

SHAPING FUTURE SUPPORT: THE HEALTH AND DISABILITY GREEN PAPER

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Excerpt

“What is constantly overlooked is the fact that the disabled community’s experience of this DWP “help and support” is via the politics of fear using the WCA. The assessment is conducted by an unaccountable American corporate giant, with the fatally flawed WCA using a discredited BPS model which failed all academic scrutiny. Every clinical lead in the UK demanded that the WCA should be abolished, including the Royal College of Psychiatrists, the Royal College of General Practitioners, the British Medical Association, and the British Psychological Society, who all identified the WCA as being unfit for purpose. They were all disregarded by the DWP, as is the growing mental health crisis directly linked to the fear of the next WCA, and the constant DWP threat of sanctions. To date, the DWP have disregarded all published, independent academic research which identifies the ongoing and inevitable public health crisis created by social policies adopted since 2010.” (p7)

Shaping Future Support: The Health and Disability Green Paper, July 2021

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A briefing by Mo Stewart: Research Lead, Preventable Harm Project

Introduction

This long-awaited Health and Disability Green Paper¹ (Green Paper) is a significant government public relations exercise, with 78 pages claiming the government's desire to help and support disabled people and people with health conditions. This new Green Paper¹ coincides with a public consultation, which is accessed via a separate website and is a minimal government online survey. The questions in the consultation use a simple tick box questionnaire, with very limited available space for the requested additional information to be provided.

The Department for Work and Pensions (DWP) makes various unsubstantiated claims in the Green Paper,¹ including a claim by the Minister for Disabled People that *"the majority of people are satisfied with the (disability) assessment process"* (p4), seemingly based on the small numbers who appeal DWP benefit decisions; whilst disregarding the numerous obstacles the DWP intentionally created to restrict access to the appeal system.² In fact, other than DWP rhetoric, there is no independent substantiated evidence that identifies that *"the majority"* of disabled people are *"satisfied"* with the disability assessment process. However, in contrast, there is a significant amount of published academic research that identifies the public mental health crisis created by austerity, by Universal Credit (UC), and by the DWP disability assessment process; including vast numbers of deaths and suicides directly linked to the fatally flawed work capability assessment (WCA).^{3-7,9,10}

As a distraction from the identified DWP persecution of the chronically ill and disabled community using the WCA,^{9,10} the Minister deliberately manipulates evidence and makes sweeping claims and unsubstantiated generalisations. He advises: *"... I am proud that since 2013 we have witnessed record levels of disability employment, and significant progress in our commitment for an additional 1 million more disabled people in work by 2027."*(p5) That *"1 million"* figure has been floated ever since the DWP advised in 2005 that almost 1 million people with a mental health problem were claiming disability benefit, and so the claimant numbers needed to be reduced by 1 million; suggesting that mental illness was a financial burden to be removed.^{10,11,12} Today, the DWP don't consider which 1 million people claiming disability benefit should find employment. They simply require 1 million more people to stop claiming disability benefit(s). Once again, this DWP ambition is based on fiscal priorities whilst disregarding health and wellbeing.^{3-10,12} The highlighted *"record levels of disability employment"* (p5) has been claimed repeatedly by DWP Ministers, whilst academic experts and the Work and Pensions Select Committee dismissed these claims as being totally unfounded.¹³

There is (finally) a welcome acknowledgement that some chronically ill and disabled claimants have a lifelong serious illness, can't be expected to work, and will not be reassessed (p4), and

a desire to reduce “*unnecessary assessments*”(p4), with the political ambition “*to reduce the number of people we see leaving employment because of a disability or health condition*” (p4). Yet, the human consequences of the creation of this political ambition can be fatal, and those in greatest need continue to live in fear of the next DWP assessment.^{3-10,12} This Green Paper¹ supports standard DWP rhetoric, guided by right-leaning neoliberal politics, supporting the claim that the only way for the disabled community “*to live independent lives*” (p6) is for disabled people to work.

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There is an emphasis on the numbers of disabled people who were consulted, with claims that the Green Paper¹ “*has been informed by the experiences of disabled people and people with health conditions who use our services*” (p6). This DWP statement is very close to being a work of fiction. Regardless of the numbers of disabled people who may have been consulted, which is a tiny minority of the numbers who claim disability benefit, the DWP choose very carefully what evidence they identify; whilst dismissing the well documented mental health crisis created by the adoption of the flawed disability assessment process using the WCA,^{3,9,10} and the thousands of deaths of disability benefit claimants effectively identified as being “*killed by the state*” are disregarded.^{14,15,16}

It seems that the DWP are anxious to learn and, more importantly, be seen to demonstrate how well their services work for people, what improvements can be made to “*build trust*”, how effectively they are “*supporting people to start, stay and succeed in employment*” and, in all seriousness, they ask “*how successful the changes we have made to the benefits system since 2010 have been*” (p6). Clearly, the DWP is totally unfamiliar with the *Preventable Harm Project*¹⁷ that ran for ten years, which exposed the relentless preventable harm created by social policy reforms since 2010, the ongoing and increasing mental health crisis directly linked to the WCA,¹⁸ and the untenable cruelty of benefit sanctions; without acknowledgement that the benefit sanctions actually starved to death some of those in greatest need, without any accountability by those causing this crisis.^{6,19}

Following over ten years of ideologically motivated social policy “*reforms*” by right-leaning neoliberal governments,²⁰ unnecessary austerity measures which were adopted without ethical approval which devastated social care,²¹ the excessive use of sanctions against disability benefit claimants,²² hostile DWP letters that intimidate them,²³ and the introduction of the fatally flawed Waddell-Aylward biopsychosocial (BPS) assessment model adopted for the WCA, which disregards all clinical opinion and failed academic scrutiny,^{24,25} the DWP remain oblivious to the human crisis they created for those in greatest need as emphasised by the content of the DWP Health and Disability Green Paper.¹ “*Cash Not Care*”²⁵ is demonstrated as being the political motivation driving the UK social policy reforms on route to the creation of what is described as “*Thatcher’s dark legacy*”,^{12,20} which is identified as being the planned future demolition of the UK welfare state in favour of private income replacement health insurance.^{12,20,25}

As with most DWP reports, ambitious improvements in the benefit system are listed (p7) yet, if the past ten years have identified anything, it is that the DWP will only adopt social policies when guided by discredited policy-based DWP commissioned research,^{24,25} whilst disregarding the volumes of published research papers identifying the preventable harm created by successive social policy “reforms” since 2010.^{3,8,12,15,17,20,22-25} This relentless DWP persecution of benefit claimants demonstrates an ideological resistance to detailed evidence that the social policies adopted since 2010 were guaranteed to cause death, despair and preventable harm to vast numbers of disabled people, by adopting a fiscal priority whilst disregarding health and wellbeing.^{3,8,15,17,20}

DWP claims that 13 years since the initial introduction of the WCA, in 2008, there is still an ongoing need to “increase the quality and accuracy of decisions we make on benefit entitlement” (p7), and a need to improve “the information we use to make decisions (p7), demonstrates the ongoing human crisis the DWP have created, and the negative health impact of the WCA.^{15,17,20,25-27} The DWP continues to identify the disability assessment system as needing to be improved, whilst disregarding the fact that the WCA was identified as being a fatally flawed assessment, adopted using discredited, ideologically motivated research,²⁴ and ignoring all evidence of the dangers of using the WCA.²⁵⁻²⁷

Claims regarding the excessive costs of disability benefits are misleading (p10). The DWP have a habit of identifying the £multi-billions benefits bill whilst disregarding the fact that, historically, the UK has paid the lowest amount of Gross Domestic Product for public spending for the past 40 years when compared with other affluent European countries.^{20,28}

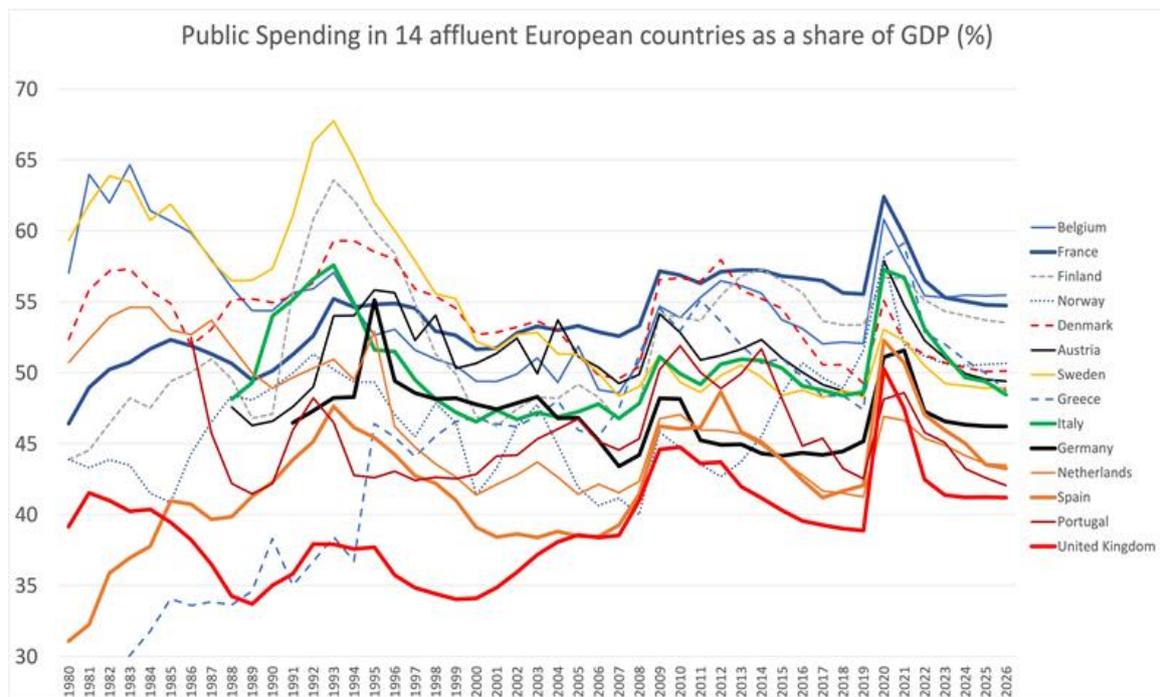


Figure 1: Public spending in the UK, and elsewhere in Europe, 1980-2026. © Danny Dorling, 2021²⁸

The Health and Disability Green Paper¹ highlights three “*Priorities for Change*” (p11), which are identified as:

- Enabling independent living
- Improving employment outcomes and
- Improving the experience of people using our services

There then follow pages of rhetoric, very similar to other DWP published documents regarding social policy reforms since 2010, emphasising the desire to help and support the disabled community, especially if they “*stay in work wherever possible*” (p12); whilst disregarding the significant contribution made to society by disabled people who are unfit to work in paid employment, who use their significant skills to work voluntarily for the greater good as demonstrated in detailed published evidence.^{29,30,31}

There is an emphasis in the Green Paper¹ of the need to “*signpost*” (p19) disability benefit claimants to access “*appropriate health treatment*” (p19), whilst overlooking the additional work placed on health services since 2010 by the relentless DWP demands negatively impacting on the chronically ill and disabled community who claim long-term disability benefits; which of necessity has meant much greater demands on GPs and other healthcare services. There are often very long waiting lists for anyone to access “*appropriate health treatment*” (p19), which has been exacerbated since the Covid-19 pandemic.

There is a tendency for the DWP to make exaggerated and misleading claims throughout the Green Paper, such as the use of the terminology “*most people*,”¹ which suggests a higher number of positive opinions than actually reported to the DWP. “*Most people*” refers to the rather small numbers of chronically ill and disabled people, when compared with the numbers of disability benefit claimants, who have offered opinions to the DWP often via Green Paper “*events*”.¹ Exaggerated claims that “*most people*” find the DWP services “*easy to access*” (p21) are not supported by any of the the disability support networks or by academic inquiry:⁸

“UC claimants described the digital claims process as complicated, disorientating, impersonal, hostile and demeaning. Claimants reported being pushed into debt, rent arrears, housing insecurity, and fuel and food poverty through UC. System failures, indifference and delays in receipt of UC entitlements exacerbated the difficulties of managing on a low income. The threat of punitive sanctions for failing to meet the enhanced conditionality requirements under UC added to claimants’ vulnerabilities and distress. Staff reported concerns for claimants and additional pressures on health services, local government and voluntary and community sector organisations as a result of UC. The findings add considerable detail to emerging evidence of the deleterious effects of UC on vulnerable claimants’ health and wellbeing. Our evidence suggests that UC is undermining vulnerable claimants’ mental health, increasing the risk of poverty, hardship, destitution and suicidality...”⁸

Impact of Universal Credit in North East England:
a qualitative study of claimants and support staff.
*British Medical Journal Open, 2019;9:e029611*⁸

The DWP rhetoric in the Green Paper¹ assumes that anyone not in paid employment has entered into “*long-term inactivity*” (p22), which is a common prejudice identified throughout various DWP published reports, and is very offensive to the chronically ill and disabled community. The DWP have managed to (finally) comprehend that “*one size does not fit all*” regarding the chronically ill and disabled community, who are not in paid employment (p22). However, they have yet to comprehend that there are vast numbers who already work when having a ‘good day’, but are unable to commit to working every day due to health limitations, so they work voluntarily whenever they can. These people don’t have a problem with their work ethic, as regularly claimed by DWP Ministers in the past. They simply have a problem with their health.

Claims in the Green Paper¹ of the need to “*ensure our jobcentres are welcoming and engaging*” (p22) will need a great deal of effort; given that the DWP was recently identified by a Coroner as demonstrating an “*institutional reluctance*”³² to accepting evidence from professionals, such as a community psychiatric nurse. Recently, published academic research (2021)^{33,34} identified DWP Managers and staff exposing the fact that that they were required to create “*psychological harm*”³³ during the Coalition administration, to deter as many as possible from making claims for disability benefit, demonstrating an “*ethical indifference*” and “*institutional violence*”³⁴ towards those in greatest need, as required and endorsed by the DWP.

The identified lack of trust of the DWP by the chronically ill and disabled community was generated by the Coalition administration, who persecuted disability benefit claimants for five years when aided by the tabloid press, and is very unlikely to be forgotten. Following this DWP persecution, prosecuted disability hate crimes, including murder, increased by 213%,^{15,20,25} and this DWP-generated fear is now deep rooted within the disabled community whose health, wellbeing, and survival is totally dependent upon disability benefits.



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Throughout the DWP Health and Disability Green Paper¹ there is a constant reference to the “*help and support*” (p22) the DWP are providing for the disabled community to encourage

them to enter paid employment. What is constantly overlooked is the fact that the disabled community's experience of this DWP "*help and support*" is via the politics of fear using the WCA. The assessment is conducted by an unaccountable American corporate giant, with the fatally flawed WCA using a BPS model which failed all academic scrutiny.^{24,27} Every clinical lead in the UK demanded that the WCA should be abolished, including the Royal College of Psychiatrists, the Royal College of General Practitioners, the British Medical Association, and the British Psychological Society, who all identified the WCA as being unfit for purpose. They were all disregarded by the DWP, as is the identified growing mental health crisis directly linked to the fear of the next WCA, and the constant DWP threat of sanctions. To date, the DWP has disregarded all published, independent academic research which identifies the ongoing and inevitable public health crisis created by social policies adopted since 2010.^{3,4,6-10,12,17,20,23,24,27}

Extremes of right-leaning neoliberal politics have dominated the UK since Thatcher (1979-1990), with an ideological emphasis on a smaller state.^{20,25} The American corporate influence with UK social policies has been in force since 1992,²⁵ and the UK is gradually moving towards the removal of the welfare state, aided by successive social policy reforms.^{25,34} The content of the Green Paper¹ is moving social policies further in that direction, as the priority is to keep people in work, resist access to long-term disability benefits, and disregard an identified growing public mental health crisis.^{3,8,35,36} Throughout the Green Paper¹ the DWP demonstrates a total lack of awareness, and lack of concern, of the psychological impact of the sudden onset of a lifelong illness or permanent disability, which can't be avoided by any plans claiming that these people should "*stay in work wherever possible*" (p12). The DWP disregards the impact of living with permanent pain, and the enormous impact of the onset of chronic fatigue on daily life, which is often related to long-term ill health and profound disability. The Green Paper¹ makes significant claims, demonstrating the DWP's lack of awareness of the crisis created by their policies, which negatively impact on the lives and often on the survival of disability benefit claimants, for which the DWP demonstrates no remorse.^{36,37,38,39}

In the Green Paper¹ the DWP demonstrates their ongoing failure to comprehend the human consequences of their social policies, and the implications of some of their exaggerated claims of success (p37). Claims that a new digital system would permit the DWP "*to share medical evidence more easily*" (p39), is cause for concern given that DWP Decision Makers confirmed a long time ago that they do not comprehend medical evidence, and so have a tendency to disregard its content and to "*rubber stamp*" the WCA findings.^{25,35,38} Claims that the DWP are "*exploring support for mobility needs*" (p20) seem quite extraordinary given the crisis created by the DWP when Disability Living Allowance (DLA) was discontinued, was replaced in 2013 by the Personal Independence Payment (PIP) and, in doing so, by 2017, 51,000 disabled people had had their adapted Motability vehicles removed, and had lost their jobs and careers as they no longer had transport to work having failed to access PIP.⁴⁰

This is another example of how social policy reforms since 2010 are identified as state persecution of those in greatest need, how social policies were adopted using a fiscal priority

whilst disregarding health and wellbeing, and why the chronically ill and disabled community do not identify with the *“help and support”* claimed by the DWP. Many chronically ill and disabled people identify the DWP social policy reforms adopted since 2010 as being the ongoing, relentless, state sanctioned persecution of those in greatest need:¹²

*“The worst thing, I find, is realising that I am forced into looking for a life that I want but have no chance of having. I seriously feel I may kill myself because being sick, having next to no money, no life, no future, no cure, constant pain and constant disapproval and rejection defeats me.”*¹²

What price preventable harm: social policies designed to disregard human need.

*Centre for Welfare Reform, 2020*¹²

Following in excess of 12 years of what is effectively state persecution against those in greatest need, who are viewed as nothing more than a cost the government intends to reduce and to eventually remove,²⁵ the Green Paper has (finally) identified the need for the introduction of a *“Severe Disability Group”* (SDG), which always existed but has only recently been acknowledged by the DWP, who claim they are *“testing”* the introduction of a SDG (p45). This is in addition to disability benefit claimants identified as being terminally ill.

How the SDG will be introduced is cause for concern given that the *Preventable Harm Project*¹⁷ identified the DWP *“Decision Makers”* routinely disregarding all clinical evidence when making decisions regarding access to the Employment and Support Allowance (ESA) following a WCA. This has caused a social policy crisis with all clinical evidence disregarded by DWP Decision Makers.^{35,36,38} The DWP claims that those placed in the new SDG will be *“based on information from medical professionals. The SDG could apply to people on PIP, ESA and UC.”* (p46). The question remains as to who will be considering the *“information from medical professionals”*? Who has the necessary skills and qualifications to comprehend the required *“information from medical professionals”*? The assessors who conduct the WCA don't have access to the medical evidence provided by the claimants and most are not doctors, and the DWP *“Decision Makers,”* by their own admission, don't comprehend clinical evidence. The question remains as to which medically qualified professionals will be providing this information, and how will it be assessed by the DWP with any accuracy?

It seems there is an *“Assessments Policy Forum”* who have been advising the DWP regarding changes needed to the assessments (p47), who have demonstrated limited knowledge of this ongoing social policy crisis by failing to identify significant evidence of the preventable harm the DWP has created since 2010. Claims that *“most people have a good assessment experience”* are referenced to a Cabinet Office Key Performance Indicator, and are totally unfounded given the well documented evidence of the preventable harm¹⁷ identified by the chronically ill and disabled community.^{3-8,9,10,12,14,15,20}

The DWP makes some chilling and unfounded claims regarding the *“role of evidence in WCA and PIP assessments”* (p51). They claim that *“collecting the right evidence can be difficult. Assessments are used to evaluate the needs arising from a health condition or disability, but*

*there is currently no standard evidence source that can be used to confirm these needs apart from the assessment itself”, which is **totally untrue**. This is an ideological decision created when the WCA was initially adopted, with the rejection of GP opinion for access to long-term disability benefits.^{7,9,10,12,15,17} In the past, GPs advised which of their patients were unfit to work. The rejection of GP opinion, which included access to Consultant opinion, was a political decision which enjoyed bipartisan support in an effort to remove what had been the psychological security of the UK welfare state.^{20,25,33,34,38} The removal of the GP opinion to resist access to long-term disability benefit was ideologically motivated and guaranteed the creation of preventable harm.^{9,17,20,38}*

“By definition, “preventable harm” is identified as the “presence of an identifiable, modifiable cause of harm” in healthcare. The removal of the clinical opinion of family doctors for claimants of long-term sickness and disability benefit was destined to cause preventable harm with the adoption of Incapacity Benefit (IB) in 1995. IB had replaced Invalidity Benefit, which was previously allocated using the opinion of the family doctor. IB was introduced with the adoption of the All Work Test, using a non-medical assessment conducted by doctors employed by the government... The WCA was adopted for the assessment of all new ESA claimants and the future reassessment of all IB claimants. As a functional assessment which disregards medical diagnosis, prognosis, past medical history and prescribed medicines, the ESA assessment process using the WCA is fatally flawed.”⁹

Preventable harm: creating a mental health crisis
Journal of Public Mental Health Vol 18, No 4 2019, pp 224-230⁹

Conclusion

Most of the 194 references in the Green Paper¹ are to DWP publications or to government funded research, which has a tendency to be policy-based research and not evidence based. Almost 13 years since the WCA was initially introduced, the Green Paper identifies various serious problems still ongoing with the benefits assessment system, yet fails to take advantage of the volumes of independent published research, which identifies why this ongoing DWP designed preventable harm was always inevitable and is unnecessary.²⁻⁴⁰ The relentless obsession with employment of the disabled community is a DWP priority, whilst disregarding the fact that most employers still prefer to employ able-bodied staff which avoids the legal requirement to make adjustments in the workplace. Helping the disabled community to find employment is an imperative, but terrorising the chronically ill and disabled community who are unfit to work is the reality of successive DWP social policies, using discredited DWP commissioned research to justify the adoption of a fatally flawed assessment. Little acknowledgement is given to what is a human crisis with the onset of a lifelong chronic illness or permanent profound disability, and few chronically ill and disabled people who are unfit to work will accept the Green Paper’s constant claim of providing “*help and support*” to the disabled community, who have been persecuted by the DWP since 2010.

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About the author

Mo Stewart is the Research Lead for the *Preventable Harm Project* that ran for ten years from 2009-2019. The Project exposed the long-held political ambition to demolish the UK welfare state to be eventually replaced with private health insurance, similar to the system used in America. Mo is the author of *Cash Not Care: the planned demolition of the UK welfare state* (2016), and her forensically detailed research was acknowledged with an Emerald Literati Award for academic excellence in October 2020. Mo is a healthcare professional by training, not an academic. She is working voluntarily as an independent disability studies researcher, and is acknowledged as the foremost authority regarding the influence of corporate America with UK social policies since 1992. The *Preventable Harm Project* website is a significant social policy resource, including access to a multitude of published research papers by various academic experts, together with research provided by professional reports from within the disabled community and access to Mo's 12 years of self-funded research. The website is used as a resource for social policy students at universities in the UK, Australia, New Zealand and Canada: <https://www.mostewartresearch.co.uk/>

Related text

Cash Not Care: the planned demolition of the UK welfare state

London, New Generation Publishing, 2016, 188pp

<https://www.independentliving.co.uk/guest-blog/cash-not-care-reviewed/>

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