What price preventable harm: social policies designed to disregard human need

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Abstract

Historically, the UK welfare system was designed to protect those in greatest need, which provided the necessary financial and psychological security for the unemployed and especially for the chronically ill and disabled community who are unfit to work. This paper identifies how social policy reforms based on fiscal priorities have had the opposite effect, creating a crisis for disability benefit claimants. Conducted over a period of ten years, the Preventable Harm Project demonstrates the negative impact of the adoption of American social and labour market policies, and the often fatal human consequences of the removal of medical opinion from disability benefit assessments. I argue that the adoption of the Work Capability Assessment for the restriction of disability benefit(s) has created preventable harm for those in greatest need, and this article identifies the negative influences impacting on UK social policy reforms to the detriment of the chronically ill and disabled community.

Key words: preventable harm, work capability assessment

Introduction

The past financial and psychological security provided by state financial support for the long-term chronically ill and disabled community was destined to end with the adoption of neoliberal politics, which is an ideology that supports free market competition with an emphasis on minimal state intervention in all aspects of social affairs. Neoliberal ideology has swept the globe and has impacted on all countries in the Organisation For Economic Co-operation and Development (OECD), who are influential in the social policy reforms of all OECD member countries (OECD, 2003; Soldatic & Grover, 2012; Stafford et al, 2019). Margaret Thatcher was the first elected neoliberal politician in the UK and in 1982, during her first term in office as Prime Minister, Thatcher identified her political ambition to remove the UK's welfare support system, including the National Health Service (NHS), in favour of the adoption of the American welfare system using private health insurance (Travis, 2016).

Every successive neoliberal government since Thatcher adopted social policy reforms to work towards this political ambition. In doing so, the past psychological security provided by the UK welfare state was removed, and every effort was made to ensure that access to state financial support would be made as difficult as possible when moving from a welfare state to a market state. Commonly known as 'welfare reforms' the combination of social policy reforms, together with the adoption of increasingly punitive conditionality using financial sanctions (Dwyer, 2018), increased the prevalence of psychological distress identified within the disabled community (Patrick, 2012). The Preventable Harm Project (the Project) was created to offer a critical reflection of published research papers and key policy documents in this area of social policy reforms.

Preventable harm: the creation of a social policy crisis

The Project identified the adoption of a 'non-medical' functional assessment model, known as the Work Capability Assessment (WCA), which disregards medical opinion when used to assess claimants of disability benefit (Stewart, 2018) . The WCA was introduced in 2008 to restrict access to the new Employment and Support Allowance (ESA) disability benefit, by tightening the benefit gateway in order to reduce the costs of the social policy budget (DWP, 2006); as recommended by government commissioned research (Waddell & Aylward, 2005) which was funded by the American corporate sponsors UnumProvident Insurance (Cover, 2004).

Introduced on an exclusive fiscal basis, with a dangerous disregard for health and wellbeing (Barr et al, 2016), this flawed method of assessment guaranteed that disability benefit claimants would learn to live in fear of the WCA (Garthwaite, 2014), which became a matter of life or death for many of those in greatest need. The use of harsh sanctions by the Department for Work and Pensions (DWP) for often minor misdemeanors associated with the WCA is linked to a disturbing number of chronically ill and disabled benefit claimants attempting suicide (Mills, 2017; Barr et al 2016), and others have starved to death in C21st UK when they were sanctioned with all benefit income removed, identified as being 'killed by the state' (Elward, 2016: 30).

The removal of what had been the psychological security of a financial safety net for anyone who was unfit to work was destined to cause a mental health crisis (Mehta et al, 2018; Barr et al, 2016; Stewart, 2019b, 2019c), as highlighted by Barr et al (2016: 334 - 345):

> This programme of reassessing people on disability benefits using the Work Capability Assessment was independently associated with an increase in suicides, self-reported mental health problems and antidepressant prescribing. The policy

> may have had serious adverse consequences for mental health in England, which could outweigh any benefits that arise from moving people off disability benefits.

The potential for a future crisis within the disabled community began in 1992, when the John Major Conservative administration invited the American corporate health insurance giant, UnumProvident Insurance, to advise regarding the growing costs of the social policy (welfare) budget. By 1994 the UnumProvident second vice-president, John LoCascio, was appointed as the government's official adviser for future welfare claims management (Rutherford, 2007). Identified by the American Association of Justice in 2008 as being the second worst insurance company in America (AAJ, 2008), UnumProvident Insurance had successfully adopted a non-medical biopsychosocial (BPS) assessment model to restrict access to income replacement health insurance claims; and LoCascio was guiding the administration as to how to adopt a similar non-medical BPS assessment model to be used to restrict access to UK disability benefits (Rutherford, 2007).

Another key figure was Professor Mansel Aylward. He joined the medical civil service in 1984 and, by 1994, Aylward was the Principal Medical Adviser for the Department for Social Security. In 2001 he became the Chief Medical Officer for the renamed DWP. Aylward has a long history of involvement with the health insurance industry. When on the board of the Benefits Agency Medical Service in 1995 he was linked with the Nationwide Medical Examination Advisory Service Ltd., which provided government doctors to assess health insurance claims (Rowe, 1998), and Aylward has a long-held conviction that the state welfare and private insurance systems should work closely together (Faherty, 2003).

In 1995 Aylward and LoCascio co-authored an academic paper suggesting that many claimants of disability benefits had a psychosomatic condition, and that family doctors were encouraging their long-term unemployment by supporting claims for disability benefits (Aylward & LoCascio 1995). The paper recommended the removal of the opinion of general practitioners (GP) from the disability benefit assessment process, which was the beginning of the preventable harm of disability benefit claimants who were deemed as being nothing more than a drain on the social policy budget (Stewart, 2017).

This abandonment of the clinical opinion of GPs was achieved when Incapacity Benefit (IB) replaced Invalidity Benefit as the long-term out-of-work disability benefit (Wikeley, 1995). The new All Work Test was introduced in 1997 for the assessment of IB claimants, which was identified as highlighting the division between the 'deserving' and 'undeserving' poor (Wikeley, 1995). This All Work Test adopted the non-medical BPS

functional assessment model, as designed by Aylward and LoCascio (1995), which followed the design of the non-medical functional assessment model adopted by UnumProvident Insurance (2006).

The adoption of the All Work Test for IB brought the growth in disability benefit claims to a stop, but failed to reduce the inflow of claimants with a mental health problem. By 2005, 39 percent of the remaining 2.7million IB claimants had a mental health problem, which was just under one million people (Rutherford, 2007). A more stringent assessment model was needed to reduce these totals. Since that time, politicians have regularly referenced the need to reduce IB claimant numbers by one million people, suggesting that mental health was not a political priority.

New Labour were elected in May 1997 and retained office until 2010. As Prime Minister Tony Blair was committed to the creation of an active welfare state, which made receipt of unemployment and social assistance benefits conditional upon participation in work related activities. The origin of active welfare, which insists that the poor are a cause of their own poverty, hails from the American right (Rutherford, 2008), which Blair supported by adopting American social and labour market policies to transform the British welfare state (Daguerre, 2004; Daguerre and Taylor-Gooby, 2004); which was a continuation of the neoliberal politics and social policy reforms introduced by the previous Thatcher and Major Conservative administrations (Stewart, 2019: 4).

In keeping with the philosophy of the Aylward and LoCascio paper (1995), there was a strong ideological resistance to the reality of the lives of the disabled community who are unfit to work. This was demonstrated, in November 2001, when the Malingering and Illness Deception Conference was held in Oxford (Halligan, Bass & Oakley, 2003). Most of the participants had an association with UnumProvident Insurance and the goal of the conference was the transformation of the British welfare state, influenced by the health insurance industry (Rutherford, 2007).

Mansel Aylward stood down from the DWP in 2005, having been appointed in 2004 as the first Director of the new UnumProvident Centre for Psychosocial and Disability Research (the Centre), at Cardiff University, which received £1.6million funding from UnumProvident Insurance for the first 5 years (Cover, 2004). This obvious conflict of interest was disregarded.

First do no harm

Aylward's first commission at the Centre was by the DWP to research possible reductions of the welfare budget, which generated 'The Scientific and Conceptual Basis of Incapacity Benefit' report co-authored by Gordon Waddell, a former orthopedic surgeon (Waddell and Aylward, 2005). The report recommended a non-medical BPS model of disability assessment with a reduction of IB claimant numbers by one million (p12), the reduction of the value of IB to the equivalent of the income for unemployment benefit (p99), and the use of sanctions for non-compliance of conditionality by claimants (p165-167).

Tony Blair stood down in 2007 and Gordon Brown, as the replacement New Labour Prime Minister, introduced social policy reforms in 2008 with the adoption of the ESA, which replaced IB (DWP, 2006). ESA claimants were required to make themselves available for the new WCA, which adopted the Waddell-Aylward BPS non-medical functional assessment model, and continued with the corporate influenced ideology that assumed that most claimants of disability benefits were 'malingering' (Stewart, 2017).

To encourage claimant conformity, included with the WCA was the introduction of severe financial sanctions for failure to comply with benefit obligations (Dwyer, 2018). This was despite the fact that a group of experts appointed to advise the DWP regarding the adoption of the WCA had warned against the use of the assessment, which had negative implications for mental health (Pring, 2015). As a member of the mental health technical working group advising the DWP, Professor Geoff Shephard has stated 'It's predictable that it (WCA) was going to become stressful because of the arbitrary nature of the outcomes, because of the way that it was done itself, because it is so much depending on this single interview on a single day' (Pring, 2015). The DWP disregarded the expert group's recommendations and the new social policies were quickly adopted, which imposed the WCA on the unsuspecting chronically ill and disabled ESA benefit claimants.

It is often incorrectly assumed that the WCA is based on medical opinion with politicians, academics, and journalists regularly referring to the WCA as a 'medical assessment.' In reality, the WCA is unrelated to medicine or to clinical opinion. Influenced by corporate America, the WCA was designed as a non-medical functional assessment, which totally disregards diagnosis, prognosis, prescribed medicines and past medical history (Stewart, 2018). The WCA is the creation of the Waddell-Aylward BPS assessment model (Waddell and Aylward, 2005; 2010), which has been critiqued by academic experts as being 'conceptually and empirically invalid' (Shakespeare et al, 2016; 30) and as a 'chilling example of policy-based evidence,'(Shakespeare et al, 2016: 36) rather than evidenced based policy. In adopting this model the DWP has indicated that it does not always follow

the ethical duty to adopt a high standard of evidence-based research, as expected for interventions in clinical medicine.

The removal of the remaining psychological security of access to out-of-work disability benefits was accelerated following the introduction of austerity measures, adopted in 2010 by the coalition government, with social policy reforms decided exclusively on fiscal priorities. There was increasing government rhetoric challenging the validity of disability benefit claimants, who were frequently demonised by the tabloid press (Patrick, 2016; Garthwaite, 2011), as 'tolerated harshness' became the norm (Young, 2013). This challenge to the integrity of disability benefit claimants reversed public sympathy and cast disabled benefit claimants as 'folk devils' (Briant et al, 2013: 1), as identified by the increase in pejorative language used to describe disabled people in need of state financial support (Stewart, 2019c).

The increased use of benefit sanctions, which stops all income for weeks or months, was often imposed when disabled claimants were too ill to attend DWP appointments. This has led to some very ill ESA claimants starving to death (Pring, 2020), for which there is no apparent redress and no apparent government concern. This social re-engineering has established profound negative mental health consequences (Garthwaite, 2014; Dwyer et al, 2019; Barr et al, 2016; Patrick, 2016; Stewart, 2019b; Stewart, 2019c), as the UK welfare state is gradually demolished in advance of it being eventually replaced by a new welfare system using private health insurance, which is a long-held political ambition that enjoys bipartisan support (Stewart, 2019).

During the coalition government's term in office prosecuted disability hate crimes increased by 213 percent (Wheeler, 2015), with no-one at the DWP acknowledging the identified preventable harm created by the social policy reforms, or the fear that has been instilled in ESA claimants who are too ill to work (Hale, 2014; Garthwite, 2014). All evidence of identified preventable harm linked to social policy reforms is dismissed, as the Conservative administration(s) are very confident that all is well and disregard any commentary or evidence to the contrary (Pring, 2020; DWP, 2015). This was clearly demonstrated by a respondent in the 'Fulfilling Potential' project (Hale, 2014, p 37):

> The worst thing, I find, is realising that I am forced into looking for a life that I want but have no chance of having. I seriously feel I may kill myself because being sick, having next to no money, no life, no future, no cure, constant pain and constant disapproval and rejection defeats me.

Evidence demonstrating the preventable harm of these social policy reforms has continued to increase. The DWP produced ESA mortality statistics with the first report published in 2015 (DWP, 2015), which detailed mortality statistics recorded between May 2010 to February 2013. A total of 52,970 ESA claimants had died. These figures included 2,380 disabled people who had died after being found 'fit for work' by the DWP and refused access to the ESA (Ryan, 2015). There was an additional 7,200 deaths recorded of claimants placed in the work-related activity group, where their fitness for work was expected to improve prior to returning to work, and there was also a total of 7,540 recorded deaths of claimants during the assessment phase (DWP, 2015). Academic research has shown that reassessment of existing claimants using the WCA led to an additional 600 suicides in England (Barr et al, 2016), indicating that some of those in greatest need left without hope may indeed have been 'killed by the state' (Elward, 2016: 30) as UK social policy reforms disregard health and wellbeing (Barr et al, 2016).

It is cause for serious concern to learn that a 2016 NHS report identified that almost 50 percent of ESA claimants in England had attempted suicide at some point, which was information that was not shared with the media (Pring, 2017). Also, research has shown that the adoption of conditionality has negatively impacted on people with mental health impairments, and not increased the numbers of disabled people in employment (Dwyer et al, 2019). This research is, however, routinely disregarded as this psycho-compulsion continues to cause preventable harm to those in greatest need. Every DWP letter to every disability benefit claimant contains threats of sanctions for non-compliance of conditionality, whilst regularly overlooking contact from claimants advising they are too ill on a given day to attend a DWP appointment.

Conclusion

The Preventable Harm Project identified social policy reforms designed to restrict access to disability benefits whilst disregarding health and wellbeing. The long-ago plan to make access to long-term disability benefit as difficult as possible has been achieved, opening the door for increased sales of private income replacement health insurance, which is the creation of the legacy of Margaret Thatcher (Travis, 2016). Social policy reforms have been adopted when exclusively based on fiscal priorities, with a failure and a resistance to conduct a health impacts assessment, which is crucial when assessing the costs and consequences of new welfare policies. Without such an assessment preventable harm was always inevitable, as was a deterioration in mental health of those in greatest need. The WCA is fatally flawed. It was adopted using neoliberal ideology whilst disregarding health consequences. The WCA should be removed to end this ongoing preventable harm. It should be replaced by an assessment model that considers the diagnosis, prognosis, and

medical history of the claimant, and the relentless threat of sanctions in all DWP correspondence to disability benefit claimants should end.

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Endnotes
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