

The Public Health Crisis Created By UK Social Policy Reforms

Abstract:

As the world is preoccupied by the pandemic, and the British public are beginning to comprehend the full impact of Brexit, the predictable public mental health crisis created by the demolition of the UK social safety net has been disregarded by successive administrations. Few people realised that preventable harm was the inevitable creation of social policy reforms, gradually adopted by every administration since Thatcher, en route to her political ambition which was the demolition of the welfare state to be replaced by private health insurance. In order to demolish the welfare state, it was first necessary to remove the past psychological security provided by the welfare state. This has been achieved, with disability denial created by significant social policy reforms since 2008. To justify the adoption of harsh and unnecessary austerity measures, which were introduced without ethical approval, the Coalition administration elected in 2010 vehemently challenged the integrity of the chronically ill and disabled community and routinely accused disability benefit claimants of fraud; whilst failing to produce evidence to support their claims. Their often hostile rhetoric encouraged a 213 per cent increase in prosecuted disability hate crimes, and successive administrations disregarded the thousands of deaths directly linked to the Work Capability Assessment, which was adopted using a discredited and dangerous biopsychosocial model of assessment to restrict access to long-term disability benefit. Influenced by corporate America since 1992, the UK social policy reforms guaranteed that many of those in greatest need were destined to die when, covertly, killed by the State.

Key words: work capability assessment; biopsychosocial model; neoliberal politics

Introduction:

Margaret Thatcher (1925-2013) is revered by the Conservative Party as a historical political leader and Prime Minister (1979-1990). Attended by members of the Royal Family, her funeral in 2013 attracted world leaders and there is a large statue of her at the entrance to the Members' Lobby in the Palace of Westminster, directly opposite a statue of Winston Churchill. However, Thatcher's devotion to neoliberal politics, which is the ideology that supports free market competition with an emphasis on minimal State intervention, would eventually be identified as being at *'the root of all our problems'* (Monbiot, 2016). Thatcher's well documented informal transatlantic alliance with the US President Ronald Reagan from 1981-89 (Scott-Samuel *et al*, 2014), and her insistence that the welfare state was an unacceptable financial burden on the public purse, opened the door to the influence of corporate America with UK social policy reforms and the *'planned demolition of the UK welfare state'* (Stewart, 2016).

Every thirty years confidential Cabinet Papers from past UK governments are released into the public domain. In 2012, the 1982 Cabinet Papers from the first Thatcher administration (1979-1983) were released, offering evidence demonstrating the political expectation to eventually demolish the UK welfare state, including the National Health Service, *'...there could be a danger of under-insurance by the working population, and thought might therefore have to be given to a scheme for compulsory private insurance'* (Cabinet, 1982, para 8). Papers written 40 years ago identified *'an increasing correlation between the government's economic and social policies'* (Demissie, 2012), which continued. Thatcher's social policy right-leaning neoliberal legacy was continued by every successive administration. This included introducing American corporate influence for the development of UK social policy reforms by the Major administration (1990-97) (Stewart, 2018); the adoption of American social and labour market policies by the Blair administration (1997-2007) (Daguerre 2004; Daguerre and Taylor-Gooby, 2004); the adoption of the Work

Capability Assessment in 2008 to limit access to the new Employment and Support Allowance (ESA) disability benefit by the Brown administration (2007-10) (Gentleman, 2011); and the increased use of sanctions, which removed all income to successfully intimidate disability benefit claimants, and to starve some of them to death (Pring, 2020), by the Cameron-Clegg administration (2010-15).

The influence of corporate America with UK social policy reforms was introduced in 1992, when the John Major Conservative administration invited UnumProvident Insurance to consult regarding how to limit access to welfare funding (Stewart, 2018). By 1994, the UnumProvident Vice-President John LoCascio was appointed as the UK official government adviser on future welfare claims management. Shortly afterwards, the 1994 Social Security (Incapacity for Work) Act introduced the new Incapacity Benefit (IB), which created *'the most radical piece of social security legislation since the Social Security Act 1986'* (Wikeley, 1995). Initially adopted by UnumProvident Insurance in America to limit funding genuine health insurance claims (Langbein, 2007), and aided by the government's chief medical adviser Mansel Aylward, John LoCascio advised the Major administration how to create the non-medical biopsychosocial (BPS) functional assessment in the UK; as adopted by the Department for Work and Pensions (DWP) to remove the opinion of General Practitioners (GP) for claimants of long-term disability benefit. Their research paper (Aylward-LoCascio, 1995) supported testimony from the American health insurance industry, and argued that family doctors should not be expected to determine a patient's incapacity. Hence, the past authority and clinical opinion of GPs in support of their patients claiming long-term disability benefit would be curtailed by future social policy legislation, co-designed by corporate America (Stewart, 2019).

The creation of preventable harm:

This abandonment of the clinical opinion of GPs was achieved when Incapacity Benefit (IB) replaced Invalidity Benefit as the long-term out-of-work disability benefit (Wikeley, 1995). The 'All Work Test' was introduced in 1995 for the assessment of IB claimants to restrict access to the new disability benefit, which was identified as highlighting the division between the *'deserving'* and the *'undeserving'* poor (Wikeley, 1995). This 'All Work Test' adopted the Aylward - LoCascio (1995) BPS *'non-medical functional assessment'* (Stewart, 2018; 2019), which followed the design of the BPS assessment model adopted by UnumProvident Insurance in America (Langbein, 2007; Rutherford, 2007).

Whilst the adoption of the 'All Work Test' had restricted disability benefit claimants, there was a growing number of claimants who had a mental health problem and, by 2005, a total of 39 per cent of IB claimants had a mental health problem; which was just under one million people (Rutherford, 2007). Since that time, every administration since Blair's has insisted that there is a need to reduce disability benefit claimant numbers by one million (Groves, 2015); suggesting that mental health problems are not considered a priority for financial support by the State. In order to further reduce disability benefit claimant numbers a more stringent assessment model was needed. The Blair administration commissioned the former DWP Chief Medical Officer, Mansel Aylward, to conduct research to help reach this political ambition. Together with former orthopaedic surgeon Gordon Waddell, Aylward produced the 2005 commissioned monograph (Waddell-Aylward, 2005) when Director of the UnumProvident Centre for Psychosocial and Disability Research, at Cardiff University, and funded with £1.6million by the American insurance corporate sponsors (Cover, 2004). This influential commissioned research (Waddell-Aylward, 2005) recommended the adoption of the BPS *'non-medical functional assessment'* to reduce IB claimant numbers by one million (p12); the reduction of the value of IB to the equivalent of the income for unemployment benefit (p99); and the use of financial sanctions which removes all benefit income for non-compliance by claimants (p165-167); which

guaranteed that some disabled claimants would starve to death when *'killed by the State'* (Elward, 2016, p30; Pring, 2020).

The ambition of the Blair administration was to make access to disability benefit as difficult as possible by adopting American neoliberal social and labour market policies (Daguerre, 2004); which has been achieved as all the Waddell-Aylward (2005) recommendations were eventually adopted by future social policy legislation. What is not commonly known is that, historically, UnumProvident Insurance had a disturbing reputation in the US for failing to fund or to intentionally delay payment of genuine health insurance claims (Langbein, 2007) and, in 2008, the American Association for Justice identified the company as being the second worst insurance company in the US (AAJ, 2008). This is the same American corporate giant that has influenced UK social policy reforms since 1992 (Aylward - LoCascio, 1995; Waddell- Aylward, 2005; 2010; Stewart, 2020).

Adopted by the DWP in October 2008 to restrict access to the new ESA disability benefit, the Work Capability Assessment (WCA) was introduced by the Brown administration (2007-10) using the more stringent Waddell-Aylward BPS model of assessment (Waddell-Aylward 2005; 2010), and adopting sanctions to successfully coerce ESA benefit claimants. The commissioned research used as justification for the adoption of the WCA was initially challenged by Dr Alison Ravetz (Ravetz, 2006), who warned that the Waddell-Aylward 2005 monologue was *'largely self-referential – that is, it appeals for validation to itself and is framed within the same political and policy agenda (p6)'*. Subsequently, very detailed evidence provided by Professor Tom Shakespeare and colleagues (Shakespeare *et al.*, 2016) challenged the integrity of the Waddell-Aylward (2010) research and identified their BPS model of assessment, as adopted for the WCA, as being fatally flawed in what was a damning critique by academic experts:

"Here we explore the elisions and exaggerations that we believe render the Waddell-Aylward BPS approach conceptually and empirically invalid..."

"We outline the chief features of the Waddell-Aylward BPS and argue that... 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..."

"The WCA was designed to provide a functional assessment, based on the premise that eligibility for ESA should not be determined by the description of a person's disability or health condition but rather by how their ability to function is affected (Litchfield, 2013)..."

"They have also been used to drive changes in media representation of disabled people, promoting the myth that large numbers of claimants are fraudulent (Brient et al., 2013)..."

"Society must accept that work is not always appropriate or possible, and that for many disabled people humane and supportive alternatives are needed. These must not stigmatise those who are so supported, nor should non-working disabled people have to suffer poverty and social exclusion. In conclusion, the relationship of the advocates of the Waddell-Aylward BPS to the UK government's 'welfare reform' does not represent evidence-based policy. Rather, it offers a chilling example of policy-based evidence."

'Blaming the victim, all over again: Waddell and Aylward's biopsychosocial (BPS) model of disability'

Shakespeare, T., Watson, N. and Alghaib, O.A.

Critical Social Policy Vol 37, No 1, pp 22-41

Hence, the introduction of the WCA in 2008 by the Labour administration, using the flawed Waddell-Aylward BPS model of assessment (Ravetz, 2006; Shakespeare *et al.*, 2016), guaranteed that chronically ill and disabled ESA claimants were destined to suffer given that the WCA is a BPS ‘*non-medical functional assessment*’ (Waddell-Aylward, 2005; 2010); as all clinical opinion is disregarded by the WCA, and disregarding diagnosis and prognosis was guaranteed to create death, despair and preventable harm for those in greatest need (Stewart, 2019; 2020). Thousands of chronically ill and disabled ESA claimants were destined to die, with their deaths linked to the WCA process after having been declared ‘*fit for work*’ by the flawed assessment (Butler, 2015; BBC News, 2015; DWP, 2015), which meant that, on average, ‘*nearly 90 people per month were dying after being declared fit for work*’ following a WCA (Butler, 2015). The Coalition increased public anxiety by insisting that all Incapacity Benefit claimants, including those with a lifetime award due to a permanent illness, were to be reassessed. Subsequently, Coroners’ warning letters identifying the flaws in the DWP assessment process linked to deaths of claimants, often by suicide, were disregarded by the DWP (Pring, 2020b; 2015). The DWP also failed to alert the occupational medicine consultants, initially appointed to review the WCA, of the increasing numbers of deaths linked to the assessment (Pring, 2019); and they have been ‘*very lack-lustre*’ in their adoption of the many recommendations identified to improve the claimant experience of the WCA (WPC, 2021).

DWP Mortality Statistics: ESA claimants, published Aug 2015

WCA outcome at most recent ESA assessment Dec 2011 – Feb 2014	Number of claimants leaving ESA with a recorded date of death
Fit for work	2,380
Work related activity group	7,200
Assessment phase	7,540
Support group	32,530
Unknown	930
TOTAL	50, 580

Table 1: DWP Mortality Statistics, ESA claimants: Dec 2011 - Feb 2014

The adoption of the politics of fear:

Elected in May 2010, with claims of the need to reduce the budget deficit, by June 2010 the multi-millionaire Chancellor George Osborne MP announced the intention to introduce austerity measures, which would reduce the claimed excessive welfare spending by the previous Labour administration. This fiction that the previous Labour administration had spent excessively on social security worked well, was adopted by the right-leaning national press to encourage the public to accept the need for austerity measures, and justified what was to become a catastrophic political attack on the welfare state; with those in greatest need about to suffer more than any other group (Duffy, 2014). Eventually, the Institute for Fiscal Studies (Banks *et al.*, 2015) identified that the expenditure on welfare was at its peak in the UK in 1995-1996, during the Major Conservative administration. So, the justification for the adoption of austerity measures was unfounded and was ideologically motivated. This was the continuation of the political ambition to remove the past psychological security of the welfare state to make it easier to eventually remove, and replace with private health insurance; which is the long held political ambition that enjoys bipartisan support (Stewart, 2016).

Few people realised that the formation of a UK Coalition government following the 2010 general election would introduce social policy reforms which were destined to create a public health crisis (Garthwaite, 2011; Doherty & Gaughran, 2014; McKee *et al*, 2012; Patrick, 2012; Barr *et al.*, 2016; Mehta *et al.*, 2018; Cummins, 2018; Dwyer, 2018; Dwyer *et al.*, 2019; Boardman, 2020). The joining of the historically lenient Liberal Democrats with the often severe Conservatives, to form the Coalition, gave rise to hope that social policy extremes would be restricted. However, the Coalition adopted the '*politics of fear*' (Stewart, 2020) to successfully reduce the past psychological security provided by the welfare state.

Initially recommended in 1982 Cabinet Papers (Cabinet, 1982), the adoption of the '*politics of fear*' was guaranteed by the election of the Coalition government. Committed to a significant reduction in social security spending, adopting austerity measures together with social policy reforms was destined to cause significant objections, so the new administration gave the public someone else to blame. Appointed as the Secretary of State for Work and Pensions for the Coalition, Iain Duncan Smith MP excelled in his new found authority, as he demonised claimants of disability benefits with his many false claims without any apparent redress (Garthwaite, 2011). He successfully suggested that fraud was a significant problem for the growing welfare budget, which negatively impacted on what had been the public support for the disabled community. In reality, when Duncan Smith was creating a moral panic by claiming that there were excesses of fraud by benefit claimants, the DWP's published figures were stating the opposite. In fact, the '*fraud rate for sickness benefits is just 0.5 per cent, meaning that 99.5 per cent of claimants are not fraudulent*' (Garthwaite, 2014).

Duncan Smith's toxic rhetoric used to describe disability benefit claimants was well documented in the tabloid press (Little, 2011) and, over time, coincided with a 213 per cent increase in prosecuted disability hate crimes (Wheeler, 2015). His hostile claims about benefit claimants informed public opinion to the detriment of the chronically ill and disabled community (Garthwaite, 2011; Brient *et al.*, 2013; Barr *et al.*, 2016) and, eventually, independent social policy research would expose the public health crisis created by the relentless political attack on those in greatest need:

"The programme of reassessing people on disability benefits using the Work Capability Assessment was independently associated with an increase in suicides, self-reported mental health problems and anti-depressant prescribing..."

"Our results have important implications for policy. The WCA and reassessment policy was introduced without prior evidence of its potential impact or any plans to evaluate its effects..."

"Given that doctors and other health professionals have professional and statutory duties to protect and promote the health of patients and the public, our evidence that this process is potentially harming the recipients of these assessments raises major ethical issues for those involved..."

"Our study provides evidence of the policy in England of reassessing the eligibility of benefit recipients using the WCA may have unintended but serious consequences for population mental health, and there is a danger that these adverse affects outweigh any benefits that may or may not arise from moving people off disability benefit."

*"First do no harm': are disability assessments associated with adverse trends in mental health?
A longitudinal ecological study.'*

*Barr, B., Taylor-Robinson, D., Stuckler, D., Loopstra, R., Reeves, A. and Whitehead, M.
Journal of Epidemiology & Community Health 2016, Vol 70, No 4, pp.339-345*

This ongoing prevalent intimidation of the chronically ill and disabled community by the DWP is a public health concern, not least because of the relationship between physical and mental health and the fact that deteriorating mental health can accelerate a deterioration in physical health (Doherty and Gaughran, 2014). Whilst the public and academic objections to the use of the WCA have reduced, evidence continues to be exposed as to the public health crisis this flawed assessment created, as demonstrated in an NHS report that was never published, which identified that almost 50 per cent of ESA benefit claimants had attempted suicide at some point (Pring, 2017). That evidence should have alerted the DWP to immediately abolish the WCA. However, as with all detailed evidence which demonstrates the preventable harm created by the adoption of the WCA, there was no change in political direction or ambition to move one million claimants from disability benefit into employment, regardless of the predictable and often fatal human consequences.

Conclusion:

As long as UK social policies are decided using a fiscal priority, whilst disregarding health and wellbeing, the chronically ill and disabled community will continue to live in fear of the DWP and the WCA. Other than neoliberal ideology, there is no justification for the continued use of the fatally flawed assessment, which was adopted by the UK administration when demonstrating a total indifference to human need and influenced by corporate America. Many more chronically ill and disabled benefit claimants were '*killed by the state*' when driven to suicide by relentless DWP persecution, or starved to death following a sanction, and many more will be '*killed by the state*' until someone is held to account for this ongoing catastrophic government induced public health crisis.

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Table:

Table 1: DWP Mortality Statistics, ESA claimants. December 2011 – February 2014
Reproduced from DWP evidence, published August 2015
Government publishing service, 2015.