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# Welfare Experiences – Inclusion Scotland Report

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#### Introduction - Key information about the Group Discussion organised

* When, where and who engaged in the group discussion? Did you use any special, creative methods to facilitate the group discussion?

As part of the Welfare Experiences project, we ran two sessions for group discussions, one on the 28th October in Glasgow, at the Glasgow Centre for Inclusive Living, and one on the 29th October online using Zoom.

**In-person Session**The in-person session ran from 10am to 3pm, and was facilitated by Dr Rianna Price, Dr Pauline Nolan, and Grainne McGinn from Inclusion Scotland. The six people who engaged in the in-person session were primarily over the age of 30, with three attendees in the 30-49 bracket, two in the 50-69 bracket, and one over the age of 70. The gender division was four men and two women, and all but one identified as heterosexual (the exception identified as bisexual). Half of the group described their long-term health issues or disabilities as having both a mental and physical component, two described it as purely physical, and one as strictly mental. All were born in the UK, and the majority classed their ethnicity as ‘Scottish’ or ‘White Scottish’, with one ‘British/Scottish Asian’ and another person as ‘White British’. None of the participants for this group had children living with them. They came from a range of areas, both rural and urban, including Portlethen (Aberdeen), Grangemouth (Falkirk), Thurso (Caithness), Bishopbriggs (Glasgow), Auchinleck (East Ayreshire), and Motherwell (North Lanarkshire).

In the session, the facilitators encouraged creative and visual methods to facilitate the group discussion, mainly through the use of collage but also with the option of poetry for those with visual impairments. To stimulate the conversation, the participants were provided with a list of positive, negative, and neutral headlines about claiming benefits which they could use to inspire their creative choices. While some of the attendees chose to use collage, others preferred to ask the facilitators to make notes about the topics they wanted to discuss in reference to the headlines, or their broader experiences. This was accounted for, with different facilitators working with smaller groups to take notes and help with creative outputs.

**Online Session**

The online session was 11am to 2pm and was facilitated by Dr Rianna Price and Grainne McGinn from Inclusion Scotland. The nine people who engaged in the discussion were all over the age of 30, with five in the 30-49 age group and the remaining four in the 50-69 bracket. There were 4 women, 4 men, and one non-binary person. In the group, five identified as heterosexual, one as bisexual, one as pansexual, one asexual person, and the final person chose ‘prefer not to say’. The majority of the group, seven, identified their long-term health condition or impairment as being both physical and mental, with the remaining two stating their impairment as physical only. Unlike the Glasgow group, not everyone was born in the UK with one participant having been born in Italy. In the online group there was a multiplicity of ethnicities, including Scottish, British, Multiple, and Black British Caribbean. Two members of the group had children living with them, one participant had a single child, and the other participant had three children in residence. The group mainly hailed from urban areas around Edinburgh, Glasgow, and Aberdeen including places like Granton, Partick, and Stonehaven. There was also representation from smaller villages in Kirkcaldy and Fife, and Lanarkshire, but the group was dominated by urban residents.

As the session was online and there were participants with visual impairments, creative exercises were not utilised in this session. Rather, people were given the opportunity to use the chat function to add to the discussion, including helping one another, clarifying remarks, or writing down their experiences rather than verbally giving them. The online group was also offered the opportunity to use the headlines as a starting point, but they chose instead to use the ‘one word to capture how you feel about claiming UK benefits’. This led to a larger discussion where, without prompting, participants shared their emotions and experiences with the rest of the group.

* Overall, how would you assess the group of participants you were able to involve in the group discussions?

I would assess the group of participants as coming from a wide range of locations and backgrounds, including people with mixed ethnicity and people with English as a second language. However, I think that there could have been more diversity in terms of ethnicity, age, and locations to provide a more well-rounded group. The lack of diversity can be explained by Scotland (particularly beyond the Central Belt) being less diverse in terms of ethnicity than other parts of the UK.

* Who tended to be under-represented, hard to reach, hard to engage?

The most under-represented group were those under the age of 30. This is, in part, due to the fact that recruitment used the existing member networks of Inclusion Scotland, which also struggles to recruit and retain younger disabled people. There was also an issue recruiting in rural areas for people on Universal Credit, as places such as Dumfries and Galloway (where we had planned an in person workshop) are still on legacy benefits such as Personal Independence Payment, Disability Living Allowance, and Employment and Support Allowance. This meant that recruiting in this rural area was more difficult. It was hard to reach and engage with young people, disabled claimants from minority ethnic backgrounds, migrants, and those who were a linguistic minority. This was partially due to a shorter than anticipated timeframe for recruitment of participants, and also part of broader issues of capturing young, ethnic minority, migrant, and rural voices of disabled people in Scotland.

#### Type of benefits discussed

* What type of benefits participants shared experience with?

There was a wide range of benefits that participants shared experiences of, in part due to the long-term nature of many of their conditions – meaning that they had seen a number of changes to social security.

* Disability Living Allowance
* Universal Credit
* Adult Disability Payment (ADP) (devolved, Scottish benefit for new applications/ people already on PIP are being transferred onto, part of [Social Security Scotland](http://www.socialsecurity.gov.scot/))
* Pension
* Employment and Support Allowance (Contributions-based and Income-related)
* RAF Pension
* Personal Independence Payment
* Transport Assistance
* Discretionary Housing Benefit

#### Journey – stages of the claiming journey

* Are there any key stages in the application process that came up? And if so, for which benefit types & what experiences and feelings were associated with what stage of the journey.
* Questions to consider on this include:
  + What type of challenges did the participants share?
  + Who were involved in the process of claiming?
  + Interactions with administrators/case workers
    - Attitude of administrator/case worker
  + Key points and contexts influencing the participants’ experience

The key stages that were identified in the claiming process were the initial application and the assessment, usually related to the disability portion of Universal Credit or Employment Support Allowance, or for Adult Disability Payment (ADP), Personal Independence Payment or Disability Living Allowance. For the majority of these benefits, the experience of claiming was inextricably linked to disability which was reflected in how they felt about the application and assessment process.

**Application**

In the application process, a number of challenges came up. For one participant (Participant 5), the issues with the application process were immediate. As someone with a visual impairment, they struggled to get the Department of Work and Pensions (DWP) to send a Braille copy of the application to them in a timely fashion. As this was a reasonable adjustment, the participant felt that it should not have taken 59 days for them to receive the application form in the appropriate format – meaning that they had to wait longer for their claim to be processed and leaving them in financial limbo. This meant that there was no ‘equity’ in the process, because they had had to wait an extra three months, which ‘effectively restarted the clock’ on their claim. They only had two weeks to complete the application and put them at a disadvantage for asking for a reasonable adjustment.

In addition to this, a number of participants spoke about the difficulty of the application itself. For example, the digital nature was a problem for some participants, with Participant 2 stating that it took them 11.5 hours to complete online with an iPhone, because they had no other means, and there was no in-person help that they could access. Numerous participants talked about how they had had to access help such as Citizen’s Advice Bureau (CAB) to support them during the application process, and that this also cost them time, leaving them to struggle with the timescales that the DWP set for the claim.

The issues with the application form were exacerbated by the lack of correct information on DWP web pages, and a lack of accessibility, transparency, and coherency in the claiming process. Participant 5 stated that:

The supporting information is not worth the webpages its written on. It doesn’t comply with their own manual, and there’s not enough training being given to CAB and Universal Credit staff to interpret their own rules.

The issue with this, that the participants identified, was that people who can’t find the ‘loopholes’ in the system would be unable to access benefits that they are entitled to, whereas people who have knowledge of the system may be able to access benefits. Participants felt that this ‘bakes unfairness into the system’ and does not set out the stall for a social security system which promotes dignity, fairness, and respect.

There was a split in opinion between the groups, and between members of the groups around the digital aspect of the application process. For the majority of claimants in Group 2, they were happy with the digital application, saying it was ‘a bit better’ and more straightforward than paper copies. However, there was the suggestion that it could be reformed into a mobile app, to avoid antiquated systems – the suggestion was that for ADP, Social Security Scotland should develop a mobile app, rather than relying on the old systems used by the DWP.

For the application process, there was a mix of emotions which were shared. One participant (Participant 13) described it as ‘terrible’ because of the process itself, alongside personal and career issues, when applying for Universal Credit. Part of the issue was they ‘didn’t know what was happening’, suggesting a lack of clarity about the process, including booking appointments to be seen at the Job Centre. The lack of relevant information, signposting, and support was mentioned multiple times across both groups. However, for some, the application process was ‘good’, or ‘better’ than applying for other forms of benefits, which showcases a range of experiences. There were negative emotions, such as frustration and anger with the system, which led participants to label their experience as ‘terrifying’, ‘terrible’ ‘overwhelming’ and the system as ‘barbaric’ and ‘broken’. Others had more positive or neutral experiences, which usually correlated with those individuals having had prior experience of applying for benefits, a legal background, or a prior career in health and social work. This helped them to navigate the application process with more ease, but they did express that they did not know how ‘Joe Bloggs’ would have managed to claim.

**Assessment**

In the assessment process, the main issues and experiences which came up were: the approval process required multiple forms of verification and information, which caused stress and unease for claimants. Second, the interactions with staff during the assessment process and afterwards were tinged with hostility. Many felt that their benefits could be revoked during these sessions, and were made to feel as if they were trying to overclaim. Another aspect of assessment was that the assessment for the disability elements were more often than not a way to ‘catch out’ those who were not considered disabled enough by DWP staff, and that this showcased a fundamental lack of understanding around disability and long-term illness.

When reflecting on the process of assessment and approval for benefits, Participant 13 stated that they went to their job centre four times before they were ‘attended to’ in relation to their claim. This was a ‘terrible experience’ for them, and included multiple verification calls and trips to the job centre, where they were often left for hours at a time before being seen. They felt as if they were ‘begging’ for someone to help them gain access to a benefit they were entitled to, and ‘treated as if you are a nobody’ that is trying to ‘claim benefits that you are not entitled to.’ For another claimant (Participant 14), the assessment process was ‘barbaric’ and did not take into account their needs as a disabled person. When asked about the process, they said of their experience:

I told them on the form that I couldn't attend an in person assessment and they would not accept that and in the end I had to travel into Glasgow to go to an in person assessment. By the end of it I was sliding off the chair. I had to… my boy… my boyfriend, at the time - husband now - had to put me back into the car and and lie me flat. And when we got back to the house I could hardly walk into the house. He had to carry me in and and it was three months after that assessment before I was able to get my energy levels back to what they had been. Before which was, you know, I was severely unwell, and so the whole, the whole process of that was barbaric because it …made me worse.

As can be seen from this experience, the assessment process was deemed unfit for purpose by the majority of claimants, who felt their needs were not met during the claiming period. This was identified by a number of participants as a trigger for mental and physical health problems – the stress, powerlessness, and vulnerability they felt at the mercy of the system exacerbated their health issues.

When talking about the assessment process, participants suggested that rather than trying to assess their needs, their experience felt more like they were being tested, without their knowledge. This sentiment was expressed in the first group, where one claimant said the staff were ‘constantly trying to get you off your benefit’ and that they were terrified of doing or saying the ‘wrong thing’ and having their benefits revoked. Many of the participants expressed trepidation when dealing with DWP staff, stating that the staff’s lack of knowledge of disability and claiming benefits made interactions difficult and stressful. Participants expressed that they felt as if the system in place, including attending assessments, were not fit for purpose and were intended to find ways to reduce or remove their benefits. One participant’s experience was that:

They thought I was claiming when I shouldn't be, which I wasn't, and I was told I had to go to a job centre. I told them I couldn't go to a job centre. They said if you don't go, the benefits will be stopped. So when I got to the job centre, they told me the person I needed to see was up the stairs and I asked where the lift was and there wasn't a lift. By the time I got up the stairs, I shouldn't have gone. I should have said to them to get the person to come down. By the time I got to the stairs, the security guard to the top [had] to catch me and go and get a chair for me. To sit down, the whole thing was wrong anyway. All the information they had was wrong, and the fact they thought I was claiming when I shouldn't be was wrong.

This sentiment was echoed across both groups – where job centres were on ‘the fourth floor’, reasonable adjustments had not been made for the appointments, and where staff were not trained to deal with disabled people. The lack of awareness led both groups to speculate that this was done on purpose, in order to catch people out who should not be claiming – however all it did was serve to create a ‘punitive system’ in which people who needed to claim were subjected to stress, hostility, and a worsening in their physical and mental health.

However, when discussing work coaches, there was a divide in Group 1 – and sometimes the participants themselves voiced opposing experiences in relation to work coaches. It became clear that it was really the luck of the draw as to whether the work coach was competent, knowledgeable, and compassionate, which had a direct impact on how the claimant felt during the process. For example, Participant 8 had a positive experience; when they were referred to the local job centre, there was a ‘disability coach’ who ‘knew a lot about blindness and vision impairment […] he just created a really good atmosphere for me and I think the protection and the wisdom of him stopped a lot of the stupid things happening that can happen through the journal system.’ The participant expressed gratitude and claimed that he was ‘lucky’, and that his experience was not necessarily the norm. Other participants felt similarly, that they had experiences of both good and bad work coaches, which shaped how they felt about their experiences – either reinforcing the negatives or helping them to feel more positively about claiming.

Overall, the feelings expressed across both groups about the journey of claiming benefits were predominantly negative, with participants expressing that this process caused them undue stress to the point of traumatising them and impacting all future interactions with the DWP. Multiple claimants, who knew they were entitled to more benefits if they made the switch from one type to another (such as ESA to UC), refused to do so because the toll on their mental and physical health would not be worth an extra £10 per week. The main concern was dealing with the DWP and administrators at the job centre who lacked training and compassion for the claimants and were more interested in forcing them into work than trying to understand the claimant’s individual set of circumstances.

#### Key themes capturing the experience, feelings, and emotions of claiming benefit

This should be a major part of the report. In this section set out key themes – that is, groups of experiences, feelings and other language used to describe receiving and claiming benefits in your countries.

* Considering all the group discussions you conducted, what were the most frequently shared feelings, emotions? And what were the key words participants used to describe these experiences?
* Are there any stories/experiences really exemplified them? Please insert some key quotes/visuals that represent each of these

Were there any outstanding (rare) feelings, emotions shared? Something surprising for you.

* Key words used – especially in relation concepts, feelings and emotions, please include these in your local language as well (to make sure we do not lose the genuine meaning through translation).

When you write about the experiences please indicate if you can...

* Identify differences based on age, gender, socio-economic status, ethnicity, types of disability?
* Identify differences based on the type of benefit, type of authority (in case of multiple authorities involved, municipal/regional/central authority, etc.)?
* Identify experiences where there was consensus or contradictions

The most frequently shared emotions across the groups were feelings of frustration, stress, and anger about the system. When asked to describe the system of claiming benefits, the words used were ‘broken’, ‘unfair’, ‘terrible’, ‘crap’, ‘demoralising’, ‘overwhelming’, ‘overly complicated’, and ‘exhausting’. One participant summed it up by saying ‘the whole process is soul destroying and makes you feel like you are begging for common sense and common decency’, a sentiment shared across the two groups. These feelings stemmed from an understanding that these benefits were supposed to be there to help, and yet when they were claimed, it became a process where they were treated with hostility and suspicion by people they came into contact with. One participant stated that, ‘[w]ith regards to the process of claiming welfare being triggering, I realised that most people who had been like me, healthy and able to work, think and believe that the organisations that are supposed to help you when things go wrong in your life, such as the NHS and the DWP, will do so. I was shocked and couldn't believe the way I was being treated within the DWP system.’ For this participant, and for many others, who had paid into the system while working, the way they were treated when they attempted to access benefits was a distressing experience.

Multiple participants discussed events where they felt as if they had been singled out, targeted, or traumatised by an interaction with DWP or other staff. One participant, who was being investigated about their claim, shared an experience where they were harassed by DWP staff. They spoke about how somebody had called into the DWP and told on them because they didn’t feel as if the claimant deserved the benefits they were receiving. When they went to the job centre to speak to the staff, they found themselves too upset to go in. They phoned the job centre and told them:

I can't get out of the car. I'm an emotional wreck. So what they did and [… ]I was in too much of a state at the time to realise that it was completely unacceptable, was they made this man come out and sit in my car with me. I was a complete wreck. I mean, I was sitting in the driver's seat. Crying my heart out, actually. And. My my breathing was actually, you know, like when you can't breathe. I was like. I was that bad and this guy sat there and intimidated the hell out of me, saying that I had to speak to him. That because I worked in support and things like that in social work, I couldn't have a criminal record. You know, I mean, I would have lost my job. So you actually there were trying to say that I had claimed benefits when I shouldn't have when I knew I was. I hadn't done that and they were saying that basically this was at the end of the investigation. They were asking me, this guy was in my car. While I was in the most direct asked me to sign a document to say that I would agree to pay back the entire years’ worth of benefits that it had from the previous year. I was trying to explain to him that it wouldn't be OK and I hadn't, I hadn't actually fraudulently claimed it and I didn't agree to that.

In this severe instance, the stress and pressure of being investigated for ‘fraudulently’ claiming and the emotional toll of dealing with the DWP who, in this instance, acted in an intimidating manner, caused a wealth of negative emotions. It becomes clear that recouping the ‘lost’ money from fraud was more important to the DWP staff member than the mental health and wellbeing of the claimant. The use of personal information, such as the sector the participant was employed in, to bully them into signing was particularly egregious. In the further discussion, the participant went on to say that the continuous interactions with state agencies had led to a mental health crisis where the participant had attempted suicide. This was not an isolated experience, with other participants also mentioning the toll on their mental health and suicidal ideation or attempts due to interactions with the DWP.

While this experience was particularly severe, there were other instances where participants felt that they had been targeted for investigation or checked-up on by agencies administering services. For example, Participant 1 spoke about how over the course of this year, they had had to travel for treatment away from home and give evidence at a historical abuse inquiry in London – both of which required them to be outside of their home for multiple days. As they lived in council housing, they returned to be met with ‘difficult questions from the council’ as to why they were not in their property for long periods of time (between 2-3 days). Despite explaining to them that they had been summoned by the court to give evidence, and that they had to go to Inverness for psychological treatment relating to their court case, the council required further evidence to prove why they were not at home. Later, the participant had found out that the council had investigated their attendance at the abuse enquiry by writing a letter to the ‘relevant police force’. While this was not directly related to Universal Credit, the feelings of being under surveillance and expectation to prove their whereabouts for fear of their benefits being revoked were common themes across the discussion groups.

The theme of surveillance and the negative impacts it had on participants were discussed in a variety of ways. For Participant 2, the ability of the DWP to access bank accounts meant a great deal of stress, especially when there had been a mistake on their part. In this instance, the participant got a phone call from Universal Credit about his savings, where they told him he had £15,000 in his account, which he did not. To rectify this, he went to the job centre and:

The guy’s like that, ‘aye you’ve got 15000 quid in the bank.’ And I thought, alright big man what’s the account details? He’s like that, what you being funny? I says well you tell me what account it is, and I’ll put my hand up to it and go claim it. He says, you don’t have 15 grand in the bank? I said, listen mate I don’t have 15 hundred in the bank. The punchline is: they just have the authority to go and pry into my personal details, absolutely nae warning whatsoever.

The fact that the DWP had access to bank accounts and could make such egregious mistakes regarding the amounts of money that people had in them made participants afraid – one of the words that was used to describe the process was ‘fear’. Fear of making a mistake, or fear even when the mistake made was by the DWP, rather than by the claimant. The surveillance was viewed as a ‘threat’, which could slash or take away their benefits, force them to repay money to the DWP, or intimidate them even when they were just seeking clarity about the system. This added extra levels of stress for claimants who, even though they had done nothing wrong, were treated with suspicion by the DWP.

There were also additional practical issues which were raised in regards to surveillance. One claimant spoke about how, if they wanted to upgrade their, or their partner’s, wheelchair – neither of which were provided by the NHS – they would have to save money to do so, but in doing that, they would contravene the Universal Credit rules on savings and ‘cause problems’. This has a direct financial knock-on effect for the participant, where:

Every year I get a loan on my UC, because I can't afford to buy my equipment batteries every year. Mm. So I put it through as a loan. So there's a case of they know exactly where the money's going to. When I've got the money for it. And two, I ain't going to get in trouble for why have I got 4 or £500 sitting in a bank account.

The participant acknowledged that this is a loophole to get around the issue they faced, and potentially something that they should not be doing. However, the system does not work for them as is, because they are accessing benefits as a couple, and so workarounds have to be found so they can access the equipment that they need. The participant encapsulated this by stating ‘it’s a bloody difficult system’ to navigate.

Issues of navigating the system were often down to the lack of accessibility in the forms themselves. One participant stated that on the forms, ‘you'll get asked a question say on Page 3. That question will be there again, worded differently on page 20 odd, and page 40 odd, and potentially page 50, just coming up for page 60 because they're trying to trip you up. And it's a case of I've already answered that, but they'll change the wording.’ For this particular participant, they felt as if they needed a university degree in order to understand what was being asked of them, and that the language choice was intentional to stop people from being able to understand. This sentiment was shared by others in the group, who felt that they were ‘trying to translate into English what the fancy question[s]’ they were being asked. In the other group, there was an acknowledgement that, even those who were used to dealing with ‘bureaucracy’ and forms, the application forms for Universal Credit/Personal Independence Payments were difficult. Participant 14 stated that:

It's a whole booklet I sent in about 20 pages of extra writing, not including the medical forms and stuff that I had to send in as well that made me ill. I ended up in bed for weeks, unwell just from the exertion of having to fill in the form.

From the perspective of the groups, the process is even more frustrating and demoralising because it is difficult to fill in the forms – the accessibility of the forms was called into question by both groups. The time it took to fill the forms in, the level of knowledge about the system required, and the patience to deal with the inaccessible language were all points of frustration for participants. As this was usually during the initial stages of the process, it profoundly shaped their experiences and emotions regarding claiming universal credit, usually for the worst.

In addition, interactions with DWP and other staff were often fraught on issues of disability. Rather than viewed as a space for them to discuss their experiences, they were more often viewed as a ‘tick box’ which tried to, in some cases inappropriately, fit them into a certain prototype of disability. The participants identified this as stemming from a lack of awareness, or ignorance, about disability on the part of DWP staff. One participant stated, ‘a lot of these people who are checking off their tick boxes to see if you qualify or not don't understand what chronic illness is, don't understand what disability is and what the range of disability is.’ That DWP staff were untrained, unaware, or unsympathetic was a widespread opinion among both groups. This caused friction, as disabled claimants had to advocate for themselves constantly to be awarded and receive the benefits they were entitled to. Those who have chronic illnesses, rather than mobility issues or loss of limbs, felt as if their experiences didn’t ‘fit’ with the narrative of disability constructed by the DWP and people at the job centre. This led to a great deal of frustration at the DWP trying to ‘force a square peg into a round hole’, and directly contributed to a worsening of both mental and physical health.

For Participant 7, the way UC engaged with them was, they said, tantamount to ‘harassment’, which they found ‘terrifying’ because their chronic illness meant that they could not sustain full-time work. Although they had a job, it was part-time and they were still entitled to Universal Credit and their Adult Disability Payment. However, the way they were treated by various work coaches meant that they were initially too scared to claim ADP, despite having a strong claim. Across the groups, those who worked part-time often felt that they were pushed by the system into trying to get full-time work, despite having jobs. This reaffirms what was said earlier, where claimants felt that the way UC was designed was to get them ‘off benefits’, rather than understand that

disability/ barriers to working or long-term health conditions made full-time work unsustainable. Some participants spoke about how they had to ‘give up’ working, even part-time, because of the impact it had on their UC payments. The system was viewed as ‘punitive’, and not fit for purpose for disabled claimants who worked part-time, and the models used by DWP staff were predicated on getting claimants back in to full-time work and not accessing benefits. This caused a range of emotions, as claimants often did not want to give up work, or were in a situation where they could not work more hours due to health concerns. The model used by the DWP caused sadness, anger, frustration, and often had a negative impact on mental and physical health. As one participant put it, ‘we would all love to be able to work and survive and you know, do what an inverted commas, “normal” people, do’, but the system, as it currently works, does not allow for this.

A yellow post it note with writing on it

Description automatically generatedThe attitudes of DWP staff members were a reflection of broader societal attitudes. One participant spoke about how, when they went to access help, the treatment they got from various organisations ‘was appalling […] no matter where you go for that help, it seems to be everywhere. That attitude that you are a taker rather than a giver, you are a drain on society and we've enough to live with without being made to feel like we're useless.’ Discussions turned to media depictions, with shows such as Benefits Street being mentioned across both groups as reinforcing negative stereotypes by picking ‘the worst of the worst’ to represent benefits claimants. The fact that these attitudes were prevalent in broader society, as well as by staff at the DWP meant that claimants felt isolated and ‘traumatised’ by the whole process. There were participants across both groups who felt that the decision to label those on benefits as ‘scroungers’ was a political decision.

As can be seen in one of the collage outputs from Group 1, some participants felt like the narratives of scroungers was linked to historical notions of the ‘deserving’ and ‘undeserving’ poor that the (previous) Conservative government had deliberately evoked. The participant drew a link between the policies of the Conservative government’s and Victorian workhouses which demonised the poor, while allowing the rich to get richer.

Another aspect of this was the way that fraud in the system was understood. The conversations around fraud were divided, seemingly along lines of age and political affiliation, with some participants (older, more conservative) stating there was a ‘lot’ of fraud in the current system, while others (younger, more left-leaning) saying that it was in the minority. Participant 3 stated that, from their perspective, ‘if they tackled benefit fraud they’re in a position to help genuine people make more money. I mean, the, the fraud, I don’t have figures for, but it’s very scary’. The fact that they did not know the exact figures, but were scared of it and thought that it was an obstacle to their own financial security, was very telling. Participant 5, in the same group, had a different take on the matter, stating that ‘[w]e've got a system that is so punitive at the moment and so fear inducing, that it's almost no wonder that people will try and look for loopholes, because it's the only way to survive.’ From this perspective, benefit fraud was not the result of people just deciding to pretend they were disabled to access benefits, but perhaps they were using loopholes in the system to increase their amount of benefits, etc. In Group 2, the views on fraud were somewhat similar, with Participant 11 stating that fraud cases were:

A tiny, tiny amount of people. It's in comparison to the percentage of people who need the system and other than weirdos like that. And I hate to say it that way, but they spoil it for everybody else because the people who genuinely need it, the majority of people want a quality of life, want to be a part of society, to be a valued member of that society, but need help to achieve it and that, and they don't want… nobody chooses to go through this process.

Across both groups, there was a consensus that benefits fraud did occur, and that it had a knock-on effect for those who were not fraudulently claiming benefits. There was a difference in opinion on how prevalent benefit fraud was, and whether it was the result of how punitive the state was, or personal character flaws. Whichever side they took, there was a lot of frustration and anger about benefit fraud, but with some sympathy and empathy thrown in for those who may be claiming fraudulently just to survive.

Interestingly, while both groups acknowledged the existence of benefit fraud, some of them had experiences where they had been accused of fraudulently claiming, which had left them feeling isolated and traumatised. It was interesting then, that these claimants saw themselves, consciously or not, as deserving and genuine, whereas they thought others were not. They also felt that the assessments for their disability benefits were designed to catch them out, and the process did not cater to people with fluctuating conditions, yet a lot of them were prepared to make decisions about people who committed fraud as being deceitful scroungers. This becomes clear when you read the transcripts of both groups, and was not brought up in the discussion, but it is interesting that many of the disabled people we spoke to had internalised the idea of ‘deserving’ and ‘undeserving’, and that those who were more vocal tended to be older and espoused more conversative viewpoints.

The rare stories that were shared in these groups, perhaps unsurprisingly, were experiences where there had been positive interaction with the DWP. For Participant 8, the experiences that were shared prior to them talking were somewhat surprising. He said he felt ‘kind of lucky in a in a wee way because Universal Credit - moving on to it for me was not as difficult and painful as I expected.’ For them, ‘a lot of the application is done digitally, which generally speaking I have quite good experiences with platforms that are built on the gov.uk platform, which is all done by GDS, the government digital service […] for accessibility for the blind and visually impaired, the GDS design language is very good. So the digital side of the application I liked.’ From this participant’s perspective, the process of claiming digitally was a help, not a hindrance. Importantly, there was a division in the groups about the accessibility of digital forms vs. paper forms and online vs. in person. It tended to be that the older generation were more comfortable with paper forms and in-person, although that was dependent on the claimant. However, it was rare across the groups for a positive anecdote about the claiming experience, although overall the participant cited here still felt like changes could be made to better the system.

Although not the focus of discussions, conversations drew out the common experience of disability discrimination in employment. This experience often pushed them towards having to claim Universal Credit. Participant 8 told the group that they had left a job with an insurance company due to ‘unresolvable discrimination’ and that it meant they had to apply to the transition from tax credits to Universal Credit. For Participant 8, although they got a settlement out of their discrimination case, it wasn’t enough to live on – forcing them to go back onto Social Security. Participant 9 also spoke of how they;

had another job when I was at another […] US gambling company, which I did struggle because due to not the lack of support and a bit of discrimination. So I left that. And then I went back into retail briefly, but I left that due to multiple health reasons as well. So I have been on universal credits since 20/22 at least.

Participant 15 summed it up that, from their experience, ‘nobody wants to employ anyone that’s disabled’. This sentiment was echoed across the groups, with many participants sharing that they had to find work in the third-sector, because nowhere else would hire someone who was disabled. This caused an impossible situation where the participants wanted to work, but they could not find work – however, the DWP treated them as if they could work and wanted them to continue to look for employment, despite the negative impact on their mental health. The continuous job search, becoming employed, and then losing their job to discrimination or their health, meant that many participants were ‘struggling’, always worried that they would lose their benefits because of the way that the system was structured.

There was not a great deal of discussion of disparities based on gender, race/ethnicity, and other differences (such as chronic illnesses vs. mobility issues). Over both groups, there was a tendency to focus on the issues which affected people personally, and the group as a whole. That is not to say that there weren’t mentions of difference. For example, Participant 9, who identified their ethnicity as Black British Caribbean, spoke about how they saw:

Some story and it's something in the Disability Rights UK website. I think nearly 70% of people who are in the black or ethnic minority are […] sanctioned more than white minority and it's more set to fail badly and it does it affects me how the the colour of my skin and I have to go through this demoralising. You know, experience when I should not be, you know? And it's, you know, and it's it's it's shameful. It really is.

So while they did not identify any personal instances of racial discrimination, they were aware that it was commonplace and this had an impact on how they felt about their claim.

As the facilitator, I noticed that on the whole, women seemed to have had more experiences of intimidation and harassment than the men had, and that they were more likely to discuss the impact it had on their mental and physical health. In these groups, a lot of the women had chronic ill health, which they felt was overlooked by DWP workers who did not understand chronic fatigue, fibromyalgia, or other similar issues. Some of these women expressed that they felt their claiming process would have been smoother if they had had a visible disability, mobility issues, or had been visually impaired. There were no gender disparities between the households that had children under the age of 18, although the female participant who had children living with her was their grandmother, rather than their mother, which was interesting because she was a carer and guardian. There were multiple participants who were disabled people who also cared for other disabled people – in Group 1, one of the male participants cared for his elderly father, and one of the women cared for her partner who was disabled.

In terms of socio-economic differences, some participants spoke about class. In Group 1, Participant 6 spoke at length about how their word to describe claiming benefits was ‘classification’. When asked to explain, they said:

the reason I would say classification of people is they know well fine there’s high deprivation. And it seems to be going backward in the sense of you've got your lower class, your middle class, your high ups. Years ago we used to also have the bottom which was disabled, ill, elderly. Yeah. So it's taken us way back, history wise.

From this, the participant was talking about how the benefits system reinforces class hierarchies which place disabled people at the bottom in terms of their relative economic and social position and power. Other mentions from Group 1 about the ‘deserving’ and ‘undeserving’ poor reinforced the idea that disabled people had been let slide to the bottom of the social hierarchy because of current attitudes and political decision-making. However, other indicators of class in the other groups seemed to suggest that, while some had relative privilege, their status as a disabled person removed any financial or social privilege they might have enjoyed before becoming ill or disabled. While socioeconomic background was present in the discussions, there were few times when it was brought to the fore of the discussion.

Overall, the other set of differences which emerged were between the urban and rural experiences of claiming benefits. For rural participants, the issues which emerged were around access and distance – they had to travel for every aspect of the claiming process which left them out of pocket, and caused stress and energy loss. As some had other caring responsibilities, it required a great deal of planning for them to engage with the system as it currently works. For some, their local job centres had closed down and they had to make a long trip in order to get to their next closest one. This applied added pressure for assessments and in-person meetings. It also became part of the ‘disability premium’, where they had to pay more because they were disabled. For example, those who were visually impaired could not rely on public transport and so needed to pay for a taxi – which was much more expensive. The accessibility issues and lack of resources afforded to rural Scotland was a major point across all of the groups. Those in Edinburgh, Glasgow, Aberdeen, and Stirling were all more able to access job centres and were less likely to have to travel far due to the urban nature of where they resided.

**Word List**

* Isolating
* Terrifying
* Fear
* Demoralising
* Traumatising
* Struggling
* Harassment
* Anxiety
* Rock bottom
* Emotional wreck
* Broken
* Unfair
* Stress
* Triggering
* Overwhelming

#### Preferences for an ideal system

* What aspects do participants highlight?
* What improvements, solutions were suggested?
* What feelings and experiences were associated with a better and/or ideal system?

#### Participants spoke about how an ideal system would be nuanced and understand that they were all different people with different issues. For example, while two people may both suffer from Chronic Fatigue, it impacts them differently day-to-day. The way that the current system functions does not allow for specificity or nuance, so any future system would have to work on an individual, case-by-case basis. Other recommendations were that the system takes a holistic approach, meaning that if disabled individuals could not work, they would not be pressured by the Universal Credit system into continuously proving that they could not work. Similarly, if they were in work, there should not be pressure for them to do more hours and stop receiving benefits, as doing so could exacerbate health issues. There were other, more practical solutions as well. For some, access was a big issue – so they suggested more resources to keep job centres open. They also suggested that there could be more flexibility in the system for appointments – perhaps the introduction of telephone appointments and assessments could be utilised (note, subject to that being just one option if accessible). For many of the participants, the stress of attending appointments caused a negative impact. The constant surveillance from the DWP is actively harming people’s mental health. Going forward, the system should look to tackle benefit fraud in a different way that doesn’t require access to bank accounts and monitoring spending habits.

Other practical suggestions were that medical assessments be undertaken by **trained medical professionals,** rather than retired army doctors or social workers with limited medical training. As one participant put it, ‘why should someone in the job centre be able to override a doctor who has known you for years?’ The current system seems to take the word of untrained assessors over medical practitioners, which causes a great deal of stress.

There were also calls for more transparency in the system, as some of the participants felt that whether they were awarded benefits or not was entirely dependent on targets that the DWP had set. One week, you may be rejected because they have hit their quota, whereas the next week you may be awarded it. Targets for claims, if they exist, need to be scrapped. The lack of consistency in awards led to participants feeling unsure and insecure about the system. For some of these communication issues, the solution is training – DWP employees need to all be on the same page and not be interpreting an outdated rulebook differently. Across all groups, the lack of training and consistency in communication were big issues that could be resolved. Suggestions included updating the website, more staff training, and a differing approach which prioritised respect, dignity, and security (as Social Security Scotland has promised) over punitive measures.

There were different opinions over digital access – for some, it worked really well and there were calls for further digitisation, perhaps using mobile apps. For others, there was a desire to go back in time to when you could go to somewhere in your community, and someone would help you fill in your forms and help you gather your evidence. Perhaps, a solution would be to provide a more bespoke service which caters to both types of audience, as disabled people are not homogenous and have different access requirements and preferences for navigating the system.

For all participants, the current rate of pay was not enough for them to do more than survive and, in some cases, was not even helping them do that. Multiple people spoke about how they were skipping meals, finding loopholes in the system, or leaning on family support to make ends meet. To combat this, and for claimants to feel truly secure and treated with dignity and respect, payments would need to be increased. One participant spoke about how the £20 COVID-19 uplift payments had made a difference to their lives, and their quality of life had decreased since they had been scrapped. Similarly, some participants spoke about Universal Basic Income, and how it may offer a solution to the issue of Universal Credit, by providing more social security to UK citizens. However, as a solution to the current issues with UC, it would be considered radical.

#### From experiences to overarching concepts

What overarching concepts do you think describe what the system in your country does now if we think of concepts such as dignity and security and what concept would describe what they would like from an ideal system?

The overarching concept at the moment to describe the system are fear and punishment. All of the participants spoke about how they were scared, worried, traumatised, and demoralised by the system. They were afraid of the DWP, and didn’t view it as an structure to help them, but to penalise them. The concepts to describe what they would want from an ideal system would be fairness, security, and dignity.

#### Key learnings & reflections the participants have made throughout the process

* Did participants share some key reflections about their experience regarding the claiming process or overall take-up of benefits?
* Did they share any advice with their fellow discussion partners?

There were some key reflections about their experience and taking up benefits – and the reflections were centred on how difficult the process had been and how they often felt as if they were still in the midst of it. Dealing with the DWP, for most claimants, is never-ending, and they were stuck in the state’s mechanisms until something irrevocably changed. The experiences, for them, had been overwhelmingly negative and they did not feel as if they were given enough money to meet their health needs.

There was a lot of advice shared with their fellow discussion partners. For example, in Group 1, Participant 2 did not understand why he was still in receipt of Universal Credit since he had told them he had a full-time job and made ‘a good wage’. Others in the group told him it was probably the disability aspect of UC which he would continue to receive as he was entitled to it. Similarly, there was other advice given in the chat on Group 2 to clarify some of the experiences of others. There was also a mention of various Disabled People’s Organisation’s (such as Inclusion Scotland, Glasgow Disability Alliance, etc.) and online support groups on Facebook which had helped participants connect to the community.

#### Final remarks

Can you recall any topics, discussion points where you felt the limitations of the group discussion as a method? I.e. in order to learn further details, gain better understanding a 1:1 interaction, use of other qualitative method could be more effective.

Based on the group discussions, would you have any advice for the selection of participants in the qualitative research – what aspects, characteristics need to be definitely considered?

While we tried to keep the groups small, there were always going to be limitations given the time that we had to work with and the various experiences we wanted to capture. I think, to learn further details about how the intersections of gender, race/ethnicity, sexuality, migration status, type of disability, there would need to be individual qualitative interviews with participants identified in this research phase. While these workshops captured the essence of people’s experiences, the format and structure did not necessarily allow for in-depth exploration and reflection of the topics that they brought up. For example, when someone mentioned racial discrimination, it was not possible as a facilitator to stop the conversation and ask how they had suffered racial discrimination, as there were still other people who had been waiting to speak.

The aspects I would advise to explore more closely would be:

* Race/ethnicity intersection with disability
* Urban/rural disparities
* Types of disability/long-term illness and how this impacts claiming and receiving
* Gender/caring responsibilities
* Age and socioeconomic background

It would also be interesting to have a clearer understanding of the political ideologies of individual participants, and if that shaped their experience or which solutions they think would be beneficial. Other than the criteria proposed above, I think that the UK provides a really interesting insight into the impact of political rhetoric, especially around instances of fraud and how that is perceived within the disabled community, as reflected in any discussion of the newspaper headlines which were selected carefully to cover both negative, positive and neutral viewpoints on claimants/ social security. Overall, these workshops gave a breadth of knowledge and experiences around claiming Universal Credit in the Scotland. It is clear that the current structures and processes are not fit for purpose and must be reshaped to incorporate respect, dignity, and security.