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DARK TIMES FOR THOSE WHO CANNOT WORK: No Competence, No Compassion in Incapacity Benefits Reform

by Steve Griffiths

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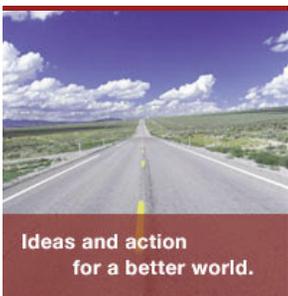
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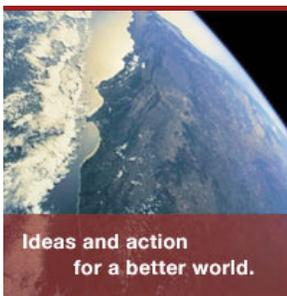
“ We have been urging the new government to complete the implementation of those reforms and hope they will do so. We would be very concerned if they were to rip up the new test and the medical evidence just to reach an arbitrary target for spending cuts - that would be deeply unfair! **Yvette Cooper, Shadow Secretary of State for Work and Pensions,**
28 June 2010, Labour Party Website ”



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DARK TIMES FOR THOSE WHO CANNOT WORK:

The case that there are over a million people receiving Incapacity Benefit who should not be, which has driven a major strand of welfare reform over fifteen years and which was a cornerstone of the New Labour project, was based from the beginning on selective use of evidence. This Thinkpiece presents an alternative narrative from a wide range of sources that have been overlooked by both major parties and by the media. Work is good for health, there is no doubt about it; nor is there doubt that many people who are unfit for work might be able to return to work with appropriate support. But the case has been fatally exaggerated. The health needs of people who are the subject of huge investment by the Department of Health have been treated counterproductively as invisible, or worse, as malingering, by the DWP and successive Work and Pensions ministers driven by a compulsion to judge and to privatise. GPs have been marginalised. This paper catalogues a failure of compassion, unacknowledged incompetence and injustice on a massive scale: a social policy tragedy.

It's a story of what happened, and didn't happen, between two case studies. Here is the first, from a study in 1998, following the Tories' replacement of Invalidity Benefit with Incapacity Benefit, applying an 'All Work Test' that is tougher than before:

'Mrs. J has arthritis in her spine and knees, and asthma. She was found fit for work so incapacity benefit stopped. She appealed and signed on for Jobseeker's Allowance to avoid the 20% reduction in benefit. She found a job, worked two weeks, couldn't cope physically, started a different job, worked three weeks, had to give up, couldn't cope again, started third job, gives up. By now the linking period allowing a break of 8

weeks in entitlement to incapacity benefit without penalty was broken. So despite the fact that the appeal was successful and she was found again to be unfit for work she had to start again with a new claim for incapacity benefit at a lower rate'.¹

This is the second, from the 2010 Citizens' Advice report on Employment and Support Allowance (ESA), introduced in 2009 with a more rigorous Work Capability Assessment (WCA).

It had replaced the new and stringent Personal Capability Assessment, introduced five years earlier. The report is endorsed by eighteen disability, mental health, poverty and carers' charities:

'A Yorkshire bureau saw a woman in her forties who was working full-time and was enthusiastically looking forward to starting a new job, when she became ill. At first it was thought she had a viral illness, but she was subsequently diagnosed with lupus erythematosus and transverse myelitis. She was in a great deal of pain in her muscles and joints and had extreme fatigue. At times her balance was affected and she could not walk without someone to support her. Sometimes she lost sensation in her legs, and on her worst days she could not walk at all. Any exertion such as walking 40 or 50 metres led to days in bed. She had had a bad reaction to some of the treatment and an ECG showed her heart muscle had been damaged. Her husband had to come home from work each lunchtime to help her. Her immune system was weakened, so she had to be careful when mixing with others. She claimed ESA but was given six points in the Work Capability Assessment (WCA) and found capable of work. Her doctor supported her claim and she is currently appealing, but under Incapacity Benefit she would probably have been exempt and would have avoided this process'.²

There is a vision of Incapacity Benefit which has informed Labour's Welfare to Work policies, carried forward by the new Coalition Government, driven by the former Labour Adviser Lord Freud, now Minister for Welfare Reform, who designed the second, privatising phase of the programme. Tony Blair, as so often, encapsulated the vision in 1999. Incapacity Benefit is:

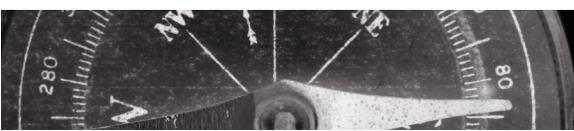
'not a benefit which compensates those who have had to give up work because of long-term illness or sickness - it's an alternative to long-term unemployment or early retirement. That's why it must be reformed'.³

The New Regime: Reducing Dependency, Increasing Opportunity

A succession of Green Papers, White Papers and legislation, too numerous to list here, leads us to the implementation of ESA, initially applied only to new claimants. The new regime was developed from a 2007 'Independent Report' by David Freud, an investment banker and deal-broker brought in to advise the DWP by Secretary of State John Hutton.⁴ Freud, having been subsequently ejected by Peter Hain, then brought back by James Purnell, became an adviser to the Tories, was ennobled, and is now Minister for Welfare Reform. Freud's report repeats without analysis the New Labour aim to reduce the number of Incapacity Benefit recipients by a million. A trail of repeated assertion of this figure leads back to the early years of New Labour - to David Blunkett, Alastair Darling and to several research reports from Sheffield Hallam University which are discussed below.

Freud's Independent Report finds that:

For people with health conditions and disabilities, the Pathways to Work programme is now breaking new ground and delivering an increase in employment outcomes of 9 percentage points.



He concludes:

while there is no conclusive evidence that the private sector outperforms the public sector on current programmes, there are clear potential gains from contesting services, bringing in innovation with a different skill set, and from the potential to engage with groups who are often beyond the reach of the welfare state.

Based on this belief, most of the report is given up to discussion of desirable contracting arrangements, involving 'each region (becoming) the province of a sole prime contractor because of the complexity of the arrangements likely to be required with many other parties'. There is a political consensus which carries his programme forward.

The 2006 Green Paper, however, contains a curious aside: 'the current Personal Capability Assessment process (is) already recognised by the OECD as being one of the toughest in the world'.⁵ This does not prompt any self-examination. The Government is bolstered by mixed reactions to its next Green Paper in July 2008: many organisations representing disabled people support the direction of travel towards improving the access to the labour market of people who are, or have been, unable to work. At the time, many give the Government the benefit of the doubt, though the support is often conditional:

'We support the emphasis of the new Work Capacity Assessment towards what individuals can do rather than what they cannot, although this will require assessors to be fully competent to judge the impact of a mental disorder on an individual's capacity to work in both the short and long term'.

Mental Health Foundation⁶

Claims for ESA, like earlier sickness benefit regimes, are supported by medical evidence that the claimant is unfit to work. If in work, the claimant will already have been getting Statutory Sick Pay, sometimes contractual sick pay, for 28 weeks,

supported by medical certificates. If the claimant is getting Jobseeker's Allowance (JSA), ESA can be claimed after two weeks of sickness. After 13 weeks of claiming ESA at the JSA rate of £65.45, supported by GP certificates, claimants are subject to the new Work Capability Assessment (WCA).⁷

The WCA is administered by Atos, a large French/Dutch company. It divides claimants into three categories:

- Support Group (so not required to undertake work-related activity - £96.85 a week after the assessment phase at the JSA rate);
- the ESA Work Related Activity Group, for those deemed fit for work with support and preparation (£91.40 a week after an assessment phase at £65.45); and
- Fit for Work, so transferred to Jobseeker's Allowance (£65.45).

The first WCA Official Statistics for ESA were released by the DWP in April 2010. In the first eight months to August 2009, Atos assessments broke down as follows:

- Support Group – 9%
- Suitable for the ESA Work Related Activity Group - 23%
- Fit for Work, so transferred to Jobseeker's Allowance - 68%.

The assessment is usually endorsed by a DWP officer with an ease which has been criticised by the House of Commons Work and Pensions Committee:

We note widespread concerns that decision makers appear to give excessive weight to the conclusions of DWP medical assessments over other evidence claimants may provide. If a claimant is able to provide statements from specialists, who have regular contact with them, this evidence should be given due consideration.⁸

The Government stance on independent medical evidence has been very different from that of the Select Committee.

Here is an extract from a DWP Press release during James Purnell's tenure as Secretary of State:

'When I (James Purnell) was speaking to Job Centre Plus staff, they said they felt that the sanctions regime could be improved. They didn't want to be double-guessed by doctors about the fitness of claimants for work. They wanted to have a system of graduated sanctions and they wanted greater freedom to use the sanctions that currently exist.... I've asked (for) a review which will include the sanctions applied to customers playing the system and how we might best use advisors' discretion in tailoring services to meet the needs of citizens. These new sanctions will tackle those people who can work and choose not to'.⁹

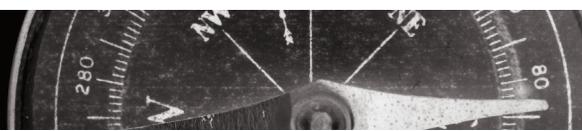
How many successful appeals against disallowance does it take to suggest a wider problem?

One disquieting thread runs throughout the reform of incapacity benefits. It is the level of successful appeals against disallowance. Cumulatively, hundreds of thousands of people who are unfit for work appear to have been disallowed benefits wrongly.

As Incapacity Benefit was rolled out, 60% of disallowances were appealed between April 1995 and October 1996; more than half were reinstated.

On the introduction of the Personal Capability Assessment, in the quarter to March 2006, 57% of oral hearings of appeals against disqualification were found in favour of the appellant – 74% where both the appellant and a representative attended.

In the first wave of ESA Work Capability Assessments up to November 2009, of the high proportion of claimants found fit for work, 32% appealed and had a hearing by May 2010 (there appear to be an unspecified number still in the pipeline).



40% of these had the decision reversed in their favour. Until now this has been largely unchallenged outside the advice sector, and almost entirely unreported. The case studies given above communicate a flavour of what it is like for one individual who is unable to work and is wrongly disqualified.

The Work and Pensions Committee reported in 2010:

During our visit to Leeds, the Tribunals Service told us that its appeals intake had risen significantly this year. In 2007–08 its total intake was 229,130 and in 2008–09, 242,830. The intake for 2009–10 was at 140,854 up to the end of September, and by the end of the year, it expects this figure to have risen to over 300,000. We were told the bulk of the increase was a result of a rise in the number of appeals for ESA and Incapacity Benefit.¹⁰

Gathering clouds

Protests from disability organisations and the advice sector are beginning to be heard. A Citizens Advice Scotland press release late in 2009 reported that it had been "flooded with complaints" about the new ESA. Many claimants had been judged ineligible, despite clear evidence from their GPs that they were not fit to work.¹¹

Before the election, there was some support for this concern from leading Liberal Democrats.

"If the experience we've had over the last few months is anything to go by, there will be thousands, tens of thousands, maybe hundreds of thousands of incorrect decisions that are made. Tens of thousands of appeals will follow, and that will be a system, then, that is close to meltdown. The fact is that the process isn't working and that genuinely vulnerable people are being denied money as a result."

Danny Alexander,
now Chief Secretary to the Treasury.¹²

The new Government have announced a review of the Work Capability Assessment by Professor Malcolm Harrington, due to be published late in 2010.¹³ It could be argued that the whole programme of extending the Atos medical examinations to existing Incapacity Benefit claimants, due to start in October, should be put back until Harrington has reported. Professor Paul Gregg, the architect of the sanctions regime in the two most recent Welfare Reform Acts, urges the Government to make radical changes to the way that ESA operates before what is called the 'migration' of Incapacity Benefit claimants begins. On the Today programme in May 2010 he said:

"There are too many on Jobseekers Allowance inappropriately. It was not designed to help people with health problems. The idea propounded by ministers that there is a massive scrounger culture was always misplaced. These people will end up clogging up JSA rather than getting the programmes they need."

In April, a National Audit Office report on 'Pathways to Work' found:

A DWP programme to reduce the number of people claiming incapacity benefits and help them into work has had a limited impact and, while a serious attempt to tackle an intractable issue, has turned out to provide poor value for money..... it is therefore important that the Department learns from the experience. In the future it should base its programme decisions on a robust and clear evidence base, follow best contracting practice and establish a measurement regime which allows it to understand better what happens to those whom they may have helped.... Pathways is led by Jobcentre Plus in some areas but is contracted out to third sector and private organisations in over 60 per cent of the country. The National Audit Office found that there is no evidence that the programme is performing better or costing significantly less in contracted out areas than in those run by Jobcentre Plus.....

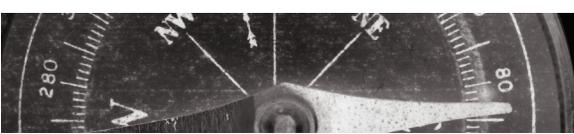
Contractors have universally underperformed against targets set by the Department, and the Department has had to make concessions as part of contractual renegotiations to support the continuation of businesses and services....With a third of contracts making a financial loss, the programme's contracted out delivery does not appear to be sustainable.¹⁴

The position of Labour is a difficult one. Lord Knight of Weymouth, previously M.P. and DWP Minister Jim Knight, neatly encompassed it in his first contribution as a peer in a debate on ESA in the Lords on 20 July:

'The situation in which I find myself is slightly odd. This is my first time at this Dispatch Box scrutinising the legislative work of the noble Lord, Lord Freud, but I am afraid that it is not a chance to show my great forensic skills in unpicking the inadequacies of the regulations. That is, of course, because the regulations were inspired by the previous Government's White Paper, which was written by the Minister before he jumped ship and joined the other side. They were then signed in March by my friend Jonathan Shaw, when he was working with me as a Minister at the Department for Work and Pensions. Therefore, the Labour Government's regulations are now being tabled by the Tory Minister who inspired them when he was a Labour adviser. As the shadow Labour Minister, I can assure your Lordships that I am not opposing the regulations.'¹⁵

Under the new Government, the Work Capability Assessment is being trialled on 1,700 existing Incapacity Benefits claimants in and around Aberdeen and Burnley having started in October 2010.

1.5 million claimants will be reassessed nationally from February 2011. This process will take place over the following three years. Considerable concern has been expressed about the capacity of Jobcentre Plus to carry this forward.¹⁶



Health: some counter-evidence

As the NHS Next Stage Review Interim Report put it in 2007:

'There are currently over 15 million people in England with a long term condition and who are proportionately far higher users of health services. They account for 55% of GP appointments, 68% of outpatient and A&E attendances and 77% of inpatient bed days'.

This figure apparently derives from the General Lifestyle Survey (GLS). Looking at people of working age, the 2008 GLS finds 1.96 million people aged 16-44 with a long-term limiting illness; and 3.15 million aged 45-64. The existence of 2 million people unfit for work, many of them suffering from the very conditions so central to the Department of Health agenda, should be seen in this context. But the connection seems never to have been made between two major Government workstreams serving the same people. People on Incapacity Benefit die early, that is acknowledged by Government. But it is as if in benefit terms, they were just expected to drop off their perches rather than suffer chronic illness and be the beneficiaries of a progressively vanishing 'security for those who cannot work'.¹⁷

Trends in Limiting Long-term Illness through the General Lifestyle Survey are informative. For this paper, the trend between 1975 and 2008 was examined for the age bands 16-44 and 45-64. The frequency of General Household / Lifestyle Surveys increased greatly after 1997, so means for 1995/6, 1998/2003, and 2004/2008 were calculated to maintain some regularity of comparison. In the age group 16-44, the level rose by half from the 1975 baseline to 1995/1996; and declined by a fifth from 1995/6 to 2004-8. In the 45-64 age band (much greater in number) the increase to 1995/6 from the 1975 baseline was nearly a quarter; and the fall from 1995/6 to 2004-8 was 13%. This is surely one important

factor in explaining the increase in claims for incapacity benefit.

Health Inequality

The link between the degree of inequality and ill health - not the level of poverty, but the degree of inequality - has been strongly established during these years. Wilkinson and Pickett's 'The Spirit Level' draws together much of this evidence,¹⁸ but there was a strong body of published evidence from early on in the Labour administration. Here is one extract:

...in the early 1970s, the mortality rate among men of working age was almost twice as high for those in class V (unskilled) as for those in class I (professional). By the early 1990s, it was almost three times higher'.¹⁹

Again, this body of evidence was never applied to understanding the rise in claims for incapacity benefit.

One small local piece of research did look at the relationship between demands on the NHS and receipt of incapacity benefit. It was a ward-based analysis of a basket of ten indicators of deprivation and the relationships between their distribution in Waltham Forest in 2000²⁰. Seven out of nine indicators showed a strong and significant correlation with emergency hospital admissions (all causes, age under 65). But the distribution of incapacity benefit claimants showed the strongest association of all seven with the emergency admissions indicator.

The Marmot review, in February 2010, found:

'People in poorer areas not only die sooner, but they will also spend more of their shorter lives with a disability....even excluding the poorest five percent and the richest five percent the gap in life expectancy between low and high income is six years, and in disability-free life expectancy thirteen years'.²¹

This is in the context of a mean Disability-free Life Expectancy in the UK in 2005/7 of 62.5 years in men, and 63.7 in women. If that is the mean, many will become disabled much earlier.²²

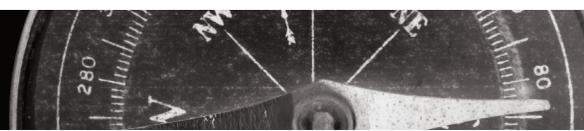
There was a disassociation between the connections being made across the academic world and the reach of much health policy development on the one hand, and the 'Reducing Dependency' agenda of New Labour. Where did that disconnect come from? One explanation for the immense stress and error imposed by the introduction of ESA is that there has been a major policy misdiagnosis based on selective attention to evidence.

The Hidden Unemployed: An Evidence Base

Reports by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University from 1997 onwards appear to have had a major impact on the direction taken by New Labour. Alistair Darling as Work and Pensions Secretary was an early pioneer: his 'one million disabled people say that they want to work but are not being given the chance' (1998) echoed early findings of CRESR. By 2005, David Blunkett as Work and Pensions Secretary was saying 'about half of the 2.7 million people "on the sick" are capable of working'.

CRESR's 1999 report 'Incapacity Benefit and Unemployment' was the second of a series of three reports on this. It estimated that 'there are around three-quarters of a million 'hidden unemployed' men on Incapacity Benefit, and that over ten years the number of male ICB claimants might be reduced by half a million; and that a similar proportional reduction among women would reduce the number of claimants by a further quarter of a million'.²³

Further reports led to a more ambitious estimate by 2005, which may be seen as prophetic in terms of the performance of Atos in administering the Work Capability Assessment:



If our survey data on self-reported health limitations is any guide, then in the context of 2.7m on incapacity benefits no more than perhaps 0.7m would be eligible for the new, higher benefit. Moreover, because there is always a flow on and off incapacity benefits among those with less severe problems, the appropriate share of new claimants finding their way onto the higher benefit might be as low as one in ten.²⁴

However, the result on the ground is deeply disturbing. Is it a case of making the reality fit the research? Do the numbers, and does the case, add up?

In the 1999 report, one of three main types of projection to arrive at possible totals of 'hidden unemployed' does attempt to take account of health data. It is called the 'Real unemployment' indicator:

As a guide to what is achievable in a fully employed economy, it uses the rate of 'permanent sickness' among men of working age in the South East of England recorded by the 1991 Census. 'Therefore levels of sickness in excess of this level – 3.4% of the male working age population – should be regarded as hidden unemployment'. Regional health inequality is completely disregarded for the purposes of this projection. Given the history of geographical inequality in health, it is ill-conceived to use the least deprived region in England as a benchmark. Its optimism is particularly misplaced given the widening of the life expectancy gap between 1972-77 and 2002-2005.²⁵

The second projection is based on answers to a survey question, 'health not main reason for last job ending'. There are difficulties with an assumption that anyone not giving health as the main reason for leaving a job must be capable of working. One is the known health impact of unemployment itself. Acheson is instructive on the 'double disadvantage' that people with chronic sickness or disability may face: their ill-health puts them at greater risk of unemployment, and

the experience of unemployment in turn may damage their health still further'.²⁶ Another difficulty is the disregard in this projection of the high proportion of respondents who indeed 'didn't say they can't do any work' but of whom two-thirds said their health limits what they can do 'a lot'. This appears to lead to exaggeration of the numbers of 'hidden unemployed' who would be capable of work.

The third projection is based on those who have said they 'want a full-time job'. This has nothing to do with capacity to work.

There is no intention in this Thinkpiece to 'explain away the vast increase in sickness claimants in health terms alone', as the report imputes to those who raise the increase in long-standing illness among adults of working age between 1975 and 1996. It is also not to say that there may be a significant number of people who may be able to work with support, encouragement, and where appropriate, sanctions. But health is important and has been marginalised. And it is not the only major factor:

Between 1979 and 1997, the number of men receiving incapacity benefit tripled. The number of women in receipt increased 7½ times. In 1997-2004, the number of men receiving incapacity benefit fell by 7%. The number of women increased by 18%. The change in the gender balance in the workforce is a major issue: the more women are in work and paying contributions, the more they become eligible for sickness benefits if they become unable to work.²⁷

What is missing is any analysis of health needs in this context. To fill this gap, I looked at the relationship in the male population (as in the Sheffield Hallam report) between the spread of incapacity benefit and unemployment across 326 English local authorities in 2004, and two contemporary health indicators.

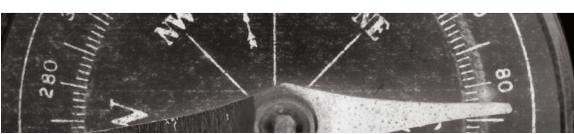
I found a significant association between the distribution of unemployment and mortality, as would be expected from a wide body of research evidence. However, the relationship between incapacity benefit and mortality was substantially stronger:

The relationship between unemployment and emergency admissions to hospital was less strong. It was a third of the strength of the association between incapacity benefit distribution and emergency admissions to hospital. The health status of males claiming incapacity benefit is not simply comparable with the unemployed population; it appears to be far poorer. While there are people who need support back to work, and there is no arguing with powerful evidence that work is associated with better health,²⁸ the evidence base for a huge army of 'hidden unemployed' stands in need of thorough review, with development of a far stronger emphasis on health support and links with the Department of Health's Long-Term Conditions programmes referred to above. Such an approach is far more likely to be cost-effective. The analysis here goes some considerable way towards explaining the evidence above of pervasive injustice against those who are genuinely unable to work.

Warnings in the DWP's own commissioned research

The DWP's own research programme has produced many warnings of the mismatch between Government assumptions and what was happening on the ground. Some of them echo the conclusions of Acheson more than ten years earlier. They range from 1998 to 2010. They were disregarded. There is only room to quote one here.

'The high level of reported health problems (among disallowed leavers of incapacity benefit) is reflected in a large proportion of leavers who return to incapacity benefit.....The majority reported experiencing continuing disadvantage in the labour market, which



they linked to their condition.....35% of the disallowed had returned to incapacity benefit. By the follow-up study, those saying they had recovered (from the condition associated with their spell on benefit) had risen to 25%. Nearly all these recoveries were limited to those who had left voluntarily or who had decided not to appeal. Among disallowed leavers without jobs, seven out of ten classified themselves as sick or inactive rather than as unemployed'.²⁹

Other DWP reports identify a high level of poor health as an obstacle to sustaining employment in large numbers taking part in the Pathways to Work programme, the shock and concern of staff at this, the 'parking' by contractors of those in worst health or who are least ready for employment, and the 'creaming' of those most likely to yield a positive result.^{30 31 32 33}

Conclusion

Further to the National Audit Office findings, the Public Accounts Committee has produced a report on the way Pathways to Work was implemented under the guidance of the current Minister for Welfare Reform.³⁴ Its findings and recommendations echo those of the National Audit Office, and include the following:

- 'Effective implementation of the programme was hampered by a flawed process of piloting and evaluation, which gave too positive a view of how well Pathways could be expected to perform.
- There is a lack of robust information on what happens to those claimants who fail to participate in Pathways.
- The controls in place are insufficient to manage the risk of providers submitting inaccurate contract payment claims.
- The Department lacks the information it needs to understand the supply chain for employment support, which conflicts with its objective of ensuring a healthy market....

- As ESA is extended to all existing claimants, there is a risk that some of those who are re-assessed and found fit to work will not receive the employment support they need.
- Early evidence shows that the new medical assessment, introduced with ESA, will deliver a significant reduction in the number of incapacity benefits claimants. The Department should evaluate the accuracy of the new medical assessment robustly to evaluate that it is fit for purpose.
- Many existing incapacity benefit claimantswill move on to Jobseeker's Allowance. The Department has no information on claimants who are refused incapacity benefits. It should monitor them to know how many move onto JSA. The Department has also not yet fully evaluated its capacity to support large numbers of people who transfer in this way. It should undertake such an assessment and put in place the additional support required before the medical assessment is rolled out'.

The main findings of the Citizens' Advice briefing 'Not Working' were:

- Seriously ill people are inappropriately subjected to the Work Capability Assessment (WCA).
- The assessment does not effectively measure fitness for work.
- Application of the assessment is producing inappropriate outcomes.

The Disability Alliance have come to similar conclusions, setting out exhaustive evidence for their case.³⁷ The Inquiry into the operation of the medical assessments is a start, but is inadequate. Even this appears to have been objected to by the then Shadow Minister for Work and Pensions in June 2010:

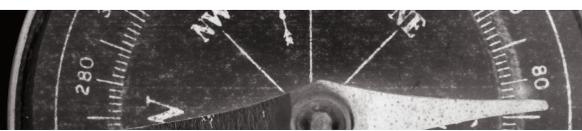
*We have been urging the new government to complete the implementation of those reforms and hope they will do so. We would be very concerned if they were to rip up the new test and the medical evidence just to reach an arbitrary target for spending cuts - that would be deeply unfair.'*³⁶

Yvette Cooper, Shadow Secretary of State for Work and Pensions, 28 June 2010, Labour Party Website

This Thinkpiece summarises a comprehensive catalogue of policy failure, with profoundly unacceptable consequences, over a period of fifteen years. There should be:

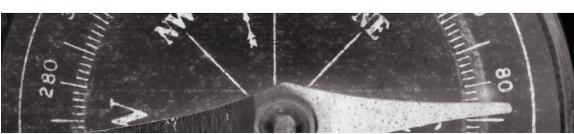
- urgent remedial action to ensure that people whose capacity to work is restricted:
 - are not written off on inappropriate benefits;
 - do not have to undergo avoidably stressful and costly appeals; and
 - have access to support to seek, secure and retain appropriate employment opportunities.
- an urgent, comprehensive and truly independent Inquiry to examine what has happened and develop a coherent, evidence-based and cost-effective approach to the above objective, which fully integrates provision for appropriate health-related support and fulfilment of the historic promise to provide security for those who cannot work.
- a major exercise to identify, compensate, and provide appropriate support to thousands of ill and disabled people who have been wrongly deprived of benefits they should have received.

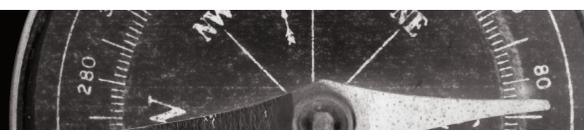
This is perhaps our greatest domestic challenge in the remaking of a progressive and robust politics of informed compassion. It represents a test of the courage of the new Labour leadership. It means addressing a democratic deficit that has had major consequences for too many, and for far too long.



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- [6] White Paper, 'Raising Expectations and increasing support: reforming welfare for the future', Appendix A – Responses to the public consultation. DWP, December 2008.
- [7] Current (2010/11) benefit rates are given throughout.
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- [9] DWP Press release, 20 February 2008.
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Southbank House, Black Prince Road, London SE1 7SJ
T: +44 (0) 207 463 0633 M: +44 (0) 7900 195591 gavin@compassonline.org.uk
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