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The Impact of Neoliberal Politics on the Welfare and Survival of Chronically Ill and Disabled People

Mo Stewart

Introduction

Our lives begin to end the day we become silent about things that matter.

(Martin Luther King Jr, 1929–1968)

There can be no greater injustice than a democratically elected government terrorising their most vulnerable citizens for ideological purposes and perceived political gain. That’s especially true when that abhorrent activity is ongoing in a nation that is historically identified as being at the heart of democracy, the United Kingdom (UK). As the Conservative Prime Minister from 1979 to 1990, Margaret Thatcher was the first neoliberal politician in the UK. This American-imported political ideology places ‘the market’ as priority over all political decisions, with future negative consequences for millions of British people guaranteed as ‘tolerated harshness’ (Young, 2013) in society became the norm, and greed replaced need as toxic neoliberal politics gradually swept the world (Giroux, 2018). The UK adopted United States of America (USA) neoliberal social policies (Daguerre, 2004), and has gradually migrated towards becoming an authoritarian state. Giroux (2018, para 10) argues:

(…) mass inequality, wage slavery, the collapse of the manufacturing sector, tax giveaways to the financial elite and savage austerity policies that drive a frontal attack on the welfare state have further strengthened fascist discourses. Not only has neoliberalism undermined the basic elements of democracy by escalating the mutually reinforcing dynamics of economic inequality and political inequality – accentuating the downhill spiral of social and economic mobility – it has also created conditions that make fascist ideas and principles more attractive. Since the earlier ‘70s, the neoliberal project has mutated into a revolt against human rights and democracy and created a powerful narrative that refigures freedom and authority so as to legitimize and produce massive inequalities in wealth and power. It practices the offshoring, restructuring everything according to the dictates of profit margins, slashing progressive taxation, eliminating
corporate regulations, allowing unchecked privatization and the ongoing commercializing of social interactions, ‘inflicts alienating misery’ on the newly vulnerable to fascist ideals, rhetoric and politically extremist movements.

According to the National Archives, Margaret Thatcher, together with her Chancellor Sir Geoffrey Howe, suggested the removal of the British welfare state in her first term in office, which generated ‘the nearest thing to a cabinet revolt in the history of the Thatcher administration,’ as identified in 1982 cabinet papers (Travis, 2012). However, without the mandate of the British people, Thatcher’s stated goal to eventually remove the welfare state never actually went away (Scott-Samuel et al., 2014). McChesney (1998, p. 7) placed the adoption of neoliberalism firmly in the hands of Thatcher and Reagan and argued that:

Neoliberalism is the defining political economic paradigm of our time – it refers to the policies and processes whereby a relative handful of private interests are permitted to control as much as possible of social life in order to maximise their personal profit. Associated initially with Reagan and Thatcher, for the past two decades neoliberalism has been the dominant global political economic trend adopted by political parties of the centre and much of the traditional left as well as the right. These parties and the policies they enact represent the immediate interests of extremely wealthy investors and less than one thousand large corporations.

Following in Thatcher’s footsteps, neoliberalism would be increasingly used to negatively impact on the welfare and, ultimately, on the physical and financial survival of chronically ill and disabled people who are unfit to work (Jolly, 2012; Monbiot, 2016). Adopting neoliberal politics, every UK government since Thatcher has worked towards the eventual removal of the welfare state, to be replaced by private healthcare insurance, as increasingly authoritarian social policies were introduced with resulting catastrophic human consequences for many (Stewart, 2016a, 2017a, 2018a). Monbiot (2016, p. 31) observed:

Neoliberal policies are everywhere beset by market failure. Not only are the banks too big to fail, but so are the corporations now charged with delivering public services. Business takes the profit, the state keeps the risk. The greater the failure, the more extreme the ideology becomes. Governments use neoliberal crisis as both the excuse to cut taxes, privatise remaining public services, rip holes in the social safety net, deregulate corporations and re-regulate citizens. The self-hating state now sinks its teeth into every organ of the public sector. Perhaps the most dangerous impact of neoliberalism is not the economic crises it has caused, but the political crisis (…). The result is the disempowerment of the poor and the middle. As parties of the right and former left adopt similar neoliberal policies, disempowerment turns to disenfranchisement. Large numbers of people have been shed from politics (…) Judt explained that when the thick mesh of interactions between people and the state has been reduced to nothing but authority and obedience, the only remaining force that binds us is state power.

‘Sick and disabled Brits killed by the state’ (Stewart, 2018a), began when John Major replaced Margaret Thatcher as the UK Conservative Prime Minister from 1990–1997. Continuing with Thatcher’s neoliberal agenda, it was Major’s 1992 administration that invited the then-named UnumProvident Insurance to consult, with reference to the goal of reducing the future costs of income replacement benefit for chronically sick and disabled people who are...
unfit to work. John LoCascio was appointed as the corporate consultant in 1992 but, by 1994, this American corporate healthcare insurance giant was appointed as official government advisers on future welfare claims management (Stewart, 2016a, p. 54). The 1994 Social Security (Incapacity for Work) Act introduced Incapacity Benefit (IB) (Wikeley, 1995); designed to limit access to out-of-work long-term sickness benefit, which had significantly increased due to increasing numbers of claims for psychological causes of illness (Rutherford, 2007).

By 1995, the Department for Social Security’s (DSS) Principal Medical Adviser, Mansel Aylward, co-authored an academic paper with the appointed American corporate consultant John LoCascio. Aylward and LoCascio’s (1995) argument that there were problems in the assessment of psychosomatic conditions in social security benefits and related commercial schemes was mainly supported by evidence from the healthcare insurance industry in the USA. They argued that the UK’s General Practitioners (GPs) should not be expected to determine a patient’s incapacity, and so the authority and clinical opinion of GPs would eventually be curtailed and replaced in October 2008 with an unaccountable private contractor conducting a non-medical functional assessment identified as the Work Capability Assessment (WCA).

The Aylward and LoCascio (1995) paper expressed concern as to the increases in subjective impairments with conditions such as ‘Chronic Fatigue Syndrome’, as the significance of diagnosis was rejected as having ‘a high degree of subjectivity’ (Aylward & LoCascio, 1995). This had implications for the welfare budget, and it was suggested in the same paper that Incapacity Benefit (IB) claimants should have a psychiatric evaluation. In 2001, the DSS changed its name to the Department for Work and Pensions (DWP). Mansel Aylward migrated to the new department and was appointed as the DWP Chief Medical Officer (CMO), which was a position he held until April 2005. The year 2001 was also significant for the ‘Malingering and Illness Deception Conference’ (Halligan, Bass & Oakley, 2003) held in Oxford in November of that year. Stewart (2016a, p. 59) explains:

This unmitigated social policy disaster must have started somewhere and, it appears, it all began at a conference, near Oxford. Justification for the future demolition of the welfare state was created in November 2001 at the ‘Malingering and Illness Deception Conference’, held at Woodstock, near Oxford, with the conference attended by like-minded individuals including Aylward and LoCascio, from UnumProvident Insurance, who both made a contribution. (…) At least one expert compared chronically sick and disabled people to APES (p. 54) and, of course, there were a number of ‘experts’ in Psychology waxing lyrically about the causes of psychosomatic illnesses and illness deception (…) All these ‘experts’ were authorities in their relevant academic fields and all had strong opinions about ‘malingering’ and so, gradually, the planned future demolition of the welfare state would be brought into being as there was no representative at the conference to challenge this collected opinion.

Attended by Aylward, most of the thirty-nine conference participants had a link to UnumProvident Insurance and their conference conclusion, that the majority of people claiming Incapacity Benefit should be ‘incentivised’ to work, has influenced every UK government since 2005. Rutherford (2007, pp. 40–41) found:

What linked many of them together including Aylward, were their association with the giant USA income protection company UnumProvident, represented at the conference by John LoCascio. The goal was the transformation of the welfare system. The
cultural meaning of illness would be redefined; growing numbers of claimants would be declared capable of work and ‘motivated’ into jobs. A new work ethic would transform IB recipients into entrepreneurs helping themselves out of poverty and into self-reliance. Five years later these goals would take a tangible form in New Labour’s 2006 Welfare Reform Bill.

Aylward left the DWP in 2005 to become the first Director of the new UnumProvident Centre for Psychosocial and Disability Research at the University of Cardiff, funded with £1.6million by the American corporate government advisers (COVER, 2004; WPSC, 2006). This was the preamble to the future use of outsourced private contractors by the DWP to assess chronically ill and disabled people and to reduce access to long-term sickness and disability benefit, as previously identified by their family doctor.

The American influence on future UK welfare reforms

Legislation introduced by the right-leaning New Labour government in 2006: ‘A New Deal for Welfare: Empowering People to Work’, (DWP, 2006), was adopted and guaranteed the beginning of the end for the UK welfare state as it used neoliberal politics to justify the reform of welfare funding, which really meant ‘the planned demolition of the UK welfare state’ (Stewart, 2016a).

Daguerre (2004) identified the policy transfer of USA social and labour market policies by New Labour, with the Blair government adopting ‘New Deal’ as its major programme, ‘at the heart of British activation programmes for the unemployed’ (Daguerre, 2004). Daguerre (2004) highlighted the Americanisation of British social policies, which included the adoption of conditionality and compulsion for target groups, and the requirement to accept a job in return for social security benefits, which emphasised personal responsibility with adverse consequences for failure to adhere to the requirements of access to unemployment benefit. DAGuerre (2004, p. 44) argues:

The promotion of employment in the 1980s followed a distinctively neo-liberal route. Self-sufficiency through paid work was the single governing principle of welfare reform. According to American writers such as Murray (1984) and Mead (1986), welfare dependency was the main social problem in the USA. Poverty was not the result of a shortage of jobs or social inequality. Instead, deprivation was due to behavioural problems. Jobs were available but the poor would not take them because they had a low work ethic.

The Employment and Support Allowance (ESA) replaced IB in the UK from October 2008 and, with it, increasingly severe conditionality would be imposed by the DWP to restrict access to the out-of-work long-term sickness benefit. Diagnosis and prognosis were disregarded as the UK welfare reforms mirrored American neoliberal social policies (Stewart, 2016b). The undertaking of future work-related interviews for ESA claimants would be a requirement of the new ESA benefit. Threats of the consequences of claimants failing to adopt the ESA benefit conditions were identified (DWP, 2006), as DWP coercion was gradually increased. It was difficult to decipher the difference between the previous Conservative Party rhetoric and the planned reforms to social security long-term disability benefits created by the New Labour government, led by Prime Minister Tony Blair, not least because both governments were adopting the same American social policies without public consultation or ethical approval.
This is explained given that Mansel Aylward was the influential Principal/Chief Medical Officer at the DSS and DWP for both the John Major Conservative government and for New Labour. Mansel Aylward was sponsored with £1.6million by UnumProvident Insurance at Cardiff University (COVER, 2004). UnumProvident Insurance were identified in 2007 by the Yale School of Law as using a system of ‘bad faith disability denials’ (Langbein, 2007) and, in 2008, by the American Association of Justice (AAJ, 2008) as, ‘the second worst insurance company in America.’ In 2005 Mansel Aylward, together with Gordon Waddell, produced the commissioned research ‘The Scientific and Conceptual Basis of Incapacity Benefits’ (SCBIB) (Waddell & Aylward, 2005). The Waddell and Aylward (2005) research, which didn’t require peer review when commissioned by the government, recommended their biopsychosocial (BPS) model of assessment for future disability benefit claimants, which sealed the fate of those in greatest need as the Waddell and Aylward (2005) BPS model disregards medical opinion. In ‘The UnumProvident Scandal’ Langbein (2007, pp. 1318–1319) argues:

Pressures peaked in the last month of each quarter, called the ‘scrub months,’ when claims managers exhorted staff to deny enough claims to meet or surpass budget goals. Word of these practices began to emerge in lawsuits brought by former Unum claims-processing employees, and in investigative reports broadcast in 2002 by NBC’s Dateline and CBS’s 60 minutes news programmes. Employees interviewed on the Dateline programme disclosed that claims that were ‘the most vulnerable’ to pressures for bad faith termination were those involving ‘so-called subjective illnesses, illnesses that don’t show up on x-rays or MRIs, like mental illness, chronic pain, migraines, or even Parkinsons’. The Dateline story pointed to an internal company email cautioning a group of claims staff that they had one week remaining to ‘close’, that is, deny, eighteen more claims in order to meet the desired targets.

The 2005 DWP-commissioned research (Waddell & Aylward, 2005) was adopted by New Labour in October 2008 to justify the use of the new WCA for all ESA applicants; which guaranteed that many chronically ill and disabled people would be refused access to long-term sickness benefit because the WCA uses the fatally flawed Waddell-Aylward BPS model (Stewart, 2016a; Shakespeare et al., 2017). The WCA is identified by the DWP as a non-medical functional assessment, which justifies the fact that regardless of diagnosis, prognosis or consultant medical opinion, the ESA claimant can be declared ‘fit for work’ by the DWP, which has led to many unnecessary deaths when, as I term it, ‘killed by the State’ (Stewart 2018a; Elward, 2016). Elward (2016, p. 26) argues:

It’s alarming that the welfare system deliberately exploits people’s vulnerabilities to enhance social control. Claimants’ income is around the destitution threshold, meaning slight financial alterations make necessities unattainable (Fitzpatrick et al., 2016). It is common for claimants to have inadequate clothing, heat or light in homes, or to fall behind on bills (CAS, 2014). Food and hunger are constant sources of stress. Many claimants rely on food banks for survival, and the stigmatisation associated with this contributes to anxiety, as the embarrassment of being poor and reliant on others for support adds to feelings of helplessness. Many take out debt, joining the one million households dependent on pay day loan companies to cover basic expenditures. These economic hardships, and the culmination of stressful factors are triggering unprecedented levels of depression, anxiety and self-harm.

(Clifton, 2013; Barnes et al., 2016)
In terms of explaining how being declared ‘fit for work’ by the DWP can lead to being ‘killed by the State’ (Stewart, 2018a) as I argue, Elward (2016, p. 30) explains:

WCA processes could arguably be viewed as democide, as some claimants are, in essence, killed by the state or officials acting on their behalf (Totten and Bartrop, 2008). This means that Maximus are also culpable because they are acting according to DWP policy which is proven to cause death with the approval of state officials. These deaths can be considered democides as the government is purposely permitting and/or creating conditions which systematically produce death. Moreover, WCA features share many genocidal traits: Targeted groups like the ill and disabled, suffer gross mental and physical harm. The State has also deliberately inflicted physical destitution on a group which fails to align with their ideology.

(Elward, 2016; Totten and Bartrop, 2008)

The SCBIB research identified the use of sanctions to remove all access to funds to incentivise claimant compliance (Waddell & Aylward, 2005, p. 164). This arguably allowed ‘preventable harm’ by the State to creep into disabled people’s lives, using the discredited Waddell-Aylward BPS assessment model (Shakespeare et al., 2017) for the WCA, plus sanctions, which were known to cause enforced starvation by limiting the amount disabled people could spend on food (Gentleman, 2014a). According to Shakespeare et al. (2017, p. 24):

The Waddell-Aylward BPS [model] has remained largely unexamined within academic literature, although it has not escaped critique by disability activists (e.g. Jolly, 2012; Berger n.d.; Lostheskold 2012; Stewart 2013). In this paper we build on these political challenges with an academic analysis of the model and the evidence used to justify it. We outline the chief features of the Waddell-Aylward BPS [model] and argue that, contrary to Lord Freud’s comments above, there is no coherent theory or evidence behind this model. We have carefully reviewed claims in the Waddell and Aylward publications; compared these with the accepted scientific literature; and checked their original sources, revealing a cavalier approach to scientific literature. In conclusion, we will briefly outline the influence of the Waddell-Aylward BPS [model] on contemporary British social policy, and the consequent effects on disabled people.

**Deaths, despair and preventable harm**

In 2005 there was a total of 39% of IB claimants in receipt of the benefit for a mental health issue, which was just under one million people (Rutherford, 2007, p. 51). Since that time, politicians of both main parties have prioritised the reduction of claimant numbers by one million people, suggesting that mental health was of little significance other than a drain on resources (Stewart, 2018b). The welfare of the sick and disabled community in need of State financial support would plummet with the election of the Coalition government in 2010, and the appointment of Iain Duncan Smith as the Secretary of State for Work and Pensions. The Thatcher legacy, which was the eventual removal of the welfare state (Travis, 2012), could not begin as long as there was a perceived psychological security of the welfare state within society. The expectation that the funding of National Insurance via wages meant that the State would protect people should unemployment or long-term illness impact on their lives was imbedded in society. In order to remove the welfare state, it was first necessary to destroy this public psychological security. Daguerre and Etherington (2014, p. 6) identified that:
One of the main goals of welfare reform and especially benefit sanctions is to deter the vast majority of the working age population from making claims on social security, with means tested benefits being the main targets for spending cuts. There is thus a political need to increase the stigma attached to benefit claim. It is in this context that social security is increasingly portrayed as an illegitimate burden on society as a whole.

The Secretary of State for Work and Pensions, Iain Duncan Smith, spent six years successfully manipulating the British public in order to discredit the welfare state, by demonising claimants of long-term sickness benefit aided by the tabloid press (Stewart, 2017c). They used banner headlines claiming, for example, that 75% of disability benefit claimants were ‘skiving’ (Hall, 2011), as Iain Duncan Smith terrorised the sick and disabled community with many false and exaggerated claims (Gentleman, 2014b).

In 2014, the actual figure for identified fake disability benefit claims was 0.7% of the entire welfare budget, with DWP errors listed as costing 2% of the budget (DWP, 2014/2015, p. 6). The DWP’s demonstrated incompetence costs three times more than any fake claims. Almost single-handedly Iain Duncan Smith reinvigorated the superior language of ‘deservingness’ (Daguerre & Etherington, 2014), and he actually presumed to talk about moral character whilst knowingly frightening those least able to fight back when using his divide and rule rhetoric which impacted on public attitudes and behaviour (Stewart, 2017c).

The distress created by repeated WCAs for conditions that can’t ever improve created a dramatic negative impact on public mental health. Following a longitudinal ecological study, Barr et al. (2016, p. 344) concluded that relentlessly reassessing people on disability benefits, ‘was independently associated with an increase in suicides, self-reported mental health problems and increased antidepressant prescribing’. The research team highlighted the fact that the serious adverse consequences for mental health created by the use of the WCA, ‘could outweigh any benefits that arise from moving people off disability benefits’ (Barr et al., 2016, p. 343).

The removal of the former psychological security of the UK welfare state meant that a significant increase in identified public mental health problems was inevitable (Barr et al., 2016). The DWP disregarded all academic research not commissioned by them, regardless of identified ‘preventable harm’ (Stewart, 2018c) demonstrated as being created by the cumulative impact of DWP policies of successive governments negatively impacting on the survival of many in the sick and disabled community (Stewart, 2017b). By disregarding diagnosis, claimants with profound illnesses can be dismissed and found ‘fit for work’ by the WCA, and refused ESA by the DWP. Despite having been provided with evidence as to the implications of forcing chronically ill people to search for work (Ryan, 2015), poorly trained DWP staff do little more than ‘rubber stamp’ the results of the WCA (Harrington, 2010), which are outsourced to the American corporate giant known as Maximus.

Suicides directly linked to the WCA were always inevitable, as chronically ill people attempting to claim the ESA were increasingly coerced and intimidated by the DWP, especially following the election of the Conservative-led Coalition government in 2010. Coercion wasn’t difficult to achieve. For access to the ESA benefit the DWP disregard all medical opinion, disregard all claims that the chronically ill claimant can’t recover from their identified health condition, and send endless DWP letters demanding attendance for yet another WCA; with relentless threats in every letter that the ESA could be stopped and claimants sanctioned, resulting in no income at all, which guaranteed destitution in the very poor. Even the National Health Service (NHS) reported suicide figures, identifying
that almost fifty percent of ESA claimants had attempted suicide at some point in their life (Pring, 2017), failed to influence the DWP to stop this identified ‘state crime by proxy’ (Stewart, 2017a) against those least able to protest. Pring (2017, paragraphs 1–3, 5, 9, 14) observed:

‘Shocking’ NHS statistics have revealed that almost half of the people claiming the main out-of-work disability benefit in England have attempted suicide at some point. The figures, showing rates of self-harm among claimants of employment and support allowance (ESA) were published in NHS Digital in September 2016, but have apparently never been reported to the media. Although only one in 15 adults (6.7 per cent) in the general population had ever made a suicide attempt, that rose to 43.2 per cent for ESA claimants, and as high as 47.1 per cent for female ESA claimants (…) The levels could now be even higher, because the survey was carried out three years ago, before the further series of social security cuts and reforms, including new cuts of nearly £30 a week to new claimants placed in the ESA work-related group that were implemented in April (…) Dr Jay Watts, a consultant clinical psychologist and member of the Alliance for Counselling and Psychotherapy, who uncovered the figures, said she had felt ‘shock and horror followed by, on reflection, an absence of surprise’ when she first saw them (…) ’Being treated like a second-class citizen, being blamed for not being the ideal neoliberal subject, being denied the basic financial means to survive, being sanctioned for being too ill to make an appointment – these belittlements monopolise the internal world and the result is now often suicide.’

Department for Work and Pensions tyranny

This identified Department for Work and Pensions (DWP) tyranny will continue (Stewart, 2018a). There is nothing to stop it as the UK moves with each passing year ever closer to resembling another American state, when ably assisted by Member of Parliament, Esther McVey. She’s enjoying her own perceived sense of power by regularly making misleading statements without consequences (Toynbee, 2018; Bloom, 2018; Bush, 2018) as the new Secretary of State for the DWP, having been well trained by Iain Duncan Smith when she was a DWP Minister during his term in office. The DWP has now actually warned disability charities who deliver the government’s new Work and Health Programme that they are not permitted to criticise Esther McVey or the Department, or they risk their government contracts (Pring, 2018). This intimidation demonstrates the confidence of the DWP to restrict criticism by some of those perhaps best placed to challenge the Department.

Using the Waddell and Aylward (2005) BPS assessment model that disregards diagnosis, together with reforms to social policies that were destined to cause relentless preventable harm, the Coalition government succeeded where other UK governments had failed. They successfully destroyed what was once the psychological security of the UK welfare state, so the long-ago planned demolition of the UK welfare state could begin in earnest. Those in greatest need now live in fear of another brown envelope from the DWP (Garthwaite, 2014), demanding attendance for yet another dangerous and fatally flawed WCA (Stewart, 2018a), which the DWP’s own technical and medical experts had warned against adopting (Pring, 2015) due to the inevitable and very predictable negative impact on public mental health, which was eventually demonstrated by detailed research (Barr et al., 2016; Pring, 2017; Stewart, 2018b). Ryan (2015, paragraphs 3, 4, 8, 9) argued that:
Death has become a part of Britain’s benefit system. Shredding the safety net – a mix of sanctions, defective ‘fit for work’ tests, and outright cuts to multiple services – has meant that benefit claimants are dying; through suicide, starvation, and even being crushed by a refuse lorry when a 17-week benefit sanction forced a man to scavenge in a bin for food. This morning, the government released mortality statistics – or rather, was forced to after several freedom of information requests that show that more than 80 people a month are dying after being declared ‘fit for work’. These are complex figures but early analysis points to two notable facts. First, that 2,380 people died between December 2011 and February 2014 shortly after being judged ‘fit for work’ and rejected for the sickness and disability benefit, the Employment and Support Allowance (ESA). We also know that 7,200 claimants died after being awarded ESA and being placed into the work-related activity group – by definition, people whom the government had judged were able to ‘prepare’ to get back to work (...). Today’s mortality statistics do not simply point to the death of disabled, poor, and ill people but of a system that was meant to protect them. Before our eyes the principle of a benefit system is being reduced from opportunity, respect, and solidarity to destitution, degradation and isolation. Six-point plans to avoid people on benefits killing themselves do not exist in a society that has hope for their lives. The welfare state was built on the idea of ‘the cradle to the grave’. Now for thousands, all they receive is help to that grave.

The adoption of American social and labour market policies of benefit denial (Daguerre, 2004) has worked very well over the years, as each successive UK government since Thatcher has introduced additional social policies to resist funding welfare benefit. Without ethical approval (McKee, 2014) the 2010 Coalition government introduced additional austerity measures, which were guaranteed to cause more preventable harm (Duffy & Gillberg, 2018) and to add to the burden of the most vulnerable citizens in the UK. Duffy and Gillberg (2018, pp. 7, 9) argue:

One shocking aspect of Austerity has been the severe impact on disabled people. The cumulative impact of the cuts on this group – who often need income supplements, additional housing and support – has been particularly severe. This is primarily because people are hit by cuts in housing, benefits and social care concurrently. (...) It is also important to note that, alongside the straightforward cuts in real income, many people now find themselves in a relationship with the state and its administrative systems that is hostile and harmful. It is not just that people are poorer, they also feel weaker, more insecure, or even under attack. While some may be able to interpret these experiences as functions of heartless or thoughtless government policies ‘personally’ – they begin to see themselves as worthless and undeserving. The vicious rhetoric which is used to justify regressive policies works to both undermine the person’s sense of self-worth and to encourage hate crime by others, who follow through on the scapegoating policies of their political leaders.

To guarantee that there would be no turning back, the Coalition government introduced a catalogue of welfare reforms with the 2012 Welfare Reform Act (WRA, 2012), which were guaranteed to transform various welfare benefits which had previously supported the needs of chronically ill and disabled people, thus making them much more difficult to access. This guaranteed that whatever was once the psychological security of the welfare state
would finally be destroyed completely, as no welfare benefit is now guaranteed regardless of identified need, which is resisted by the DWP (DWP, 2015a; Thomas, 2016). Thomas (2016, p. 383) states:

> The most vulnerable people in society are paying a high price for the political ideology of neoliberalism, some with their lives. Suicides and deaths are the tip of the iceberg of misery and suffering on an unimaginable scale experienced by those who are physically or mentally unfit for work, as the government implements an increasingly punitive and authoritarian regime against benefit claimants. Vulnerable people are left destitute by sanctions that suspend or end their benefits if they fail to comply with orders to attend ‘assessments’, ‘training courses’, or submit the required number of job applications.

Whilst unaccountable foreign corporate giants such as Maximus are contracted to conduct the WCA for access to the ESA at huge costs to the public purse (Pring, 2016), it is the basic grade DWP administrators, known as Decision Makers, who decide the outcome for the chronically ill and disabled claimants. This administrative decision includes placing the claimants into an entitlement group despite the fact that Decision Makers have no medical training and, by their own admission, fail to comprehend the supporting medical evidence provided by claimants so they routinely ‘rubber stamp’ the WCA decision by the outsourced private contractor (Harrington, 2010, p. 50). Regardless of diagnosis, when found ‘fit for work’ by a WCA the ESA claimant will be refused access to ESA, instructed to claim the unemployment benefit known as Jobseekers Allowance and ordered to search for paid employment. Claimants who the DWP Decision Makers decide are capable of preparing to return to work within twelve months are placed in the Work Related Activity Group (WRAG), and those who are deemed to not be well enough to work are placed into the Support Group.

Following the public reaction after the enforced publication of ESA mortality totals by the DWP in 2015 (DWP, 2015b), which provided ESA mortality totals between December 2011 to February 2014, the DWP had refused to publish updated ESA mortality totals ever since (DWP, 2016). However, following repeated Freedom of Information requests, the DWP reluctantly published more updated ESA mortality totals in August 2018 (Topple, 2018). The published data identified that from March 2014 to February 2017 over a hundred people per day died when claiming ESA (Preece, 2018). This included a total of 10,950 ESA claimants who died when in the WRAG, who Decision Makers had decided were capable of preparing to return to work but, significantly, the numbers of ESA claimants who died after being found ‘fit for work’ has still not been disclosed. Someone in authority should challenge why the DWP still resist publishing these significant updated ESA mortality totals?

The WCA is used to assess ESA claimants but the same discredited (Shakespeare et al., 2017) and fatally flawed (Stewart, 2016a, Stewart, 2016c) Waddell and Aylward (2005) BPS model of assessment used for the WCA is also used for assessments of all other government funding for disabled people. The Disability Living Allowance (DLA) was awarded to disabled people as a contribution to the additional costs of living with a disability. It had different levels of awards but, when awarded the highest level for those with the greatest needs, DLA was the necessary evidence needed to access a leased vehicle via the Motability car service. Often adapted for the physical needs of the driver, the DLA award at the highest
The impact of neoliberal politics

rate for movement was reallocated to Motability and the disabled driver benefitted from a new leased vehicle every three years. However, DLA was to be phased out and the replacement Personal Independence Payment (PIP) was introduced by the Coalition government in April 2013 (Wintour, 2013), to eventually replace DLA for disabled people with high needs aged 16–64. Only fifty percent of PIP claimants are successful with their first claim, prior to any appeal, and by April 2017 fifty thousand disabled people had had their Motability car removed after failing to secure the necessary PIP award (Vale, 2017). The Waddell-Aylward BPS model of assessment is also used for the reviews of War Pensions which were awarded to disabled military veterans prior to 2005. Limiting pension increases for disabled veterans is shameful and a betrayal of the sacrifices of the British military forces (Oliphant, 2017; Stewart, 2017d).

The next hurdle to hit the disabled community is the introduction of Universal Credit (UC), which is the scheme created by Iain Duncan Smith MP when assisted by David Freud, with the goal of replacing six separate benefits with one global benefit; to include the unemployment benefit known as Jobseekers Allowance and the ESA. UC is being gradually rolled out across the UK despite a large amount of opposition to the concept, with the Labour Party on record as planning to scrap UC when elected to government (BBC, 2018).

Unacceptable, unelected influence

Neoliberal politics is so deep-rooted that Ministers judge everything only in cash terms, as demonstrated regularly by Lord David Freud when working in the DWP for six years on behalf of consecutive Coalition and Conservative governments, until his retirement from his Ministerial post in December 2016. Freud first attracted public attention as the former City banker appointed by the New Labour government in 2007 to conduct research relating to future welfare reforms. Commonly known as the ‘Freud Report’, ‘Reducing dependency, increasing opportunity: options for the future of welfare to work’ (Freud, 2007) was rapidly produced in only six weeks. The report was the template for the drastic future reduction in cost terms of the welfare state and the evolution of Universal Credit (UC). One of the many recommendations in the Freud Report was the use of the private sector to outsource assessments for claimants of disability benefits. The vast amount of needless suffering (Stewart, 2018c) created by the adoption of the 2005 Waddell-Aylward BPS model of assessment, as used for the WCA, has been implemented by private contractors engaged with very lucrative contracts to conduct various disability assessments on behalf of the DWP. Freud (2007, pp. 1–2) claimed:

The Department should develop a funding approach which will allow it to direct spending towards such groups, who have complex and demanding problems, in a more individualised way. Such programmes should be outsourced into the private and voluntary sector, giving them the incentive to improve performance. Jobcentre Plus, the Department’s one-stop shop benefit and job brokering arm, should concentrate on those closer to the labour market, for which standardised programmes have proved appropriate and successful. With the least advantaged in receipt of more individualised support, the rights and responsibilities of all benefit recipients should be brought more closely into line. These proposals should be thoroughly tested and piloted before implementation, to establish that the long-term relationship proposed between provider and client produces enhanced outcomes and better cost-effectiveness.
Shortly after the publication of the Freud Report (2007), Danny Dorling identified that Freud had ‘got his numbers wrong’, had misinterpreted his own references and so the report conclusions were incorrect (Dorling, 2007). This academic challenge to the credibility of the Freud Report was overlooked by the DWP, who implemented all of Freud’s recommendations to remove as much funding as possible from those in greatest need (Stewart, 2018b).

Following the adoption of the report (Freud, 2007) by the New Labour government Freud joined the Conservative Party, was appointed to the House of Lords in 2009 and became an unelected DWP Minister despite admitting that he ‘knows nothing about welfare’ (Sylvester & Thomson, 2008), which he demonstrated in every policy he contributed towards, with the aim to reduce costs regardless of human consequences. Freud’s understanding of welfare was that it costs the State a lot of money. He demonstrated his contempt for disabled workers, whilst causing immense offence, by declaring that disabled workers were ‘not worth the full wage’ and should only be paid £2 per hour, since ‘they are not physically capable of producing the same level of work as able bodied workers’ (BBC, 2014). Prior to his hasty and unexpected resignation from government in December 2016, Freud had been closely involved in many of the DWP’s harsh reductions of support benefits for the disabled community. He was the architect of the controversial UC (Stewart, 2016), which is destined to replace six welfare benefits and is still being slowly rolled out across the UK, despite serious problems being identified with the system that have yet to be resolved (Butler, 2018).

Extreme right-wing neoliberal politics demonstrates the ideological resistance to funding welfare benefits by the Conservative party, who claim that being in receipt of disability benefits makes the claimants less likely to look for work. This is the American influence of UK social policies that overshadows all UK welfare reforms for sick and disabled people (Stewart, 2016a; Daguerre & Etherington, 2014). The influence of the unelected Freud, his demonstrated unsuitability for his Ministerial post and his total failure to comprehend that disability can last a lifetime, was obvious from his very first comments. Stewart (2017c) noted:

The danger for all chronically ill and disabled people dependent upon welfare funding for financial survival was apparent in some of the first reported words by David Freud, in his capacity as the appointed adviser to the New Labour government. A millionaire and former city banker with no political experience, Freud claimed in a press interview that he ‘couldn’t believe’ that anyone had been awarded a disability benefit for life. His total failure to conceive that many illnesses and disabilities are permanent, and disabled people can’t suddenly become able bodied at the demand of an unelected millionaire seemed to escape him.

Due to Freud’s recommendations (2007), various foreign private contractors were contracted to conduct DWP assessments to resist funding disability benefits, with multi-million pound contracts funded by the taxpayer. Yet, official reports continue to demonstrate that outsourced contractors have failed to meet the required standards of the Department, the taxpayer and the claimant (CPA, 2016, p. 3) but continue to be awarded lucrative DWP contracts. The Conservative political rhetoric that welfare reforms were introduced to reduce welfare spending was used to successfully manipulate the public (Stewart, 2017c), whilst the costs of outsourcing the assessments added a huge financial burden to the DWP budget. Atos Healthcare was created as a subsidiary of Atos Corporation and were originally contracted by the DWP in 2008 to conduct the WCA, despite the fact that they were an IT company with no healthcare experience. Following relentless protests by the disabled community over several years, Atos Healthcare were to be replaced by the discredited American corporate
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giant Maximus to conduct the WCA from March 2015 (Wynne Jones, 2014), at a cost to the taxpayer of £579 million in 2016–2017 (Syal, 2016). Undeterred, Atos Healthcare changed its name to Independent Assessment Services and, despite recent past history when conducting the WCA, were contracted by the DWP, along with Capita, to conduct assessments for the new Personal Independence Payment (PIP), which replaced the Disability Living Allowance; these two companies were paid £255 million in 2017 to conduct the PIP assessments, which is an increase of £40 million per year (Osborne, 2018).

Conclusion

Using neoliberal politics, which places ‘the market’ as the main priority, successive UK governments since Thatcher’s have worked towards the future demolition of the UK welfare state. It’s not an insignificant coincidence that the demolition of the UK welfare state was prioritised by Prime Ministers who were millionaires or richer with, presumably, little or no comprehension of need. By definition, people claiming DWP financial support are those in greatest need. The chronically ill and disabled community in particular made very easy targets for right-leaning governments intent on reducing government debt, regardless of human consequences. Chronically ill and disabled ESA claimants rapidly became the human casualties of the harsh austerity measures adopted in 2010 by the Coalition government, and ongoing ever since. Other than the ideology of neoliberalism, there is no possible moral or ethical justification for disregarding diagnosis and prognosis simply to restrict benefit funding, or for outsourcing the assessments of chronically ill and disabled people to the private sector whose only goal is ‘Cash Not Care’ (Stewart, 2016a, 2016c, 2017c, 2018b).

References


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