SOCIAL SECURITY BILL

By Paul Lewis,
Director Youthaid

From April, 1988 there will be major changes in social security. Many women who become widows after this date will get less than they would under the present system. And women who are already widows and get supplementary benefit or housing benefit may be worse off. In the long term there are also plans to cut in half the earnings related pension paid to a widow from her late husband's national insurance contributions.

The changes are being introduced in a Social Security Bill which is currently going through Parliament.

WIDOWS BENEFITS

The changes in widows benefits will principally affect younger women. At the moment every woman who is widowed under pension age with or without children gets a Widows Allowance of £53.60 (£54.20 from 28th July) for the first 26 weeks of widowhood. After that a woman who is widowed without dependent children gets a full widows pension of £38.30 a week if she is at least 50 when she is widowed. If she is aged 40-49 she gets a reduced pension. Under 40 she does not get a pension. A widow with children gets a benefit of £38.30 (called Widowed Mothers Allowance) whatever her age until her youngest child reaches 16 or, if they live at home, 19, even if they are not dependent. When this allowance ends, she gets widows pension pending on her age **at the time.**

The Bill will make three main changes. First, the Widows Allowance will be replaced by a tax-free lumpsum of £1,000 called a Widows Payment. Widows pension, or widowed mothers allowance, will start from the week of bereavement.

Secondly, the age at which a woman without children gets a widows pension will be raised from 50 to 55 and all the ages for reduced pensions will be raised by five years too. So a woman who loses her husband when she is aged 40-44 will no longer get a pension and women widowed at 45-54 will get less pension than they now do.

Thirdly, a widow who has a child under 19 living at home will only get widowed mothers allowance if the child is dependant and in full-time education.

The effect of these changes will be dramatic. Women widowed or first receiving widows pension at age 40-51 will lose in every year from widowhood to the age of 60. The greatest 'losses' will be felt by those aged 40-44 who will lose all entitlement to widows pension. A woman widowed at 44 will lose entitlement to £19,234 between widowhood and the age of 60. About 800 women are widowed at 44 each year and nearly 13,400 are aged 40-51 and will lose from the new arrangements. Women widowed under 40 without children will also lose. They will just get the £1,000 Widows Payment which is worth £462 less than six months Widows Allowance would have been.

Some women will gain. Women widowed at 55-59 will find that the £1,000 Widows Payment and twelve months widows pension is worth more than the six months Widows Allowance followed by six months widows pension. They will be £582 better off in the first year. After that their position will be the same. Women widowed over 60 will be in the same position as those younger women if their husband had not retired. Otherwise their position will not be changed by the new proposals.

All these changes will only affect women who become widowed after April 1988. But many women who are already widowed will also be worse off. The Social Security Bill introduces changes in Housing Benefit and in Supplementary Benefit and for many people "changes" is a polite word for "cuts".

First, Supplementary Benefit will be replaced by a new benefit called Income Support. All the extra weekly amounts for heating, diet, and other items will be abolished and water and sewage rates, and 20% of your domestic rates, will also have to be paid out of basic benefit. The rate of basic benefit will be enhanced by a premium for those with children and lone parent premium for widows and other one-parent families.

In addition, grants for items such as furniture and clothing will be ended and replaced by loans repayable out of the benefit over a period of a year or so.

Those who work and get Family Income Supplement will find it replaced by Family Credit. This credit will be paid by the employer, not directly by DHSS.

Finally, Housing Benefit will be reduced. A total of £450m is to be saved, largely from owner occupiers who currently get a small amount of help with their rates.

The effect of these changes will depend on circumstances. No figures for widows are available. But overall the Government estimates that about 3.8 million people who now get these benefits will be worse off and about 2.1 million will be better off.

Jerusalem Conference

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The Papers that I chose to go to were largely concerned with the responses of children to the loss of parents and there were outstanding research presentations by Dr. Pynoos from Los Angeles, a Paediatrician involved in offering emergency mental health services to children and who has done interesting work on the responses of children who see their parents murdered and (the Paper delivered at this Conference) on the effects on children of seeing one of their mates shot dead in a playground by a sniper.

He was able to show that the children who were most intimately involved in the playground suffered the highest incidence of mental health disorders subsequently, the ripples getting weaker and weaker as the children were less and less involved, but that even for the children who were at home on that day, the effects were quite considerable. He made a good argument for having a Clinic in each area which was able to mobilise itself swiftly in response to such emergencies and is currently evaluating the intervention programme that they used in this incident.

Prof. Shamai Davidson

We are deeply saddened to report the death of Dr. Shamai Davidson, so active in the Jerusalem Conference. He died in March.

Dr. Kranzler from Columbia, New York, is involved in a research programme to look at the bereavement responses of 3 to 6 year olds and has devised some interesting new techniques involving the use of drawings of primary affects (fear, anger, joy and sorrow) which children can identify with and then choose, when asked, which is most like what they are feeling. The reliability of this work seems high and it's a promising new technique for working with very young bereaved children.

Dr. Toubiana of the Psychology Department of Tel Aviv University described the prompt response of the Clinical Psychology Department to civilian disaster in which a bus carrying school children was caught on a railway line and in collision with a train. 22 children died and the event was witnessed by children in coaches that were following. They described individual short interventions given at the school in which the use of creative drawing appeared to improve the immediate outlook for the children. The work was carefully evaluated, and again fits in with the Los Angeles work indicating that there are effective techniques for reducing the level of psychopathology following bereavement, particularly in mass disasters.

Dr. Ayalon, a Clinical Psychologist working at Haifa University with Clinical Psychology colleagues, has devised a programme for preparing children to cope with disaster following terrorist attacks on schools in the border areas. Her techniques were demonstrated experientially in a fascinating workshop and although they have not yet been evaluated, indicate a promising preventative method which may have applications in Britain.

My Paper reporting my second-year follow-up results of a Family Therapy Intervention with Bereaved Children was well received and is, in fact, the first intervention study of its kind with children.

Other Papers I attended were of less relevance to children. The most outstanding were Dr. Palgi, an Anthropologist from Tel Aviv University, talking about brief reactions in cultural context and describing some of the variety of grief reactions in the varying peoples that go to make up the population of Israel; and Dr. Colin Murray Parkes from the London Hospital, who spoke on Bereavement Care in Britain.

DR. DORA BLACK,
Consultant Child Psychiatrist