The Experience of claiming Welfare Benefits for People with Disabilities in the UK

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Presentation outline

1. Policy context
2. Sample of disabled people
3. Findings
4. Conclusions
What does welfare conditionality mean?

- Linking welfare rights to ‘responsible’ behaviour (Dwyer, 2004)
- Intensification of behavioural conditions for accessing welfare
- Harsher consequences/penalties for non-compliance (sanctions!)
- Expansion of ‘vulnerable’ groups now subject to conditionality (e.g. majority of unemployed lone parents, disabled people required to attend work focused interviews, undertake job search or training)
- Assumptions of ‘welfare dependency’

What is the **efficacy** and **ethicality** of welfare conditionality?
Welfare Reforms

• Introduction of Employment and Support Allowance (ESA) (2008)

• ‘Bedroom tax’ (spare room subsidy)

• Benefit cap

• Disability Living Allowance (DLA) to Personal Independence Payments (PIP)

• Abolition of Council Tax Benefit

• Universal Credit
Methods & sample

- **52** interviews with policy makers
- **27** focus groups with frontline practitioners (**156** participants)
- **480** interviews with welfare service users across 10 cities in England and Scotland once each year for 3 years

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<td>Lone Parents</td>
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<td>Universal Credit</td>
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<td><strong>Total</strong></td>
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Sample of disabled people

• 58 people (26 women & 32 men) were selected on basis of having mental health, physical health, sensory impairments or learning difficulties (Further 161 people with impairments recruited in other sample groups)

• Majority white British, single people without dependent children

• Housing-17 home owners, 26 renting, 6 homeless

• Experience of claiming Employment and Support Allowance (ESA) in either Support Group or Work Related Activity Group (WRAG)
Inappropriate and insensitive WCA assessments

- Largely critical, negative experiences: inappropriate, insensitive, painful, distressing, degrading. For some, the WCA exacerbated the illnesses and impairments for which they were being assessed.

“They're not understanding… they ask you a lot of questions…and they open up a lot of wounds. I've always left in tears and heartbroken, really sobbing, and they're not interested in making sure you're all right or anything.” (Female, 36, mental health)

“It's all very much based on physical stuff, and they don't take into account the emotional and the mental stuff… Just because I can look somebody in the eye, and just because I can speak clearly enough doesn't mean to say that I'm not depressed and not upset.” (Female, 49, physical & mental health)
Mistrust of assessors’ medical expertise/qualifications

• Questioned the integrity of healthcare professionals of ATOS/Maximus conducting the assessments.

“I don't understand why they want people who are often not trained in those fields to then give you a medical” (Female, 60, physical health)

• Frustration in lack of use of existing medical evidence from trusted medical professionals (eg GP, psychiatrist)

“They can't access the medical records. ATOS don't have them which would save time. It would save money, resources if they look at a person's medical records and think that's come from a professional, a plastic orthopaedic surgeon who's a consultant. That's come from somebody higher than what they are, but they don't do that.” (Male, 32, physical health)
Confusion in WCA assessments and appeals

- Decision making process in assessments not clear (15 points)
- Mandatory reconsiderations and Appeals process were confusing and stressful

“They went through the medical and were not interested in any of my medical problems. The one thing they asked me was how I got to the medical. I said, 'Well I got the bus to [location] walked down [place], got the bus down to here and walked from the bus stop'. Next thing I know I get a letter through saying that I'm on suspension because I do meet the criteria of work. The argument that they had was because I'd walked from the bus stop I was able to work. When it went in front of the judge, the judge didn't even bother with it. He said, 'This is absurd'. He just wrote everything off there. But then for a further six months I wasn't in receipt of the DLA component because the ESA people failed to inform the other people that I'd won my appeal” (Male, 47, sensory, physical & mental health)
Surveillance and treated with suspicion by assessors

• Suspected that assessors believed they were not genuine and applied tactics to reveal that they were lying

“They're constantly trying to catch you out and ask you trick questions.” (Male, 30, mental health & learning difficulties)

“I'm aware they get a lot of people go through their door that just pretend, and they've got to try and see who is and who isn't...I feel like I'm being made to beg for my benefits.” (Female, 36, mental health)

• Feeling they were being ‘watched’ (observed inside building/outside)

“They make you wait in the waiting room for absolutely ages and because you're just sat there they say, 'Oh, well, she can sit for 40 minutes‘…Then they make you walk down the long corridor to see how far you can walk…That's even before you've got through the door. Then they'll ask you for your medication and if you open your bag up and you get it out that's, 'Hands are fine', that sort of thing.” (Female, 52, physical and mental health)
Shame and stigma of claiming benefits

• Stigmatization of claiming manifested in negative self image

“when you're on benefit, you almost feel a bit worthless.” (Female, 38, physical & mental health)

• Many disabled respondents endorsed the legitimacy of their own benefit claims as ‘disabled people’ referencing the irresponsible behaviour of non-disabled ‘scroungers’ who they argue *choose* to depend on benefits rather than work. So notions of deservedness:

“I’m a survivor, not a skiver” (Male, 35, physical & mental health and learning difficulties)

“Because there’s this feeling in the country isn’t there that everyone on disability benefits is defrauding the system… I speak to people all the time and I know that there are, but I’m not.” (Male, 45, sensory, physical and mental health)
Conclusions

• WCA inappropriate and insensitive

• Exacerbated mental health conditions and caused stress

• Mistrust of decisions process and decision-makers

• Fairness and ‘deservedness’ in welfare (Patrick, 2011; Fletcher et al, 2017)

• Stigmatization and shame (Baumberg et al, 2012; Walker, 2014; Pemberton et al, 2016)

• Consequences to citizenship and inclusion (Garthwaite, 2011; Manji, 2017)
References


