

Preventable Harm Project

A MENTAL HEALTH CRISIS IN THE MAKING

**The House of Commons Work and Pensions Committee:
Inquiry into assessments for health-related benefits**

THE CREATION OF PREVENTABLE HARM

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1 Background

1.1 Funded by a medical military pension, the ten-year (2009-2019) *Preventable Harm Project* (the Project) was a private initiative by the author who is a disabled veteran of the (W)RAF Medical Branch. The Project involved the willing co-operation of academics at a multitude of universities, including international ones, plus the unstinting support of the academic publisher Policy Press who sponsored the research by providing complimentary access to anything they publish. The Project explored the impact of the adoption of the Work Capability Assessment (WCA), which is a biopsychosocial (BPS) *non-medical functional assessment* that disregards all clinical opinion, and is used to limit access to the Employment and Support Allowance (ESA) disability benefit and, most recently, to limit access to Universal Credit for long-term health conditions.

1.2 The Project is unique and was created on behalf of the user-led chronically ill and disabled community, whose physical and financial survival is dependent upon long-term disability benefit(s). The Project reports were published online by the [Centre for Welfare Reform](#), were shared with various disability support groups; and with the academic community working in the field of social policy, public health, and public geography in the UK and in the wider world.

1.3 The [final findings](#)¹ which draw directly on the original data generated by the Project were published by the Centre for Welfare Reform in November 2019. In line with the Committee's call for evidence, this submission identifies how the Department for Work and Pensions (DWP) can improve the quality of assessments for health-related benefits; whilst highlighting the preventable harm created by private sector influence with UK social policies for the past 30 years. It identifies why the assessments continue to fail so many applicants in greatest need who live in fear of the WCA and the DWP.¹⁻⁴

1.4 The focus for this submission is in the evidence established during the Project, which found a growing public mental health crisis linked to the WCA.^{3,4,13-16} There is significant evidence demonstrating a direct link between the WCA and suicide, including a Coroner's identification of an "*institutional reluctance*" by DWP staff to accept evidence from health professionals;⁵ and the total failure of the DWP to act on various Coroners' Rule 43 "*prevention of future deaths*"⁶ reports, created to alert the DWP to review the safety aspects of the WCA due to demonstrated fatal consequences.

1.5 The Project offers a critical reflection of published academic papers and key DWP policy documents in the area of social policy reforms. The published Project research papers, independent reports, and all correspondence are available on the research website: www.mostewartresearch.co.uk

1.6 The solution to the identified DWP induced public mental health crisis¹³⁻¹⁹ is the abolition of the flawed WCA, which is paramount as it is demonstrated to cause relentless preventable harm for disability benefit claimants in greatest need.^{3,4} There is an urgent requirement to replace the WCA with an assessment that includes the clinical need of the claimant, and the clinical opinion of their doctors; with a political acceptance that many claimants will always be unfit to work and should not be penalised or intimidated by the DWP when claiming disability benefits. Disregarding clinical opinion for the WCA was always dangerous.¹⁻⁴

1.7 The identified public mental health crisis directly linked to the WCA is disregarded by the DWP, who fail to acknowledge any published research not conducted, commissioned, or influenced by their social policy agenda. The DWP continue to disregard the preventable harm created by social policy reforms since 2010.

2 Summary

2.1 This submission concentrates on Q1 of the inquiry: “How could the DWP improve the quality of assessments for health-related benefits?” All other questions are answered in the submission by demonstrating why the WCA is fatally flawed, and by highlighting the American corporate influence with UK social policies, which influenced the adoption of a dangerous BPS model of assessment for the WCA.¹⁻⁴ The past financial and psychological security of the UK welfare state for the long-term chronically ill and disabled community was destined to end with the adoption of neoliberal politics in 1979, which enjoys bipartisan support. Despite a disturbing reputation in the US, UnumProvident Insurance have influenced UK social policies since 1992, and were appointed as official government advisers on “welfare claims management” (p3)² in 1994. The company guided successive administrations on the adoption of the BPS model of assessment, which disregards all clinical opinion for the assessment of long-term sickness and disability.²

2.2 Having established that the ultimate political ambition is the transformation of the UK welfare state to welfare eventually supported by private insurance, similar to the American system, it would take time for this to be achieved and social policies adopted since that time have worked towards this long-term goal.^{1,2}

2.3 For this ambition to be achieved, access to long-term out-of-work disability benefit(s) would be made as difficult as possible, and claimants would be successfully demonised. All evidence of the claimants’ clinical needs would be disregarded by the adoption of a BPS *non-medical functional assessment* to restrict benefit claims, which is the invention of the health insurance industry.⁷ This would prove to be fatal for many.^{3,4,13}

2.4 This long standing American corporate influence with UK social policies^{1,2} was identified in commissioned research which, in 1995, claimed that all clinical evidence should be disregarded for disability assessments.⁸ Incapacity Benefit (IB) was adopted in 1995 using the recommended BPS design of a *non-medical functional assessment* model. In 2005 more DWP commissioned research⁹ was funded by UnumProvident Insurance,² which identified the need to adopt a more stringent BPS assessment model to remove a total of 1million IB claimants (p 12), reduce IB income to the same level as unemployment benefit (p 99), and to adopt harsh sanctions (p165-167). These recommendations were eventually adopted, and the WCA was created and launched in October 2008 to successfully limit access to the new ESA disability benefit.

2.5 The BPS model of assessment, as adopted for the WCA, totally failed academic scrutiny and was identified by published academic research as being “a chilling example of policy-based evidence” (p12).¹⁰

2.6 Additional DWP commissioned research was published in 2007 and recommended the use of private contractors to conduct the new WCA, at a significant cost which increased over time. Once again this DWP commissioned research failed academic scrutiny, which exposed the fact that the author had “got his numbers wrong” (p12).¹¹ This 2007 commissioned report,¹² and its author, were to become very influential in UK social policy reforms, as justified by using evidence published in flawed DWP commissioned research.⁹

2.7 The growing public mental health crisis linked to the WCA is identified in published, peer-reviewed, academic research but continues to be disregarded by the DWP.¹³⁻¹⁶ Also, despite claims to the contrary, there is no published peer-reviewed academic research evidence to justify the continued use of brutal financial sanctions which impacts on mental health, and which can starve to death some of those in greatest need in C21st UK, with no-one held to account.¹⁷ On the contrary, there is a significant amount of published, peer-reviewed, academic research demonstrating the opposite, from both within the UK and globally.¹⁸⁻²³

3 Inquiry into assessments for health-related benefits: the creation of preventable harm

3.1 This call for evidence is potentially wide reaching. Past evidence to various Committee inquiries have demonstrated the failure of the health-related assessments, but none identified the influence of the insurance industry with UK social policies since 1992; or the fact that commissioned research used to justify the adoption of the WCA was funded by the insurance industry^{1,2} and failed all academic scrutiny.^{10,11}

3.2 The WCA is not a “*medical assessment*,” which is an incorrect assumption often claimed by politicians, academics and journalists. The WCA is a *non-medical functional assessment* that totally disregards diagnosis, prognosis, past medical history and prescribed medicines; which renders it dangerous and meaningless when considering the work potential of claimants of long-term disability benefit.¹⁻⁴ The WCA was the adoption of disability denial,⁷ and was guaranteed to cause preventable harm as all claimants are treated with suspicion by the DWP, which removed the past psychological security of the UK welfare state negatively impacting on mental health.^{3,4,13-16}

3.3 Assessments for health-related benefits will not improve until and unless the WCA is totally abolished.

The WCA is fatally flawed, using a dangerous BPS model of assessment as initially designed by the health insurance industry.⁷⁻⁹ The WCA is dangerous as it disregards all clinical evidence from claimants’ doctors, including consultant opinion. Contrary to political rhetoric, the assessment is totally unrelated to “*helping*” anyone, as the DWP are terrifying those in greatest need whilst disregarding the often catastrophic human consequences.^{3,4,13,15} The adoption of the WCA is devoted to limiting costs, and to influencing the public not to rely on the welfare state, which it is assumed will eventually increase the purchase of private health insurance.²

3.4 The BPS model adopted for the WCA was designed using a fiscal priority, whilst disregarding health and wellbeing, and “*the WCA and reassessment policy was introduced without prior evidence of its potential impact or any plans to evaluate its effects*” (p341),¹³ which is in breach of the ethics required for the adoption of any new social policy which will impact on millions of lives.

3.5 The adoption of a flawed assessment conducted by an unaccountable corporate giant (Maximus) with additional medical evidence considered by a DWP “*decision maker*”, who has no clinical education, was always destined to fail. Decision Makers simply confirm the findings of the WCA, and disregard additional evidence, as identified by Professor Harrington in 2010 (p50).²⁴ Nothing has changed or improved. The system can’t improve when clinically unqualified civil servants, who give no consideration to the supporting medical evidence provided by claimants, are making decisions based on the results of the flawed WCA.²⁴

3.6 It is significant that DWP published reports, DWP commissioned research, and the research papers provided by thinktanks who claim to influence social policy are very selective in the references they list to support research findings. There is a tendency to reference DWP publications, and little else. Hence the volumes of significant published social policy research, which expose the public health crisis created by the WCA, are disregarded.¹³⁻¹⁶

3.7 The introduction of severe sanctions was advised by corporate America, who have influenced UK social policies since 1992.^{1,2} Sanctions guaranteed that preventable harm would significantly increase as certain job coaches abuse their perceived authority and celebrate how many disabled people they have sanctioned – often claimants with a very serious diagnosis which is disregarded by the WCA and by the DWP.^{18,19} There

is detailed evidence demonstrating that regardless of testimony, often by claimants suffering with a catastrophic illness or disease, they are routinely disbelieved by DWP decision makers and by Job Centre work coaches,^{18,19} as the DWP confirm that...“*qualified medical opinion contradicting a WCA finding of fitness for work will be disregarded...*”(p1).²¹

3.8 There is no published, independent, peer-reviewed academic evidence to support the continued use of the WCA or the continued use of sanctions. They are both dangerous. They threaten the health and wellbeing of those in greatest need, have negatively impacted on public mental health, and should be abolished for public safety.^{1-4,13,18,19} Since the pandemic, sanctions have reduced as assessments stalled, and there is evidence that as ESA sanctions reduce, sanctions for claimants of the successor benefit Universal Credit have increased, but are greatly reduced when compared with the excessive use of sanctions prior to the pandemic.²⁵ The use of sanctions is ideologically motivated and influenced by American corporate advisers. Brutal sanctions were often imposed on claimants for being ten minutes late to an interview with the Jobcentre when the bus was caught in traffic...^{18,19} This is perceived as being DWP tyranny as those in greatest need live in fear of the WCA and the DWP, which negatively impacts on public mental health.^{3,13-16}

3.9 In reality, there is no evidence that sanctions can or will incentivise the chronically ill and disabled community to stop claiming disability benefit and to find paid employment, which is ideologically motivated in an effort to remove the past psychological security of the UK welfare state which has been achieved. There is a lot of evidence demonstrating that endless psychological intimidation, enforced by threatening letters from the DWP, increase a growing mental health crisis for claimants.^{3,4,13-16} Once sanctioned, claimants are trying to survive without income, and without food,¹⁷⁻¹⁹ and are not in any position to search for work without the finances to travel to interviews or the strength to compete in the job market. This DWP tyranny, masquerading as social policy, should end.

4 Incorrect assumption

4.1 There is an incorrect assumption by the DWP that most claimants are happy with the WCA, because few challenge the WCA decision regarding fitness for work when compared with the number of assessments. It is incorrect to assume that this suggests satisfaction with the assessment process. In reality, most of those who are badly affected by the WCA, and the often incorrect decisions of the DWP, are unable to challenge the decision not least due to the removal of legal aid funding for challenging benefit decisions at Appeal Tribunals. There is a tendency to overlook the fact that many of these claimants are very ill, and 23 -27 per cent of disabled adults do not use IT (p15),^{22,23} which adds to their burden as the DWP expect online contact whilst being less inclined to support anyone without access to the Internet.

** This evidence submission draws on analysis and findings presented during the *Preventable Harm Project*. All related evidence, including access to a vast array of peer-reviewed published academic research from a variety of academics is available online at: www.mostewartresearch.co.uk

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<https://www.amazon.co.uk/Cash-Not-Care-planned-demolition/dp/178507783X>

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