

What does it mean for sickness benefit claimants to live in a climate of suspicion?

Drawing on her research into the lives of long-term benefits recipients in North East England, [Kayleigh Garthwaite](#) argues that we must pay more attention to the emotional harm caused to claimants by the climate of suspicion in which they now live. The problem lies with the assessment procedure rather than with the recipients themselves.



For the past three years, I have been studying the lives of long-term sickness benefits recipients in North East England as part of my PhD research. Recently, I was asked to appear on BBC Radio 4's 'Thinking Allowed' to discuss welfare reform, following a [symposium](#) organised by Ben Baumberg and Ruth Patrick in Leeds.

On the programme, I spoke about how a deep-seated fear of welfare reform pervaded the daily lives of people in the study. Some people were afraid of the arrival of an official looking brown envelope – a clear indicator of correspondence from Department for Work and Pensions (DWP) – and others speaking about how impending reform left them feeling suicidal. This may seem extreme, yet recent research by [MIND](#) has shown that research by MIND has shown that 51% of people experienced suicidal feelings at the thought of attending a WCA assessment carried out by Atos. This fear is genuine and all-encompassing. Alongside this fear is not only a mistrust of the entire system, but a suspicion surrounding other sickness benefits recipients who are being labelled as the 'Other', and as scroungers who are, in fact, not genuine. My research also shows that there is huge stigma and shame attached to receiving sickness benefits.

Suspicion

Following my appearance on Radio 4, I received several emails agreeing with what my research found – from disabled people, academics, psychiatrists, councils, and Chief Executives of charities. Yet there was one email that stood out from the rest. This came from someone who identified themselves as a GP who had 30 years of experience, and who had been assessing people who are claiming sickness benefits for the past decade. The email suggested that:

“Having been immersed in this environment for so many years, I can assure you that the overwhelming majority of individuals receiving financial assistance for disabilities, have in fact very little or no disability, and are able to live mostly normal lives, and could very well work if they chose to. I have to tell you that nearly all the medical people that I know, who work in this area, share my opinion”.

The email goes on to say that “*millions of fit and able persons live nearly useless lives, feeling sorry for themselves, and feeling themselves to be disabled when they are not at all.*” I struggle to believe that this email represents the consensus or, if you like, the general practice of a majority of other GPs and of those working in the medical profession.

Reality

Yet for the people I spoke to, I must wholeheartedly disagree that people are not genuinely sick or disabled. The people I spoke to had multiple health problems that they negotiated every single day.

Often, people had lengthy histories of working and had to leave the labour market due to an accident either at work or elsewhere. These people are not “*people who have minor or insignificant disabilities [who] come to believe that they are far more disabled than they are*”, as suggested by this particular GP; they are genuinely ill people who have no choice but to claim for sickness benefits. In some instances, participants did not reveal their status as a claimant to close friends and family, and others even under-

claimed benefits as a consequence.

Take Kirsty – a 33 year old ex-prison officer who had previously worked for 10 years in a young offender's institution. She suffered an accident at work – a heavy metal door fell on her neck and left her with chronic back pain for life, alongside temporary paralysis of her neck and left arm. Kirsty deplored receiving sickness benefits, and at the time of her interview, she informed me how she had stopped claiming Incapacity Benefit three weeks earlier as she said:

"It just doesn't seem right that I can claim from the system but I'm not paying into it, it's probably crazy cos I did pay into it for a long time and people say it's something I'm entitled to and I should be claiming it, but I just don't feel comfortable claiming it".

They also showed a strong work ethic and most certainly did not *"live nearly useless lives, feeling sorry for themselves, and feeling themselves to be disabled when they are not"*, as the email suggested. One such example is of a woman, Marian*, 45, who, after 11 years on IB, returned to work (despite the fact it worsens her arthritis, it helps with her mental health problems). Marian said:

"I still suffer from depression but I've found that working, it's helping me, it's getting me out of the house, meeting people and giving me a bit of extra money. I feel a lot better in meself, mental health wise and its pride that I've got a job and I'm sticking it. I mean sometimes it is difficult on a morning when you can't be pestered but I still drag meself out".

Frankly, it is little wonder people fear the Atos medical assessment, if – and it's a big if as far as I am concerned – they are being judged as not genuinely disabled at all before they have even set foot through the door, according to this particular GP's view, in what is supposedly a fair and impartial process.

Ironically, the views outlined in the email correspondence only seek to confirm what my participants have told me – that there is something fundamentally wrong with the assessment process and sick and disabled people certainly have good reason to fear it.

**All names are pseudonyms*

This article was originally published on [Inequalities](#) – a collaborative blog looking at research on different inequalities in the US, UK and beyond.

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About the author

Kayleigh Garthwaite is a Postdoctoral Research Associate in the Department of Geography, Durham University. She is currently working on various projects related to health inequalities, health and wellbeing and employment for County Durham and Darlington Primary Care Trust. Her research interests focus on the relationship between health and disability, welfare-to-work policies, and self-identity, with a particular interest in spatial disadvantage in terms of worklessness. Kayleigh recently submitted her PhD in Human Geography (2012) from Durham University entitled 'Incapacitated? Exploring the health and illness narratives of Incapacity Benefit recipients'. Kayleigh previously worked at Teesside University as a Research Assistant on a project for the Joseph Rowntree Foundation which sought to understand the dynamics of poverty and marginal work across the life-course.

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