of gender, if there is one, may therefore be more complex than could be captured by the model. It may require the inclusion of variables that were not included in this research to support model development and generate an understanding of whether there is an influence, and if there is, variables that impact on this.

The results for ethnicity were consistent with previous research. Whilst research suggests that ethnic minority children may have poorer mental health than white children in early childhood, in adolescence (the age group in this analysis), White children tend to have worse mental health (E.g., Bains & Gutman, 2021). According to ethnicity. Indian, Pakistani, and Bangladeshi children experienced a greater rate of linear decrease across age than white children. Given the lower rate of decrease for white children, however, white children had similar or higher levels of mental health problems by age 14 (Bains & Gutman, 2021). Further UK-based research has also documented ethnic differences in adolescent mental health. South Asian adolescents had significantly fewer mental health problem, as defined by

total difficulties score from the Strengths and Difficulties Questionnaire, than white adolescents (Stansfeld et al., 2004). Research examining the SDQ total difficulties score found that ethnic minority adolescents reported higher levels of psychological wellbeing than their white peers despite experiencing more adversity in terms of racial discrimination (Astell-Burt, Maynard, Lenguerrand & Harding, 2012). Despite this, there is a paucity of research examining differences in psychological wellbeing outcomes according to ethnicity, which impacts on our understanding of where these differences may come from. Astell-Burt et al. (2011) reported that white adolescents in more deprived neighbourhoods had poorer psychological well-being, comparative to ethnic minority adolescents who appeared resilient to a potential effect of neighbourhood deprivation. Hence, results may reflect the economic status of the current group. It would be interesting to see whether this result would be replicated in a group which includes children and adolescents from a broader range of incomes.

Despite this, when considering the results for ethnicity, the significance of ethnicity must be reflected on in light of questions raised by the Child Outcomes Research Consortium regarding measurement invariance across ethnicities (Ruby, 2020). They reviewed the available evidence and concluded that there were mixed results regarding whether the SDQ is invariant across ethnicity. They pointed to the lack of evidence across contexts including the UK where there was not enough research to conclude whether the scale is meaningful across all representative ethnic groups such as Black British youth (Ruby, 2020). Therefore, it is important that meaningful outcome measures (both qualitative and quantitative) are identified and incorporated into research and household panel surveys such as Understanding Society from which this data was drawn, so that this can be adequately investigated. There is a clear need for more examination of whether the SDQ is a meaningful outcome measure, across ethnic groups to ensure that research represents the diversity of the population. There is a

need to investigate what outcome measures may be meaningful. Whilst it is important that race and ethnicity are included in research, there may need to be more consideration of how these aspects of an individual experience might impact on the validity of the tools used. In addition, from a cultural perspective there are variations in how "mental health" is understood and differing "idioms of distress" (e.g., see Desai & Chaturvedi, 2017) that influence how language used in questionnaires such as SDQ are interpreted.

When considering issues of diversity, another limiting aspect of the dataset from which this research was drawn was that where respondents needed to respond in a language that was not one of those translated, either a household member was requested to support with translation, and where this was not possible, the family were informed that they were no longer needed to take part. This may have impacted on the range of people included, although again, it may be worth considering whether the outcome measures used would be culturally appropriate for those not included.

The lack of significance across both timepoints of long-term/chronic illness and/or disability on outcomes is inconsistent with the literature for both chronic illness and disability and youth outcomes. Research has indicated that there was an increased risk of symptoms of anxiety and depression in adolescent girls and boys (mean age of 15) who had a parent in chronic pain (Kaasbøll, Lydersen & Indredavik, 2012). Moreover, meta-analytic evidence has found a significant effect size for both internalising and externalising problem behaviour in children of parents with chronic health problems compared to children of parents without these problems, although this effect was moderated by age and decreased for older children (Sieh, Meijer, Oort, Visser-Meily & Van der Leij, 2010). Young people (aged 10-25) with parents with an illness or disability were found to have poorer adjustment outcomes; this was found to be impacted by predictability of the illness such that unpredictability was associated with more difficulties. Other factors such as increased isolation, and perceived maturity were

also associated with level of difficulties for this group (Ireland & Pakenham, 2010). There may be mediating factors such as parenting and individual coping variables that are involved in the relationship between parental illness or disability and adolescent wellbeing outcomes. Sieh and colleagues (2012) found that high quality parent-child interactions and especially high quality of parent attachments were associated with lower levels of child stress. This points to the importance of these as possible variables of influence (Sieh et al., 2012). However, Gough & Gulliford, (2020) when taking a strengths based exploratory approach found that significant relationships, self-efficacy, social support, and school connectedness were supportive for young carer adjustment. Further to this, research using the wider Understanding Society dataset, has reported that there was a significant association between a parent's self-reported long-term limiting illness and SDQ total difficulties score for youth aged 10-15 (Booker & Sacker, 2011). These associations were partly accounted for in part by caring/being cared for and the physical and mental functioning of the family member with a long-term limiting illness. These variables, along with the aforementioned possible variables of influence including self-efficacy and significant relationships, were not included in the current study, and so may have had some influence on outcomes. Consequently, a study limitation was that it only included whether the responsible parent had an illness or a disability. It was beyond the scope of this doctoral research to include multiple parents, or to further explore possible mediating factors for this variable, but these unexplored areas may help to contextualise this finding. As a result, this may be an area for future research to explore.

There was also no significant impact of employment status. This was partially in line with UK based literature which found no evidence that paternal job loss affected the mental health of adolescent children aged 15-20 as measured by responses on the Mental Health Inventory (MHI-5). However, this research indicated that maternal job loss involving a

sustained period of unemployment impacted on mental health of the children. The mental health of the daughters was more greatly affected by job loss than that of adolescent sons. The researchers hypothesised that this may reflect the more conflict laden nature of mother and adolescent daughter relationships. However, this is reductionist and indicates that there may be more complexity to the impact job loss may have on children (Bubonya, Cobb-Clark & Wooden, 2017), although this was an older sample. The current study was limited in that it only examined the impact of job loss of the responsible parent and so there may have been job loss unaccounted for by this data set, that may have impacted on psychological wellbeing outcomes. The examination of just the single primary parent is a limitation of the study and although it was not an objective of this research, it may be interesting for future investigations to compare results for two parent and single parent households. When considering employment status, there is evidence suggesting an association between unemployment and worsened mental health outcomes for the unemployed person (Cygan-Rehm, Kuehnle & Oberfichtner, 2017). If this was the case for the parents in the sample, it may indicate that the mental health and variability in these analyses were accounted for by the multiple regression model which examined parental distress (as measured by the GHQ-9) prior to employment status. Different combinations and orders of multiple regression models may be something to be further explored in future research.

The number of siblings was included to explore whether a strain was experienced by larger families. The study did not specifically examine whether the families were affected by the introduction of the two-child child tax credit limit which may also contribute to extra strain on some families. The study included the number of siblings to understand whether there were particular difficulties in larger families. Families are only subject to the two-child child tax limit, for the third or subsequent child(ren) born on or after 6 April 2017. Specific examination of the impact of this on families subjected to this, would be a useful area for

future research. The systematic review highlighted the impact of financial difficulty associated with the change to Universal Credit, and it may be interesting to examine whether there are any qualitative differences for children whose families have been financially impacted in this specific way.

Theoretical explanations and implications of specific findings have been explored. However, it is also important to consider the broader theoretical implications of doing population- based research into policy level changes to consider whether there is any impact on child psychological wellbeing outcomes. Liberation psychology includes the specific analysis of oppression, which includes poverty, discrimination, marginalisation, and social exclusion. Moane (2017) described three principles of liberation psychology. These were (1) that understanding, and intervention require an analysis of social conditions at a systemic level, (2) needing to understand psychological patterns related to oppressive social conditions, and (3) supporting processes of change that include transforming internalised oppression and developing the capacity of those who are oppressed to take action. As with the systematic review, this research has started the process of analysis of socio-political conditions, although in this case it is considering the analysis at an individual and familial level. It has explored whether there might be an impact on wellbeing that extends beyond those immediately claiming the benefits to those children in the immediate system. Although this research has suggested there is not an impact on children, it has importantly opened this up as an avenue for future researchers and evaluators of the reform. It has also raised the question of what is considered appropriate for evaluation by those who develop policy and reforms. It asks *why is this the case?* and *should this be different?* The research has attempted to understand whether there are psychological patterns associated with the oppressive social conditions of the process of changing to Universal Credit for a child within a family affected by this. It asks this in an arguably reductive manner but acknowledges its shortcomings. The

research forms initial pilot research because of the scarcity of families on Universal Credit in the data available as the reform is rolled out. This research will not provide a conclusive answer, if that is something that can be achieved, but it narrows down the questions. As this reform is taken up across the nation, further studies can be developed as a response. This research encourages policy makers to pause and reflect on the possible negative impact the reform may have. The current study cannot claim to transform internalised oppression or develop the capacity of those who are oppressed to take action. Nevertheless, despite the lack of a conclusive finding, the experiences of distress of the few are important and need to be contemplated. This research might be thought of as a call to action for further research, and an opening up of further avenues for exploration. It may be a compassionate reframing of difficulties such families experience, acknowledging systemic influences beyond their control that impact them. It may additionally be considered a prompt to clinicians to reflect on the wider social systems within which the people that they work with exist in. In terms of a liberation psychology perspective, this research reinforces the perspective that there is an urgent and proactive need for socio- political understandings of distress conceptualisation and causation.

Whilst it is important not to take this research as an indication of an absolute truth, it is also imperative not to ignore both the knowledge shared by the participants in the systematic review, and the knowledge and experiences of the parent and children who have indicated their distress on a questionnaire. There will be nuance and alternative stories and explanations that can enrichen our understanding of what distress looks like and where it comes from. This research opens avenues for consideration of the power political decisions have over the lived realities of the lives of some of the more vulnerable and marginalised in society.

### 4.4 Strengths and limitations

Many of the strengths and limitations relate to the use of a secondary dataset and have been identified and explored in previous research (e.g., Hofferth, 2005). Strengths include using a high-quality dataset, which has a good reputation and has been widely used by researchers and to influence policy (Understanding Society, 2009). The distance of those analysing the data from the collection of the data, might decrease the bias in the sample collection. Weaknesses include using a dataset which was not designed to answer the specific question of the researcher, meaning that the appropriateness and acceptability of the items and scales can be questioned. These are explored in more detail in terms of how they specifically relate to this research, but it felt important to note that these merits and challenges are not unique to this piece of research. Use of such a dataset, and of quantitative data also enabled the research to utilise powerful statistical strategies to explore relationships and a range of possible explanatory variables.

A strength which is unique to this research is that this is the first study to examine the impact of the welfare reform Universal Credit on young people's wellbeing outcomes. It adds to the literature aimed at understanding firstly the impact of this specific reform, and secondly the predictors for young people's wellbeing. By considering these it offers us space to explore how we might mitigate against threats to the wellbeing of young people during such a critical period of their life. Moreover, the relatively large sample and power increases the generalisability of the findings. However, despite the large sample, the variables 'longitudinal pattern in benefit status' and 'Universal Credit status' had groupings of considerably different sizes. The small sample size for some of the groupings may mean there is a risk that the experimental hypotheses may have been incorrectly rejected, and therefore these results should be interpreted with caution. The sample sizes were due to the limited number of people receiving and moving onto Universal Credit at the point of answering the

survey, as for the timepoints captured Universal Credit was, and technically remains in its pilot stages. It is hoped that this preliminary research however can be used to inform strategy around further implementation and policy change.

A limitation of the study is that it was unable to capture more recent data, due to data collection points and the timeline of analyses. It also examined snapshots in time, rather than change over time. The sample size, although large enough to provide substantial power to the research, was still limiting, as a larger sample would have enabled the research to capture more intricate understandings of predictors such as ethnicity. The included sample was limited by a lack of racial diversity, which led to the amalgamation and dichotomisation of racialised groups as 'white' and 'ethnic minority'. It was therefore unable to capture the complexity and experience of belonging to different ethnic groups. It is possible, based on previous literature (Sandhu, 2016), that belonging to specific ethnicities or racialised groups may have had a predictive effect on outcomes, or a mediating effect for the variables included. However, as a third of the sample was from the broader amalgamated "ethnic minority' group, this may be considered as more than representative of the UK context where 14.0% of the population is from an ethnic minority background (Gov.UK, 2018). However, a large sample would also have enabled the research to explore other wider contextual factors such as urban environment, resource in local area, and conditions in schools. In addition, familial factors such as parenting style or attachment or perceived ability to manage income, and individual factors such as child experiences of bullying, or disability could be explored in a larger sample.

The research was limited by the household panel survey from which the data was drawn, not only in terms of sample size, but also in the questions and variables that the study was able to explore. The study could only examine adolescents of a specific age due to the data collection timepoints. There was a reliance on pre-specified variables which narrowly

detail what specific phenomenon are. The identification of "wellbeing" as measured by the SDQ has already been critiqued as not being representative across different ethnic and racialised groups (Ruby, 2020). The SDQ more widely has limitations of a self-report measure which seeks to 'measure' complex phenomena associated with wellbeing. The SDQ additionally suffers from the common difficulty in the variability in interpretations and responses to questionnaires. It is important to scrutinise the SDQ because of the elevated position it has in services. The SDQ is used increasingly as an instrument for screening in social care as well as in CAMHS and Looked After Children's mental health support teams (as mentioned in Bergström & Baviskar, 2021;Wright, Wellsted, Gratton, Besser & Midgley, 2019). It was considered an appropriate measure to use, in part due to its commonality with the measures already used in services, which may make it easier to draw clinical implications from the findings. However, the critique that it is not established as appropriate for racialised groups and ethnic minorities means that further examination of such a use of this measure is warranted. Wright et al., (2019) caution against using the SDQ as the solitary measure of identifying mental health difficulties, whilst acknowledging that this is contrary to government policy which encourages this. This is a clear limitation of this study. This study generated research which would be useful in terms of interpretation from a policy perspective, but it is possibly limited in terms of construct validity. Furthermore, the moderate test-retest reliability (Yao et al., 2009) is a limitation of using the SDQ as the results of SDQ's completed at later timepoints might have been influenced by the lack of retest reliability. However, there is strong internal consistency and good concurrent validity (Muris et al., 2003) which are strengths of using this outcome measure.

In addition, critique can be raised with regards to the GHQ-12 and its ability to identify distress related to economic status. Research found that the original GHQ-12 score led to an underestimation of the effect of psychological distress on transitions into improved

economic states, such as unemployment into employment (Brown, Harris, Srivastava & Taylor, 2022). They reported this using data from the British Household Panel Survey and Understanding Society over the period 1991 to 2016, which overlapped with the set used by the current research for timepoint one. It is possible that the distress experienced by parents who transitioned to unemployment may have been underestimated by the measures used in this study. Given that a large proportion of the participants were unemployed (~50%), this may mean that the relationship between parental wellbeing and child wellbeing, may also benefit from further investigation.

Further to this, this research was limited in that it only included data from a single parent identified by the dataset as the child's primary responsible parent. There may be mitigating or different results for the impact of the GHQ scores on outcomes for children with two parent families where wellbeing outcomes of both parents are included, but it was beyond the scope and aims of this research to examine this. This may be of interest for future research to examine.

Subjective income strain was a variable which is included in the Understanding Society database. It was not possible to extract data on this for the two timepoints included in the study, as like the SDQ it is not collected yearly. This variable may have provided some insight into a possible mechanism by which distress occurs within individuals and families who have experienced a change in benefits.

DeSouza (2004) explained reflexivity within a constructivist-oriented position involves an admission by researchers that their "social position, personal histories, and lived experiences matter" (p. 473) and impact in the way in which the research becomes constituted. It involves an admission that these personal and professional histories and experiences "matter" in our framing of the questions/issues we raise as inquirers. In accordance with this definition of reflexivity, this research acknowledged and considered

this. Whilst there has been an acknowledgement of positionality and reflexivity with regards to the introduction and discussion, there has been little consistent examination of the impact this may have had on the process of analysis and interpretation of the results.

### 4.5 Implications for clinical practise

Whilst the results were not conclusive regarding the impact of Universal Credit on adolescent's wellbeing outcomes, there was an effect at time point one which reflected the experiences of distress for this group. The potential for impact on child wellbeing is something that clinicians should nonetheless remain alert to. The lack of research exploring child vulnerability highlighted in the systematic review, suggests that this is an under examined area. This, along with parental wellbeing, should be examined as a broader contextual risk factor. There may moreover be a more complex relationship between parental wellbeing, Universal Credit, and child wellbeing than the data and modelling were able to capture at this time. Together with the results of the systematic review, we are reminded of the complex contextual circumstances in which the adults and child service users may be navigating. For those supporting adults with children, it is worth considering that this may be an additional source of difficulty, and for those supporting adults, it may be helpful to explore parental mental health and financial circumstances.

When considering an "attachment informed" approach it is important to acknowledge that welfare systems are not "psychologically informed environments" (PIEs) and hence often work against the caring function of such provision. There may be a role for psychologists in examining this and supporting the development of psychological thinking in such systems.

These findings indicate the importance of approaches that place difficulties in social context rather than simply reinforcing the idea of individual "deficits" and solutions.

Centering approaches such as those that privilege the voice of the service user may be a constructive and progressive step. These may involve privileging the voices of the service user or expert by experience and enabling thinking to be led by them. It may involve utilising a framework such as the Power Threat Meaning Framework (Johnstone & Boyle, 2018) which seeks to create more hopeful narratives or stories about their lives and the difficulties they have faced or are still facing. Therapeutically, an approach such as narrative therapy might be used within the context of supporting service-users to explore the impact of neoliberal discourses. Therapists can draw on alternative and 'thickened' stories (e.g., Morgan, 2000) to interrogate what it means to live through conditionality, financial difficulties and the stories that are told about this. It is important not to undermine the lived realities and difficulties of those in these situations. Therapeutically, it is also important not to challenge or contest these as difficulties, but to re-frame them and draw out a fuller story of their life. A systemic lens may support clinicians to examine how these young people and their parents are positioned. If they may present to services for distress, the problem may be positioned as within them. Where circumstances are found to be difficult for service-users, clinicians, recognising this, could use their power to advocate for them. Clinicians can hold in mind the variety of systems and the multiplicity of ways in which they may interact. Bronfenbrenner highlighted this in developing a bio-ecological systems theory (Bronfenbrenner & Evans, 2000). Clinicians may see the impact at an individual level, but in holding in mind a broader approach, they can understand and intervene at the levels of the microsystem, the mesosystem, the macrosystem and the exo-system. This could be working with the school or the family to provide containment. it could be supporting the relationship between the school and family. It could be working with the community and local authority or exploring whether there are specific pressures locally. It might be advocating for local

systemic change or advocating for national policy level change to social and economic structures.

As psychologists this could be expanded to alterations to the training that is offered and the extent to which it considers the impact of policy change. Current standards for British Psychological Society accreditation for doctorate courses reference "The Society's role is to develop and support the discipline of psychology, and to disseminate psychological knowledge to the public and policy makers." (The British Psychological Society, 2019). They do not however, reference the responsibility of teaching to develop psychologists that can disseminate psychological knowledge along with the psychosocial and socio-political where it relates to psychology. The HCPC is the body which provides standards for proficiency for clinical psychologists in the UK. The HCPC (2015) suggests that practitioner clinical psychologists should understand "problems with mainly psychosocial factors including problems of coping, adaptation and resilience to adverse circumstances" and have an "ability to assess social context". This seems more hopeful, but neglects to link the work of clinical psychologists with considering the broader impact of policy changes which may be on the individual and may be on the systems around them.

Further to this, clinicians might be aware of the potential impact on clinicians, as well as patients, who have lived through such systems. Recognition of the potential of experiencing a lack of holding and of being let down, by the State, may help us to consider personal dynamics within organisations. In particular, organisations such as the NHS which in the context of austerity are often underfunded (e.g., Leys, 2020) and under resourced may not meet ideal clinical standards of practise may inadvertently replicate the lack of an adequate holding environment from wider systems. Awareness of this may be helpful for managers, human resource professionals, and organisational consultants.

Although there has been acknowledgement of the need for additional support in child mental health support in recent years, much of the investment has been in CYP-IAPT initiatives Lea (2015) and so has drawn from the Improving Access to Psychological Therapies (IAPT) mandate. From a systemic perspective, this may mean that the problem is located within the child, which incurs the risk of excluding wider factors. Whilst a 'Whole School Approach' has been developed as part of this (Public Health England, 2021) the underlying principles maybe considered as somewhat individualistic. These principles include promoting resilience, enabling students to influence decisions, identifying the need for interventions, working with parents and carers, targeted support, and a respectful environment. The wider impact of austerity on the community was disputably not integrated into this model. Whilst this may include Universal Credit, it may also mean considering closure of public libraries, youth clubs and children's centres (Alston, 2019). A decrease in school nurses and decrease in social work and NHS provision (Leys, 2020; Miller, 2019; Mills, 2022) may also be seen. Therefore, whilst 'Whole School Approach' may promote working with parents and carers, the emphasis appears to be on providing pathways into individual support within a school context. It might be contended that this is beyond the scope or responsibility of this programme, but it is important to reflect on it as a function of individualising distress which may be located in wider structural issues.

### 4.6 Implications for policy

The Department for Work and Pensions has stated that it aims to "create a fair and affordable welfare system which improves the life chances of children" (Department for Work and Pensions, 2022e). Although this research has not indicated a difference in children's psychological wellbeing outcomes, it is of note that the DWP does not currently include it as part of its evaluation. In order to support the service to meet this aim of

improving life chances of children, the evaluation targets for the Department for Work and Pensions should be expanded to explore the holistic impact. This should extend into considering the impact on adults, people from the afore mentioned vulnerable categories, as well as to adolescents and younger children. The DWP had identified the Understanding Society database as a possible source of data (Department for Work and Pensions, 2012), making it a logical and possible expansion, although there are limitations to using this dataset. The DWP may contemplate slowing the roll out of Universal Credit, until it has ascertained the impact that it may have more widely and put in place support to mitigate this.

This research holds particular significance in the current context of the Covid-19 pandemic and inflated costs for living. The cost of living has been increasing across the UK since early 2021. In April 2022, inflation reached its highest recorded level. The ONS estimates that it is currently higher than at any time since around 1982 (Francis-Devine, Harari, Keep, Bolton & Harker, 2022; Payne, 2022). Inflation is set to have a larger impact on lower income families, who may have to devote a larger proportion of their total budget or disposable income on things such as gas, which is one of the areas of inflated costs of living (Karjalainen & Levell, 2022). This will contribute to increased strain on families receiving Universal Credit. The potential risk of this might be considered as part of the policy deliberations regarding not only Universal Credit, but also regarding price caps on goods and services. The impact of this may go beyond the financial impact to have effects on children and their family's psychological wellbeing.

When taking public social spending as a percentage of GDP, in 2022, the UK's social spending was reported at 21.6%. This places it as barely above the average of 21% for OECD countries (The Organisation for Economic Co-operation and Development; OECD, 2022). It is noticeably lower than countries including France (31.0%), which has a similar level of GDP, as well as Finland (29.1%), Belgium (28.9%) and Denmark (28.3%). The UK is in a

position where it could devote and prioritise a larger proportion of its GDP towards public social spending, similar to these other countries.

In examining the design of welfare system in Britain, Briggs, (1961) shared three principal elements of welfare which have been identified with the 'institutional' model of welfare. These included a guarantee or minimum standard, including a minimum income, social protection in the event of insecurity, and the provision of services at the best level possible. In practise, it has been argued that social welfare in the United Kingdom is very different from this ideal. Esping-Andersen (1990) classified the UK welfare state as a restrictive 'liberal' regime, along with countries including the United States of America, Australia and Canada. Such regimes tend towards lower levels of state intervention, leaving market-forces to establish a level of social security, to which the state makes modest reallocations. The assistance is means tested and are often associated with stigma. This might be considered in line with the neoliberal ideology underpinning the current government (e.g., Fuchs, 2016; Glover & Maani, 2021). This model is also known as the Anglo-Saxon model and is further characterised by minimal decommodification (i.e., income support for those outside the labour market) as well as mostly private forms of insurance. A paper outlined four models, or 'welfare worlds' of welfare capitalism within Europe (Begg, Mushövel & Niblett, 2015) based on concepts developed by Esping-Andersen (1990) and Ferrera (1996). These included the Liberal/Anglo-Saxon model, along with the Social-democratic/Scandinavian model, the Corporatist/continental model, sometimes also known as 'Bismarckian', and the Southern model.

The social democratic model, which is also known as the Scandinavian or Nordic model, is a distinct approach to the Liberal model. It exists at the most interventionist end of the spectrum. Scandinavian states of Sweden and Denmark are examples of social-democratic welfare regimes. These approaches guarantee universal benefits at more generous levels.

They include the stratification of universal social welfare as a universal right. The state is the main provider of social welfare, and such systems are characterised by high social expenditure, active labour market policies and increased public-sector employment (Begg et al., 2015). Such systems promote an equality of high standards, rather than an equality of minimal needs. An example of this is in pre-emptively socialising the costs of caring for children, older adults and those with disabilities or specific extra needs. In Sweden, this vision is exemplified by the concept of *folkhelm* or 'people's home' as a metaphor for the socio-democratic society. This was a vision of a society which cared for its citizens 'from the cradle to the grave', where individuals could be treated equally and without stigma regardless of benefit recipient and social status (Hilson, 2020). The Nordic countries are reported to be among the richest and happiest countries in the world, and welfare policies have been cited as an important cause of that happiness (Greve, Blomquist, Hvinden & van Gerven, 2020).

The Corporatist/continental model, sometimes also known as 'Bismarckian' is seen in Northern-central Europe, typified by Germany and France. It is exemplified by varying degrees of decommodification and stratification, preserving the status of workers. The main provider of welfare is the family, but the contributory principle ties many benefits to employment history. Social security is supplemented with contributory benefits (such as pensions and unemployment support). Work and employment hold high levels of importance with insurance obligations coming into effect automatically at the beginning of a paid job. Early retirement is seen as a way in which more jobs can be provided but there are traditionally no active labour market policies (Begg et al., 2015; Hemerijck, Palm, Entenmann &Van Hooren, 2013).

The Southern model, which is seen in Spain, Italy, Greece, and Portugal includes insider-based entitlements. It uses the extended family as the core unit but includes income maintenance. There is strong job protection, with fulltime work being favoured over

temporary working arrangements. However, there is typically no active labour market policy. This model has been described as reliant on unpaid female work, solidarity of extended family members, a division of labour across gender lines and voluntary/church organisations (e.g., see Fowlds, 2019).

It is important to recognise that whilst countries may be grouped into the same 'welfare world', these are ideal types and they may still have somewhat distinct approaches from each other (Begg et al., 2015). Thus, they may not conform perfectly to the typology of the world they are assigned. This may be considered a critique of these models of welfare. The UK's NHS is an example of the universal welfare state, delivering free healthcare to citizens according to need. However, the UK might take some learning from the socio-democratic model of welfare of the Scandinavian states, which focus on equality of access and standards for all. It may be worth examining not only the policy, but also the investment, model and principles that underlie it. In doing so, this might invite a shift towards more debate and promotion of shared social values and responsibility than is currently held in the UK. In the UK current positions are polarised and there appears to be an emphasis in both main political parties on "hard working families" as being the voters that matter. There is a need for upheaval and reform of the current system of welfare, which should re-examine the current driving values as well as the policies it details. Calls to scrap it have been made across political parties (GreenParty.Org, 2019; Jayanetti, 2022; Labour.org.uk, 2019), and Professor Philip Alston, United Nations Special Rapporteur on extreme poverty and human rights has suggested a re-evaluation of the philosophy underpinning the reform. In additionally suggesting that there is a need to identify what would be required to restore an effective social safety net, he also indicated support for radical change.

### 4.7 Implications for future research

This study was an examination of the initial roll out of Universal Credit. Follow up studies will be able to take advantage of larger samples as it is further expanded. In the future it might be relevant to control more variables over time systematically in order to get a better sense of what kind of variation might occur in these groups. It might also be helpful to interview the participants so that we can gain insight into their perspectives on what may have changed and why they think this is. A wider variety of measures of wellbeing and/or distress could also be implemented, possibly from a variety of sources (for example parent and teacher cross-validation), as a limitation of this research was the reliance on a singular self-reported outcome measure examining a very broad phenomenon. It may also be useful to examine different populations including younger children. The results of the review suggested there may be particular impact on parental ability to provide for younger children. It would also be useful to examine clinical populations, where we are aware there is significant psychological distress, to enable us to better understand the trajectory towards this.

Further to this, it might be interesting to explore whether there are differences across localities. It may be possible that there is more resource in certain areas that may be protective, or it might be that greater inequality in areas contributes to increasing distress. The Easterlin Paradox (Easterlin et al., 2010) and Income Inequality Hypothesis suggests that socio-economic inequality relative to those around you affects health (Maio, 2014). Systematic review evidence has found that there is an association between higher levels of income inequality and poorer adult mental health at the subnational level (Tibber et al., 2022). This research did not explore this, but future research, with larger sample sizes, may be able to better explore whether there is distress experienced relative to area inequalities for those on Universal Credit. It would moreover be helpful to improve our understanding of

protective factors and possibly where resources should be proactively and reactively directed. Longitudinal research that is able to explore the specific impact of Covid-19 may also be useful. Larger numbers of individuals and families have been moved onto Universal Credit as a result of the pandemic, and the ensuing economic insecurity. Mixed methods and health-care methodologies may be more likely to understand processes of change and take into account social as well as individual factors. By using a range of methods including co-production and smaller scale participant studies a better understanding could emerge regarding the phenomenological experiences of people reliant on Universal Credit as well as a more nuanced account of wellbeing and process through use of more sensitive measures. This research hopes to have laid the groundwork for a range of future studies within the area.

### 4.8 Self Reflexivity

The results of this research speak to me at different levels. They firstly speak to my 'child-self' as someone who has experienced the difficulties associated with growing up on benefits. The results of the systematic review, and this research have left me feeling perhaps lucky that I experienced a legacy system. They have left me reflecting on my own psychological wellbeing as a child and wondering whether financial instability may have contributed to my own mental wellbeing. They have left me thinking about political reform that happens at such high levels, and the systematic extent to which that child, and that parent are dehumanised. It leaves me frustrated that their wellbeing, which may have been my own, or my mother's, is not considered by the State. The results have left me thinking about stigma associated with conditionality and of poverty, which feel intertwined. There is a sense that people are blamed and are seen as not having tried hard enough if their family needs extra help. It reminds me of the judgement that I felt from others as a child growing up in a low-income family, and I wonder whether the children in this study feel this too. I also wonder

whether it is harsher with the added context of conditionality. They speak to me as someone who has recognised the distress associated with financial struggles, and the wider impact they have on family life. I also wonder whether my experience of a single parent household contributed to my decision to examine just the wellbeing of the responsible parent, although there may be differences in outcomes that are accounted for by the presence of a second parent. It felt that to examine the second parent in more detail might detract from the initial purpose of the study which was the impact of the reform, rather than the differences between single and two parent households, but it may be interesting to look at in the future. It is possible that I hold some concern that there could be an element of criticism to examine differences between single and two parent households, and that I feel defensive about it.

More broadly, considering the responsibility of the government to provide containment is important to my 'adult self' on both a personal and professional level. There have been job losses and financial instability associated with the current Covid-19 pandemic, and a widescale movement onto Universal Credit. For me, to have faith that the system (into which so many of us contribute) could provide containment would ease my concerns for my loved ones, and for those I work with professionally, or for myself, should circumstances push me into needing State support. In my route into clinical psychology and through my training, I have spent a significant amount of my time working with children and their families. Through this I have witnessed a failure of the State to contain the needs of parents adequately. The transmission of this failure of containment has then passed to the parents who struggle to provide a holding space for their children. I have then seen this evolve in the child where their psychological wellbeing has been impacted. Completing this research has only strengthened my resolve that the socio-political conditions within which we all live and exist in must be challenged as part of our work. Whilst it is important to acknowledge that the research cannot be considered an absolute truth, it has provided a perspective which has not

been examined in existing evaluations of this welfare reform. It has highlighted wider political and ideological debate around generating a more social and collective understanding of wellbeing. Without this, whether intentionally or unintentionally, policies risk exacerbating the difficulties they are seeking to address. We might wonder whether there is a purposeful side effect of generating distressed families who cannot respond. It may reduce the likelihood and capacity of those who are impacted by it most to protest it.

In terms of my interpretations from the research, they draw from psychodynamic, liberation and systemic literature. These interpretations are influenced by connections I made to the psychodynamic and liberation psychology teaching on my clinical psychology doctorate course. A researcher from a different institution, or who did not engage with that teaching may have drawn different interpretations.

Furthermore, as someone from an ethnic minority background, understanding the extent to which the SDQ does not represent those who are like me, has been a point of difficulty. I have reflected on whether this was the right research for me to do. I have questioned whether I am perpetuating inequalities by using an outcome measure which does not adequately capture the difficulties of my own people. There is a lot of potential in household panel survey data, and that they hold great possibilities in expanding our understanding of people's experiences. However, I think such surveys need to be more sensitive to properly representing the experiences of the diversity of people included. The SDQ is an outcome measure that is widely used in CAMHS, and I cannot help but be struck by such widespread unquestioned use. It is interesting moreover, that this research was published in a blogpost (Ruby, 2020) which was not linked to the overall evaluation of the outcome measures. This makes me wonder what the process is behind what is deemed appropriate to share as an aspect of validity and reliability and what is not, and whether there may be unconscious racial biases involved. The Revised Children's Anxiety and Depression

Scale (RCADS) was indicated to be more representative (Ruby, 2020), although it does not cover as broad a spectrum of wellbeing, rather it focuses on anxiety and depression (Chorpita, Yim, Moffitt, Umemoto & Francis, 2000). However, this is the biggest household panel survey of its kind. If this survey does not adequately represent ethnic minorities, despite active efforts to do this such as through the minority boost sample, there is arguably a reduced chance that other secondary data sets would. This may speak to a wider flaw in using secondary data sets, but it also speaks to an important area for reform in the future. I think that for me, in doing future research I need to weigh up two things. These are the importance of using datasets such as these, which I see as important particularly as they link into the research used to inform policy, and the extent to which they represent people like myself. I wonder whether, with more time and resource, further research can explore appropriate measures.

It also feels important to reflect on the process of extracting this data. The process of data management was time consuming and arduous. Whilst it was incredible to have access to such a rich dataset, there were continuous difficulties with the SPSS data which often did not respond appropriately to commands. The difficulties of managing this data, may have provided me with some insight into some of the struggles that Universal Credit users may have experienced in managing the digitalisation of the system. It serves as a reminder that barriers (including technological ones) exacerbate inequalities.

### 4.9 Conclusion

In 2019, Philip Alston (the UN Special Rapporteur on extreme poverty and human rights) noted that the UK is the fifth richest country in the world, yet one fifth of its population (14 million people) live in poverty. In his examination into austerity, he stated that:

> It might seem to some observers that the Department of Work and Pensions has been tasked with designing a digital and sanitized version of the nineteenth century workhouse, made infamous by Charles Dickens, rather than seeking to respond creatively and compassionately to the real needs of those facing widespread economic insecurity in an age of deep and rapid transformation brought about by automation, zero-hour contracts and rapidly growing inequality. (Alston, 2019, p6.)

This sums up the results of the systematic review and this indifference appears to be mirrored in the lack of evaluation and literature which examines the possible impact of welfare reform on child wellbeing. This is for both the general population and for specific clinical populations. Moreover, there seems to be a paucity of literature which examines the possible impact of welfare reform on the extended family. This research therefore provided a foundation for further research to explore this, whilst furthering the results of the systematic review. The theoretical implications of this research, together with the systematic review might extend to tentatively developing and extending theory that explores the impact of live changes to systems and policies on children. We might consider that this research encourages broader thinking in relation to the development of policy practises. It may also further the understandings of the importance and wider spread impact of not having a 'good enough' holding environment from a government. In light of these findings, there is a wider debate that may need to be deliberated regarding the extent to which wellbeing is considered when developing and evaluating policies. It is a reminder that social policy is not neutral. It is important to examine and evaluate the ideological positions that inform policy to understand the consequences. In understanding the consequences, we can hopefully mitigate them. It seems that a systemic approach to considering the consequences may be necessary. The review suggested attending to the impact on services and friends and family who may have

been placed into a position of bridging gaps. This second piece of research suggests considering the impact on children in these families.

The importance of the influence of parental wellbeing on child wellbeing can be understood as reminiscent of the importance of a supported 'holder' (parent). This research has built on the findings of the review in the first chapter which started to develop an understanding of aspects of this reform that may impact on the State's ability to be 'good enough'. Whilst this research does not suggest that there is a direct impact of receiving Universal Credit rather than legacy benefits, or of changing from legacy benefits onto Universal Credit for children, the need for supporting parents is clear, including, supporting parents in the lowest income bracket, and the poorest of families. More research is needed to explore the experiences of the children in these families, particularly in the context of a cost of living crisis and economic recession. This research has been important in indicating that there may be a wellbeing impact of this welfare reform, that may point to further need for examination and reform. In a context of increased financial pressures relating to inflation and where meeting the basic costs of living is becoming increasingly untenable (Francis-Devine, Harari, Keep, Bolton & Harker, 2022; Payne, 2022) examination of Universal Credit is urgent.

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# Appendix A

## Understanding Society Ethical Approval

### Ethical approval statement

The University of Essex Ethics Committee has approved all data collection on Understanding Society main study and innovation panel waves, including asking consent for all data linkages except to health records. Requesting consent for health record linkage was approved at Wave 1 by the National Research Ethics Service (NRES) Oxfordshire REC A (08/H0604/124), at BHPS Wave 18 by the NRES Royal Free Hospital & Medical School (08/H0720/60) and at Wave 4 by NRES Southampton REC A (11/SC/0274). Approval for the collection of biosocial data by trained nurses in Waves 2 and 3 of the main survey was obtained from the National Research Ethics Service (Understanding Society - UK Household Longitudinal Study: A Biosocial Component, Oxfordshire A REC, Reference: 10/H0604/2).

For further details on the various committees which have provided ethical approval of the Understanding Society study and its components as appropriate see below:

**Main survey: Ethics approval was received from the University of Essex Ethics Committee**

- By letter dated 6 July 2007 for Waves 1 and 2
- By letter dated 17 December 2010 for Waves 3 to 5
- By letter dated 20 August 2013 for Waves 6 to 8
- By letter dated 4 October 2016 for Waves 9-11
- Ethics Approval number ETH1920-0123 for Wave 12
- Ethics Approval number ETH2021-0015 for Wave 13

# Ethics Application

## Ethics ETH1920-1571: Miss Leah Francis

| | |
|---|---|
| Date Created | 08 Jun 2020 |
| Date Submitted | 08 Jun 2020 |
| Date of last resubmission | 07 Dec 2020 |
| Academic Staff | Miss Leah Francis |
| Category | Postgraduate Research Student |
| Supervisor | Dr Hugo Carriera Gomes Senra |
| Project | The Impact of Universal Credit on Children's Psychological Outcomes |
| Faculty | Science and Health |
| Department | Health and Social Care |
| Current status | Signed off under Annex B |

## Ethics application

### Project overview

**Title of project**

The Impact of Universal Credit on Children's Psychological Outcomes

**Do you object to the title of your project being published?**

No

**Applicant(s)**

Miss Leah Francis

**Supervisor(s)**

Dr Hugo Carriera Gomes Senra

Mr Richard Pratt

**Proposed start date of research**

04 Jan 2021

**Expected end date**

05 Apr 2022

**Will this project be externally funded?**

No

**Will the research involve human participants?**

No

**Will the research involve the use of animals?**
No

**Will any of the research take place outside the UK?**
No

## Project details

**Brief outline of project**
The current study proposes to examine whether Universal Credit is a predictor of children's psychological distress as measured by the Strengths and Difficulties Questionnaire (Goodman, 1997). Data will be extracted and analysed using secondary data from the UK Longitudinal Household Survey (Understanding Society, access available via: http://www.understandingsociety.org.uk/), which is a national, population-based, multi-year study among people residing in the UK including 39,802 households. Data from two time-points (before UC and after UC) will be examined, and a multi-level model analysis of households with UC and households remaining on child tax credit will be conducted. The analysis will examine whether parental health, race, single parent status, along with the number of children in the household, and geographical wealth impacts on the predictive abilities of the model.

**Research project proposal**

## Confidentiality and anonymity

**Will you be maintaining the confidentiality and anonymity of participants whose personal data will be used in your research?**
Yes

**If yes, describe the arrangements for maintaining anonymity and confidentiality.**
Participant data will be downloaded in an anonymised format with participant numbers rather than names. Data will be stored on a university secure drive Box and temporarily downloaded to the researchers device for analysis.

**If you are not maintaining anonymity and confidentially, please explain your reasons for not doing so.**

## Data access, storage and security

**Describe the arrangements for storing and maintaining the security of any personal data collected as part of the project.**
Data is not identifiable and will be stored on a password protected university secure drive Box for the duration of the research. It will be temporarily downloaded to the researcher's device for analysis and then saved to Box. After this it will be destroyed. Data can only be accessed by applying for permission from UK Data Services and agreeing to the terms of their End User License.

**Please provide details of all those who will have access to the data.**

Those who have applied for permission from UK Data Services and agreed to the terms of their End User License will have access to the same secondary data.

## Risk and risk management

**Are there any potential risks (e.g. physical, psychological, social, legal or economic) to the researchers working on the proposed research?**
No

**If yes, please provide full details and explain what risk management procedures will be put in place to minimise the risks.**

**Are there any potential reputational risks to the University as a consequence of undertaking this proposal?**
No

**If yes, please provide full details and explain what risk management procedures will be put in place to minimise the risks.**

**Risk Assessment documents**
**Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of the reviewer(s) of your application?**

## University of Essex ERAMS

09/12/2020

Miss Leah Francis

Health and Social Care

University of Essex

Dear Leah,

**Ethics Committee Decision**

I am writing to advise you that your research proposal entitled "The Impact of Universal Credit on Children's Psychological Outcomes" has been reviewed by the Ethics Sub Committee 1.

The Committee is content to give a favourable ethical opinion of the research. I am pleased, therefore, to tell you that your application has been granted ethical approval by the Committee.

Please do not hesitate to contact me if you require any further information or have any queries.

Yours sincerely,

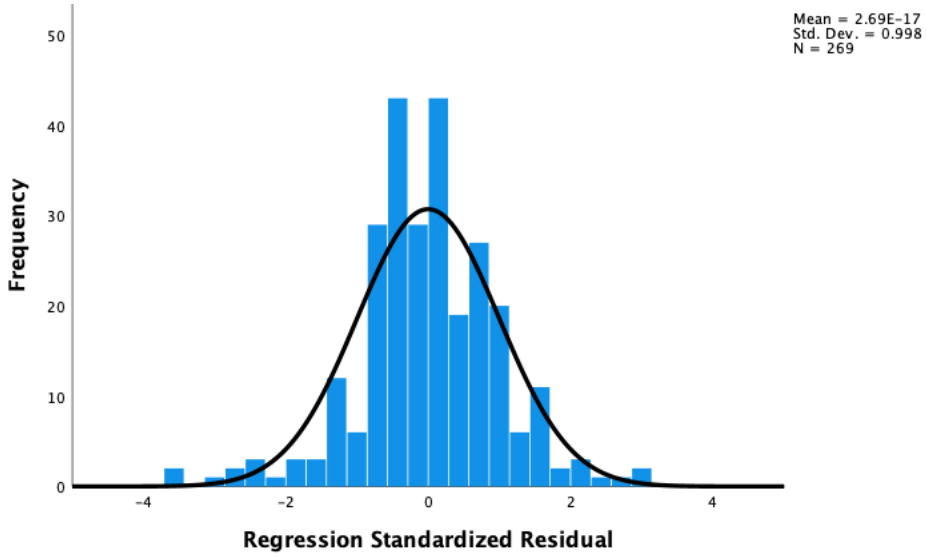
Gill Green

**Ethics ETH1920-1571: Miss Leah Francis**

## Appendix B

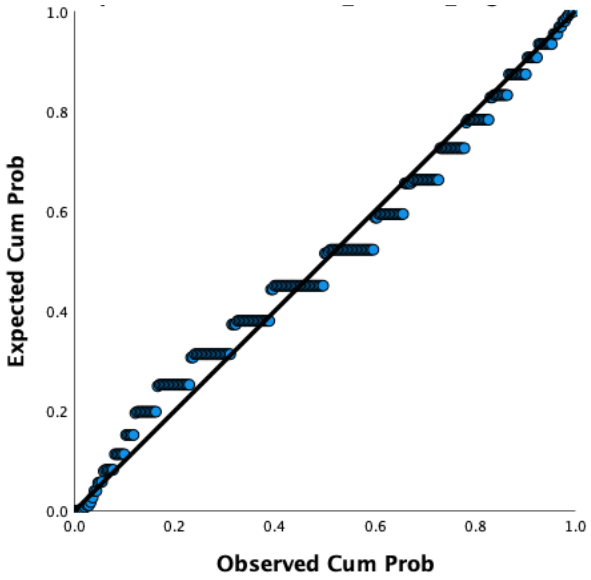
### Histogram

Dependent variable: SDQ change over time

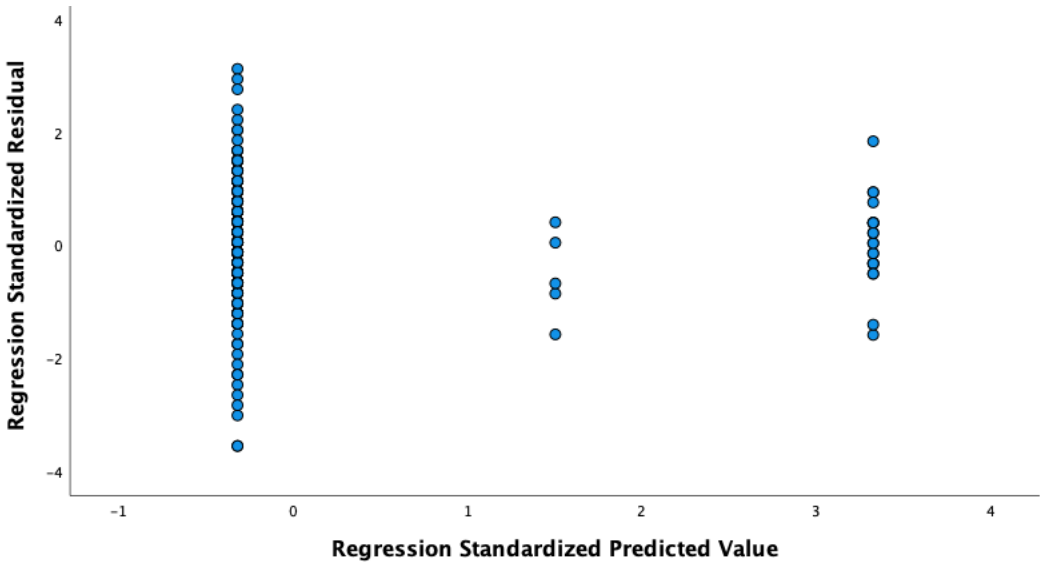



Normal P-P Plot of Regression Standardised Residual

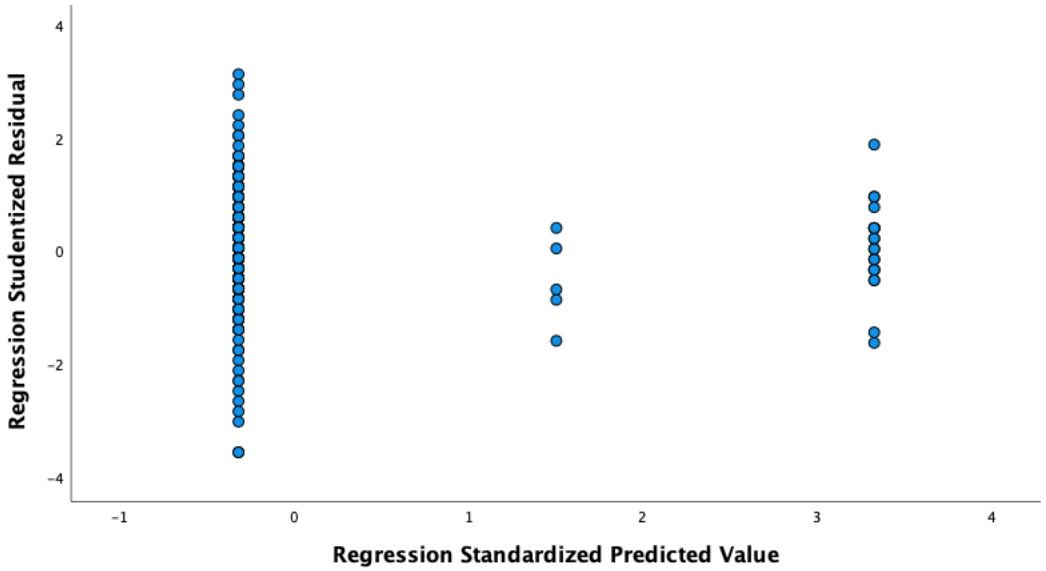
Dependent variable: SDQ change over time



Scatterplot
Dependent variable: SDQ change over time




Scatterplot
Dependent variable: SDQ change over time

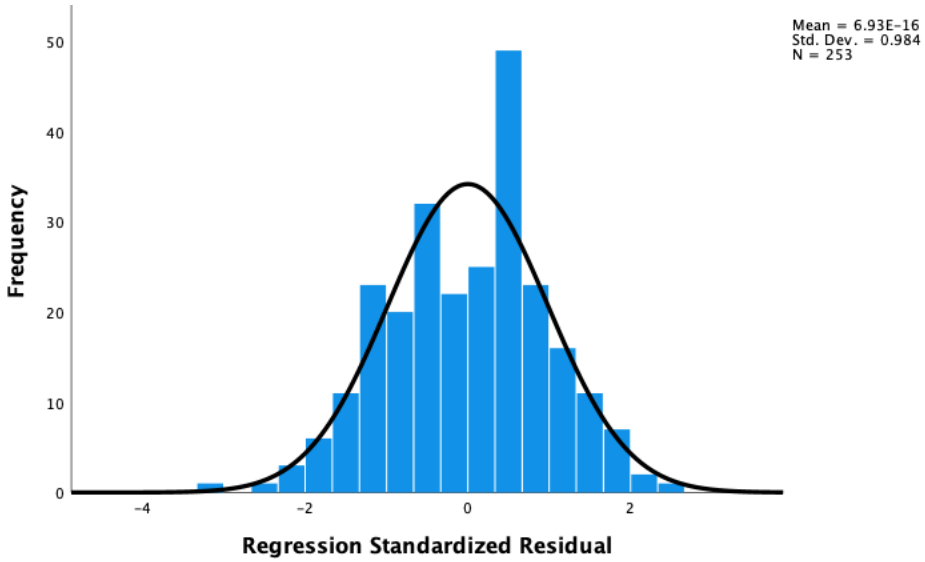


## Appendix C

### Timepoint One (Wave 7)

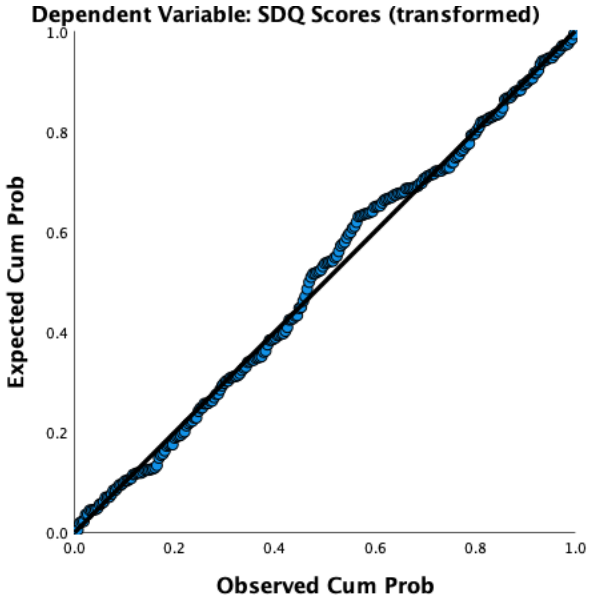
Histogram of the residual

**Dependent Variable: SDQ Score**



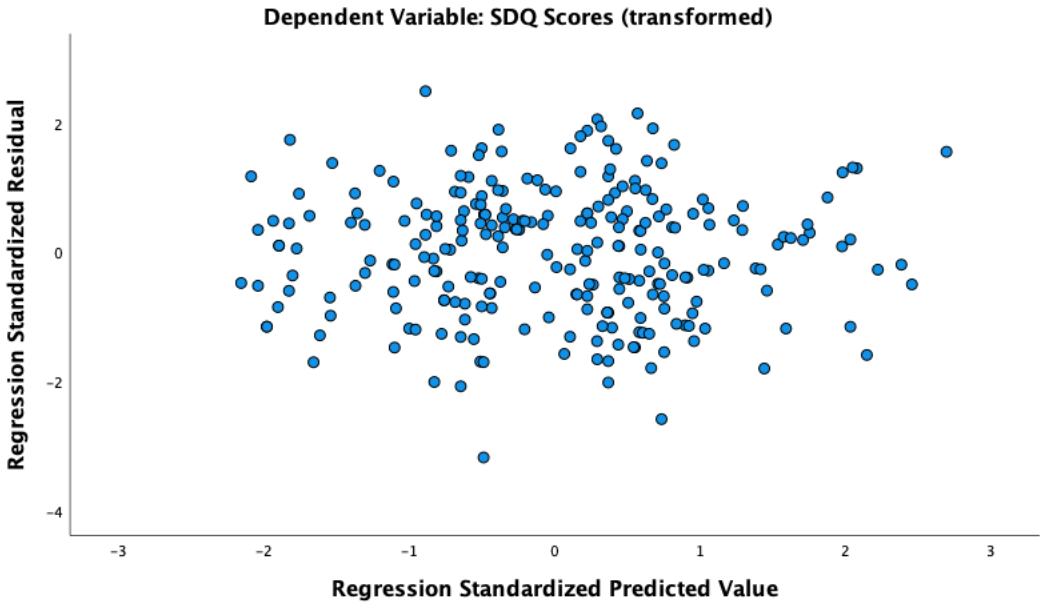

*Note*. The Histogram of the Residual can be used to check whether the variance is normally distributed. This histogram demonstrated a normally distributed variance.

Normal P-P Plot of Regression Standardised Residual Dependent Variable SDQ Score



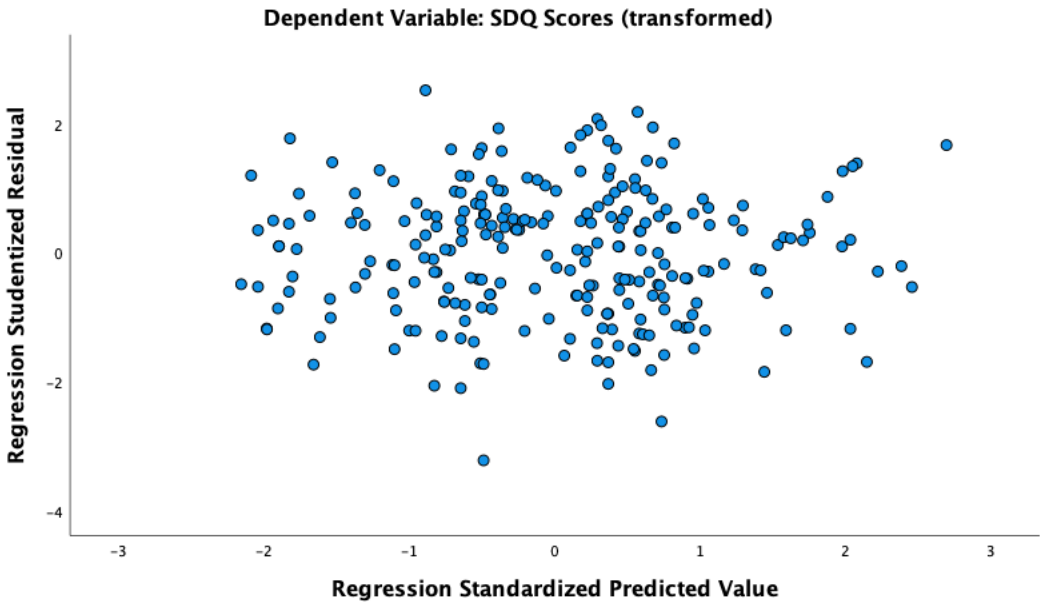

*Note*. The P-P plot compares the observed cumulative distribution function (CDF) of the standardized residual to the expected CDF of the normal distribution. This tests the normality of the residuals and not predictors. There are no points that are distant from the line that might indicate a distribution of the residuals that is not normal.

Scatterplot




*Note*. Residual scatter plots provide a visual examination of the assumption homoscedasticity between the predicted dependent variable scores and the errors of prediction. There does not appear to be a pattern here, suggesting that the model fits.

Scatterplot

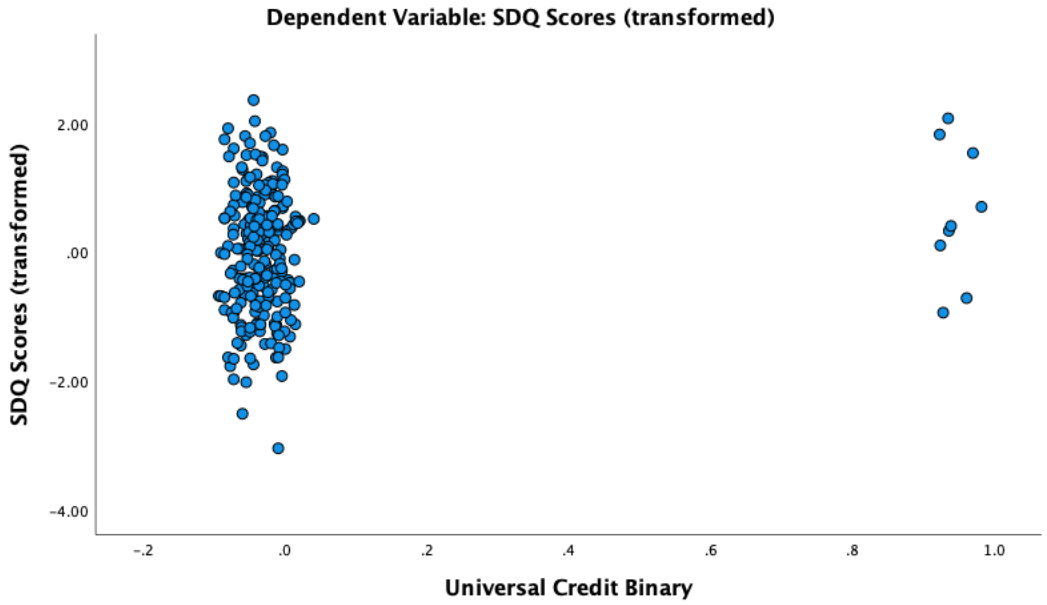



*Note*. The values are evenly spread and none of the observations have a studentized residual with an absolute value greater than 3, indicting no clear outliers in the dataset. This suggests that the assumption that the residuals have constant variance at every level of the predictor variable has been met and there is not heteroscedasticity

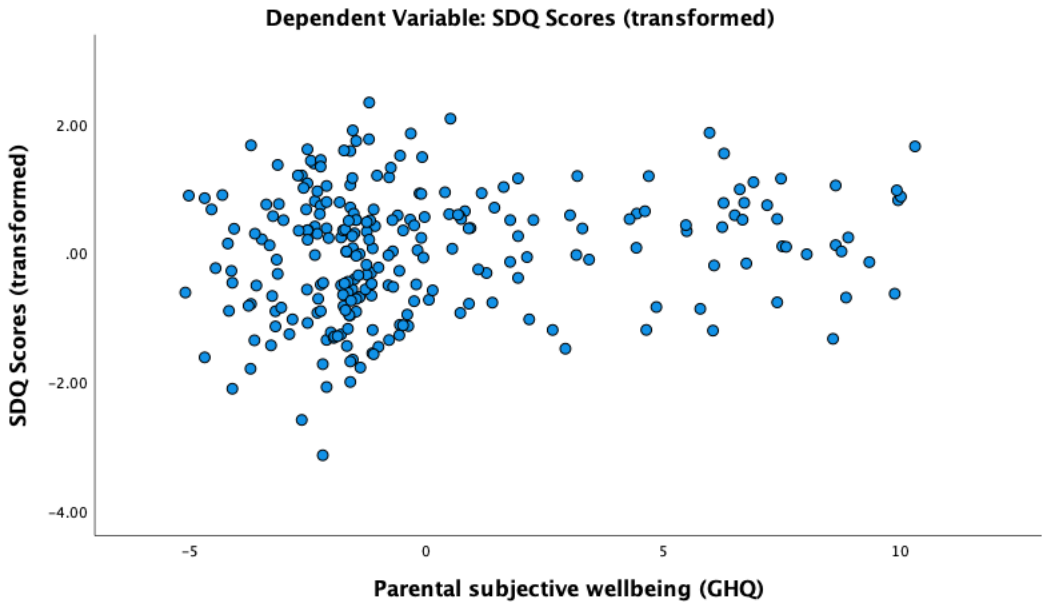
## Partial Regression Plots

The relationships between the dependent variable and included independent variables appeared to be linear according to visual inspection of partial regression plots.

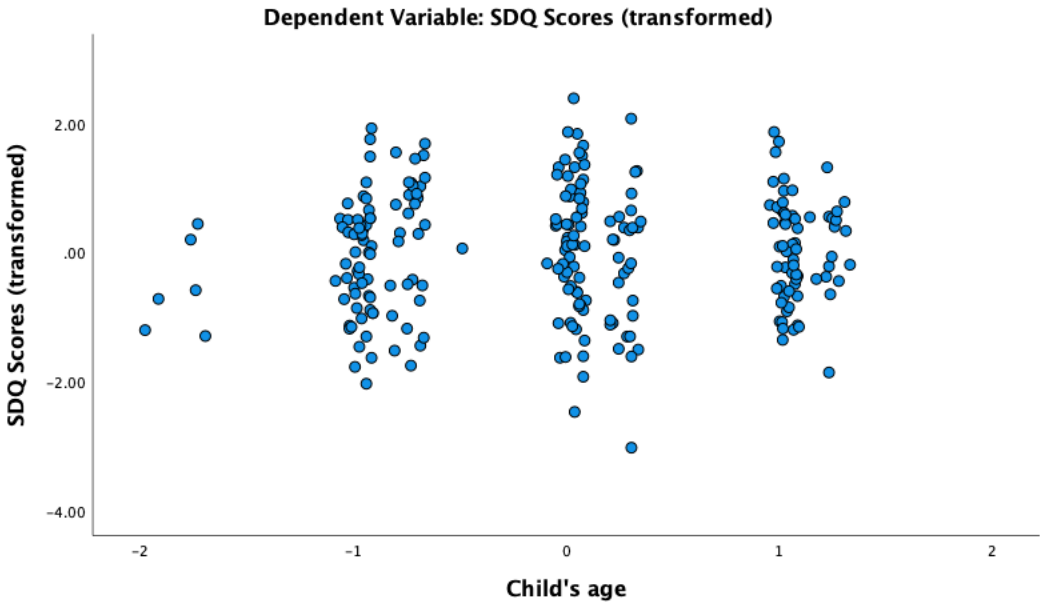
Partial Regression Plot



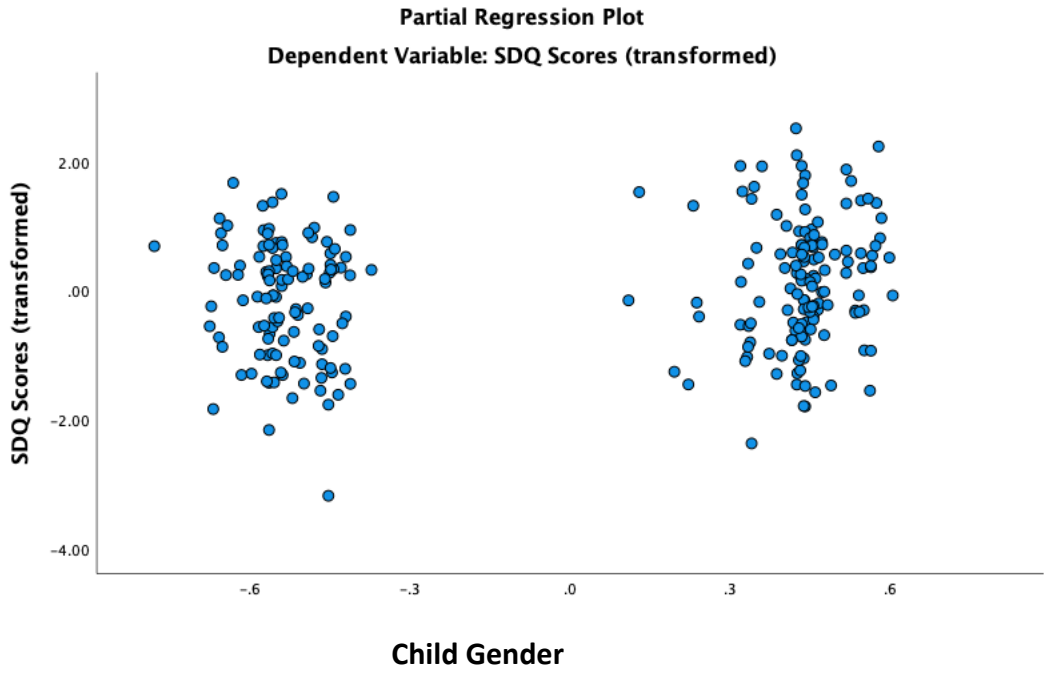

Partial Regression Plot



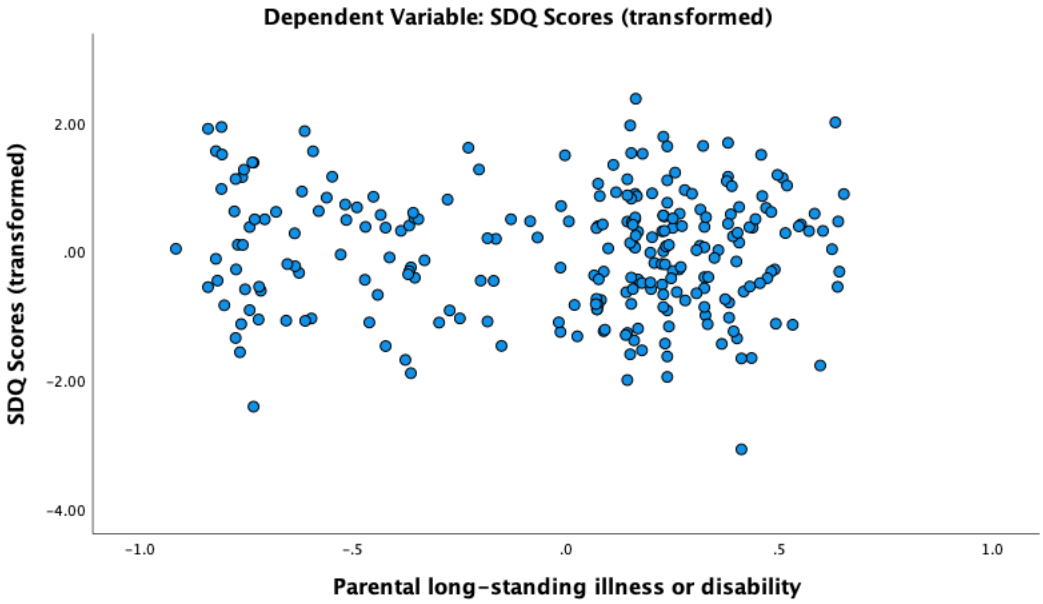
Partial Regression Plot



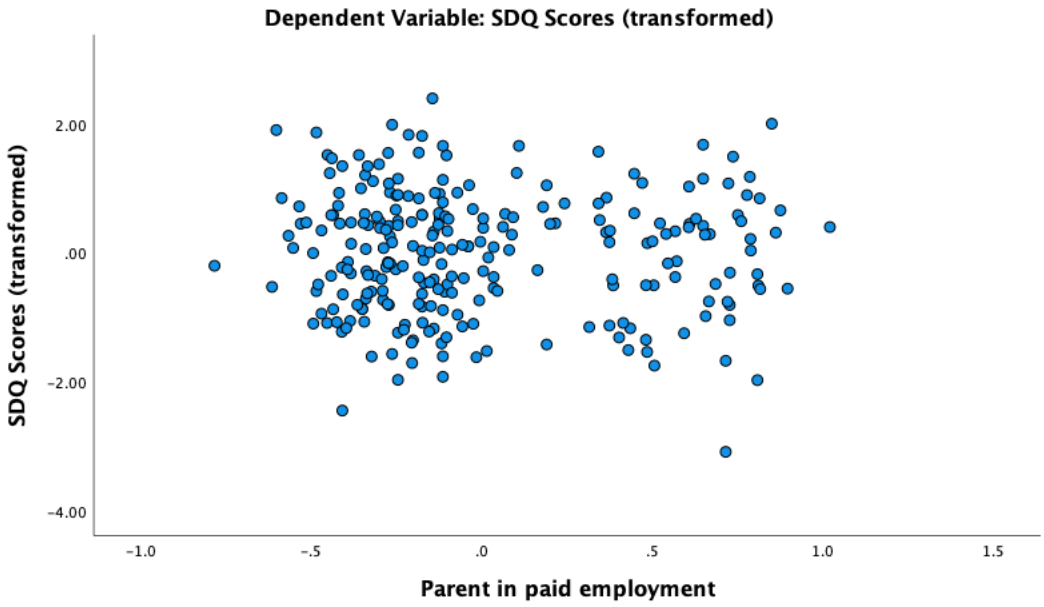

Partial Regression Plot

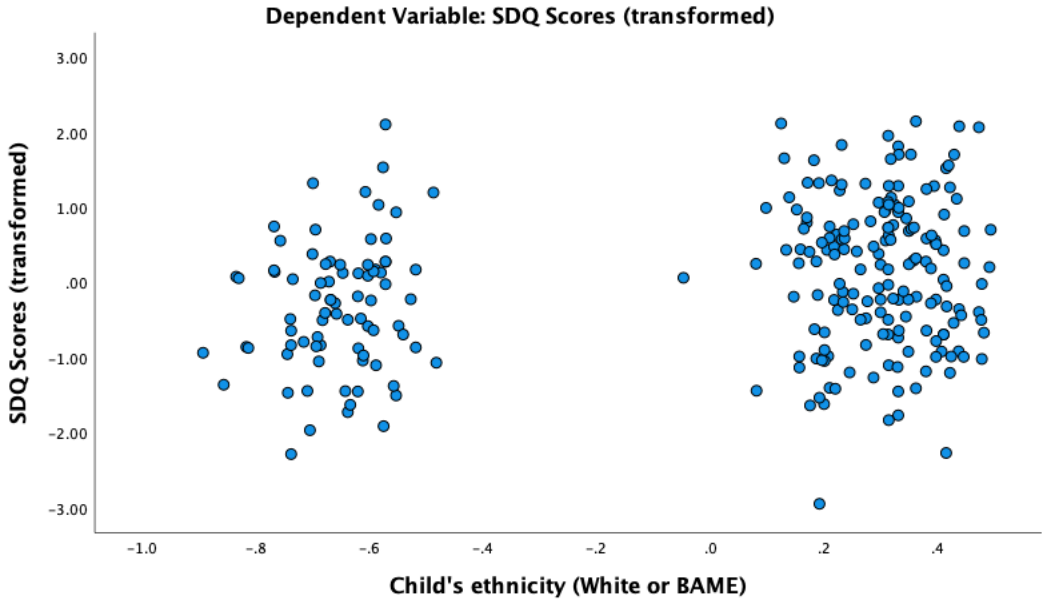


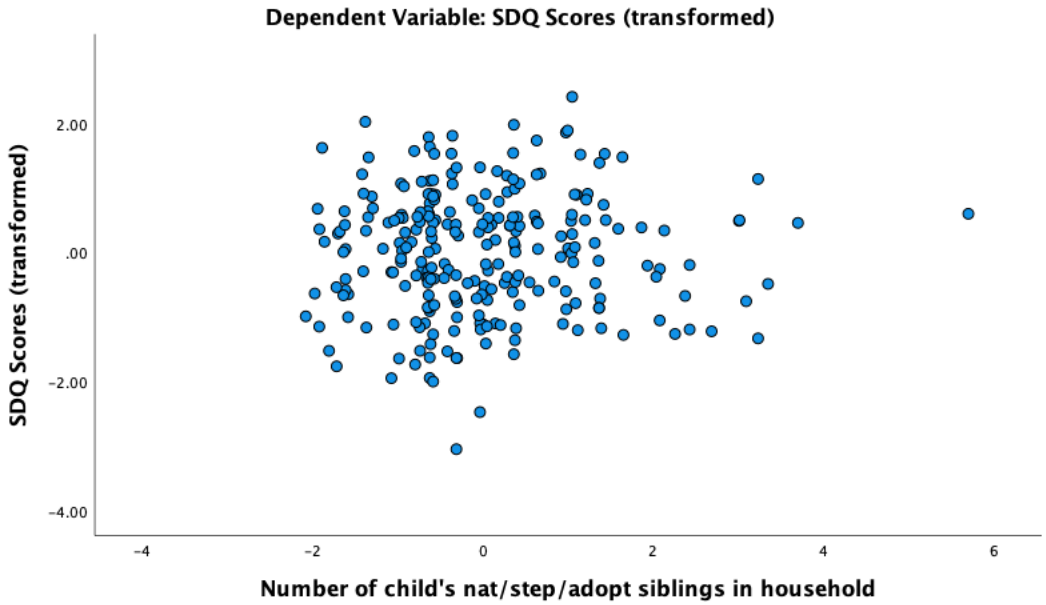
Partial Regression Plot




Partial Regression Plot



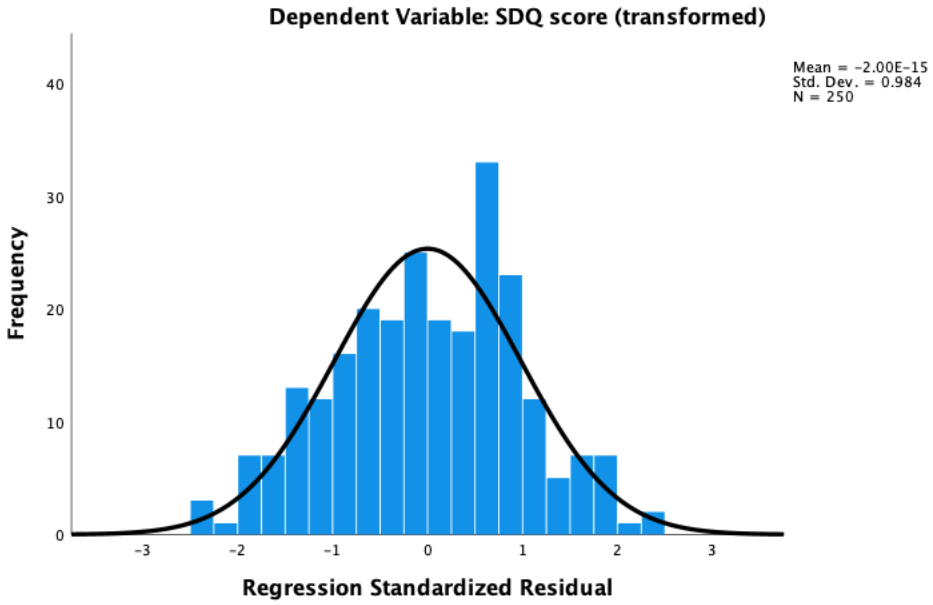

Dependent Variable: SDQ Scores (transformed)
SDQ Scores (transformed)
3.00
2.00
1.00
.00
-1.00
-2.00
-3.00
-1.0
-.8
-.6
-.4
-.2
.0
.2
.4
Child's ethnicity (White or BAME)


Dependent Variable: SDQ Scores (transformed)
SDQ Scores (transformed)
2.00
.00
-2.00
-4.00
-4
-2
0
2
4
6
Number of child's nat/step/adopt siblings in household

## Appendix D

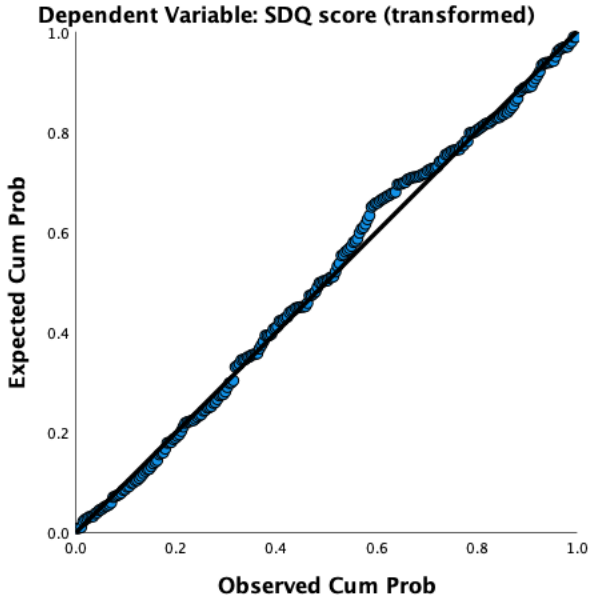
### Plots for Timepoint Two (Wave 9)

Histogram of the residual



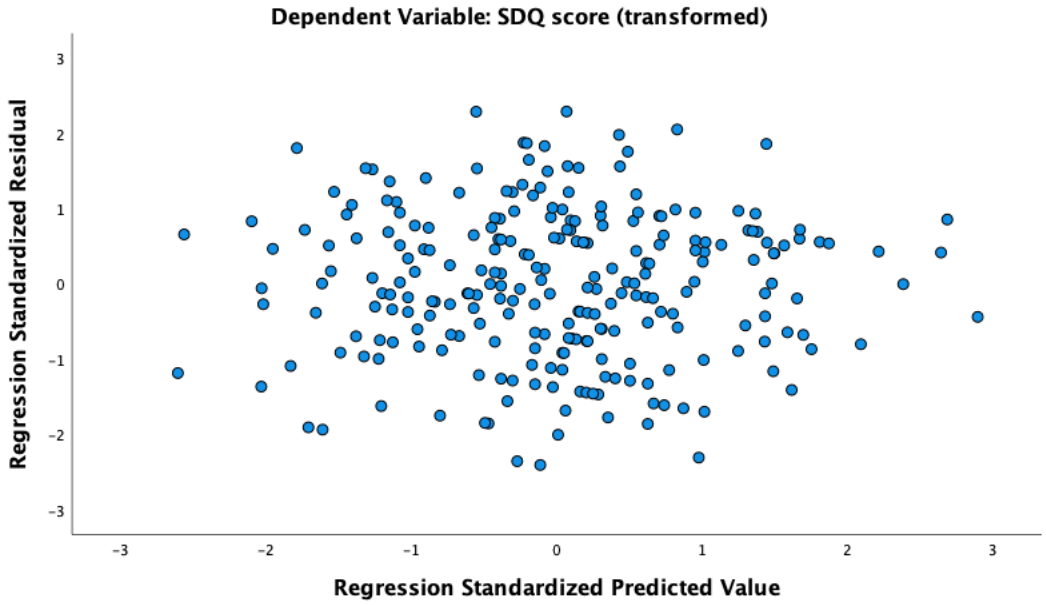

*Note*. The Histogram of the Residual can be used to check whether the variance is normally distributed. This histogram demonstrated a normally distributed variance.

Normal P-P Plot of Regression Standardised Residual Dependent Variable SDQ Score



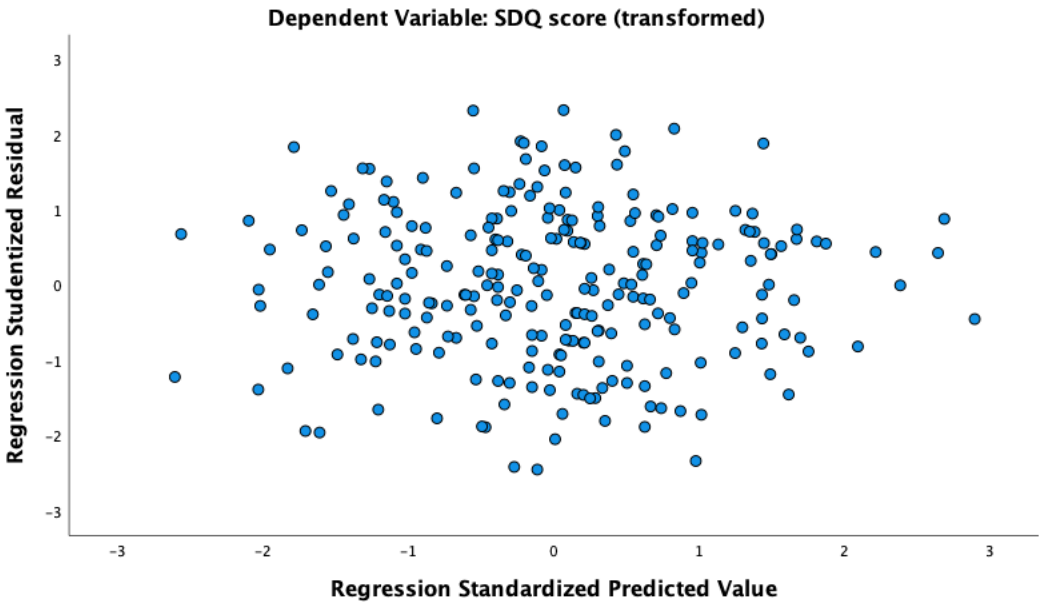

*Note*. The P-P plot compares the observed cumulative distribution function (CDF) of the standardized residual to the expected CDF of the normal distribution. This tests the normality of the residuals and not predictors. There are no points that are distant from the line that might indicate a distribution of the residuals that is not normal.

Scatterplot




*Note*. Residual scatter plots provide a visual examination of the assumption homoscedasticity between the predicted dependent variable scores and the errors of prediction. There does not appear to be a pattern here, suggesting that the model fits.

Scatterplot

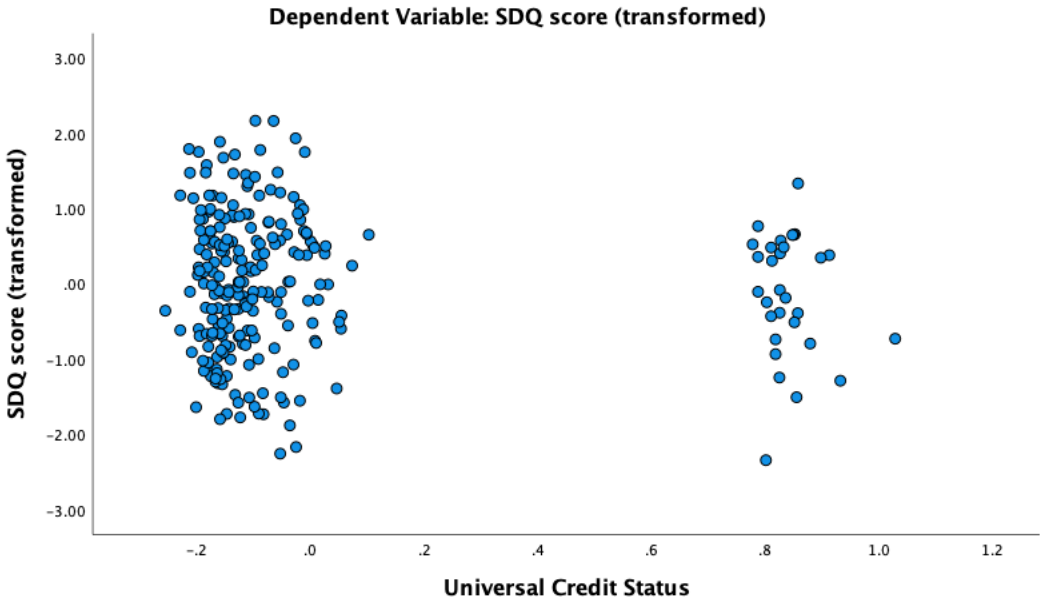



*Note*. The values are evenly spread and none of the observations have a studentized residual with an absolute value greater than 3, indicting no clear outliers in the dataset. This suggests that the assumption that the residuals have constant variance at every level of the predictor variable has been met and there is not heteroscedasticity

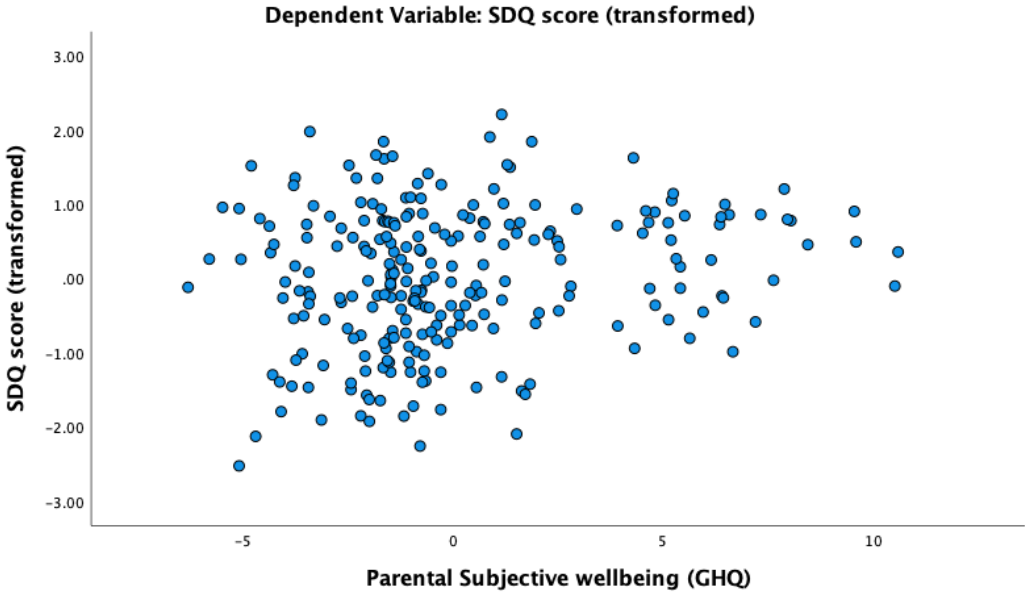
## Partial Regression Plots

The relationships between the dependent variable and included independent variables appeared to be linear according to visual inspection of partial regression plots.

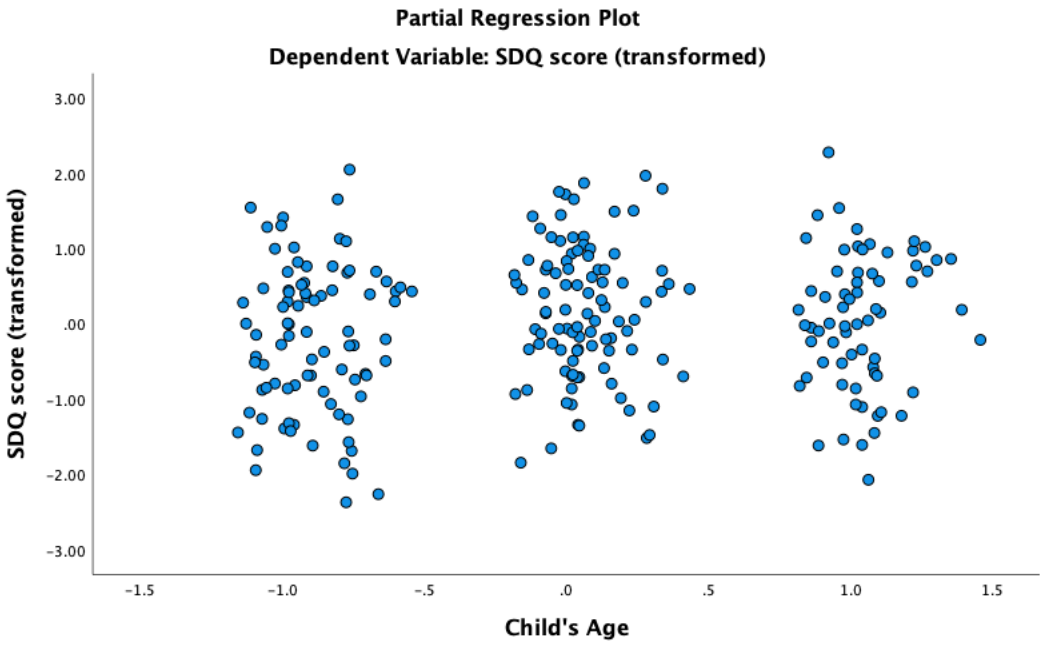
Partial Regression Plot



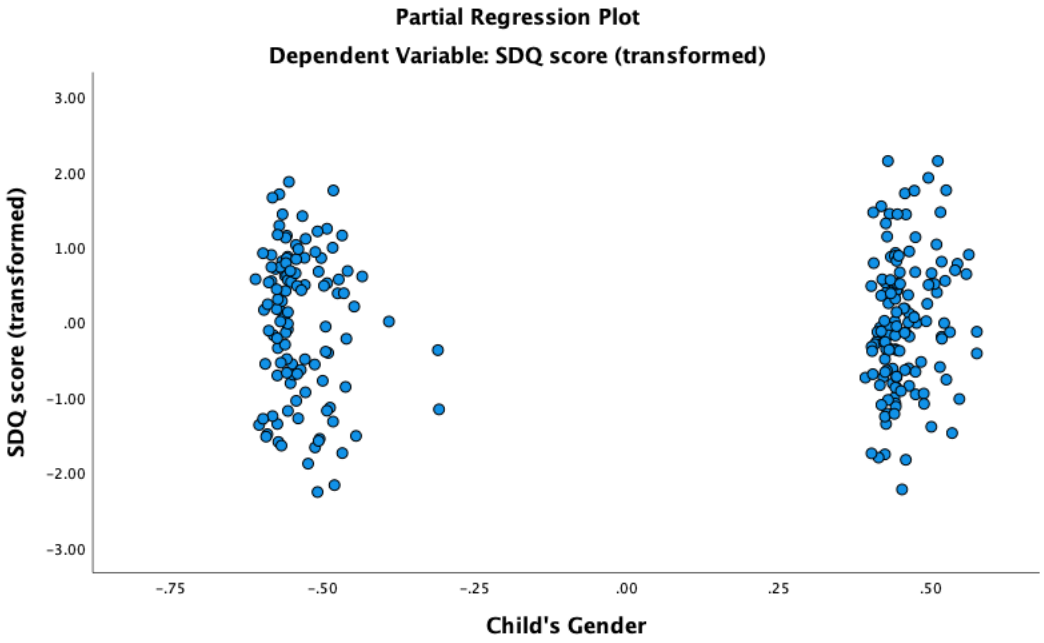

Partial Regression Plot

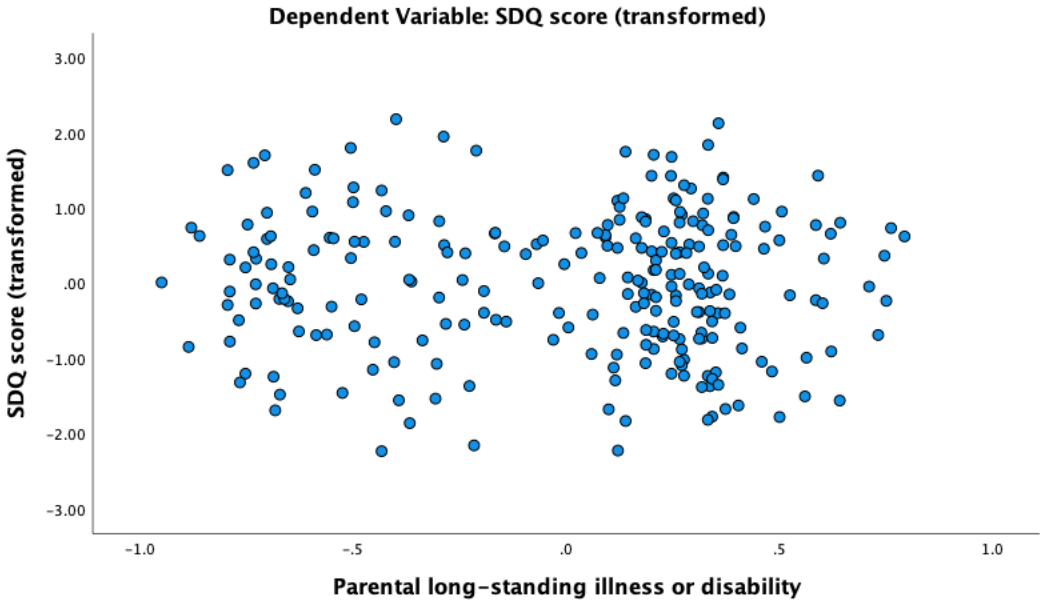


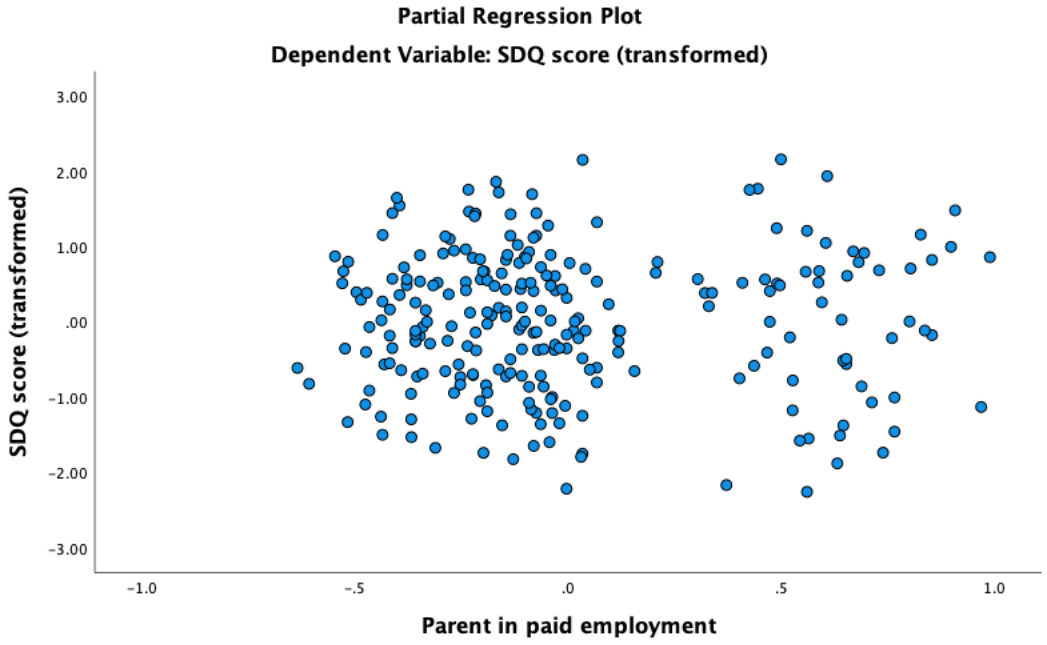
Partial Regression Plot

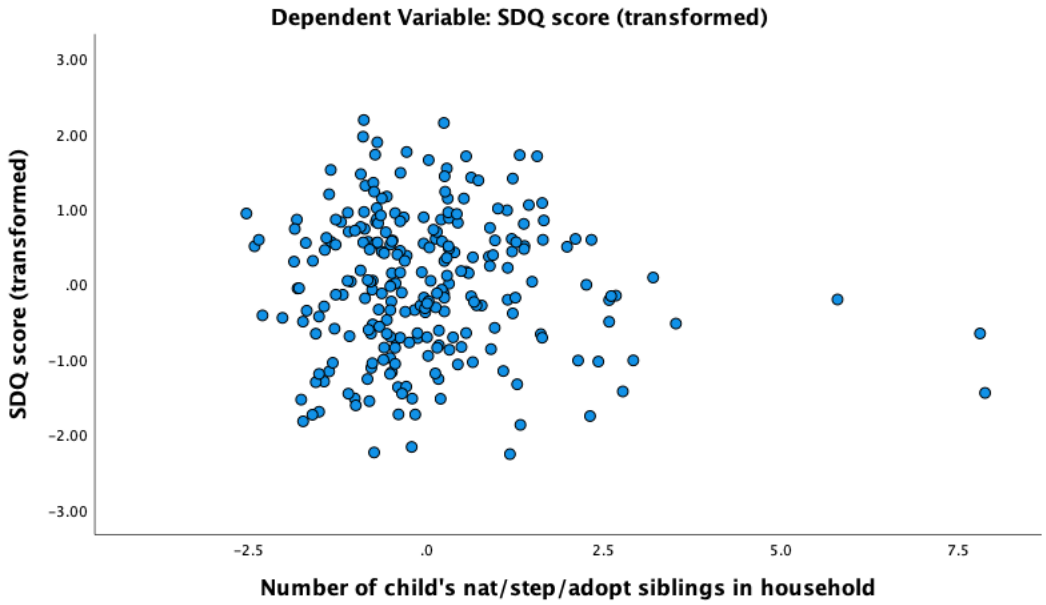


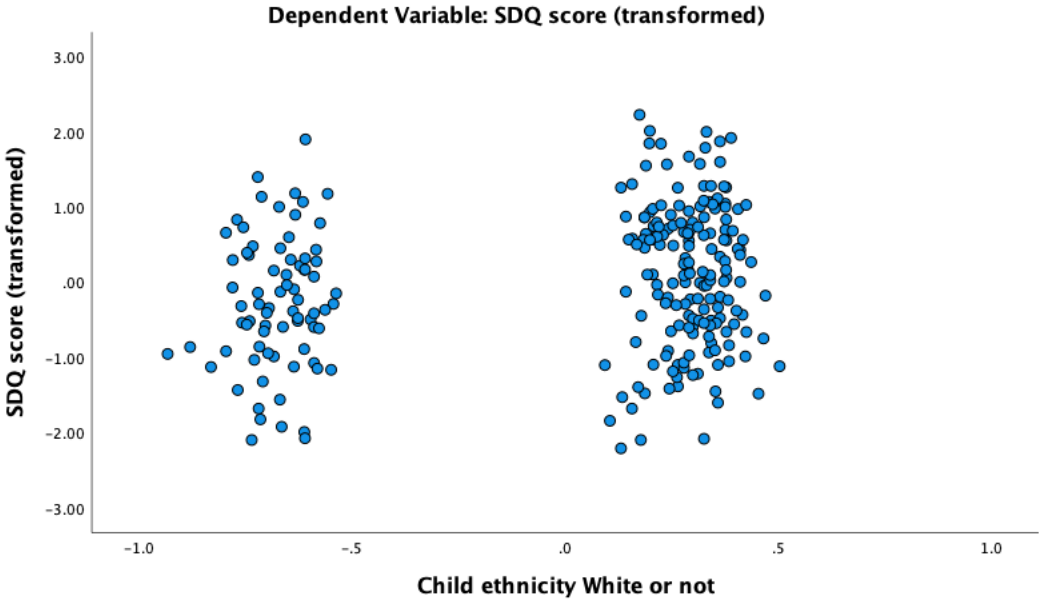

Partial Regression Plot




Dependent Variable: SDQ score (transformed)
SDQ score (transformed)
3.00
2.00
1.00
.00
-1.00
-2.00
-3.00
-1.0
-.5
.0
.5
1.0
Parental long-standing illness or disability


Partial Regression Plot
Dependent Variable: SDQ score (transformed)
SDQ score (transformed)
3.00
2.00
1.00
.00
-1.00
-2.00
-3.00
-1.0
-.5
.0
.5
1.0
Parent in paid employment


Dependent Variable: SDQ score (transformed)
SDQ score (transformed)
3.00
2.00
1.00
.00
-1.00
-2.00
-3.00
-2.5
.0
2.5
5.0
7.5
Number of child's nat/step/adopt siblings in household


Dependent Variable: SDQ score (transformed)
SDQ score (transformed)
3.00
2.00
1.00
.00
-1.00
-2.00
-3.00
-1.0
-.5
.0
.5
1.0
Child ethnicity White or not