



Mo Stewart Research

Fellow, Centre for Welfare Reform
Research Lead, Preventable Harm Project

Phone: xxxxx xxxxxx

Text: xxxxxxxxxxxx

Email: xxxxxxxxxxxxxxxxx

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The Rt Hon Sir Stephen Timms MP
Chair, Work and Pensions Committee
House of Commons
London
SW1A 0AA

via email:
workpencom@parliament.uk

Dear Sir Stephen,

Re: Health Assessments for Benefits
Fifth Report of Session 2022-23¹

Thank you for this significant report and please convey my thanks to all Committee members for their diligence when taking evidence during the inquiry.

Further to the publication of the report, I am writing in my capacity as the research lead for the Preventable Harm Project² (the Project) to alert you and fellow Committee members to a common error relating to the description of 'health assessments for benefits'.¹

Further to ten years of research for the Project (2009-19), please be advised that the assessments conducted by private contractors for claimants of disability benefits are totally unrelated to health, as identified in a multitude of published peer-reviewed research papers by many academic experts.² In fact, the assessments are identified as being a 'non-medical functional assessment',³ as co-designed by corporate America,⁴ which totally disregards all clinical need.

At UnumProvident we have a non-medical, enabling model of rehabilitation and we are working with our partners at the UnumProvident Centre for Psychosocial and Disability Research at Cardiff University to better understand what places people at risk of long-term or chronic illness.⁴

Therefore, by definition, health is not a consideration of these assessments, and to describe them as 'health assessments for benefits'¹ is a common misunderstanding but is also misleading. Certainly, they are assessments for 'health-related benefits',¹ but the assessments actually disregard clinical need³ and so, clearly, are unrelated to health.

On a related matter, when the Work Capability Assessment (WCA) was first introduced in the



UK in 2008, it was identified as being a functional assessment and, ever since, all official reports regarding the assessments have claimed that the WCA does *'not focus on the diagnosis of particular conditions or disabilities, but instead look at the impact these have on a range of activities'*¹ (p13).

As a medically retired healthcare professional, I can advise that that justification has always been a serious problem, and the interpretation of it exposed those in greatest need to preventable harm. It is a justification invented by corporate America who co-designed these assessments,^{3,4,5} and it was subsequently adopted by the Department for Work and Pensions (DWP) to justify the use of the fatally flawed WCA.³ In reality, the use of the discredited biopsychosocial (BPS) model of assessment as used by the health insurance industry and adopted by the DWP was exclusively designed to restrict access to income replacement health insurance claims in America, and disability benefit claims in the UK.⁵ It was always a dangerous assessment model, not least because the (Waddell and Aylward) BPS model of assessment as adopted by the WCA totally disregards all clinical need and, when assessing the chronically ill and disabled community for their ability to engage with paid employment, one form of assessment is totally meaningless without the other, as demonstrated when the DWP disregarded Coroners' warnings regarding the risk of suicide linked to the WCA.^{6,7}

Over the years, various academic and clinical experts have exposed the WCA as being totally unfit for purpose and directly linked to many thousands of deaths, yet you totally disregard the identified growing public mental health crisis created by the adoption of the WCA. Clearly, there is a reason why every clinical lead in the UK demanded that the WCA should be abolished, which included the BMA, the RCGP, the RCPsych, the BPS and the RCN.⁶

I note with interest that the Report¹ (p13) still advises that the DWP 'Decision Maker' makes the benefit awards following access to the WCA conclusion. However, as previously mentioned,³ this is not the case.⁷ In the first⁸ of three reports by Professor Malcolm Harrington who was appointed to conduct independent reviews of the WCA, the Professor alerted the DWP to the limitations of the Decision Makers in 2010, not least because they claimed that they can't comprehend medical evidence provided by claimants and so their decision to award disability benefits was totally dependent upon the WCA recommendations⁸ (p50). This hasn't changed. Regardless of DWP claims, Decision Makers are basic grade administrators and are not qualified to do anything else.

There are two points of particular significance that remain cause for serious concern, as demonstrated very well by the evidence to the Committee by the then DWP Minister for Disabled People, Health and Work on 20th July, 2022.⁹ The Minister managed to upset a lot of the disabled community with her evidence. She dismissed the identified numbers of people who were suffering due to the WCA by quoting figures which were grossly exaggerated DWP estimates.⁹ (Q447) Whilst it was refreshing to learn that benefit claimants were now referred to as 'people' and not 'customers', nevertheless, the Minister demonstrated a passion for DWP bureaucracy and very little else. She disregarded all evidence of preventable harm and



presumed that these assessments are largely successful given the relatively small numbers of appeals, demonstrating her disturbing lack of knowledge given that many disability benefit claimants whose assessments are incorrect are not well enough to challenge the decision. The DWP do not acknowledge the limitations of a catastrophic illness, and it can't be presumed that everyone in greatest need will have a friend, family member or adviser who can help them gain access to benefits which they are clearly entitled to. It also can't be assumed that all applicants have a pc.

It is very nearly 15 years since the WCA was adopted by the DWP as a form of 'disability denial'¹⁰ when imported from corporate America and, yet, Ministers continue to talk about improvements, which confirms that these '*non-medical functional assessments*' should never have been adopted and the use of the WCA guaranteed that many claimants would be and have been '*killed by the state*'¹¹ (p30). Furthermore, there is a growing amount of published peer-reviewed academic papers demonstrating the contempt towards those in greatest need, as demonstrated by DWP and Jobcentre Plus (JCP) staff and assessors provided by private contractors in a form of '*institutional violence*'.¹² Significantly, all evidence of humanity was successfully removed from these assessments when guided by DWP policy.¹² Possibly the most significant cause for concern over the use of these assessments is the DWP's continued use of brutal benefit sanctions. Starving to death chronically ill people can never be justified,¹³ and those in greatest need with a catastrophic illness are never mentioned by the DWP. It's almost as if these claimants don't exist. For example, someone surviving with end-stage emphysema is very unlikely to wake up every day to attempt to access more funds from the DWP. They are much more likely to wake up and wonder if this will be their last day on earth, and someone so ill should not spend their final months living in fear of the next DWP contact.

Regardless of possible changes to the assessment model and the planned future abolition of the WCA, unless clinical need is considered any improvements will not be possible. Indeed, until care, concern, compassion and kindness are introduced to these assessments, those in greatest need will not be reassured by the recent Report.¹ They will continue to live in fear of the DWP, which negatively impacts on the health, wellbeing and survival of disability benefit claimants who continue to be punished by the State for being unfit to work. This has always been ethically unjustifiable and morally reprehensible.

Thank you for your time.

Yours, most sincerely

A handwritten signature in black ink, appearing to read 'Mo Stewart', with a stylized flourish at the end.

Mo Stewart

Fellow, Centre for Welfare Reform

Research Lead, Preventable Harm Project

Author of '[Cash Not Care: the planned demolition of the UK welfare state](#)'

Creator of [The Preventable Harm Project](#)

Consequences [Influences and Consequences](#)



References

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- 3 The public health crisis created by UK social policy reforms
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- 4 Supplementary memorandum submitted by UnumProvident Insurance following the publication of the Welfare Reform Green Paper
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- 5 *Cash Not Care: the planned demolition of the UK welfare state*, New Generation Publishing, 2016
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- 6 Letter to Robert Watling, DWP Ministerial Correspondence Team, November 2021. Ref: T02021/83736
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- 13 The death of Errol Graham: Man starved to death after DWP wrongly stopped his benefits
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