

'On benefits and proud'? Not for these long-term sickness benefits recipients

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*Stigmatising and dehumanising language directed at people receiving benefits might be good politics but it is bad policy, writes **Kayleigh Garthwaite**. Her research has focused on the narratives of 25 sick and disabled benefits recipients, and she finds that their circumstances are far different than what government rhetoric and mass media portrayals suggest.*



I completed my PhD in September 2012 exploring the narratives of long-term sickness benefits recipients, and throughout the three years I was studying the backlash against benefits recipients was [steadily gaining momentum](#). Recently, the backlash appears to have worsened further. Not content with tabloid headlines berating the 'scroungers', 'workshy' and 'fiddlers', channels such as the BBC, Channel 4 and Channel 5 have been airing programmes that further vilify and demonise those on benefits, fuelling the rise of the phenomenon known as '[poverty porn](#)'. Reactions point to the fact that people on benefits appear to have a huge flat screen TV, tattoos, bling and takeaways. The fact that the people chosen for these shows are so far removed from the reality of living on benefits becomes lost in translation and [creates a 'moral panic'](#) around benefits receipt. My research focused on the narratives 25 sick and disabled sickness benefits recipients living in the North East of England, UK. I was interested in finding out how people receiving benefits experienced their health conditions, stigma and welfare reform.

Stigma and shame

Receiving sickness benefits was characterised by high levels of stigma and shame for the majority of participants in the [study](#). Government rhetoric and mass media portrayals of long-term sickness benefits recipients were closely aligned with participants' experiences of stigma. Often, this stigma was so strong that people did not reveal their 'claimant' identity to others, and they would purposely avoid situations where it was possible people would ask 'What do you do?' Stigma was something that recipients spoke about largely without any prompting – it was at the forefront of their daily lives, something that was experienced not only as a result of being on sickness benefits, but also due to being ill. People experienced stigma because they could no longer do the things they used to do, ranging from being employed to more simple yet important things like walking the dog or making dinner.

The research shows that, unlike television shows such as '[On Benefits and Proud](#)' might suggest, people receiving sickness benefits were not living a comfortable, luxurious lifestyle. Poverty and insecurity was a harsh and unavoidable reality for some, particularly in the case of people who were living alone and managing on Incapacity Benefit (IB) as their sole income. Shaun, 54, had an accident at work which left him with broken vertebrae in his back. He had been receiving sickness benefits for 13 years. He says:

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.

There have been some fantastic responses to challenging this discourse – for example, the [Dole Animators and Ruth Patrick collaboration 'All in this together?'](#) is a wonderfully produced yet painful short film which highlights the reality of life on benefits far more than a one hour programme proclaiming people are on benefits and proud ever

could. Studies such as that by [Shildrick et al.](#) serve to further highlight how living on benefits meant poverty and insecurity, a fate that was to be avoided at all costs, rather than a 'culture of worklessness'.

Fear of the brown envelope

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. The fear of the brown envelope was clearly present in Shaun's narrative:

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.

Linked to this is an interesting finding that would never make it into government rhetoric or media representations of IB recipients – that of under-claiming benefits. This is despite the fact that the number of people that were entitled to but not claiming Income Support/Employment and Support Allowance (income related) was between 260,000 and 620,000, and the total amount of unclaimed IS/ESA (IR) between 2009-2010 was [between £0.75 billion and £2.04 billion](#). Kirsty, 33, was a prison officer for ten years until an 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. Just before I spoke to Kirsty, she had ceased her claim for IB. Kirsty deliberately chose not to claim IB because she did not feel comfortable with receiving the benefit alongside her Industrial Injuries Pension. Here, Kirsty explains her decision:

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.

Policy implications

The research has demonstrated that people receiving long-term sickness benefits are not part of a homogenous, one-size-fits-all category. Each narrative brings with it a different reality – a reality that encompasses background, health condition, identity considerations, and place. Ultimately, policy makers have little chance of achieving their aim of getting sick and disabled people off sickness benefits and into employment unless they arrive at a more holistic range of measures that link intensive support to build individuals' employability with area-based regeneration strategies to promote accessible job opportunities.

Stigmatising and dehumanising language directed at people receiving benefit might be good politics but it is bad policy. Perhaps if the government were more careful in their discussions of sickness benefits, the media and the public would be encouraged to do the same. 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.

Note: This article gives the views of the author, and not the position of the British Politics and Policy blog, nor of the London School of Economics. Please read our [comments policy](#) before posting.

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She is currently working on a [five year ethnography of health inequalities](#) in contrasting areas of Stockton-on-Tees, UK, led by Professor Clare Bambra and funded by the Leverhulme Trust. Kayleigh is also co-author of [‘Poverty and Insecurity: life in low-pay, no-pay Britain’](#) published by Policy Press (2012).