BROADENING PERSPECTIVES ON SOCIAL POLICY

NEW PERSPECTIVES ON HEALTH, DISABILITY, WELFARE AND THE LABOUR MARKET

Edited by

Colin Lindsay, Bent Greve, Ignazio Cabras,
Nick Ellison and Stephen Kellett

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Introduction: New Perspectives on Health, Disability, Welfare and the Labour Market

Colin Lindsay, Bent Greve, Ignazio Cabras, Nick Ellison and Stephen Kellett

More than 2.4 million people of working age in the UK are out of work and claiming ‘incapacity’ or disability benefits (DBs). Reducing the high levels of benefit claiming among those with health limitations and disabilities has been a priority for successive governments (Lindsay and Houston 2013). Other countries of the Organisation for Economic Co-operation and Development (OECD), ranging from Sweden, with its ‘social democratic’ welfare state (Hagelund and Bryngelson 2014), to the ‘liberal’ USA also report high rates of disability claiming, and have similarly prioritized measures to bring down welfare rolls (Milligan 2012). Given this context, policy debates have focused on both reforms to the administration of DBs and the content of targeted activation (Bannink 2014).

Recent policy responses in the UK have taken the form of measures to restrict access to welfare benefits and impose increased compulsory ‘work-related activity’ on claimants. However, current policy arguably fails to reflect the evidence that people on long-term DBs face a complex combination of barriers to work and social inclusion. The evidence points to a multi-dimensional form of disadvantage, requiring a holistic, joined-up policy response – claimants may struggle to manage a range of disabilities and health conditions (with mental health

problems widespread); many report gaps in employability and skills; and, *crucially,* claiming is spatially concentrated in communities characterized by poor health and labour markets that have fewer (and fewer high quality) job opportunities. Many of these challenges are present in other European and OECD welfare states, where there are similar tensions between activation policies that seek to drive sick and disabled people off benefits and into work, and the challenges faced by these people to manage conditions and sustain their position in the labour market.

There is a need for continuing inter-disciplinary research on the nature of the 'disability benefits problem' and the efficacy of current policy solutions and public services. This Special Issue brings together researchers who seek to explore the distinctive, yet interrelated, elements of the problems faced by disability claimants, and evaluate related policies and services. The Special Issue is co-edited by an inter-disciplinary team drawn from the fields of social policy, economics, sociology and clinical psychology. A seminar series supported by the White Rose University Consortium allowed many of the authors to share early versions of their articles.

Content of the Special Issue

All of articles that follow connect with key issues around the complex combination of health, employability, workplace and labour market-related factors that explain DB claiming in disadvantaged areas and among vulnerable groups. The Special Issue opens with a review of evidence conducted by the co-editors. We present the most up-to-date and robust evidence on the nature of the DB problem in the UK. While drawing upon frameworks presented by previous studies (Beatty *et al.* 2009; Lindsay and Houston 2011, 2013), we also identify important new and emerging

evidence, for example in relation to the impact of poor quality jobs on working-age health, and how labour market casualization has contributed to DB claiming. The other contribution of this first article is a comparative analysis of the disability activation and welfare reform agenda in a very different welfare state – Denmark. Here, we acknowledge that, despite a greater readiness to intervene in the workplace (through initiatives such as the flex-jobs programme), policymakers have similarly struggled to arrive at solutions that address the disadvantage faced by disabled people. We conclude that more radical solutions may be required to deliver genuine equality of opportunity in the mainstream labour market, and to stimulate sufficient labour demand in regions and welfare states where there are simply too few decent jobs.

The next three articles in this Special Issue analyze aspects of the 'DB problem' from a range of theoretical and disciplinary starting points. Christina Beatty and Steve Fothergill take a long-view of the rise in disability claimant numbers in the UK since the 1970s, and conclude that spatial concentrations of health and disability-related worklessness have proved largely impervious to successive waves of welfare reform. However, they also note that increased conditionality in access to benefits (the centrepiece of the current UK policy agenda) risks driving the most vulnerable out of the system, resulting in increased social risk. Only policies designed to address ill-health and disability, combined with demand-side labour market interventions, can help to empower DB claimants to progress towards meaningful work.

Ben Baumberg presents in-depth, qualitative data to demonstrate how lower skilled workers in disadvantaged labour markets are less able to access the kind of workplace adjustments that might otherwise allow them to cope with health or disability-related limitations.

Baumberg's research thus reiterates the multi-dimensional character of the potential barriers faced by DB claimants, which are rooted not only in health limitations and disability, but also structural labour market and workplace factors. Kayleigh Garthwaite also draws on qualitative research, exploring experiences of poverty, social isolation and stigma among the DB claimant group – a grim reality at odds with the popular mythology of a feckless underclass choosing life on benefits. Will Whittaker and Matt Sutton provide further quantitative evidence demonstrating that the health limitations of DB claimants are *real.* Whittaker's and Sutton's longitudinal analysis of British Household Panel Survey data highlights the particular importance of mental ill-health in explaining high rates of DB claiming over time.

The final three articles return to a more explicit focus on evaluating and informing current policy. First, Fiona Purdie and Stephen Kellett present the results of extensive survey research with DB claimants participating in condition management programmes designed and delivered by health professionals. They identify well-being and employability benefits for many of those participating, reinforcing the message that health-related support should be central to policies to address the DB problem. Purdie and Kellett also, however, acknowledge differences in the outcomes achieved for sub-groups among those on DBs, arguing for further research to inform a broader range of health services targeting people on working-age benefits. Within the UK policy context, we appear to be some way off the establishment of such holistic and broad-based health interventions. Indeed, the article by Jenny Ceolta-Smith, Sarah Salway and Angela Mary Tod on the Work Programme in the UK suggests that access to health-related support is likely to be partial and unequal among the DB claimant group. Lastly, the article by Mike Danson,

Ailsa McKay and Willie Sullivan offers a macro-level, comparative perspective on worklessness and inequality. This final article identifies lessons from some of Europe's more equal societies and argues for a fundamental recalibration of welfare and economic policies in the UK to address entrenched inequalities. It is an eloquent and impassioned argument reflecting the commitment to policies for a fairer society that defined the career of our late and greatly respected colleague (and article co-author) Professor Ailsa McKay.

The UK, like many other welfare states, faces a continuing problem of high levels of disability claiming. In the longer term, policymakers will also be required to respond to the challenge of helping an ageing labour force to work for longer, which will inevitably mean managing health conditions and disabilities in the workplace. Current policy in the UK focuses almost entirely on restricting access to benefits and imposing work-first activation in order to address imagined behavioural deficits among claimants. These policies may achieve the short-term goal of driving some vulnerable people out of the welfare system, but there is little evidence that they can provide routes into sustainable employment. A new policy agenda is required, which addresses the complex combination of health, employability, workplace and labour market-related factors that explain the UK's DB problem. Our duty as social policy researchers is to marshal the evidence from across disciplines in the hope of informing appropriate policies. This Special Issue seeks to make a small contribution to that shared goal.

References

Bannink, D. (2014), Social policy from Olson to Ostrom: a case study of Dutch disability insurance, *Social Policy &*

Administration, 48, 3: 279–99.
Beatty, C., Fothergill, S., Houston, D., Powell, R. and Sissons, P. (2009), A gendered theory of employment, unemployment and sickness, *Environment and Planning C: Government and Policy*, 27, 6: 958–74.
Hagelund, A. and Bryngelson, A. (2014), Change and resilience in welfare state policy: the politics of sickness insurance in Norway and Sweden, *Social Policy & Administration*, 48, 3: 300–18.
Lindsay, C. and Houston, D. (2011), Fit for purpose? Welfare reform and challenges for health and labour market policy in the UK, *Environment and Planning A*, 43, 3:703–21.
Lindsay, C. and Houston, D. (2013), *Disability Benefits, Welfare Reform and Employment Policy*, Basingstoke: Palgrave Macmillan.
Milligan, K. (2012), The long-run growth of disability insurance in the United States. In D. Wise (ed.), *Social Security Programs and Retirement Around the World*, Chicago, IL: University of Chicago Press, pp. 359–89.

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Assessing the Evidence Base on Health, Employability and the Labour Market – Lessons for Activation in the UK

Colin Lindsay, Bent Greve, Ignazio Cabras, Nick Ellison and Stephen Kellett

Introduction

Despite recent attempts by UK policymakers to restrict access to incapacity and disability benefits (DBs),[1] claimant numbers remain high by historical comparison, with approximately 2.4 million people receiving these forms of income support in 2014. The need for policy action to assist people on DBs is not disputed. Spending long periods on these benefits has been associated with further deteriorations in health (Bambra 2011); the meagreness of payment rates in countries such as the UK means that claimants experience increased poverty risks (Kemp and Davidson 2010); and exclusion from work may undermine individuals' employability (Green and Shuttleworth 2013). However, there remain concerns that current policy agendas are not equal to the task of moving large numbers of people from DBs into sustainable employment. Indeed, the main focus of UK Government policy appears to be on restricting access to DBs by tightening eligibility criteria and means-testing. There appears little sign of a coherent strategy to enhance the employability and health of those already on benefits (other than directing claimants to a generic, compulsory activation programme – The Work

Programme – or other forms of ‘work-related activity’) (Lindsay and Houston 2013).

This article aims to offer direction on more productive foci for welfare reform and activation policies. We do this by reviewing the latest evidence on the ‘nature of the problem’ (i.e. the factors contributing to high levels of DBs among some groups and communities); analyzing the appropriateness of current and recent policies in responding to these factors; and (briefly) contrasting the UK's approach with that of Denmark, which has deployed a different set of policy instruments in its efforts to reduce DB numbers. In order to conduct this analysis of the nature of the problem and evaluation of policy solutions, we carried out a structured literature and evidence review identifying the most robust evidence from both academic sources and policy stakeholders. We used online search engines to identify key research and policy publications with keywords including ‘activation’, ‘active labour market programme’, ‘incapacity benefits’, ‘disability benefits’, ‘welfare-to-work’, and variants on these themes. Following a preliminary thematic review of outputs, we selected out key research reports and academic publications to provide the focus for our analysis because of their specific interest in the challenges, outcomes, benefits, limitations and lessons from employability programmes targeting those on DBs. The reliability of this approach was strengthened by its coverage of research from a range of disciplines (reflecting the multi-disciplinary expertise of the authors) including economic geography, social policy, clinical psychology and public health policy analysis. Our findings are presented below. The analysis also draws on the latest research published in this Special Issue of *Social Policy & Administration*. The article then concludes with a discussion of implications for future policy development.

Assessing the Evidence Base: Factors behind Concentrations of Disability Claiming

Over the past decade, successive UK Governments have deployed *relatively* consistent policies to address high levels of DB claiming. The focus of policy has been on restricting access to, and increasing the conditionality associated with, welfare benefits, along with a greater emphasis on activation, first under the Pathways to Work (PtW) initiative (2003–10) and now the Work Programme, the main activation programme for people of working age. However, it has been suggested that the general thrust of policy fails to address the complex combination of factors that explain concentrations of dB claiming (Beatty *et al*. 2009). Following Lindsay's and Houston's (2013) line of argument, we now assess the latest evidence on the extent to which three key issues can be identified as underlying the high level of DBs claiming in the UK, namely: concentrations of health and disability-related barriers among the claimant group; gaps in their employability and skills; and labour market inequalities and the impact of low quality work on opportunities for people with health and disability-related limitations. We then go on to discuss the failure of policymakers to develop joined-up, spatially-focused solutions to these problems.

Health and disability-related barriers

One of the distinctive features of the discourse around DBs in the UK is policymakers' reluctance to fully acknowledge that those claiming these benefits are, indeed, sick or disabled. Policymakers partly justified this position with reference to a well-established evidence base suggesting that industrial restructuring and job destruction in regions

dependent on traditional employment sectors preceded increases in DB claiming. Seminal works during the mid-1990s by Beatty and Fothergill (1994) and Green (1994) identified concentrations of DB growth in post-industrial labour markets, suggesting that Incapacity Benefit (IB, then the main DB) was absorbing displaced workers and hiding the real level of unemployment. These authors wished to expose the 'hidden unemployment' problem in order to demonstrate the need for regional demand-side policies to generate more job opportunities for those trapped on benefits (Beatty *et al*. 2000), but their argument has been appropriated by the political right as evidence of malingering (CSJ 2009).

Yet this is a misrepresentation of both the evidence and the argument. Indeed, Beatty *et al*.'s (2000, 2009) seminal 'theory of employment, unemployment and sickness' hypothesized that 'hidden sickness' was as important as 'hidden unemployment' in explaining high disability claiming in some regions. They argued that there is substantial ill-health and work-limiting disability throughout the labour force – among those in work, jobseekers who are available for work, and those receiving DBs. Labour market conditions decide whether those with health or disability-related barriers are able to find their way into work (due to employers' willingness to adjust their demands in tight labour markets) and manage their conditions in the workplace. But this need not lead us to conclude those on DBs are feigning illness.

Rather, there is substantial evidence as to the reality of the health and disability-related problems faced by people claiming DBs. Ill-health or limiting disability is consistently found as the primary reason why most DB claimants exit work in the first place, with extant health conditions then also a key barrier to return to work (Beatty *et al*. 2010; Kemp and Davidson 2010). Claimants with multiple and/or

more serious conditions are significantly more likely to be ‘permanently sick’ (i.e. remain on benefits), in contrast to those with fewer conditions who are more likely to find work (Barnes and Sissons 2013). For those re-entering employment following a period on DB, but then failing to sustain work, a decline in health is a common feature (Dixon and Warrener 2008). Large-scale national population surveys such as the British Household Panel Survey (BHPS) suggest robust and long-term relationships between health and exclusion from work (Jones *et al*. 2010), although as noted elsewhere in this Special Issue these data also highlight the importance of interactions between ill-health and spatial labour demand inequalities (Whittaker and Sutton 2015). Robroek *et al*.'s (2013) analysis of older workers' trajectories in 11 countries based on the ‘Survey of Health, Ageing, and Retirement in Europe’ confirms that poor health and health behaviours as well as other work-related factors may all play a role in exits from paid employment, although their significance may vary according to exit routes. There is a significant relationship between DB claiming and physical (Bambra 2011) and psychiatric mortality (McKee-Ryan *et al*. 2005).

National Health Service (NHS) professionals working with DB claimants confirm evidence of a broad range of interacting and comorbid health problems and disabilities (Lindsay and Dutton 2013). Other researchers have similarly used accepted clinical tools (such as the ‘Hospital Anxiety and Depression Scale’) to identify significantly poorer health among the DB claimant population that appears resistant to increasing exposure to conditionality and/or ‘incentives’ as part of changes to the benefits system (Garthwaite *et al*. 2014). Purdie and Kellett (2015) evidence the pre-treatment severity of health problems and also register rates of associated clinically significant improvements following interventions to enable claimants

to better manage their conditions. However, Rick *et al*. (2008) note that there are few well supported conclusions that can be made concerning the efficacy of health interventions to help DB recipients return to work, because the extant studies lacked credible outcome methodologies. Therefore, more methodologically robust outcome studies of health interventions with distressed claimants need to be conducted, in order to enable further meta-analytic perspectives to be taken. In summary, there is powerful evidence that health and disability-related limitations reported by those on DBs are real and an ongoing aspect of life without work. As we confirm below, other factors – and crucially the nature and extent of labour demand – tend to define whether such health and disability-related barriers can be managed in the workplace, or alternatively exclude people from the world of work.

Employability-related barriers

We see above that, contrary to some policymakers' claims, health and disability-related barriers are key to understanding the nature of the DB problem. Yet, successive UK Governments have been keener to portray the problem as rooted in the attitudes and behaviour of claimants. As we see below, increased conditionality and compulsion in the DB system appear to reflect a consensus among policymakers on the need to use financial incentives and punitive sanctions ‘to generate positive behavioural effects’ (DWP 2010: 10). From a behavioural theory point of view, policymakers rely heavily (or exclusively) on punishment, as opposed to reward contingencies, as a means of changing the work behaviours of DB claimants.

The evidence for the existence of a ‘dependency culture’ among DB claimants is, however, limited. Beatty *et al*.’s (2010) extensive survey research with DB claimants deployed a raft of attitudinal questions to assess work