



# Final findings: Disabled people

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**This briefing sets out key findings in relation to disabled people and the application of welfare conditionality within the UK social security system. It draws directly on data from three waves of repeat interviews, undertaken between 2014 and 2017 with a group of disabled people. This group formed part of a larger repeat qualitative longitudinal study undertaken with a diversity of welfare service users (a significant number of whom also reported having long-term impairments) that underpins the Welfare Conditionality project. These interviews were conducted alongside additional interviews and focus groups with policy stakeholders and practitioners.**

## Key findings

- The extension of welfare conditionality to disabled people in receipt of incapacity benefits does little to facilitate their transitions into paid work.
- The application of welfare conditionality exacerbates many disabled people's existing illnesses and impairments. Its detrimental impact on those with mental health issues is a particular concern.
- The Work Capability Assessment is intrusive, insensitively administered and regularly leads to inappropriate outcomes in respect of disabled people's capabilities to undertake, or prepare for, paid employment.
- Benefit sanctions have no tangible positive effects in moving disabled people closer to paid work. As with other service user groups interviewed, benefit sanctions routinely trigger profoundly negative personal, financial and health impacts that are likely to move disabled people further away from the paid labour market.
- Personalised, negotiated packages of support can help disabled people to overcome the barriers they face and help facilitate entry into work. However, much of the mandatory training and job search support on offer to disabled people is of poor quality and is largely ineffective in enabling them to enter and sustain paid employment.
- In principle, disabled people were broadly supportive of individual welfare rights being linked to specified responsibilities. However, many were critical of the extension of sanctions-backed welfare conditionality to disabled people.

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### Introduction

Discussions in this briefing focus on three central themes. First, the effectiveness of welfare conditionality in enabling people with health impairments to enter and sustain paid employment. Second, how welfare conditionality is experienced by disabled people. Here discussions centre on disabled people's experiences of the Work Capability Assessment (WCA) and also the varied impacts of the sanctions and mandatory support associated with Employment and Support Allowance (ESA) and its successor benefit, Universal Credit (UC). Third, ethical debates about the appropriateness of extending welfare conditionality to people with long-term health conditions and impairments.

### Context

The introduction of ESA in 2007 extended for the first time the reach of welfare conditionality within the UK social security system to include many working age, disabled adults in receipt of long-term incapacity benefits. ESA is currently being phased out and replaced by Universal Credit (UC).

Following the application of a WCA to assess a person's functional capacity three potential outcomes may ensue for disabled ESA/UC applicants. First, those found 'fit for work' are subject to full work related requirements – maintenance of work availability and up to 35 hours' job search and preparation, including attendance at work-focused interviews (WFIs). Second, those assessed as having 'limited capability for work', but deemed likely to be capable of work moving forward, are placed in the Work Related Activity Group (WRAG) and must undertake mandatory steps to prepare for paid work in the future. In both of these first two outcomes, failure to undertake the personalised work related requirements as specified in the Claimant Commitment routinely results in the application of benefit sanctions. Third, individuals assessed as having 'limited capability for work and work related activity' due to their levels of impairment are not subject to conditionality and exempted from any work search and preparation requirements.

Advocates of extending welfare conditionality to disabled people, such as [Mead](#) (2011), argue that many recipients of incapacity benefits are unemployed rather than incapacitated, with barriers to work often being attitudinal. Critics, such as [Patrick](#) (2017), argue that the extension of conditionality for incapacity benefit recipients is inappropriate, punitive and largely ineffective in helping disabled people into paid employment.

## Findings

### Welfare conditionality and behaviour change: moving disabled people closer to paid work?

The application of welfare conditionality did very little to move disabled people closer to the labour market. Personal impairments, long-term physical and mental health conditions and wider discriminatory attitudes and practices, rather than individual attitudinal barriers, often posed significant obstacles to finding and sustaining paid work.

**“ There’s a lot of discrimination out there and a lot of employers simply won’t employ disabled people. Obviously that’s not the fault of the disabled person. ”**

(DISABLED MAN, SCOTLAND, WAVE C)

The behavioural conditionality intrinsic to ESA, which regards people’s individual behaviour as being central to both the cause and solution for their inactivity in the paid labour market, achieved little in addressing such barriers. This was the case even where people were initially deemed to be ‘fit for work’ and subject to a full conditionality regime in line with jobseekers without disabilities.

**“ You sign on once every two weeks and that’s basically all I can do. I’ve now set up an email account and Universal Jobmatch, but there’s nothing out there for me to cope with my injuries or illnesses. So really you’re left out in the cold.”**

(DISABLED MAN, ENGLAND, WAVE A)

The lack of any significant change in employment status over time was notably the most common outcome among the 54 disabled people we interviewed on at least two occasions. Of these, 37 reported being unemployed at each interview with only seven disabled people consistently maintaining employment (three on a full time basis) over the two year period of the interviews.

This stasis can partially be attributed to the fact that those placed in the Support Group of ESA are not required to look for work as a condition of continued benefit receipt. That said, the absence of movement into paid work was also noteworthy among those disabled people assessed as either having ‘limited capability for work’ or ‘fit for work’ and thus subject to mandatory work search/preparation activities under threat of benefit sanctions.

Positive movements, when disabled people who were not in paid work at their initial interview but subsequently found employment, were much rarer. Nine respondents had found work, but two of these were unemployed again by wave c. Of these, five moved into full time work or self-employment but two were subsequently unemployed. Disabled respondents stated that conditionality was largely ineffective in triggering movements into work.

**“ It doesn’t get people into work. Nothing in what they’ve done to me has assisted me in getting back into the employment market.”**

(DISABLED WOMAN, SCOTLAND, WAVE B)

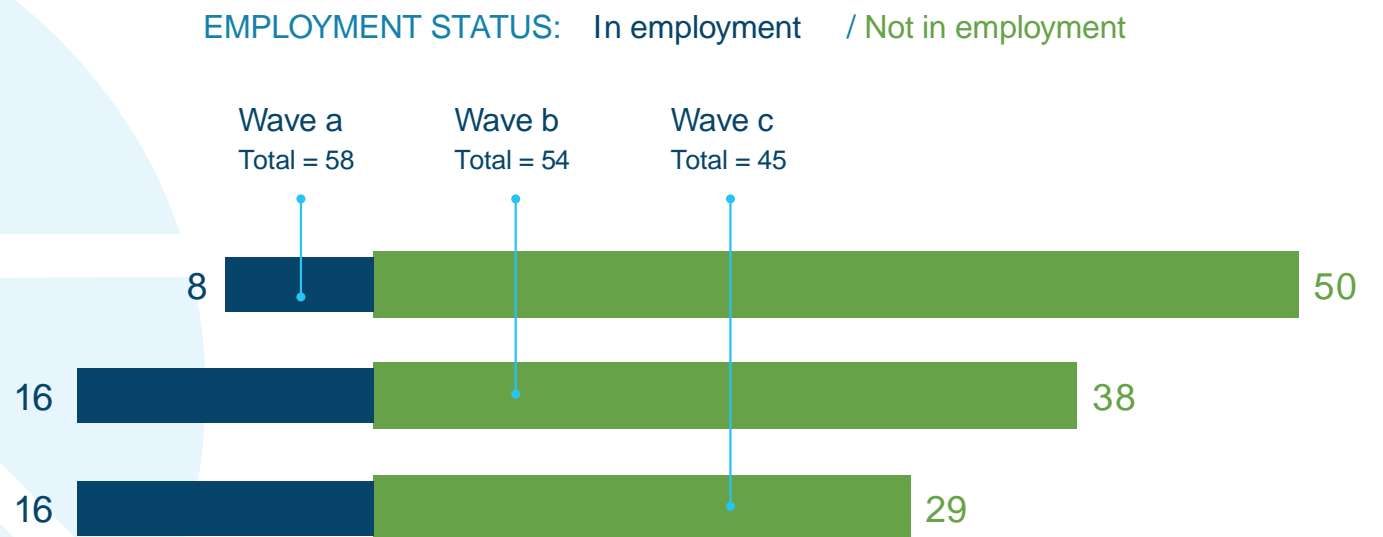
Three people who reported previously being employed at first and second interviews were unemployed at their final interview although one had recently secured a short-term contract.

Significantly, the 265 people in the wider qualitative longitudinal study who reported at any of the interview waves that they were living with a range of long-term mental, physical and sensory impairments displayed very similar work and welfare trajectories over time, with the overwhelming majority remaining constantly out of work across the repeat interviews.

It is evident that the extension and implementation of welfare conditionality did little to enhance the paid employment opportunities of disabled respondents. Conversely, the application of welfare conditionality consistently had the opposite effect and pushed disabled people who were subject to mandatory work related requirements, under WKUHDW RI EHQH¿W VDQFWLRQ Routinely, conditionality also had a negative effect on respondents' health and undermined their wider social inclusion.

“ [Conditionality] encouraged a lot of stigma, discrimination and bullying and I think that’s a real culture problem within DWP and Jobcentre Plus and that would have to completely change if any level of conditionality were to be effective and reasonable... It’s only really getting into the support group that gave me that freedom to do what I wanted to do and not to have to put all my energy into jumping through pointless hoops and cope with the stress and anxiety of not knowing whether I was going to be referred to sanctions every month... It didn’t just happen to me, lots and lots of my peers and friends were set conditions... It’s really ruined people’s lives. People have just lost that kind of foothold that they had in terms of taking part in society or maintaining an activity that enabled their wellbeing or gave them some hope for the future. That’s just had to go out of the window because all their energy has gone in complying with stupid conditionality. ”

(DISABLED WOMAN, ENGLAND, WAVE C)



Disabled respondents became primarily focused on avoiding benefit sanctions by attempting to ensure compliance with the specific conditions attached to receipt of benefit (such as applying for a certain number of jobs, attending WFIs or training), but few expected to find paid employment. Many reported that mandatory training had an adverse effect on their motivation to move into work.

**“ By the time you’ve attended these courses you’re so demoralised and demotivated and kicked around so much that you lose the will to carry on.”**

(DISABLED WOMAN, ENGLAND, WAVE A)

The removal of conditionality and its attendant threat of sanctions (when people were placed in the Support Group following an initial WCA assessment or subsequent appeal), however, was identified as enabling disabled people to refocus on more meaningful searches for paid work.

**“ I had instant relief when I knew I was having well over a year without being sanctioned, that immediately helped me start thinking, right, work.”**

(DISABLED WOMAN, ENGLAND, WAVE A)

## The Work Capability Assessment

The Work Capability Assessment (WCA) was seen as an uncaring and insensitive process that often led to inappropriate outcomes for ESA applicants’ fitness to prepare for, or undertake, paid work. The majority who attended a medical assessment believed the veracity of their personal accounts and the extent and impacts of their impairments were frequently, improperly, disregarded by assessors; particularly when their mental health was under scrutiny. Disabled people had little faith in the medical expertise of WCA assessors and questioned why pre-existing evidence from their own general practitioners and/or hospital specialists was not taken on board.

**“ There’s nothing fair about a system that makes a decision without considering the views of the person who knows you best, which is your doctor.”**

(DISABLED MAN, SCOTLAND, WAVE B)

**“ It’s all very much based on physical stuff, and they don’t take into account the emotional and the mental stuff.”**

(DISABLED WOMAN, ENGLAND, WAVE A).

Many of those who had initially been found to be ‘fit for work’ or fit to undertake ‘work related activity’, and thus subject to conditionality, subsequently appealed decisions, sometimes on multiple occasions. Success rates in overturning initial WCA decisions on appeal were high and in line with nationally reported levels elsewhere (*Barr et al.* 2015; Shakespeare, 2017). However, undergoing a WCA, and the fear and uncertainty associated with mounting appeals or attending impending future assessments, repeatedly exacerbated existing illnesses and did little to enhance the possibility of individuals moving close to paid work (*Hale* 2014; *Barr et al.* 2016). A great many people in poor health spoke of the increased anxiety and mental distress associated with the ongoing uncertainty of the WCA process and consistently flawed outcomes.

**“ They said, ‘No you’re fit for work. You’re back on JSA’. Virtually every six or seven weeks I’d be going for a medical or be called into the office... It was driving me crazy ... There should never have been any of that yo-yoing between Jobseeker’s and Employment Support. When I came out of work I was too ill to work... they agreed that I was unfit for work... I think it was about six months and they suddenly decided that I was now fit for work, even though they’d not seen me since my medical.”**

(DISABLED WOMAN, ENGLAND, WAVE C)

**“ Always there in the back of my mind. It’s a fear... even a year from now when I have to go for a reassessment; I’ve already been there for months worrying about it and it’s not helping my mental health.”**

(DISABLED WOMAN, SCOTLAND, WAVE C)

Moreover, some of those who had been refused ESA after a ‘failed’ WCA felt too unwell to challenge decisions through what they considered to be an onerous appeals and mandatory reconsideration process.



## Sanctions

Thirty-five respondents in the disability group had experienced a benefit sanction. The application of benefit sanctions to disabled benefit claimants was ineffective in compelling individuals to take up paid work.

**“ [Sanctions] Didn’t encourage me to do anything. Discouraged me... I don’t think it really was positive or it’s not designed to be, is it? It’s a punishment, that’s what it is.”**

(DISABLED MAN, ENGLAND, WAVE B)

Sanctions universally triggered a range of profoundly negative outcomes, including increased debt, poverty and reliance on charitable providers and informal support networks in order to meet basic needs (this was also found across the wider study). Borrowing money from friends and family often led to difficulties with relationships and heightened feelings of stigmatisation and humiliation.

**“ It just smashes your self-worth. You’ve got to lend money, you’ve got to beg to borrow... you don’t know when you’re going to get money to pay it back.”**

(DISABLED WOMAN, ENGLAND, WAVE C)

Disabled respondents also frequently spoke of benefit sanctions and/or the possibility of their future application, exacerbating existing physical and mental illnesses and triggering high levels of stress and anxiety.

**“ I sunk into depression really because it felt all so stacked against me.”**

(DISABLED WOMAN, ENGLAND, WAVE C)

**“ Always hanging over your head because you never know. I’m trying to ignore it because it’s going to negatively affect my health.”**

(DISABLED WOMAN, ENGLAND, WAVE C)

In certain extreme cases, sanctions initiated suicidal thoughts among more vulnerable claimants dealing with multiple issues. One woman, with depression and addiction issues, was initially ‘excited’ about her Jobcentre adviser’s appreciation of her impairments and the possibility of ‘extra support’ to find work. However, this changed when she was referred to the Work Programme (WP). This clashed with an appointment to attend a specialist drug and alcohol treatment programme. Although she informed the DWP of her need to attend the treatment appointment, she was sanctioned for non-attendance at the WP.

**“ I had the sanction, that’s when I emailed the adviser... 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. ”**

(DISABLED WOMAN, ENGLAND, WAVE A)

Benefit sanctions were most commonly applied when disabled people were late for or failed to attend Jobcentre interviews or, if assigned to the Work Related Activity Group (WRAG), WFIs/training. On occasions benefit sanctions were unjustly and inappropriately applied. For example, whilst claiming JSA, prior to subsequent reassignment to ESA, a homeless disabled man detailed how he was sanctioned despite attending the Jobcentre as required.

**“ Security guards wouldn’t let me upstairs because I was 15 minutes early. So, I went downstairs...[then] they let me go upstairs and nobody come and took my signing-on card. So, I was sat there for 20 minutes. Now, by the time somebody come and got my card, I was then 15 minutes late and the woman she said, ‘You’re late’, I said, ‘Well, no, I’m not, I was downstairs 15 minutes early, the guys wouldn’t let me up and when I come upstairs, nobody took my card.’ She said, ‘Well, I don’t believe you.’ I said, ‘Well, come and ask the security guards.’ She said, ‘No, I’m sanctioning you.’”**

(DISABLED MAN, JSA/ESA RECIPIENT, ENGLAND, WAVE C)

Reflecting on a constituent’s case, and the wider implementation of welfare conditionality for disabled people which she likened to the production of processed meat, an elite policy stakeholder commented on how the extension of conditionality to incapacity benefits led to a wider process whereby people with severe impairments became subject to inappropriate sanctions despite obviously being unfit for paid employment.

**“ Totally incapacitated due to an accident at work... didn’t turn up to his interview... ended up being sanctioned for six months... he’d gone into the ‘sausage machine’.”**

(FORMER GOVERNMENT MINISTER)

## Mandatory support

Disabled people routinely reported receiving little meaningful support in their interactions with advisers. In the worst cases advisers were perceived as dismissive of people's impairments and focused solely on pushing people into any available work and/or increasing employment hours, regardless of contrary medical advice and the suitability of such actions for the individual concerned.

***“ I’m being bullied by the job coach to stick on Universal Credit... If I’m not fit to work then why am I talking to a job coach?... it’s just overwhelming me, even more with my depression and anxiety, it’s making matters worse...the stress of this Universal Credit, the stress of trying to get jobs, and just trying to function within a flat, I ran off to the woods at one point.”***

(DISABLED UNIVERSAL CREDIT RECIPIENT, MALE, ENGLAND, WAVES A-C).

***“ My doctor says... that I shouldn’t really be doing more hours than what I’m doing, because I can barely make it through my six hours... [when] he found out I was doing 14 he turned round and said, ‘Don’t push yourself... [the Jobcentre] want you to find another job?... Tell them to phone me.’ ”***

(DISABLED IN-WORK UNIVERSAL CREDIT RECIPIENT, FEMALE, ENGLAND, WAVE C)

Much of the compulsory training on offer from WP providers was condemned as being of poor quality and of limited use in improving disabled people's skills and enhancing their work opportunities. A woman in the WRAG noted:

***“ A quiz, nothing to do with the work... these teasers that you get in crackers... [or] ‘Right, you two, go on there and do some jobs.’ So we got on the computers... When you got there it was never, ‘Right, today we’re going to do.’ It was a question of ‘Oh my God, what am I going to do with these people.’ ”***

(DISABLED WOMAN, ENGLAND, WAVE B)

Examples of disabled people finding the mandatory training useful were not entirely lacking, but they were rare. For example, one person was helped with adjustments to attend appointments and financial support to buy a suit for job interviews. Another disabled person told how his adviser joined him outside the benefit office because he had claustrophobia. However, the absence of more tailored, ‘person-centred’ support and the lack of appropriate adjustments was a much more dominant narrative. Disabled people commonly emphasised a pressing need to rebalance provision away from the current preoccupation with compulsion and sanction in favour of more personalised, negotiated packages of appropriate support designed to enhance access to both social security benefits and, if required by disabled people, entry into paid employment.

Support to move people closer to paid work may take many forms. The most striking case among disabled people of a successful transition from welfare into sustained employment was enabled by both the exercise of discretion and ongoing support by a sympathetic jobcentre adviser who choose to disregard the threat of sanction, and the long-term unconditional training and support simultaneously provided by a third sector homelessness organisation.



**“ [Of the Jobcentre adviser] After I’d lost everything I had to then sign on again. My adviser this time was absolutely fantastic. I couldn’t praise him up enough... I explained my situation. I said ‘look I’m a drug addict and I’m doing my best to get clean. I’m in recovery’ and he was just really supportive. He wasn’t on my case. He was encouraging; brilliant... He hasn’t just let me get away with it. He’s been ‘What about this training course? Go for that...’ He could have sanctioned me on numerous occasions.”**

**“ [Of the homelessness organisation] Before I came here all I was interested in was drugs... I was at rock bottom, I had no family, no friends, I had nothing apart from the clothes on my back. I can honestly say that this place [homelessness support organisation] saved my life... That’s no exaggeration it’s really just turned my life around completely.”**

(DISABLED MAN, JSA/ESA RECIPIENT, ENGLAND, WAVES A-C)

A personal commitment to overcome addiction, combined with appropriate support, enabled this shift from addiction and homelessness to full-time sustained paid employment. Mandatory engagement and conditionality played no part in this transition. Indeed, the potentially catastrophic effects of an unwarranted benefit sanction (see sanctions section above) were only mitigated by this individual’s resilience and the provision of unconditional support from beyond the formal social security system.

The small minority of disabled people noted above who had managed to maintain paid employment throughout the period of our interviews highlighted the Access to Work Scheme, which offers support to meet costs of travel, personal support workers and adaptation of premises, as particularly useful in enabling them to enter and maintain paid work.

**“ I have Access to Work. The lady who was with me she gets paid by them to support me. She brings me to work and then she stays with me and helps me set up the computer and stuff and does the filing, simply because I can’t stand up at the filing cabinet.”**

(DISABLED WOMAN, ENGLAND, WAVE A)



## Ethics: is the application of welfare conditionality for disabled people fair?

Changes in opinion about the fairness of welfare conditionality were rare across repeat interviews with individual respondents. In general disabled respondents broadly endorsed the principle of welfare conditionality. Routinely they did this by reference to a contractual view linking rights to collective social security to individual citizens' responsibilities:

***“ If you're asking for something you've got to do something back in return. That's just normal life – you don't get owt for nowt.”***

(DISABLED WOMAN, ENGLAND, WAVE C)

Many disabled respondents who had previously worked regularly legitimised their personal entitlement to incapacity benefit on the basis of their prior contributions made through the taxation system.

***“ I've paid my taxes, I've paid my National Insurance... you've paid your dues all your life; you're entitled to what you're getting.”***

(DISABLED MAN, SCOTLAND, WAVE C)

***“ Insurance, and tax, and everything else you took from my income when I was working. So why can't you help me out?”***

(DISABLED MAN, ENGLAND, WAVE A)

Those who had worked in the past clearly resented the extension of welfare conditionality to 'their' incapacity benefits. More generally, disabled respondents viewed the wider application of compulsion and sanctions for disabled people who were unable to work as unfair. Additionally, the current implementation of ESA was seen as inappropriate, with policymakers and administrators alike failing to adequately acknowledge disabled claimants' limited capabilities to undertake paid work.

***“ Some people skive and I don't think that's right. I think everybody should work if they can work, but some people just can't and the government should realise that.”***

(DISABLED WOMAN, ENGLAND, WAVE A)

***“ Absolutely fair. Everybody that can work, I think they have a right to work and be encouraged to work but, equally, there are some people that aren't fit to work.”***

(DISABLED WOMAN, ENGLAND, WAVE B)

A substantial minority of disabled respondents were very firmly opposed to the use of welfare conditionality within incapacity benefit systems and denounced the linking of sanctions and support as coercive and unjust. They questioned the use of compulsion and emphasised the need for negotiated support to enable rather than compel disabled people into work.

***“ Some people are not well enough to work and they shouldn't be forced into taking part in things that aren't good for them. But I think it should be up to the individual; if people want to work they should be given the support.”***

(DISABLED MAN, SCOTLAND, WAVE B)

## Conclusions

A decade after the introduction of ESA extended compulsion to UK incapacity benefits, the key message from this study is that welfare conditionality is largely ineffective in moving disabled people closer to, or into, paid work; with benefit sanctions in particular likely to push disabled people further away from the paid labour market (see also *Weston*, 2012; *Reeves*, 2017).

These findings are mirrored in a growing body of evidence elsewhere including *Newton et al.* 2013; *Hale*, 2014; *Barr et al.* 2015, 2016; *Oakley*, 2016). The WCA exacerbates existing illnesses and impairments and much of the mandatory support on offer to disabled people through ESA is flawed or unfit for purpose (see *HoC/WPC*, 2014; *HoC/WPC*, 2015; *Dwyer*, 2017).

In autumn 2017 the Work and Health Programme replaced the Work Programme in providing specialised support for individuals with health conditions and disabilities. This change offers an important opportunity to improve the employment support made available to disabled people. More radically, in the light of evidence that the extension of welfare conditionality has failed to facilitate disabled people's transitions into sustainable work, and wider questions about both the usefulness and ethicality of enforcing mandatory engagement with work-related activities through benefit sanctions, it is time to fundamentally revisit the role of compulsion in working aged incapacity benefits.

### NOTE ON METHODS

This paper draws on data generated in 158 interviews completed with the purposively sampled cohort of disabled people. Fifty-eight individuals were initially recruited into this group for the repeat qualitative longitudinal panel study. Subsequently, 54 took part in a second interview, with 45 completing a third interview. When recruiting disabled people to take part in the repeat qualitative longitudinal study we drew on the guidance that informed the Equality Act 2010. This defines a disabled person as someone with 'physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities' (S6(1)). Disability and impairment was also a prevalent feature in the lives of many other respondents. An additional 213 people in the wider sample also self-reported at one or more interviews a long-term physical, mental or sensory impairment or learning difficulty. Those interviewed often had multiple impairments. Additionally, some had previous experiences of domestic violence, homelessness, substance misuse and/or prison.

## Key policy recommendations

- In light of the growing body of evidence on the ineffectiveness of welfare conditionality in moving disabled people off social security benefits and into work, its use within the UK incapacity benefits system should cease.
- Policymakers' current preoccupation with ensuring compliance with work related conditions under threat of benefit sanction for disabled people placed in the Work Related Activity Group needs to be abandoned. ESA and UC require fundamental reform to prioritise supporting and incentivising those disabled people who choose to work to enter sustainable paid employment.
- Benefit sanctions should not be applied to those in receipt of incapacity benefits.
- The Work Capability Assessment is comprehensively failing. It should be replaced with a new assessment that emphasises a disabled person's eligibility to access out-of-work benefit based on the experience and level of impairment, illness or health condition.
- The quality of the support and training made available to help disabled people into employment needs to be significantly improved. This will only be achieved if frontline DWP staff and providers of the new Work and Health Programme work in collaboration with disabled people and their organisations to design personalised and negotiated packages of support that meet people's needs in respect of both paid work and welfare rights.
- If policymakers are serious about ensuring the social security of disabled people they must recognise the negative role that welfare conditionality plays in exacerbating illness and impairment among incapacity benefit claimants and endorse a more effective and ethical voluntary approach to employment support for disabled people.

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Other briefings in this series and full list of references can be found at [www.welfareconditionality.ac.uk/publications](http://www.welfareconditionality.ac.uk/publications). Data from the study will be available from 2019 at [www.timescapes.leeds.ac.uk](http://www.timescapes.leeds.ac.uk).