

~~Restricted - Policy~~

# The Department

How a Violent  
Government  
Bureaucracy  
Killed Hundreds  
and Hid the  
Evidence

John Pring

## The Department

‘This intensive research is the definitive detailed proof of how government austerity hasn’t just harmed disabled people, it has killed them. What is shocking is that government ministers knew the brutality of the system was causing such a loss of life and did nothing. John Pring’s exposé of this killer system forms the charge sheet against the policy makers who inflicted this inhumane system on the most vulnerable in our society.’

—John McDonnell MP

‘A must-read exposé of one of Britain’s biggest hidden scandals. Every politician, civil servant and journalist in the country should have this on their bookshelf.’

—Frances Ryan, *Guardian* journalist and author of *Crippled: Austerity and the Demonisation of Disabled People*

‘John Pring’s indefatigable research has revealed how successive Conservative, Labour and Coalition governments have not only failed to provide the money, help, resources and understanding that disabled people need, they have gone to great lengths to hide the truth about what they have done. It would be a strong person who could read this disturbing book in a sitting. But it must be read.’

—Paul Lewis, freelance financial journalist and presenter of *Money Box*,  
BBC Radio 4

‘*The Department* is an expertly crafted, vigorously researched response to the gas-lighting endured by disabled benefit claimants at the hands of government and the DWP for the past 14 years. Pring, a journalist who is regarded within the disability community as a modern-day hero for his relentless pursuit of truth and justice, sensitively describes the terrible human cost of a social security system turned violent bureaucracy and gives voices to its victims. In also exposing the key players and decisions involved in causing and concealing mass harm, this book is a powerful call to arms for all

decent human beings.’

—Ellen Clifford, author of *The War on Disabled People: Capitalism, Welfare and the Making of a Human Catastrophe*

‘Like a dark whodunnit, where a government department is the killer, John Pring’s *The Department* is a vital must-read book. Written by someone who has played a central role in uncovering how welfare reform kills disabled people, *The Department* comes out of over a decade of painstaking research and interviews with families whose loved ones have died. Pring heartbreakingly shows how policy signed off in Whitehall can end someone’s life miles away in distance and time. The book is an essential history and a call for action and solidarity right now.’

—China Mills, Disability Justice Lead, Healing Justice London

‘No other journalist has done as much over the past 14 years to shed light on the multiple injustices directed at disabled people in the UK as a result of austerity and so-called “welfare reform”. John’s book is a “must read” for anyone who seeks the truth.’

—Mary O’Hara, author of *Austerity Bites: A Journey to the Sharp End of Cuts in the UK*

‘An urgent book that tells of the injustice, hostility and violence levelled at disabled people, by government departments responsible for their welfare. The scapegoating and stigma orchestrated by Conservative and Labour governments from the 1990s up to the current austerity reforms is shocking, and Pring’s accounts of those most affected will leave you feeling sad and enraged. This book is a long time coming and will have enormous relevance for years to come, as governments try to enforce more budgetary cuts with the same ideological hostility levelled at disabled people.’

—Victoria Cooper, co-editor of *The Violence of Austerity*

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By slow violence I mean a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all.

– Rob Nixon, *Slow Violence and the Environmentalism of the Poor*, 2013

Time is key to understanding the everyday, bureaucratic, and institutional violence of welfare reform, and how this violence kills people.

– Dr China Mills, 2023

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# Preface

‘Hundreds of deaths!?’ he cries.

On the other end of the line is Professor Sir Mansel Aylward, architect of the ‘all work test’, introduced in 1995 by the Department of Social Security (DSS) to assess whether disabled people were eligible for out-of-work disability benefits or, instead, were ‘fit for work’. Now 80 years old, he is still working two days a week at Cardiff University. I hope our conversation will be the final piece in a grim puzzle that stretches across five decades.

I have just told him how academics concluded that the introduction of a new assessment process in 2008 – built on the structure he devised in the early 1990s – was linked to nearly 600 suicides over just three years in the early 2010s.

‘The figures you quote to me are, you know, I just don’t understand. Something’s gone wrong,’ he says. He insists there were no such large-scale deaths when the all work test was introduced. ‘Why is it happening now?’ he asks.

This is the complex and disturbing question *The Department* seeks to answer. To do this, it examines the bureaucratic violence inflicted on disabled people who have relied on the benefits system since the late 1980s. As my friend and collaborator Dr China Mills – who introduced me to the idea of slow bureaucratic violence – says, the consideration of time is crucial to understanding how this happened; how the everyday actions of bureaucrats, ministers and private sector executives combined to inflict awful violence on disabled people who rely on the welfare state. But just as this violence has been slow, so has the process of uncovering its course. This book is the result of more than a decade of research and reporting and, most importantly, listening to disabled people and grieving relatives.

I was not the first to draw links between the actions of the Department for Work and Pensions (the successor to the DSS) – and its ministers, civil servants, and private sector contractors – and the deaths of disabled people

who relied on the social security safety net. I have drawn heavily on other people's work, particularly research carried out by the disabled people's movement. Without that work, this book would have been impossible.

My own obsessive search for information about these deaths has filled in gaps and found answers to deeply troubling questions that began to emerge in the austerity years of the 2010 coalition government. At first, I used the Freedom of Information Act, and more recently I have been trawling through the National Archives to find government memos and letters from the 1990s and early 2000s that help explain the shocking events I will describe in the following pages.

I also felt a need to tell the stories of those who died, through the recollections of family members and – where possible – through their own words, and documents they left behind. As a disabled person myself, with lifelong suicidal ideation and a recent autism diagnosis, I recognise my need for these innocent victims of government hostility to be remembered, and for justice to be secured.

The deaths I describe in *The Department* are only a tiny fraction of those that could be linked to the actions of the Department for Work and Pensions, known by most benefit claimants as the DWP. Most of these deaths will remain hidden, particularly if those who died did not have family or friends to fight for justice in their names. I hope the disabled people I do write about can represent all those who lost their lives through this terrible, violent episode, and those who continue to do so.

In keeping with the theme of slow violence, the book is structured chronologically. It begins with an examination of how John Major's Conservative government first targeted – and scapegoated – disabled benefit claimants as 'a promising area for making economies', and how these reforms slowly began to have a deadly impact. In this section, particularly, I hope my research in the National Archives has produced some fascinating and disturbing revelations.

Part II looks at the New Labour years of 1997 to 2010, and how the party's significant change in tone on welfare reform after Tony Blair's election as Labour leader eventually had a fatal impact on the disability benefits system. These are also the years when the private sector tightened its grip on the system. Again, with deadly effect.

Part III describes how the reckless hostility and discrimination that had built slowly over the previous two decades finally exploded into deadly

violence in the early years of the coalition, from 2010 onwards. It was disabled activists who produced the research that first exposed this harm, describing the deep distress, the self-harm, and the suicide attempts – a ‘climate of panic’ – that should have persuaded the government to act, but didn’t. As austerity intensified, a series of tragedies showed how this violence devastated the lives of disabled people across boundaries of race, sex, and class.

In the final section, I show how DWP attempted to cover up and justify its actions, as it had to a lesser extent in the previous two decades, and angrily resisted appeals from disabled people and their allies to make the system safe. Despite these efforts at cover-up and denial, evidence of negligence, dishonesty and hostility slowly emerged, through coroners’ reports, the department’s own secret reviews, and the courage and determination of those left behind. What is revealed, I hope, is the truth about DWP, and a clear and powerful demand for change and – finally – justice.

## Content Advice

You're likely to come to this book with some idea of its content, and an awareness that much of it will be distressing and disturbing. It contains repeated discussion of suicide and other deaths, and descriptions of people in significant mental and physical distress. To help with this, at the end of this book there is an index of pages that could be particularly triggering. Please only read *The Department* when you feel ready. Also, reading something distressing can sometimes affect us not just immediately but in the days or even weeks to come. If you think this could apply to you, you might wish to limit how much you read in one sitting, to reduce any unexpected future impact. I believe the information revealed in this book is valuable, but your safety is more important.

# Introduction: The Death of Philippa Day

2019

*I'm not dying because I'm suicidal and that sounds ridiculous. It's pragmatic. Yes a dead mum and a shit father will hurt my child for the rest of his life but that's better than watching mummy go in and out of hospital, crying everyday being triggered everyday ... I dragged myself up from the bottom basically every 24 hours for just over 27 years ... I've been so trapped for so long and then comes along the government people would assume are there to help. Since January the 11th 2019 my benefits have been severely cut, this has caused me to get pay day loans to simply live and that has escalated into a hole I can never get out of ... having nothing has isolated me even more from the world, has affected my identity. I haven't had a haircut for over a year for fucks sake.*

*This time feels different. I'm scared ... Please protect [my son] from this awful world ... There is hope for [his] future, that's Imogen Day. She's gonna change the world. Thank fuck for that.*

*My name is Philippa Day I'm a good person, I'm strong as fuck. I'm a damn good mother when I had the opportunity ... Tess I'm sorry. I tried I really did.*

*This is all pointless I don't even know why I'm writing this, like it matters.*

*I'm sorry.*

*Peace Out*

*12.02.92 – 08.08.19\**

Imogen Day has the clearest memories of her sister, Pip (or Philippa, as the DWP knew her). She was eight and Pip was four years older and would hide Imogen's treasured teddy bear. 'It was her favourite activity to make me go

hunting round the house, just to watch me tear the house apart. She thought it was hilarious. She would give me clues but would never allow it to go on too long, so when I got too upset she would stop ...’

Pip would defend her sister at school if she was bullied. ‘She was the only one who was allowed to tease me,’ Imogen would tell me. Their parents both worked, so the girls attended an after-school club. Pip would arrange Imogen’s toys around her and put her sister on her lap until they were picked up.

‘So many things brought her joy,’ Imogen would tell the Deaths by Welfare podcast. ‘She was a really, really happy, kind person. She loved her friends; she loved just engaging with different people. She was always the first person to give a homeless person a cigarette, and would sit and chat with them. She had so much empathy for the world.’

Her mum, Jane, says Pip was ‘full of love and kindness’, and used to ‘bounce into rooms; everyone knew that she’d come to the party’.

Both Pip’s type one diabetes and her mental distress had been a part of her life for as long as Imogen could remember. Her parents had taken her as a child to courses to help her manage her diabetes. Pip would carry her needles and test kit in her handbag. She would slip away to the bathroom without any fuss. She was dyslexic and adapted to that, too.

Her mental health was different. She ran away from home and would show ‘extreme emotions’. For a while, she was in foster care. There was a spell in a mental health unit. She used her insulin to self-harm, by failing to pay attention to her medication regime, by deliberately mismanaging her diet, or by overdosing.

At 17, Pip moves into her own flat, supported by her parents. She is diagnosed with bipolar disorder; later, the diagnosis changes to emotionally unstable personality disorder. She has difficulties maintaining personal relationships, anxiety, regulating her emotions, increasing problems with substance abuse, self-harm, and suicidal ideation. She places herself in situations where she is intensely vulnerable to harm.

By her early 20s, Pip has found a customer services job. She is using drugs recreationally, mostly cannabis and occasionally cocaine, and alcohol if with friends, although she will always check the sugar content. Her friends look out for her. But she is also in a toxic relationship.

Pip has a son in 2015 [a court order means he cannot be named], but experiences post-natal depression, and splits up with the father just after their

son's first birthday. There is a 'non-molestation' court order and her ex's behaviour leads Pip to develop agoraphobia. She experiences physical, psychological, and sexual abuse from her ex, who frequently exploits her mental distress.

Pip's parents often take their grandson for a few days, sometimes at short notice if she is struggling. She is desperate to protect her son, to ensure he has a loving family around him.

By 2017, Pip and her family have decided her parents should look after her son semi-permanently. They live nearby, about 20 minutes by car, but she struggles with the idea that she cannot care for her son. This is exploited by her ex-partner. His abuse is later described by a safeguarding review as 'unremitting'. He strikes her head with a glass jar, and receives an 18-month community sentence. He repeatedly breaches a non-molestation order, and continues to exploit her mental distress. Eventually he is sentenced to 20 weeks in prison, but immediately contacts Pip on his release. The harassment and stalking continue.

Pip tells a domestic violence adviser: 'He took the city I grew up in and made it a place I couldn't stand to be anymore.' And, after a court has extended a suspended sentence following another breach: 'That's what broke me. I report and do everything and then nothing happens. These orders are not worth the paper they are written on.'

Pip is now living in a pretty, red-brick house – owned by her parents – on a residential road of manicured gardens and unvarnished picket fences, north-east of the centre of Nottingham. Her dad keeps the front door key for emergencies. Pip uses the kitchen door, set back from the front of the house. On the tarmac driveway, and the wall, there are often pastel chalk pictures Pip has drawn for her son. There is a rainbow one week, a tiger the next. She persuades her son to practice writing his name on the wall.

Life is 'a rollercoaster' for the family, says Imogen. Pip once told her she felt like an electric wire, stripped of its protective rubber coating. Touching the wire creates sparks of anxiety, depression, and hopelessness. Or alternatively, extreme positivity, love, and elation. Everything is extreme, including her feelings about other people. 'You were a hero or a villain,' says Imogen.

Pip's drug use is increasing. She has told Imogen about her thoughts of self-harm and suicide. Imogen talks to her about her drug use. As it increases, Pip falls out with her friends. She begins to rely increasingly on her family,

particularly her father and sister.

In March 2018, Pip is allocated a care coordinator, community psychiatric nurse (CPN) Tessa Rand, following a period under the mental health crisis team. There had been an overdose in autumn 2017 – the second of that year – and a spell in hospital. Tessa, who will become a trusted, invaluable part of Pip's life, will later tell an inquest that Pip felt stigmatised by the personality disorder diagnosis. 'She felt she was judged as acting out to get attention. That bothered her a lot because this was Philippa's way of communicating her distress.'

Pip tells Tessa she should be able to look after her own son. 'It saddened her deeply that she couldn't do that,' said Tessa. 'It also made her angry with herself and others that she felt had let her down.'

Pip's ex is causing her 'an incredible amount of stress'. Pip struggles with the idea that she might see him, or his friends, or he might be following her. 'As time went on, it translated into struggling to go out at all,' Tessa will say later. 'In the last few months, she couldn't go out alone.'

Suicidal thoughts are ever-present, and thoughts of self-harm will turn to action when the thoughts become particularly intense. She cuts and burns herself. There are at least five overdoses in 2018. Tessa believes Pip is 'incredibly knowledgeable' about how much insulin she can take without killing herself. There are times when there is plenty left after an overdose.

In late 2018, Pip is advised to apply for personal independence payment (PIP). She had been given a lifetime award of disability living allowance in 1994 (at the middle rate of care) because of her diabetes – this entitled her to disability premiums on top of income support – but she is told she will probably receive more with PIP. She phones DWP for a claim form. Imogen accompanies her to an advice agency that helps her fill out the form.

Tessa writes a letter to support her claim, and makes it clear Pip will need to be assessed at home. Tessa remembers driving with Pip in January 2019 when she asks her to pull over so she can post her PIP form. 'We made a huge deal of her achieving this task, which would be small for many but enormous for Pip,' says Imogen.

Pip starts mentalisation-based therapy, which seems to help her examine her life in a new way. It is one of many ways she engages with services in her last years. Her agoraphobia and distrust of professionals mean nearly every engagement is difficult, but she attends appointments, engages with Tessa and her colleagues, takes medication, liaises with her GP, speaks with a



psychiatrist and clinical psychologist, spends time as an inpatient and, eventually, takes steps towards engaging with substance misuse services.

By February 2018, Pip realises she is short of money. She doesn't know why and blames herself. The reason soon becomes clear. DWP has closed both her new PIP claim and her existing DLA claim, while also reducing her income support, and cutting her payments by a further £12.43 to repay a previous Social Fund loan. Her weekly benefits plummet from £228.25 to just £63.10. DWP had sent her a letter on 11 January explaining that she had failed to return her PIP form, so her DLA claim would end on 29 January. She never opened the letter. Pip has been receiving DLA since she was 16, a lifetime award.

'I would often go to her house and find letters that were weeks old that had not been opened,' said her father, Charles, later. 'She never knew what was going to be in the letter and therefore was fearful of the letter.'

Tessa calls DWP and says Pip had been unwell. The department promises to look for the missing form. There is no evidence this search ever took place. Pip is distraught. On 19 March, she self-harms by cutting and burning herself, and takes excessive medication with alcohol. Her ex's harassment continues. It is, the safeguarding review will say later, 'insidious'. At one point he deposits 10p into her bank account so he can add a reference about himself, which 'signalled that he was still there, still controlling her'.

The following day, DWP looks again at the decision to close her claims, but – despite Tessa's call – leaves it unchanged. It also fails to mark on its system that Pip needs 'additional support'.

Pip is admitted to a mental health unit. On 1 April, she takes another insulin overdose, after alerting a friend through Facebook. 'There wasn't a time when I worked with her that she took a significant overdose without letting somebody know,' Tessa told the inquest later.

On 4 April, Philippa begins a fresh PIP claim. She is discharged from hospital for bringing cocaine onto the ward. Her family are distraught, because it is a specialist personality disorder unit and they thought she would receive the support she needed.

The downward spiral continues. Pip begins acting out of character. She smashes a car window after hallucinating that a man inside the car is trying to kill her. She is admitted to another psychiatric hospital. Pip asks Imogen during a visit if she will fight for her after she dies, to ensure others are not 'left to die' by DWP. She has read about disabled people in similar situations

who have lost their lives due to austerity. ‘They are trying to fucking kill me,’ she tells her sister. Pip leaves the hospital after just a few days, partly because the staff will not allow her to control her diabetes herself. It is one of the few things she feels she can control.

The gaps between overdoses grow shorter, although she will always alert a friend or her father and leave the front door unlocked. Pip tells her sister she is stuck, she has no money, and has taken out payday loans with huge interest rates.

Almost every day, Pip talks to Imogen about her PIP application. She feels worthless. The process is dragging on, and although her family and Tessa are trying to support her, her drug use is increasing, and, for the first time, she begins taking drugs on her own. During one visit, Pip asks Tessa to open a bin bag and she dumps a pile of unopened correspondence straight into it.

Tessa writes another supportive letter, describing the two recent hospital admissions, and her financial worries. Her diabetes nurse also writes a letter. Pip completes the new claim form, and her father posts it to DWP by recorded delivery.

Pip is now surviving on £60 a week. She doesn’t shower or bath regularly because she hates seeing her own body. She takes less care of the house. She starts talking more about suicide.

On 11 June, growing ever desperate, Pip phones DWP. The call is recorded. ‘Basically I need to find out the progress of my claim,’ says Pip. ‘It’s been six months now and I’m literally starving and cold.’ There is little empathy from Jane, the DWP telephone agent, who says her form has been sent to Capita. ‘You’re better to ring them and see what their plans are,’ she says. She tells her to visit her local ‘jobs and benefits office’ about money.

Pip’s voice is breaking with distress. ‘I shouldn’t have had this taken away from me. My DLA was for my type one diabetes, which is not curable and lifelong. This is six months. I’m in so much debt.’ Her voice breaks again. ‘I haven’t had anything to eat. I can’t ...’ Her words tail away into quiet sobs.

After a moment or two, Pip says she will ring Capita, and asks the DWP worker to log the call.

‘Yeah, it’ll be on the system,’ she is told.

‘Thank you. Sorry.’

‘Is that everything I can help you with?’

‘Well no, not really. I need a [unclear]. I need a reason to live. Thank you. Goodbye.’

‘Would you be able to apply for the ESA?’

‘I’m on income support.’ Her voice quivers. ‘All of my disability premiums have been taken away from me because of this damn PIP form. I should have never, ever, ever have been transferred over from DLA to PIP. This has been six months long, I’m in £5,000 worth of debt. I’m ...’

‘Is there anybody in your family or a local charity that could help you out?’

‘No, no there isn’t, because I ...’ her voice breaks again. She sobs. ‘If this isn’t solved quickly then, I, I ...’ and suddenly the sobbing stops and there is clarity, ‘... I cannot survive, physically survive, for another eight weeks, six weeks, four weeks, whatever, without any money ... So yeah, alright, I’ll call the other people.’ The call ends.

Jane will later tell an inquest Pip appeared ‘content’ at the end of the call. She says it is ‘quite usual’ to hear claimants crying and can’t remember why she failed to leave a summary note on Pip’s file. She also can’t remember why she hadn’t discussed the call with a manager. And she is unsure if she passed any information to Capita.

Two days later, Tessa visits Pip. ‘She didn’t seem to be looking after herself very well,’ Tessa told the inquest. ‘She told me she didn’t have any food in the fridge. I was quite concerned, because of her type one diabetes.’

Between 12 and 18 June, Tessa calls DWP six times. She says Pip is £5,000 in debt and has no food or heating, and had not been opening her post in January. As a result, Pip’s DLA is finally reinstated on 18 June and DWP sends her £1,160 as partial payment of her arrears, which is immediately swallowed up by her debts. But DWP and Capita must still process her new PIP claim. Pip tells Imogen she believes she will be dead before this happens.

Tessa visits Pip. She notes her chaotic home life and escalating drug use. Pip tells Tessa she is in considerable debt to drug-dealers.

On 20 June, another £869 in arrears is paid into Pip’s bank account after part of her disability premium is reinstated. On 26 June, Capita decides she must have a face-to-face assessment.

Pip’s alcohol and drug misuse worsens. Those visiting her home are heavier drug users than her previous friends.

Pip speaks to Tessa of her shame that she can’t be part of her son going to his new school in September. ‘She started to feel she had lost her son,’ said Tessa. ‘She had always counted her son as a strong protective force, but she was doing so less often by that time.’ On 2 July, Pip’s parents and her son go abroad on holiday. They need a break, and Pip is too unwell to join them.

Three days later, Pip writes a letter on her laptop.

*Letter to Dad upon death*

*Well, where the fuck do I start? I guess an apology but I think if everyone was honest with themselves me no longer being around causes less problems than me being alive.*

*Any other father would have given up a long time, so thank you and sorry your faith was misplaced ... My fondest memories along with [my son's] life, was going to work with you on a Saturday, I'd feel so important ... I remember you kissing my forehead after [my son] was born ...*

*They say play the cards you're dealt, but that would also mean bowing out when you have no hope of a full house. I never was very good at poker, or life really. Hindsight really is useless isn't it.*

*I refuse to prolong my son's pain in hoping I'll get better. 3 years later I'm still broken, possibly more so.*

*I know you never read this shit. I just wanted to say I'm sorry. Always have been the weak link in the family.*

*Philippa\**

On 16 July, Pip is told by Capita she will need to attend a face-to-face assessment at a centre in Nottingham on 1 August. The idea terrifies her. She becomes angrier, and more depressed, and considers cancelling her claim. It later emerges that Capita has heard about Pip's self-harm and is concerned about the risk of 'weapons' in her house, and so rules out a home assessment. It could have checked with her mental health team, but doesn't.

Imogen, who has been supporting Pip, returns home to Leeds to finish her dissertation. She tries to reassure her they will secure a home assessment, but Pip has lost all faith in DWP and Capita.

On 31 July, one of Tessa's colleagues visits Pip. She phones Capita to discuss the assessment, due to take place the next day. She explains Pip's level of distress and asks yet again for a home assessment, explaining her agoraphobia. She is told to provide written evidence. The assessment is postponed until 19 August to allow time to provide that evidence.

Pip receives another letter, confirming she will need to attend the face-to-face assessment on 19 August. The letter says it is 'important to go to this appointment', otherwise DWP is 'likely to refuse your claim'.

On 7 August, Imogen hears Pip's home assessment request has been

rejected. 'I felt such a dread when I heard this,' says Imogen. 'She would have sobbed, she would have screamed, she would have experienced immense distress and frustration and would have been unable to communicate [if she had been forced to visit a Capita assessment centre]. I would have been very concerned about an overdose directly after the assessment.'

Pip calls Tessa. 'I'm done,' she tells her. 'I can't do this anymore, I can't cope.'

Tessa phones Capita twice. All they will see is how distressed Pip is, she says. Capita asks her to provide written evidence but cannot explain what else they need. DWP later admits Tessa's phone call should have been enough. Tessa calls Pip again but can't get through. She speaks to Pip's father, who says he will join her at the assessment. Tessa calls Capita again to say Pip will attend the face-to-face assessment if she can accompany her.

Charles Day speaks to his daughter twice on 7 August, the first time to tell Pip she will have to attend the assessment centre. 'I think that was the final straw,' he will say later.

Pip knew her family would never abandon her. 'It's the only thing she knew for certain,' he says. Her family shop for her, and cook and deliver meals, but asking for money from her dad would 'massively' damage her sense of self-worth. He speaks to Pip later. She will usually ask to say goodnight to her son, but this time she doesn't want to. They arrange to speak the following afternoon.

When Imogen speaks to her sister, she can tell Pip is having a panic attack. She calms her down with some breathing exercises and tries to reassure her about a home assessment. But Pip tells her: 'I'm done trying to fight them.'

Imogen asks to meet for lunch the next day, a safeguarding technique as Pip often speaks of how devastated she will be if Imogen or their father find her after a suicide attempt. But Pip says she has an appointment, and they agree to meet on the ninth. Imogen reassures her that they will find a solution. They continue to exchange messages through the evening. Imogen will say later: 'We were just having very casual sisterly conversations about our daily lives.' Then, just after midnight, Pip stops responding. Imogen assumes she has fallen asleep.

The next day, Imogen and Charles become increasingly concerned when they cannot contact Pip. When they arrive at her house, they find it 'in its usual disarray'.

Upstairs, Imogen finds Pip lying with her limbs strewn across her bed. On one corner of the bed, by her bleeding head, is the letter from Capita telling her the request for a home assessment has been rejected.

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\* As Philippa was dyslexic, parts of this letter have been edited to make it more readable and accessible.

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**PART I**

**1989–97**

**Peter Lilley, Incapacity Benefit,  
and How Ill-health Became a Luxury**



## The First Memo

Where should this story begin? With the introduction of invalidity benefit in 1971? The creation of the modern welfare state in 1948? Perhaps the Liberals' welfare reforms of the early 1900s, or the Elizabethan Poor Laws of 1598 and 1601, which required all parishes to provide a minimum level of support for those in need. Maybe it should begin with the Poor Law Amendment Act of 1834, which was based on the principle that life for those relying on state welfare should be unpleasant ... and should be seen by potential claimants to be unpleasant.

Even so, from the start of the twentieth century, through the development of Labour's post-war welfare state, and until the 1980s, there was a gradual move towards providing all citizens with security from 'the cradle to the grave'. But during the 1980s, this principle came under attack from Margaret Thatcher's Conservative government, and attention eventually turned to disabled people.

It is here, then, that this story begins, as civil servants, politicians, and the private sector start to question how they can pick away at the threads of the safety net.

Early in 1989, secretary of state for social security John Moore sends a memo to John Major, chief secretary to the Treasury.<sup>1</sup>

... I think it would be sensible to discuss the general approach to disability benefits.

Both of us have acknowledged the need to tackle the rising expenditure on these benefits, but also that we can hardly ignore the [Office of Population Censuses and Surveys] disability surveys. I enclose a paper which presents our conclusions about how to handle this, with a package of proposals hewn from a mass of work over the last year or so. Politically, the context in which the surveys were commissioned and the results they

now provide leave us no choice but to put forward a package offering long-term savings tempered by some benefit improvements in the interim ...

For me, the key issue is not whether we adopt a package such as proposed in the attached paper, but when ...

Moore would be replaced as social security secretary months later by Tony Newton. John Major would become prime minister the following year. But the memo sets successive governments on a path that will lead to the deaths of hundreds, and probably thousands, of disabled people.

In 1989, the payment for those unable to work through ill-health or disability is known as invalidity benefit, which was introduced in 1971. The claimant's GP plays a significant role. They provide the 'sick note', describing their patient's 'incapacity for work'. For the first six months, the GP needs to consider their incapacity in relation to their usual occupation; if they had been a miner, are they able to work as a miner? But after six months on statutory sick pay or sickness benefit, the GP must decide if they are also unfit for other work and therefore eligible for the longer-term invalidity benefit (IVB).<sup>2</sup>

The Department of Social Security (DSS) supervises IVB claims. Claims are decided by adjudication officers in local DSS offices, which can refer claims to the Regional Medical Service (RMS) for an 'alternative medical opinion', mostly provided by retired or practising GPs.

If RMS decides there needs to be a medical examination, it will ask the GP for an up-to-date report, before carrying out the assessment. The DSS adjudication officer (AO) will then decide the claimant's eligibility 'in the light of all the available evidence', including the examination results. The RMS opinion is usually accepted. In 1991, about 600,000 claims are referred to RMS, with a third called for an examination. More than 80 per cent of claims referred to RMS are found 'incapable of work' and eligible for IVB.

Concerns about the growth in invalidity benefit spending lead the National Audit Office (NAO) to commission research from polling organisation Gallup.<sup>3</sup> The Gallup study finds serious problems, particularly with the lack of training and guidance for GPs on sick note work.

NAO publishes its report in January 1990. It says the number of IVB recipients has risen from 760,000 in 1983–84 to just over one million in 1987–88. DSS expects this to rise to 1.3 million by 1990–91, with spending expected to increase from £2.39 billion in 1983–84 to more than £4 billion in

1990–91 (at 1989 prices). The key reason is that individuals are staying on the benefit for longer, while the proportion of older IVB recipients is increasing, as is the number of married women receiving IVB. NAO concludes that these and other ‘non-medical factors’, including an increase in unemployment in the early 1980s, have probably played a ‘significant part’ in the increase.

The Gallup survey finds 32 per cent of GPs had not refused a single sick note request in six months. It concludes that many GPs are ‘overlooking the requirement to consider the individual’s capacity for alternative work’ and ‘giving too much weight to family and social circumstances’.

There is nothing to suggest widespread fraud, and yet the mainstream media leap on the survey results to attack disabled claimants and GPs. Press coverage on 12 January 1990 suggests DSS briefed the media to scapegoat claimants, with headlines including ‘£4bn row over “lead swinging”’ (*The Sun*); ‘Scandal of sick notes’ (*Daily Mail*); and ‘GPs’ charter for workshy’ (*Daily Express*). Even the liberal and left-wing media join in, with ‘Soft GPs rapped’ (*Daily Mirror*); ‘Saving on sickness benefit urged’ (*The Independent*); and “‘Fit’ jobless get sick benefit’ (*The Guardian*).<sup>4</sup>

The report – particularly how it has been reported – provides vital political cover for DSS and its ministers to cut spending on IVB.

Months later, the Commons public accounts committee offers a more nuanced account of the NAO research, with its report<sup>5</sup> raising concerns about a possible backlash against disabled people.

It identifies three major trends, and none of them relate to ‘soft GPs’ or ‘lead swinging’. Instead, claimants are staying on IVB for longer, there is a rising proportion of older recipients, and the number of married women receiving IVB is increasing. Other reasons include the lack of suitable alternative work for those no longer ‘fit’ for their previous occupation, while people are living longer because of advances in medicine. And, due to Care in the Community, where government policy had shifted away from institutional care and towards supporting disabled people, particularly those with mental distress or learning difficulties, in their own homes – more people are receiving invalidity benefit ‘to which they were not entitled when in institutional care’.

The committee also raises an issue that will reappear in the austerity years of the 2010s, noting ‘with concern the rise in the number and percentage of successful appeals in recent years by claimants who had been disallowed

benefits', which could 'indicate an increasing degree of inequity' in the treatment of claims by adjudication officers. Between 1984 and 1988, the number of appeals had increased from about 2,000 to just under 4,000 a year, with the proportion of successful appeals rising from 34 to 50 per cent.

DSS is not particularly worried about losing 50 per cent of such cases, 'but would be concerned if this rose to 75 per cent' (which it will in 2019<sup>6</sup>). The committee says: 'The Department felt the figures did not support the view that they were harrying back to work large numbers of people who were incapable of work.'

By the end of 1990, the Treasury is agitating for savings, asking DSS for more details about the 'implementation of the £8 million saving' on invalidity benefit that has been agreed.<sup>7</sup> The pressure is slowly building.

## A Promising Area for Cuts, and the First Steps towards Violence

**April 1992.** The Conservatives, under John Major, unexpectedly win the general election. Major appoints former trade secretary Peter Lilley as his secretary of state for social security, a post he will hold throughout the next five years.

Within weeks, Lilley meets fellow Thatcherite Michael Portillo, chief secretary to the Treasury. They pick on invalidity benefit as, in the words of a DSS civil servant,<sup>1</sup> ‘one of the areas to be addressed in terms of the extent to which benefit arrangements match up to the circumstances of the 1990s’. A DSS memo<sup>2</sup> says Lilley ‘has already indicated that he sees IVB as a promising area for making economies and has asked us to give more thought to what might be done to achieve this’.

A draft invalidity benefit (IVB) policy review<sup>3</sup> finds scope ‘for some major restructuring of IVB focusing on changes affecting entry to IVB, the value of the benefit in payment and the duration of receipt’. In other words: making it harder to claim, reducing the amount paid, and cutting the time claimants can receive it. One option is for ‘more rigorous medical controls over access’. The path to a stricter assessment process is being laid.

On 4 June, a memo<sup>4</sup> describes a discussion between three senior civil servants on a ‘scheme for the future control of invalidity benefit’. One of the trio is Dr Mansel Aylward.

Aylward had been a GP in Wales before founding a research company and being headhunted by the Department of Health and Social Security (DHSS) in 1985. He had been promoted in 1988 to deputy chief medical adviser. Aylward will be described as the architect of the new assessment process. It is, he tells me in 2023, his ‘claim to fame’.

Aylward and his colleagues believe GPs should be sidelined. Instead,

claimants should express their own views through self-assessment questions. They would then be examined by a doctor from the Benefits Agency Medical Service (BAMS), usually at an examination centre. A report, with a recommendation from the BAMS doctor, would be sent for a decision by a Benefits Agency adjudication officer, although the BAMS doctor might occasionally need 'to obtain further information either from the GP or sometimes from a consultant, or even from elsewhere'.

This request for further information would become known as seeking 'further medical evidence', and it would become a crucial and controversial stage of the claim process. The department's frequent refusal to ensure the necessary information is obtained from the healthcare professionals who know a benefit claimant best will, in future years, lead to the deaths of countless disabled people.

The 4 June memo provides a remarkably durable skeleton for how disabled people will be assessed for disability benefits over the next three decades.

Another memo the same month<sup>5</sup> highlights the arrogance of DSS's medical specialists. A Dr T. P. Scott tells Aylward that 'with IVB we are still in the Dark Ages'. He suggests a harsher approach, allowing someone to be found 'partially capable of work' and therefore eligible only for a lower rate of benefit. He claims 'too much power rests with people who don't know what they are doing'.

Scott says it is important to 'remove the GP from the equation', restricting them to 'confirming the diagnosis at the start of the claim ... From then on it is up to us to give the medical opinion on capacity for work.' If this happens, tribunals would be likely to 'put less weight on any letter of support sent by a GP and, properly, pay more attention to the opinion of the experts, ie us!'

Scott suggests selling this to the British Medical Association as a 'positive step forward'. 'The more conscientious amongst their number may even breathe a sigh of relief at the thought of not having to have further arguments with "malingerers" over yet another request for a certificate.' The consequences of this arrogance will be far-reaching.

Plans for a major review of IVB appear to have been swilling around the DSS corridors for at least a couple of years. Lilley – by now Lord Lilley – will tell me in 2022 that his recollection of the review's origin is 'somewhat vague'. But he agrees officials had probably 'been working on options to reform IB before I arrived'.

I made it clear that I wanted to curb growth of spending on benefits without cutting the real level of benefits (I was under pressure from the Star Chamber to allow only a 2 per cent increase in line with public sector pay). So I decided to focus on those benefits which were increasing most rapidly. IB had trebled in a decade. But I was a bit suspicious of officials when they seemed almost eager to do something about it – suspecting that my very experienced predecessor, Tony Newton [who died in 2012] must have turned their plans down and they were to palm them off on me as a novice!

He adopts the key proposal, to introduce ‘an objective medical test’. The review will examine restricting eligibility, limiting its duration, tightening ‘medical control of claims’, and achieving ‘relatively significant savings’.

Lilley’s department is set on a slow journey that will lead to tragedy. As Dr China Mills will point out, the harm caused to disabled claimants would not be seen in a moment of spectacular violence. It would build slowly, hidden from view. As Rob Nixon has written of environmental harm: ‘By slow violence I mean a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all.’

## ‘Ignorant’ Ministers, the Insurance Industry, and Lilley’s Little List

On 22 July 1992, Alan Woods, private secretary to Peter Lilley, sends a memo<sup>1</sup> to a DSS colleague that will have a hugely significant impact on the disability benefits system.

A note to confirm our telephone conversation.

Secretary of State would like to know more about the approach of insurance companies to sickness insurance. He is keen that we should take on board any lessons which their practices may offer in our examination of how IVB expenditure can be restrained. Particular areas on which he would like to know more are:

How do they assess claims to determine who qualifies for payments?

What is their approach to medical examinations? Do they rely on GP’s, who may have no incentive to curtail the length of the claim, or do they have alternatives?

... As discussed, it may be best to sound out one or two insurers as part of the discussions A4 [a DSS department] will be having with them ...

Mansel Aylward gathers material from various insurance companies. He claims later that he concluded there was nothing DSS could learn from them, and, if anything, ‘they could learn from us’.

Whether or not DSS did learn some of their tricks and tactics – and later developments suggest they did – it is the beginning of a relationship that will see the insurance industry, and other parts of the private sector, develop an increasingly tight grip on both the policy and practice of disability assessments.



**August 1992.** A DSS memo<sup>2</sup> reports on an IVB ‘brainstorming session’ led by Aylward. There are 45 proposals, most of which are agreed. One suggestion is that GPs who allow too many incapacity claims should be ‘identified’, and even sanctioned. Another proposal sets the tone for future changes. For those who fail to attend an examination with ‘no good cause’, payment of benefit should stop ‘immediately’. They should be asked to attend another examination ‘only if the excuse is genuine’. Aylward will later insist he vetoed the suggestion, but the idea will eventually sit right at the heart of the department’s hostile environment for claimants.

Now aged 80 and recently returned from an international lecture tour, Aylward will tell me he led the IVB reforms, and formed a group of about 40 advisers (DSS records suggest there were about 80 members), including disabled people. The aim, he says, was to ‘define what it is that prevents people from working due to disability or impairment. I defined it. And yes, I did lead on it, because I felt we had to be giving the money to those that deserve [it] because they were incapable of work because of a disease, a mental illness or disability.’

I ask him whether these reforms originated with ministers, or civil servants like himself. When he arrived in London in 1988 he found ministers ‘quite ignorant of the issues’. But he insists there was no pressure placed on any minister, although he detected no resistance. It was civil servants who came up with the ideas, but the reforms were ‘driven by ministers’.

In October 1992, Peter Lilley writes to Michael Portillo.<sup>3</sup> ‘Two key reasons for the growth in IVB expenditure have been an increase in the length of time people have stayed on the benefit and ... its comparative generosity,’ he tells him. He suggests it is right to ‘tackle this difficult issue’ with ‘the reining back of expenditure long term as the big prize’.

Days later, Lilley delivers a set-piece speech at the Tory conference,<sup>4</sup> in which he pitches a crackdown on the ‘something for nothing society’. He talks about fraudulent benefit claims, which are ‘an insult to the law-abiding majority’. He speaks about ‘bogus claims’, ‘spongers’, ‘locusts’, and welfare being ‘a way of life’. Lilley, in his pinstriped suit, flanked by rows of senior party figures, tells the conference: ‘We are not in the business of subsidising scroungers.’

He sets out his plans for a welfare crackdown to ‘I’ve Got a Little List’, from Gilbert and Sullivan’s *The Mikado*, a song performed in the comic opera by the Lord High Executioner. Benefit offenders, bogus claimants, and

sponging socialists, ‘they’d none of them be missed,’ he tells a mostly delighted audience of Tory members, although some appear from their folded arms and grimaces to be appalled by his parody.

Aylward tells me in 2023 that Lilley ‘never spoke to me in those terms’ and never appeared obsessed with benefit fraud. He says he told Lilley he didn’t agree with his conference speech, but he adds: ‘Peter Lilley never struck me as a hard man. Whenever I said to him, “I think we shouldn’t do that, or perhaps that’s not fair,” he agreed.’

Lilley tells me years later that he was not the first to ‘identify the need to distinguish between those needing disability benefits and those needing help into work’. He claims many disabled people supported his efforts to recognise ‘that some people abuse the system’ and focus benefits on those who deserved them. He insists it was officials who convinced him ‘the benefit was being awarded to claimants who were not really entitled to it ... Officials convinced me that this was a genuine problem not vice versa.’

He denies he was ‘scapegoating’ claimants, a claim he describes as ‘nonsense’. ‘No-one suggests, or ever suggested, that most – let alone all – claimants are not really entitled to the benefit,’ he says, although this hadn’t been my suggestion. ‘My reforms were designed to ensure that the benefit was focussed on those genuinely entitled to it by introducing an objective medical test.’

He says he had been ‘very keen to avoid legal action’ and so ensured DSS only classified ‘a very small proportion of claims’ as fraudulent. He claims this explains why he could not produce evidence of substantial levels of benefit fraud.

But Aylward disagrees. Fraud ‘was a minor thing,’ he tells me. ‘The recent figures are, you know, probably around 3 per cent [of spending] or whatever. I agree with that, and my point is I wasn’t concerned with fraud because fraud was a small item, and I didn’t want to expend all my energy on a minor, minor issue.’

The following month, DSS civil servants send Lilley papers in preparation for a Commons speech.<sup>5</sup> They tell him to say that spending needs to be restricted ‘to better reflect what the country can afford’. They claim spending on IVB is forecast to rise from under £2 billion in 1983–84 to more than £7 billion by 1994–95 if left ‘unchecked’, while recipients ‘have risen from 760,000 in 1983–84 to 1,325,000 in 1991–92’, and ‘are forecast to go on rising’. There is ‘no evidence that the nation’s health has declined to this

extent', and they must continue the policy of 'targeting available public money on disabled people in most need', a phrase that will crop up repeatedly in the decades ahead.

But there is no mention of other significant factors explaining the increases: life expectancy increasing for some conditions, more married women becoming entitled to receive IVB, and disabled people finding it harder to secure jobs. Mansel Aylward will tell me he agrees that many factors explained the rise in IVB spending.

DSS civil servants must have known their briefing was misleading, if only because of the earlier work of the National Audit Office which highlighted these other factors.

Lilley follows his officials' advice.<sup>6</sup> He tells MPs he has subjected the department's costs 'to rigorous examination' and is determined to 'tackle fraud and abuse of benefits'. He plans 'better targeted' tests, and 'more effective action' when people fail to attend their examination or are found fit for work. He has, he says, 'sought to curb programmes which might otherwise pre-empt the resources needed to sustain recovery in the longer term', which will 'protect benefits for those hit by the chill wind of world recession' and 'channel increased support to the most needy'. This scapegoating of disabled people – an accusation Lilley strongly denies – will be used repeatedly by future ministers and governments.

By April 1993, civil servants are finalising a submission for ministers.<sup>7</sup> They say incapacity benefits should 'look different and cost substantially less'. The assessment will be based 'solely on the medical condition', and they warn of 'a considerable amount of opposition since the clear effect would be to limit entitlement' through a 'considerable tightening of the qualifying conditions'.

The aim of the test 'will be to assess a claimant's capabilities against a range of activities involved in working', such as lifting, bending, and climbing. It is expected to exclude about 20 per cent of those who would qualify for IVB.

And there is another striking admission: 'We should aim to create an environment which encourages greater private sector provision.'

LEAKED Whitehall documents last night revealed government plans both to tax invalidity benefit and to withhold it from up to 60,000 people.

The proposals are in a draft letter to the Prime Minister from Peter

Lilley, Secretary of State for Social Security.

Benefit cuts, aimed at saving the Treasury £1.3 billion over the next seven years, were agreed at a meeting on Wednesday between Mr Lilley and Michael Portillo, Chief Secretary to the Treasury.

In the letter that was faxed by mistake to the Press Association news agency, Mr Lilley says: 'I propose a three-pronged course of action which would focus the benefit more closely on the long-term sick, make it less generous and make it taxable.'

He acknowledges the changes are 'bound to be controversial' and will cause 'some outrage'. (*The Independent*, 10 June 1993)

When John Major addresses this leak in prime minister's questions,<sup>8</sup> he says the government is 'entirely right' to consider IVB for cuts.

The number of people receiving invalidity benefit has more than doubled during the past ten years from 700,000 to more than 1.5 million. Frankly, it beggars belief that so many more people have suddenly become invalids, especially at a time when the health of the population has improved. I make no apologies for looking at this area of expenditure.

Major ignores the many other explanations for the increase in IVB numbers.

But while civil servants and ministers are claiming the IVB system is too lenient and generous, disabled people are saying the opposite. A report shows continuing government attacks on IVB are creating a 'climate of fear' among disabled people.<sup>9</sup> Disability charities Disability Alliance and RADAR surveyed more than 300 claimants, with 80 per cent saying GPs sometimes or often refuse sick notes to people who advisers consider unfit for work. Medical examinations, which only last ten minutes on average, are often 'stressful and painful', with doctors frequently missing key details.

In July, Peter Lilley delivers the annual Mais Lecture,<sup>10</sup> a significant event for the City of London. He says growth in social security spending is beginning to 'outstrip the nation's ability to pay'. He warns of 'benefit dependency', and the need to 'safeguard' the 'most vulnerable'. But he also speaks about the role the private sector – the pension and insurance industries – should play, and the importance of people making 'private provision for their own security'. It is another sign of the insurance industry's growing hold over the department.

## Scapegoats, the All Work Test, and How Ill-health Became a Luxury

While disabled people are already warning of the IVB ‘climate of fear’, the department knows the best way to secure public backing for its cuts and reforms is to scapegoat those who rely on that support.

It is January 1994, and the government is publishing its new Social Security (Incapacity for Work) Bill. Peter Lilley tells MPs<sup>1</sup> that invalidity benefit will be replaced by incapacity benefit and ‘a new and more objective test of incapacity for work’, which will focus on those ‘genuinely too unwell to work’ and ensure the benefit is ‘affordable’. He insists this is ‘not an attack on the sick and disabled’ but ‘designed to protect their benefit against those who abuse it ... People who work for a modest wage resent seeing neighbours, apparently as fit as themselves, living on invalidity benefit.’ He says his new test will be simpler to understand and easier to apply, and that the approach is ‘highly respected by disabled people and their representatives’. But DSS will soon be receiving responses from disability organisations to a consultation on the new test, and they will not be supportive.

Aylward’s new ‘all work test’ will usually be applied after 28 weeks of sickness or disability, with the claimant sent a questionnaire to assess their ‘long-term incapacity for work’. Their GP will be asked for a ‘diagnosis of their illness and the principal disabling conditions’ but not about their ability to work. Most cases will be looked at by BAMS, with just over half of claimants expected to be called for an assessment. The number of examinations is expected to rise from 300,000 a year to 700,000, with another 680 doctors to be recruited.

One crucial difference is a new points-based system to decide eligibility. But Professor Nick Wikeley, later to be a social security upper tribunal

judge,<sup>2</sup> says the new test will remain subjective and will focus only on ‘medical incapacity’, excluding factors such as age and experience. Many new claimants will receive ‘considerably less’, and more will be found fit for work. Government policy, says Wikeley, ‘is clearly to encourage private provision for the risks traditionally safeguarded by social security’. That is: insurance. The government’s new benefit, he says, reaffirms the division between the ‘deserving’ and the ‘undeserving’ poor.

As disabled academic Jenny Morris will point out years later,<sup>3</sup> none of this is new. ‘Those administering the Poor Law in the seventeenth century were concerned to weed out “sturdy vagabonds” from making claims on public resources, and distinctions have been made between the “deserving” and “undeserving” ever since.’

DSS issues a consultation on the new all work test. The responses<sup>4</sup> begin to highlight multiple concerns, including many that will be repeatedly raised and ignored over the next three decades.

Disability Alliance raises concerns about ‘the impact of a purely “functional” approach on people with fluctuating conditions, less visible disabilities, and mental health problems’, and concludes: ‘Not only is the proposed test wrong in principle, it will have unfair and arbitrary results in practice.’

The Royal Association for Disability and Rehabilitation (RADAR) refutes the claim that the increase in IVB numbers is due to ‘inappropriate claims and “lead swingers”’. It points to its research with Disability Alliance which found no evidence of ‘malingering’.

The Law Society warns BAMS doctors will be put in a position ‘where they may risk failing to meet proper professional standards by being asked to make decisions without access to adequate information, in particular medical records or other relevant medical data’, particularly when assessing people with learning difficulties, mental distress, or chronic pain.

The Convention of Scottish Local Authorities asks DSS how a ‘snap-shot’ assessment can truly determine if a claimant is ‘fit for work’. It warns of ‘arbitrary results for many claimants’, particularly – again – those with learning difficulties or mental distress.

Others say the test ignores stress, pain, and fatigue, that BAMS doctors will not be suitably trained, that DSS is wrong to reduce the role of GPs, and that the process discriminates against those who are not good at speaking up for themselves.



The department makes some adjustments in response, deciding that claimants with a ‘severe mental health condition’ will not have to complete a questionnaire or be examined, while no claimant undergoing treatment for mental distress will be found fit for work ‘without further information first being sought from their GP or psychiatrist’. The bill passes through parliament.

Looking ahead 30 years, the same concerns are still being raised, with the same stubborn refusal of civil servants and politicians to listen. But even those raising concerns in the early months of 1994 are not warning that the assessment will cause countless deaths. That will come later.

The assessment had been due to be launched at a press conference. But Treasury officials have ‘expressed some concerns about the possible reactions to the proposals’.<sup>5</sup> Instead, there is a press release.<sup>6</sup> The test will be based on a person’s ability to perform a series of work-related activities and ‘will involve defined areas of function of the body and mind’. Each function will have ranked levels of severity – known as descriptors. At or above those levels it would be ‘unreasonable to expect the person to work’.

William Hague, minister for social security, says the assessment is ‘vital if we are to ensure that benefit is targeted on people who are genuinely sick and disabled and unable to work’, and – if that wasn’t clear enough – will ‘focus help on those for whom it was always intended, people who are genuinely sick and disabled’.

Meanwhile, *The Guardian* warns the reforms mean ‘ill-health will become a luxury’, that disabled people ‘face a poorer, bleaker future’ and – helpfully for the insurance industry – many employees ‘are likely to turn increasingly to private permanent health insurance to guard their future income’.<sup>7</sup>

The government’s primary message is clear: the test will weed out frauds and scroungers. The secondary message is also clear: if you can afford it, take out private insurance.

Weeks later, Peter Lilley receives a memo<sup>8</sup> from John Arbury, a senior DSS civil servant. He says a ‘significant number remain concerned’, with some ‘not convinced that the test will be a fair assessment of incapacity’. But DSS civil servants are nothing if not stubborn and complacent, and Arbury adds: ‘Each issue raised has been considered previously – nothing new was raised.’

## Periodic Purges, Unum, and Selective Use of Evidence

**6 April 1995.** John Major is in his place halfway along the mahogany cabinet table. Major sits at its widest point, like all prime ministers, so he can see all his ministers, a necessary precaution given the political manoeuvrings blighting his term in office. To Major's right are Peter Lilley and fellow Thatcherite Michael Portillo, the employment secretary. Others present include chancellor Kenneth Clarke, Michael Heseltine, president of the Board of Trade, and home secretary Michael Howard.

Lilley tells his colleagues<sup>1</sup> that, from 13 April, sickness benefit and invalidity benefit will be replaced by the new incapacity benefit. He says the changes are necessary because the number of people receiving IVB has doubled over the last ten years. The existing benefits are poorly targeted and put GPs in the 'invidious' position of effectively determining the rate at which their patients receive benefit.

The most significant change, Lilley says, will be the introduction of a new medical test, which will focus incapacity benefit on people who are 'genuinely' incapable of working. He says it is likely that about 20 per cent of those who previously qualified for invalidity benefit will not do so under incapacity benefit, and that within two years about 240,000 people who had formerly received invalidity benefit will be found capable of work. Lilley says his reforms are likely to attract controversy when apparently deserving cases have their benefits cut.

The cabinet discuss Lilley's presentation. There are concerns about adverse publicity, and the possibility that GPs will talk to journalists about patients wrongly found fit to work. But no minister raises concerns about the risk of harm to those disabled people who will be put through the new assessment process and found unfairly fit for work.



One of the things Lilley doesn't tell his fellow ministers is that his department has been discussing 'possible contingency action' in case the new test is 'ineffective, unworkable or unpopular'.<sup>2</sup> The back-up plan is to return to the existing IVB assessment, which would have 'major political, financial and operational implications'.

Meanwhile, a columnist in *Disability Now* magazine<sup>3</sup> says invalidity benefit has not been as lax as politicians suggest. Dave Gibbs describes 'periodic purges' aimed at forcing people off the benefit. 'Two years ago, this was cranked up to a new pitch, and thousands of people had their benefit stopped,' he says. 'The tightening up was so indiscriminate that, in one county alone, there were 800 appeals against loss of benefit and over 90 per cent of them were successful. Clearly, enough savings could not be made within the present rules, so in April the rules change.'

Lilley's scrounger rhetoric is never far from the surface. In May, he tells MPs<sup>4</sup> they should not be intimidated by disabled people protesting about incapacity benefit. 'People on our television screens who have been refused benefit,' he says, 'will be seen for the first time in their lives in a wheelchair.'

In June, renowned investigative journalist Paul Foot publishes an article in *Private Eye*<sup>5</sup> that appears to have been the first to expose the key role the insurance industry is playing in incapacity benefit reform. Foot reveals that Lilley has hired Dr John LoCascio from US corporation Unum Life Insurance to advise on his reforms. This is three years after Lilley first told his officials he wanted 'to know more about the approach of insurance companies to sickness insurance'. Unum had bought the Dorking-based National Employers' Life Assurance Company (NEL) in 1990, changing its name to Unum Ltd, providing a major foothold in the UK market.

Aylward will later tell me that LoCascio looked like the actor Danny DeVito and 'was a chap who was intellectually excellent and had great experience in looking at disability and assessment'. Although he didn't recommend him to Lilley, he approved the appointment. 'I thought he was an asset. You know, we bounced things off him,' he tells me in 2023.

Unum's chairman, Ward E. Graffam, had admitted Unum would gain from the reforms in the company's 1994 annual report: 'The impending changes to the State ill-health benefits system heralded in the November 1993 Budget will create unique sales opportunities across the entire disability market and we will be launching a concerted effort to harness the potential in these.'

Foot says Unum took advantage of the reforms with an advertising

campaign timed to coincide with the introduction of incapacity benefit in April 1995. One ad stated: ‘April 13, unlucky for some. Because tomorrow the new rules on state incapacity benefit announced in the 1993 autumn budget come into effect. Which means that if you fall ill and have to rely on state incapacity benefit, you could be in serious trouble.’

LoCascio was a member of Lilley’s ‘medical evaluation group’, whose task was to ‘monitor and validate the quality standards for the doctors involved in the all-work assessments’. He was also paid £40,000 a year to help train doctors in the new assessment techniques. It is difficult to square this with Aylward’s insistence that DSS learned nothing from the insurance industry.

The Treasury is pressing DSS to make greater savings. It picks up on the earliest reported results from the all work test. By 31 May, only 28 people have ‘failed’ the test and been found fit for work. A Treasury official says this ‘does not seem like very many’. DSS officials accept<sup>6</sup> – without admitting this to the Treasury – that the initial results are ‘clearly disappointing’. The Treasury had also asked about the apparent absence of ‘critical reports in the press’ and whether DSS ‘noticed any signs of the trouble Mr Lilley has been expecting’.<sup>7</sup> In the DSS response, an official warns that ‘hard cases reaching the press may emerge at any time within the coming months’.

The following month, a paper<sup>8</sup> written by LoCascio and Aylward, by now DSS’s chief medical adviser, argues that those sick and disabled people who wish to claim out-of-work disability benefits or from disability insurance policies ‘may require specialist investigation, treatment, and documentation’ that is not available to most doctors. The paper shows again how DSS, its incapacity benefit reforms, and the insurance industry are closely intertwined.

Aylward and LoCascio stress the importance of disability assessment medicine, a new specialism they will do much to promote, and the profession of disability analysts who can be trained to assess ‘fitness for work’. They insist it is possible to identify and address ‘subjective questions’ around a person’s ‘functional capacities’. They try to build a case for their version of the biopsychosocial (BPS) model of disability, which many will argue puts the blame for disability on the disabled person, rather than the barriers they face in society or the impairment or health condition itself.

LoCascio and Aylward argue that a ‘comprehensive psychiatric evaluation’ of the claimant is vital because the person’s own subjective attitude towards

their illness can lead them to exaggerate their restrictions. The role of doctors, they say, is to describe the claimant's health condition. The analyst's job is to work out if the claimant is 'genuinely' unable to work.

Aylward will tell me, in 2023, that he had been 'plagued' by people arguing that his BPS model blamed disabled people for their disability, which he says is 'rubbish'.

I've got people painting on my house on the doors. I've had people letting tyres down on my car. I've had people writing abusive letters to me. All of which are completely unfounded. I really get very, very upset by these people who are doing this damage to me. They've published in America and on the continent in French saying I'm a charlatan. That's not fair.

The BPS approach will become interwoven with the government's rhetoric. Sometimes it will be subtle, sometimes not so subtle. But the inference will remain: that many claimants of incapacity benefits are malingering.

\* \* \*

It was, the National Audit Office (NAO) will say six years later,<sup>9</sup> the 'inadequacies' of the assessments provided by the Benefits Agency Medical Services (BAMS) that persuaded ministers to outsource the assessment process to the private sector.

This was a time when the private sector was taking advantage of the Conservative government's enthusiasm for outsourcing.<sup>10</sup> In December 1995, ministers announce their decision to outsource benefit assessments. They ask DSS officials to award a contract by April 1997. Initially, 33 companies express an interest, before this is reduced to a shortlist of five.<sup>11</sup>

As disabled activist and author Ellen Clifford will write years later,<sup>12</sup> outsourcing the assessment process will allow the government 'to cloud transparency and pass the buck', and it will let politicians 'conveniently blame providers' for wrongful assessment decisions. The decision is made just three years after Peter Lilley invited the insurance industry to prowl the corridors of the DSS.

In January 1996, Alistair Burt, who has taken over from William Hague as minister for disabled people, writes to Lilley.<sup>13</sup> He warns that the social security committee is suggesting there is a 'conceptual flaw' in the all work test. There are concerns about the number of successful appeals. He also says

publication of an evaluation of the test will ‘need care’ as it suggests a significant proportion of doctors disagree over whether a claimant is fit for work. He suggests delaying the release of the findings.

By the end of the first year, ministers are concerned at the low number of claimants being found fit for work, and they want to ‘accelerate the process so that disallowances occur as early as possible’.

They devise three projects to trial proposed changes, and a review of the reforms.<sup>14</sup>

Neil Couling – a senior DSS civil servant who will play a significant role in the universal credit reforms of the 2010s – says the review means the incapacity benefit reform process will ‘retain a high profile’ after an implementation that has so far ‘gone very quietly’.

The DSS argument was that the growth in incapacity benefits was out of control, with the number of claimants rising since the early 1970s at a time when the nation’s health was improving. But researcher and consultant Steve Griffiths will write later that the case for reform was ‘based from the beginning on selective use of evidence’.<sup>15</sup>

He analyses ONS trends on people with limiting long-term illness. It shows the number in the 16–44 age group rose by half from 1975 to 1995–96, and those aged 45–64 increased by nearly a quarter. ‘This is surely one important factor in explaining the increase in claims for incapacity benefit,’ he says.

He suggests that improvements in medical science and its application across the NHS led to more people needing and being eligible for incapacity benefits. Griffiths will also point to a decrease in these numbers between 1995–96 and 2008 (a fall of a fifth for those 16–44, and a fall of 13 per cent for those 45–64), a time when the number of those claiming the new incapacity benefit was falling. The figures suggest that the introduction of incapacity benefit may have been based on a fatal misunderstanding, or even a reckless disregard, of developments in the nation’s health.

\* \* \*

DSS ministers are sent a briefing pack in March 1996 as they approach incapacity benefit’s first anniversary.<sup>16</sup> It includes a startling fact: of the 27,719 former recipients of incapacity benefit who are now claiming unemployment benefits after being reassessed as fit for work, only 289 have started jobs. This figure is marked ‘use only if required’. Ministers will not

want to explain why so many disabled people found fit for work are finding it so difficult to secure jobs.

There are other concerning figures in the briefing pack. In the first year of incapacity benefit, the number of claimants is expected to fall by 30,000 to 1,830,000, while spending is projected to drop from £7.8 billion in 1995–96 to £7.2 billion in 1996–97 and £6.7 billion in 1997–98.

Ministers are briefed on how to respond if asked about claimants with mental distress, the appointment of Unum's John LoCascio, the contracting out of assessments, or private insurance. 'Individuals should be able to choose whether to make additional provision,' they are told to say, and: 'Permanent Health Insurance can play an important part in some people's long-term planning.' The interests of the insurance industry are now embedded within DSS.

DSS invites expressions of interest in the incapacity benefit assessment contract, which will be split into three regions. But incapacity benefit reform has not taken place in a vacuum. Legislation is passed to reform unemployment benefits, with the new jobseeker's allowance introduced in October. As Tom O'Grady says,<sup>17</sup> the need for claimants to 'actively' look for work has been 'given teeth', with more 'intensive' checks by DSS staff. Claimants also need to sign a formal contract laying out their responsibilities, and there are compulsory fortnightly interviews, with tough sanctions for those not doing enough.

'It marked the true beginning of welfare-to-work in the UK,' says O'Grady, 'and the re-emergence of the strong conditionality of the 1920s–30s.'

It will also have a profound impact on disabled people, both those forced onto jobseeker's allowance after being found fit for work, but also those in the future who will face strict conditions for receiving out-of-work disability benefits. The consequences will emerge slowly, but the impact will be deadly.

\* \* \*

While Lilley and his civil servants have been introducing incapacity benefit, a BBC documentary team has been invited inside the blue-carpeted corridors of the department's Richmond House headquarters, and the nearby Adelphi, with its Art Deco marble entrance lobby and grand staircases, where Aylward

and his Benefits Agency team are based.

Filming begins in 1995 and the first episode of the five-part series airs in September 1996.<sup>18</sup> There is access to Peter Lilley, who fidgets in front of the cameras, and the grey-haired Aylward, who is much more assured about his new, 'more objective' assessment.

Much of the series is government propaganda, stressing the rising cost of the social security safety net and hinting at widespread fraud. Invalidity benefit 'is known to cynics as the bad back benefit', viewers are told. It points out that someone found fit for work faces a fall in benefits from £73 to £45.70 a week.

In the final episode – dedicated to incapacity benefit – one doctor who will be assessing claimants says he suspects 'a lot of people perhaps are swinging the lead just a wee bit'. But another doctor, also filmed at DSS's Glasgow medical centre, challenges the BBC's line of questioning. 'When you get the odd malingerer are you good at spotting them?' he is asked. He replies: 'I think malingerer's the wrong term. I don't think any of these people are malingering ... it's an inflammatory term.' He adds later: 'Instead of sitting here trying to get people off benefits, we should really be out trying to improve people's housing and improve people's education and trying to improve industry.'

Meanwhile, *Disability Now* magazine reports<sup>19</sup> a disabled woman left with broken bones after undergoing the all work test. The woman, who has spondylosis affecting her spine and neck, was asked to kneel down, but could not get back to her feet. The Benefits Agency doctor refused to help, and as she was trying to get up, she broke bones in her hand. The doctor turned her back and walked away. But worse is to come.

## The Death of David Holmes, and the Causal Link

‘All the evidence is that it is working as intended,’ ministers had been briefed in March 1996, as they prepared to mark the first anniversary of incapacity benefit. ‘No evidence of problems with the test.’ But there were problems, particularly for 54-year-old David Holmes.

In March 1982, David had a massive heart attack. The former Royal Marine had worked as a hydraulic fitter at British Steel in Ebbw Vale, Gwent, and at a furniture factory in nearby Cwmtillery. He had lived most of his life in Cwmtillery. He was a popular member of Abertillery Orpheus Male Choir, and a keen Citizens Band radio operator, with his equipment kept in a shed at the bottom of his garden. From his garden, he can look across the valley at the young fir trees growing on the hillside previously scarred by Cwmtillery Colliery, which closed in 1982. At the end of the street stand two former pit head wheels, encased in the same stone used to build the former National Coal Board cottages.

By 1996, David – Dai, as his friends know him – has been divorced for more than 25 years. He enjoys fishing with friends, but the most exercise he can manage is a short walk in Cwmtillery Lakes, just across the road, with his beloved cocker spaniel.

After his heart attack, David was granted a lifetime mobility pension. But on 14 October, thanks to Peter Lilley’s incapacity benefit reforms, he is told to appear before a DSS doctor in nearby Pontllanfraith for a medical examination.

The assessment takes less than 40 minutes. He needs 15 points to qualify for incapacity benefit. But the doctor grants him just seven points for being unable to walk more than 200 metres ‘without stopping or severe discomfort’. For the other eleven ‘physical disabilities’ functions – including



lifting and carrying, bending and kneeling, and getting up from a chair – he is granted zero points. Less than two weeks later, on 26 October, he is told to return his mobility pension book to the DSS. He withdraws his final payment two days later. On 4 November, he writes to the Benefits Agency:

*Dear Sir/Madam*

*I wish to appeal against the adjudication assessment concerning my ability to resume work, on the grounds that with the state of my health I know that I am medically unfit to resume working.*

*Secondly I am convinced that this assessment is based not on the state of my health but is purely and simply a political issue. We are all aware of the forthcoming General Election, indeed, it is all we seem to read about in the media and see on television. We are also aware of the Government statement saying 'We will get the long term unemployed back to work'... they did not add 'At any cost'.*

*Prior to March 1982, I had a reputation as a good workman, and was also actively involved in sport, running my own judo club for 12 years for the benefit of local youngsters, which incidentally I did voluntarily without payment. On recovering in hospital after suffering a massive coronary, I was told by Dr Rajah that if I had not been as fit as I was, then I would never have survived the heart attack. When I was finally discharged from the hospital, after many weeks of examinations and tests, I asked Mr Thomas, the consultant, at Nevill Hall Hospital, what the long term effects of the coronary might be and how soon I could resume work. He said, and I quote: 'You can forget about work, as you will never work again, the reason being, if you have another coronary like the last one, you will never survive it.' Unquote.*

*Over the next few years I was sent to see three independent doctors ... These doctors agreed on one salient point – I was medically unfit for work. I was then granted a Mobility Pension for the rest of my life.*

*Which brings me to the one and only point on which I and the adjudicator seem to agree: I have a mobility problem. Form 1B-65A states 'Cannot walk more than 200m without stopping or severe discomfort.' (On a bad day I cannot leave the house.) This is the precise reason why I was granted the Mobility Pension!*

*My mobility problems are caused by respiratory problems, which are caused by angina, which, in turn, is a direct result of the coronary*



*thrombosis!!!*

*How can a doctor, who I saw for less than 40 minutes, and who asked the most irrelevant questions – ‘What TV programmes do you watch?’ and ‘What books do you read?’ – and a DSS adjudication officer, make an assessment on the state of my health and state that I am medically able to return to work, based on a questionnaire, which was hardly relevant to my particular circumstances?*

*They have never seen me on a bad day on the edge of my bed, trying to get my breath before I can even dress, trying to control my breathing before I can make a cup of tea ... Contrary to that stated on form IB-65A, LIFTING AND CARRYING, my friend and his wife do all my weekly shopping for me as I am unable to carry heavy shopping bags without getting chest pains ...*

*I would like nothing better than to have my health restored, have a job of work, with a decent living wage and live a normal life like other people. Instead, I get very frustrated and depressed. I fail to see why I should have to risk another coronary and therefore risk my life to further the political aspirations of Government bureaucrats.*

*Yours faithfully,*

*David Holmes*

Dai's closest friends are Pauline and Dennis Johnson, the couple he refers to in his letter. They have a cocker spaniel from the same litter and walk them together by Cwmtillery Lakes. Dai met Pauline when she was out with a 'gang of girls' from work. They soon realised Dai was in the choir with her husband. The three of them became close, and Pauline would drive Dai's mother, Dolly, to church on a Sunday evening. Pauline would help Dai look after his mother and help him with his own housework.

'You couldn't meet a better fella than Dai Holmes,' Pauline, now aged 82, would tell me years later. 'If he could do you a good turn, he would do it, no matter what he had to go through. If he had to risk his own life, he would do it. I cried on his shoulder many a time.'

After his benefits are stopped, Dai will often talk to the Johnsons about being found fit for work. 'It was so unfair,' says Pauline. 'He wasn't able to go to work. No way.' He was constantly worrying about how he would pay his bills. 'He was worried sick, how he was going to pay this, and how was

he going to pay that. He didn't know what to do.'

Every week, Dai attends a meeting with the Johnsons of their local Citizens Band radio club. The day after writing the letter to the Benefits Agency, Dai attends a Bonfire Night party hosted by one of the group's members. Pauline drives him there. But halfway through the party, he tells her he doesn't feel well and asks her to drive him home.

They have just passed the Aberbeeg ambulance station when Dai slumps forward with his hands across his chest. Pauline makes a U-turn and speeds back to the ambulance station. She tells the *Gwent Gazette* later: 'He wasn't moving or breathing so the ambulance men put him in the back of an ambulance and tried to revive him. After about 20 minutes they took him to Nevill Hall but nothing could be done.'

'They took him in the ambulance and when we got to the hospital ... they told me he had passed away and he'd gone,' she remembers now. 'That was it, he'd gone.' The letter to the DSS is still waiting to be posted at Dai's home in Cwmtillery.

The Johnsons find the letter and show it to the *Gwent Gazette*.<sup>1</sup> 'David had been worried sick about going to the medical,' Pauline tells the paper. 'After finding out he had lost his benefit David was a changed man ... He said the DSS hadn't listened to anything he had told them.' The *Gazette*'s front-page coverage is headlined 'Worried to Death'.

Hundreds attend his funeral at Abertillery Tabernacle Chapel. Pauline and Den sort out Dai's affairs, and arrange for his estate to be passed to his daughter, who lives a few miles away with his ex-wife. Pauline and Den buy a bench overlooking Cwmtillery Lakes in Dai's memory.

Pauline was devastated by Dai's death. She found it particularly difficult when she was in her car. 'Every time I got in that car, I used to see him sat in the front seat.' Eventually she gave it to her son.

Pauline has no doubt the stress of the 'fit for work' decision caused his death. 'He would be here now today if that hadn't happened,' she tells me.

The *Gazette*'s coverage has alerted the local Labour MP Llew Smith, who knew David and writes to DSS, enclosing a copy of the front-page story. Smith describes the 'sadness and anger' felt at David's death, and he delivers a fierce attack on the new assessment. One disabled constituent had been forced to 'grovel on the floor at the feet of the examiner' to see if she could pick up a piece of paper, even though she said it would cause her 'extreme pain'. Another constituent recovering from life-threatening surgery had been

left with 'a severe disability' and was 'flabbergasted' to have his mobility benefits withdrawn. 'Health problems such as these are not unusual in Blaenau Gwent,' he says. 'Deaths from lung cancer, respiratory and heart disease are all above the national and county average.' Instead of responding positively to these health problems, he says, the government is 'pressuring people like David Holmes' and 'stigmatising them by giving the impression they have been fiddling the system'.

Llew Smith secures a late-night adjournment debate.<sup>2</sup> Only two MPs speak in the debate on 3 December: Smith and Alistair Burt, the minister for disabled people.

Smith describes Lilley's all work test as 'a degrading experience, conducted in an uncaring manner and introduced by the government with no concern for the health and well-being of the individual'. David Holmes, he says, was a 'much-loved and respected member of the community', and his letter had been 'an expression of the stress he experienced and the hopelessness he felt at the failure of the DSS to appreciate the true extent of his illness'. The government's only aim in introducing the 'all work test' was to cut costs, he says.

Burt insists David Holmes was correctly found fit for work. 'The arrangements for dealing with claims for incapacity benefit have been carefully designed,' he says. 'They ensure that all relevant information is taken into account, and in particular that people with severe medical conditions are dealt with sensitively.'

Can the honourable gentleman tell me of a medical technique to predict a death from heart disease within five days? If he can, perhaps we can incorporate it in the test ... While we all deeply regret the death of Mr Holmes, from the information that we have we do not believe that it can be attributed to the application of the all work test.

Smith dismisses the minister's excuses. He says he knows how to anticipate if someone will die if they return to work.

Just speak to the people who were responsible for David – the medical team and the consultants who said that, if David returned to work, history would repeat itself. Indeed, they said that the situation would be even more severe, and David would die. Those consultants were found to be right.

David was found to be right.

The argument will be made repeatedly by critics of successive governments' assessment processes over the next three decades. How can someone given such a short period of time to assess someone's fitness for work possibly over-rule the expert evidence of doctors and consultants with detailed knowledge of the claimant's health?

The Commons debate ends, but discussion of David Holmes's death continues within DSS. The day before the debate, Dr Moira Henderson, medical quality coordinator for BAMS, had told colleagues<sup>3</sup> that David Holmes received 'an appropriate assessment'. The doctor who examined him was 'very experienced, very considerate, totally objective' and one of the best assessors in Wales. Following the debate, Burt is briefed that David Holmes's 'functional capacity was not reduced to a level where he would be rendered incapable of doing any type of work'.

Burt writes to Llew Smith.<sup>4</sup> He insists there is 'no question of quotas being set for the number of people who will be found fit for work'. A 'thorough examination' has 'not shown that the BAMS doctor made any serious error of judgement', and any 'causal link' between the decision to find him fit for work and his death 'must remain entirely speculative'.

Alistair Burt is not as confident about the test's safety as he has suggested, and he writes to Aylward,<sup>5</sup> mentioning other cases in which claimants have been found fit for work despite 'the presence of serious heart disease'.

Aylward assures him<sup>6</sup> there is nothing to be concerned about and says he is 'satisfied that the training and guidance given to approved doctors takes sufficient account of the assessment of people with heart disease' and that there is no 'substantial evidence that approved doctors are not following the guidance'.

Burt will tell me years later that, from his father's experience as a GP in Bury, he knew 'medical incapacity in a northern industrial town was real, and that heart disease and respiratory issues were a feature of our way of life and working, and our atmosphere in the damp northwest'. He says he brought this experience to his ministerial work.

He says he wanted the test to work 'with maximum sensitivity and care, but I knew that some decisions would be very fine', and he adds: 'I also knew that what befell people after government or official decisions would inevitably be ascribed to such decisions, whatever the true cause might

actually be.’ Although he had ‘particular concerns about the impact of the test on those with heart conditions’, he claims he was ‘in no position, once my enquiries were answered by senior officials, to query the position further, unless new evidence arose’.

Aylward tells me he did not remember the David Holmes case, but he said he knew the department ‘always had trouble with people who had had heart attacks, because we knew that if you had a heart attack, it didn’t follow that you would have another one because you’d received treatment’.

When I suggest this was another case of DSS assessors thinking they knew better than consultants and other medical experts, he tells me: ‘They may do, actually.’ He eventually accepts that if David Holmes was, on some days, too unwell to leave the house, he probably should have been found not fit for work. But he insists that ‘just one isolated case’ does not show the system was ‘wrong’.

The all work test evaluation findings are finally published in February 1997. Ministers had decided the results would be ‘given a low profile publication’ – delayed for more than a year – because of the ‘complexity of the findings and the potential for them to be misinterpreted’.<sup>7</sup> The evaluation found that in only three out of four cases (76 per cent) did two doctors agree on whether a claimant was fit for work. The overall scores varied even more often. In fact, the scores on ‘physical’ elements were identical in only 32 per cent of cases, while the mental health scores were identical in just 11 per cent. Overall, the incapacity benefit test appears to be ‘both reliable and valid’ in just two-thirds of cases.

Burt writes to Frank Field, the Labour MP and chair of the Commons social security committee.<sup>8</sup> He says changes to the test have been made, including to the training provided to the doctors carrying out the tests and to the assessment, and that the evaluation was carried out when the test had only been in operation for about six months. He suggests the 76 per cent finding was ‘encouraging’. He reassures Field that the all work test ‘is capable of producing reliable medical advice and is a valid means to assess incapacity for work for the benefit assessment purposes for which it was intended’. But there is soon further confirmation that Lilley’s all work test is not fit for purpose.

The National Association of Citizens Advice Bureaux (NACAB) publishes a report in March 1997,<sup>9</sup> based on evidence from 227 branches across England, Wales, and Northern Ireland. It reveals that government figures

show that, of the 60 per cent of claimants who appeal against being ‘disallowed’ incapacity benefit, more than half eventually have it reinstated after they appeal.

Bureaux evidence, says the report, ‘suggests that many persons who are in poor health are being caused anxiety, distress and pain by the operation of the All Work Test’. Some of the evidence that emerges from individual CABs is striking.

A bureau in Yorkshire describes three cases ‘where it appeared that the doctor had determined clients’ ability to walk up and down stairs by the ease with which they got onto and off the examining couch’.

A bureau in Wales ‘reported a client with arthritis of the spine who explained she could not raise her arms above her head. The examining officer promptly held her arms and physically raised them above her head, and despite her cry of pain, recorded “no significant limitation” under the “reaching” category.’

There were concerns, too, about the way disabled people with mental distress were examined. A bureau in the West Midlands reported the case of a client with depression. The BAMS doctor failed to ask about the depression – even though it was the only condition on her sick note – other than to ask what medication she was taking. She failed the test, which left her suicidal. ‘She was constantly in tears and contemplating how to take her own life.’

Another bureau reported a client with a history of mental distress, including a period in hospital, who was not examined by the BAMS doctor but simply told he ‘ought to be out earning some money’.

The problems, warns NACAB chief executive Ann Abraham, ‘can only get worse when such monitoring as currently exists is allowed to go by the board, as it almost certainly will do when medical services are contracted out’.

DSS dismisses the report.<sup>10</sup> It raises no new issues, is ‘largely based on anecdotal evidence from claimants visiting CAB offices’, and the issues are ‘sporadic’ or ‘isolated’, while NACAB ‘produced exactly the same sort of evidence’ with invalidity benefit, ministers are told in a memo.

In the same month the NACAB report is published, and just three months after the adjournment debate on the death of David Holmes, two more cases will demonstrate the all work test’s fatal flaws.

The first I find referred to in a memo written on 12 March.<sup>11</sup> It is sent to Lilley, Burt, and other ministers. It warns of an ‘apparent suicide of customer after failing the “All Work Test”’. Robert Parry, the left-wing MP for



Liverpool Riverside, has contacted his local DSS office to call for an investigation. The claimant's name is 39-year-old Kevin Shields. The details are brief. BAMS was 'unable to certify that the customer was suffering from a severe mental health problem'. Shields 'failed' the all work test and lodged an appeal. He had been receiving income support since the previous September due to depression, but this was cut by 20 per cent after he was found fit to work. Before a tribunal could hear his appeal, he took his own life.

The department is conducting a 'full investigation', and a hand-written note from Burt says he wants 'to be kept informed every step of the way'. The letter from Parry is not included in papers released by the National Archives, and neither are the results of the investigation. There is no mention of the case in parliament, possibly because John Major calls a general election just five days after the memo was written. When I approach the Liverpool and Wirral coroner's office for details of the inquest, 26 years later, it declines to release any papers to me as I am 'not classed as a "Properly Interested Person" in this case'.

On 24 March, another memo is sent to ministers.<sup>12</sup> This time, when approached in 2023, the coroner for West Yorkshire releases papers from the inquest to me. Dermot Kevin Comiskey, also known as John Comiskey, a 56-year-old divorced labourer from Dewsbury, West Yorkshire, had been receiving income support because of a back complaint. His GP had advised BAMS there was also an 'underlying psychiatric condition associated with alcohol and/or substance abuse, and a previous attempted suicide in 1995'. But BAMS said Comiskey 'could not be certified as suffering from a severe mental illness' and issued him with a questionnaire so he could describe how his conditions affected him. He failed to return the form or respond to a reminder.

The memo says BAMS should have been asked whether his benefits should be removed, but wasn't. His support was 'disallowed' on 13 November 1996, just a week after the death of David Holmes, but he continued to receive income support until 14 January 1997. He had made a fresh claim on 14 November and the decision to allow payment was made on 20 January, but because of confusion over his address, this was not implemented. He had appeared 'very depressed' during his last visit to the jobcentre. He told a receptionist he had had a tough few weeks because his girlfriend had taken her own life over Christmas.

He remained without benefits from 15 January until he was found dead at his home on 5 February. Again, the department says it is ‘investigating the circumstances of this case to determine whether there are any lessons to be learned’.

The coroner’s records reveal that an inquest was held on 16 April 1997, and it concludes that he took his own life ‘whilst concerned about his personal circumstances’. The papers confirm that his partner had taken her own life the previous September. A friend told the inquest that she had seen him on the Thursday before he died when he had been ‘very quiet, very withdrawn’ and told her and her husband that his ‘invalidity ... had been stopped’.

She told the inquest: ‘... then he just shocked both me and my husband by saying, “Have you any idea how I can go about getting some food?”’ They had fed him, and she fed him again when he visited again the following Monday. Two days later, she knocked on the unlocked door of his flat and found him dead.

Commenting on a written statement given by a Benefits Agency customer service manager, the coroner said it was clear there were ‘money problems’, which appeared to have been ‘capable of clarification if Mr Comiskey had responded to various notifications from the Department’.

So here are two suicides, both linked to the all work test, being investigated by DSS. Civil servants and ministers will surely be wondering if there are others.

Alistair Burt tells me he remembers the two deaths. ‘Claims or suggestions that a benefit decision was responsible for a suicide affects everyone involved in the chain of decision making, personally and painfully, as it did me and those working with me.’ He says he would have added his hand-written note to the memo ‘because of my interest and concern, not only about his situation but of others. I would be looking for anything new to enable changes to be made.’

The archive records I unearthed failed to reveal the results of any investigations carried out by the department, or whether information about these fatal flaws was passed by civil servants to the next government. But DSS and ministers will surely be aware that this is not the first time suicides have been linked to a national programme to cut spending on disability benefits.

In the early 1980s, Ronald Reagan instigated a regime of cuts to disabled



people's out-of-work benefits.<sup>13</sup> In 1982 and 1983, the *New York Times* later reported<sup>14</sup> on a series of suicides of disabled people who had been told they were losing these benefits. One disabled woman with diagnoses of 'arthritis, spinal disease and severe depression', who took her own life, left a suicide note addressed to the Federal Department of Health and Human Services, which said: 'The message that I'm getting is either work or die.' The Reagan administration had reviewed about 1.2 million cases and stopped payment to nearly 500,000 claimants, with 200,000 of those terminations reversed on appeal, until Congress forced a halt to the programme in 1984. State officials throughout the country reported that about one-third of those losing benefits had mental health conditions.

With the close connection between the Reagan and Thatcher administrations, and the influence of the US insurance industry within the DSS – thanks to Peter Lilley's invitation to Unum – it is inconceivable that DSS was unaware of these deaths.

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Just three days before the election, DSS launches the Benefit Integrity Project. The intention is to save £74 million from spending on another benefit, disability living allowance, by examining more than 400,000 existing claimants. This follows a review, ordered by Lilley, which concludes that 27 per cent of claimants had incorrect awards, whether through error or fraud. *Disability Now* magazine will later describe how, as part of the project, DSS will be sending 'benefit spies' into the homes of 250,000 disabled people who claim DLA.<sup>15</sup>

With all attention focused on the election, there is no effective government. A New Labour DSS minister would later say she only learned of the project on 29 May, four weeks after the election. MPs on the social security committee will describe DSS's actions as 'totally unacceptable'.<sup>16</sup>

The decision to go ahead with such a controversial project, just three days before an election, illustrates the cultural problems within DSS. The department's thirst for cuts and hounding disabled people claiming benefits, and for ignoring flaws in its policies and procedures, is becoming clearer. So is the determination that its agenda will not be derailed by something as trivial as democracy.