Welfare reforms adapted from American social security policies are causing preventable harm to chronically sick and disabled people in the UK.

Abstract

In October 2008 the income replacement benefit that supported chronically sick and disabled people in the United Kingdom (UK) was changed, and eligibility to the new benefit was to be significantly limited. The Department for Work and Pensions (DWP) replaced Incapacity Benefit with the Employment and Support Allowance and access was restricted by the introduction of the Work Capability Assessment (WCA). Using the new assessment, the political expectation was that one million people could be removed from Incapacity Benefit by 2015. This paper will argue that the WCA is based on questionable research, sponsored by the private healthcare insurance industry, reflects the uncritical adoption of American social security policies by UK governments, and has caused preventable harm to chronically sick and disabled people.

Key Words

welfare, work capability assessment, American influence

Introduction

Long before the introduction of the Work Capability Assessment (WCA) in 2008, the Thatcher government had held Cabinet discussions in 1982 regarding the possibility that the welfare state could be dismantled (Travis 2012), and that possibility has been pursued by all subsequent governments whilst masquerading as welfare 'reforms' (Stewart 2016).

At the same time as the Clinton administration in America was introducing punitive welfare reforms via his claim 'to end welfare as we know it' in 1992 (Daguerre 2008), the Major government in the United Kingdom (UK) commissioned John LoCascio, the second Vice-President of the American corporate giant Unum Healthcare Insurance, to offer guidance on 'welfare claims management' to limit the UK welfare budget (Rutherford 2007).

At the time, Mansel Aylward was the Principal Medical Officer for the Department for Social Security and, by 1995, Aylward and LoCascio were co-authoring academic papers to suggest

that General Practitioners (GP) should not be expected to determine a patient's incapacity, and the seed was planted to suggest that most claimants of Incapacity Benefit were living with 'psychosomatic' conditions (Aylward and LoCascio, 1995). The transformation from medical assessments that included a GP diagnosis and prognosis was ended, and the introduction of an assessment designed to demonstrate capacity to work, regardless of diagnosis, began in 1997 with the All Work Test, as designed by Mansel Aylward.

> Illnesses were characterised as 'self-reported' and so thrown into question. Only 'objective' test results were accepted. Some disabling conditions were labelled as 'psychological', which made them ineligible for insurance cover beyond 24 months. Doctors were pressured to use the 'subjective nature' of 'mental' and 'nervous' claims to the company's advantage.[5] Specific illnesses were targeted in order to discredit the legitimacy of claims. The industry drew on the work of two of the Woodstock conference participants, Professor Simon Wessely of King's college and Professor Michael Sharpe of Edinburgh University, in an attempt to reclassify ME/CFS as a psychiatric disorder.[6] Success would allow payouts to be restricted to the 24 month limit for psychological claims and save millions of dollars. By 1997 Provident had restructured its organisation to focus on disability income insurance as its main business. It acquired Paul Revere, and then in 1999 merged with Unum under the name UnumProvident.
>
> That year New Labour introduced the Welfare Reform Act. It was heralded as an answer to Frank Field's call for an end to a culture of welfare dependency, and to Tony Blair's misleading anxieties about levels of spending on social security. All new claimants now had to attend a compulsory work-focused interview. This was partly because the All Work Test introduced by the Tories had failed to reduce the inflow of claimants with mental health disorders. The gateway to benefits therefore needed tightening up. Mansel Aylward, now Chief Medical Officer of the DWP, thus replaced the All Work Test with the Personal Capability Assessment (PCA). The emphasis would no longer be on benefit entitlement but on what a person was able to do and the action needed to support them in work.
>
> *New Labour, the market state, and the end of welfare.*
>
> Soundings
>
> Jonathan Rutherford, 2007 p44

As official government advisers, UnumProvident recognised that whatever negatively impacted on their profits could also impact on the costs of the UK welfare budget. Hence, when UnumProvident identified the fact that their profits would suffer with the growing number of 'subjective illnesses,' such as Myalgic Encephalomyelitis, Multiple Sclerosis and Lyme Disease, clearly something needed to be done to resist funding healthcare insurance claims for these 'subjective illnesses' and an anticipated reduction in profit (Rutherford 2007). The easiest way to do that was to introduce a much more strict 'non-medical' assessment, using a fatally flawed adapted version of the biopsychosocial (BPS) assessment model (Stewart 2013).

Identified in 2008 by the American Association of Justice (AAJ) as the second worst insurance company in America (AAJ 2008), UnumProvident's significant influence remained constant when working with the UK government to further reduce the DWP welfare costs. There was a presumption that survival on DWP income replacement benefit would become so financially limited that middle England would eventually be persuaded to invest in Income Protection Insurance (Pring 2013). To guarantee that the UK's version of the required 'non-medical' assessment model was identical to that used by UnumProvident Insurance, the company funded a research centre at Cardiff University with £1.6 million in June 2004 (Cover 2004), ready and waiting for Mansel Aylward's retirement from the Civil Service in April 2005 (Stewart 2015).

Background

Prior to his appointment in 2004 as the first Director at the then named UnumProvident Centre for Psychosocial and Disability Research (the Centre), Mansel Aylward was the DWP Chief Medical Officer from 1996 to 2005 and accepted the future position as Director of the centre when still in post with the DWP (WPSC 2006). Aylward officially retired from the Civil Service in April 2005 to design the required 'non-medical' assessment model for the DWP, using research sponsored by UnumProvident Insurance (WPSC 2006).

Aylward's first DWP commission in 2005 as Director of the Centre, at Cardiff University, was to provide the required 'non-medical' assessment report. *The Scientific and Conceptual Basis of Incapacity Benefits* (Waddell and Aylward 2005) was rapidly produced, and the biopsychosocial (BPS) model of assessment was adopted by the DWP in October 2008. The introduction of the Work Capability Assessment (WCA), using the adopted BPS model, would be used to resist funding the new Employment and Support Allowance (ESA) to as many

people as possible. The BPS assessment model designed by Waddell and Aylward was a replica of the non-medical model used by UnumProvident Insurance to resist funding insurance claims, which had already been critically challenged by many authorities in America (Jolly 2012).

The Scientific and Conceptual Basis of Incapacity Benefits (Waddell and Aylward 2005), claimed that there was no need for the majority of Incapacity Benefit claimants not to work, and the failure of the system was both due to GPs and the claimants themselves, who needed to improve their attitude to work. Illness was dismissed as being 'the subjective feeling of being unwell'. Many claims in the DWP commissioned report were self-referenced to other published work by Waddell and Aylward, who used a moderated version of the Engel BPS model of assessment (Engel 1977) to justify their claims, whilst independent references that supported their claims were in very short supply (Ravetz 2006, Shakespeare et al 2016).

In 2006 the New Labour government was determined to significantly reduce the numbers claiming IB and, to offer credibility to the proposal, former banker David Freud was commissioned in December 2006 to produce a report identifying significant and relevant savings. '*Reducing dependency, increasing opportunity: options for the future of welfare to work'* (Freud 2007) was produced by David Freud in under six weeks, with a recommendation that one million people could eventually be removed from Incapacity Benefit, which coincided with claims in the Waddell and Aylward 2005 report.

These two DWP commissioned reports were the cornerstone for the future planned reform/demolition of the UK welfare state. Both reports identified that with the reform of Incapacity Benefit, one million people could be returned to work or, more realistically, to unemployment benefit which is cheaper to fund than ESA. The Waddell and Aylward 2005 report would be used to guide future government thinking, negatively impacting on the wellbeing of all chronically sick and disabled people who were financially dependent upon the State, when not well enough or physically capable of paid employment.

The Work Capability Assessment

The introduction in 2008 of the WCA 'non-medical' assessment using the totally discredited Waddell and Aylward 2005 BPS model (Stewart 2015), together with the flawed 2007 Freud Report (Dorling 2007), would demonstrate how to use a critically challenged assessment model together with sanctions and conditionality to guarantee that claimants lived in fear of the total

We outline the chief features of the Waddell-Aylward BPS (model) and argue that, contrary to Lord Freud's comments above, there is no coherent theory or evidence behind this model. We have carefully reviewed claims in Waddell and Aylward's publications; compared these with accepted scientific literature; and checked their original sources, revealing a cavalier approach to scientific evidence. In conclusion we will briefly outline the influence of the Waddell-Aylward BPS (model) on contemporary British social policy, and the consequent effects on disabled people...

By saying that the social model is not relevant to this population, and by differentiating 'commmon conditions' from 'severe conditions', advocates of the Waddell-Aylward BPS (model) are advancing a distinction between 'real' incapacity benefit claimants, with long-term and incurable health conditions, and 'fake' benefit claimants, with short-term illness...

Waddell and Aylward slide between general statements that are scientifically valid, and specific statements that are matters of opinion or political prejudice. They also tend to cite their own, non-peer reviewed papers extensively. For example they claim 'We have the knowledge to reduce sickness absence and long-term incapacity associated with common health problems by 30-50%, and in principle by even more' (2010, 45). They underpin this claim by reference to one of their earlier publications, *Concepts of Rehabilitation for the managementof Common Health Problems* (Waddell and Burton 2004). However, there is no evidence cited in this 2004 work to support such a claim, in fact this publication even acknowledges the paucity of evidence in this area (Waddell and Burton 2004, 50). The closest justification for the claim in the 2004 publication occurs where a 50% increase in return to work is evidenced by reference to literature following back pain conducted by Krausse et al (1998). But this misrepresents Krausse et al's findings: the focus of their review was on changes to working practice and accomodation in working hours, not to individual programmes of rehabilitation.

Blaming the victim, all over again: Waddell and Aylward's biopsychosocial (BPS) model of disability.
Tom Shakespeare, Nicholas Watson and Ola Abu Alghaib
Critical Social Policy
May 25, 2016

loss of limited benefit income due to minor transgressions, with sanctions copied from American social security policies (Daguerre and Etherington 2014).

> To achieve this 80% aspiration, the Government will need to target its welfare strategy at tackling **all** of the inactive groups. It will require about one fifth of the "economically inactive" population to move into work. This would include 300,000 lone parents (relative to a current population 780,000 claiming Income Support); 1 million older people in work (relative to 20 million people aged 50 in total) and reducing the numbers claiming incapacity benefits by 1 million (relative to 2.68 million).
>
> *Reducing dependency, increasing opportunity: options for the future of welfare to work.*
> David Freud, 2007, p6

Gently introduced in October 2008 by the New Labour government, the WCA has been administered by the DWP for the reassessment of approximately two and a half million claimants of Incapacity Benefit (Freud 2007, 6) and to limit access to its replacement, the ESA. The introduction of the WCA would prove to be a turning point for chronically sick and disabled people in receipt of Incapacity Benefit, who had all been deemed by the DWP in years gone by to be unfit to work due to chronic illness or disability, but whose integrity was now publicly challenged.

The WCA has three possible outcomes:

1) Allocation to the Support Group for those whose health condition is considered to be sufficiently serious to make it unrealistic to expect the claimants to seek employment.
2) Allocation to the Work Related Activity Group (WRAG) is for those required to return to work with the expectation that regardless of an often permanent health condition, those in the WRAG would make concerted efforts to become work ready. Entry to the WRAG group included attending mandatory training courses to prepare for a return to work, with sanctions for anyone who failed to comply.

3) The third possibility is removal from the ESA/IB when deemed ‘fit for work’ following the WCA, and moved on to the JSA unemployment benefit.

Following the 2010 election of the Coalition government, suddenly these long-term sick and disabled claimants were all subjected to suspicion. Psycho-coercion was successfully used by the DWP to characterise the unemployed as ‘workshy’ (Friedli and Stearn 2015), repeated in the national press in banner headlines to influence the general public (Briant et al 2011), for example: ‘75% of incapacity claimants are fit to work: Tough new benefits weeds out the workshy’ (Peev 2010). The impact of negative press reporting was identified in academic papers (Briant et al 2011) and was eventually linked to a 213% increase in prosecuted disability hate crimes (Welfare Weekly 2015).

The past psychological security of the welfare state was gradually and emphatically diminished, on route to its eventual removal, as all planned long ago (Travis 2012). All governments since 1982 have been of the same mind, that the welfare state could not be maintained, and this suggestion was enforced in 2001 at the New Labour Malingering and Illness Deception conference (Conference 2001), ‘with Aylward as a contributor and “malingering” very firmly planted as being the motivation for claimants of disability benefits’ (Rutherford 2007).

More recently Reform, a new right-wing think-tank has emerged claiming to be politically neutral, but including Senior Research Director Charlotte Pickles, a former adviser to Iain Duncan Smith, the last Work and Pensions Secretary of State, who had ‘helped to design and deliver the Government’s welfare agenda’ (Philbrick 2016). The Reform 2016 report offered a ‘radical new approach to sickness and disability benefits’ (Pickles et al 2016) but, as a registered charity funded by corporate giants, the research demonstrated Conservative ideology and uses very selective references mainly from the DWP that presumes that most ESA claimants can work (Doyle 2016). Yet more ‘independent’ academic research that totally dismisses need and the human implications of what they claim.

The impact of American Social Security Policies on Welfare Reforms in the UK

During this time of ongoing uncertainty, all efforts concentrated on the WCA and few had any knowledge that the welfare reforms in the UK were a replica of American social security policies, as both nations had conducted identical welfare ‘reforms’ at the same time for the past

twenty years (Daguerre 2015). The situation for chronically sick and disabled people in the UK could only deteriorate following the election of a Conservative led Coalition government in 2010 and a Conservative majority government in 2015. Not only did sick and disabled people endure welfare reforms, but also 'austerity measures' used to dramatically cut expenditure by the State (Gentleman 2015), with the introduction of austerity measures 'totally lacking any ethical approval' (McKee 2014).

Successive UK governments adopted American social security policies to resist funding benefits, and to begin to enforce a conditionality for claimants accepting unemployment benefits (Daguerre 2008).

> States have now lost a great deal of administrative freedom, and are increasingly required to police welfare claimants' behaviour if they want to avoid financial sanctions… His arguments justified the development of a regime of sanctions and regular work controls. These principles were at the core of the Work First Approach, which was based on the idea that welfare recipients should be pushed into paid employment as quickly as possible regardless of the quality of the job offer. The Work First Approach was part of the 'rhetoric of blaming the poor' which explained poverty in terms of personal inadequacies as opposed to structural social factors such as a lack of suitable, decently paid jobs in the formal labour market.
>
> *The Second Phase of US Welfare Reform, 2000-2006: Blaming the Poor Again?*
>
> Anne Daguerre, August 2008
>
> Social Policy and Administration,
>
> Vol 42, Issue 4, p362-378

Punitive conditionality for benefit claimants was imposed by the 2010 Coalition government and by the 2015 Conservative government, which guaranteed that the poorest and most vulnerable in society would live in fear of the UK government. Long-term sick and disabled

people who fail to access ESA, via a WCA, are placed on the unemployment register, with a variety of conditions and savage sanctions if they failed to comply with endless conditionality, imposed in exchange for Jobseekers Allowance (JSA) unemployment benefit. (Daguerre and Etherington, 2014)

> The intention is to send a clear message according to which non-compliance will not be tolerated and will have serious negative financial consequences. Workfare policies, with their reliance on compulsion, carry strong authoritarian and disciplinary tendencies. Their explicit aim is to modify individual behaviour
> through the use of persuasion and coercion.
>
> *Workfare in 21st Century Britain: the erosion of rights to social assistance*
>
> Anne Daguerre and David Etherington
>
> November 2014, p7-8

The consequences of the Work Capability Assessment

With the exception of those with the most serious limitations or limited life expectancy, who are (usually) placed into the Support Group following a WCA, most ESA claimants are subjected to regular reassessments, regardless of diagnosis that can't ever improve. It is a huge waste of public money but guarantees compliance using coercion. Both the psychological and the financial security of the welfare state have been successfully eroded using sanctions and conditionality, and a dangerous assessment (Stewart 2016) adopted following the acceptance of discredited research (Shakespeare et al 2016) used to justify the use of the BPS model for the WCA.

The human consequences of the WCA assessment process is demonstrated to have seriously impacted on the mental health and welfare of some of the most vulnerable of all ESA claimants (Garthwaite 2016, Grover 2015, Barr et al 2015). The consequences could be due to the stressful nature of the assessment process itself, or to the feared removal of that financial security, resulting from the withdrawal of benefits (Barr et al 2015). Health is irrelevant and

ESA claimants unable to attend interviews due to illness are sanctioned and need access to a foodbank to survive (Garthwaite 2016).

Conclusion

The consequences of the identified close bond between Thatcher and Reagan in the 1980s (Wapshott 2013) opened the door for American policies to influence political decisions in the UK in years to come. With specific relation to social security policies, and the introduction of sanctions and conditionality for compliance to access income replacement benefits, chronically sick and disabled people are viewed as an addition to the unemployment figures, which must be reduced regardless of human consequences. Successive UK governments disregarded all independent research that confirmed that the WCA is a dangerous assessment model (Barr et al 2015), influenced by an American healthcare insurance giant, with deaths linked to the WCA totalling in excess of 91,000 people between January 2011 and February 2014 (Stewart 2016). The DWP disregards all evidence concluding that the WCA should be replaced, even when delivered by the Work and Pensions Select Committee (WPSC 2014), demonstrating that all evidence identifying preventable harm will be dismissed.

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