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Neil Couling CB CBE
Universal Credit SRO
Department for Work and Pensions
6th Floor, Caxton House
Tothill Street
London SW1A 9NA

via email

Personal attention

Dear Mr Couling,

Re: The public health crisis created by UK social policy reforms³
[Justice, Power and Resistance 6\(2\): 217-228](#) (p2)

Writing in my capacity as the research lead for the Preventable Harm Project¹ your recent evidence to the Work and Pensions Committee was of great interest demonstrating, once again, that senior figures in the Department for Work and Pensions (DWP) seem oblivious to the public health crisis generated by the adoption of social policy reforms since 2010. This includes the introduction of Universal Credit (UC), and the migration to it from other benefits, as identified by Dr Mandy Cheetham and colleagues in the *British Medical Journal*.²

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 claimants' vulnerabilities and distress. Staff reported concerns for claimants and additional pressures on health services, local government and voluntary and community sector organisations ... 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.²

¹ [The Preventable Harm Project](#)

² [Impact of Universal Credit in North East England: a quantitative study of claimants and support staff. *BMJ Open*](#)



It defies explanation why the Secretary of State for Work and Pensions claimed in evidence to the Committee last November that she does not want people just to be safe but that she wanted “*the best possible standard of care and support for people who rely on us,*” as quoted by the Committee Chair. Given that many of those in greatest need who rely on disability benefit for their financial survival live in fear of the DWP, which is constantly overlooked by the Department, I would welcome evidence of how you intend to improve the “*standard of care and support*” provided by the DWP? Fear is the overwhelming experience of many disability benefit claimants when forced to deal with the well-documented DWP hostility towards those in greatest need, especially the hostile content of DWP letters.³⁻⁷

The majority of narratives revealed a huge amount of fear and trepidation over ongoing welfare reform. Participants spoke about worrying about the assessment on a daily basis, accompanied by a deep mistrust of the entire system. ... Some respondents specifically mentioned their fear over receiving an official-looking brown envelope through the letterbox – a possible indicator of a communication from the DWP... Such a language of scroungers and benefit cheats is creating a realm of fear for sickness benefit recipients, and neither is it conducive to encouraging potential employers to employ someone who has a history of sickness benefit receipt.⁷

Whilst the extremely hostile DWP rhetoric may have changed, the situation continued to deteriorate since this evidence was first identified. Those in greatest need continue to live in fear of the DWP who created ‘*the politics of fear*’^{3,4}, in a misguided and dangerous attempt to restrict the costs of the welfare budget, which has led to a disturbing number of suicides.^{8,9} It also remains cause for serious concern that the DWP continue to disregard all published, peer-reviewed evidence demonstrating the identified public health crisis they created.³

Their often hostile rhetoric encouraged a 213 percent 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 (p.217).³

³ [The public health crisis created by UK social policy reforms. *Justice, Power and Resistance* 6\(2\): 217-228](#)

⁴ [The Creation of the Politics of Fear: Centre for Welfare Reform](#)

⁵ [Cash Not Care: the planned demolition of the UK welfare state. London, New Generation Publishing 2016](#)

⁶ [Preventable harm: creating a mental health crisis, *Journal of Public Mental Health* 2019, 18\(4\): 224–30](#)

⁷ [Fear of the brown envelope: exploring welfare reform with long-term sickness benefit recipients. *Social & Policy Administration* 2014, 48\(7\): 782-798](#)

⁸ [The Department, Pluto Books 2025](#)

⁹ [‘First, do no harm’: are disability assessments associated with adverse trends in mental health? A longitudinal ecological study”, *Journal of Epidemiology & Community Health*, Vol. 70 No. 4, pp. 1-7.](#)



I noted during your evidence to the Committee that you stressed staff training more than once, which was surprising given the crisis created by DWP staff who were very keen to enforce sanctions at every possible opportunity, regardless of often fatal human consequences, with no-one held to account.¹⁰ Indeed, it was Professor Harrington who identified ‘Decision Makers’ in his first WCA review (2010) as being under qualified for the vast responsibility they have (p.47, 50).¹¹ There has been a great deal of suffering created by ‘Decision Makers,’ who freely admitted to the Professor that they don’t comprehend medical evidence so they fail to access the additional medical evidence provided by claimants¹¹ with often fatal consequences with, again, no-one held to account.³ The Committee has already established that staff advised that they ‘don’t have time’ to successfully deal with safeguarding.¹² Therefore, highlighting their training will not and does not secure safeguarding of those in greatest need if the DWP staff don’t use it.

Further claims made by your colleagues to the Committee¹³ are demonstrably cause for concern, and are once again limited by the internal evidence you all rely upon. This is very unwise Mr Couling, given the volumes of academic and professional published evidence demonstrating the preventable harm created by the DWP when adopting social policies based on a fiscal priority, which is in conflict with health, wellbeing and in many circumstance, with survival.^{14,15} Furthermore, it remains very unwise for the DWP Chief Medical Advisor to continue to claim in evidence to the Committee that she relies upon Prevention of Future Deaths (PFD) reports provided by coroners to alert her to a problem when the DWP routinely disregard PFDs by justifying the unjustifiable,¹⁶ and adopting “*institutional violence*” to continue with this ideologically motivated preventable harm against those in greatest need.¹⁷

But in its response, published this month, DWP told the coroner it disagreed with each of the three key concerns she raised about the way its systems were working, particularly for universal credit claimants. ... DWP has now been sent at least seven PFDs since the start of 2010, and in each report the coroner has called for significant action from the department to prevent further deaths. ... And in four cases the department refused to accept that it had made any errors...¹⁶

³ [The public health crisis created by UK social policy reforms. *Justice, Power and Resistance* 6\(2\): 217-228](#)

⁸ [The Department, Pluto Books 2025](#)

⁹ [‘First, do no harm’: are disability assessments associated with adverse trends in mental health? A longitudinal ecological study”, *Journal of Epidemiology & Community Health, Vol. 70 No. 4, pp. 1-7.*](#)

¹⁰ [Killed By The State? Social Policy Abused, Centre for Welfare Reform](#)

¹¹ [An Independent Review of the WCA, 2010. Professor Malcolm Harrington. London: Stationary Office](#)

¹² [MPs reopen inquiry into DWP safeguarding failures that led to countless deaths – Disability News Service](#)

¹³ [Work and Pensions Committee, 12th February 2025](#)

¹⁴ [DWP’s link to suicide ‘should be examined by second inquest’, Court of Appeal is told – Disability News Service](#)

¹⁵ [Dismantling the social safety net: social security reforms, disability and mental health conditions, *BIPsych*](#)

¹⁶ [DWP’s 14-year history of dismissing coroners’ concerns over benefit claimant deaths – Disability News Service](#)

¹⁷ [Violent bureaucracy: A critical analysis of the British public employment service](#)



On a related subject, the constant referral by the DWP to disability benefit claimants as “customers” is a recent adoption by the Department and causes a great deal of offence, not least because when unable to work, and with no other means of financial support, the chronically ill and disabled community need access to social security benefits. Clearly, “customers” actually have a choice, which is usually whether to purchase something or not. Therefore, by definition, the chronically ill and disabled community with no other financial means of support cannot be accurately described as “customers” as they don’t have a choice of claiming benefit if they want to survive – both physically and financially. To stop this ongoing offence, I strongly suggest that benefit claimants are referred to as “clients,” “claimants” or “service-users” and not “customers” with immediate effect.

Given this identified DWP induced public health crisis, I can make no apology for the length of this letter, and I strongly suggest that you advise the Minister that any hope of restoring public trust in the DWP remains a long, long way away until such times as the DWP stop terrorising those in greatest need especially, in the Minister’s own words, “... *those with more severe health conditions for whom work is not an option.*” If the DWP continue with this brutal and relentless intimidation of service-users, and even presumes that those with chronic and profound ill health should find a job, you will be waiting a very long time before any form of trust in the DWP is ever restored. I suggest you think very carefully about the content of the pending Green Paper. Actions always have consequences Mr Couling and, clearly, DWP actions can be fatal which I strongly suggest you stop disregarding.

Yours 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 [‘Cash Not Care: the planned demolition of the UK welfare state’](#)
Editor [The Preventable Harm Project](#)
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Copied to: Dr Stephen Brien, Chair - Social Security Advisory Committee
Debbie Abrahams MP - Chair Work and Pensions Committee
The Rt Hon Sir Stephen Timms MP – Minister for Social Security and Disability
Dr Jed Boardman PhD FRCPsych – Consultant Psychiatrist/Senior Lecturer in Social Psychiatry
John Kirkpatrick – Chief Executive – Equality and Human Rights Commission
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