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Fear of the Brown Envelope: Exploring Welfare Reform with Long-Term Sickness Benefits Recipients

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Abstract

This paper presents qualitative data taken from in-depth interviews with 25 long-term sickness benefits recipients in the North East of England, UK. A key theme emerging from the research is the importance of listening to the narratives of long-term sick and disabled benefits recipients, particularly in relation to the formation of policy responses and in terms of practice. The findings also illustrate how stigma associated with claiming benefits can deter people from accessing the support they need, leading to under-claiming and the risk of amplified financial strain and hardship. Further, evidence in the framing of disability and welfare policy is crucial; the importance of evidence that emerges from research such as this which focuses upon the lived experiences of sickness benefits recipients is crucial. Finally, the paper discusses how the narratives presented have implications for social policy and practice alongside the potential implications for sick and disabled people themselves.

Key Words: Welfare reform; sickness benefits; narrative; disability; discourse; language

Introduction

In the UK, welfare reform has created and reinforced a moral discourse that distinguishes between 'deserving' and 'undeserving' benefits recipients, bringing with it echoes of Victorian Poor Law (Turner 2011). Whilst government policy has increasingly distinguished between 'deserving' and 'undeserving' in relation to sick and disabled people, it is not only policy that makes that distinction. In recent years, the media have taken a more vitriolic stance towards sick and disabled people, often

branding them deeply offensive terms such as ‘scum’, ‘feckless’, and ‘work-shy’ (Garthwaite 2011). Although the creation of distinctions between the ‘deserving’ and ‘undeserving’ have historically long been present in social policy (Dean and Taylor-Gooby 1992: 30), the inclusion of sick and disabled people within this discourse signals a ‘*concerted onslaught*’ (Roulstone 2011) against sick and disabled benefits recipients. However, despite the increased moral panic over the amount and calibre of people receiving sickness benefits, evidence from the DWP (2011a) suggests that fraud levels are, in fact, very low. The latest available figures from the DWP state that the fraud rate for sickness benefits is just 0.5 per cent, meaning that 99.5 per cent of claimants are not fraudulent, with figures for official error actually higher than the level of fraud at 1.7 per cent. By focusing on this issue as if it were one of the most important features of the system is completely unbalanced and thus manufactures an entirely flawed impression of sick and disabled people receiving benefits.

The health and illness narratives of IB benefits recipients have remained largely hidden in qualitative research. Previous studies have focused upon employability; work motivations and the employment trajectories of recipients (for example, see Beatty *et al.*, 2000; Kemp and Davidson, 2010; Sainsbury and Davidson, 2006), with less attention paid to the health status or lived experiences of this vulnerable, marginalised and under-researched group. The narratives of long-term sickness benefits are not unusual or out of the ordinary, yet they are often not heard – instead, they are kept out of sight in favour of tales of ‘undeserving’ benefits scroungers. Consequently, this paper attempts to provide a voice for long-term sickness benefits recipients to share their opinions and experiences of welfare reform in the UK, drawing on data collected during a qualitative study of long-term sickness benefits recipients in the North East of England, UK.

Welfare reform in the UK

At the end of November 2012, in the UK the working age early estimates of sickness benefits recipients was 2.4 million (DWP 2012a). The key sickness benefits are: Employment and Support

Allowance (ESA) for new claimants from October 2008; Incapacity Benefit (IB) IB which provides support for people who cannot work because of an illness or disability which started before October 2008; and lastly Severe Disablement Allowance (SDA), a benefit which could be claimed before April 2001 by those unable to work for at least 28 weeks in a row because of illness or disability. In employing the term 'sickness benefits', it is essential to point out that this terms does not refer to Statutory Sick Pay (SSP) and only refers to the range of benefits that are paid to people because their health limits their ability to work. Of the 2.6 million people claiming sickness benefits, 31 per cent have a claim duration of up to 3 years and 35 per cent have a claim duration of 10 years and over. Under the ESA regime, new claimants have to undergo the Work Capability Assessment (WCA), a health capacity carried out by private company Atos Healthcare. From April 2011, IB recipients have also started to undertake this assessment.

The WCA does not just sort those people deemed capable of working from those deemed incapable of working. It also sorts those who are deemed to be so disabled that the state does not expect or require them to work or prepare for work in order to receive benefits into two groups; a Support Group (SG) and a Work Related Activity Group (WRAG). The members of the SG are not expected to engage with mandated activities to prepare them for (re)entry into paid employment because they 'have a severe limitation which creates a significant disability in relation to the labour market, regardless of any adaptation they may make or support with which they may be provided' (DWP 2009a, 8). In contrast, those placed in the WRAG through the WCA are deemed capable of engaging with activities that it is believed will help them (re)enter paid work as quickly as possible. People in the WRAG receive less weekly benefit than those in the SG and, on the threat of benefit reductions, they have to engage with various work-related activities which '*might include...work tasters, improving employability, job search assistance, and stabilising life and in some circumstances, managing health in work*' (DWP 2009b: 290). The majority of claimants (71 per cent of those successfully making a claim for ESA) are placed in the WRAG. A minority (29 per cent of

those people successfully making a claim for WCA) are placed in the support group (DWP 2010). Additionally, in April 2012 the Welfare Reform Bill applied a one-year time-limit to contribution-based ESA for those in the WRAG, imposing an immediate effect on people who are currently claiming contribution-based ESA, which is based upon an individual having paid enough national insurance contributions, as well as new claims.

Grover and Piggott (2012: 1) argue that the ESA regime is '*part of a disabling employment architecture*' which is principally concerned with moving sick and disabled people into entry-level employment that is part of the 'low pay, no pay' cycle. Evidence suggests that people in the mainstream JSA population can be trapped in this low-pay, no-pay cycle – in other words, moving in and out of paid employment and benefit receipt – which could act as a further barrier for people leaving ESA (Webster *et al.* 2004; Shildrick *et al.* 2012). Williams (2010: 197) points out that if people with long-term, fluctuating conditions find themselves seeking work, job insecurity and precariousness are unlikely to be beneficial in either economic or health terms (Benach *et al.* 2002; Quinlan and Bohle 2009). For example, such insecure work might be characterised by zero hours contracts, temporary work or employment through agencies. The presumption that work – any work – is a positive outcome for the individual as a good citizen and for society ignores the reality of precarious work characterised by insecurity, such as zero hours contracts and temporary agency work.

In addition, the Welfare Reform Act (2012b) set out a variety of short and longer-term strategies intended to contribute to spending reductions, including the replacement of Disability Living Allowance (DLA) with a more rigorously tested Personal Independence Payment (PIP). From April 2013 onwards all new and existing DLA claimants will be required to undergo a medical assessment to determine their entitlement. From October 2013, the introduction of Universal Credit (UC) will herald further changes for sick and disabled benefits recipients. UC replaces the following

means-tested benefits for working age claimants: Income Support; Jobseeker's Allowance [JSA] (income-based); ESA (income-related); Working Tax Credit; Child Tax Credit; and Housing Benefit. UC is due to be phased in from October 2013 and from April 2014, existing claims with priority given to those 'who will benefit most from the transition'. From the end of 2015, a gradual transfer of the remaining claims will be underway, with completion expected by 2018. As this brief overview has shown, sick and disabled people will continue to be affected by welfare reform in forthcoming years, placing the issue at the heart of any debate concerning long-term sickness benefits recipients.

Welfare reform: global trends

Welfare reform is not just affecting sick and disabled people in the UK. As is the case in the UK context, Switzerland is also in the process of introducing new responsibilities for people with health conditions that could lead them to taking up disability benefits (OECD 2008). Under a reform adopted in 2008, people are now obliged (as the legislation states) to participate in '*measures designed to reduce the costs for society arising from their disability*' (OECD 2008: 10); obligations are listed explicitly, together with sanctions for non-compliance. Similarly, in Luxembourg, people with partial work capacity are now obliged to enrol in training and reintegration measures. Nevertheless, available evidence suggests that reforms activating existing recipients can be successful – even though the context of a recession and rising unemployment may not be the ideal time to implement such change. Sweden has recently implemented reforms for long-term sickness benefits recipients, with permanent disability recipients earning up to around EUR 4,000 per year before their benefit starts to reduce progressively. Most importantly, they can cease work and resume their disability benefit at any time without a new reassessment. This policy may also support those whose ability to cope with incapacity improves over time, and it is especially likely to suit persons with episodic health conditions. In Australia, for example, sickness benefits for disabled people have undergone similar trends to those that have been occurring in the UK, with increased conditionality, sanctioning and upheaval (Grover and Soldatic 2012). Fundamentally, Grover and Soldatic (2012) note that for

sick and disabled people, a process of 'reclassification' to restrict the access to sickness benefits has occurred in both the UK and Australia, with the intention that such benefits are only applicable to a newly-defined 'truly' disabled group of people.

Methods

The research presented here is doctoral research funded by County Durham and Darlington Primary Care Trust and was attached to a wider project which involved a longitudinal survey of the health of a representative sample of long-term IB recipients in the North East of England (Warren *et al.* 2013). All participants were initially recruited via Jobcentre Plus (JCP) 'Choices' outreach events held between September 2009 and June 2010 in the North East of England, an area where levels of deprivation, ill health and health inequalities exceed that of any other English region. The Choices events aimed to offer a range of new and existing provision available at Jobcentre Plus and offered to people taking part in Pathways to Work Work Focused Interviews, including initiatives such as the Condition Management Programme, Return to Work Credit and enhanced In-Work Support. Initial contact with participants was forged following attendance at the Choices events in venues such as local colleges, community centres, and leisure centres. JCP stated there was no compulsion for people to attend, and as the events were not mandatory, non-attendance would not impact upon someone's benefits receipt. It should be noted here that given how participants were recruited, it might be no surprise if they appear motivated to return to work. According to Corden and Nice (2006: 63) those who used JCP 'Choices' services were people who were already focused on working when they went to their first interview with an IBPA, and they were people who saw some possibility of working in the future. Therefore, perhaps the way recruitment was undertaken means that it was unlikely that totally disengaged long-term IB recipients would be recruited.

Purposive sampling was then used to recruit 25 chronically ill and disabled people who were then interviewed between March 2011 and August 2011, with the majority of interviews taking

place in participants' own homes. Importantly, participants involved in the research were all long-term IB recipients and were predominantly yet to undergo the WCA so therefore had not been migrated onto ESA or JSA at the time of the fieldwork. This should be kept in mind when references are made to IB or DLA throughout this paper. The aim of this sampling strategy was to achieve difference and variation rather than generalisability given the focus upon narrative case studies. As a result, interviewees were drawn from a variety of instances and backgrounds. Interviews typically lasted between 45 and 120 minutes and were transcribed verbatim and fully anonymised before thematic analysis was undertaken. The age range of the sample varied from 32 - 63. Only two participants reported growing up with health problems which were musculo-skeletal in nature. Diagnoses most frequently reported included arthritis, rheumatism, fibromyalgia, cardiovascular disease, multiple sclerosis, and mental health problems including depression and bipolar disorder. Of the 25 people interviewed, 15 were women and ten were men. A substantial range existed between the lengths of time people had spent on IB - some had been receiving it for three years, whilst others had been receiving the benefit for over 20 years.

Interview schedules were based around a semi-structured style which aimed to uncover lived narratives of long-term sickness benefits recipients, with a particular focus upon health, experiences of receiving benefits, employment trajectories, and welfare reform. A thematic framework for analysis was derived partly from the study objectives and partly by identifying themes from ongoing analysis of transcripts. Additionally, NVivo 8 software was employed to assist with coding and ensure transcripts had been analysed thoroughly. Coded interview transcripts were explored and presented in a case-by-case format as opposed to issue-by-issue, as suggested by Charmaz (1990). Presenting the findings via a narrative for each individual was more accessible and easier to navigate than would be the case for discussions of individual issues. Participants were ensured that all information given would be treated with confidentiality; hence, all participants' names have been anonymised and it has been ensured that individual participants cannot be

identified. Ethical considerations were respected throughout the research, and this part of the project was approved in advance by [X] University Department of Geography Ethics Committee.

Presenting the narratives of long-term sickness benefits recipients

Firstly, this section will begin with an overview of the narratives of those who had experienced welfare reform, whether that was under the current Atos Healthcare WCA assessments, or any assessments or medicals they had undergone in the past. Alongside this, the perspectives of those who have a fear and suspicion of reform will be explored, highlighting how this fear can impact upon the daily lives of long-term IB recipients. Secondly, the importance of language and stigma surrounding sickness benefits recipients and the welfare reform process will be discussed. Lastly, the narratives of participants who believe they are 'genuine' so reform will not affect them will be presented.

Awaiting the 'brown envelope'

There were only two participants, Kevin and Terry, who had been assessed under the WCA at the time of the research in 2011. Kevin, a former Army recruit and taxi driver, suffers from arthritis and cardiovascular problems. He had been receiving IB since 2006 but was reassessed two years ago and was found fit for work. Kevin and his wife Jennifer, who had also been receiving IB for over 16 years, described the difficulties they had negotiating the assessment and appeals process:

I got reassessed two year ago and this nurse assessed me that I was fit enough to work. In that interview she'd seen me hobble to the changing room, try and get on the bed and virtually be lifted on the bed, I was asked to bend down and pick something off the floor which I couldn't do and she said I was able to work...they took me off the sick and I had to go for a tribunal and it took three tribunals to win the case in the end...I was still getting normal dole but it's less so I mean really it was a heck of a fight and it put more strain on us.

However, Kevin successfully appealed the decision and is now in the Work Related Activity Group (WRAG). Terry, 53, had been receiving sickness benefits for 12 years following a diagnosis of bipolar disorder. Terry had recently undergone a WCA with Atos Healthcare at the time of his interview in August 2011 and was awaiting the outcome of his assessment. For Terry, the impersonal nature of the assessments fostered feelings of suspicion and fear, as the quotation below indicates:

I've been on Incapacity for quite a while, for the last 10 years and it's as if they're trying to trick you into admitting that you're well. They don't...the system doesn't care about you, you're just a number there's no leeway so I'm waiting for a letter now saying I've been failed...more hassle.

The majority of narratives revealed a huge amount of fear and trepidation over ongoing welfare reform. Participants spoke about worrying about the assessment on a daily basis, accompanied by a deep mistrust of the entire system. Fred, 53, had been receiving Incapacity Benefit for over eight years. He used to be in the Army and has 'worked all of his life' until polyarthritis set in throughout every joint in his body. Fred describes his attitudes towards the assessments below:

I think a lot of people in my situation that are genuinely ill are gonna be pressurized and it's gonna cause breakdowns, possibly even the worst case scenario y'know topping yourself. If they could cut a penny in half they would. I think if they could bring euthanasia in, they would. If they could find a way of getting round all the moral outrage they'd probably do it. Take all the lame ones out, just like a sick animal.

Picking up this theme in Terry's narrative, he indicated how important his social networks were throughout the assessment process, and said:

I mean I've got mechanisms to support me but if I didn't have them I think I'd be beside meself by now, it's no laughing matter when people are playing around with your income.

And you don't get a lot, every penny we get we need, it's counted for. It's terrible, the pressure they put on you it's enough to drive you to feel suicidal and I'm not a person who has a problem with that, but if I was alone and I didn't have support around me you would, you'd go out and top yourself.

Terry was undergoing the WCA process at the time of our interview and was positive that he would 'pass' the medical as he had the backing of his consultant. The following extract from Terry indicates a reliance on others:

They send a letter to say I've passed or I haven't passed, if it's passed then all well and good but if its failed...I've got a worker, a something officer I have to see at the psychiatric hospital and she does appeals and claims against decisions and she will handle my case, she's assured me that I'll be ok ultimately because my consultant will write a letter to them saying I'm unable to work as simple as that but all this rigmarole you have to go through...they don't realize how stressful it is, just waiting and waiting for a sword of Damocles hanging over you. They don't realize how it eats away at you and how people worry...they don't give a shit as far as I'm concerned.

Some respondents specifically mentioned their fear over receiving an official-looking brown envelope through their letterbox – a possible indicator of a communication from the DWP. Sarah, 54, had been diagnosed with Reynaud's, mental health problems, and an underactive thyroid and had been receiving sickness benefits for almost 15 years. Sarah said of her daily fear of being selected for the reassessment:

When the postman comes with any sort of brown envelope it is really worrying...I try not to read about it cos it's so frightening, it's like oh my God they'll send you to the dole straightaway is what's in your mind. Who will employ you, and what jobs are there? Where are the jobs? If they send me for a job in Darlington, how do I afford the bus fare on

minimum wage? I mean who is gonna employ me? I'll be between an hour to two hours in the middle of the day doing my eye drops, it's at least 20 minutes between each drop so that's an hour, then I can't guarantee that I can see for an hour, I cannot see who will pay me to do that.

The fear of the brown envelope was also present in Shaun's narrative. Shaun, 54, had an accident aged 31 on the building site he was working on, which left him with broken vertebrae in his back. He had been receiving sickness benefits for 13 years and was clearly able to describe the daily fear he experiences whilst waiting for his reassessment:

I panic when any of the brown envelopes come through the door cos if you're capable of walking from the door to the chair they say you're capable of work, that's how they look at it. I think even if you had no legs they'd say you're capable of something so it is quite scary. I just cross each bridge. I try not to worry about things anymore cos it just does your head in.

Similar fear of the brown envelope was reported by de Wolfe (2012: 9) in her study of people with myalgic encephalomyelitis (ME) who were receiving sickness benefits.

Language, stigma and entitlement: shirkers versus workers?

An increasingly unavoidable occurrence in the media and within government rhetoric is the labelling of sick and disabled people who are receiving welfare benefits (Garthwaite 2011). Ministerial talk of a 'sick-note Britain' has led to an abundance of media coverage excoriating benefit 'scroungers' (Briant *et al.* 2011). There is no mention of the causes, symptoms, lack of diagnosis and treatment or support. Additionally, Quarmby (2012: 70) comments how coverage of welfare reform people categorised sick and disabled people as either victims – unable to speak for themselves and wholly dependent – or villains – sick and disabled people who do not deserve state help who are falsely claiming benefits. Such a language of scroungers and benefit cheats is creating a realm of fear for

sickness benefits recipients, and neither is it conducive to encouraging potential employers to employ someone who has a history of sickness benefits receipt. Aside from the obvious fear presented in the narratives, a feeling of stigma and shame was described as being created by political representations of the reform process, as Mick's narrative. Mick had previously worked in a car manufacturing factory for over 20 years but was forced to leave his job due to osteoarthritis, which was followed by the onset of depression. He had been receiving sickness benefits for 5 years. Below, Mick discusses the importance of political representations of sick and disabled benefits recipients:

I haven't had that assessment yet and it worries us, when David Cameron says there's a lot of scroungers...I mean I do recognize there's a lot of people who shouldn't be on it but its generalisation and it's just upsetting. But yeah it is stigmatisation when you're on benefits, it does upset us it's not fair but I just get on with it basically. I feel under the Labour government they were more sort of friendly towards people with social problems and disabilities but I think the Tories have come in at a difficult time and it's an easy group of people to target.

Again, this further highlights the importance of language when talking about sickness benefits receipt and welfare reform. Terry also highlighted the impact of how out of touch politicians and the media are when it comes to talking about people receiving sickness benefits:

I'd say when you look at it in the press there's always that scrounger element. The government, the media, they always use the word scrounger and people on Incapacity Benefit are tarred with that brush, all of them. A lot of people are genuinely ill y'know and they don't realize, they can't empathize. They've never travelled a mile in my shoes and they make no effort to, so until they change their basic premise by which they go about these things, they'll never change.

Entitlement was linked to ideas surrounding morals and the language used to describe sickness benefits. Interestingly, participants in the study spoke of under-claiming benefits. Instances of under-claiming such as those described here would never make it into government or media discourse about people receiving sickness benefits, yet it does occur. Kirsty, 33, was a prison officer for ten years until a chance accident at work – a heavy door fell on her neck in her workplace of a young offender’s institution, leading to her receiving IB for three years. Kirsty deliberately chose not to claim IB because she did not feel comfortable with receiving the benefit alongside her Industrial Injuries Pension. Here, Kirsty describes why she chose to cease her claim for IB:

it just doesn't seem right that I can claim from the system but I'm not paying into it, it's probably crazy and people say it's something I'm entitled to and I should be claiming it. Even though I'm entitled, I don't think I should be entitled.

As this extract from Kirsty’s narrative shows, Kirsty does not believe she should be one of the ‘deserving’ ones who should receive IB, one of the reasons she decided to stop claiming it. Laura explained how she only felt entitled once someone else had convinced her that this was the case, further highlighting the importance of medical professionals in the direction of the narratives: *‘I did go through phases of feeling very guilty about it, thinking “I shouldn't really be having this” but then it was pointed out to me by my GP that I've paid in and I'm entitled for it’*. Kirsty also described another instance of under-claiming. She did not apply for DLA as she did not want to identify herself as disabled:

Disability Living Allowance I've never applied for it cos I don't want to put my hand up and say ‘I'm disabled’. If they called it by a different name, if it didn't have ‘disability’ in it then I would have applied and the only reason I applied for the Industrial Injuries is I can drop the ‘disabled’ bit out of it.

Similar reactions could be found to applying for DLA. Deborah, 54, who was diagnosed with multiple sclerosis (MS) 11 years ago and has been receiving IB for 5 years, also revealed how she did not claim DLA until a nurse at her local day centre encouraged her to fill in a form and posted it for her:

People said to me 'Have you not got DLA?' I was like 'What's that?' I'd never heard of it...I've got it now but when I first got the form I read it and thought 'I'm not sending that in'... it felt like I was lying cos I can still walk about and things but the nurse said I had to think about my worst days. I said I'd got a form and she asked what I'd done with it and I said I'd put it in the bin. So she got another form and came out and helped me fill it in and she posted it.

Again, these examples show how others are classified as scroungers simply because they choose to take all of the help available to them.

Financial implications of welfare reform

In direct contrast to much media opinion and indeed the opinion of the Coalition government, for the majority of people in this study, being on IB was certainly not a comfortable, agreeable lifestyle choice. Poverty and insecurity was a harsh and unavoidable reality for some, particularly in the case of people who were living alone and managing on IB as their sole income. The extract from Shaun's interview below indicates this perfectly:

Living on benefits might work for 2 people but it's not like that for me on me own. I mean at £6,000 a year that is not enough for someone to live on when they've been severely injured like me. £86 a week is not enough. Yes I get me rent paid but every penny counts to me. It's difficult...I've got bank loans as well from the life before I broke me back. I mean sometimes I go three days without nothing to eat and even then I'll only have one meal a day. And that's genuine. I live on water.

Yet Shaun's experience was not an isolated example. Ray, 53, an alcoholic who suffers from mental and physical health problems and lives alone, says:

Being on Incapacity, you can't afford little luxuries anymore. I used to like having steak for me tea, I can't afford that now so it might be beans on toast or something like that. When you're working you can treat yourself to things like that, but now it's just getting by day to day.

Yet having a partner did not necessarily safeguard people from the threat of financial hardship. Sandra had a car accident 20 years ago which led to back problems which have caused her pain ever since, and she also suffers from severe depression. As a result, she has claimed sickness benefits for 14 years. Sandra spoke of how her and her family have dealt with the financial reality of life on sickness benefits:

I can't help out much with the household bills and we've had some really bad times a few years ago. We couldn't pay our bills and we got in so much debt, I mean we managed the mortgage cos I sold my car and my jewellery, I got about £800 for it which Chris had bought me all over the years but it paid the mortgage until we got back on our feet. And my sister was wonderful, she'd send £50 down in a card and she's even slipped me £300 when she's come up to see us. I must owe her about £2,000 and she says don't worry about paying it back but I do.

When asked if she was concerned about the reforms, semi-retired teacher Laura, 57, who had been receiving IB for 4 years following what she described as a 'nervous breakdown', said:

No not at all. I mean last year when they were talking about reassessing people at first I was thinking 'What will I do?' but then I thought if I come off it, I come off it - that's fine. I have

thought about accessing my teacher's pension but I'm trying to hang on until I'm 60 to draw that so it won't be reduced.

These case studies all challenge the that receiving sickness benefits is far from the cosy, comfortable lifestyle of benefit receipt we are so often portrayed by the government and the media. *No fear of reform and 'Othering': 'it'll separate the wheat from the chaff'*

Whilst many of the participants in the study portrayed distinct fear and suspicion of welfare reform, others said they had no fear at all as they were, in fact, 'genuine'. Jacqui, 50, left work due to an accident at work which damaged her back, resulting in her receiving sickness benefits for 5 years. Jacqui believed welfare reform was positive as it could help to alleviate the stigma she feels of being associated with other 'scroungers':

I think it's a good thing. People like me who's genuine are getting stigmatized for the people who are just layabouts, you see them digging gardens or changing wheels on their car and it's not fair...it'll separate the wheat from the chaff, definitely. You can tell when somebody's not genuine, it's not fair for the genuine people. I want to do something with me life, not just sit about pretending I'm bad y'know?

Significantly, the narratives presented here identify a clear link between media and government representations of people receiving sickness benefits and a distinct fear, shame and stigma for sick and disabled people who receive the benefit. As a result, sick and disabled people are characterized as the 'Other'. Yet such portrayals in the media and within government rhetoric also serve to create divisions between sick and disabled people themselves, fostering resentment and developing increased shame and stigma for those identified as 'undeserving' (Garthwaite *et al.* forthcoming). Whilst IB recipients spoke of how they felt stigma about receiving the benefit, they also identified other sickness benefits recipients as 'scroungers', 'fake', and 'lazy'. Interviews were scattered with anecdotes of people they knew who were receiving sickness benefits who owned a motorbike,

enjoyed holidays, mowed the lawn or did repairs to their car. As a result, a distinct 'us' and 'them' dichotomy was created by the vast majority of participants, including those who spoke in detail about experiencing stigma themselves. Jacqui, explained it like this:

I'm not stuck up but I hate being associated with them no hoppers, they don't even want a job and it's like 'God, this is not me' and you're stigmatized, claiming benefit cos you've got a bad back. I'd love to go to work but I can't, you can't tar everybody with the same brush but you're always going to get that, always. If anybody wants to skive, they blame their back and half the time you can't prove that it's not.

This image of the undeserving unemployed was on a par with Kingfisher's (1996) notion of 'bad-people-exist-but-I'm-not-one-of-them', a discursive tool employed by US women welfare recipients to define themselves as deserving. Kingfisher (1996: 58) describes this in the following way:

The strategy entailed acknowledging the existence of 'bad' individuals – individuals who were lazy, who lied and cheated – while simultaneously claiming that they themselves did not belong to this undeserving category.

The distinction between others who are 'no hoppers' and Jacqui herself is defined by a long history of working and how that intertwines with notions of entitlement. When asked what makes her different, Jacqui distinguished herself from others by stating that '*some of them on benefits they have cars, holidays, all sorts*' – she believes that as a sickness benefits recipient, she and others like her are not entitled to enjoy those things – a perspective shared by countless members of the public and one which is plentifully witnessed in government rhetoric.

Discussion

The study findings have a number of important implications for social policy. Firstly, fear of the 'brown envelope' was a key feature within the narratives of people in this study. This fear can have a profound impact upon the health and wellbeing of long-term sick and disabled benefits recipients, in certain instances leading to suicidal feelings. This is particularly noteworthy given that statistics suggest sick and disabled people are being driven to suicide as a result of fear over the assessment process. In a survey of over 300 people receiving IB, MIND (2011) found that 51% of people reported the fear of assessment had made them feel suicidal. Further, MIND (2011) suggests that 87% of people told the charity that the prospect of reassessment had made them feel anxious and over a third said that this has led to them increasing their medication. The most common source of information was the mass media, which is littered with scaremongering stories of 'lazy', 'work-shy' benefit cheats (Garthwaite 2011). Research by Reeve and Soldatic (2012: 13) describes how for sick and disabled people, the brown envelope reflects '*the arbitrary, contradictory nature of welfare reform*', pointing out how such fears can cause a delay in opening the envelope, which in turn can hinder a successful ESA claim.

Secondly, the importance of language should not be dismissed when considering the way sick and disabled benefits recipients are discussed. An increasingly unavoidable occurrence in the media and within government rhetoric is the negative labelling of sick and disabled people who are receiving welfare benefits. There is no mention of the causes, symptoms, lack of diagnosis and treatment or support. Such a language of scroungers and benefit cheats is not conducive to encouraging potential employers to employ someone who has a history of IB receipt, which in turn can have distinct implications for sick and disabled people. Additionally, language referring to 'passing' or 'failing' the WCA was often found in the narratives in the study, which can prove problematic as people feel they are under intense scrutiny, resulting in stress and perhaps further health complications. As the Work and Pensions Select Committee report (July 2011) stresses:

Care should be taken in the language used in all Government communications, and in the contacts Jobcentre Plus and Atos Healthcare have with claimants, to stress that being found fit for work is a positive outcome and should not be interpreted as "failing the test".

Whilst the report, and indeed the government, will have limited power to change media coverage, the situation could be improved if the government were to ensure its own commentary on the statistics and the context that is provided is wholly accurate and does not mislead the general public or create further concerns for sick and disabled people. What is becoming increasingly worrying is how negative representations of sick and disabled people in the media have been linked to disability hate crime. Crown Prosecution Service (CPS) (2012) figures show how the number of recorded hate crime incidents against disabled people grew by almost 50% between 2009 and 2011. Such incidences can be linked to the negative government and media representations of people receiving sickness benefits currently being witnessed in the UK, lending credence to the point made by Patrick (2011: 289) who remarks that '*conditionality and disabled people are indeed ill-suited companions*'.

Thirdly, the financial implications of welfare reform are far reaching. The findings of this study show that financial strain and hardship that is being further exacerbated by welfare reform. The proposed changes to the welfare state have significant implications for sick and disabled people given disabled people's greater reliance on out-of-work benefits and housing benefits than non-disabled people. This is significant as welfare reform has been shown to affect certain areas more adversely than others. Beyond the largest cities, County Durham is set out to lose nearly £190m a year in benefit income (Beatty and Fothergill 2013: 14), illustrating that the participants in this study are likely to lose out the most.

Finally, there are implications for sick and disabled benefits recipients in terms of how they are perceived and labelled by others, including the media, government and the public. Continued government rhetoric separating 'strivers' (those in paid employment) and 'shirkers' (benefits

recipients who are falsely receiving benefits when they are apparently able to work) suggests that this may not be the case. In 2010, Grover and Piggott warned that the new welfare regime will result in 'social sorting', in the sense that ESA sorts people who are sick and/or who have impairments into subgroups of claimants dependent upon medicalized perceptions of their sickness and/or impairment. Yet the implementation of UC may result in a further blurring of these distinctions between 'deserving' and 'undeserving' benefits recipients, leading to further stigma and increased suspicion of sick and disabled people. Scambler argues that norms of shame and blame in social structures has been illustrated with reference to the British government's 'welfare-to-work' programmes directed at those with chronic disorders or disabilities (Scambler 2006: 293-4). It would be fair to say that these perspectives are not a new emergence but rather the introduction of the ESA with its WRAG/SG distinction attaches a kind of policy validation to this view, and so might increase the prevalence of such discourse over time.

Conclusion

The study has highlighted important findings for policy and practice. A key theme emerging from the research is that the importance of listening to the narratives of long-term sick and disabled benefits recipients. The role of stakeholders as well as employers will continue to be important in welfare policy. Stakeholders' roles will be changing under the Work Programme and with the introduction of UC, bringing increased challenges and barriers for staff working with long-term sickness benefits recipients. If stakeholders were to confront negative stereotyping of sick and disabled people – including sometimes their own perceptions (Garthwaite *et al.* 2013) – then perhaps others, including employers – would follow suit.

The findings also illustrate how the stigma associated with claiming benefits can deter people from accessing the support they need leading to under-claiming and the risk of amplified financial strain and hardship. Increased awareness over entitlement to benefits and additional help

is required to avoid a blurring of the distinctions between sickness benefits such as ESA and other benefits that are not out-of-work benefits, such as DLA. Alongside this, a principle of reciprocity or entitlement through social contribution must be fostered in order to move away from stigmatising people receiving welfare benefits. A key challenge for government is to consider where it can lead and shape public opinion. Support appears to be much stronger in relation to some groups than others. The extent of need is relevant and those with children are more likely to be thought deserving. At the same time, groups which are seen to be contributing to society in some way, rather than taking a passive role as a recipient of welfare are also likely to be favoured. Again, this could be tackled through the avoidance of misleading government rhetoric and subsequent media headlines that wrongly report so-called 'evidence' which suggests fraud is rife and that many people are in fact 'undeserving' of their benefits, when in fact they are entitled and in some cases are not accessing the benefits they deserve.

Finally, evidence in the framing of disability and welfare policy is crucial. Although policy makers assert with apparent certainty that conditionality is legitimate, empirical evidence about the need for it in practice, and its effectiveness in encouraging people into work, is less equivocal (Weston 2011). A good example of the role of social research and evidence can be found in the work of Shildrick *et al.* (2012) on cultures of worklessness. All too often, the government use the terminology of a 'culture of worklessness', referring to three and sometimes four generations of a family whereby nobody has worked. Shildrick and colleagues set out to find these families in deprived areas of Glasgow and Teesside and found little evidence to support this view. Whether the government will choose to take such research evidence on board is another matter entirely, but research such as this highlights the importance of government rhetoric and how, through mythology, representations are created and redistributed through the media which then merges into public opinion, and as we have seen throughout this thesis, into the thoughts of those receiving

welfare benefits. Therefore, the importance of evidence that emerges from research such as this which focuses upon the real lives and experiences of sickness benefits recipients, is crucial.

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