



This article is distributed under the terms of the Creative Commons Attribution 4.0 license (<http://creativecommons.org/licenses/by/4.0/>) which permits adaptation, alteration, reproduction and distribution without further permission provided the original work is attributed. The derivative works do not need to be licensed on the same terms.

SPECIAL ISSUE • Disability and Conditional Social Security Benefits

policy and practice

Welfare conditionality and disabled people in the UK: claimants' perspectives

Jenny McNeill, j.m.mcneill@sheffield.ac.uk
University of Sheffield and University of York, UK

Lisa Scullion, l.scullion@salford.ac.uk
Katy Jones, k.e.jones@salford.ac.uk
University of Salford, UK

Alasdair Stewart, alasdair.stewart@glasgow.ac.uk
University of Glasgow, UK

To cite this article: McNeill, J, Scullion, L, Jones, K, Stewart, A (2017) Welfare conditionality and disabled people in the UK: claimants' perspectives, *Journal of Poverty and Social Justice*, vol 25, no 2, 177–80, DOI: 10.1332/175982717X14943392083755

Introduction

In order to fully understand the impact of the extension of conditionality in the UK to include people with impairments, it is vital to give voice to those with direct experience of the welfare system. The case studies that follow are taken from interviews carried out as part of a project called 'Welfare Conditionality: Sanctions, Support and Behaviour Change'. This is a major five-year programme of research running from 2013 to 2018, funded under the Economic and Social Research Council's Centres and Large Grants Scheme (ESRC grant ES/K002163/2). The project aims to create an international and interdisciplinary focal point for social science research on welfare conditionality and brings together teams of researchers working in six English and Scottish universities. The team interviewed 58 disabled people (welfare service users) in 2014/15 as one cohort of a larger qualitative, longitudinal panel study conducted with 480 welfare service users. The intention is to interview each participant a total of three times over a two-year period.

The following case studies of Brenda¹ and Steve provide a summary of two real-life stories of our participants. While these individuals live in different locations and have different impairments, their accounts share the challenges inherent in claiming Employment and Support Allowance (ESA) and the feelings of stigma often experienced as part of that process. While we were able to track Brenda's journey

over the two-year period through three repeat interviews, despite several attempts to re-contact Steve, we were unfortunately unable to speak to him again after his first interview.

Brenda

Brenda is 50 years old, owns her own home and lives alone as her children routinely live with their father since she and her husband divorced. She has been diagnosed as bipolar and has suffered from depression for most of her life. She is also a recovering alcoholic. Educated to university level, Brenda worked most of her life until 10 years ago but has struggled to find secure employment since then. Over the years, she has undertaken temporary agency work and voluntary work, and continues to look for work. However, she became increasingly depressed at being unable to secure employment and started drinking heavily, which worsened her mental health. At the point that we first interviewed Brenda, she was claiming Jobseekers Allowance (JSA) but was moved into the Work-Related Activity Group (WRAG) of ESA during the course of our fieldwork.

Reflecting on her experiences with two different jobcentre advisors, Brenda was relatively positive and had initially felt “excited” about their offers of “extra support” to find work, and their understanding of her personal situation and impairments. However, this changed when she was referred to attend the Work Programme (WP),² which clashed with a referral appointment to a specialist drug and alcohol treatment programme. Although she informed the Department for Work and Pensions (DWP) of her need to attend her treatment appointment, she was sanctioned for non-attendance at the WP, which led to a suicide attempt:

“When I’d had my benefit stopped, I had the sanction, that’s when I emailed the adviser, and I basically had been up all night, and I’d drunk quite a lot, and I felt suicidal, and I actually wrote to her and said, ‘I feel suicidal about this’, which sounds really extreme, but I just thought I’m living in a crazy world where I try and get help and I’m punished for trying to get help, and I’m actually going to be more of a drain on society if I continue to drink and can’t work, whereas if I get help, get sorted, hopefully, I will be able to contribute, be a meaningful member of society.”

As a result of Brenda’s suicide attempt, she was signed off sick by her general practitioner (GP) who advised her to put a claim in for ESA and continue getting help with her drinking.

At the time of our second interview, Brenda had been reassessed and placed in the WRAG for ESA and was therefore still expected to actively engage with the WP, of which she is particularly critical. She describes it as “demeaning” and likens it to a “conveyor belt” of poor-quality job opportunities and irrelevant training: “It’s all about targets. It wasn’t meaningful, it was just about literally, getting bodies into a room, so they could tick a box and then they’d get their quota ... but we all have to jump through these hoops”.

When we visited Brenda for a third and final interview, she had finished the WP but still lived with an ongoing fear of being sanctioned; she describes it as like living “on tenterhooks.... I just feel like if I put a foot out of place, the money will be

withdrawn”. We also discovered that she had moved out of her home as she was struggling financially, and so was now renting out her house for additional income. Some time between our second and third interview, she had started to receive Personal Independence Payment (PIP) but this had recently been stopped as she “didn’t score enough points”, a decision that she was in the process of appealing. Reflecting the views of many other disabled people we have interviewed, Brenda spoke of the difficulty that she faced in having her mental health impairments taken seriously:

“I always thought this could stop because it was awarded due to depression obviously, and that is so – it’s very intangible isn’t it? It’s not like a permanent physical disability ... the doctor writes depressive disorder on my notes ... so that helps me in a way, that I’m not making this up, actually. You know, because I think sometimes people think what’s her problem? Like, why isn’t she working?”

Brenda’s overall assessment of her experience of welfare conditionality was profoundly negative:

“I’ve tried to do things positively and it’s backfired – like when I’ve tried to do things to address my health and help me work – then I’ve been penalised for that.... I think very, very few people would put themselves through this because it’s horrible and it makes you feel worthless.”

Steve

Steve is 32 years old. At the time of interview, he was living with his parents following a relationship breakdown. He had worked most of his life until two years ago, when he sustained an injury requiring multiple surgeries that left him unable to work. He described being on “constant medication”, experiencing extreme weight loss due to infections and being in constant pain, with limited function in his hand due to nerve damage.

Steve’s story encapsulates a number of issues that are common features for many who apply for ESA and undergo the Work Capability Assessment (WCA). He describes his frustration at applying for ESA and being rejected, even as someone who was still undergoing hospital treatment at the time of our interview:

“When I came out of work due to this injury, I had no option but to go to the local jobcentre to try and claim a benefit. They put me on JSA to start off with. Then they said ‘no, we need to make a claim for ESA’, which it just took on from there. I was on that for a while and then they sent me for some medicals ... and it was fine to start off with. Then, six months later, I had another medical there and they rejected it. They said I was fit for work... They could not understand that I was in hospital, and how am I supposed to work when I’m in hospital? I had to go up to a certain hospital every day for four-and-a-half months, but they still expected that some employer is going to employ me while I’m doing that.”

Steve’s benefits were initially stopped when one of his hospital stays had prevented him from attending an appointment:

“They actually stopped my benefit when they sent me a letter to go for a medical questionnaire and I’ve not replied to this by a certain date because I’m in hospital. I’ve just had surgery ... and I was ringing them daily to say ‘Look, I’m in here but also I need my benefit reinstated’ and it took a decision-maker seven-and-a-half weeks to reinstate that.”

Steve struggled financially when his benefit was stopped, but he did not unfortunately qualify for additional financial help through a local authority discretionary hardship scheme, which made him angry and depressed. Reflecting on his experience, he recognised that the decision-makers have a job to do; however, he felt that there was currently a lack of sympathy in relation to people’s individual situations:

“When they took it away, they gave me this telephone number and said that ‘your local council might be able to help you with a short-term loan-type thing’, but then you ring the council and you don’t qualify for it ... when your benefit has been taken from you and it’s the money that you solely rely on to pay your bills’ it makes you very angry.... They’ve got a job to do, but they’ve also got to show a bit of – I don’t know what the word is for it – sympathise with people. They don’t show any of that.”

Steve had successfully appealed the negative decision on his ESA claim and, at the time of interview, had been placed in the WRAG. Like Brenda, he was therefore still required to attend work preparation activity as a condition of his benefit receipt, and like Brenda, he described feeling the continual threat of being sanctioned:

“I’m on ESA now and I’ve won the case, so I’ve got a 12-month period, but I have to come into this place here which, to be fair, I find pointless. It’s just they never leave you alone. They’ll try everything. If they don’t get a letter on time, if they don’t get a phone call, they’ll stop your benefit, and it’s wrong.”

Reflecting on his overall experience, Steve felt that he was unfairly treated and that there is a lack of appropriate support and empathy within the current benefit system:

“That’s what I felt with the DWP. I’m not a person, I’m a number, and that’s all.... It was a very hard time. I’m not only coping with an illness that affects your daily life, but I’m also affected [by] somebody [who] has just clicked a button and just stopped my benefits, stopped the bit of income that’s coming in.... It does start to affect, mentally as well.”

At the close of the interview, Steve indicated that he was interested in starting his own business in the future and felt confident that he would find work again.

Notes

¹ Pseudonyms have been used to protect the identity of the participants.

² The Work Programme is a payment-by-results welfare-to-work programme in the UK delivered by a range of private, public and voluntary sector organisations. The programme can be mandatory for JSA claimants who have been claiming for more than three months, as well as ESA claimants in the WRAG. It was launched in the UK in 2011, and will be replaced by the new Work and Health Programme in 2017.