



Pathways to Work:

Reforming Benefits and Support to Get Britain Working Green Paper

Department for Work and Pensions Open Consultation, April 2025

Response by Mo Stewart

Research Lead, Preventable Harm Project

April 2025



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NOTIFICATION

**This response concentrates on the Chapter 2 Consultation Question:
'What practical steps could we take to improve our current approach
to safeguarding people who use our services?'**

**The evidence in this response identifies the ongoing government-induced
public health crisis impacting on those in greatest need, as highlighted by
the Preventable Harm Project.**

**The 'practical steps' needed to 'improve our current approach to
safeguarding people who use our services' has already been identified.**

This ongoing government-induced public health crisis must end.

Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper

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Executive Summary:

Once again, this Department for Work and Pensions (DWP) 'open consultation'¹ demonstrates the government's selective use of evidence when making many claims whilst overlooking the government-induced public health crisis² directly linked to past social policy reforms, which negatively impacted on the health, wellbeing and survival of many of those in greatest need:

'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, while failing to produce evidence to support their claims. 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.' (p217)²

This 'open consultation'¹ continues with the DWP culture of claiming to offer 'support' whilst blaming the chronically ill and disabled community for not working, and disregarding the volumes of published evidence demonstrating the government-induced mental health crisis directly linked to punitive social policy reforms of the recent past.^{3,4,5}

'In total, across England as a whole, the WCA disability reassessment process during this period was associated with an additional 590 suicides, 279,000 additional cases of self-reported mental health problems and the prescribing of an additional 725,000 anti-depressant items.' (p341)³

This is a demonstration that preventable harm is identified as government policy.⁵

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

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

³ ['First do no harm': *J Epidemiol Community Health* 2016; 70: 339-345](#)

⁴ [Preventable harm: creating a mental health crisis: *Journal of Public Mental Health* 18 \(4\) 224-230](#)

⁵ [Psychological tyranny prescribed by the DWP: preventable harm is government policy. *BJGP* 68 \(677\): 579](#)

Consider:

The Secretary of State's claim that '*there is good evidence that shows work is good for health and plays a vital role in recovery*'¹ overlooks the fact that the 'evidence'⁶ she is citing is discredited government commissioned research, funded by corporate America,² which is a common finding with government commissioned research created to support the government's social policy agenda. Any DWP claims that they want to 'help' the disabled community are not supported by the hostile and often condescending statements by DWP Ministers, who are continuing with the previous administrations' agenda when intimidating the chronically ill and disabled community and discrediting benefit claimants. As no responsibility is demonstrated by the DWP for the well documented government-induced public health crisis,² it is unreasonable to anticipate that trust will ever be returned to the DWP who continue to generate preventable harm whilst failing to accept any responsibility.⁷

The constant DWP claim that there are 2.8 million people '*out of work and classed as long-term sick*',¹ suggesting this is excessive, is a political smokescreen to manipulate the public. It overlooks the fact that, in 2005, there were 2.7 million people unable to work,⁸ so a slight increase given the impact of the pandemic, an ageing workforce, and the growing government-induced public health crisis,² clearly demonstrates that it is not unreasonable for there to now be 2.8 million people who are unable to work due to health limitations twenty years later in 2025. The problem is that successive administrations are suspicious of long-term disability benefit claimants, which is based on ideology when disregarding clinical need. The DWP threats against those in greatest need, and the stated political ambition to remove one million people from disability benefit has been ongoing for a long time, and is nothing new.⁸ Therefore, I suggest that the Secretary of State gets much better informed and changes her rhetoric, as the public have been listening to the same DWP claims for over twenty years:

'Between 1979 and 2005 the numbers of working age individuals claiming Incapacity Benefit (IB) increased from 0.7m to 2.7m. In 1951, 21 per cent were recorded as having a mental health problem; by 2005 the proportion had risen to 39 per cent, or just under 1 million people. The 2000 Psychiatric Morbidity Survey identified one in six adults suffering from a mental health problem: of these only 9 per cent were receiving some form of talking therapy. The Health and Safety Executive estimate that 10 million working days are lost each year due to stress, depression and anxiety, the biggest loss occurring in what was once the heartland of New Labour's electoral support, the professional occupations and the public sector. Despite these statistics, Britain has one of the highest work participation rates of OECD countries; while benefit levels are amongst the lowest in Western Europe and benefit claims are on a par with other countries.' (p41)⁸

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

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

⁶ [IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING?](#)

⁷ [The Preventable Harm Project](#)

⁸ [New Labour, the market state, and the end of welfare *Soundings Journal*, Issue 36: 40-54](#)

DWP Intimidation

Successive right-leaning neoliberal UK administrations have threatened the chronically ill and disabled community since 1992 but, since the Coalition administration (2010-15), the threats added a lot more brutality as the DWP disregard all human consequences when intimidating those in greatest need with severe sanctions, having adopted social policies using a fiscal priority and disregarding health and wellbeing. This, together with the burden of the cost-of-living crisis guaranteed an increasing public mental health crisis, for which the DWP accept no responsibility but simply complain at the rising numbers of disabled benefit claimants suffering with a mental health problem, which they created.²

There is a tendency for the DWP to disregard the 2016 NHS report,⁹ which was never reported to the media, and which exposed the fact that almost half of all claimants of the Employment and Support Allowance (ESA) disability benefit had attempted suicide.¹⁰ Given the significance of these disturbing figures, it is of serious concern that the administration failed to acknowledge the public health crisis generated by the ESA assessment, using the fatally flawed Work Capability Assessment (WCA), and the deaths linked to the WCA when claimants are found 'fit for work' have not been published by the DWP since 2015.¹¹ (Table 1) **This is sinister.**

Table 1: DWP mortality statistics, ESA claimants: December 2011 - February 2014, published August 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	7,570
Support group	32,530
Unknown	930
TOTAL	50,580

Source: Evidence from DWP mortality statistics, 2015. Table created by the author.

The constant political claims of the excessive costs of the welfare state to justify extreme DWP social policy reforms is not supported by published peer-reviewed academic research, with a paper by Professor Danny Dorling, published in 2021, demonstrating that the UK has allocated the **lowest amount of Gross Domestic Product to public spending since 1980** when compared with 14 other affluent European countries.¹² Given that the Secretary of State makes many claims, she fails to demonstrate how claimants will be treated with '*dignity and respect*' by the DWP, whose culture is demonstrably hostile towards those in greatest need.^{2,10}

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

⁹ [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014. - NHS England Digital](#)

¹⁰ ['Shocking' NHS stats show nearly half ESA claimants have attempted suicide – Disability News Service](#)

¹¹ [Mortality statistics: Employment and Support Allowance, Incapacity Benefit or Severe Disablement Allowance](#)

¹² [Public spending in the UK, and elsewhere in Europe, 1980-2026](#)

The Politics of Fear

A great deal of the content of the DWP 'open consultation'¹ is standard DWP propaganda and is very unlikely to be believed by those who have suffered so much, for so long, due to the 'violent bureaucracy'¹³ imposed by the DWP.¹⁴

'The department's frequent refusal to ensure the necessary information is obtained from the healthcare professionals who know the benefit claimant best will, in future years, lead to the deaths of countless disabled people.' (p20)¹⁴

The DWP 'open consultation'¹ continues where previous administrations ended in that it fails to acknowledge the primary cause of DWP preventable harm impacting on those in greatest need, which is that the WCA was designed to produce 'disability denial' and to totally disregard all clinical need, which was always dangerous and a decision influenced by American corporate advisers to the UK government since 1992.^{15,16}

'It was in 1992 that John Major invited UnumProvident to advise with the view to reducing the UK welfare budget. By welcoming UnumProvident as corporate advisers successive governments disregarded the debate in the House of Commons in 1999, which exposed the company's philosophy of **disability denial**; as adopted by the DWP in 2008 when masquerading as welfare reforms, and increased in 2010 by the Coalition government with the addition of savage austerity measures. ...

At the same time as Unum were being exposed in America they were sponsoring the former DWP Chief Medical Officer Mansel Aylward, at Cardiff University, with £1.6 million at the then named UnumProvident Centre for Psychosocial and Disability Research.

This corporate funded research centre was commissioned by the DWP in 2005. Together with Gordon Waddell, Aylward produced the required policy-based research known as '*The Scientific and Conceptual Basis of Incapacity Benefits*.' The research was largely self-referenced and promoted the Waddell-Aylward biopsychosocial (BPS) model of assessment; which is a replica of the Unum disability denial assessment model. The Waddell-Aylward BPS model was adopted for the WCA, and guaranteed that every chronically ill and disabled person in need of financial support would learn to live in fear of the DWP. ...

The medical world established a long time ago that the WCA using the BPS model of assessment was dangerous, and the most recent academic research identifies the WCA linked to **democide** but the DWP remain unrepentant.'¹⁶

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

¹³ [Violent bureaucracy: A critical analysis of the British public employment service. *Critical Social Policy* 42 \(2\): 306-326](#)

¹⁴ [The Department, London, Pluto Press](#)

¹⁵ [Cash Not Care: the planned demolition of the UK welfare state, London, New Generation Publishing](#)

¹⁶ [The American corporate influence with British welfare reforms. *The Sociological Review Foundation* 2018](#)

There are many claims in the ‘open consultation’¹ Green Paper which demonstrate the manipulation of the British public. Item 17 identifies that all major economies ‘*have seen rising prevalence in long-term health conditions and disability, but the UK is an international outlier in terms of its impact on benefits.*’¹ What is conveniently overlooked is that no other international administration has threatened and intimidated the chronically ill and disabled community as much as has been ongoing in the UK since 2010. With no administration accepting responsibility for the identified government-induced public health crisis² that was guaranteed to be created by relentless hostile DWP rhetoric against those in greatest need, the DWP demonstrate that they disregard the human consequences of their decisions.^{2,17}

‘Mental health has topped the political and media agenda in recent weeks in the wake of planned changes to health and disability benefits. This has been contextualised by ongoing and [sometimes controversial debates](#) about benefit claims made on the basis of mental ill health, some of which have [caused understandable concern](#) within organisations that support people with mental health problems. ...

The government’s own impact statement shows that the measures will leave a further quarter of a million people, including 50,000 children, [in relative poverty](#). This does not include expected financial benefits where people are able to return to work. Yet the [Institute for Fiscal Studies](#) has highlighted that the incentives assumed by the changes could be problematic because they target the people least likely to be able to change their situation through returning to employment because of their health. This could lead to people being trapped in financial hardship with no way out. ...

Previous reforms to disability benefits, such as the transformation from Disability Living Allowance (DLA) to PIP, have [negatively impacted people with mental health problems](#) and have themselves caused [additional mental health harms](#). In addition to this, restrictions and requirements placed on claimants have also had [negative impacts on health](#)’.¹⁷

Claims in item 66¹ that the government ‘*are committed to putting the views and voices of disabled people and people with health conditions at the heart of everything we do*’ makes a good soundbite but is demonstrably not working, given the identified preventable harm⁷ already in existence and planned to continue by these latest cuts to disability benefits. These reforms are guaranteed to generate an increase in mental health problems¹⁷ which the DWP fail to acknowledge and object to funding. DWP-induced fear is already rising. ...

It remains incomprehensible why there are expectations in item 72¹ for claimants in the LCWRA group, with ‘*limited capability for work*,’ to find employment and the ‘*less than 1% of those placed in the LCWRA group moving into work in any month*’ is highlighted.

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

² [The public health crisis created by UK social policy reforms: Justice, Power and Resistance Volume 6 Issue 2](#)

⁷ [The Preventable Harm Project](#)

¹⁷ [Benefit cuts risk harming mental health. Transforming Society, 15 April 2025](#)

'The LCWRA group is for claimants deemed to have such severe health problems that they are not expected to be able to work or prepare to work.' Hence, the LCWRA group are not expected to search for work. ... Given that the 'open consultation'¹ identifies in item 74¹ that *'Unemployment is associated with an increased risk of mortality, long-term illness, cardiovascular disease, poor mental health, suicide, and health-harming behaviours'*, the question remains as to why the ongoing government-induced public health crisis due entirely to the use of the fatally flawed WCA, and the identified DWP hostility towards those in greatest need, is disregarded?^{2,4} The above listed health concerns associated with unemployment also apply to the brutality of the disability assessments, which the consultation fails to identify. Demonstrating a selective use of evidence, the 'open consultation'¹ fails to identify the well-documented public health crisis these disability assessments generated.⁴ Whilst it will be celebrated that the WCA is to be eventually withdrawn in 2028,¹ the suggestion that all previous problems with disability assessments can be resolved using the Personal Independence Payment (PIP) assessment is another example of the DWP adopting chaos. This guarantees more preventable harm. The government-induced *'politics of fear'* will continue and many more benefit claimants will suffer... and die.¹⁸

*'The 1982 Thatcher cabinet minutes identified the intention to adopt 'the politics of fear' to coerce the British public to accept the need for private income replacement health insurance, to remove the financial burden of the National Health Service and the welfare state. Every administration since Margaret Thatcher adopted social policies to move towards this ultimate political ambition. ... The breakthrough to justify introducing 'the politics of fear' followed the 2008 global financial crisis. The Brown New Labour administration was obliged to fund a £37 billion bank rescue package, which increased over time and significantly increased the national debt. Elected in 2010, the Coalition administration used the size of the national debt to justify the introduction of austerity measures, which were designed to reduce the costs of the welfare state and guaranteed that those in greatest need would endure preventable harm. This was the beginning of the end of the welfare state as funding was removed from essential public services, which generated human suffering on a vast scale.'*¹⁸

More examples of how the DWP 'open consultation'¹ is aimed at manipulating public opinion, whilst disregarding the vast amount of published peer-reviewed papers, reports, articles and significant books, is demonstrated by the language used and the many claims in the Green Paper. In effect, the adoption of the content of the Green Paper will generate another administration nightmare, with inadequate Jobcentre staff making decisions that impact on the lives of those in greatest need which are above their pay grade (p 50).¹⁹

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

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

⁴ [Preventable harm: creating a mental health crisis: *Journal of Public Mental Health* 18 \(4\) 224-230](#)

¹⁸ [The creation of the politics of fear – *Centre for Welfare Reform*, September 2022](#)

¹⁹ [An Independent Review of the Work Capability Assessment, November 2010](#)

Total Failure of Safeguarding in the DWP

The claims regarding 'safeguarding in DWP' in item 175 of the 'open consultation'¹ **are not realistic and are not at all accurate.** As identified in previous pages, there is a multitude of published evidence demonstrating the negative impact on those in greatest need by contact with the DWP, including evidence of the 'fear' of the DWP brown envelopes due to the hostility of the letter content,²⁰ which the consultation¹ also fails to acknowledge.

Furthermore, the Serious Case Panel is demonstrated to be **totally inadequate**,²¹ with minutes that fail to identify the government-induced public health crisis. As a consequence, there is a motion in place to adopt a much needed Independent Advisory Panel on DWP-Related Deaths²¹ to replace the inadequate and ineffective Serious Case Panel. This should be considered to be a priority and is identified as being linked to '*areas for improvement.*'

'Introduced in late 2019 with the first virtual meeting held on 19 March 2020, the DWP Serious Case Panel promised a lot but failed to deliver. Belatedly introduced by the DWP following rising public concerns relating to the number of deaths linked to disability benefit assessments since 2010, it was originally claimed that the DWP Serious Case Panel would be independent which, of course, was untrue. Its members consist of senior civil servants, therefore it is clearly not independent, and the stated Terms of Reference of the Panel is to '*consider issues arising from serious cases and other insight, impacting DWP customer experience and make recommendations, in order to reduce the risk of these issues reoccurring.*' However, the 'DWP customer experience' of disability assessments is to live in fear of the WCA and the identified preventable harm it has created, which negatively impacted on those in greatest need who are the most vulnerable people in society.'²¹

Given the well-documented government-induced public health crisis,² I strongly challenge the claims in item 180, not least demonstrated by the less than impressive Serious Case Panel and the fact that they identify very few cases of the DWP induced preventable harm impacting on the survival of many of those in greatest need, and disregard the thousands of deaths linked to the WCA.^{22,23} In a letter from Sir Stephen Timms MP, the Minister for Social Security and Disability, he identified why the Serious Case Panel was demonstrably inadequate, not least because the Department '*does not consider evidence from external sources, for example, research projects such as the Preventable Harm Project, which you lead.*'²⁴ By failing to access

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

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

²⁰ [Fear of the Brown Envelope: Exploring Welfare Reform with Long-Term Sickness Benefits Recipients Social and Policy Administration 48\(7\): 782-798](#)

²¹ [An Independent Advisory Panel on DWP-Related Deaths](#)

²² [Killed By The Sate: Social Policy Abused, hosted by the Centre for Welfare Reform, 2020](#)

²³ [Dismantling the social safety net: social security reforms, disability and mental health conditions BJPsych Bulletin 44\(5\): 208-212](#)

²⁴ [Letter-from-DWP-Minister-Stephen-Timms.pdf](#)

published evidence exposing the government-induced public health crisis,^{22,23} as identified by the Minister for Social Security and Disability,²⁴ clearly the Serious Case Panel is failing in its remit and should be replaced²¹ which is not identified by the Green Paper 'open consultation'.¹

'This article has documented some of the problems faced by people with mental health conditions and disabilities resulting from the changes that have emerged from welfare reforms instituted over the past 12 years. These changes, rather than enhancing support for people with disabilities, have been unjust and ethically unsound, undermining citizenship and damaging people's health and wellbeing. It reinforces the extent to which many people with long-term mental health (and physical health) conditions are stigmatised and socially excluded and highlights the ways in which they are vulnerable to falling into poverty. ... In narrow terms this means overhauling the current system of the provision of welfare benefits, starting with ways in which people are assessed for ESA and PIP, removing sanctions for people with sickness and disability, increasing the actual benefit payments and improving the employment support offered to people on ESA. More generally, the broader aspects of welfare state provision (health, education, housing, social services) must become more sensitive to the needs of a range of people with disabilities. At present, the system appears at worst to be punitive and at best to provide an inadequate sticking plaster. The system needs to ensure that people with disabilities are not just supported but encouraged to thrive.'²³

The content of the Green Paper¹ continues to demonstrate the DWP's cold indifference to human need, and is basically more threats and intimidation masquerading as some form of concern for disability benefit claimants, which threatens the health of the most vulnerable.²⁵

Once again the Green Paper is making many claims without the ability to guarantee that any claimed '*one-to-one help alongside access to more intensive employment and skills support*'¹ could possibly be available when, in reality, the DWP **do not have the necessary staff** to provide such support.²⁶

'The DWP's loss of staff, particularly within Jobcentres, is a serious issue impacting the support available for disabled people. Many disabled individuals, especially those on work-related disability benefits, are not receiving any or effective employment support from the DWP. This lack of support can hinder their ability to find and maintain employment.'²⁶

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

²¹ [An Independent Advisory Panel on DWP-Related Deaths](#)

²² [Killed By The State: Social Policy Abused, hosted by the Centre for Welfare Reform, 2020](#)

²³ [Dismantling the social safety net: social security reforms, disability and mental health conditions *BJPsych Bulletin* 44\(5\): 208-212](#)

²⁴ [Letter-from-DWP-Minister-Stephen-Timms.pdf](#)

²⁵ [UK welfare reforms threaten health of the most vulnerable *BMJ* 2025;388:r593](#)

²⁶ [DWP losing staff and Jobcentres cannot provide the necessary support for disabled people - Google Search](#)

UK welfare reforms threaten health

Published online by the *British Medical Journal* in March 2025,²⁵ once again high calibre academics demonstrate the needless government-induced suffering of those in greatest need,²⁶ and none of this government-induced suffering is identified by the DWP Green Paper open consultation.¹ So, the manipulation of the British public continues.

‘Ministers have argued there is a ‘moral case’ for these cuts, and that ‘people that can work [should be] able to work.’ However, the chancellor’s approach is unlikely to achieve this goal for two key reasons. First, high rates of economic inactivity in the UK reflect its almost unique failure among industrialised countries to recover population health after the pandemic, which came on top of over a decade of declining health linked to austerity, as well as long term structural weaknesses of precarious employment in a low pay economy. Second, health outcomes and economic policy are inseparably intertwined – even if the government chooses to focus solely on the economy, it cannot expect growth without a healthy population. ...

A key proposal in the green paper is to tighten access to PIP – a benefit covering the extra costs of disability or long term health conditions – by raising the eligibility threshold. The Fraser of Allander Institute, an independent economic research centre, estimates that saving £1bn a year could mean about 250,000 fewer people receiving PIP. Existing evidence suggests this is unlikely to increase employment rates. Previous governments have sought to restrict eligibility to, and levels of, these benefits. Most notably, just over one million existing recipients had their eligibility re-assessed between 2010 and 2013, with benefits removed if the assessor thought they were fit for work. This led to an increase of 290,000 people with mental health problems, increased antidepressant prescribing, and an estimated 600 suicides. ...

The idea that introducing sanctions or restricting the value of, or eligibility for, social security is an effective, harm reducing or ‘moral’ means of increasing ‘economic activity’ is not borne out by evidence. When people become too sick to work, or when people with disabilities lose the support they need to enable them to live and work independently, there are costs to the state as well as to society, notably in terms of health and social care. Instead, enhancing social security and public services to improve population health, and creating high quality, better paid, and accessible jobs, is better evidenced as the key means to support people into work, and to reduce the costs of social security for those who are experiencing in-work poverty. Policies and interventions to improve health are more likely to achieve the economic gains the government is pursuing, and further cuts are unlikely to achieve either the ‘moral case’ or the reductions in public spending that the chancellor is seeking.’²⁵

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

²⁵ [UK welfare reforms threaten health of the most vulnerable *BMJ* 2025;388:r593](#)

²⁶ [PIP will not be frozen, but eligibility will be restricted, Fraser of Allander Institute March 2025](#)

Increasing psychological damage

The Green Paper online consultation¹ identifies how the DWP intend to cause more preventable harm by changing the entitlement criteria for PIP (item 138), when alerting readers to the fact that many claimants risk losing entitlement to PIP that they presently benefit from, without any acknowledgement of the increasing public health crisis this is destined to generate.²⁵ The 'politics of fear' (p6) has already been identified and, now, with new primary legislation, the DWP are planning to add instant poverty to the preventable harm successive administrations have generated. Item 143 demonstrates not for the first time **the lack of comprehension** within the DWP impacting on those in greatest need, and this consultation is only concerned with '*Cash Not Care*',¹⁵ which is in keeping with DWP ideology since 2008.

There seems to be no DWP comprehension that PIP income is a part of the total monthly income of the chronically ill or disabled claimant. Considering that many chronically ill and disabled people are unable to access work, removing this level of income will guarantee many more claimants will be faced with extreme poverty, which will result in an increase in mental health problems which the DWP will no doubt challenge. Actions always have consequences, and the consequences of this proposal will be increased mental health problems directly linked to the additional stress, anxiety and depression impacting on those in greatest need by planned DWP primary legislation. This will impact on public mental health, which will have consequences for the NHS and primary care teams. Given that **the UK has provided the lowest amount of GDP to public spending since 1980**,¹² these claims continue to manipulate the public but no-one else. Item 145 claims that disabled people who no longer qualify for PIP should still have their health and eligible care needs met. How?? Do the DWP actually know what that means? For disabled people, PIP is used to make sure this happens as they can fund what is needed, including support staff to help within the home. Removing PIP entitlement means the loss of this funded practical support, which will be a calamity for many as they will need to attempt to fill the vacuum left when support staff can no longer be afforded. Their health will deteriorate, which is another brutal consequence not contemplated by the DWP.

Item 151 sees the DWP entering into **dangerous territory** with the suggested adoption of Unemployment Insurance for a limited amount of time. What happens when that time runs out, and the claimant is still unemployed? New jobs can't majically appear according to the DWP requirements to limit funding benefit, and the limitation of Unemployment Insurance is something else for those in greatest need to worry about as the DWP put more obstacles in their future. It is deeply disturbing to discover item 152 claiming that those in greatest need who, until now, were placed in the 'support group' and not required to seek employment as their health limitations are extreme, but now that is all to be changed. **This unacceptable pressure on those in greatest need will be a death sentence for many.**

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

¹² [Public spending in the UK, and elsewhere in Europe, 1980-2026](#)

¹⁵ [Cash Not Care: the planned demolition of the UK welfare state, London, New Generation Publishing](#)

²⁵ [UK welfare reforms threaten health of the most vulnerable *BMJ* 2025;388:r593](#)

And lets not forget, if the priority of the Green Paper¹ is to get disabled people into work, the removal of PIP will also remove access to a Motability car which many disabled people use to access employment.²⁶ When first introduced PIP was responsible for over 50,000 people losing access to a Motability car within the first 4 years, so many lost their jobs:

‘More than 50,000 disabled people have had specially adapted vehicles taken away since changes to disability benefits in 2013.

The Motability scheme entitles disabled people to lease a specially adapted new car, scooter or powered wheelchair using part of their benefit. ...

Changes to the assessment process came in five years ago when personal independence payments (PIPs) were launched to replace the disability living allowance (DLA). ...

The charity Muscular Dystrophe UK said 900 cars are now being taken away every week, as more people are rejected for PIP.’²⁶

The government dismiss the public health crisis they cause,² justified as very few disabled people are able to appeal their benefit decisions. Most disabled people are not in any position to appeal their benefit decisions either physically, emotionally or financially as most appeals are won with pro bono legal help that most claimants do not have access to.

The ongoing delays with PIP reassessments is impacting on many who are dependent upon a PIP award for access to a Motability car, and to renew their blue badge, because PIP awards are only being extended for short periods which prevents access to a Motability car and impacts on other benefits to the detriment of the chronically ill and disabled claimant.²⁷ Changes to PIP assessments negatively impact on those with limited mobility.²⁸

‘Ken Butler DRUK’s Welfare Rights and Policy Officer said: ‘The numbers that have lost their Motability vehicles claiming PIP is a scandal. But the true picture of despair caused by PIP is even more shocking given that only a third of DLA customers use their mobility award to take part in the Motability scheme. ...

To its credit, Motability has regularly updated the numbers of DLA customers lost to the Scheme, in contrast with the DWP which has been silent on the issue of how many DLA claimants have lost their higher rate mobility awards. The key reason for the loss of mobility support has been the introduction of the ‘20 metre rule’ in PIP assessments. Under DLA someone was awarded the highest mobility rate if they could not walk 50 metres. The distance of 20 metres is an arbitrary figure that lacks an evidence base and is barring many thousands of disabled people who need the benefit the most. PIP needs urgent reform to restore the 50 metre benchmark.’²⁸

¹ [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

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

²⁶ [Thousands have disability vehicles taken away - BBC News](#)

²⁷ [PIP review chaos spreads to other benefits, Motability cars, bus passes](#)

²⁸ [Over 100,000 DLA claimants lose Motability vehicles after PIP reassessment | Disability Rights UK](#)

American corporate influence

Given that the influence of UnumProvident Insurance with UK social policy reforms dates back to 1992, with their appointment as official government advisers on 'welfare claims management' from 1994, many MPs have no knowledge of the influence of the insurance industry with UK social policy reforms, but all punitive and intimidating DWP policies adopted over the past 30+ years were influenced by corporate America long ago.^{29,30,31}

'The influence of UnumProvident Insurance is demonstrated in memorandums for past Work and Pensions Select Committee reports that clearly list the transformation from Incapacity Benefit to the Employment and Support Allowance (ESA). The requirement to 'resist diagnosis', 'reverse the 'sick note', 'encourage the Government to focus on ability and not disability', 'change the name of Incapacity Benefit' and 'benefits not to be given on the basis of certain disability or illness but on capacity assessments' have all come to pass as UnumProvident Insurance have influenced UK Government welfare policy since 1994.

The 2005 'Scientific & Conceptual Basis of Incapacity Benefits' (SCBIB) was, essentially, the blue-print for the future introduction of the Work Capability Assessment (WCA), using the discredited bio-psychosocial (BPS) model of assessment as planned following the New Labour conference in November 2001: 'Malingering and Illness Deception,' with Aylward as a contributor and 'malingering' very firmly planted as being the motivation for claimants of disability benefit. Guilty until proven innocent was the mind-set that continues to this day. And the methodology used by Waddell and Aylward is the same one that informs UnumProvident.

The 2001 New Labour conference, together with the 2005 and 2006 reports commissioned by the DWP, led to the 2006 Green Paper 'A New Deal for Welfare: empowering people to work – an independent assessment of the arguments for the proposed Incapacity Benefit reform.' The SCBIB was the main reference used to justify future drastic welfare reforms in the Green Paper, which was exposed in 2006 by Emeritus Professor Alison Ravetz as being seriously flawed.

Not to be confused with a medical assessment, the WCA is described as a 'functional assessment' using an IT tick-box questionnaire which totally disregards diagnosis and all clinical need.'³¹

It should be remembered that it was Thatcher's ultimate ambition to eventually remove the welfare state and the NHS to replace with healthcare insurance, and every administration since Thatcher has worked towards this ultimate political ambition. The way to do it was to discredit the welfare state and the people who need to use it, and it was Blair who instructed that access to disability benefit should be made 'as difficult as possible.' ...

²⁹ [Memorandum submitted by UnumProvident to Work & Pensions Committee, December 2002](#)

³⁰ [Memorandum submitted by UnumProvident to Work & Pensions Committee, May 2006](#)

³¹ [The influence of the private insurance industry of the UK welfare reforms – University of Leeds, 2015](#)



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