

In sickness or in health? Incapacity Benefit reform and the politics of ill health.

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In sickness or in health? Incapacity Benefit reform and the politics of ill health.

In October 2008, Incapacity Benefit (IB) will be replaced, for new but not existing claimants, by the 'Employment Support Allowance' (ESA).[1] This radical change has been largely ignored by health professionals, despite the integral role of General Practitioners (GP) and others in the diagnosis and certification of long term sickness absence,[2] the involvement of the NHS (usually via primary care) in return to work interventions for IB claimants (most notably the Condition Management Programme and Pathways to Work),[2] and the importance of income maintenance policies for individual and population health.[3] In this personal view article, I outline the IB reforms and I argue that they signify a dangerous political shift in how chronically ill and disabled patients are seen as either 'deserving' or 'undeserving' of public (welfare state) support.[4] I also suggest that such a shift will have important implications for the health professionals involved.

IB is the main non-means tested social security cash benefit paid to 2.7 million people in the UK who are assessed initially by a GP, and after six months by a Benefits Agency doctor, as being incapable of work due to illness or disability and who have contributed sufficient National Insurance payments.[5] There are three rates of IB including two short-term rates: a lower rate which is paid for the first 28 weeks of sickness (£63.75 /week), and a higher rate for weeks 29 to 52 (£75.40 /week).[6] The third, a long-term IB rate (£84.50 /week), applies to people who have been sick for more than a year and comprises the largest number of claimants.[6] Participation in employability programmes is voluntary for IB claimants.

The new Employment Support Allowance (ESA) will involve a two-tier system of benefits in which all are entitled to the ESA basic benefit (paid at the same rates as - Job Seeker's Allowance: £60.50/week).[1][6] However, those judged (via a medically administered 'work capability' test) unable to work or with limited work capacity due to the severity of their physical or mental condition will receive a higher level of benefit (Support Allowance – similar to IB) with no conditionality.[1] Those who are deemed 'sick but able to work' would only

receive a conditional Employment Support component if they participated in employability initiatives such as Pathways to Work.[1]

The introduction of the two-tiered ESA means that for the first time within the UK, conditionality applies to the receipt of sickness related benefits.[7] However, it is in keeping with the reform of other UK benefits (such as unemployment benefit) and changes to sickness absence benefits elsewhere in Europe.[8] Generally such reforms are sold as ways of reintroducing recipients to the labour market or providing an incentive for people out of work to look for and return to work [1] (although there is no evidence of effectiveness).[7] However, the reforms also need to be understood in the context of the political debate about the relationship between IB, health and employment.

IB has long been criticised as providing a means of work avoidance, and as a mechanism whereby unemployment levels are hidden.[9] Despite evidence that medically certified sickness absence (including IB) is actually a good indicator of health and mortality,[5][10] political and media debates are dominated by the view that IB receipt is a disincentive to work and that people with good health choose to fake sickness in order to receive it ('benefit scroungers'). [11][12] The discourse around 'fake' IB claimants (usually those diagnosed with mental health problems) has popularised the view that some types of illness, and therefore some patients, are less deserving of state support than others. Such concerns are reflected in the ESA's separation of health based claims into two distinct categories: those considered 'sick but able to work' (*undeserving poor*) will receive lower levels of benefit unless they participate in compulsory employability programmes, whereas those considered to have a more severe illness or disability (*deserving poor*) will receive a higher rate of unconditional benefit.[1]

Sickness related benefits are amongst the last in the UK welfare system to be the subject of extensive reform and until recently did not attract as much popular stigma as other benefits (most notably lone parent benefits). This is also the case in other countries where people in receipt of benefits due to ill health or disability have been viewed and treated as more

'deserving' than those in receipt of other types of benefit.[13] The IB reforms can be seen as a move away from this and the beginnings of a potentially disturbing political discourse about how some patients experiencing unemployment due to illness or disability are less deserving of unconditional public support than others.[4][13] It is unclear how this will play out but it seems likely that the deserving/undeserving dichotomy may well reinforce and magnify the existing stigma attached to claims based on mental (as opposed to physical) illness and may therefore further increase health inequalities. Either way it will have important implications for the health professionals involved, as the validity of professional medical certification is under question by the government [2] and health workers will become increasingly involved in regulating the poor.[14]

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