



# Working and hurting?

**The impact of austerity, economic change and changes to social security on health in Scotland**

PHINS Seminar, September 2018

Dr Martin Taulbut, NHS Health Scotland

# Why look at this? – welfare reform

“[W]e know that work, and the improved incomes that flow from it, have beneficial effects in terms of people’s health and well-being...It is difficult to quantify these effects precisely but their existence is not in doubt” (p. 5)

“A more work-focused benefit system will have wider benefits for society, in terms of better health outcomes...” (p.50)

(Universal Credit: Welfare that Works, 2011)



DWP Department for Work and Pensions

Universal Credit:  
welfare that works

Presented to Parliament by the Secretary of State  
for Work and Pensions by Command of Her Majesty  
November 2010

Cm 7957

£19.75

# Why look at this? – welfare reform

“There is significant concern within the public health community that the current wave of welfare changes may cause negative health impacts for working-age people in receipt of benefits and their families...It is too soon to evaluate the impacts of either the economic recession or welfare changes using routine health data.”

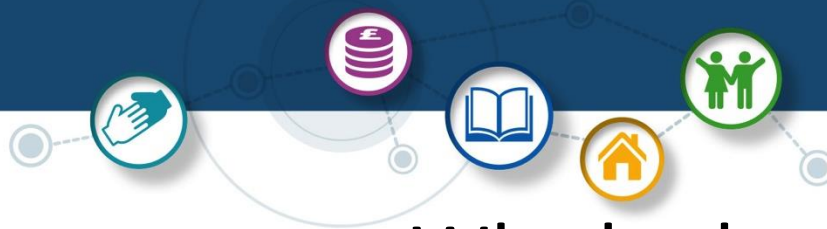
(McCartney et al, 2013)



Making a bad situation worse?

The impact of welfare reform and the economic recession on health and health inequalities in Scotland (baseline report)  
October 2013





# Why look at this? – austerity

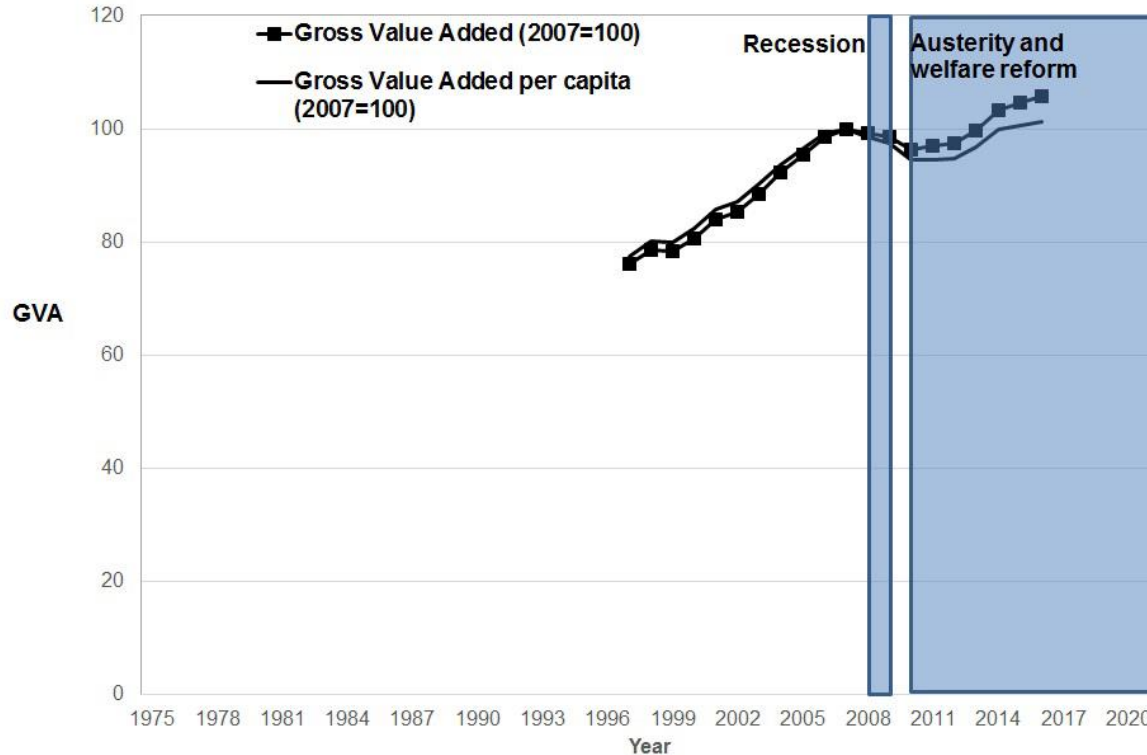
“Hospitals in Scotland have been overwhelmed by less affluent elderly patients who are in poorer health, with their health having been harmed almost certainly as a result of austerity... The rise in mortality in Scotland was foretold, and it could have been prevented.”

(Dorling, ‘The Scottish Mortality Crisis’, 2016)





# The wider context – trends in the economy






## What we looked at

- Relevant health determinants – employment, income, poverty
- Using population surveys (e.g. Annual Population Survey, Scottish Health Survey, Households Below Average Income)
- And routine data (Population estimates, Deaths, Hospitalisations)
- Descriptive analysis



## What we found

- Some things got better or continued to improve
- Some things stopped getting better or got worse
- Some of these changes occurred after 2010
- In more detail...

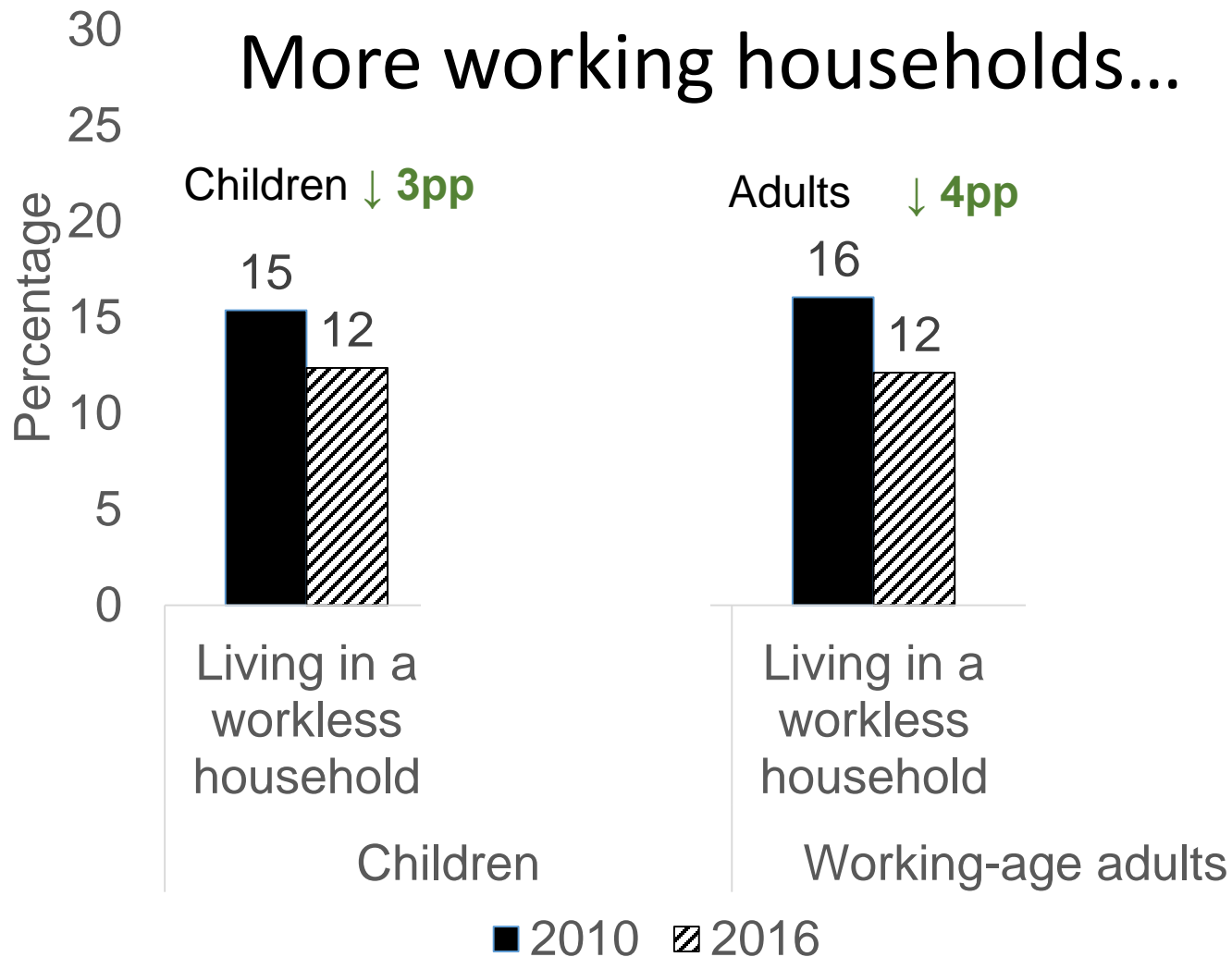


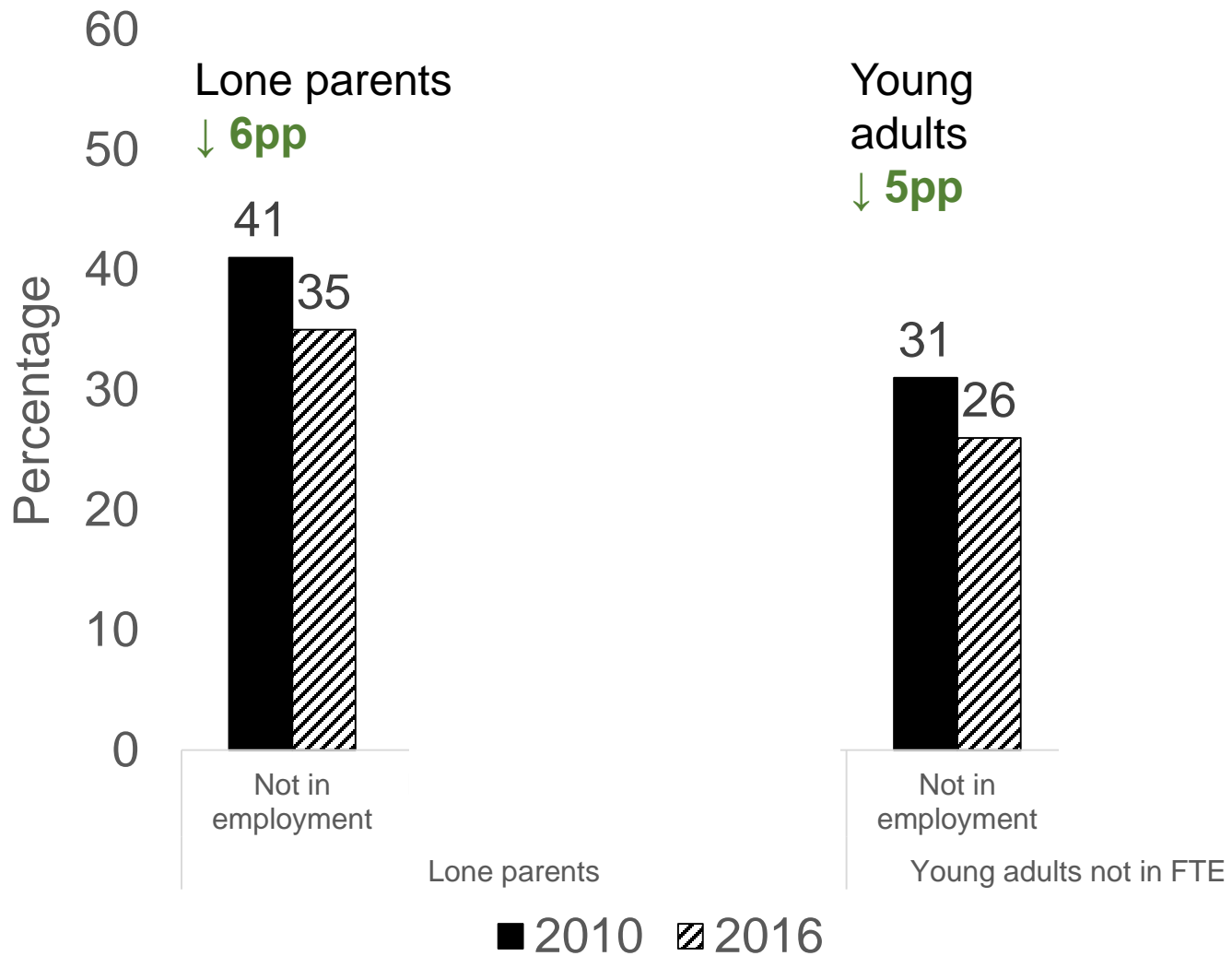
## Changes likely to be good for health

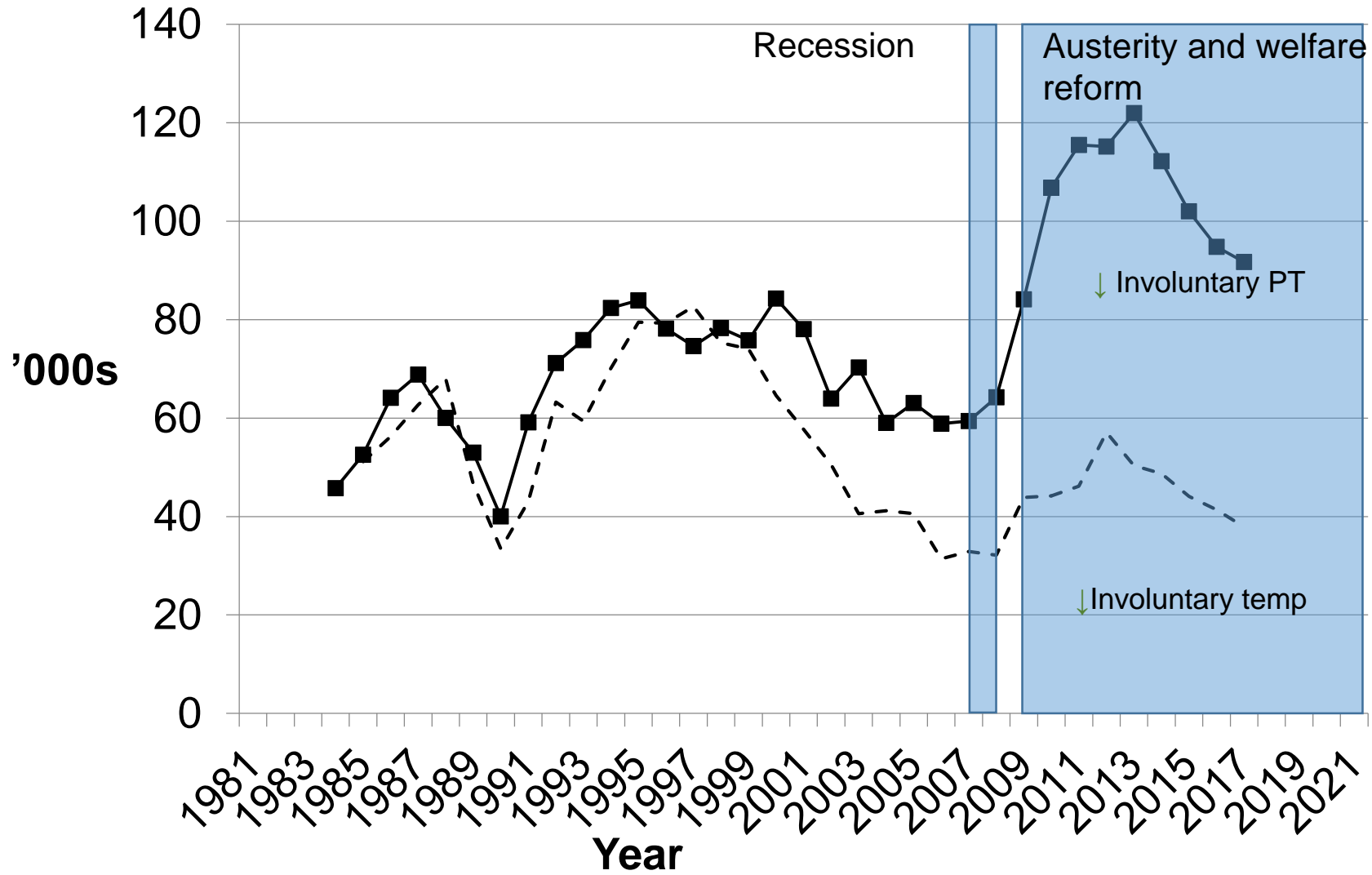
- People in workless households ↓
- Involuntary PT employment ↓
- Involuntary temporary employment ↓
- Reduced financial insecurity ↓
- Reduced sanctioning ↓

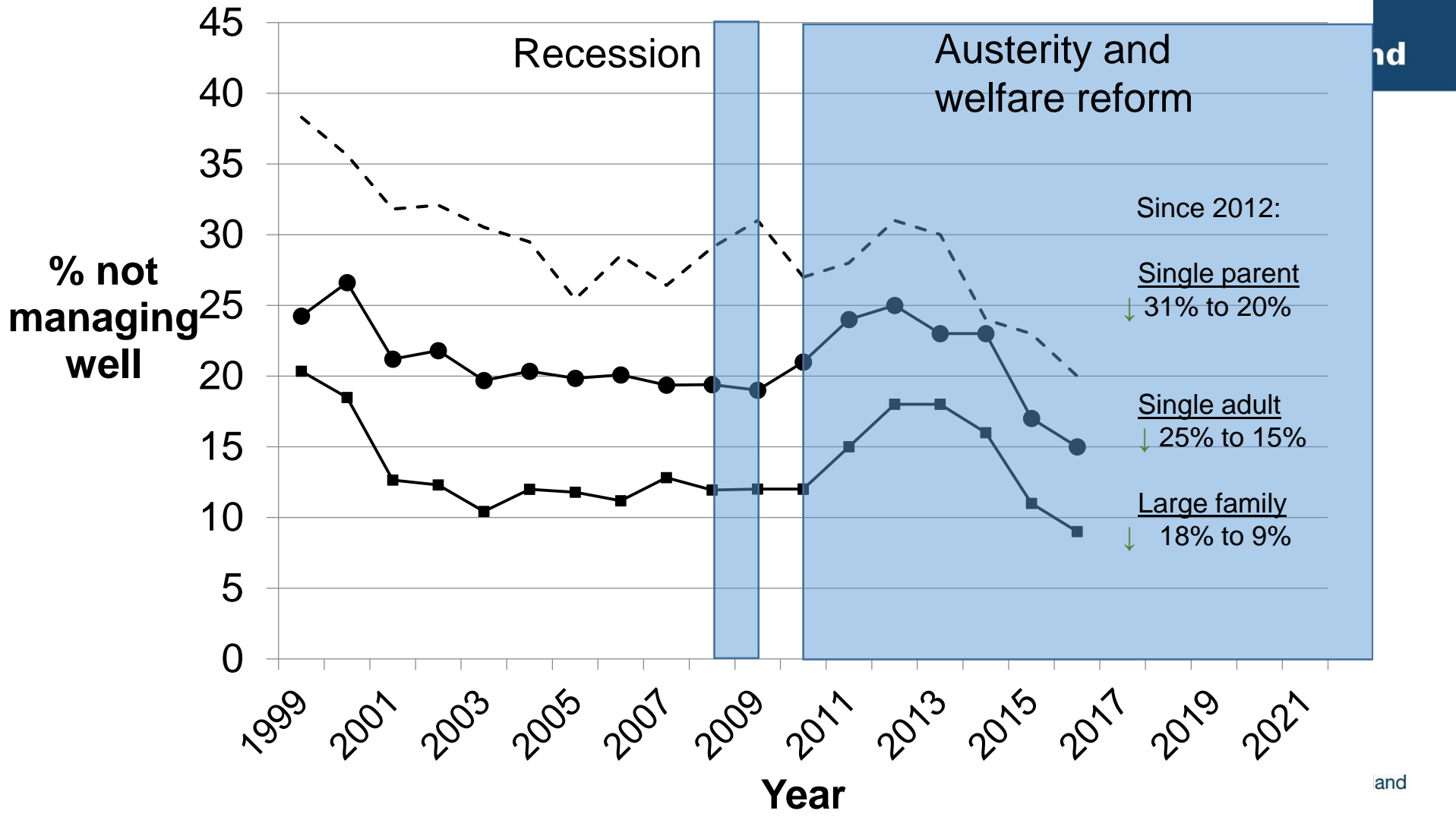


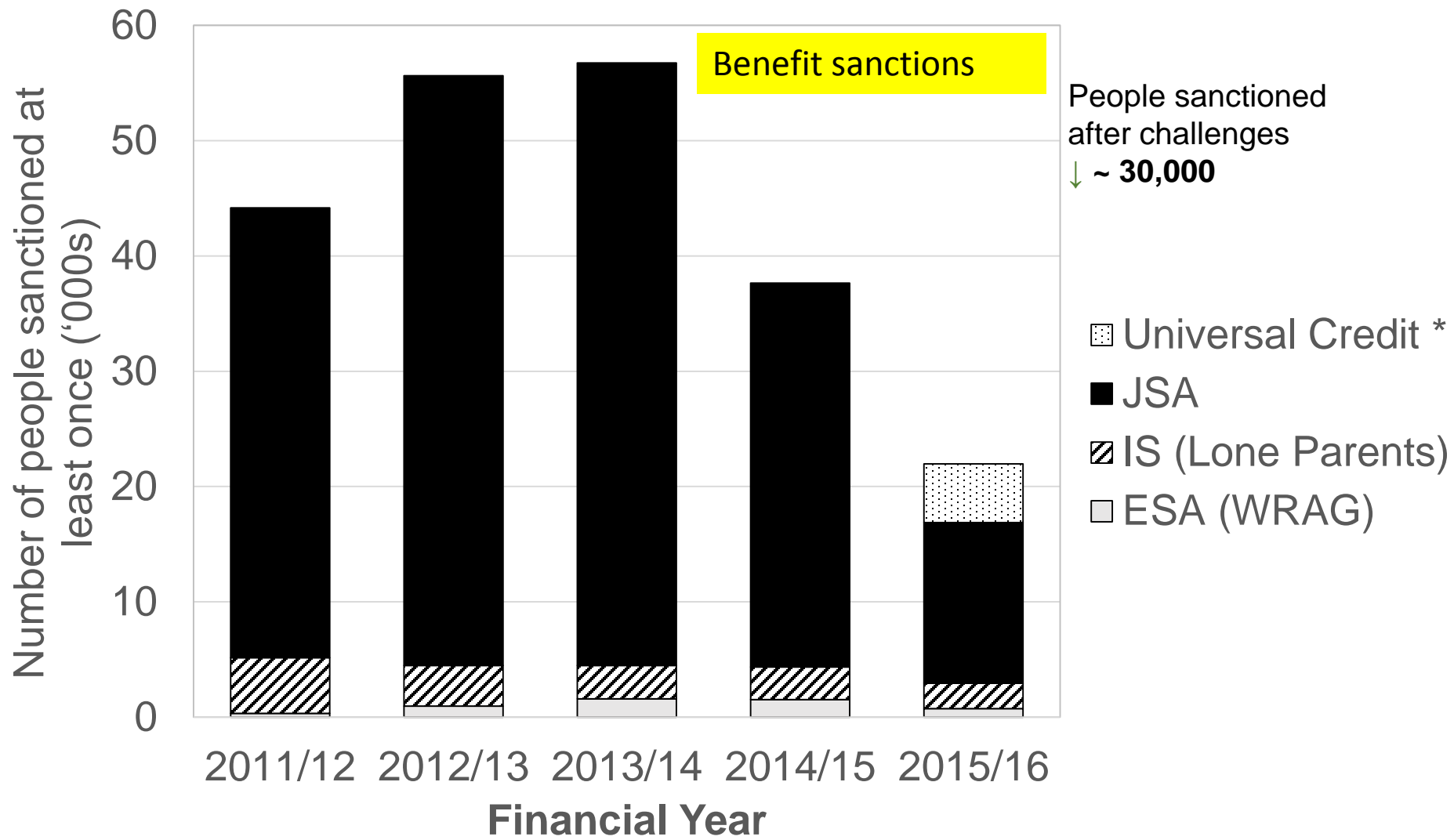
# More working households...













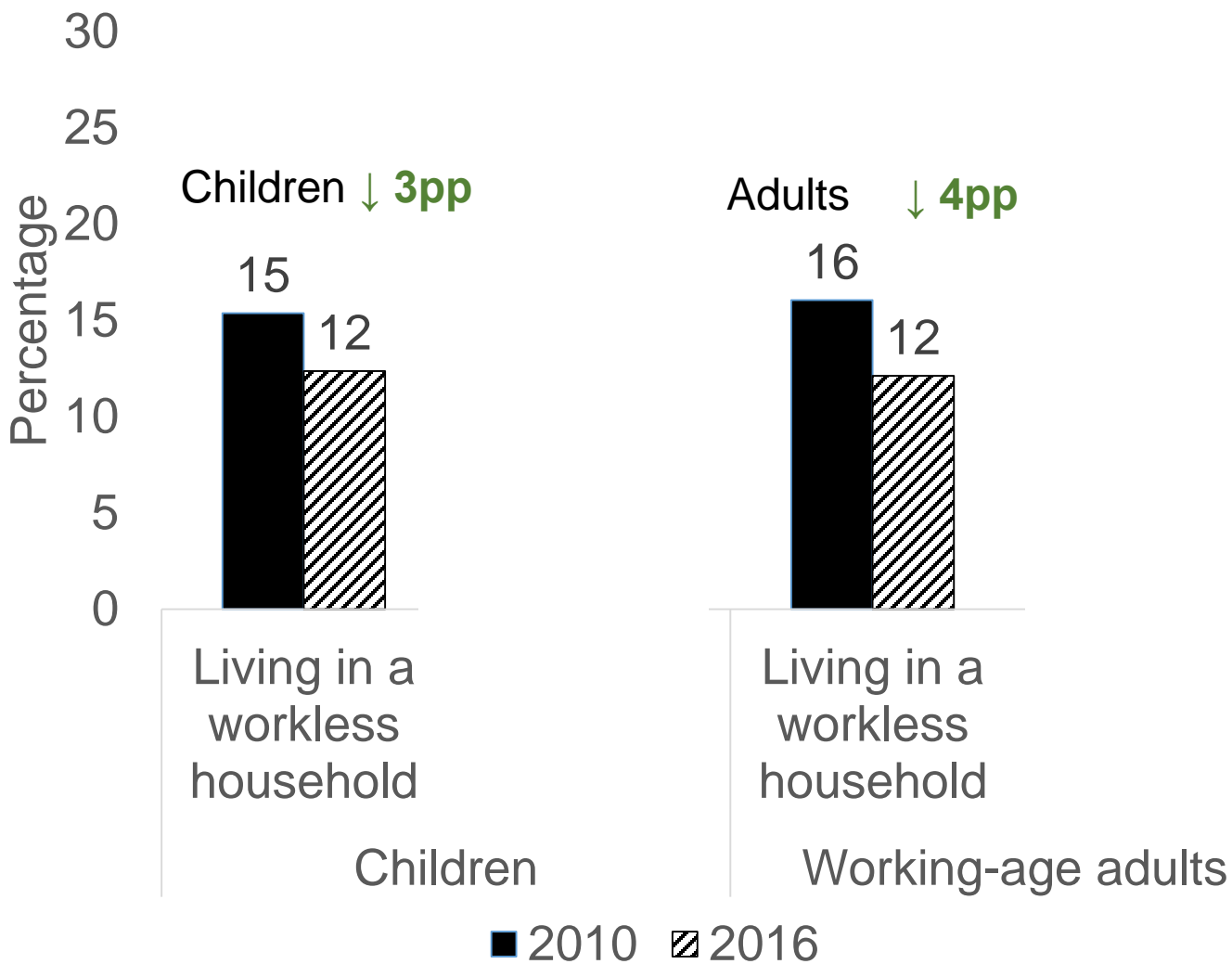
## Positive health outcome indicators

- Historically low levels of mortality from suicide, assault and road traffic accidents
- Stability in population-level obesity
- Improved life satisfaction
- Low levels of new TB cases
- Lower than anticipated mortality for:
  - Women
  - Children and young adults
  - Adults aged 75-84



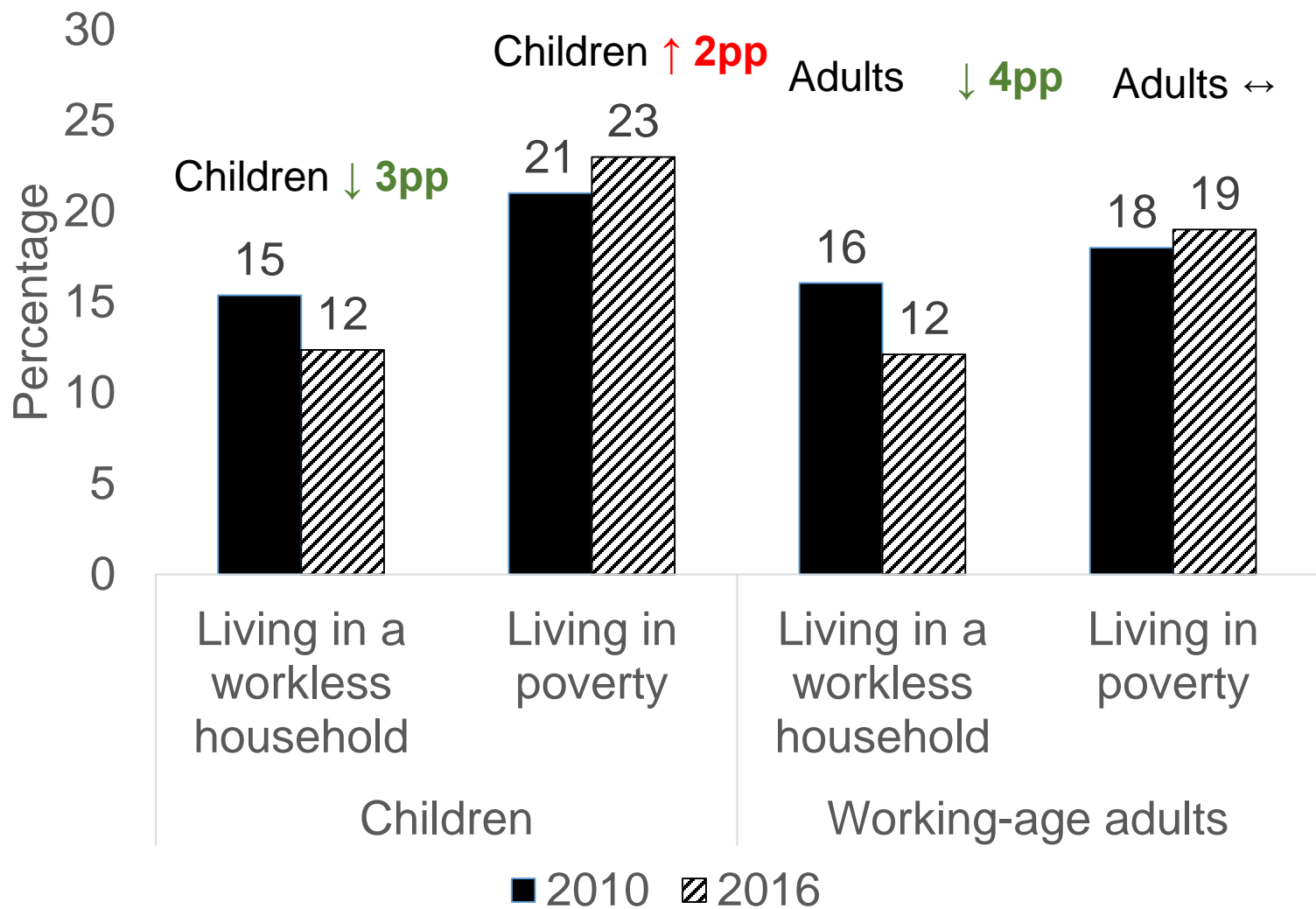
## But also accompanied by:

- Rising child & lone parent poverty ↑
- Unchanged working-age poverty ↔
- Mental health problems ↔ ↑
- ...may be worsening for some
- Decline in incapacity benefits halted ↔

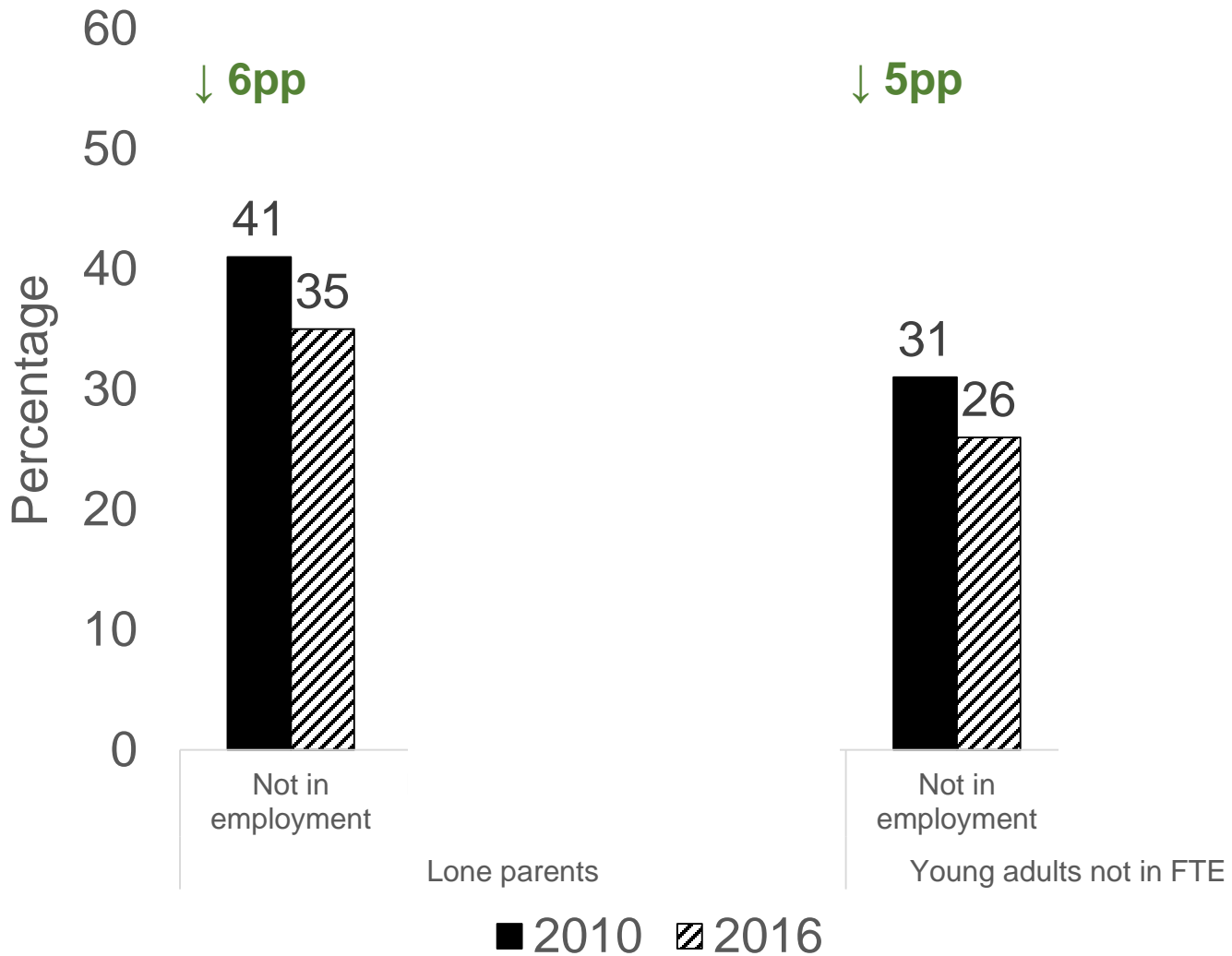


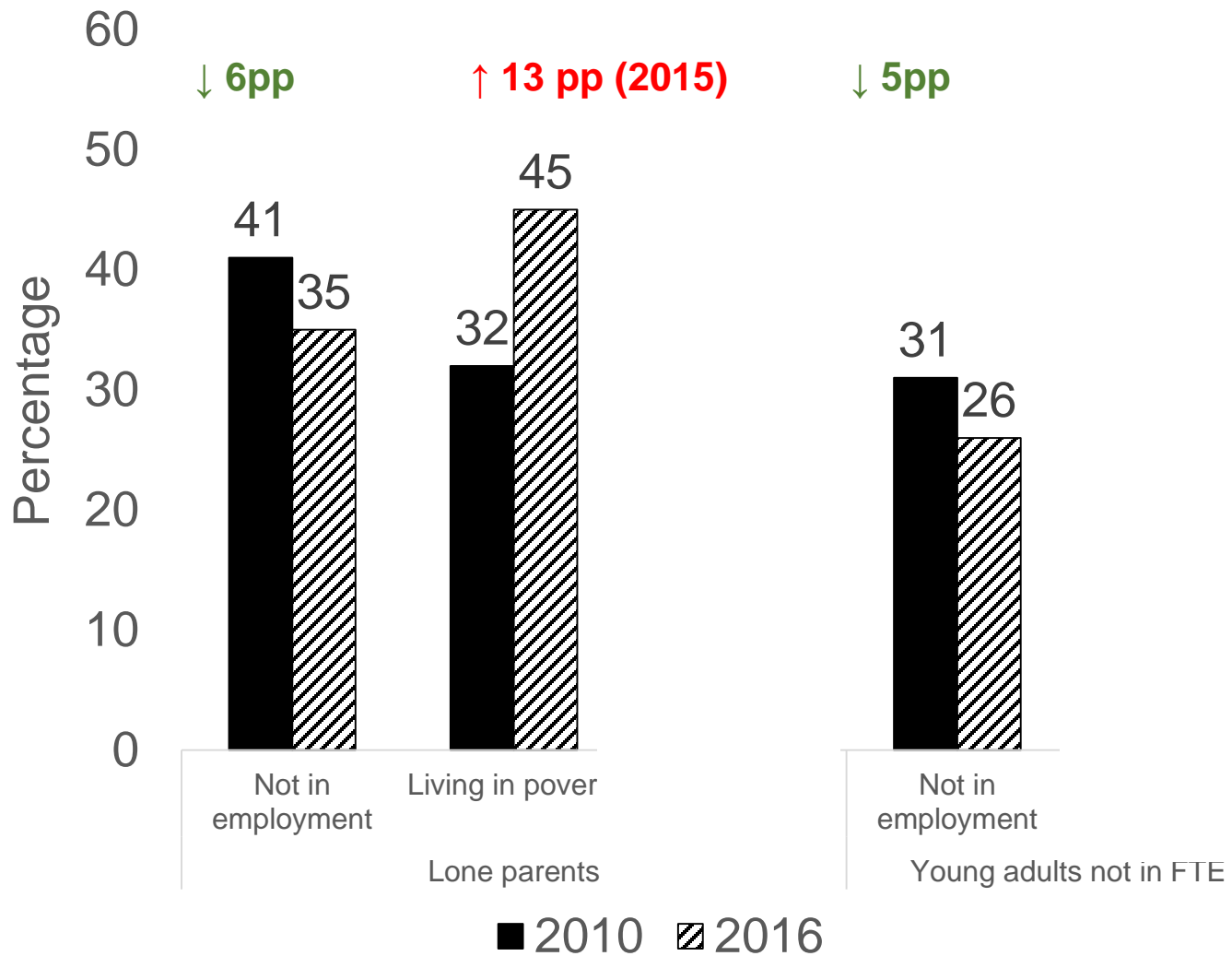
■ 2010 ▨ 2016

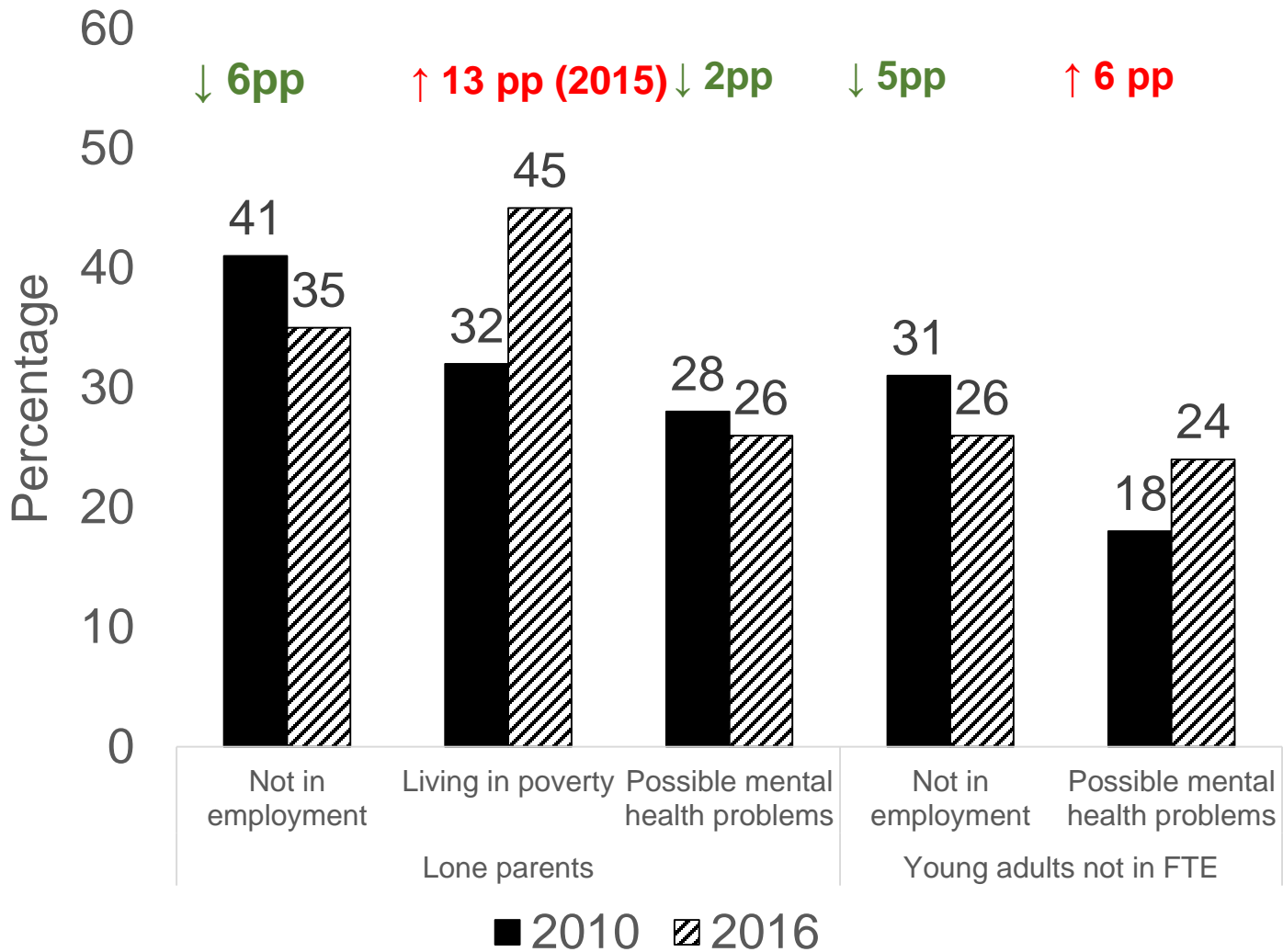




■ 2010 ▨ 2016

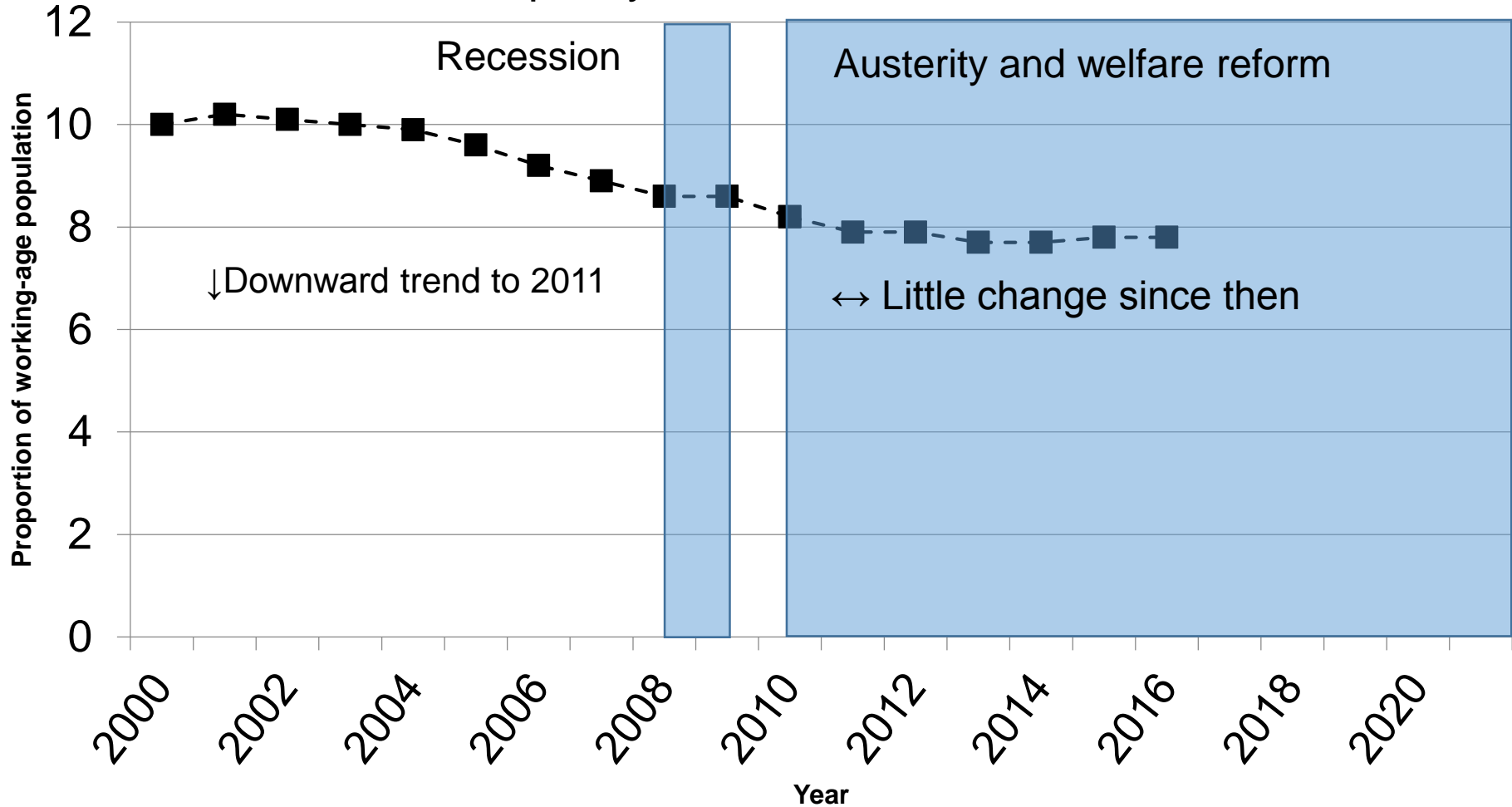






■ 2010    ▨ 2016

# Trends in Incapacity benefits, Scotland: 2000-2016



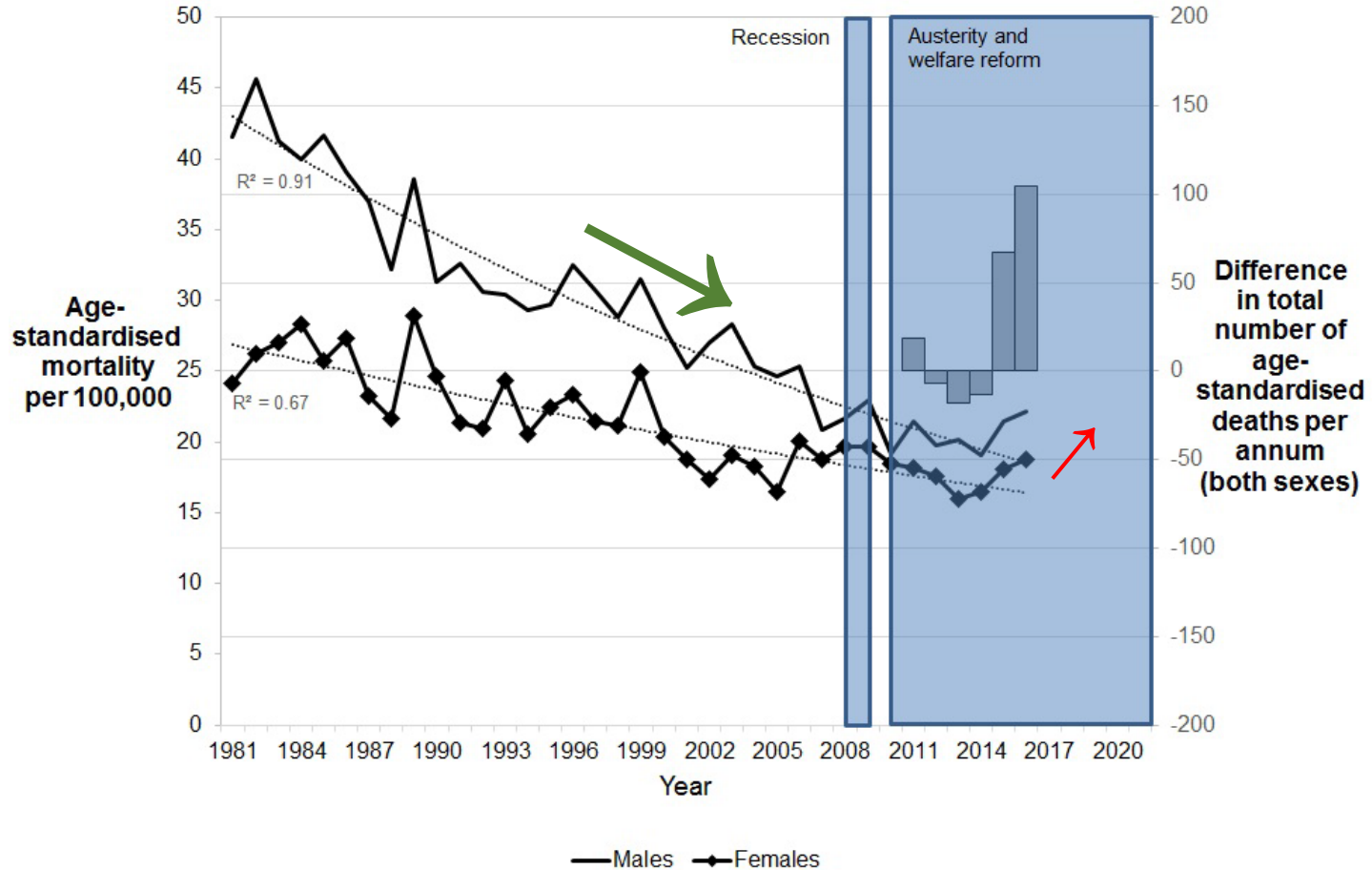


## Less encouraging health trends

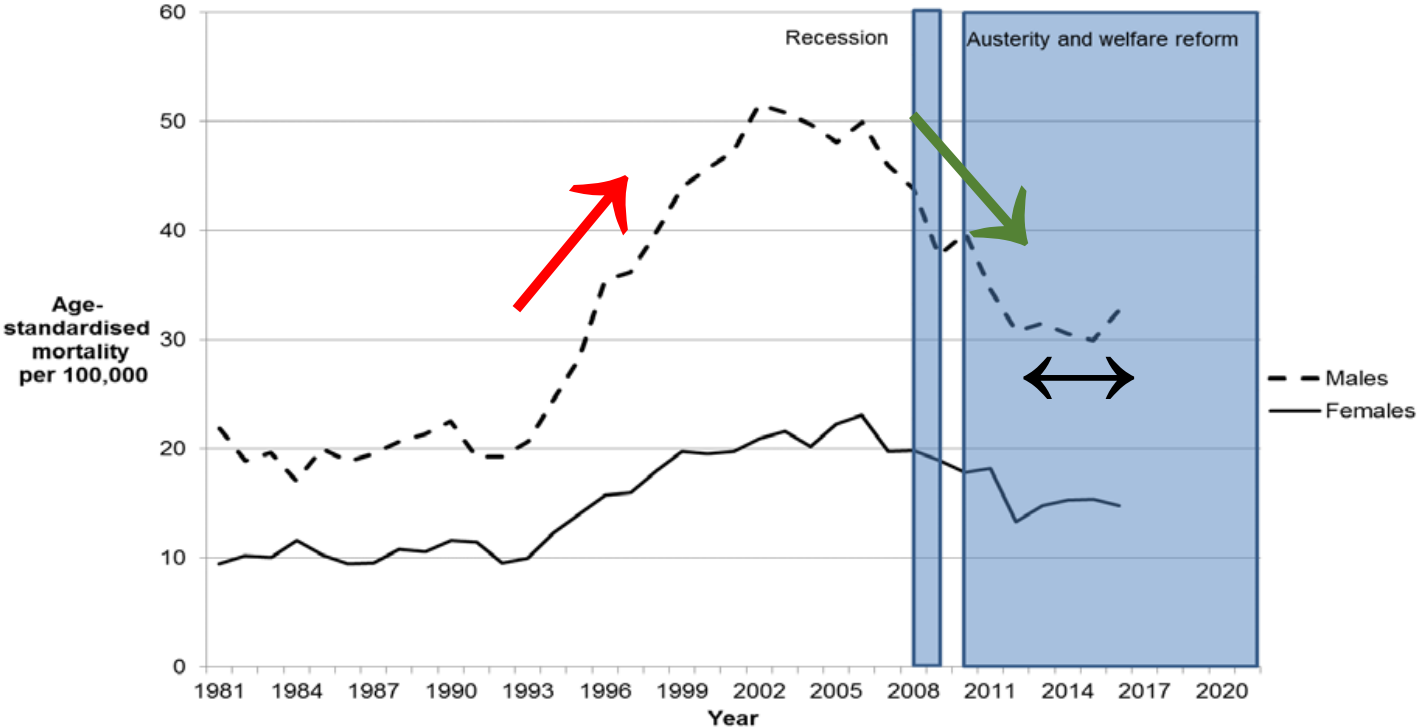
- Stagnation in previously improving trends in working-age mortality from:
  - heart disease, men in deprived areas
  - respiratory disease
- Alcohol, drugs and mental health
- Lack of progress on HIV infections
- Persistent inequalities, now rising
- Higher than anticipated mortality for:
  - Men
  - Adults aged 50-74, 85-89

(But mortality trends sensitive to baseline)

# Respiratory disease mortality, Scotland: 1981-2016

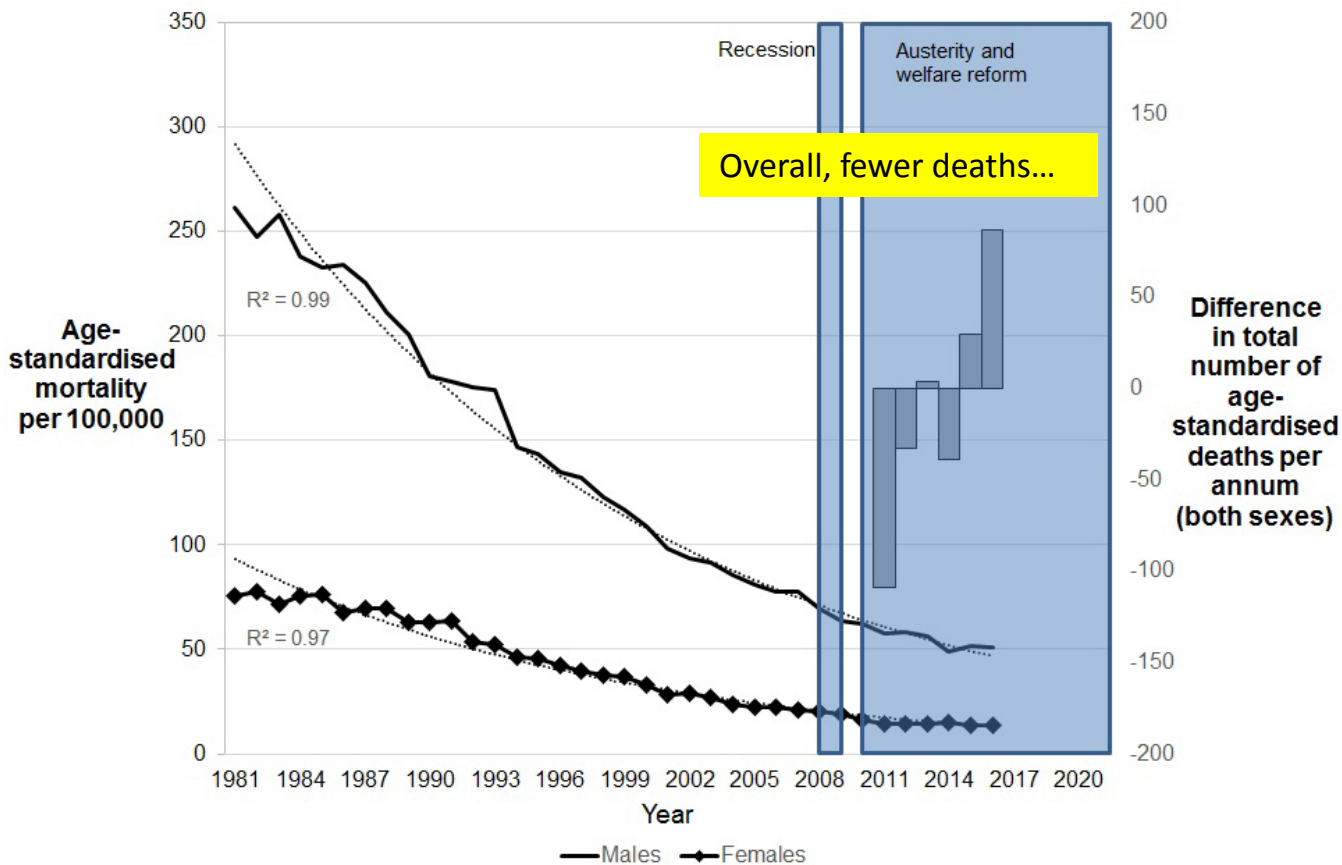


# Trends in alcohol-related mortality, Scotland: 1981-2016

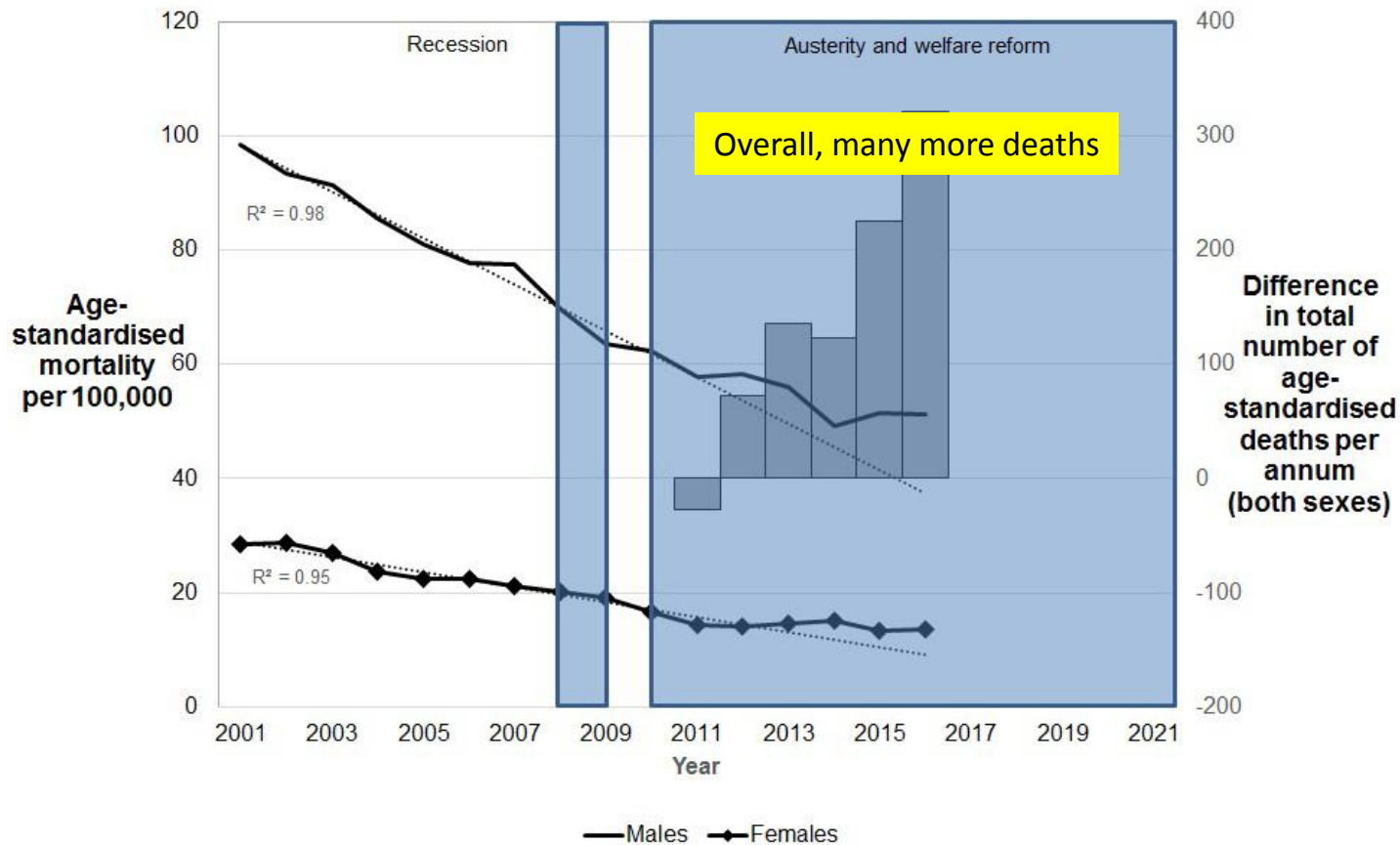




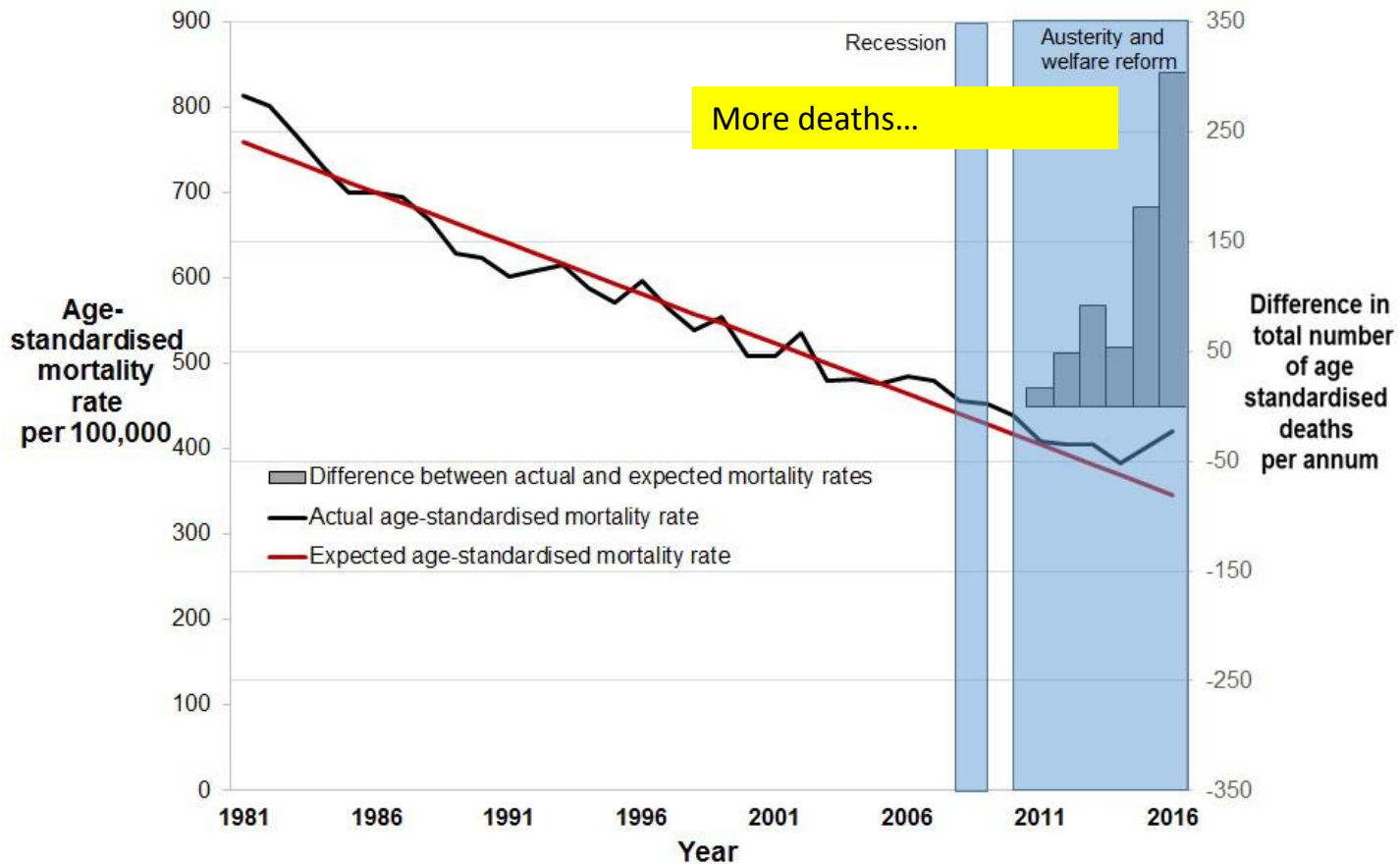
# Trends in IHD mortality, Scotland: 1981-2016



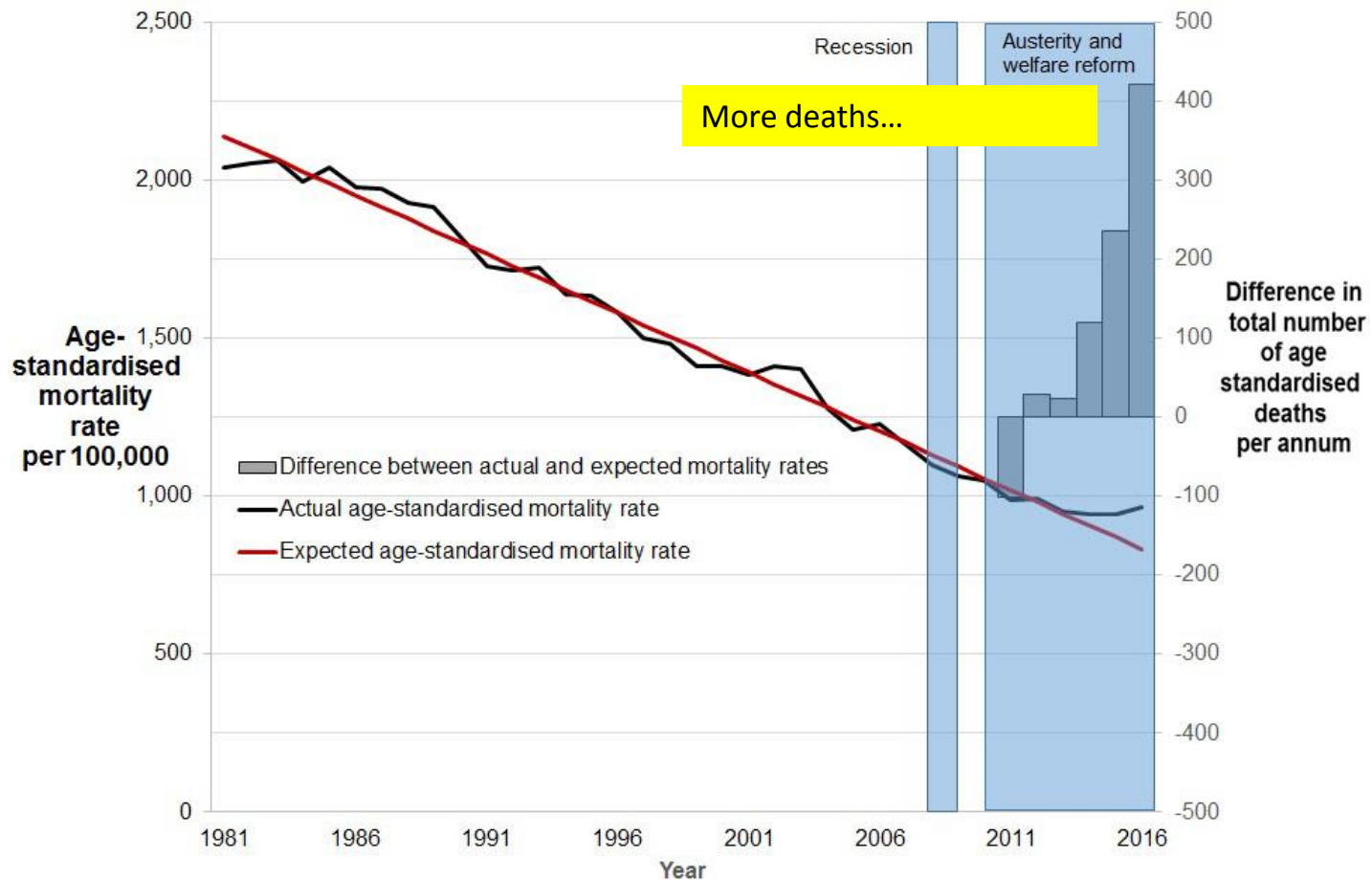
# Trends in IHD mortality, Scotland: 2001-2016



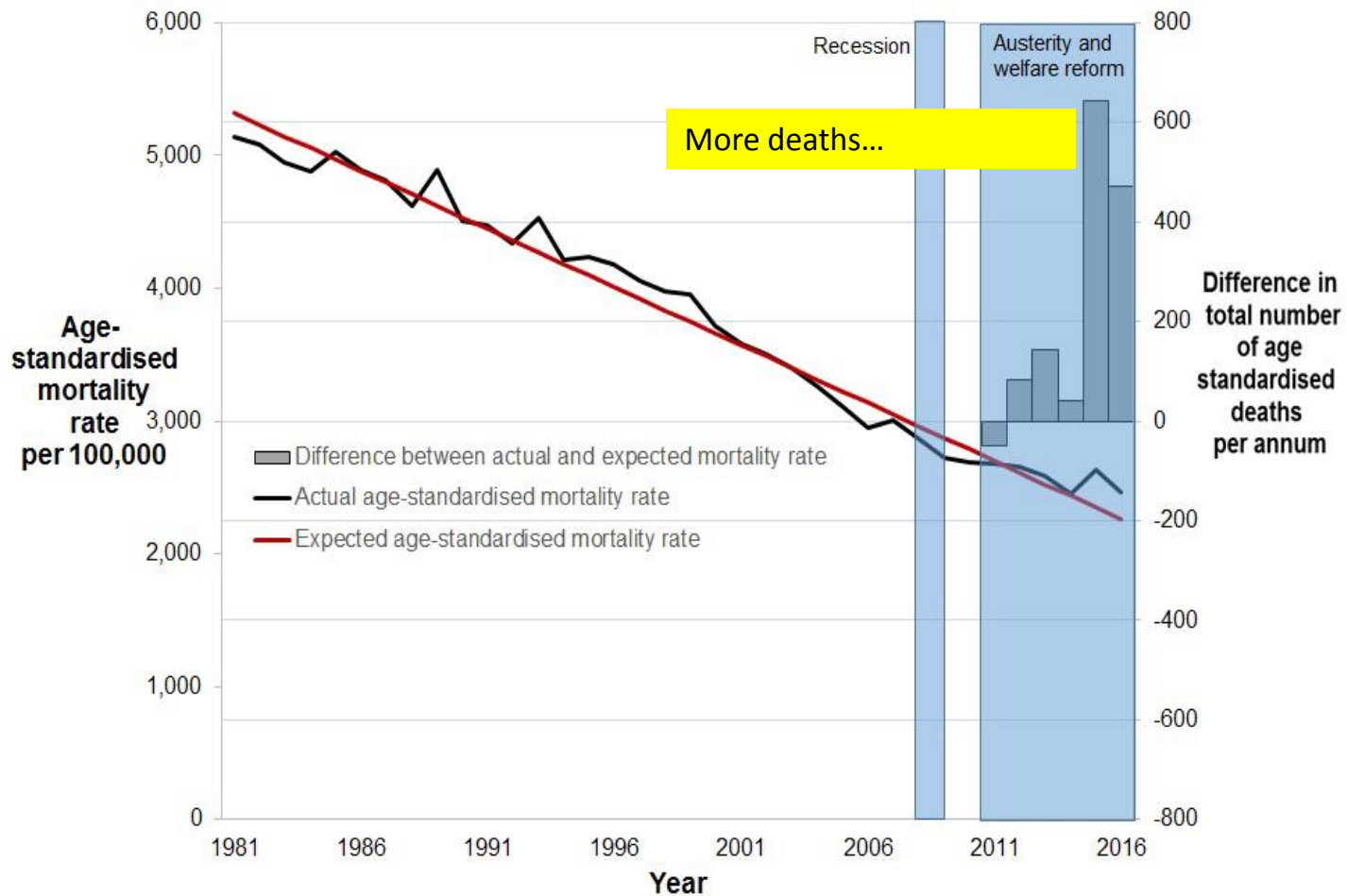
# All-cause mortality, Scotland (50–54 years): 1981-2016



# All-cause mortality, Scotland (60–64 years): 1981-2016



# All-cause mortality, Scotland (70-74 years): 1981-2016



# Evidence of a change after 2010?



## Adverse impact, strong evidence

- Child poverty
- Earnings FT workers
- Household incomes
- Mortality for some
- Mental health
- Absolute inequality in mortality

## Positive impact, strong evidence

- Reduced financial insecurity
- lone parent & young adult employment rates
- Stabilised obesity

Strong evidence

Bad for health

## Adverse impact, weak evidence

- Increased drug-related deaths
- Relative inequalities in mortality

Good for health

## Positive impact, weak evidence

- Female employment
- Working age worklessness

Weak evidence

## Conclusions (1) – welfare reform

- Rise in employment post-2010 may have been beneficial for some – those moving into good work.
- But has not yet translated into reduced poverty or improved mental health.
- Health benefit trends flat-lining, inequalities rising.
- Concerns that welfare reform poses a risk to health should be taken seriously.

## Conclusions (2) – austerity

- May be a substantial excess mortality after 2010 in Scotland, concentrated among certain age groups
- Although sensitive to the choice of baseline year, very concerning and needs to be better understood.



## Conclusions (3) - what might be done?

Aspect	Proposal
Harmful aspects of welfare reform	Stop sanctioning people with health conditions, disabilities and lone parents Strengthen the Scottish Welfare Fund
Drugs and alcohol	Test and evaluate measures to prevent, mitigate and undo harm
Working-age adults and their families	Implementing Poverty and Inequality Commission recommendations; Stevenson/Farmer Review; Fair Work Convention
Improving the evidence base	Monitor and understand recent mortality trends Explore income & employment interventions that improve health and reduce health inequalities

# Working and hurting?



## Working and hurting?

Monitoring the health and health inequalities impacts of the economic downturn and changes to the social security system

Authors: Martin Taulbut, Damilola Agbato and Gerry McCartney  
NHS Health Scotland

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