



NO ONE HELD TO ACCOUNT

a research report by

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The start of another New Year is for many people no reason to celebrate, especially for the chronically ill and disabled community who are unable to work and who are dependent upon the Department for Work and Pensions (DWP) for their only income via the imposed Work Capability Assessment (WCA). Contracted to the unaccountable private sector, originally Atos Healthcare and now the Health Assessment Advisory Service (HAAS), where WCAs are conducted by various companies in different regions of the country, including the notorious American corporate giant Maximus who conduct the WCA in Scotland and Northern England. Other private sector companies contracted to the HAAS include Capita, Serco and Ingeus UK Limited at a projected cost of £165 million for one contract funded by the DWP, who represent the British taxpayer. The WCA is a fatally flawed non-medical functional assessment model which totally disregards clinical need.¹ It has been successfully used by the DWP since 2008 to limit access to the Employment and Support Allowance (ESA) long-term disability benefit, now being replaced by the health element of Universal Credit, as the *politics of fear* accompanies any enforced contact with the DWP for those in greatest need.¹

Gradually, every clinical lead in the UK demanded that the WCA should be abolished including the Royal College of Psychiatrists, the Royal College of General Practitioners, the British Medical Association and the British Psychological Society, who all identified the WCA as being 'unfit for purpose'. They were all disregarded by the DWP, as is the growing mental health crisis directly linked to the fear of the next WCA, and the constant DWP threat of sanctions. (p.8)¹

As long ago as November 2010 Professor Malcolm Harrington, appointed by the Coalition administration (2010-15) to conduct WCA reviews, exposed in the first of his three annual reports the fact that DWP 'Decision Makers' were totally underqualified for the vast responsibility they have (p.47).² These basic grade civil servants decide which disability benefit claimants are '*fit for work*,' and who should be sanctioned with the removal of their entire income, yet they have no comprehension of clinical need. The human consequences of their lack of skills has since proven fatal for many, with no one held to account.³⁻⁶

Several people the review spoke to referred to Decision Makers as 'decision-stampers,' merely ticking through the advice from Atos. ...

'The design of the WCA is such that Decision Makers are given discretion to place a claimant in either group where there is evidence that they have a Limited Capability for Work. However, whether due to a lack of training, a lack of confidence or a lack of authority, they invariably refuse to utilise their discretion, even where there is overwhelming medical evidence from specialist consultants showing the Atos report to be clearly wrong in the circumstances. Instead, in most cases they simply prefer the Atos report without adequate reasons for doing so.' (p.49)²

Over fifteen years since Harrington first identified the limitations of DWP Decision Makers in his 2010 report (p.47)² nothing has changed, and nothing has improved. Basic grade and totally underqualified DWP Decision Makers have far too much authority to negatively impact on the health and wellbeing of those in greatest need. They freely admit to failing in their responsibility to access the medical reports from GPs, psychologists and psychiatrists relating to chronically ill and disabled benefit claimants; yet have the authority to enforce sanctions for months, regardless of consequences when, for example, advised that a claimant is too ill to attend a meeting at the Jobcentre which Decision Makers routinely disbelieve. No one is held to account for the thousands of deaths linked to flawed disability benefit decisions, with many of those in greatest need still, covertly, *'killed by the State.'* (pp.217)⁶

Thousands of chronically ill and disabled ESA benefit claimants were destined to die, with their deaths linked to the WCA process after having been declared 'fit for work' by the flawed assessment, which meant that, on average, 'nearly 90 people per month were dying after being declared fit for work following a WCA.' (pp.221)⁶

Every neoliberal administration since the Coalition (2010-15) have proclaimed with increasing vitriol the dangerous and false claims that many disability benefit claimants are fake, which is totally untrue but, if the same political lie is told often enough, for long enough, sooner or later people do believe it when aided by hostile banner headlines in the tabloid press.

It is cause for serious concern that successive administrations have disregarded published DWP statistics, which routinely demonstrate that disability benefit fraud is miniscule,⁷ at the same time as DWP ministers and their oppositions are making vitriolic comments about the chronically ill and disabled community and the rising numbers of disability benefit claims.⁸ There is no acknowledgement within the main political parties that the disturbing rise in benefit claims for mental health problems are a direct link to the relentless political hostility directed at those in greatest need. This was demonstrated at the 2025 party political conferences where the Shadow Secretary of State for Work and Pensions for the Conservative Party, Helen Whately MP, made an extreme conference speech for dramatic effect which was totally untrue, demonstrated her total ignorance regarding Motability leased vehicles and was closely linked with disability hate speech, which is against the law:⁹

"... millions have got themselves a sicknote from the GP and signed onto sickness benefits with just a form and a phone call. Millions are getting benefits for anxiety and ADHD along with a free Motability car. ... The problem is, you can get £5,000 more per year on sickness benefits than as a minimum wage worker, so no surprise that's what many people are choosing, and it's wrong. Our welfare system should be a safety net, not a lifestyle choice. ... Fix the sicknote system, bring back face-to-face assessments, end sickness benefit for low level mental health problems, stop the abuse of Motability and put British citizens first in our benefits system."⁹

No one is held to account for such hostile, dangerous and extreme commentary, which was guaranteed to be reproduced by the national press. The political ombudsman is unconcerned, as is the Parliamentary Standards Commissioner, and no one accepts responsibility for this

relentless political assault against the chronically ill and disabled community, which is ideologically motivated in support of Thatcher's 'dark legacy'.¹⁰

Published in May 2025, '*Safeguarding Vulnerable Claimants*'¹¹ is a significant report by the DWP Work and Pensions Committee, who took evidence for their inquiry from multiple experts over a period of months. Their report identified the hostile 'culture' towards disability benefit claimants found within the DWP:

The Department for Work and Pensions provides essential services that act as a lifeline to millions of people each year, many of whom are vulnerable and require additional support to access them. For this reason, when mistakes are made, it is possible that the severest consequences can arise. Over several years there are known to have been hundreds of serious harms and deaths of claimants, and the cases of Errol Graham, Philippa Day and Kevin Gale have particularly been highlighted to us as part of this inquiry. From coroners' inquests and other reports, we know many of these deaths could have been prevented by the DWP.

We heard during this inquiry that the challenges DWP experienced with safeguarding stemmed from the culture within the Department. We were told that cost-effectiveness and efforts to move people into work had been perceived to be prioritised over providing genuine care and support to vulnerable people. This resulted in many claimants feeling undeserving of support or fearful of the Department. Claimants described being made to feel guilty for claiming benefits. One witness said they felt as if "a system that is meant to wrap its arms around us is strangling us. "

As a result, we heard that deep-rooted, cultural change was necessary to rebuild the trust of claimants, and to drive and embed improvements to how the DWP safeguards vulnerable claimants. In our view, the number one priority arising from our inquiry is for the Department to change its culture. This has been acknowledged and supported by Ministers. However, achieving cultural change is difficult. It will involve changes to processes and a different approach to policy development. It will also require bold action, led by Ministers and senior officials, to deliver a genuine change in the Government's approach to safeguarding. ...

In terms of the DWP's current approach to safeguarding, we have closely scrutinised this and have found it to be deficient. We have found that many of the Department's safeguarding policies and procedures have been developed over time often in response to cases of serious harm. As such, DWP's approach to safeguarding lacks coherence and direction, resembling a patchwork of mitigations and adaptations to existing policies, rather than a fundamental policy which underpins how our social security system operates. (p.1)¹¹

It was an important report which, clearly, was not considered by the recently appointed Secretary of State for Work and Pensions, Pat McFadden MP. His hostile and false claims in September 2025 were in competition with the Conservative Party to see how much vitriol could be included in one interview when challenging disability benefit claimants:⁸

The anger and frustration only increased when new work and pensions secretary Pat McFadden claimed in an interview that there were currently “incentives” in the system for people to declare themselves unfit for work so they can “double their money”, and also claimed that people were “declaring themselves long-term sick.”

McFadden will have been aware that claimants cannot declare themselves “long term sick” but instead must go through the harsh work capability assessment process in order to be found not fit for work, and he should also have been aware that this system has led to countless deaths.

Researcher and writer Sue Jones responded on X/Twitter: “Progressive, incurable illnesses are not ‘perverse incentives’ you vicious man, and no amount of lying about people and inventing ‘incentives’ and motives will change the fact that many of us can no longer work, simply because we are too ill and disabled.”⁸

Of course, as long as this political smokescreen plays out the British public are being kept in the dark, especially about latest academic research by Ben Barr’s team at Liverpool University demonstrating that, regardless of relentless political rhetoric for over fifteen years, there is no evidence of the welfare reforms creating any extra employment for disability benefit claimants.¹²

As policy is debated, a fundamental question to answer is whether benefit restrictions are the right mechanism to achieve the stated objectives of reducing costs and moving people into sustainable work, or do they simply deepen poverty and health crises, creating new, unforeseen costs? This study offers vital answers, by looking at the effects of similar policy in the past and drawing lessons useful for current policymakers, before repeating history. ...

In 2008, Incapacity Benefit was replaced by Employment and Support Allowance, which introduced a more stringent assessment process for assessing benefit eligibility – the Work Capability Assessment. ... Evaluation of this change has shown that it led to an increase in 290,000 people with mental health problems, increased antidepressant prescribing, and an estimated 600 Suicides. It also did not lead to an increase in employment amongst people with long-term conditions and often shifted people – particularly those with mental health problems – onto unemployment benefits. ...

It could be argued, however, that these income effects are compensated by increased employment incentives, reducing poverty through higher employment. Our results indicate that reducing benefits did not improve employment, and instead increased risk of severe poverty. This is also consistent with other evidence that such policies often have no, or small effects on employment of people with disabilities.¹²

It is now ‘the norm’ for successive UK neoliberal administrations to relentlessly threaten and intimidate those in greatest need, with no one held to account for the public health crisis this has created,⁶ as the DWP continue to totally disregard the thousands of deaths of those in greatest need who are, covertly, *‘killed by the State.’*¹³

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