

Briefing

Changes to disability-related social security and work

A response from Disabled people



Inclusion
London

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The cuts are a catastrophe for Disabled people, who are already twice as likely to live in poverty as non-disabled people.

Photo: Age Without Limits

Executive summary

In the 'Pathways to Work' Green Paper, published in March, the government announced plans to save £5 billion annually from the social security budget through implementing a £6.9 billion cut to health- and disability-related benefits starting in 2026 and, from 2030, allocating £1 billion to employment support services for Disabled people.

The Green Paper argues that rising claims for social security payments related to health and disability reveal a 'worklessness crisis' and are threatening to make the social security budget 'unsustainable.' However, spending on all non-pension social security as a proportion of GDP is the same today as it was in the 1990s. It is only the percentage of claims related to health and disability that has increased, in line with a well-documented decline in the UK population's health.

There are serious problems with the statistics the government has used to make their argument. There are two types of health- and disability-related social security: out of work benefits, and extra costs benefits. For out of work claims, the figures the government cites for recent years are misleading, because they are not comparable with earlier years. This is because of the rising pension age and because Universal Credit counts claimants differently to earlier benefits. Both these changes artificially increase the number of claimants in recent years, compared to earlier figures. If we account for these changes, the number of out of work claims has changed a lot less than the government has stated. It is therefore not correct to say more Disabled people are claiming benefits because they are out of work.

The increase in claims has mostly been for 'extra costs' benefits like PIP. This is because of the cost-of-living crisis, which hits Disabled people harder than everyone else because our additional costs have gone up, as well as the general costs everyone faces. This is forcing more Disabled people to claim PIP, but it's not because of being out of work. 41% of new PIP claims in 2023 were from people who are in work, and many use PIP to cover work-related accessibility expenses, helping them to stay in work.

It is unconscionable to cut benefits payments without first tackling the barriers Disabled people face in the workplace.

The proposed cuts announced in the Green Paper will restrict eligibility for PIP and out of work disability benefits, as well as freezing and reducing the payment levels for some out of work disability benefits. This is expected to lead to at least 3.2 million Disabled people losing payments, with some set to lose 60% of their income. At least 350,000 Disabled people will be pushed into poverty as a result, and this figure is likely to be an underestimate. 150,000 carers are also set to lose payments.

There is strong evidence that this approach will result in dramatically increased spending elsewhere, including in the NHS and government-funded social care. Analysis from the Disability Policy Centre suggests that the Green Paper package may deliver only £100 million in savings — just 2% of the £5 billion the government has announced — largely because of these knock-on effects. Restricting eligibility for PIP will also lead to Disabled people and informal carers leaving work — which is the opposite to what the government says they are trying to do.

The £1 billion investment in employment support services to help Disabled people find jobs announced in the Green Paper is evidently insufficient to mitigate the damage of the cuts, and it will only be delivered in 2030, four years after the major cuts to PIP will be implemented. It also will not do anything to address the supply side of the problem — the scarcity of accessible jobs and refusal of employers to agree reasonable adjustments — or the major problems within social care and other services that provide vital support to Disabled people, without which we are unable to fully participate in society, including in work. The Green Paper launches a consultation on some of these issues but does not put forward any

proposals to address them. The paper also implies that cuts may be forthcoming to the vital Access to Work programme, despite evidence that it supports Disabled people to find and stay in work.

It is unconscionable to cut benefits payments without first tackling the barriers Disabled people face in the workplace. It is also unacceptable that the main changes — the cuts to PIP and UC Health — have been excluded from the public consultation on the Green Paper. The cuts are a catastrophe for Disabled people, who are already twice as likely to live in poverty as non-disabled people. They will damage the public health of the nation, fundamentally undermining government efforts to re-invest in services. Finally, they are a colossal political mistake: the impact will fall disproportionately on Labour’s heartlands, particularly the ‘red wall’ constituencies of northern England.



1. Overview of disability-related social security in the UK



The UK system has three main types of programme that provide social security payments to Disabled people, with distinct aims:

1. Income replacement programmes for people who are not able to work because of disability (also called ‘incapacity payments’ or ‘out of work benefits for Disabled people’).

Examples include Employment and Support Allowance (ESA, now being phased out) and health-related elements of Universal Credit (UC), as well as defunct programmes like Incapacity Benefit. These programmes are explicitly intended to address poverty, through providing income support at a basic level for Disabled people who are unable to work, or who are in work but on very low incomes, for example, because they are working much less than full-time. They are means-tested, and people receiving payments through them must either be out of work with minimal other income, in extremely low paid work, or in part-time work that pays only a low income.

2. Extra costs payments, which contribute to the additional costs Disabled people face because of living with disability (for example increased heating bills, mobility equipment, transport, and therapies, among many others).¹

Examples include Personal Independence Payments (PIP), Disability Living Allowance (DLA, now being phased out), and Attendance Allowance (AA). These programmes aim to ‘level the playing field,’

1. See Scope’s Disability Price Tag series of reports for an explanation of disability-related extra costs. Scope’s research found that in 2024 households that include a Disabled person need £1,010 extra income per month to reach the same standard of living as households with no Disabled members. scope.org.uk/campaigns/disability-price-tag These issues are explained in more detail later in the briefing.

creating equal opportunities between Disabled and non-disabled people by mitigating the financial penalties Disabled people face. These programmes are needs-tested, using an assessment that aims to estimate the additional costs the individual faces. They are not means-tested, because measures of income are not good indicators of the financial disadvantage Disabled people face due to extra costs. Even Disabled people with relatively high incomes can be pushed into poverty by high disability-related costs. These programmes also have no formal link to the recipient’s work status and can therefore be paid to people who are in or out of work.

3. ‘Contribution-based’ out of work programmes.

These include Contribution-based ESA (which is being phased out) and New Style Contribution-based ESA (which can be claimed alongside UC). These are for people who have gained sufficient National Insurance credits in the years prior to claiming but have subsequently become unable to work due to disability, and they are therefore not means-tested. They are available for a fixed term (up to 12 months) for people who are assessed to be likely to be able to return to work in the medium term (ie, those put into the ‘Limited Capacity for Work’ group through the Work Capability Assessment), and indefinitely for those assessed to be unlikely to be able to return to work (those placed in the ‘Limited Capacity for Work Related Activity’ group, also sometimes called the ‘Support Group’).

It is important to understand the differences between social security programmes. Recent government claims about rising ‘worklessness’ and ‘economic inactivity’ among Disabled people have obscured the distinction between out of work and extra costs payments, skewing public debate and increasing stigmatisation of Disabled people.



Photo: Age Without Limits

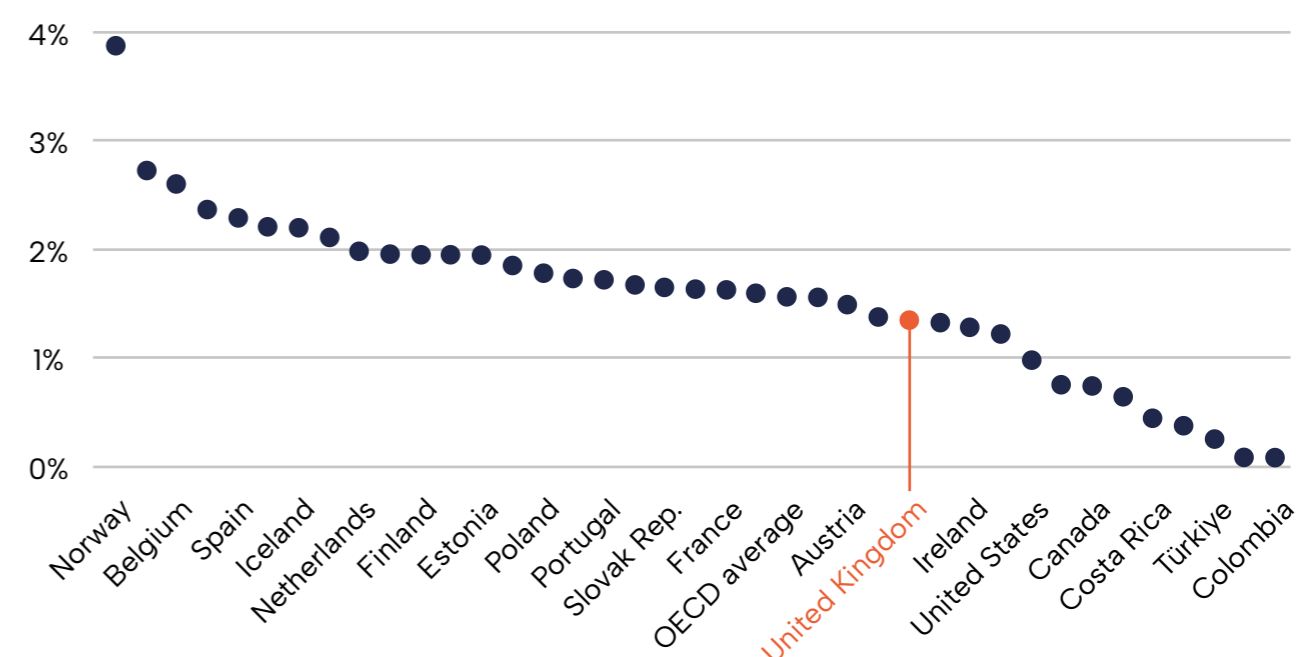
2. Trends in social security spending, including international comparisons

Government Ministers are currently arguing that health- and disability-related social security spending is rising rapidly, and that, if not checked, this is unsustainable. They have also claimed that the increase is the result of rising levels of Disabled people being out of work.

It is true that the share of health- and disability-related benefits within the overall welfare budget is currently increasing. However, the government's argument does not add up. Firstly, the statistics on out of work benefits for Disabled people are unreliable, because the figures for recent years are not comparable with earlier years. This is because of the rising pension age and because Universal Credit counts claimants differently to earlier benefits. Both these changes artificially increase the number of claimants in

recent years, compared to earlier figures. If we account for these changes, it shows that the number of out of work claims has changed a lot less. We explain the problems more thoroughly below. Secondly, the increases are most significant in extra costs benefits, which, as explained above, are not linked to being out of work. And thirdly, the government's argument ignores the bigger picture, which is that overall welfare spending in the UK is not increasing, and the UK is not a high spender on welfare compared to other rich countries. This calls into question the claims that increases in disability-related benefits are 'unsustainable.'

Public spending on incapacity: % of GDP, 2019 (OECD data)



OECD figures show that UK spending on welfare as a percentage of GDP was below average, ranking 21st out of the 38 OECD countries, in 2019 (the most recent figures available).² Spending on out of work 'incapacity' benefits for Disabled people ranked even worse. The UK spent 1.3% of GDP on health- and disability-related benefits in the 2019 figures, substantially below the OECD average of 1.6% and putting the UK 26th out of the 38 members.³

2. NIESR UK Living Standards Review 2025, p15: <https://niesr.ac.uk/publications/uk-living-standards-review-2025>

3. Figures from publicly available OECD data: <https://www.oecd.org/en/data/indicators/public-spending-on-incapacity.html?oecdcontrol-c2d9702d3d-var6=C&oecdcontrol->

The Office of Budget Responsibility predicts an increase in spending on health- and disability-related benefits for the next 5 years, driven primarily by the continuing cost-of-living crisis. Visual representations of how this increase diverges from the increases or decreases occurring in other countries can look alarming. However, it does not make sense to interpret these graphs without accounting for the UK's extremely low starting point. As the IFS points out, **'Even if health-related benefits grow as fast as official forecasts suggest, the UK's 2028 health-related benefit spending would still be similar to the 2019 levels for comparable countries such as the Netherlands or New Zealand.'**⁴ Many of the comparable nations also have aging populations, which are likely, as in the UK, to lead to increasing trends in disability-related spending, so comparing recent figures in the UK to 2019 OECD figures for other countries is misleading.

Overall UK welfare spending is also not significantly increasing. In 2023/4 the UK spent 4.88% of GDP on working age social security payments, which is lower than in 2008/9 (5.03%).⁵ The long-term trend is steady back to the 1990s. (We have chosen 2008/9 as the comparison because it is the start of the comparison period used by the Office for Budget Responsibility in its 2024 Welfare Trends Report on incapacity benefits, which is the source of most of the government's statistics about the increases in disability-related spending.) Overall social security spending is not projected to increase, despite the Office of Budget

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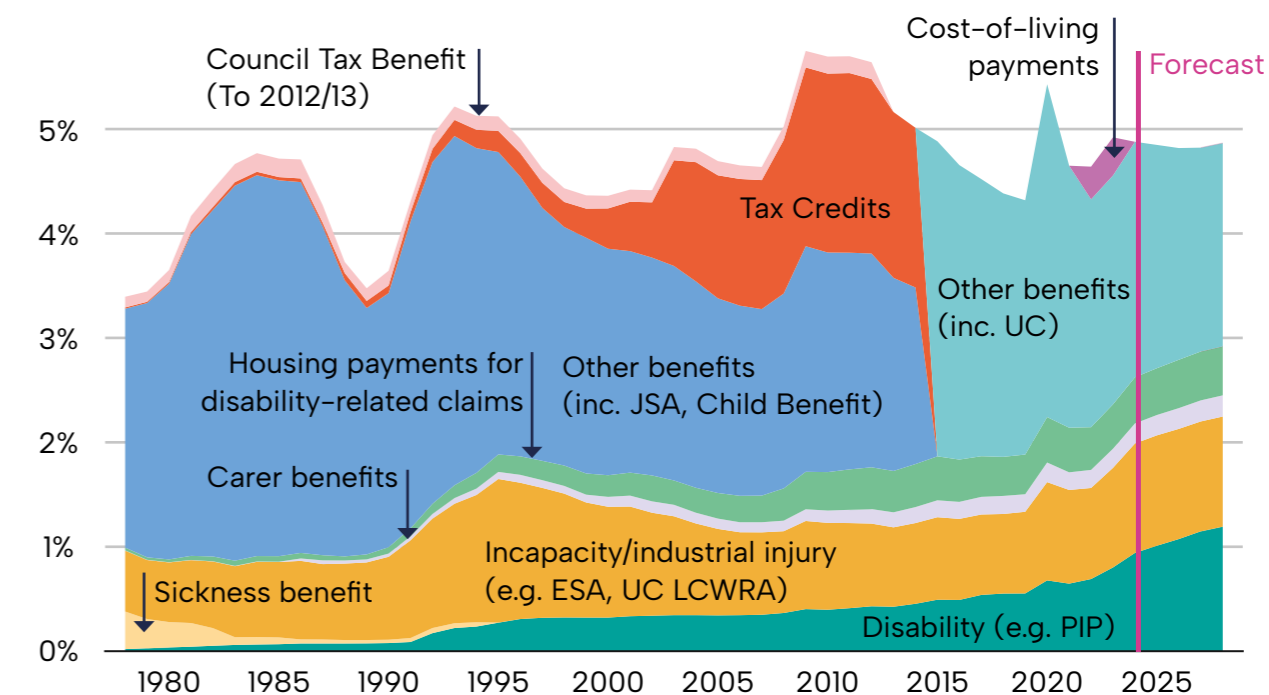
[9202e3bf52-var3=2019](#)

4. <https://ifs.org.uk/publications/health-related-benefit-claims-post-pandemic-uk-trends-and-global-context>, p9

5. These figures are calculated by Professor Ben Baumberg Geiger from the following sources: DWP Caseload & Expenditure tables 2024, supplemented with Scottish social security forecasts for disability benefits from 2020/21, and revisions from the OBR Economic & Fiscal Outlook October 2024 Chart 4.8, see <https://inequalities.substack.com/p/resolution-foundation-charts>

Responsibility's prediction that current increases in disability-related benefits will continue over the next five years. The facts do not support the claim that welfare spending is 'out of control.'

Spending on non-pensioner benefits as a share of GDP



Adapted from a graph by Professor Ben Baumberg Geiger, inequalities.substack.com/p/resolution-foundation-charts

3. Problems with the statistics on out of work disability benefits

UC claimant counts

Increases in the number of people claiming out of work disability benefits (also known as 'incapacity benefits') are the core of the government's argument that cuts should be made to disability benefits. However, the statistics about these increases have serious flaws that make the increase seem bigger than it really is.

The way the DWP counts how many people receive out of work disability payments has fundamentally changed with the introduction of Universal Credit (UC). UC counts the partners of claimants differently to earlier programmes like ESA because it is a household-level benefit rather than individual. UC determines whether the claim is a 'health-related' claim at household level, and each adult in the household is registered as a claimant under that claim. This means the partners of some UC health claimants are counted as claimants in the UC health caseload, where they would not have been under ESA. This increases the claimant count, even when no additional health-related claim has been made and no additional money is being spent on the household⁶.

It's important to note that this only affects the 'claimant count', ie the number of people who are counted as receiving incapacity benefits (UC health, ESA, and IB). It doesn't affect the expenditure figures, because the way those are calculated hasn't changed. But when ministers talk about 'record high incapacity benefits claimants', this problem is skewing the numbers.

Because UC consolidates many different types of payment that were previously split into different programmes, it also includes some claimants who are not claiming the equivalent of ESA 'incapacity' payments, for example because their partners have relatively high incomes. These

6. inequalities.substack.com/p/why-you-cant-trust-stats-on-out-of

Counting method for ESA



The claim was made individually
= one claimant

Counting method for UC Health



The claim is made at household level
= two claimants

claimants may receive UC payments for housing or child support, but not for being out of work. Nevertheless, they are counted in the 'health' caseload. In addition, some people who are in part-time work are also counted in the UC Health 'out of work' figures who would not have been in ESA, because anyone who worked more than 16 hours per week did not qualify for ESA, while health-related UC can be paid to people working significantly more hours. Finally, couples where the older partner is above pension age now claim UC until the younger partner reaches pension age, where previously they were shifted to Pension Credit when the older partner reached pension age.⁷

These factors affect both the claimant count and expenditure figures, but again most of them do not actually indicate that we are spending more money overall — it's simply that claimants would have received money from programmes that were not considered to be related to disability in earlier years, but are now counted within the UC health 'incapacity' benefit numbers.

7. DWP released an estimate of the impact of these factors in January, which can be viewed here: gov.uk/government/statistics/growth-in-numbers-of-employment-and-support-allowance-support-group-or-universal-credit-limited-capability-for-work-and-work-related-activity/decomposition-of-growth-in-the-number-of-claimants-of-universal-credit-with-limited-capability-for-work-and-work-related-activity-or-in-the-employment

The rising pension age

The second issue that makes recent figures on the number of people claiming out of work disability benefits incomparable with earlier data is the rising pension age. The state pension age has been increasing across the period that the government’s statistics discuss. This has brought thousands of older people, who would previously not have been expected to be in work and who are more likely to have health problems, into the workforce statistics. The OBR shows that between 2008/9 and 2022/3 the incapacity benefits caseload increased by 330,000 people overall, and that the rising pension age accounts for *all these additional claims*: 280,000 women and 50,000 men who are newly over pension age claimed incapacity benefits in this period.⁸ Again, this makes the statistics from before and after the pension age increases incomparable.

This problem affects both claimant counts and expenditure. Professor Ben Geiger, an expert on disability and social security, notes that expenditure on incapacity benefits would be expected to increase by roughly 8% over this period just because of this issue.⁹ However, this increase does not mean we are spending more overall: this group would in earlier years have been receiving pension payments (which in at least some cases would have actually been higher), so it’s just a case of shifting expenditure around within the budget. Presenting it as an increase in disability-related worklessness is disingenuous.

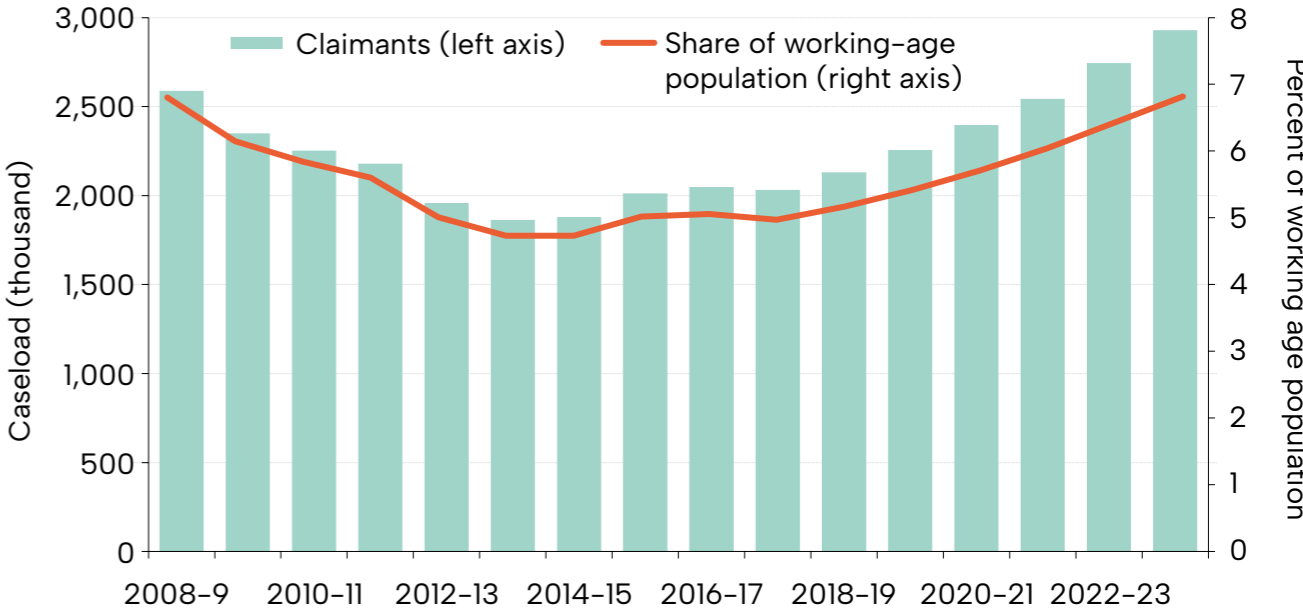
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8. See the OBR Welfare Trends Report 2024, p32: obr.uk/wtr/welfare-trends-report-october-2024/

9. inequalities.substack.com/p/obr-new-welfare-trends-report

If we look more closely at the trends in the number of claimants between 2008/9 and 2023/4, we can see that there was a decrease in the caseload from 2008/9 to 2013/4, and then a subsequent rise to 2023, leaving the 2023 figure 330,000 above the 2008/9 number.

Combined incapacity benefits: Caseload and caseload prevalence



Source: OBR Welfare Trends Report, obr.uk/wtr/welfare-trends-report-october-2024/

During the period of decrease in 2008–2014 there were some increases in the pension age, which would have added older claimants. Therefore, what this is showing is that many younger people moved off incapacity benefits in this period. This was the period in which the Work Capability Assessment was first rolled out as the determiner of who would qualify for incapacity benefits. The roll-out is widely recognised to have been extremely problematic, as it inappropriately excluded large numbers of people who would previously have qualified. High numbers of successful appeals in the following years led to some of this drop being balanced out. Some of the increase since this period is therefore just natural corrections to the austerity period’s flawed attempt to cut the incapacity benefits spend.

The subsequent increase between 2019/20 and 2023/4 was steep — 670,000 people were added during this period. This isn’t accounted for

by the pension age increase alone, so it does represent more younger people claiming as well as older people. However, the rate of people being transferred from ESA over to UC increased dramatically from 2018 onwards, which means that the sharp increase occurs precisely when the different ways of counting claimants under UC and ESA, and the consequent inflated numbers problem, would have impacted.¹⁰

DWP’s own figures demonstrate that 50% of the increase between 2018/19 and 2019/20 is accounted for by policy and demographic changes — i.e., the changes to the way claims are counted, increasing pension age, and the aging population.¹¹ From 2020 onwards, the pandemic and post-pandemic effects also impacted the numbers. The OBR notes that rising health-related inactivity in recent years has been concentrated ‘among those previously working in high-contact service sectors most affected during the pandemic,’¹² so it’s likely that much of the younger caseload increase post-2020 is directly attributable to pandemic impacts.

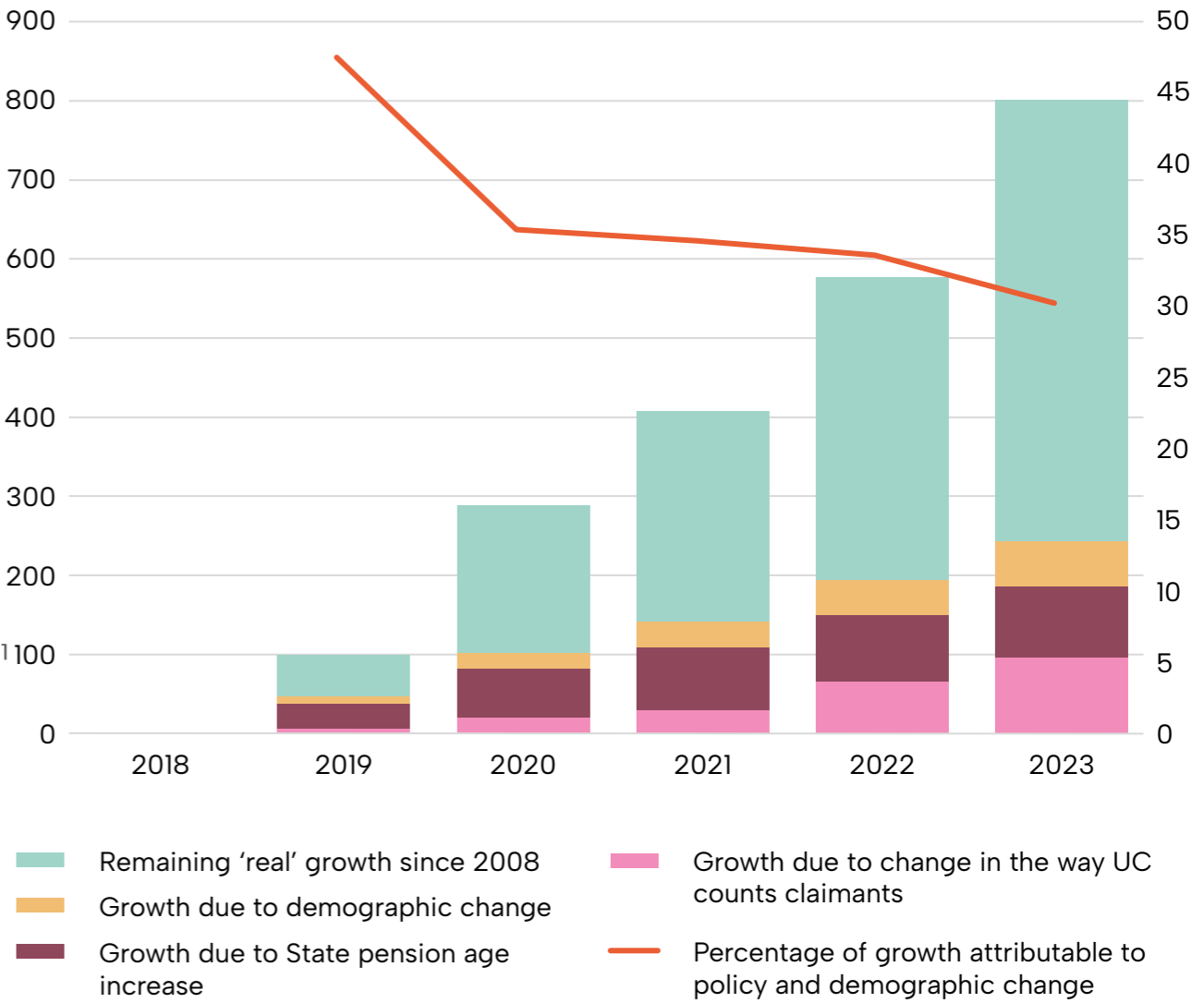
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10. See the OBR Welfare Trends Report 2024, p5: obr.uk/wtr/welfare-trends-report-october-2024/

11. DWP, Decomposition of growth in the number of claimants of Universal Credit with Limited Capability for Work and Work-Related Activity, or in the Employment and Support Allowance Support Group gov.uk/government/statistics/growth-in-numbers-of-employment-and-support-allowance-support-group-or-universal-credit-limited-capability-for-work-and-work-related-activity/decomposition-of-growth-in-the-number-of-claimants-of-universal-credit-with-limited-capability-for-work-and-work-related-activity-or-in-the-employment

12. See the OBR Welfare Trends Report 2024, p14–15: obr.uk/wtr/welfare-trends-report-october-2024/

Factors contributing to the increase in ‘incapacity’ benefits caseloads, May 2018 to May 2023 (caseload in May of year in thousands)



Ministers have also cited statistics from the Office of National Statistics’ Labour Force Survey (LFS), which appear to confirm that the numbers of Disabled people who are out of work has increased faster than expected in recent years. However, the LFS statistics also have flaws, including a falling response rate and sampling variability, which the Resolution Foundation argues is leading to it ‘underestimating the employment rate’, and consequently ‘overestimating either or both of unemployment or inactivity.’¹³ The problem is so severe that the LFS has had its status revised from accredited ‘official statistics’ to ‘official statistics in development,’ to

13. resolutionfoundation.org/app/uploads/2024/11/Get-Britains-Stats-Working.pdf, p3

reflect the level of uncertainty. Recently the survey underwent ‘reweighting’, to correct some of the undercounting, and this has indeed led to a decrease in the estimates for people being out of work due to health or disability.¹⁴ However, the ONS acknowledges that the corrected numbers are likely to still underestimate employment and caution against relying on them.

Much of the recent increase results from accounting and demographic changes. The remaining ‘real’ increase also results from predictable factors: a well-evidenced decline in population health, attributable to factors including pandemic effects and problems with healthcare.

In summary, much of the recent increase results from accounting and demographic changes. The remaining ‘real’ increase also results from predictable factors: a well-evidenced decline in population health,¹⁵ attributable to factors including pandemic effects and problems with healthcare. The main message here, however, is that it is important to look at the long-term trend, not just the short-term. If we remove the impact of the pension age increase, claims for incapacity benefits in 2023/4 are actually no higher than in 2008/9, even without accounting for the claimant count problems associated with UC.

14. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/impactofreweightingonlabourforcesurveykeyindicators/2024#impact-of-reweighting>

15. See for example IFS The role of changing health in rising health-related benefit claims <https://ifs.org.uk/publications/role-changing-health-rising-health-related-benefit-claims> and British Medical Association The impact of the pandemic on population health and inequalities <https://www.bma.org.uk/media/bzxla0fv/bma-covid-review-report-5-september-2024.pdf>



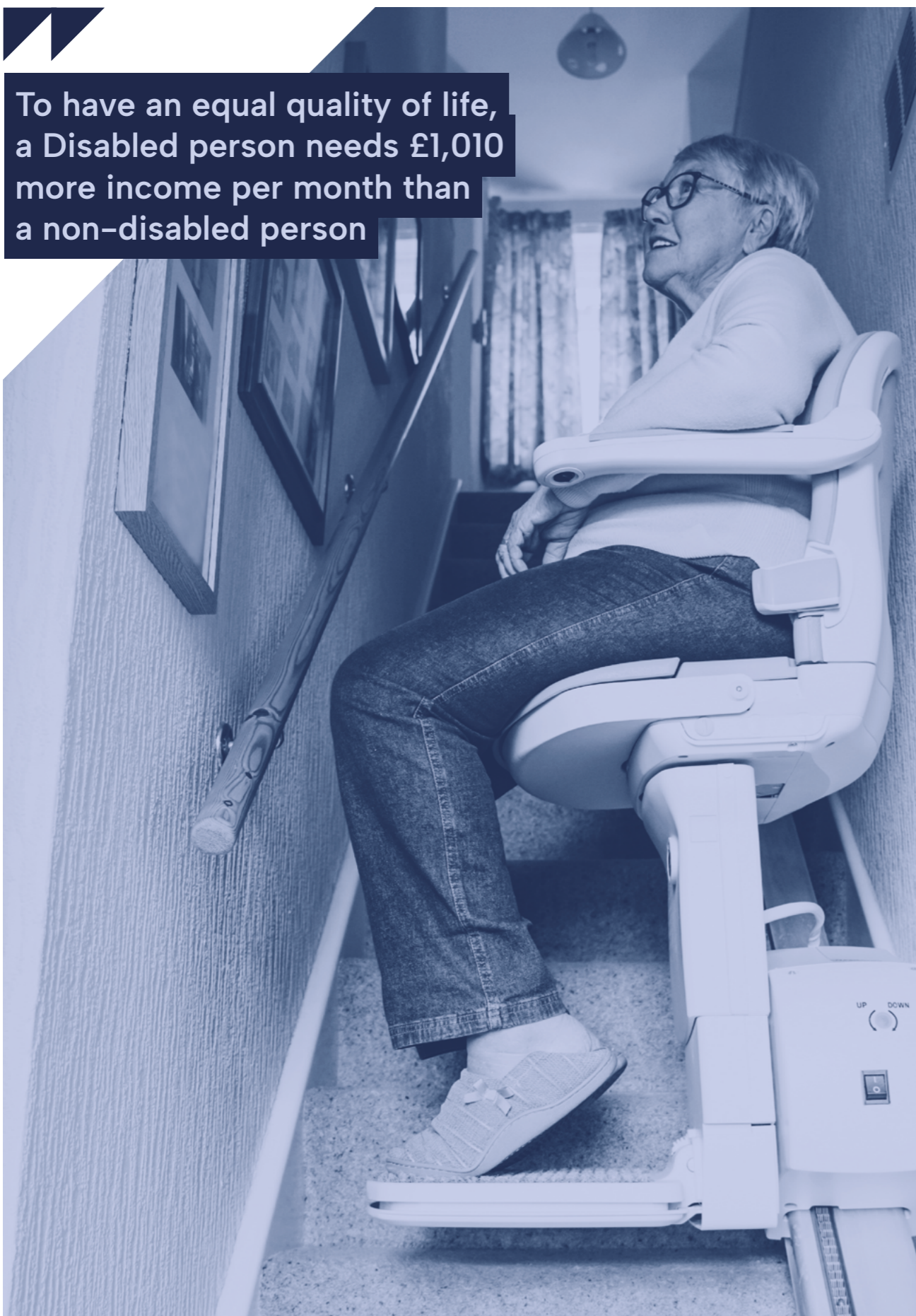
Photo: Age Without Limits

The Office for Statistics Regulation recently forced the DWP to retract a claim, issued in a press release, that the number of people receiving out of work disability benefits had increased by 383% in less than five years, arguing that the figure was ‘misleading’.¹⁶ The statistics behind the Green Paper simply cannot be trusted.

Do these problems with the data mean that the increases in expenditure on health- and disability-related benefits are not real? The answer is no, but this is predominantly driven by spending on PIP. Importantly, this means that the increases are not a ‘worklessness problem’. The increases that appear in the incapacity benefits claims figures are inflated by how claims are being counted. The figures before and after changes to the methodology and to the pension age just aren’t comparable.

16. <https://osr.statisticsauthority.gov.uk/correspondence/rob-kent-smith-to-peter-schofield-increase-in-the-number-of-people-on-universal-credit/>

To have an equal quality of life,
a Disabled person needs £1,010
more income per month than
a non-disabled person



4. Extra costs benefits (PIP)

Extra costs of disability

Disabled people face significant additional costs compared to non-disabled people. Research from Scope shows that, **to have an equal quality of life, a Disabled person needs £1,010 more income per month than a non-disabled person**. Box 1 contains an explanation of the methodology Scope used for their research, which was developed by leading academics in consultation with the Department for Work and Pensions and is recognised as robust.

Disabled people's extra costs arise from three sources:

1. Needing items or services that non-disabled people do not need, such as mobility aids, support workers, therapies not available on the NHS, and sanitary items;
2. Having to buy more of the types of items everyone needs, for example clothes and bedclothes (because of wear from frequent washing or repetitive movements), using the heating more, and higher electricity bills to power medical equipment;
3. Being charged more than other people for common items or services because of living with a disability (often called the 'disability premium' or 'disability tax'), for example paying more for insurance, having to use private transport because public transport is inaccessible, and the higher prices associated with versions of standard products designed specifically for Disabled people, such as foods suitable for use with food pumps or for special diets.¹⁷

Disabled people are hit harder by increases in the cost of living. This is because, while the cost of everyday items increasing affects everyone, Disabled people's additional costs are also increasing in price, creating a double impact. Working age Disabled people are also twice as likely as

17. scope.org.uk/campaigns/disability-price-tag, p9

non-disabled people to be living in poverty,¹⁸ which means we spend a higher proportion of our income on essentials, which in some cases have been increasing in price more than overall inflation. Food price inflation, for example, has been particularly high in the recent cost of living crisis, increasing far quicker than CPI.¹⁹

BOX 1

Scope's 'Disability Price Tag' reports: methodology

Scope calculated the additional costs of living with disability based on a government dataset, the Family Resources Survey (FRS), which is produced by the Office of National Statistics (ONS). The survey uses a 'standard of living' approach, under which households are asked to report their income, as well as other information such as household composition, and to complete a questionnaire that asks whether they can afford a set of essential goods and services. For example, the questionnaire asks: 'In the last 30 days... did [you/you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?' and 'Do you (and your family/and your partner) replace or repair major electrical goods such as a refrigerator or a washing machine, when broken?' The answers to these questions are used to determine the household's standard of living.

Scope used the FRS data to identify a 'standard of living index' from 1 to 6 for each household. They then applied regression analysis, with the dependent variable being the standard of living, and disability status (ie, if a household included a Disabled person) and income as explanatory variables. Housing tenure, geographical location, and

household composition (the number of dependent children and

age of the household's respondent) were also included as dummy explanatory variables, to control for the effect of these factors on standard of living outcomes.

The researchers found that households with a Disabled member systematically had to have a higher income than the non-disabled households to reach the same standard of living. The average difference was calculated as £1,010 per adult per month. Notably, the income measured by the FRS includes disability- and health-related benefits, so the £1,010 figure is the additional amount of income needed to achieve the same standard of living even after receiving social security payments like PIP, which are designed to cover additional costs. The true additional costs will therefore be even higher.

Scope's methodology was developed in partnership with leading academics and DWP economists and the resulting analysis was published in the European Journal of Health Economics, a leading peer-reviewed journal.

The paper can be accessed here: pubmed.ncbi.nlm.nih.gov/34426938/, and a technical report designed for the public written by Scope's research team is here: assets-eu-01.kc-usercontent.com/73ea709e-f9f8-0168-3842-ebd7ad1e23ac/f06e63c8-a15e-4df7-ab23-f620ea85316d/disability-price-tag-technical-report-2019-updated.pdf.

Scope's 'Disability Price Tag' series of reports are available here: scope.org.uk/campaigns/disability-price-tag

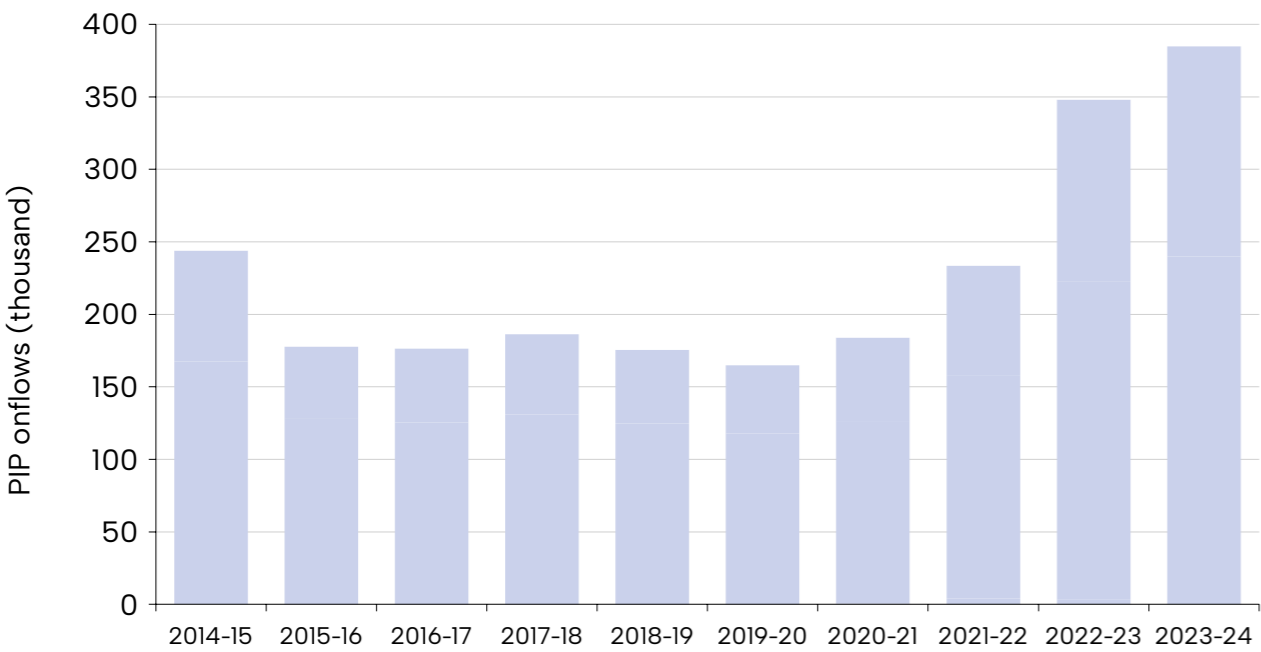
18. See the Joseph Rowntree Foundation's Poverty 2025: the essential guide, p66 jrf.org.uk/uk-poverty-2025-the-essential-guide-to-understanding-poverty-in-the-uk

19. See NIESR UK Living Standards Review 2025, p20: niesr.ac.uk/publications/uk-living-standards-review-2025

PIP statistics

PIP is designed to contribute to the extra costs Disabled face because of living with disability. It is therefore not surprising that, as the cost-of-living crisis squeezed people’s buying power, many Disabled people who were not previously claiming found that they had to do so to survive. This explanation is supported by the data, which shows that increases in PIP claims began to rise particularly steeply just after the cost-of-living crisis hit in 2020/1.²⁰ Research the DWP undertook in 2022 also identified concerns about tightening finances as a major driver of the spike in new PIP applications. This research was kept secret until a recent Freedom of Information request from John Pring of Disability News Service forced the DWP to release the report to him.²¹

PIP onflows (successful new claims for PIP)



Source: DWP, OBR

20. This can be seen in figure 2 of the IFS report Health-related benefit claims post-pandemic: UK trends and global context ifs.org.uk/publications/health-related-benefit-claims-post-pandemic-uk-trends-and-global-context and Chart F of the OBR Welfare Trends Report 2024, p51 obr.uk/wtr/welfare-trends-report-october-2024/

21. See disabilitynewsservice.com/research-that-ministers-sat-on-for-three-years-shows-no-evidence-to-support-call-for-pip-cuts/



Photo: Age Without Limits

DWP’s own figures show that 41% of new successful claims for PIP in 2023 were from people who were in work, and this percentage has been increasing in recent years, from 29% in 2016.²² Only 54% of Disabled people in the UK are employed,²³ so new applicants to PIP are not far from being representative of the national split between working and out of work Disabled people. The increase in applications is therefore unlikely to be primarily driven by greater worklessness.

Recent data from the Joseph Rowntree Foundation and the Trussell Trust shows that despite receiving health- and disability-related social security support, Disabled people remain more deprived than non-disabled people

22. See DWP Evidence Pack: Modernising Support for Independent Living: The Health and Disability Green Paper gov.uk/government/consultations/modernising-support-for-independent-living-the-health-and-disability-green-paper/evidence-pack-modernising-support-for-independent-living-the-health-and-disability-green-paper#employment-status-of-pip-claimants-1

23. researchbriefings.files.parliament.uk/documents/CBP-7540/CBP-7540.pdf, p4

77%

of people receiving both health-related UC and PIP went without one or more essentials in the last 12 months.

Source: Trussell Trust

who are receiving social security. In late 2024, JRF found that three quarters of adults receiving health-related UC were unable to afford one or more essentials (such as heating or sufficient food), compared to two thirds of people receiving non-health-related UC.²⁴ And research from the Trussell Trust released in March 2025 showed that 77% of people receiving both health-related UC and PIP went without one or more essentials in the last 12 months.²⁵ These numbers are unacceptably high and show that the additional money Disabled people receive through disability-related social security programmes remains

insufficient to prevent poverty, let alone compensate for the financial disadvantage caused by extra costs.

24. Joseph Rowntree Foundation Unlocking benefits: Tackling barriers for disabled people wanting to work [jrf.org.uk/work/unlocking-benefits-tackling-barriers-for-disabled-people-wanting-to-work](https://www.jrf.org.uk/work/unlocking-benefits-tackling-barriers-for-disabled-people-wanting-to-work)

25. See [trussell.org.uk/news-and-research/news/almost-one-in-five-people-receiving-universal-credit-and-disability-benefits](https://www.trussell.org.uk/news-and-research/news/almost-one-in-five-people-receiving-universal-credit-and-disability-benefits)

5. Summary of proposals in the Green Paper

The Green Paper announces major cuts to all health- and disability-related benefits programmes for working age adults.

PIP

Currently, applicants for the PIP daily living element need to score at least 8 points in the assessment, which they receive in relation to 10 different 'descriptors' (areas of daily life for which the applicant must demonstrate they need support). Applicants can receive 0, 2, or 4 points for each descriptor, depending on what type of help they need with the activity. The distribution of the points across the 10 descriptors does not matter, so long as they sum to at least 8 (or 12 to receive the higher daily living payment level). The Green Paper proposes to amend the regulations so that an applicant would need to score at least 4 points on a single

descriptor to qualify for the daily living element of PIP (as well as fulfilling all the existing requirements). It is currently common for applicants to score over 8 points without scoring 4 on any single descriptor, because many Disabled people need lower levels of help with lots of different activities. Figures released by the OBR alongside the Spring Statement show that currently, 52% of people undergoing reassessments for PIP score over 8 points without scoring 4 on a single descriptor, while for new applications the percentage is 58%. This change could therefore lead to half of current PIP recipients losing their daily living awards entirely: more than 1.5 million people.

Over 1.5m people

could lose their daily living awards entirely due to changes in scoring.

Source: OBR

The OBR estimates that, because of behavioural impacts that the policy change is likely to cause, 800,000 people overall will lose PIP.²⁶ However, predicting behavioural impacts is particularly uncertain, so the figure could be higher. In addition, the change is likely to lead to an increase in appeals, with consequent increases in administrative and tribunal costs for the DWP and distress and hardship for former recipients who have to fight to regain their awards. Each person who falls foul of the changed criteria will lose between £72.65 and £108.55 per week (£434.20 per month; £5,644.60 per year).

**150,000
carers**

**are expected to lose
Carer's Allowance or
the Universal Credit
Carer Element**

Source: DWP's impact
assessment

The PIP assessment is also used as a 'passport' to many other benefits and services Disabled people and their families need, including council tax relief and carer's allowance, which will magnify the impact further. The DWP's impact assessment for the Green Paper revealed that 150,000 carers are expected to lose Carer's Allowance or the Universal Credit Carer Element due to the proposals.²⁷ In addition, a household member receiving PIP exempts households from the Benefit Cap. Losing this exemption is likely to lead to Disabled households — particularly those in higher rent areas and single parents —

seeing their housing payments capped at below the levels needed to cover rent. Homelessness charities and analysts have expressed concern that the changes will lead to a sharp increase in Disabled people being homeless.²⁸ We expect this to particularly affect Disabled women, because the majority of single parents — who experience higher rental costs compared to their income — are women. The Green Paper extends PIP's 'passporting' function to out of work disability benefits too, potentially setting up a devastating

26. obr.uk/efo/economic-and-fiscal-outlook-march-2025/, p61

27. assets.publishing.service.gov.uk/media/67e667fe4a226ab6c41b1fe2/spring-statement-2025-health-and-disability-benefit-reforms-impacts.pdf, p9

28. insidehousing.co.uk/home/disability-benefit-cuts-will-push-families-into-homelessness-charity-boss-warns-91149

cascade of loss for people who do not meet the new restricted criteria in the PIP assessment — see the next section for further details.

No explanation is given within the Green Paper or any of the associated documentation for why this change to PIP has been chosen. The PIP assessment is supposed to estimate the additional costs of disability that the individual experiences (though in practice it has never been benchmarked to actual measures of these costs). There is no evidence to suggest that people with widely spread support needs experience lower costs than those whose support needs are more concentrated. Instead, the cut seems to have been reverse engineered to deliver a pre-defined level of savings, rather than being based on any assessment of the role of PIP or Disabled people's needs. This is an unacceptable way to make policy. The changes to PIP have also been explicitly excluded from the consultation on the Green Paper, so Disabled people and our organisations have no opportunity to push back against them. We have already seen a huge spike in distress, with thousands of Disabled people reaching out to our organisations in desperation and terror because they do not know how they will survive without PIP.

The changes to PIP have also been explicitly excluded from the consultation on the Green Paper, so Disabled people and our organisations have no opportunity to push back against them.

The Green Paper package may deliver only £100m in savings –
just 2% of the £5bn
the government has announced

Source: The Disability Policy Centre

Likely consequences of cutting PIP

Cutting PIP in response to increases in claims is the wrong move. As well as being morally indefensible, it also may not save money. Analysis from the

300,000
adult Disabled people &
50,000
children will be pushed
into absolute poverty by
the changes to PIP.

Source: The DWP Green
Paper Impact Assessment

Disability Policy Centre suggests that the Green Paper package may deliver only £100 million in savings — just 2% of the £5 billion the government has announced — largely because of knock-on effects on other government budgets arising from cutting PIP, which are discussed in this section.²⁹ These minor savings will be paid for by huge suffering among Disabled people. The DWP Green Paper Impact Assessment shows that 300,000 adult Disabled people and 50,000 children will be pushed into absolute poverty by the changes to PIP.

PIP was introduced in 2013 as a replacement for the earlier extra costs programme, Disability Living Allowance (DLA). Like the current proposed changes, this was primarily intended to save money by reducing the success rate of applications. It led to specific problems for people living with conditions that have fluctuating impacts, including people with MS. Between 2013 and October 2016, 2,500 people with MS lost the highest rate of mobility support when they were reassessed (29% of those who

29. thedisabilitypolicycentre.org/our-analysis-on-welfare-reforms

had previously received the highest rate), and 25% of those who had received the highest rate of the daily living element also lost it (these cases sometimes overlapped).

In 2018, the MS Society investigated the impact of these changes. They found that people who had had awards reduced increased their use of NHS services, often because they could no longer access therapies that helped manage their condition (such as exercise classes or massage) that they had previously paid for with DLA funding. They estimated the increased cost to the NHS for just two services — GPs and A&E — to be **£7.7 million per year,**

for just a few thousand people.

They also noted that this did not capture the full increased NHS cost, as respondents to their survey also reported increased use of specialist MS services, among others.³⁰

The MS Society's report also noted that people who lost DLA awards reported leaving work or reducing their hours, as well

as increasing their reliance on informal family carers, some of whom also left work to substitute for carers that had previously been paid through DLA (and would likely have gone on to claim Carer's Allowance).³¹ Another study, conducted in 2020 by the Social Security Advisory Committee, a statutory body under the DWP, found that people who lost access to a Motability vehicle in the reassessment process from DLA to PIP also reported having to leave jobs, with one respondent commenting: "I was over the moon to get a motability car. I was devastated 3 years later when they took it from me...I will never get over losing my career. I had studied hard; I worked hard to get where I was...[it] took away my future."³²

30. MS Society, PIP: a step too far, p24–25 mssociety.org.uk/sites/default/files/2021-08/PIP%202018%20%282021%20update%29.pdf

31. MS Society PIP: a step too far, p21–22 mssociety.org.uk/sites/default/files/2021-08/PIP%202018%20%282021%20update%29.pdf

32. Social Security Advisory Committee, The use of public funds in supporting



I was over the moon to get a motability car. I was devastated 3 years later when they took it from me...I will never get over losing my career. I had studied hard; I worked hard to get where I was...[it] took away my future."

Source: Social Security Advisory Committee

The proposed cuts would be much bigger than were seen in the shift from DLA to PIP, and we can therefore expect their impact — both in terms of higher costs for government services and in forcing Disabled people and informal carers out of work — to be greater. A group of leading academics writing in the British Medical Journal argue that the Green Paper proposals are a repeat of the failed austerity agenda, which will once again cause unnecessary deaths and damage public health.³³

The expected increase in homelessness among Disabled people will put further pressure on council homelessness services, which are already at breaking point.³⁴ Most council temporary accommodation is not accessible, so in many cases Disabled people who are homeless have inappropriately been placed in care homes: placements that are far more expensive than is necessary and do not meet the needs of many Disabled people, particularly younger people.³⁵

the mobility needs of disabled people, p30: assets.publishing.service.gov.uk/media/5fb29fc3e90e0709e8f78b9f/ssac-occasional-paper-23-mobility-needs-of-disabled-people.pdf

33. bmj.com/content/bmj/388/bmj.r593.full.pdf

34. bbc.co.uk/news/articles/cjdx5lnle7mo

35. See disabilitynewsservice.com/shocking-case-of-disabled-woman-trapped-in-care-home-that-wants-to-evict-her/; <https://www.thebureauinvestigates.com/>

In addition, many Disabled people who receive care that is part-funded or provided by the council pay for their care costs using PIP. How much an individual has to pay the council is based on a financial assessment, so for every person who uses council social care who loses PIP, the council will have to increase its financial contribution. Many people who need just a few hours of care a week currently pay for their care directly using their PIP payments, without going through council systems. **We therefore expect largescale loss of PIP to increase the number of people seeking council social care, alongside increasing the council's bill for current recipients.** The council social care sector is already facing financial crisis, so this transfer of financial responsibility between disability benefits and council budgets is likely to be highly problematic. Some care users are also likely to reduce their care packages or stop them entirely, as they become increasingly unaffordable. This is a major health risk, and will also lead to increasing social isolation and physical inactivity among Disabled people, which contradicts the government's aim to create a more efficient NHS through introducing a 'prevention' agenda. The documents provided with the Green Paper contain no mention of these impacts, and no assessment of the ability of councils and the NHS to meet the increased levels of need expected.

Universal Credit and the Work Capability Assessment

Universal Credit is an income support payment for people who are of working age and living on an income that is too low to meet basic living costs. It is not designed specifically for Disabled people, but many Disabled people receive it. Disabled people applying for UC currently undergo a stringent 'Work Capability Assessment', to determine how their impairment or health condition affects their ability to work. Those who are not expected to be able to return to work, even in the long-term, are placed into the 'Limited Capacity for Work Related Activity group' (LCWRA, sometimes also called the 'support group'). This group receives an additional 'health element' payment, on top of the basic rate of UC, and are not required

stories/2022-04-05/disabled-people-trapped-waiting-years-for-vital-home-adaptations

to undertake any activities to prepare for returning to work. (They are, however, eligible for many government employment support programmes, should they wish to access them). Those who are considered likely to be able to return to work in the medium term are placed in the ‘Limited Capacity for Work group.’ They do not receive any additional payment related to health. (This is a change from the earlier ESA system, under which people in the equivalent group did receive additional money due to their health status). They are also required to undertake some activities to prepare for work, though not to be actively looking for a job.

The Green Paper makes two major changes to this system. Firstly, it proposes to freeze the ‘health element’ of UC for people who have already been placed in the LCWRA. From 2026 until 2030, this group will continue to receive the current level, £97, of the ‘health element’ per week, rather than seeing the amount increase with inflation. This is therefore a real terms cut. New applicants who are put in the LCWRA group in the future will receive a lower rate of £50 per week, which will also then be frozen until 2030. The changes will be very slightly offset by a £7 per week increase in the basic rate of UC, which will apply to all UC recipients. However, new applicants will still be at least £40 worse off per week.

This change will force an additional **50,000** Disabled people into relative poverty.

Source: DWP Impact Analysis

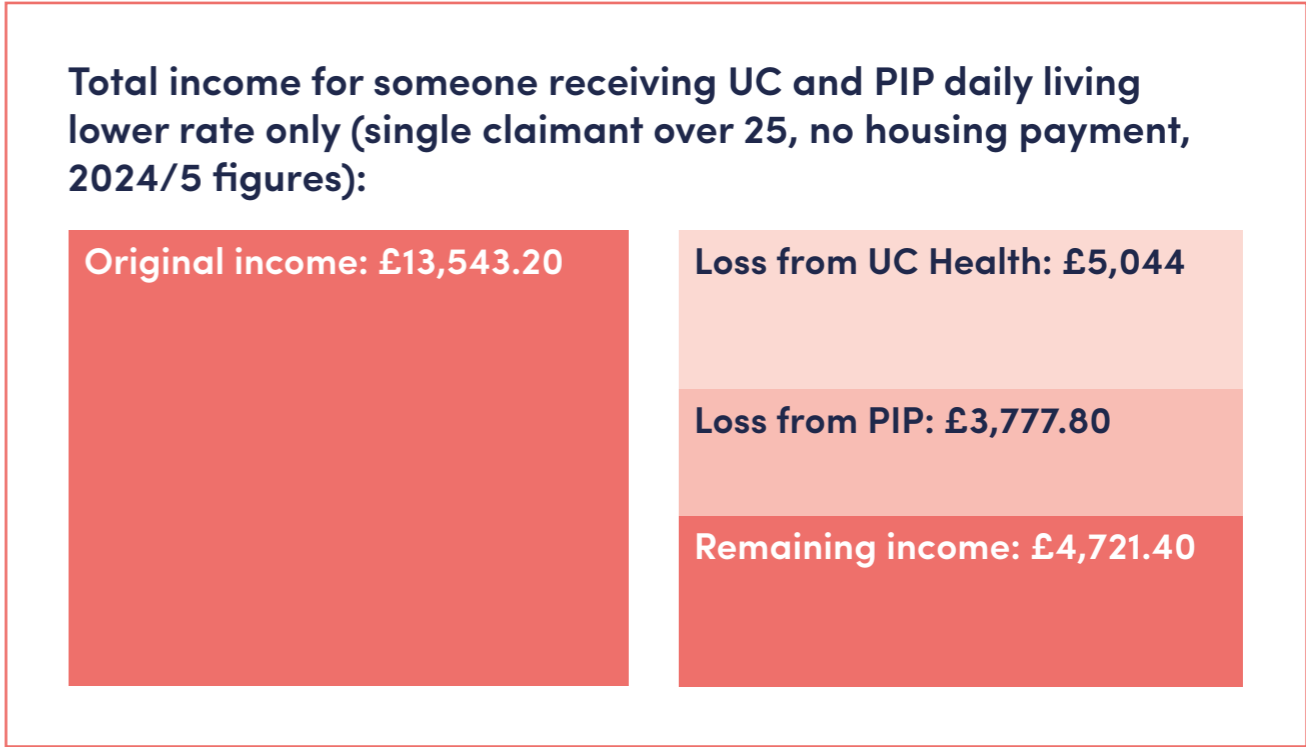
These changes will cut £3 billion of spending, and lead to 3 million Disabled households — including all current UC Health recipients — receiving lower payments from UC, with an average financial loss of £1,100 per year. New applicants will receive around £2,500 less per year, compared to what they would have received if the policy changes were not made. According to the DWP impact analysis, this change will force an additional 50,000 Disabled people into

relative poverty.³⁶ However, JRF research found that two thirds of people receiving UC Health in 2024 were already experiencing deprivation (which

36. assets.publishing.service.gov.uk/media/67e667fe4a226ab6c41b1fe2/spring-statement-2025-health-and-disability-benefit-reforms-impacts.pdf, p13

was defined as going without one or more essential, such as sufficient food, heating, or being able to replace broken furniture and worn-out clothes), so the 50,000 figure does not represent the number of UC Health recipients in poverty, just the additional impact of the Green Paper.³⁷

Secondly, the Green Paper proposes to scrap the WCA in 2028. Eligibility for the UC health element will instead be determined by whether the applicant qualifies for the PIP daily living element. This means that the stricter eligibility rules, requiring PIP applicants to score 4 points in a single descriptor, will also apply to the UC health element. This change was not included in the policy costings produced by the OBR and released with the Spring Statement, nor was it included in the DWP impact assessment of the Green Paper measures. This is because the change will be complex, as a consultation into changing the PIP assessment was also announced in the Green Paper, and hence the impacts are currently difficult to assess.



However, using PIP to qualify for both extra costs and out of work disability benefits means that people losing eligibility will lose both payments at the same time. Someone losing the lower rate of PIP daily living and the

37. scope.org.uk/campaigns/making-benefits-work-report, p39

UC health element would lose approximately £162.65 per week (£678.60 per month; £8,821.80 per year, calculated based on 2025 rates). For someone whose only income comes from UC and PIP, this would be 60% of their income. Although we cannot predict how many people will face this catastrophic situation because of insufficient information from the government, it is likely to be a large number, because the PIP assessment has been targeted as a route for making savings and it therefore highly unlikely to become more generous following the consultation; in fact, further cuts to PIP beyond the existing proposals have been implied by Ministers. This also raises questions about whether the PIP consultation can possibly be conducted in good faith.

We support replacing the WCA, as in its current form it causes extreme distress to Disabled people forced to undergo it. However, replacing it with the PIP assessment does not make sense. The PIP assessment is also flawed and frequently a traumatic experience for Disabled claimants.³⁸ It is unclear how a single assessment could cover both the extra costs of disability and capacity to work, as these two factors of a disabled person's life do not necessarily converge. Replacing the WCA with the PIP assessment would also wipe out hard-won protections for people most at risk from the trauma of DWP assessments, including the 'substantial risk regulations' that exempt some people living with extreme mental distress from undergoing an assessment.³⁹ Following hundreds of suicides caused by DWP assessments since 2010, which were evidenced in a 2016 academic paper in the leading Journal of Epidemiology and Public Health, Disabled People's Organisations launched a campaign to have these regulations enforced more systematically.⁴⁰ Removing them would reverse this progress, expose more Disabled people to sanctions, and drive up the level of harm experienced.

38. <https://www.bps.org.uk/psychologist/pip-assessment-are-vulnerable-people-traumatised-all-over-again>, <https://www.cambridge.org/core/journals/journal-of-social-policy/article/its-like-the-sword-of-damocles-a-traumainformed-framework-analysis-of-individuals-experiences-of-assessment-for-the-personal-independence-payment-benefit-in-the-uk/95AA91106CE11CB492CFF7563ADF0C81>

39. <https://www.disabilitynewsservice.com/loss-of-key-protection-is-nightmarish-demonstration-of-green-papers-bureaucratic-violence-say-activists/>

40. <https://jech.bmj.com/content/70/4/339>

The Green Paper argues that the proposed changes to out of work disability benefits are necessary because the difference between the basic rate of UC and the amount of money people in the LCWRA group receive, combined with the extremely low level of the basic UC payment (which was frozen between 2016 and 2020 and therefore fell behind inflation), creates a 'perverse' incentive for people to claim LCWRA, even when they could potentially work in the medium to long term. They also argue that people in the LCWRA are incentivised not to try to prepare for work, because they need to be careful not to appear 'too active': taking steps to return to work might risk reassessment and losing the UC health top-up.

However, evidence does not suggest that the increased payments for people in the LCWRA group are the main incentive for claiming, or the main barrier to people in this group engaging with employment support programmes. Research conducted by the Joseph Rowntree Foundation (JRF) and Scope in 2024 found that only 20% of people who claimed health-related UC knew how much extra they could receive if they were placed in the LCWRA group before they applied, and almost 50% did not know they would be eligible for any extra money at all.⁴¹ Instead, many of those claiming did so to avoid the stringent conditionality and potential sanctions they would be subject to if they were not put in the LCWRA, which they feared would force them into work that they could not do and that would harm their health.⁴² As a result of these findings, JRF concluded that 'cutting the value of the LCWRA element (in either real terms or relative to UC's standard allowance) is unlikely to shift the dial on the number of people starting to claim health-related UC'. Wider evidence including internal research conducted by the DWP also shows that sanctions simply do not work to push ill and Disabled people towards work; in fact, they often do the opposite — making it harder for Disabled people to find work.⁴³

41. Scope and JRF, Making benefits work: improving support for disabled people, p39 scope.org.uk/campaigns/making-benefits-work-report

42. JRF and Scope, Unlocking benefits: Tackling barriers for disabled people wanting to work, section 4 jrf.org.uk/work/unlocking-benefits-tackling-barriers-for-disabled-people-wanting-to-work

43. gov.uk/government/publications/the-impact-of-benefit-sanctions-on-employment-outcomes-draft-report, <https://bristoluniversitypressdigital.com/view/journals/jpsj/25/2/>



Sanctions simply do not work to push ill and Disabled people towards work; in fact, they often do the opposite – making it harder for Disabled people to find work

Photo: Age Without Limits

Even by the government's own logic, the argument does not make sense. Cutting the rate of UC Health for new entrants would, according to the logic that trying work is disincentivised by the risk of losing higher payments, cause a further 'perverse incentive' not to look for work, because if someone started a job but then had to leave it because it turned out not to be appropriate, they would receive the lower rate in a new claim, and therefore be £2,500 per year worse off.

Without a credible excuse of incentivising work, the cuts are just cruel.

JRF's research also showed that people receiving the additional health payment for UC are already substantially more likely to be living without basic essentials like heating and food than those receiving non-health-related UC, despite the extra money that comes from the 'health element'.⁴⁴ Far from there being a 'moral imperative' to remove additional payments, JRF's research sets out a clear moral case for retaining the additional

[article-pl07.xml](#)

44. JRF and Scope, Unlocking benefits: Tackling barriers for disabled people wanting to work, figure 1 [jrf.org.uk/work/unlocking-benefits-tackling-barriers-for-disabled-people-wanting-to-work](https://www.jrf.org.uk/work/unlocking-benefits-tackling-barriers-for-disabled-people-wanting-to-work)

payments and reforming the punitive conditionality-based nature of the current social security system. Unfortunately, the Green Paper proposals, by tightening eligibility for the UC 'health element', suggest that more Disabled people will be exposed to stricter conditionality in the future rather than fewer. This signals a regressive shift back towards conditionality, compared to last autumn's Get Britain Working white paper.

The 'right to try' work

The Green Paper pledges to introduce a new bill in Parliament, which will guarantee that trying work 'in and of itself' will not be

'De-risking' work will only be effective if Disabled people can trust the social security system.

considered a 'change of circumstances' that would trigger a reassessment. The intention is to 'de-risk' work for people receiving out of work disability benefits. This is welcome; however, it is clearly insufficient. 'De-risking' work will only be effective if Disabled people can trust the social security system. Bundling this change in with the harsh and seemingly arbitrary cuts will fundamentally undermine the bill's potential to address the perceived and actual risks created by decades of a punitive social security system.

The bill also only addresses part of the problem. Currently, people receiving ESA can automatically re-start claiming ESA at the same level they previously received and without a reassessment if they start a job but find it is inaccessible for them and return to their ESA claim within 12 weeks. For UC, this period is longer, at 6 months. If the person works for longer than these periods, their claim is closed, and they have to undergo a new assessment and go through the UC 'waiting period', facing no income at all for 5 weeks. **For Disabled people, 6 months is not long enough to know whether a job will be accessible.** It is extremely difficult to know the details of what will be required in a job at the outset, so the complex process of identifying and putting in place reasonable adjustments often can't be completed within the first few months. Things are made worse by delays in the Access to Work programme: many applicants wait longer than 6 months

just to receive an assessment for this support.⁴⁵ In addition, once the Green Paper proposals are put in place, people leaving UC Health to try a job will face a 50% cut in the rate of the health element they receive should they need to return to the benefit after 6 months. This will make the problem worse, not better.

We believe that people moving from out-of-work disability benefits into employment should have a minimum of 18 months in which they are guaranteed to be able to return to the same benefits programmes and payment levels they had received previously, should they have to leave the new job because it has turned out not to be accessible for them. This will allow Disabled people the breathing space to really try out a new role, including time to sort out snags in the reasonable adjustments process, without having to give up prematurely to protect their ability to meet basic living costs.


Contributory ESA

Contributory ESA is for people who are unable to work because of disability or ill health and who have formerly accrued National Insurance 'credits' (i.e., this is for people who have 'previously paid into the system'). Currently people who qualify for contributory ESA and get put into the 'Limited Capacity for Work group' through the Work Capability Assessment (WCA) can get Contributory ESA for 12 months. This group are expected to return to work in the medium term and required to undertake some activities to prepare to do so. People who the WCA puts into the 'Limited Capacity for Work Related Activity group,' who are not expected to be able to return to work in the medium term and not required to prepare to do so, can get Contributory ESA indefinitely.

The Green Paper proposes to merge Contributory ESA with Contributory Job Seekers' Allowance to create a new 'Unemployment Insurance', which anyone losing a job can receive for 12 months, without having to demonstrate any kind of incapacity for work. This will be paid at the Contributory ESA level, which is higher than the current JSA level. People

45. See disabilitynewsservice.com/access-to-work-waiting-list-climbs-again-despite-dwp-claims/.

in the LCW group will therefore see no change, but people in the LCWRA group will lose their award after 12 months, where they previously could keep it until pension age. In practice, therefore, **this is considerably less like 'insurance' than the current system, as people who have previously worked but then become too ill to do so will go into the general system after 12 months, despite in some cases having paid National Insurance for decades.**



Cutting benefits is not the only option available to the government.

Photo: Age Without Limits

6. Impact

Predicted impacts on movements into work

Cutting benefits is not the only option available to the government. Nor will it lead to the changes that the government is claiming. Contrary to expectations, the OBR did not release an estimate of the number of people who are likely to move into work as a result of the Green Paper policy changes and £1 billion investment in employment support services. According to the OBR, this is due to ‘insufficient information from the Government on the policy details and analysis of their likely economic effects.’ The OBR will release their assessment of this element of the proposals at the next statement event, in Autumn.⁴⁶

However, **MPs will be asked to vote on the cuts in June, before seeing any evidence about the measures the government has argued will mitigate the harm of the cuts and lead to positive outcomes overall for Disabled people.** This failure fundamentally undermines the policy. We believe that **MPs should inform the government that they are unwilling to vote for a bill whose known impacts are so overwhelmingly negative, and whose potential benefits are so uncertain.**

Existing evidence clearly shows that the £1 billion investment is insufficient to address the scale of the cuts. DWP’s estimates of the impact of Conservative proposals put forward for consultation in 2023, which proposed to incentivise work by reducing eligibility for the UC Health element (without the Green Paper’s investment in employment support), found that they expected the changes to cause 457,000 people to lose payments, but only 15,000 – 3% – of these people to gain employment as a result.⁴⁷ Unfortunately, the £1 billion funding for employment support announced in the Green Paper is also only likely to have a relatively minor impact.

46. obr.uk/efo/economic-and-fiscal-outlook-march-2025/, p1

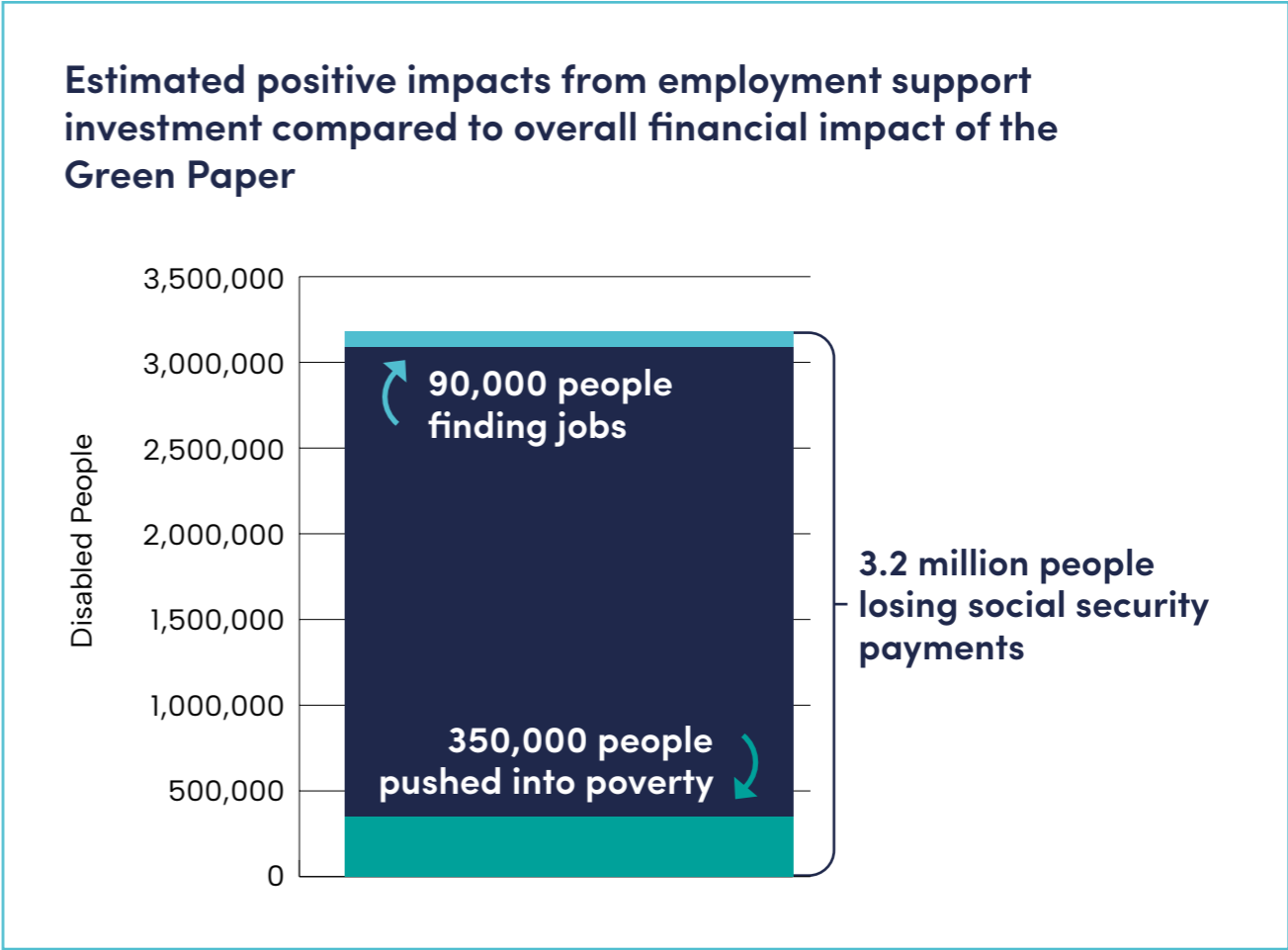
47. Revealed in the judgement on case R (on the application of Ellen Clifford) v The Secretary of State for Work and Pensions, p28 judiciary.uk/wp-content/uploads/2025/01/Clifford-v-SSWP-Judgment-16-January-2025.pdf

While good quality employment support programmes are important, available evidence does not suggest they can move high numbers of Disabled people into work. A recent government trial of the current gold standard employment support methodology for Disabled people, Individual Placement and Support (IPS), found that, in the best performing trial groups, just over 20% of people receiving IPS obtained work for 13 weeks or more in a 12-month period. This was only 3.8 percentage points higher than the control group, who did not receive IPS. In the other trial groups no or negative impact was detected. No significant impacts were found on overall earnings in any group. Longer-term employment outcomes were not measured, but the lack of impact on earnings suggests that the results are unlikely to represent sustained movement into employment.⁴⁸ Long-term studies of IPS are few, but also do not indicate that IPS recipients move permanently back into the workforce.

This suggests that the best we could possibly hope for would be 23% of those receiving IPS services moving into work. Additionally, the level of funding per person losing income (£260 per person) is insufficient to provide IPS support, which means this support will have to be focused on a small subgroup of those affected. The Learning and Work Institute estimates that the £1 billion annual investment announced in the Green Paper is only likely to lead to 45,000–90,000 Disabled people finding work,⁴⁹ while 3.2 million will lose social security payments because of the Green Paper’s proposals, at least 350,000 of whom will be pushed into poverty as a result. Disabled people will also have lived with the huge financial losses caused by the Green Paper proposals for up to four years before the promised employment support programmes are fully operational, with PIP cuts beginning in 2026 and the employment support not due to reach £1 billion annually until 2030.

48. See Estimates of the impact of IPS over 12 months: Health-led Employment Trial Evaluation [gov.uk/government/publications/health-led-trials-impact-evaluation-reports/estimates-of-the-impact-of-ips-over-12-months-health-led-employment-trial-evaluation#impact-estimates](https://www.gov.uk/government/publications/health-led-trials-impact-evaluation-reports/estimates-of-the-impact-of-ips-over-12-months-health-led-employment-trial-evaluation#impact-estimates)

49. Learning and Work Institute ‘Estimating the impacts of extra employment support for disabled people’, learningandwork.org.uk/resources/research-and-reports/estimating-the-impacts-of-extra-employment-support-for-disabled-people/



It’s also important to point out that cutting benefits is not necessary to increase employment support. People receiving health-related UC are already eligible for government employment support programmes. Removing sanctions and guaranteeing the ability to return to the social security system should a job not work out would be more effective to encourage take-up than cutting payments.

Geographical analysis of impact

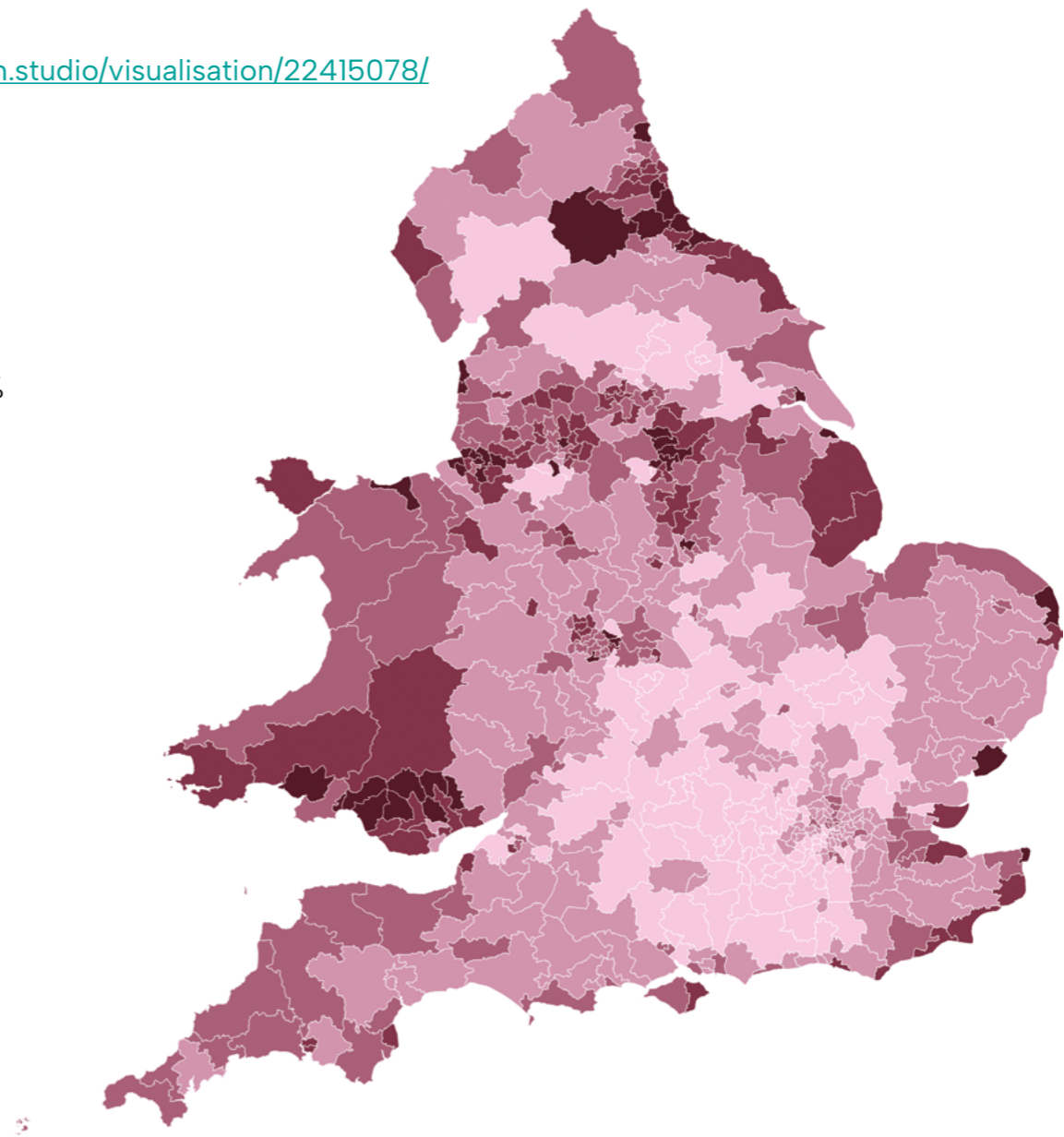
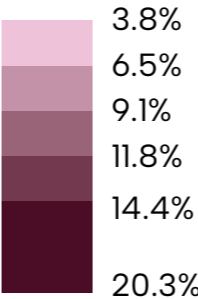
The damage from these cuts will fall predominantly on the Labour heartlands. An analysis we have conducted of DWP and electoral data on the percentage of the electorate receiving PIP in each Westminster parliamentary constituency in England and Wales⁵⁰ shows that every constituency in the top 10% is a traditionally Labour seat, with the vast majority being typical ‘Red Wall’ seats.⁵¹ Only one of the 57 top 10% seats is not currently held by a Labour MP: Blackburn, which is currently Independent (related to Gaza). JRF have produced a helpful map of the parliamentary constituencies where more people claim health- and disability-related benefits (covering UC health, PIP, and ESA), which is available here: public.flourish.studio/visualisation/22415078/

50. Equivalent data is not available for Scotland and Northern Ireland. In Scotland, PIP has been replaced for new claims by the Adult Disability Payment, and the consequences of the proposed cuts on this programme are as yet unclear. Figures on PIP in Scotland are therefore unrepresentative of overall receipt of extra costs payments. DWP’s PIP data disaggregated by constituency does not include Northern Irish parliamentary constituencies.

51. Our data is taken from DWP’s StatXplore table on PIP receipt, which can be accessed here: stat-xplore.dwp.gov.uk The top 10% seats are: Aberafan Maesteg, Barnsley North, Barnsley South, Birkenhead, Birmingham Erdington, Birmingham Hodge Hill and Solihull North, Birmingham Northfield, Blackburn, Blackley and Middleton South, Blackpool South, Blaenau Gwent and Rhymney, Blyth and Ashington, Bolton South and Walkden, Bootle, Bradford East, Bradford South, Bradford West, Caerphilly, Clwyd North, Derby South, Easington, Great Grimsby and Cleethorpes, Hartlepool, Houghton and Sunderland South, Jarrow and Gateshead East, Kingston Upon Hull East, Knowsley, Leeds South, Liverpool Garston, Liverpool Riverside, Liverpool Walton, Liverpool West Derby, Llanelli, Merthyr Tydfil and Aberdare, Middlesbrough and Thornaby East, Neath and Swansea East, Newcastle upon Tyne Central and West, Newcastle upon Tyne East and Wallsend, Newport East, Newton Aycliffe and Spennymoor, Nottingham East, Nottingham North and Kimberley, Redcar, Rhondda and Ogmore, Rotherham, Sheffield Brightside and Hillsborough, St Helens South and Whiston, Stockton North, Stoke-on-Trent Central, Swansea West, Tipton and Wednesbury, Torfaen, Wallasey, Walsall and Bloxwich, Washington and Gateshead South, Wolverhampton South East, Wythenshawe and Sale East.

Proportion of working-age population in receipt of health-related social security, coloured by quintile of constituency

Source:
public.flourish.studio/visualisation/22415078/



From a purely political strategy point of view, this is a problem for Labour. Reform UK are in second place in the vast majority of the constituencies in the top 10% of PIP recipients, and in 44 seats in the top 10% the incumbent’s majority is less than the number of people currently receiving PIP (77% of the top 10% seats). In 14 of the seats (25%), the number of people currently receiving PIP who would not qualify under the new rules is greater than the majority. There are also seats outside the top 10% where recipients of PIP and/or people likely to lose PIP due to the proposals are larger than the majority, but these seats are more heterogeneous than the top 10% and have not been fully analysed yet.



Photo: Age Without Limits

7. Alternative proposals

Cutting benefits will just create more barriers, and providing employment support programmes will not do enough to break down the existing ones without further action. At the Disability Poverty Campaign Group, we released a pre-budget statement in October last year setting out areas of investment that could genuinely shift the dial on the disability employment gap, beyond fully funding the Access to Work scheme.⁵² These include providing:

Healthcare without excessive waiting times

Independent living services

Accessible housing

Well-resourced Special Educational Needs services

Effective enforcement of equalities legislation such as the right to reasonable adjustments in the workplace, and

Adequate social security payments, reflecting the cost of living with disability, as well as other financial support such as an energy social tariff targeted at Disabled people with high energy needs.

Disabled people face very substantial barriers to work. Under the Equality Act, employers have a responsibility to make ‘reasonable adjustments’ so that work practices are accessible for Disabled employers. However, research from trade unions continues to show huge problems in this process, with Unison’s 2023 research showing that ‘74% of disabled workers reported being refused some or all of the adjustments they need to do their job.’⁵³ TUC’s equality audit 2024 showed that the proportion of

52. inclusionlondon.org.uk/news/pre-budget-statement/

53. See Unison written evidence to the House of Lords Public Services Committee, p7 committees.parliament.uk/writtenevidence/126536/pdf/

local branch discrimination cases that are about disability has more than doubled since 2016 and now stands at over 50% of all cases.⁵⁴ The Green Paper consultation asks for input on how existing legislation requiring employers to provide reasonable adjustments could be enforced, but does not put forward any proposals or commit any funding to this effort. All the funded initiatives in the Green Paper target the Disabled individuals who are out of work, not the social and environmental conditions that make work inaccessible to us. We believe this is unacceptable.

74%
of disabled workers
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Source: Unison

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The Green Paper proposals also do not provide any additional funding for Access to Work, the flagship government programme providing funding for workplace adjustments (beyond what is required of employers), despite the expectation that the changes to the benefits system would lead to an increase in Disabled people moving into work. Instead, it points to increasing costs in the Access to Work scheme, without mentioning that these increasing costs are due to an even bigger increase in caseloads — which demonstrates Access to Work is actually supporting more people for lower costs per case than in the past.⁵⁵ Despite a 2015 study on social

54. TUC Equality Audit 2024, p49 tuc.org.uk/sites/default/files/2024-08/TUCEqualityAudit2024.pdf

55. disabilitynewsservice.com/access-to-work-waiting-list-climbs-again-despite-dwp-claims/

return on investment for the scheme estimating its SROI to be £3.86 for every £1 spent and fiscal flowbacks to government to be £1.14 per £1 spent, the Green Paper asserts that if the trends in expenditure continue ‘the service will not be financially sustainable’ and launches a consultation aimed at fundamentally transforming the programme. **We believe additional funding is essential to fulfil the programme’s potential and remove the current excessive wait times. The Green Paper takes the opposite approach, attacking the only government programme currently working to create workplace accessibility for Disabled workers, despite the Paper’s stated intentions to support more Disabled people into work.**

Finally, we know that Disabled people who live in homes that are accessible to them are four times more likely to be employed than those living in inaccessible accommodation.⁵⁶ In 2023, the Wheelchair Alliance and the Motability Foundation found that appropriate wheelchair provision for adults brings £15,200 in annual ‘social return on investment’ benefits per user, with the biggest impact coming through effects on employment (the ‘improved likelihood of an individual being in work and being able to work longer hours when provided with an appropriate wheelchair’).⁵⁷ These possible areas of investment, however, have not received government attention, despite their potential to provide substantial fiscal returns.

We urge the government to change course now, before creating a catastrophic situation for Disabled people in the UK. Investing positively in tackling the barriers to work for Disabled people will lead to long-term savings and improved outcomes. Cutting benefits will just push Disabled people further from work, and into even more dire poverty.

56. Habinteg, The economic case for accessible and adaptable Homes, p8 habinteg.org.uk/download/habinteg-budget-submission-2025pdf.pdf?ver=6051&doc=docm93jjm4n4802

57. See Frontier Economics The value of a wheelchair, 144566510.fs1.hubspotusercontent-eu1.net/hubfs/144566510/11225-FE-RPT_Final-Report_211123_descriptions_accessible_MSection%202%20Screen%20Reader.pdf

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