

# INQUIRY INTO SAFEGUARDING VULNERABLE CLAIMANTS

Evidence submitted by

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9th October 2023

## SUMMARY

*This submission argues that due to the lack of a statutory duty to safeguard the wellbeing of vulnerable benefit claimants there are significant human consequences which are routinely disregarded by the Department for Work and Pensions (DWP), who demonstrate no responsibility for the identified preventable harm created by the impact of benefit assessments of those in greatest need. Given that there is no statutory duty, the DWP is not transparent regarding safeguarding measures they are not duty bound to uphold. Therefore the DWP is not held to account, regardless of the identified public health crisis generated since the adoption of the work capability assessment in 2008 and, especially, since the excessive use of punitive sanctions since 2010 and the adoption of austerity measures, which were always destined to negatively impact on the most vulnerable claimants.*

## Introduction

1. My focus for submitting evidence to the Committee's inquiry lies in my experience as the research lead for the Preventable Harm Project (2009-2019), which identified a major public health crisis linked to the adoption of the work capability assessment (WCA) that disregards all clinical need and was initially adopted in 2008 to limit access to the Employment and Support Allowance (ESA) long-term disability benefit. The [published research from the Project](#) is available online, and includes access to peer-reviewed academic papers authored by a multitude of academics from a variety of universities. The website is used as a resource for social policy, public health and criminology students.

## **Background: the influence of neoliberal politics with UK social policy reforms**

2. My interest in social policy reforms is due to the findings of the Preventable Harm Project, conducted over a period of ten years (2009-2019), which identified the influence of neoliberal politics with social policy reforms which were destined to cause preventable harm to many of those in greatest need who are unfit for work. Neoliberal politics is the ideology that supports free market competition with an emphasis on minimal State intervention. Since the adoption of neoliberal politics by successive UK administrations since 1979, social policy legislation has adopted increasingly punitive assessments to limit access to long-term disability benefit(s), which created a well documented public health crisis (Garthwaite, 2011, 2014; Hale, 2014; Stewart, 2023, 2021, 2019a, 2019b; Dwyer, P. 2018, 2004; DNS, 2017, 2020, 2022a, 2022b, 2022c; Barr *et al*, 2016).

3. The addition of relentless hostile government rhetoric adopted by the Coalition administration (2010-15) (Watts and Fitzpatrick, 2018) to intimidate disability benefit claimants to remove the past psychological security of the welfare state, when aided by hostile banner headlines in the tabloid press (Sumpter, 2011), coincided with an increase of 213% in prosecuted disability hate crimes for the duration of the Coalition administration's term in office (Wheeler, C. 2015; Reilly, 2021). Hence, '*... in the area of poverty-related policy, the evidence points to the conclusion that the driving force has not been economic but rather a commitment to radical social re-engineering*' (Alston, 2018). This identified '*radical social re-engineering*' was necessary in advance of the future planned demolition of the UK welfare state (Stewart, 2016).

4. Negative mental health consequences of the combined impact of welfare reforms and austerity measures in the UK since 2010 are identified when relating to disability benefit assessments (Stewart, 2019a; Barr *et al*, 2016), and to the increased punitive conditionality using lengthy sanctions when applied to disability benefit claimants (Webster, 2018, 2019), as those in greatest need now live in fear of making a claim for financial support from the State or of losing benefits to which they are entitled (Stewart, 2019b).

5. The DWP's resistance to research '*into policy's effects on claimants*' which was to study possible links between benefit sanctions and suicide (Butler, 2022) adds to the DWP resistance to sharing any evidence which supports published research demonstrating the public health crisis created by benefit assessments (Stewart, 2023), and often such evidence is reluctantly provided only after freedom of information (FOI) requests are pursued (DNS, 2022c):

The Department for Work and Pensions (DWP) unlawfully prevented the release of secret reports into the deaths of at least 20 benefit claimants, the information commissioner has ruled. The commissioner, John Edwards, has found that the DWP breached the Freedom of Information Act by blocking documents which would have showed recommendations made by its own civil servants to improve safety and reduce the number of suicides and other deaths (DNS, 2022c).

6. It is cause for concern that many MPs disregard any evidence demonstrating the often fatal human consequences of the WCA, claiming that there were five DWP commissioned WCA

annual reviews, which it seems they have not accessed as Professor Harrington warned that 'Decision Makers' were underqualified and routinely failed to conduct their listed responsibilities, as identified in his first report (Harrington, 2010).

It is important to note that advice from the Atos assessment to the Decision Maker is just advice. It provides evidence collected by a healthcare professional (HCP) as to whether the claimant has or has not met a threshold of capability for work. The Decision Maker should then use this evidence as part of a suite of information, including the original ESA50 (application form) and any other additional evidence provided by the claimant to make an informed judgement. They should, for instance, consider whether the findings of the Atos assessment are consistent with what the claimant has stated on the ESA50, or with any particular representations or case notes from the claimant's own doctors and HCPs (Harrington 2010: 47). ...

The review has found that many Decision Makers lack the confidence to make a decision that deviates from the Atos advice. In part this appears to be an issue of training and investment in the Decision Maker role, but it also reflects the lack of time Decision Makers are allowed to devote to particular cases. Several people the review spoke to referred to Decision Makers as '*decision-stampers*,' merely ticking through the advice from Atos (Harrington 2010: 49).

It is clear that a culture has developed amongst Decision Makers that sees the advice from Atos as forming the decision, and that they are simply to ratify that decision. This is evident in the language officials use about decisions; many talk about '*overruling*' the Atos advice rather than making an evidence-based decision, while others reference the difficulty in going against the recommendation of the Atos HCP: '*It's difficult. I mean, they're a doctor. They've assessed this person. I don't know enough about it to overrule what they're saying.*' Jobcentre Plus Decision Maker (Harrington 2010: 49).

This researcher had the opportunity to speak with Professor Harrington during the 2010 WCA review. As a former healthcare professional this researcher questioned why this 'assessment system' had been adopted when the staff with the most responsibility were not qualified for the job? To be expected to consider medical evidence provided by the claimant and/or their HCP, and to comprehend the significance of it, needs a medical administrator and not a basic grade administrator using the title of 'Decision Maker'. Professor Harrington didn't disagree but advised that employing medical administrators would not be cost effective, and there wouldn't be enough of them. Therefore, this 'assessment system' was guaranteed to cause preventable harm to many (Stewart, 2019a; 2021, 2023) when using **underqualified** Jobcentre staff as 'Decision Makers'.

7. Since the adoption of the WCA to limit access to the ESA disability benefit in 2008 and, most recently, to Universal Credit (UC) for the chronically ill and disabled community, a culture of DWP hostility developed which generated an excessive use of benefit sanctions negatively impacting on those in greatest need (Webster, 2018), which was ideologically motivated to successfully intimidate service users (Dwyer, 2018). DWP staff were encouraged to conduct '*institutional violence*' and this behaviour was '*in the context of policy and practice changes*

*which have encouraged the production and delivery of 'institutional violence' on the front-line'* (Redman and Fletcher, 2021).

**8.** It should be remembered that the WCA was adopted using the government commissioned research by Waddell and Aylward (2005) who promoted the adoption of their biopsychosocial (BPS) model of assessment for the WCA, which disregards all clinical need and failed all academic scrutiny (Shakespeare *et al*, 2017).

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... They have also been used to drive changes in media representation of disabled people, promoting the myth that large numbers of claimants are fraudulent... Society must accept that work is not always appropriate or possible, and that for many disabled people humane and supportive alternatives are needed... 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 (Shakespeare *et al*, 2017).

### **The Committee's questions**

From the above starting point, this submission now considers the Committee's questions:

**Q1** DWP does not have a statutory duty to safeguard the wellbeing of vulnerable claimants. Should this change? **a)** If so, what should this duty look like?

**A1** The DWP is the UK's largest public service department and, as such, is responsible for funding benefit for the nation's most vulnerable chronically ill and disabled claimants yet failed to adopt a statutory duty to safeguard their wellbeing. This has permitted identified [preventable harm](#) to be adopted by DWP staff responsible for providing long-term disability benefit, whose excessive use of sanctions meant that some chronically ill benefit claimants were starved to death by the DWP (Gentleman, 2014; DNS, 2020).

**a)** Any 'statutory duty' to safeguard the wellbeing of vulnerable claimants would need a significant improvement to the identified hostile, intimidating and prejudicial attitude demonstrated by the DWP towards claimants, especially in correspondence (Garthwaite, 2011, 2014). The 2010-2015 administration spent five years publicly demonising disability benefit claimants, and the former DWP Secretary of State (2010-2016) and present Director of the Centre for Social Justice still demonstrates this hostile attitude with [recent press comments](#) advising that '*the Government must get people languishing on sickness benefit back to work*' (Duncan Smith, 2023). Clearly, these well documented detrimental and hostile attitudes towards disability benefit claimants must improve before any statutory duty of safeguarding and wellbeing could realistically be adopted by the DWP.

The ESA mortality totals were eventually published in August 2015 following several FOI requests. The table (1) demonstrates the numbers of ESA claimants who died between December 2011 and February 2014, which included a total of 2,380 claimants who died after being found 'fit for work' by the WCA and refused access to the ESA benefit, which is an average of almost 90 deaths per month (Butler, 2015). There was a strong political and public reaction to the mortality totals and, ever since, the DWP have **refused to publish** the updated totals of ESA claimants who died after being found 'fit for work' by the WCA since February 2014, which should be in the public domain but remains unknown.

**Table 1: DWP mortality statistics, ESA claimants: Dec 2011-Feb 2014, published August 2015**

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

**Q2** Is DWP adequately transparent about its safeguarding measures of vulnerable claimants, including how the Internal Process Review (IPR) procedure works and what is done to implement lessons learned? **a)** Is DWP adequately transparent about its safeguarding failures to ensure it is held to account?

**A2 No**, the DWP is not transparent regarding the safeguarding measures of vulnerable claimants, and the previous Secretary of State (2019-2022) spent a lot of time [refusing to provide](#) published DWP research evidence and reports to the Committee (DNS, 2022c, 2022d). Given the number of deaths of ESA claimants found 'fit for work', more IPRs are needed.

New figures show how the number of secret reviews into deaths of benefit claimants that have been linked to the failings of the Department for Work and Pensions (DWP) has more than doubled over the last three years.

They show how DWP started 43 internal process reviews (IPRs) into deaths between July 2019 and June 2020, 59 from July 2020 to June 2021, and 38 in the last year, a total of 140 in three years. A previous freedom of information request by Disability News Service (DNS) shows this compares with 17 reviews carried out in 2016, 29 in 2017 and 18 in 2018, a total of only 64. ...

DWP suggested this week that the rise was because it had 'broadened the range of circumstances where a review is carried out', but it has so far declined to say when it made this change, or exactly what changes were made to its guidance (DNS, 2022d).

a) By refusing to publish significant research evidence and reports which should be in the public domain, the DWP are limiting the possibility of accountability.

**Q3** What are the main challenges that vulnerable claimants face when trying to make a new benefit claim? a) How effective is the Universal Credit ‘Help to Claim’ service at supporting vulnerable claimants to register a claim? b) What should DWP do to improve support for vulnerable people to make a claim and to ensure they do not delay making a claim?

**A3 FEAR** is the main challenge that vulnerable claimants face when trying to make a new benefit claim for Universal Credit (UC), as identified by the Trussell Trust (TT, 2022) and the British Medical Journal (BMJ) in a paper by Mandy Cheetham and colleagues (Cheetham *et al*, 2019):

**Results** Participants’ accounts of the UC claims process and the consequences of managing on UC are reported; UC negatively impacts on material wellbeing, physical and mental health, social and family lives. UC claimants described the digital claims process as complicated, disorientating, impersonal, hostile and demeaning. Claimants reported being pushed into debt, rent arrears, housing insecurity, 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 a claimant’s 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.

**Conclusions** The findings add considerable detail to emerging evidence of the deleterious effects of UC on vulnerable claimants’ mental health and wellbeing. Our evidence suggests that UC is undermining vulnerable claimants’ mental health, increasing the risk of poverty, hardship, destitution and suicidality. Major, evidence-informed revisions are required to improve the design and implementation of UC to prevent further adverse effects before large numbers of people move on to UC, as planned by the UK government (Cheetham *et al*, 2019).

The government were alerted to the fact that almost one third of the adult population do not use IT, yet access to UC is only available by an on-line application. This causes anxiety as, for many claimants, there is a need to find IT support before an application can be made and not everyone has friends and family to help. It is also necessary to create an email address, and to use it, which proves difficult. Due to the fact that there is a five week waiting period for UC, this design fault has immediately plunged vulnerable claimants into debt, which has to be repaid from future benefit income creating instant poverty and, in many cases, destitution.

a) The ‘Help to Claim’ service was designed to help people to claim UC yet, since April 2022, claimants are no longer able to access the service face to face, and access is only available via the telephone and digital channels. *‘The narrowing of delivery channels risks some of those with the most complex needs, including mental health problems, falling through the gaps’* as identified by the Money and Mental Health Policy Institute (Bond, 2022).

UC is a complex system that can be tricky to navigate. Common symptoms of mental health problems, such as difficulty understanding and processing information, memory problems, reduced concentration or difficulties with clarity of thought, can make engaging with the system even harder. ...

The 'Help to Claim' service is crucial in supporting people to navigate the complexities of the UC system and setting them up with skills and knowledge to maintain the claims. However, narrowing down the ways in which people can access the service poses a real risk that people with the most complex needs, including those with mental health problems, will be left to struggle. ...

Yet needless flaws in the Universal Credit system make it too hard for people to nominate someone to help them. The system sets people up to fail when they need support. ...

The removal of face-to-face delivery of the 'Help to Claim' service poses a real risk that people with the most complex needs will not be set up with the skills required to maintain their claim, and that more people will need to turn to loved ones for support. Therefore, it is more important than ever that people in receipt of UC are able to quickly and efficiently give permission to family and friends to support them with their account, if we are to avoid more people with mental health problems falling through the cracks (Bond, 2022).

**b)** To improve support for vulnerable people to make a claim, the DWP should be alert to the various published papers and reports that demonstrate the difficulties created by the adoption of UC (Citizens Advice, 2018). It is cause for concern that UC was knowingly introduced with a '*... test and learn approach to the rollout of Universal Credit, with a commitment to make improvements as issues present*' (Citizens Advice, 2018: 2). Therefore, claimants were always destined to suffer due to what is a serious design fault.

**A significant number of people are not receiving their full payment on time as they struggle to provide evidence as part of their claim.** DWP data shows that currently 17% of Universal Credit claimants are still waiting longer than 5 weeks to receive their full payment. ... However, our research shows people are struggling with this – including 40% of those we help who found evidencing housing costs difficult. Advance Payments can provide necessary support to people whilst they wait for their first payment. But, it is unclear what additional support is available for people if their full payment is delayed. (Citizens Advice, 2018: 2) (Emphasis reproduced from the text).

#### **Health conditions**

Those who are accessing financial support for a health condition face particularly long delays, with only 1 in 3 of those who have a limited capability for work element in their claim receiving their full payment on time. There are a number of potential reasons behind this late payment. Many Universal Credit claimants have a health condition and are new to this support are not entitled to extra financial support until 3 months into their claim, following a Work Capability Assessment. This mirrors the current process in Employment and Support Allowance and means that a claimant's first payment is not expected to include any extra financial support for their health condition.

Other Universal Credit claimants who have a health condition are expected to receive extra financial support in their first payment. For example, those who have a terminal illness. We also see cases where people face challenges with the result of their Work Capability Assessment – which entitles them to this support – transferring over from legacy benefits, as well as people who have claimed Universal Credit whilst they appeal their ESA assessment and face long waits for their appeal decision, and therefore payment.

As part of making a Universal Credit claim, people who are currently unable to work due to a health problem must provide evidence of their health conditions whilst they wait for their Work Capability Assessment in order to ease their work search requirements. This is normally through a fit note from their doctor. Almost half (48%) of those we spoke to said they found evidencing health conditions difficult. To improve this process, **learning and developments from the legacy system should be introduced into Universal Credit – such as the ability to send digital fit notes.** (Citizens Advice 2018: 13,14) (Emphasis reproduced from the text of the report).

**Q4** What measures does DWP currently implement to ensure that vulnerable claimants are safeguarded against harm? How successful are these measures?

**A4** Having established that the [‘Help to Claim’ service](#) has been reduced to supporting claimants by phone or digital channels, it can be argued that the removal of the face-to-face support is negatively impacting on vulnerable claimants and has increased their anxiety when faced with such a complex UC application (Bond, 2022). These measures are causing harm and are a retrograde step to reduce costs, they are not successful and will increase preventable harm of vulnerable claimants. Since [July 2020](#) the DWP have claimed that increased safeguarding procedures have been adopted and efforts will be made to protect vulnerable claimants prior to removing benefit, including visits to the claimant’s home and contact with other possible support staff. There may also be a client conference. It is unknown how enthusiastically these claimed improvements in DWP safeguarding have been adopted.

**Q5** Does DWP have adequate understanding of the vulnerable claimants that use the benefit system and the support they require? **a)** Does DWP do enough to monitor the wellbeing of vulnerable claimants? **b)** Does DWP have sufficient processes in place to ensure that benefits are not withdrawn from vulnerable claimants when there is a risk that this will cause serious harm to the claimant?

**A5** Published peer-reviewed academic research identified that the DWP were instructed to adopt *‘psychological harm’* by the Coalition administration (2010-2015) as disability benefit claimants were stigmatised (DNS, 2021). There is no evidence that the DWP wanted to understand the needs of vulnerable claimants as the Department adopted punitive *‘institutional violence’* (Redman and Fletcher, 2021) to limit access to benefit and to remove the past psychological security once provided by the UK welfare state. It remains difficult to comprehend how this culture of identified DWP [disability denial](#) could transform into an adequate understanding of vulnerable claimants under a different administration, given that it is the same civil servants making decisions regarding disability benefit.



Department for Work and Pensions (DWP) staff and managers deliberately inflicted psychological harm on benefit claimants, engaged in unofficial sanctioning targets, and pushed disabled people into work despite a risk to their health, shocking new testimony has revealed. ...

One JCP worker described how staff would often treat claimants with 'disrespect' and use psychological harm as a technique to reduce the number of people claiming benefits, 'pushing them until they either just cleared off because they couldn't take the pressure, or they got sanctioned' (DNS, 2021).

**a) No** the DWP does not do enough to monitor vulnerable claimants (DNS, 2018) but creates soundbites for press and media to reproduce when needed. They do however use seemingly endless AI resources to [monitor UC applications](#) and produced exaggerated claims of disability benefit fraud, which was always a political smokescreen to justify austerity measures.

The Department for Work and Pensions (DWP) is failing to support 'vulnerable' claimants and is unable to monitor how they are being treated under its new universal credit benefit system, according to an investigation by the public spending watchdog. The report by the National Audit Office (NAO) raises a string of serious concerns about the way vulnerable claimants are being dealt with by DWP as it gradually rolls out universal credit across the country. ...

The NAO report says DWP 'lacks the ability to monitor the treatment of vulnerable claimants' nationally and has not developed a way to record 'different vulnerabilities' in the data system (DNS, 2018).

**b)** The processes in place by the DWP to ensure that benefits are not withdrawn from vulnerable claimants at risk are inadequate, as identified by various national organisations, including [MIND](#) which is the leading mental health charity for England and Wales.

Currently there are safeguards within the benefits system which are intended to avoid people in vulnerable circumstances seeing their benefits stopped in error. However, these are ineffective because:

- **Safeguards do not require staff to make decisions based on all the information available to them.** Even the strongest safeguards within the benefits system only require staff to attempt to carry out specific activities such as visits or phone calls. Staff are not required to contact support services and family members in order to reach a considered judgement about whether someone is at risk.
- **The safeguards are not consistent across different circumstances or different types of benefits.** The safeguards for missing a Work Capability Assessment are different to those for missing a Jobcentre appointment or failing to search for work. This means that whether someone is protected will often depend on what part of the system they are in rather than on their actual circumstances.
- **The DWP do not ask for the kind of information which would help them to identify who may be at risk.** They also do not routinely ask for emergency points of contact that would help them apply safeguarding procedures.

- **The DWP does not yet have effective ways to systematically learn from past failures,** to involve families in investigations and to publish their recommendations in a way which allows for expert review and scrutiny. (MIND, 2020)

**Q6** How successfully does the DWP work with external agencies (such as the NHS) to ensure that important information is shared between organisations? **a)** Is there a framework in place that enables DWP to review the effectiveness of its cross-agency communication and collaboration?

**A6** Unknown – outside this researcher’s area of expertise.

**Q7** Is DWP’s staff guidance for dealing with vulnerable claimants, including the Universal Credit Six Point Plan Framework, adequate? *Reviewing failures in safeguarding.*

**A7 No,** staff guidance for dealing with vulnerable claimants is not adequate, not least because the identity of claimants considered to be ‘vulnerable’ is inadequate. Anyone who has catastrophic ill health, such as with end stage emphysema, is vulnerable due to being seriously ill with the added burden of relentless concerns about the security of their benefit income. Given that disability benefit assessments disregard diagnosis and prognosis, catastrophically ill claimants and their additional needs are very easy to overlook.

**Q8** How successful is the IPR process at investigating allegations of case mishandling? **a)** Are the IPR criteria for accepting a case for review appropriate? How could the process for submitting a case for review be improved?

**A8** There is no evidence that the Internal Process Review (IPR) adopted to investigate allegations of case mishandling are successful and, given the many thousands of people who suffer [preventable harm](#) as a result of the DWP benefits assessment system, it remains cause for concern that so few cases are investigated by the IPR.

**a)** Following its 2021 report ‘*Tip of the Iceberg: Deaths and Serious Harm in the Benefit System*’, [Rethink Mental Illness](#) established that only 21% of the IPRs conducted by the DWP have investigated serious harm. As self-harm, mental health crisis and suicide attempts are more common than suicide. This suggests that the DWP’s internal investigations have a vacuum where most of their work should be.

Rethink has now published powerful new research, based on a survey and detailed claimant interviews, to establish more about the harm people have experienced as a result of their interactions with the benefits system, and how the DWP respond to them.

‘We’re just numbers to them’ – The DWP’s failure to investigate death and serious harm highlights the experiences of the people being desperately failed and harmed by the welfare system.

Key findings of the research include:

1. Cases of death and serious harm related to the benefits system are a current issue, not just a historic one. Almost three-quarters of incidents where a date was provided occurred in the last five years. Experiences related to applications, assessments and appeals were the largest cause of harm.
2. **The number of cases of serious harm suggests that the DWP is not instigating IPRs as often as it should be.** (My emphasis. MS)
3. In particular, the DWP is failing to investigate cases of serious harm that do not involve a death. Suicide attempts and self-harm occur much more frequently than deaths by suicide. The proportion of serious harm cases compared to deaths suggests that there should have been many hundreds of serious harm IPRs since July 2019, compared to the 31 that the DWP instigated.
4. Many cases of serious harm do not get reported to the DWP because of a lack of awareness about the process and a lack of trust in the department. As well as claimants not reporting cases, there is no adequate process for professionals outside the DWP who support claimants, such as clinicians or social workers, to report suspected incidents of serious harm investigation.
5. The definition of serious harm used by the DWP is not clear. For example, it's not set out if a mental health crisis that does not involve self-harm or a suicide attempt should trigger an IPR. This is made worse by a lack of published guidance or official analysis of cases, trends and IPR.
6. Cases where people's negative experiences may fall below the DWP's threshold of serious harm nevertheless raise wider concerns about the adverse mental health impact of the benefits system and whether enough is being done to address this.

As a result, Rethink says that the following immediate actions are needed:

- The DWP should inform claimants, their appointees and – where there has been a death – the next of kin about whether an IPR is taking place. They should also inform them of any recommendations they make and progress on delivering those recommendations.
- The DWP should publish annual reports on the IPRs that it has conducted. These should include statistics on the characteristics of the cases examined and the people affected (including the type of harm experienced, and the aspects of the benefit system associated with harm).
- The DWP should establish a simple process by which incidents of suspected death or serious harm associated with the benefits system can be reported. This includes reporting incidents online, by telephone or in person at Jobcentres by claimants or by their family, friends, appointees or professionals working with them.
- Once a new reporting process has been set up, the DWP should write to all claimants and professionals who work with people supported by benefits, setting out the IPR process.
- The DWP should provide a clearer definition of what constitutes 'serious harm'. They must strengthen and clarify guidance for their staff about the nature and process of cases that should be referred to an IPR. Where cases later come to light in which it is found that earlier opportunities to instigate an IPR were missed, this

should be considered a serious – and potentially disciplinary – matter for the staff or services in question. (Disability Rights UK, 2022).

**Q9** Does DWP adequately implement lessons learned from IPRs to ensure that mistakes are not repeated and that the safeguarding process improves? **a)** Does DWP have effective processes in place to identify and address larger, systemic issues around safeguarding? **b)** How effectively does this process communicate and share learnings with other bodies involved in case reviews such as Coroners and local Safeguarding Adults Boards?

**A9** There is no evidence to suggest that the DWP implements any lessons learned from IPRs to ensure that mistakes are not repeated and that the safeguarding process improves, which may be linked to the fact that a previous DWP Secretary of State [refused to publish](#) detailed DWP reports, which may have provided the evidence missing from the response to IPRs safeguarding processes (DNS, 2023a).

**a)** The DWP does not demonstrate effective processes in place as the Department resists publishing in full significant evidence (DNS, 2023b).

Every one of the 53 internal process reviews (IPR) carried out by DWP civil servants investigated the case of a sick or disabled benefit claimant who had either died or experienced significant harm.

The recommendations refer to multiple errors and policy failings across universal credit, employment and support allowance (ESA) and personal independence payment (PIP). Although it is impossible to be certain how many of the flaws uncovered by the reviews played a significant part in the deaths of claimants – because DWP refuses to release the full reports – the recommendations suggest the disability benefit system continues to be deeply flawed and unsafe.

Several IPRs criticise the private sector contractors that carry out PIP assessments, suggesting that reports were not meeting ‘the agreed quality’, that ‘quality assurance checks’ for these reports were not ‘sufficiently robust’, that reports should ‘fully explore customer’s medical conditions and meet the quality standards to support an accurate PIP award’, and that the reports needed to be ‘robust and meet the agreed standards’. ...

On ESA, one report suggests that the claimant’s benefits had been removed without the necessary enquiries being made about ‘any change in circumstances or medical condition’, despite there being a seven-year gap since their last work capability assessment. Another IPR raises concerns that members of DWP’s ESA team were not aware of ‘the correct process to follow when a capability for work questionnaire is not received from a customer’. ...

One of the most concerning recommendations relating to universal credit is the suggestion ‘to consider if front line colleagues are sufficiently trained to identify customers reporting changes in their health conditions’, while another underlines the need for universal credit ‘claimant commitments’ to ‘ensure they reflect the customer’s health journey’. (DNS, 2023b)

It should be noted that DWP guidance states that 'IPRs should be carried out if there is 'a suggestion or allegation that the Department's actions or omissions may have negatively contributed to the customer's circumstances, or cases in which the department may have been able to learn about the operation of its processes, AND a customer has suffered serious harm, has died (including by suicide), or where we have reason to believe that there has been attempted suicide'. They are also carried out if DWP is asked to 'participate in a Safeguarding Adults Board, or is named as an Interested Party at an Inquest'. (DNS, 2023b)

**b)** Given that as long ago as 2015 a Coroner's report identified a reluctance by the DWP to acknowledge a Rule 43 letter, which alerts the Department to a Coroner's concerns regarding a death of a benefit claimant (DNS, 2015), it is clear that the DWP continue to disregard the public health crisis created by disability benefit assessments that has been identified many times over the years since the adoption of the WCA, PIP and, most recently, Universal Credit (Barr et al, 2016; Cheetham et al, 2019; Dwyer, 2018; Garthwaite, 2014; Redman and Fletcher, 2021; Shakespeare et al, 2017; Stewart, 2023, 2021, 2019a, 2019b).

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 who find as many disability benefit claimants as possible 'fit for work', regardless of health, and 'institutional violence' (Redman and Fletcher, 2021) has been successfully adopted when aided by 'dehumanised' JobCentre staff, who were driven to sanction as many benefit claimants as possible. Other than neoliberal ideology, there is no justification for the continued use of the fatally flawed WCA, which was adopted by a UK administration demonstrating a total and catastrophic indifference to human need when influenced by corporate America. Many more chronically ill and disabled benefit claimants are destined to be killed by the State when driven to suicide by 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 identified ongoing UK government induced public health crisis (Stewart, 2023).

## References

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October, 2023