

# **Glasgow Centre for Population Health response to the Department for Work and Pensions consultation on the proposal for the future of Bridgeton, Castlemilk and Maryhill Jobcentres**

The Glasgow Centre for Population Health (GCPH) welcomes the opportunity to respond to this consultation in the context of our extensive evidence and analyses of the nature and determinants of health inequalities, with particular focus on Glasgow. We will also draw on other relevant evidence where appropriate.

This response will be informed by evidence of the disproportionate effects that the jobcentre closures will have on Glasgow, given the disparities that the city faces relative to the rest of Scotland.

## **Question 1: Do you agree with the proposals? What overall comments would you like to make on the proposals?**

Glasgow is the most deprived city and local authority area in Scotland. The proposed structural changes in the form of jobcentre closures, not only the three areas considered in this consultation, but also the additional five across Glasgow, will have significant impacts on the most vulnerable people in the city.

Some of the most vulnerable and least mobile groups in society include lone parents and families with children, carers, people with disabilities (physical and learning), people with mental health problems, workless families or households and some ethnic minority groups<sup>1</sup>.

We encourage the Department for Work and Pensions to recognise the complex and interrelated challenges facing the city in terms of:

- The high burden of ill health, disability and health inequalities.
- Child poverty rates in some of the affected areas being more than double the Scottish average.
- There are 353 council ward areas in Scotland. Twelve of the 20 council wards in Scotland that face the biggest financial losses as a result of the welfare reforms are in Glasgow.
- Access to services is more problematic for vulnerable groups and individuals. This includes digital access and in some areas of the city, fewer than half of all households have internet access.

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<sup>1</sup> Child Poverty Action Group. <http://www.cpag.org.uk/content/who-lives-poverty>

The Ministerial Task Force on Health Inequalities reported the principles for effective policies to reduce health inequalities<sup>2</sup>. The report recommended:

- recognising the need for more intensive support among more socially disadvantaged groups
- the removal of barriers to access of health and non-health care goods and services
- targeting, and positively discriminating in favour of, both deprived places and deprived people
- ensuring programmes are suitable for the local context.

We encourage the Department of Work and Pensions to consider the proposal to close jobcentres in light of the Ministerial Task Force's advice.

### **III health, disability and health inequalities**

The main health challenges likely to relate to users of jobcentres in Glasgow are brought about by: levels of deprivation in areas where the need for jobcentres is highest; disabilities; labour market participation; and financial circumstances. For example:

- *Deprivation:* Almost half of Glasgow's residents – 286,000 people – live in the 20% of most deprived areas in Scotland. In contrast, just 20,600 people (3.5% of the population) live in the 10% of least deprived areas in Scotland.
- *Disabilities:* 24% of working-age adults in the city report having a disability.
- *Labour market participation:* In 2012, 22% of children lived in workless households, 8% higher than the Scottish average.
- *Financial circumstances:* In 2013, 19% of households in Glasgow had a net annual income of less than £10,000, the highest percentage of any local authority in Scotland<sup>3</sup>. Additionally, Glasgow is below the national average (88% in Glasgow in 2012 versus 95% in Scotland) in terms of people with access to a bank or building society account.

The Directors of Public Health in Scotland, in their response to the recent consultation on Social Security in Scotland, recommended carrying out a Health Inequality Impact Assessment (HIIA) to ensure those disadvantaged due to social circumstances, e.g. living in deprivation, with poor educational experience, etc, would not be disadvantaged<sup>4</sup>. They argue that an HIIA should be carried out at each stage of developing policy and delivery models to ensure resources allocated to support individual claimants are proportionate to need, with a view to using social security to achieve equitable outcomes for claimants.

**We would endorse this recommendation in relation to the jobcentre closures.**

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<sup>2</sup> <http://www.gov.scot/Publications/2008/06/09160103/2>

<sup>3</sup> Understanding Glasgow Health and Wellbeing Indicators. <http://www.understandingglasgow.com/>

<sup>4</sup> <http://www.healthscotland.com/equalities/hia/index.aspx>

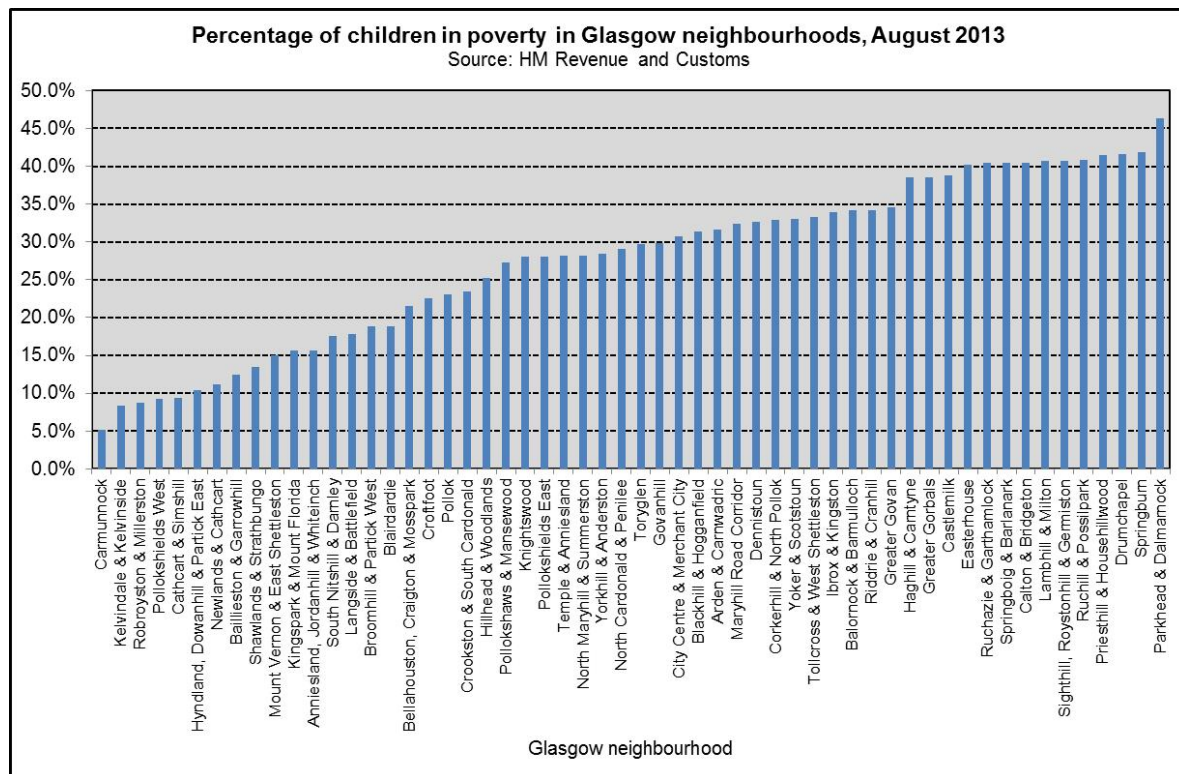
## Child poverty

As the majority of children living in poverty are likely to have parents who need to access jobcentres, the proposed closures indicate a potentially significant risk to these children and their families. Rates of child poverty are higher in Glasgow than any other city in Scotland<sup>5</sup>, for example:

- In 2012, over 36,000 children in Glasgow were estimated to be living in poverty, equivalent to 34% of children.
- Across Glasgow, child poverty rates vary dramatically (see Figure 2 for the gradient in child poverty across all 54 neighbourhoods in Glasgow).
- Calton and Bridgeton are seventh highest for child poverty with 41% of children here living in poverty, closely followed by Castlemilk at 12th highest (39%). Maryhill Road Corridor is 23rd highest with a child poverty rate of 32%.

High rates of poverty in these, and other areas across Glasgow, demonstrate the necessity of the presence of jobcentres, to ameliorate the negative impacts associated with poverty and disadvantage.

**Figure 2: Percentage of children in poverty in Glasgow neighbourhoods.**



It has been widely shown that resource allocation should be proportionate to need, to ensure social protection can effectively protect people from the worst effects of poverty and disadvantage<sup>6,7</sup>. **The above graph shows that, in Newlands, 11% of children in experience poverty as opposed to 39% in Castlemilk. Therefore, it would make more sense to re-direct service users from Newlands to Castlemilk rather than the other way round. In that way, fewer people are being displaced and the service is remaining in an area with highest need.**

<sup>5</sup> Understanding Glasgow Health and Wellbeing Indicators. <http://www.understandingglasgow.com/>

<sup>6</sup> <http://www.gov.scot/Publications/2008/06/09160103/2>

<sup>7</sup> Marmot M. Fair society, healthy lives: the Marmot Review. Strategic review of health inequalities in England post-2010. <https://www.gov.uk/dfid-research-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010>

It would be important to have information on the rationale for the proposed closures and re-directions in the form of data on footfall and use at every jobcentre in Glasgow to better understand the basis on which these decisions are being made.

### **Financial losses due to welfare reforms**

Throughout Scotland, the impact of the welfare reforms, in absolute terms and on a per capita basis, has been biggest in Glasgow, where they are estimated to result in a loss of £259m a year, equivalent to £620 a year for every adult of working age in the city. Twelve of the 20 council wards in Scotland that face the biggest financial losses as a result of the welfare reforms are in Glasgow<sup>8</sup>. Moreover, there is a roughly four-fold difference between the worst and least hit communities:

- Calton ward in Glasgow (which is served by Bridgeton and Parkhead jobcentres) is hit hardest (£880 per adult of working age per year).
- The financial loss in Glasgow North East, (served by Easterhouse jobcentre) is expected to be £750 per adult of working age per year.
- Glasgow Linn ward, served by Castlemilk jobcentre, loses £670 per working age adult per year.
- Combined with the already high rates of disadvantage and child poverty in these wards, closure of an essential support service will further compound the effects on people's health and wellbeing in these areas.
- By contrast, St Andrews in Fife (£180) is least affected.

### **Access to services**

The closure of jobcentres will narrow access to vital statutory support and social protection, posing challenges to people (re)entering work. It also means that already vulnerable groups may be at increased risk of sanctions. Despite a reduction in Jobseekers Allowance (JSA) sanctions being applied over the past few years<sup>9</sup>, trends have shown that the burden of sanctions falls disproportionately on men and young people under 25<sup>10</sup>.

The following case studies on difficulties in accessing DWP services are demonstrative of the hundreds collected as part of the Child Poverty Action Group's Early Warning System, a framework developed to collect and analyse case evidence about how welfare changes are affecting the wellbeing of children, their families and the communities and services that support them<sup>11</sup>.

#### *Case study 1*

A client received a 13-week sanction for failing to attend three work programme provider appointments because he had no money to get there. He was told this was not a good reason because he would be reimbursed when he got there. However, the client is currently receiving hardship payments of £44 a week and it costs £9 for a return on the bus each time he has to attend an appointment. #10761 (25/10/16)

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<sup>8</sup> Scottish Parliament (2014). Report on Local Impact of Welfare Reform

[http://www.parliament.scot/S4\\_Welfare\\_Reform\\_Committee/Reports/wrR-14-05w.pdf](http://www.parliament.scot/S4_Welfare_Reform_Committee/Reports/wrR-14-05w.pdf)

<sup>9</sup> Joseph Rowntree Foundation (2015). Welfare sanctions and conditionality in the UK.

<https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/Welfare-conditionality-UK-Summary.pdf>

<sup>10</sup> Scottish Government. JSA sanctions in Scotland 2015.

<http://www.gov.scot/Resource/0048/00481660.pdf>

<sup>11</sup> Child Poverty Action Group. *Early Warning System*. <http://www.cpag.org.uk/scotland/early-warning-system>

### Case study 2

A father with dyslexia, spinal arthritis and COPD (Chronic Obstructive Pulmonary Disease) received a sanction for not attending a work-focused interview. He had told the jobcentre in advance that he didn't have enough money to get to the office, as it was not local to him. He was told to walk to the appointment, but was unable to do so due to his health condition. He received a 13-week sanction. #M14 (5/2014)

### Case study 3

The client, who has a three year old and a 15-year old received a sanction for being ten minutes late for an appointment because of problems with public transport. She was assured by the receptionist and an advisor at her work programme provider that she shouldn't worry as she would not receive a sanction. Despite this, the client subsequently received a sanction. (11/2014)

Question 3 contains detail of the likely impacts on the time and cost involved in travelling further afield to access jobcentre services.

The following points provide evidence on the complexity of access to services which, in terms of service utilisation, can include acceptability, affordability (direct and indirect costs to service users), availability, physical accessibility (geographical or physical barriers, and accommodation (the way services are related to clients' needs)<sup>12</sup>.

Some specific examples include:

- *Access issues due to lack of knowledge:* Evidence from the Healthier, Wealthier Children (HWC) project in NHS Greater Glasgow and Clyde, a child poverty project set up to identify need among pregnant women and families with young children, achieved cumulative financial gains of over £11 million for 10,300 families, between 2010 and 2016. An evaluation of the HWC project noted that pregnant women and families with young children were previously unaware of their entitlements and had very limited, or no past contact with money advice services<sup>13</sup>.
- *Territoriality:* A number of vulnerable young people, particularly young men, find it difficult to be geographically mobile, even within relatively short distances of the area they are familiar and comfortable with, and can experience fear and lack of control when outside their home area. This territoriality places limits on young people's freedom to travel beyond their own neighbourhood and has been identified in a study of six disadvantaged areas of cities in the UK, including Glasgow<sup>14</sup>. The statement that '*Our overriding priority has been to ensure the locations of the sites we have proposed for retention are as accessible as possible to all of our claimants*' must take account of the fact that more disadvantaged and vulnerable groups face significant social, economic, and environmental challenges to accessing statutory and other services and therefore services should be provided where need is greatest.
- *Digital access:* The DWP single departmental plan (2015-2020) explicitly mentions the move to "continuing to redesign our customer services, increasing the use of digital

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<sup>12</sup> George A, Rubin G. Non-attendance in general practice: a systematic review and its implications for access to primary health care. *Family Practice* 2003;20(2):178-184.

<sup>13</sup> Naven L, Withington R, Egan J. *Maximising opportunities: final evaluation report of the Healthier, Wealthier Children project*. Glasgow: GCPH; 2012. Available at: [http://www.gcph.co.uk/publications/359\\_maximising\\_opportunities\\_final\\_evaluation\\_report\\_of\\_the\\_hwc\\_project](http://www.gcph.co.uk/publications/359_maximising_opportunities_final_evaluation_report_of_the_hwc_project)

<sup>14</sup> Kintrea K, Bannister J, Pickering J. Territoriality and disadvantage among young people: an exploratory study of six British neighbourhoods. *Journal of Housing and the Built Environment* 2010;25:447-465. Available at: <http://link.springer.com/article/10.1007/s10901-010-9195-4>

services, streamlining and automating back-office processes”<sup>15</sup>. This, together with jobcentre closures in disadvantaged communities, will have significant negative impacts on people who are digitally excluded. A study of digital exclusion in Glasgow shows the relatively high levels that exist, particularly in deprived areas, some of which are in areas where jobcentre closures are proposed<sup>16</sup>. It was found that, in 20 datazones in the city, it is estimated that fewer than half of all households have internet access. These include:

Parkhead West and Barrowfield; Old Shettleston and Parkhead North; Springburn East and Cowlares; Shettleston North; Calton, Gallowgate and Bridgeton; and Shettleston North.

This will be further compounded by the introduction of Universal Credit (UC), merging all benefits (in-work and out of work) into one, as people come to terms with its ‘digital only’ requirement and the extension of conditionality to those receiving in-work benefits, as well as people receiving out-of-work benefits. This move is likely to further increase the risks of creating and perpetuating inequalities.

There is also evidence that digital-only services reduce the support available to service-users through face-to-face contact, and could result in difficulties in understanding official documentation and completing the necessary forms, particularly online without adequate support. Such outcomes were highlighted in a study commissioned by the Scottish Government on issues encountered by people accessing benefits, highlighting the need for clarification and support when trying to navigate a rapidly-changing benefits system<sup>17</sup>.

## **Question 2: Will the proposals to close Bridgeton, Castlemilk and Maryhill jobcentres have a direct impact on you? If yes, please provide further details.**

The proposals will not directly affect the GCPH. However, the Centre has presented evidence throughout this response to suggest that a significant proportion of the populations in these areas will be affected.

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<sup>15</sup> Department for Work and Pensions. *Corporate report: DWP single departmental plan: 2015 to 2020*. <https://www.gov.uk/government/publications/dwp-single-departmental-plan-2015-to-2020/dwp-single-departmental-plan-2015-to-2020>

<sup>16</sup> White D. *Across the divide: tackling digital exclusion in Glasgow*. Dunfermline: Carnegie Trust; 2013. Available at: <http://www.carnegieuktrust.org.uk/publications/across-the-divide-full-report/>

<sup>17</sup> Graham H, Egdell V, McQuaid R, Raeside R. *The impact of welfare reform in Scotland – tracking study – Sweep 3 report*. Edinburgh: Edinburgh Napier University; 2015. Available at: <http://www.napier.ac.uk/research-and-innovation/research-search/outputs/the-impact-of-welfare-reform-in-scotland-tracking-study-sweep-3-report>



### Question 3: If you currently use Jobcentre Plus services at these jobcentres, what impacts are there on the time and cost taken to travel to your new jobcentre?

The GCPH is not responding as a user of Jobcentre Plus services in the venues being discussed in this consultation. However, issues of time and cost of travelling to a new jobcentre location are supported by other evidence provided in this document.

Some additional observations include:

*Time:* Increased travel times may place additional time and resource pressures on people who traditionally struggle to engage with support services.

The journey times in Annex A relate only to the bus or car journey. They exclude journey times from people's homes to the bus stop or train station, and walking to the jobcentre at the other end – an area like Castlemilk is large. The implications are significant for ill or disabled people, and parents with young children, making the journey on public transport. Bus journeys, in particular, can be unreliable, can take longer than estimated on a timetable depending on traffic, weather and breakdowns, and often lack adequate facilities to accommodate prams or people with disabilities. As late arrival for appointments can incur a sanction, (see case studies in Question 1), there is a risk of increased penalisation.

For a journey from Castlemilk to Newlands jobcentre, two buses are required (numbers 34 and 38) if a person is unable to manage to walk this distance. Journeys such as these are additional to other services people use such as health centres, foodbanks and dropping off and collecting children from nursery/school or caring for disabled children or family members<sup>18</sup>.

Additionally, some of the longer journeys entail a walk of 15 minutes or more which could have significant impacts on some vulnerable groups, such as people with disabilities, parents with young children, and older carers and service users. The bus journey from Shettleston Jobcentre back to Bridgeton entails a 15 minute walk from Shettleston Jobcentre to the bus stop.

*Costs:* In terms of additional costs of travelling to the new locations, an adult return ticket on the First Bus network (the main bus provider in Glasgow), costs £3.35. A First Day ticket, which allows for multiple travel costs £4.50. In addition, although children under five travel for free, a single ticket for a child aged between 5 and 15 costs 70p, while a children's ticket, allowing for multiple travel costs £1.50.

For people with mobility issues and those unable to use public transport, the estimated cost of a one-way taxi from Bridgeton Jobcentre to Shettleston Jobcentre using Glasgow Taxis is [£8.21](#). Using a private firm, not a Hackney taxi, would be cheaper, however, private taxis may not be accessible for people with physical disabilities and prams etc due to the reduced space.

In addition, the cost may increase, if people live on the edge of the postcode area where Bridgeton Jobcentre is located, and have to travel the original distance from their home to Bridgeton Jobcentre and then onto Shettleston Jobcentre.

<sup>18</sup> [http://www.gowellonline.com/assets/0000/3896/BP28\\_food\\_banks\\_web.pdf](http://www.gowellonline.com/assets/0000/3896/BP28_food_banks_web.pdf)

**Census data for 2011 shows that 31% of people in Castlemilk reported being limited a little or a lot by disability, while the percentage of people in Calton and Bridgeton was 24%. Fewer people in Newlands and Cathcart, (17%) reported being limited by disability<sup>19</sup>.**

As Jobseekers Allowance payments are a maximum of £73.10 per week (including lone parents) and the maximum disability payments (through Personal Independence Payments) are £138.75, it is clear that additional travel costs, particularly for those with physical health difficulties could be significant. Moreover, a lot of young men receiving sanctions are not on higher payments.

As a statutory service, the DWP could mitigate the negative effects of the current proposals by (a) providing transport costs for people having to undertake longer journeys and (b) introducing flexibility into the system to ensure that service-users are not penalised with sanctions for late arrival at appointments due to longer journey times and the vagaries of public transport.

#### **Question 4: Are there any other particular impacts of the proposals that DWP should take into account when making a decision?**

The proposed closures are likely to have impacts on jobcentre staff which may have additional impacts for service users. One example of this is the new 'work coach' role. The work coach delivery model is designed to ensure work coaches build relationships with people accessing jobcentres<sup>20</sup>. This relationship is presented as a coaching, mentoring and support role – with the ultimate aim of finding people employment, regardless of their personal situation. Limited information has been provided regarding the process of transferring entire 'caseloads' (i.e. clients work coaches support on a one-to-one basis) from the jobcentres proposed for closure, to the new locations. Further information is needed regarding how this process will be managed. For example, will work coaches moving location keep the same caseload?

It is also fundamental that work coaches, who are already operating in a complex and ever-evolving legislative, policy and employment environment, are provided adequate support to ensure a smooth transfer to their new places of work. This includes support to identify local assets and community services, and an introduction to the histories and cultural nuances of the new areas they are based in.

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<sup>19</sup> Understanding Glasgow. *Disability, Comparison, Neighbourhoods*.  
[http://www.understandingglasgow.com/indicators/health/comparisons/with\\_other\\_places/disability\\_scottish\\_cities/glasgow\\_neighbourhoods](http://www.understandingglasgow.com/indicators/health/comparisons/with_other_places/disability_scottish_cities/glasgow_neighbourhoods)

<sup>20</sup> UK Parliament. *In-work progression in Universal Credit, The Work Coach*.  
<http://www.publications.parliament.uk/pa/cm201516/cmselect/cmworpen/549/54907.htm>



**Question 5: Are there alternative services that could be provided that would be a benefit to some claimants? For example this could be a member of Jobcentre Plus staff based in a community venue to provide help with looking for work. Please explain your answer, with specific examples and evidence of the potential demand for the service where possible.**

The following general points and evidence point to factors that should be taken into account when considering co-location and partnership working.

*Co-location:* Co-location needs to be carefully planned, to ensure that the service still meets the needs of the local population, and the community setting chosen is appropriate for this purpose. This will include consideration of working cultures, reputation in the community, approachability, and sharing IT systems, which may impact on anonymity and data protection. Any service provision should be organised in such a way that it allows adequate time to support people with a range of needs, not only help with looking for work. An important part of this is helping people with complex forms which often take over an hour to complete and, therefore, could not be carried out in a library where computer time is often restricted to one hour.

*Partnership working:* Despite the stated commitment to continued partnership working with local third and public sector agencies, questions must be asked regarding how this would work in practice when jobcentres are withdrawn from some areas where people also rely on a range of other services. Working in partnerships with key local organisations is a stated aim of the DWP in this consultation document. However, it is difficult to see how this aim can be achieved by closing local jobcentres where service-users potentially avail of a range of other local services. This will limit the ability of the DWP to work in partnership with these services if they no longer have a presence in the area.

For example, Shettleston Jobcentre will potentially absorb the staff and caseloads of Parkhead, Easterhouse and Bridgeton Jobcentres. Each of these jobcentres work with local partners in their specific geographic areas. Due to the proposed single jobcentre location, there is a danger that the increased distance between the jobcentre and partner organisations may have a negative effect on partnership working. Particular questions need to be asked regarding the impact on additional support services currently being delivered by partner organisations from the three sites (mentioned in this consultation) due to be closed. For example, does Shettleston have the physical space to host staff from the three jobcentres it is proposed to absorb and provide on-site expert support from public and third sector organisations?

These third sector organisations are facing their own challenges. A report based on feedback from the third sector workforce involving Glasgow's charities, voluntary organisations, community organisations, social enterprises and other third sector organisations revealed increased demand from external factors as a challenge to them<sup>21</sup>. A significant number of respondents highlighted increased poverty, debt and welfare issues as being key drivers.

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<sup>21</sup> Rocket Science. The changing nature of work in the third sector in Glasgow. Glasgow: GCPH; 2015. Available at: [http://www.gcph.co.uk/publications/554\\_the\\_changing\\_nature\\_of\\_work\\_in\\_the\\_third\\_sector\\_in\\_glasgow](http://www.gcph.co.uk/publications/554_the_changing_nature_of_work_in_the_third_sector_in_glasgow)

The importance of continuous encounters has been highlighted by a report of the experiences of general practitioners serving the most vulnerable people in Glasgow. This report argues that a key delivery mechanism for addressing complex needs is the serial encounter, mostly with a small team whom patients know and trust, but also involving other professions, services and resources as needs dictate<sup>22</sup>. Moving jobcentres out of communities will not assist this process and is likely to result in increased depersonalisation of the service.

Additionally, providing a holistic service, in partnership with other local providers, should be considered. In their response to the consultation on Social Security in Scotland, the Directors of Public Health cautioned that, in planning services, care should be taken to avoid unintended consequences and to ensure that services are joined up<sup>23</sup>.

This includes the ability to connect people to other reserved benefits and public services relevant to meet their needs. For example, agencies could advise on other entitlements (e.g. reserved benefits, home energy efficiency to help reduce cost of fuel bills, local authority adaptations to homes and social care etc) to ensure that people are not left without income and support because they believe that the Scottish social security service is the only route to achieve necessary support. *“This could require those who manage and run the new service thinking through their relationship with other agencies (public and third sector), their roles and responsibilities, the appropriate complement of staff, the type of skills and the workforce learning and development necessary to support achievement of the best outcomes for people using the system”*. This is clearly important in the context of these proposals to close jobcentres.

The importance of anchor organisations for ensuring resilient communities is well documented<sup>24</sup>. Additionally, it has been acknowledged that the unequal distribution of high-quality infrastructure is associated with inequalities in health<sup>25</sup>. Therefore, the closure of services that provide vital support to the community has the potential to undermine efforts to support these areas to overcome a) existing challenges associated with health and economic inequalities as outlined above, as well as b) future ‘shocks’ as a result of economic and other macro-level uncertainties.

In light of Brexit and the associated economic uncertainties, further shocks to the economy and job market are likely, and should be planned for accordingly in efforts to build resilience in communities most vulnerable to these shocks. Closure of vital support service adds to the vulnerabilities present in such communities.

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<sup>22</sup> GPs at the Deep End. *Deep End report 18: Integrated Care*.

[http://www.gla.ac.uk/media/media\\_238713\\_en.pdf](http://www.gla.ac.uk/media/media_238713_en.pdf)

<sup>23</sup> Scottish Government. *Consultation on Social Security in Scotland*.

[https://consult.scotland.gov.uk/social-security/social-security-in-scotland/consultation/view\\_respondent?show\\_all\\_questions=0&q\\_text=public+health&uuld=318859513](https://consult.scotland.gov.uk/social-security/social-security-in-scotland/consultation/view_respondent?show_all_questions=0&q_text=public+health&uuld=318859513)

<sup>24</sup> Seaman P, McNeice V, Yates G, McLean J. *Resilience for public health: supporting transformation in people and communities*. Glasgow: GCPH; 2014. Available at:

[http://www.gcph.co.uk/publications/480\\_resilience\\_for\\_public\\_health\\_full\\_report](http://www.gcph.co.uk/publications/480_resilience_for_public_health_full_report)

<sup>25</sup> Marmot M, Wilkinson R. *Social determinants of health*. New York; Oxford University Press; 2006.

## Question 6: Please provide any additional comments that you have.

These additional comments relate mainly to the language used in the consultation, given that jobcentres serve people. There is little language in this consultation that recognises the demographics and characteristics of the human beings who use these services. **The language used by the DWP should reflect the ethos that DWP services are a vital part of our social security system that we all have a right to.**

- In this consultation document, ‘claimants’ are juxtaposed with ‘taxpayers’ as though these are two distinct groups of people; research shows that taxpayers can often become claimants when they are in low-paid work and moving in and out of insecure and temporary work. This is well described in a GCPH report on the rise of in-work poverty<sup>26</sup>. Even when taxpayers do not become claimants, it is important they understand themselves as beneficiaries to maintain the social contract underpinning taxation for welfare spend.
- The statement that *“By paying only for the space we need we will save many millions of pounds of tax payers’ money”* is vague and does not give details of how the savings are costed. **It would be helpful if the DWP published their cost-benefit analysis of these proposals.** A cost-benefit analysis would also identify the value of the presence of jobcentres as potential anchor organisations and community assets in deprived communities. Effective co-location into community hubs could result in savings and bring wider benefits to communities struggling for investment.
- The consultation states *“we have carefully considered where the workload and services of the jobcentres proposed for closure could be relocated”*. It would be valuable to gain an understanding of the specifics of this careful consideration. Transparency regarding this process is fundamental if the DWP is to build trust with partners, regardless of whether the proposed closures go ahead.
- The statement that *“an effective welfare system that enables people to achieve financial independence by providing assistance and guidance into employment”* does not take account of the many service users who, depending on their circumstances (e.g. carers), attend for reasons other than gaining employment. This statement also ignores the fact that many people cannot gain employment due to the way our society is organised. However, these people also have a right to social protection when needed.
- Paragraph one in the proposal refers to a drop in unemployment in Glasgow. This statement is misleading for the following reasons.
  1. It does not provide any detail of the nature of employment and unemployment which is necessary in order to understand current patterns in labour market participation, which can be precarious and cyclical in nature.
  2. The Institute for Fiscal Studies reported that, 20 years ago, only one-in-20 men aged 25-55 worked part-time with low hourly wages. Today one-in-five of this group works part-time<sup>27</sup>.

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<sup>26</sup> Harkins C, Egan J. *The rise of in-work poverty*. Glasgow: GCPH; 2013. Available at: [http://www.gcph.co.uk/publications/456\\_the\\_rise\\_of\\_in-work\\_poverty](http://www.gcph.co.uk/publications/456_the_rise_of_in-work_poverty)

<sup>27</sup> The Guardian. *Bleak trend of low, part-time wages in UK is revealed*. <https://www.theguardian.com/money/2017/jan/13/low-paid-men-in-uk-four-times-more-likely-to-be-working-part-time-than-in-1990s>

3. The assertion that unemployment has declined is misleading, given that it has only been declining for the last three years, which is an insufficient timeframe on which to base jobcentre closures, particularly in this time of political and economic uncertainty, at local, national and international level.
4. This statement does not take account of the fact that unemployment is now similar to the situation that existed in 2008 just before the financial crisis. For example, the International Labour Organization (ILO) unemployment rate for Glasgow increased from 8.1% in 2008 to 11.9% in 2012, but has since decreased to 8.5% in 2016. Similarly, data shows that under-employment in Glasgow (the number of employees who want/need to work more) has fallen from a high of 12.4% in 2012 to 8.7% in 2015<sup>28</sup>.

In summary, the Glasgow Centre for Population Health believes that the impact on public health of jobcentre closures would be significant and we would urge the DWP to reconsider its proposals, not only those jobcentres involved in this consultation, but also the additional five in other areas across Glasgow.

It is important that data are published to demonstrate the case for these closures (as outlined in this response) to facilitate better understanding of the reasons behind the proposed closures and how they fit with the first stated responsibility of the DWP<sup>29</sup>, i.e. “*understanding and dealing with the causes of poverty rather than its symptoms*”.

GCPH  
January, 2017

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<sup>28</sup> Understanding Glasgow. *Economic participation, Overview*.  
[http://www.understandingglasgow.com/indicators/economic\\_participation/overview](http://www.understandingglasgow.com/indicators/economic_participation/overview)

<sup>29</sup> Department for Work and Pensions. *Priorities*.  
<https://www.gov.uk/government/organisations/department-for-work-pensions/about#priorities>

## Annex A

This table provides estimates of travel times between the jobcentres we are proposing to close and the jobcentres from where future services will be delivered.

<b>Jobcentre proposed for closure</b>	<b>Proposed location for service delivery</b>	<b>Distance</b>	<b>Public Transport</b>	<b>Car</b>
<b>Bridgeton Jobcentre</b>	<b>Shettleston Jobcentre</b>	<b>2.7 miles</b>	<b>Approximately 30 minutes</b>	<b>11 minutes</b>
<b>Castlemilk Jobcentre</b>	<b>Newlands Jobcentre</b>	<b>3.9 miles</b>	<b>Approximately 45 minutes</b>	<b>14 minutes</b>
<b>Maryhill Jobcentre</b>	<b>Springburn Jobcentre</b>	<b>2.9 miles</b>	<b>Approximately 30 minutes</b>	<b>11 minutes</b>