

Incapacity Benefit reform: the politics of ill health.

This month (October 2008), Incapacity Benefit (IB) will be replaced, for new but not existing claimants, by the 'Employment Support Allowance' (ESA). This radical change signifies a dangerous political shift in how chronically ill and disabled patients are seen as either 'deserving' or 'undeserving' of public (welfare state) support.

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. People who have been sick for more than a year - the largest number of claimants - receive £84.50 per week. Participation in employment training programmes (such as *Pathways to Work*) 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). Those judged (via a 'work capability' test) unable to work will receive a higher level of benefit (Support Allowance - similar to IB) with no conditionality. Those who are deemed able to work would only receive a conditional Employment Support top up if they participated in employability initiatives.

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. 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'). 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.

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). 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. This will have important implications for the health professionals, as they will become increasingly involved in regulating the poor.

A longer version of this paper was printed in the BMJ 27th August 2008: available at <http://tinyurl.com/4meltb>.

If you wish to work with the Politics of Health Group on this or any other public health issues please contact Debbie at contact@pohg.org.uk

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