Health, Social Care and Sport Committee

22nd Meeting, 2022 (Session 6), Tuesday, 14 June 2022

Inquiry on health inequalities - Informal engagement sessions

Note by the clerk

Introduction

1. The Committee undertook a series of informal engagement sessions on 20 and 23 May 2022 to help understand people's experiences in relation to health inequalities.

2. In each session, Voluntary Health Scotland hosted a breakout room of professionals from the voluntary and public sectors, alongside separate breakout rooms involving individuals who shared their lived experience, supported by voluntary sector organisations.

3. The format of each session differed according to the hosting organisation. However, the following questions were used as a loose guide during all sessions:

    - What do you think are the key factors in your life which have negatively impacted upon your health, or the health of people you know?
    - What do you think are the main barriers to people improving their health?
    - What change(s) would you like to see which would help improve your health or the health of those you know?

4. Below is a summary of all sessions, including details of those organisations that supported individuals to attend:

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Employment and fair work

5. Income and employment status are strongly associated with health and wellbeing.

    - Poor health can limit access to employment.
    - Unemployment and job insecurity can lead to poor health and wellbeing.
    - Low incomes can prevent people from participating in social life and day to day activities.
    - Food poverty and insecurity can lead to poor health.
    - Income can be related to life expectancy, with those on higher salaries expected to live longer.
    - Many physical and mental health outcomes improve as income rises.

6. This session consisted of breakout rooms facilitated by the following organisations:

    - Voluntary Health Scotland
    - One Parent Family Scotland
    - PAMIS
    - Coalition of Carers Scotland

7. The following is a summary of issues discussed within the session with representatives from a range of organisations, hosted by Voluntary Health Scotland:

Low incomes • Low incomes stop people being able to participate fully in society.
Informal Carers • Unpaid caring should be considered a social determinant of health - carers experience poor physical and mental health and often have unmet care needs and minimal support. • There is often a fine balance between work and care. • Young carers are missing out on educational and other opportunities. • Self-Directed Support (SDS) is insufficient to recruit staff to provide care.
Social Security • Psycho-social barriers, such as stress, shame and stigma are compounded by the benefits system. • The system is often difficult to work through.

- There is a constant balance to maintaining eligibility for Carers Allowance while still working – working was often seen as a way to feel self-worth outside of a caring role, promote positive mental health and in some cases, provide respite from a caring role.
- In-work poverty is an issue, with individuals often not aware what they're entitled to.
- The groups reported negative experiences of Universal Credit, which is based on a full-time work pattern. This puts pressure on people to take numerous jobs to make up full-time hours.
- The Department for Work and Pensions (DWP) system is not supportive and there can be penalties when individuals get things wrong and when the system perceives that an individual's situation has changed (whether that has happened or not).
- The experience of Social Security Scotland is very different to that of the DWP.

Employment

- There can be a big difference between employment and good employment.
- There should be a duty on employers to support their workforce.
- There is a need for more promotion of the Carers Positive Scheme for employers.
- There needs to be a real focus on employability and returning to work.
- Work environments can be inflexible when it comes to caring and childcare responsibilities – especially in regard to weekend working when no other support is available.
- There needs to be more focus on ensuring people understand employment rights.
- Employers need to take some responsibility for addressing inequalities.
- Employment can be precarious especially for women, who are often employed in low paid roles such as those within the care sector. Women are also more likely to have dual caring responsibilities which can limit earning potential.
- Some sectors have large proportions of migrant workers who are not aware of their employment rights and can't access in-work Universal Credit. They should be made more aware of their rights and have better access to information.
- There can be employment challenges for older people who need to work due to the change in pension age. Work places tend not to be very age-inclusive.

Support in communities

- Community Link Workers provide a valued support mechanism. Access to these and to financial assistance and support needs to be improved.
- Link workers should be embedded in communities.

• Drop in services seem to work in relation to drugs and alcohol services. Could a similar approach be applied to those seeking employment and social security support? • Could community pharmacists be a way of signposting people to support? • The cost of transport to access services can be a barrier, particularly in rural communities as well as for those living in poverty in urban areas. • Affordable childcare and transport in communities is required. • Translation services are vital where English is not someone's first language
Poverty, the pandemic and the cost of living crisis • People who were already marginalised and disadvantaged are now facing destitution as a result.

8. The following breakout rooms contained individuals who were supported by voluntary sector organisations to share their lived experience. Each group represents a group of people disproportionately affected by inequalities.

One Parent Family Scotland

9. The group discussed inequalities faced by one parent families in Scotland.

10. Covid has had a significant impact on everything, including mental health. The groups spoke about struggling to get to work, being scared to go to work, and being exhausted trying to work, home school and care for the family.

11. The cost of living crisis has also had a significant impact, with outgoings outstripping income, which can mean a choice between eating and heating.

12. Outwith these issues, the group spoke about challenges with finding a job that enables parents to work during school hours only. Job Centres also showed inflexibility towards meeting the needs of one-parent families and general inflexibility demonstrated by employers. They also highlighted limited childcare availability at weekends, with little or no support or financial support to enable children to attend after school clubs.

13. Pre-Covid, one parent families struggled to find time to look after their own health, often with little or no respite. The group suggested a drop-in clinic for single parents to be able to attend GP/Nurse or health related appointments would be a welcome approach to help address this.

PAMIS

14. The group discussed inequalities faced by people with profound and multiple learning disabilities and their families.

15. The group described the impact of the cost of caring and a lack of understanding of the effects of caring for people with learning disabilities. There is no understanding of necessary adjustments or support in these circumstances which can push people to the limit and lead to extreme poverty. Individuals requiring care incur extra costs which are not always considered.

16. The group outlined experiences of living in poor housing which was not energy efficient or habitable. Heating costs were already an issue before the cost of living crisis, which has had a considerable impact on already vulnerable people. They also spoke of a constant worry around social security benefits and the threat of sanctions. Even with support and a full-time job, they can often still face insurmountable financial responsibilities.

17. The group also highlighted a lack of:

    - future planning, support to work
    - employability support
    - feeling valued outwith the caring role
    - joined up care, data and support, meaning individuals are constantly re-telling their story and seeking support from multiple different sources.

18. The pandemic exacerbated stress and anxiety of caring for someone. Support through SDS vanished and carers were left terrified of getting sick and not being able to continue in their caring role, as well as being worried that the person they were caring for would get ill.

19. The group highlighted the gap between legislation and reality of carers. They noted a need to be supported by employers and the state to allow them to continue work/get back into work without facing the constant threat of benefits being withdrawn, incurring sanctions or having to find extra care for the person they were caring for. They also highlighted the need to receive additional support with managing care and advocating for it on behalf of their loved ones, as well as accessing training for themselves and for employers to support them.

Coalition of Carers Scotland

20. The group discussed inequalities faced by unpaid carers.

21. The group described issues relating to:

- the financial impact of caring,
- the physical and emotional impact of caring, and
- difficulties navigating the social security system, balancing work, caring responsibilities and benefits, and ineligibility for some benefits for those in receipt of Carer's Allowance.

22. The group highlighted that many carers have to give up work to fulfil their caring responsibilities. Young carers have to sacrifice homework, socialising with friends, opportunities for extra-curricular activities and work experience. The lack of accessible nursery care is an issue for those caring for disabled children, meaning that the Scottish Government's free childcare provision is unavailable to them and parents often have to give up work.

23. The group also spoke of the power of employment to aid their own emotional wellbeing but pointed out being employed is incompatible with social security restrictions.

24. The group discussed the impact of the pandemic on carers. Many cared for people remain at high risk of dying from COVID and these households therefore remain isolated. There is also a worry that if carers get sick, there would be no one to care for those they care for.

25. Suggestions for improvements included a statutory requirement on employers to support carers such as the Carers Positive Scheme, young carer workers in schools, and a fairer benefits system for carers.

Resources

26. Participants also provided the following link:

- https://www.scld.org.uk/early-years/

Equalities and human rights

27. Social injustice can create conditions that can negatively affect the health and wellbeing of individuals and communities.

- Some individuals and groups, most often those who are vulnerable or disadvantaged, have poorer health outcomes than others.
- These individuals and groups can experience barriers accessing health and care, which can be physical, financial, mental, social or related to stigma/discrimination.
- Human rights violations can contribute to and exacerbate poor health.

28. This session consisted of breakout rooms facilitated by the following organisations:

- Voluntary Health Scotland
- Health issues in the Community (HIIC) group
- Society health and You (HIIC) Midlothian
- LGBT Health & Wellbeing
- Life I want

29. The following is a summary of issues discussed within the session with representatives from a range of organisations, hosted by Voluntary Health Scotland:

Determinants of health

- A range of determinants of health were raised by participants. It was noted that these are highly interconnected.
- There is a need to take a more holistic human rights-based approach, including
    - taking a life-long approach from childhood (GIRFEC) to adulthood to old age,
    - improving the language around inequalities and inequities, and
    - recognising intersection between poverty and health inequalities.

Information/knowledge is power

- Individuals reported they didn't know they had rights, they lacked self-esteem and feelings of self-efficacy.
- Families felt they have to be armed with all the information about their rights and what they're entitled to when attending appointments, in order to get the help they need.
- Service users not given sufficient information in the format they need.
- There is a need to help people to understand their right to health, rather than assume they know, for example using plainer, clearer language.

Inequity in service provision

- Geographically and between different groups (e.g., those with sight loss or other disability).
- There is a need to involve a range of people in the planning of services, including those with lived experience.
- A more joined-up/integrated approach is needed, along with a recognition that people often require ongoing support.
- People should be treated holistically, as a whole person, rather than focusing on symptoms.

• Free and stigma free access to HIV/sexual health testing and treatment is needed, including when people are released from prison. • Proportionate universalism is needed rather than applying the inverse care law.
Lack of joined-up service provision: ('falling off cliff edge') • Patients are not always connected with community care once discharged from hospital. • There can be an ineffective use of services, with people feeling as though they are 'ricocheting around' the system. • Short-term funding for services means it is hard to develop expertise/continuity of care. • Families are having to provide a linking role between services, with detrimental impacts on their own health. • 'Trauma-informed care' needs to include a recognition/understanding that mental ill health and substance abuse may stem from trauma. People's substance abuse can sometimes prevent them from being able to access services.

Lack of consideration of service users' needs
 	
• Interactions with service users need the following:
  ○ Engagement and empowerment to include their needs and preferences.
  ○ More compassion and dignity.
  ○ Person-centred, rights-based care.
  ○ Using the person's preferred means of communication, access requirements etc.

Workforce • The group reported that the workforce is 'on its knees' with staff only able to offer compassion 'if their cup is full'. Staff need to be treated with compassion by their employers, and this isn't their experience.

30. The following breakout rooms contained individuals who were supported by voluntary sector organisations to share their lived experience. Each group represents a group of people disproportionately affected by inequalities.

Health issues in the Community (HIIC) group

31. The group discussed inequalities faced by those in the Midlothian Health Issues in the Community Group, including race discrimination, immigration discrimination and domestic abuse.

32. The group discussed a lack of sensitivity from GPs on racial issues, including derogatory remarks and a lack of understanding of ethnicity from healthcare professionals.

33. They also discussed the impact of a lack of power and control, such as that experienced by immigrants or those suffering domestic abuse, and the impact this can have on someone's health and wellbeing. In particular, it was felt workplaces and employers need to have a duty of care to support their employees.

34. The group also spoke of a lack of:

- Support from GPs
- Access to appointments
- Support for women's health conditions
- Information, advocacy and support services

35. The group also highlighted the following changes they would like to see:

- Healthcare professionals using already available guidance and research such as 'Mind the Gap'
- Training for staff in schools on ADHD and autism, with lived-experience included as part of that.
- Training for employers on domestic abuse
- Ensuring employers have a duty to safeguard health and wellbeing
- Monitoring employers more carefully

Society Health and You (HIIC) Midlothian

36. The group discussed inequalities faced by those living in the Midlothian community, including poverty, racial discrimination and seeking asylum.

37. The group highlighted the interrelatedness of trauma and mental health. They also spoke about the interrelatedness of poverty and seeking asylum. Asylum seekers are banned from working and have no recourse to public funds, which means they are living in poverty with a resulting impact on physical and mental health. There is often a lack of social support too, exacerbated by housing options and support services which fail to take cultural differences into account.

38. The group highlighted a number of barriers related to transport costs, language skills and a lack of translation services, which makes it harder for individuals to

know what rights they are entitled to and the system harder to navigate. The group also discussed stigma and discrimination associated with this and the incapacity to change their situation.

39. The group also highlighted the following changes they would like to see:

- The provision of advocacy support to help navigate the system.
- Better access to support, such as to help with childcare and other social support networks.
- Allowing individuals to use their skills and attributes to contribute to society and help improve their own mental health and wellbeing.
- Formal access to legal representation, including legal aid
- Including individuals as part of the decision-making process, whereas decisions are currently often made for them, rather than with them.
- Community assets and services run by asylum seekers and BAME people.

LGBT Health & Wellbeing

40. The group discussed inequalities faced by those who identify as lesbian, gay, bisexual, transgender (LGBT+) adults in Scotland.

41. The group highlighted that despite an increase in levels of societal acceptance over recent years, stigma and discrimination still exist which impacts on mental health. The group highlighted a lack of support from GPs for LGBT individuals or asylum seekers and a failure to understand issues affecting LGBT asylum seekers / refugees.

42. The group also spoke about the intersectionality of issues, for example, black or ethnic minority, LGBT asylum seekers suffering multiple disadvantage. They highlighted the need for every service to understand intersectionality and ensure protected characteristics aren't treated homogeneously. There needs to be a recognition that people can understand and experience services from several different angles and perspectives simultaneously.

43. The pandemic brought to the fore issues that have existed for a long time:

- Long waiting lists. The current waiting list for sex reassignment surgery is 4 years. The group noted that people are only moving up the list when determined to be at risk of suicide, with around 80% on waiting lists have experienced suicidal thoughts.
- Those that identify as lesbian, gay, bisexual, transgender are more likely to live alone and less likely to have people to call on in times of need.
- Online access has been great over the pandemic, but there are issues with the digital divide and rural access.

44. Asylum seekers and refugees have no access to education or work. The lack of access to services has also had an impact on mental, emotional, physical, financial and social health.

45. The group also spoke about the need for a person-centred approach that is seen through an intersectional and a human rights lens.

Life I want

46. The group discussed inequalities faced by those with learning disabilities and those that care for them.

47. The group discussed issues around the lack of:

- availability of health and care services,
- information on what is available or what people are entitled to,
- awareness of issues for those with learning disabilities from those that provide care and
- advocacy services, with help only coming at crisis point, which is often too late.

48. The group also highlighted a lack of coherence in services, with over-interference followed by a withdrawal of support, a lack of equity and a lack of communication. A dedicated caseworker is needed to help provide clarity and support for families; a one size fits all approach does not work.

49. Covid had a considerable impact with services withdrawn overnight. A lot of people reported feeling very isolated and alone. The level of support that was reduced during the pandemic has not been reinstated since. Participants also reported a perception that if you were seen to cope during the pandemic, it was assumed you must not need the support.

50. Poverty was also discussed, including rising costs and being forced to choose between heating and eating. The group also noted they lacked money to make healthier food choices, to be able to socialise and exercise and to access leisure facilities.

51. The group also discussed access to healthcare services, in particular primary care, highlighting that telephone appointments have replaced face-to-face appointments and they are often required to explain their circumstances repeatedly to multiple people.

52. The group highlighted the need for:

- Preventative advocacy services to stop people reaching crisis-point.

- Further promotion of Self-Directed Support (SDS), along with support to help people navigate the system and education for staff in social care services.
- Accessible documentation.
- Mental health helplines for people with learning disabilities.
- Accessible public transport and accessible places.
- A coherent personalised approach rather than a blanket approach for all.
- More opportunities for employment.

53. The group also highlighted the need for a decent income, to be able to travel independently, to access and participate in society, community and employment.

Resources

54. Participants also provided the following links:

- https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/child-poverty/
- The Right to Health by Dr Kasey McCall-Smith
- University of Bristol's alternative tips for health
- https://www.ukri.org/news-and-events/tackling-the-impact-of-covid-19/researching-the-impact-of-coronavirus/the-pandemics-impact-on-uks-lgbt-communities/
- https://www.forbes.com/sites/jamiewareham/2021/11/09/pandemics-detrimental-impact-on-uk-lgbtq-community-revealed-in-new-research/?sh=134aaa70b489
- https://www.equality-network.org/lgbt-rural-report/
- https://www.drugsandalcohol.ie/35903/1/shaap-lgbt-report-web-FINAL.pdf
- https://www.sandyford.scot/sexual-health-services/gender-identity-service/gender-identity-service-waiting-list
- https://www.sandyford.scot/sexual-health-services/gender-identity-service/gender-identity-service-waiting-list/
- https://www.equality-network.org/resources/publications/reproductive-health-and-fertility-research/
- https://www.lgbthealth.org.uk/resource/return-closet-lgbt-aging-scotland/
- https://www.blackandbrownskin.co.uk

Local government, housing and planning

55. Community life, social connections and having a voice in local decisions can affect health and wellbeing of individuals and communities.

- Access to housing, local amenities and how local environments are planned and laid out can all have an impact on an individual's health.

- Living in poor housing - a cold, damp home - can lead to poor physical health and respiratory problems.
- High housing costs and increasing bills may place a strain on people's finances, forcing individuals to make a choice between heating and good quality food.
- Poor town planning can limit an individual's access to community assets and services, especially those with ill health.
- Poor health can impact on educational outcomes.
- More educated individuals tend to live healthier and longer lives compared to less educated individuals.
- Access to social care can make a difference to health and wellbeing, including helping individuals participate in society and improving mental health, enabling rehabilitation and improving community connections.

56. This session consisted of breakout rooms facilitated by the following organisations:

- Voluntary Health Scotland
- Shelter
- Cyrenians

57. The following is a summary of issues discussed within the session with representatives from a range of organisations, hosted by Voluntary Health Scotland:

Community environments

- Poorer areas constantly have it reinforced that the area is poor when councils don't do enough in relation to upkeep.
- Poor housing and a poor environment impact on people's lives.
- Obesogenic environments and the higher prevalence of fast food outlets in areas of lower income. Healthy food can cost 3 times as much in poorer areas as in more affluent areas.
- There is a need to shift away from a focus on the individual when it comes to tackling obesity towards a focus on the environmental factors that cause it.

Homelessness

- Homelessness and health are inextricably linked. There is a far higher prevalence of all causes of morbidity among people experiencing homelessness. Average age of death in those people experiencing homelessness is 39 for males and 43 for females.
- There is an opportunity for early intervention at the early stages of a homelessness application.

Housing

- Housing is being regularly flagged with link workers in GP practices as a major cause of ill health, including as a result of damp conditions, conflict with neighbours and the cost of living crisis causing mental health concerns.
- By not addressing housing conditions, the burden is shifting towards primary care.
- There is a need to look at Local Housing Allowance which fails to take account of the disparity between public and private rents. Some people have their entire rent covered by LHA while others are having to top up from other benefits etc.

Alcohol use

- Alcohol sales increased during Covid and this is contributing to more accidents in the home, such as falls and fires, rates of which are already higher in more socially deprived communities.

Climate

- There is a need to make sure the burden of climate mitigation is distributed equitably. For example, housing retrofitting is expensive and may be out of reach for poorer households.

EQIAs

- There is an underuse of EQIA's when it comes to planning. Initiatives such as 20-minute neighbourhoods may not impact everyone equally, with middle- and upper-class households benefiting comparatively more, thereby widening the inequalities gap.

Volunteers

- Post-Covid, volunteers in the third sector aren't returning to their roles in the same numbers and this impacts upon the voluntary sector's ability to support people.

58. The following breakout rooms contained individuals who were supported by voluntary sector organisations to share their lived experience. Each group represents a group of people disproportionately affected by inequalities.

Shelter

59. The group discussed inequalities faced by those experiencing housing issues and homelessness in Scotland.

60. The group noted that homelessness hasn't increased in recent years, but the services and support that is available has decreased. At the same time, poverty, food poverty, fuel poverty and the cost of living have all risen.

61. Participants spoke of the lack of a co-ordinated approach, with services focusing on the one issue presented to them at any given time rather than viewing the person as a whole and addressing the multitude of interrelated factors that may be affecting them. For example, trauma, mental health, homelessness, poor physical health, access to services are all interrelated. The group also spoke of difficulties with navigating services and a lack of resources and/or services themselves.

62. The group highlighted that it can take a lot for someone to ask for support. They highlighted that it shouldn't matter who you approach for support, what door you go through, you should be able to access the support you need. To make this happen, there needs to be better signposting and communication between services, alongside a recognition that there is a very small window of opportunity to respond when someone asks for support. Waiting times, administration and bureaucracy can prevent people from getting the help they need.

63. Covid saw a lot of changes to homeless services, often not for the better:

- Telephone and digital services are replacing face-to-face, which can be a barrier for those without phones or those who need to develop a trusting relationship.
- Temporary solutions, such as hotels or temporary accommodation, are not appropriate in some cases. The group spoke of situations where hotel accommodation can be a worse experience than being on the street due to increased isolation, lack of support staff or support networks and a high availability of drugs in temporary accommodation settings. These temporary solutions also don't help to address other issues or promote self-management.
- Delivery of support services ha has changed, meaning there is no clear point of access, chronic understaffing and decreased communication.

64. The group also spoke of the stigma and discrimination in having to go to food banks and being seen as 'begging' for money to heat the home. They also spoke about children in temporary accommodation not accessing education. This was particularly relevant for children of migrants, refugees and asylum seekers.

65. The group agreed they would like to see one service with one central point of access, where services communicate with each other to provide the holistic support that is needed.

Cyrenians

66. The group discussed inequalities faced by those experiencing homelessness in Scotland.

67. The group shared a range of difficult, diverse and traumatic experiences that had led to homelessness and that made it difficult and sometimes impossible to access services for housing and health. They described the complex interaction between homelessness, housing, physical health, mental health and financial help which made it increasingly difficult to seek and receive support to improve their situation.

68. These situations are often related to previous trauma or health conditions. This included difficulties with landlords and neighbours. The group also noted the impact of experiences of bereavement, redundancy, childhood abuse, rape, trauma, imprisonment, serious and life-threatening mental and physical health issues. They also stressed difficulties in accessing diagnosis and treatment and a lack of joined up services.

69. They described difficulties in accessing support, be that in relation to health, housing or benefits, and resulting from long waiting times, excessive administration and bureaucracy, and stigma and discrimination.

70. The group discussed a range of solutions including:

- Ensuring support is tailored to individual needs.
- Implementing a ‘no wrong door’ approach.
- Providing advocacy services – it can be impossible to advocate for yourself when you are in emotional and physical distress. The system can be exhausting and not compassionate to people. It is not possible for people experiencing this kind of distress to tackle a complex and dysfunctional system.
- A trusted relationship with an individual or organisation is needed to be able to access support - with a contact you can go back to. It is vital that people are not made to feel ashamed or scared to go back to services.
- There should be an increased focus on financial help.

71. As a further obstacle, the group also highlighted that accessing treatment for childhood sexual abuse is only available for people in Scotland if the abuse was experienced in Scotland.

Social justice and social security

72. Changes in social security policies can have significant effects on health and wellbeing.

- Austerity, cuts to benefits and tax credits can have an impact on health and wellbeing, and life expectancy, this can often have the worst impact in the most deprived areas.
- Improvements in social security benefits can improve mental health outcomes and reductions in these benefits can have a negative impact on mental health outcomes.
- Some groups and individuals do not have the capacity to engage appropriately or do not have someone that can advocate for them on the circumstances and decisions that can affect them, or to appeal decisions they feel are unfair. This can impact on health and wellbeing.

73. This session consisted of breakout rooms facilitated by the following organisations:

- Voluntary Health Scotland
- Families Outside
- Scottish Recovery Consortium
- Dumfries and Galloway Recovery Together Group
- Health issues in the Community group from Lanarkshire

74. The following is a summary of issues discussed within the session with representatives from a range of organisations, hosted by Voluntary Health Scotland:

Poverty • Poverty is a major issue. Individuals need appropriate income, social security and access to social prescribing to allow them to have a healthy lifestyle. • The cost of living crisis has meant those with existing conditions (who have extra costs) are struggling to manage their conditions. It was noted that those who were already struggling beforehand have been affected the most. • In-work poverty is largely ignored.
Stigma

- People often feel they are being judged by health practitioners and have to work hard to convince professionals to help them.
- There is stigma associated with accessing social security.
- Different ethnic groups and migrants report feeling shame.

Services and systems

- Services tend to focus on one element of an individual's experiences, rather than the whole person, for example focusing on treating drug addictions, without addressing underlying trauma or mental health issues that may have contributed to or caused those addictions.
- People reported negative and derogatory experiences with health and social care professionals.
- It is often difficult to navigate systems - for example, the benefits system and the impact of sanctions when someone gets it wrong.
- Formal services can sometimes exacerbate trauma and be a barrier to building trust with individuals.
- There is a need for more flexibility accessing a range of services, as well as guidance on how to access services and support mechanisms.
- Services and systems should understand lived experiences and how these can be used to improve support.
- There is a perceived lack of respect for basic human rights within services and systems**.**

Support

- Individuals have reported feelings of disempowerment and not having any real choices.
- There should be no wrong door when accessing support. A no wrong door approach would ensure individuals gain access to all of the support they require seamlessly. This requires better signposting and communication between services at all levels to prevent people falling through the gaps, having to tell their story multiple times and having to identify the various types of support they need on their own.
- A lack of access to technology, tools and the internet can impact on an individual's access to support.
- There is a need to build resilience and coping mechanisms at an individual and community level.

Intersectionality

- The group discussed multiple inequalities and the impact on people.
- Certain groups are more affected, for example, those with existing conditions, those distinguished by age, disability, ethnicity, LGBT etc. However, an individual can identify as all of these things – how is that considered in individual services?

Social security

- The social security system should be compassionate, joined up and easy to navigate.
- Universal credit is having a substantial negative effect on people's experiences of poverty, including through the application of welfare conditionality, sanctions, benefit deductions.
- There is a lack of understanding of rights in accessing social security, alongside complications of navigating two systems (one in Scotland and one for the totality of the UK).
- There are particular issues faced by women, migrant workers, and asylum seekers and refugees with no recourse to public funds.
- There was discussion on whether greater social security powers and benefits should be devolved, around offering a basic living income to all, and what data and other outcomes are in place to assess effectiveness of benefits.
- It was also suggested that work needs to be done to increase uptake rates and widen eligibility criteria for social security, as well as to improve sharing of data.

75. The following breakout rooms contained individuals who were supported by voluntary sector organisations to share their lived experience. Each group represents a group of people disproportionately affected by inequalities.

Families Outside

76. The group discussed inequalities faced by families in Scotland affected by imprisonment.

77. The group described how difficult it can be to get healthcare treatment in prison, both for existing conditions on arriving in prison and for conditions and injuries that have developed when in prison. This had serious and traumatic consequences, leading to stroke, dangerous seizures, fits, serious mental health conditions and death. All of these were felt to be avoidable if treatment had been provided.

78. The group described a lack of:
    - accountability,
    - information about expected standards,
    - communication with families,
    - detail on how healthcare is monitored and delivered, and
    - clear information and pathways on transitioning into and out of prison.

79. The group described a range of experiences that highlighted a lack of healthcare training among nurses and other prison staff and inadequate availability of medical staff in prisons. They also described powerlessness and a lack of agency experienced equally by prisoners and their loved ones.

Scottish Recovery Consortium

80. The group discussed inequalities faced by those recovering from substance use in Scotland.

81. The group discussed stigma and mental health as key factors negatively impacting on someone's health and which caused barriers to improving health. They described how drug use and mental health are interconnected and the impact this has on stigma and self-worth. They also described a cycle of poor mental health, which can lead to drug use, which in turn impacts on mental health and increases self-stigma, which impacts on the ability to seek support.

82. The group described:

- a lack of knowledge among health professionals about the issues affecting addicts,
- unhelpful, complicated systems within services that increase stigma,
- lack of access to mental health support services when undertaking rehab, and
- needs based services that disempower people and increase stigma.

83. The group further highlighted the need for more training, more informal services that can build trust and relationships, improved connectedness of services and signposting and to avoid the use of tokenistic buzz words such as 'trauma informed' and 'whole system' approaches.

Dumfries and Galloway Recovery Together Group

84. The group discussed inequalities faced by those living in areas of social and economic disadvantage.

85. The group described:

- a lack of support for adverse adult events (e.g. bereavement) and trauma,
- judgemental and uncompassionate public services, which were punitive rather than supportive,
- how individuals are not always treated with dignity and respect, which compounds low self-esteem and shame, and
- a sense of stigma, disempowerment and a lack of choice.

86. They further noted a lack of access to technology, awareness of rights, and social support.

87. The group highlighted the benefits system as being punitive and lacking in compassion, including unfair sanctions that can cause destitution. These can take effect immediately but require months to resolve. They also highlighted that systems and forms are difficult to understand and navigate. They indicated support for a universal basic income and progressive tax regime.

Health issues in the Community (HIIC) group from Lanarkshire

88. The group discussed inequalities faced by those recovering from substance use in Scotland.

89. As with the group from the Scottish Recovery Consortium, this group highlighted the interrelationship between stigma and mental health. They further highlighted a lack of awareness and financial support as well as issues around transport and accessibility of services. They stressed the need to treat drug addiction and the underlying causes of that addiction.

90. The group described the need for more flexible person-centred services that are shaped by service users, more education to help de-stigmatise drug users and the need for pharmacists who have been awarded contracts and commissions to provide certain services to have a duty to treat people in receipt of those services with dignity and respect.

91. The group also highlighted the positive impact of attending courses like HIIC that empowered them with knowledge, confidence, and the ability to speak up for themselves and to challenge stigma/decisions as well as giving them the opportunity to begin to feel worthy of the same respect as everyone else. They went on to express fears that these services will be cut back.

Resources

92. Participants also provided the following links:

- https://www.audit-scotland.gov.uk/publications/social-security-progress-on-implementing-the-devolved-benefits
- https://migrantessentialworkers.com/en/blog/
- https://www.deep-poverty.co.uk/post/universal-credit-deductions-and-levelling-down
- http://bmjopen.bmj.com/cgi/content/full/bmjopen-2022-061340
- https://healthismadeathome.salus.global/

Clerks to the Committee

9 June 2022