

Malingering, illness deception, and disability benefit reforms

By Bernadette Meaden

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To understand the thinking behind the reform of disability benefits, we need to look at a Conference held in 2001, called 'Malingering and illness deception'. The Conference papers were later published as a book, in which 'the enthusiastic support of Professor Mansel Aylward [then Chief Medical Officer at the DWP] and funding from the Department for Work and Pensions' was acknowledged.

The book '*Malingering and illness deception*' gives a revealing insight into the thinking which eventually led to the Work Capability Assessment, and the reform of Incapacity Benefit.

One chapter asks, 'Can monkeys malingering?' and, from observations of 'genuinely disabled' great apes whose hands have been maimed, notes that, with no help from their able-bodied fellows, (perhaps because they get no help) they overcome their impairments to a great extent. They conclude that for both apes and humans, it is possible to be disabled without being handicapped.

The authors go on to suggest that, in human society, it may be better not to even try to decide who is guilty of intentional malingering and deception, but to 'simply change the pay-off matrix' to discourage malingering.

So in other words, if we make being sick or disabled more difficult, if we provide less assistance or support, it will have a deterrent effect. If being ill or disabled is made even more difficult, malingering will be a much less attractive option. Treat the genuine and the malingerers in the same way. That may strike a chord with many disabled people who now live in fear of a brown envelope from the DWP.

This concern about malingering arose because the DWP seemed to believe that, as medicine had advanced and people were living longer, rising numbers of claims for incapacity benefit indicated that "inappropriate illness behaviours" must be a significant problem.

The problems with this approach were set out clearly by Steve Griffiths in a paper for Compass, '*Dark Times For Those Who Cannot Work : No Competence, No Compassion, in Incapacity Benefits Reform*'.

Griffiths pointed out that if the DWP simply looked at evidence from the NHS and elsewhere, they would be far less suspicious about the numbers of incapacity benefit claimants. Whilst on average people are living longer, health inequality means that poor people have a much shorter healthy life expectancy, and many become unable to work long before retirement age. Medical advances mean that people survive accidents and illnesses that in the past would have killed them, but they may not be able to work.

The NHS could readily supply information on these issues, but as Griffiths explains, "The connection seems never to have been made between two major Government workstreams serving the same people. People on Incapacity Benefit die early, that is acknowledged by Government. But it is as if in benefit terms, they were just expected to drop off their perches rather than suffer chronic illness and be the beneficiaries of a progressively vanishing 'security for those who cannot work.'"

Because the DWP ignored such evidence and pursued its own agenda, Griffiths says, "The health needs of people who are the subject of huge investment by the Department of Health have been treated counterproductively as invisible, or worse, as malingering, by the DWP and successive Work and Pensions ministers driven by a compulsion to judge and to privatise." He sees this as "a failure of compassion, unacknowledged incompetence and injustice on a massive scale: a social policy tragedy."

I am indebted to disability researcher Mo Stewart for alerting me to the two publications quoted. Mo is currently working on a book, *Cash not Care – the planned demolition of the Welfare State* which will be published later this year.

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