

Work and Pensions Committee

Get Britain Working: Pathways to Work

Third Report of Session 2024–25

HC 837

Work and Pensions Committee

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Publication

This Report, together with formal minutes relating to the report, was Ordered by the House of Commons, on 16 July 2025, to be printed. It was published on 29 July 2025 by authority of the House of Commons. © Parliamentary Copyright House of Commons 2025.

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Summary

In March 2025, the Government published proposals for reducing welfare spending, including by cutting and restricting access to incapacity and disability benefits, fixing what it called the “broken” benefit system, and better supporting disabled people into work. Behind the measures, which were set out in the Pathways to Work Green Paper, lay widespread concern about the growing cost of health-related welfare, which rose as a percentage of GDP from 1.1% in 2007–08 to 1.8% in 2024–25 and was forecast to reach 2.1% in 2028–29. We agree this trend is concerning and that the benefit system urgently needs reforming, especially given the very low rate at which those on UC health move into employment. At the same time, however, we cannot ignore the fact that non-health-related, non-pensioner welfare spending fell as a share of GDP from 4% in 2009–10 to 2.6% in 2023–24 and that overall non-pensioner welfare spending is not much higher than it was in 2007.

The main changes to incapacity and disability benefits, which the Government planned to implement through primary legislation without consultation, were:

- increasing the standard allowance of Universal Credit (UC), freezing the health element (UC health) for current recipients, and almost halving it for future recipients from April 2026; and
- restricting access to the daily living component of the Personal Independence Payment (PIP) by requiring claimants to score at least four points in at least one activity as well as meeting the other criteria.

The Government said the changes to UC would incentivise work by reducing the disparity between the rates, which it argued had pushed people towards economic inactivity. The purpose of the change to PIP, which was originally intended to apply to both existing and future claimants, was to slow the rate of increase in spending by refocusing PIP on those with the highest needs.

The changes to PIP and UC rates were extremely controversial, given the impact they were forecast to have on hundreds of thousands of people already struggling financially. The overwhelming view was that instead of incentivising work (in the case of the changes to UC rates), they would increase poverty, worsen health, widen health inequalities and push people further away from work. The PIP proposal caused particular anger, partly because, as we heard repeatedly, receipt of PIP is not linked to work status,

and in fact often helps people to stay in work. We were also told that many disabled people with very high needs, including those receiving the enhanced rate, would still have lost out.

Expecting the legislation imminently, we wrote to the Secretary of State for Work and Pensions, Rt Hon Liz Kendall MP, halfway through our inquiry calling on her to delay the cuts and work with disabled people to co-produce alternatives. In her response, she repeated her determination to press ahead with the legislation, which was subsequently introduced on 18 June 2025 as the Universal Credit and Personal Independence Payment Bill. The week before the Bill's Second Reading, in response to a reasoned amendment supported by more than 120 Labour MPs, the Government made some concessions, most notably by promising to amend the Bill to protect current PIP recipients from the change to the eligibility criteria and no longer freezing UC health for existing claimants and those with the most severe, lifelong conditions. Then, during the Second Reading debate, it made a further concession by agreeing to remove the PIP provisions entirely from the Bill.

We welcome the changes that the Government has made to the legislation, which went a long way to meeting our concerns. We also welcome the much-needed and long-overdue increase to the standard allowance. We remain critical, however, of the Government's failure to properly assess the impact of the cut to UC health on poverty, health and labour force participation. For this reason, we urge it to delay the measure until it has had time to make such an assessment.

The Green Paper includes many other proposals with the potential to radically reshape the welfare system. One of these is a review of the PIP assessment, which, as the Government points out, is in need of modernising. The review is to be led by the Minister for Social Security and Disability, Rt Hon Sir Stephen Timms MP. As we heard, the PIP assessment is unpopular with claimants, who often find it traumatic and complain that assessors lack expertise in the conditions being assessed. In the Green Paper, the Government said the review would bring together those with lived experience and that any changes resulting from it would not be implemented until after the change to PIP eligibility in November 2026. The evidence to our inquiry was extremely critical of both the decision to amend PIP before the conclusion of the review and the lack of engagement and consultation with disabled people more generally. In the end, the Government, having removed the PIP change, also agreed to co-produce the review with disabled people. This was an important and welcome change in approach. We will follow the progress of the review very carefully to ensure it really is being co-produced.

The decision to abolish the Work Capability Assessment (WCA) in 2028 and link UC health to receipt of the daily living component of PIP could be the most far-reaching change in the Green Paper. It was generally opposed in the evidence, however, partly on the grounds that the WCA and the PIP assessment were designed to measure different things and that the PIP assessment could not therefore perform both functions. We note, though, that the Government is explicit that it wants to decouple access to UC health from an assessment of a person's capacity for work. We are cautiously supportive of this ambition, but it does raise a question about what kind of benefit UC health will be in the future. If receipt is to depend on eligibility for the daily living component, it is perhaps best thought of as a means-tested disability benefit, but the Government has not described it in these terms.

The Government says that once a person is found to have limited capability for work or work-related activity (LCWRA) after undergoing a WCA, they are simply "parked" on benefits and not required to engage with work coach support. Once it has removed the WCA, it says nearly all disabled people will be expected, as a condition of their benefit, to attend 'support conversations' to discuss what support is available. This was interpreted by much of the evidence as a significant extension of conditionality for disabled people. The Government appears to be conscious of how unhelpful strict conditionality can be, however, and says disabled people will never be required to undertake work or work-related activity. The Minister repeatedly told us as well that employment support would only ever be voluntary. On this basis, we are cautiously optimistic that this reform will be a positive one, although we recommend that the Government still clarify its precise intentions for the new conditionality regime, particularly by spelling out exactly what requirements beyond support conversations a disabled person might have to meet. We also have concerns about the process by which work coaches will determine an individual's conditionality regime, and ask the Government to make clear on what basis they will be making their decisions and what right of appeal claimants will have.

1 Introduction

Pathways to Work Green Paper

1. On 26 November 2024, the Department for Work and Pensions (DWP) published its Get Britain Working White Paper, which set out reforms to employment, health and skills support.¹ In her statement to the House of Commons, the Secretary of State for Work and Pensions, Rt Hon Liz Kendall MP, described the measures as “the biggest reforms to employment support in a generation”. She said they would convert DWP from a department for welfare to a department for work and support the Government’s ambition of an 80% employment rate.² In particular, the White Paper set out the Government’s vision for tackling economic inactivity caused by ill-health, supporting young people into work through a Youth Guarantee and transforming jobcentres into a new jobs and careers service. It said it would engage with disabled people and other stakeholders to develop proposals for reforming health-related benefits and “set them out for further consultation and engagement in a Green Paper in spring 2025”.³
2. The Government published its Pathways to Work Green Paper on 18 March 2025. The Secretary of State’s statement on the same day detailed its proposals for reducing health-related welfare spending by supporting disabled people back to work, including by increasing investment in employment support and cutting or restricting access to disability and incapacity benefits.⁴ Further details were provided the following week, when the Chancellor of the Exchequer delivered her Spring Statement. Immediately afterwards, DWP released an impact assessment of some of the proposals and the Office for Budget Responsibility (OBR) published its economic and fiscal outlook, which included estimates of the savings arising from some of the measures.⁵

1 DWP, [Get Britain Working White Paper](#), 26 November 2024

2 HC Deb, 26 November 2024, [cols 655–657](#)

3 [Get Britain Working](#), para. 93

4 DWP, [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper](#), 18 March 2025; HC Deb, 18 March 2025, [col 168](#)

5 HC Deb, 26 March 2025, [cols 945–952](#); HM Treasury, [Spring Statement 2025](#); DWP, [Spring Statement 2025 health and disability benefit reforms - Impacts](#); OBR, [Economic and fiscal outlook - March 2025](#), pp. 57–64

3. The Green Paper was in four chapters. In the first, the Government laid out what it believed was wrong with the current health-related benefit system. In the second, it set out proposals for reforming the structure of that system, and in the third it described the measures it would or might take to support disabled people into work. In the fourth chapter, it turned its attention to the role of employers and others in making work more accessible. Our report focuses on the first three chapters only, as we intend to return to the role of employers in a future inquiry to coincide with the publication of Sir Charlie Mayfield’s Keep Britain Working Review, expected in autumn 2025.⁶
4. The Green Paper contained several policy decisions the Government said it would implement through legislation without consulting, including:
 - changes to eligibility for the daily living component of the Personal Independence Payment (PIP) (to be legislated for as soon as possible and to take effect from April 2026);
 - a rebalancing of Universal Credit (UC) rates (the standard allowance and UC health) and the introduction of an additional premium for those with the most severe, lifelong conditions (to be legislated for as soon as possible and to take effect from April 2026);
 - the abolition of the Work Capability Assessment (WCA) and the linking of entitlement to UC health to receipt of the daily living component of PIP (to be legislated for in 2028); and
 - a statutory guarantee that UC health recipients could try work without fear of being reassessed and losing their benefit entitlement.

The Government also said it would review the PIP assessment to ensure it remained fit for purpose and was able to fulfil its future role as the single health assessment.⁷

5. Some of the measures in the Green Paper were the subject of a consultation that opened on 18 March 2025 and closed on 30 June 2025. The specific proposals included in the consultation were:
 - the design of a new Unemployment Insurance benefit to replace new style Employment and Support Allowance and new style Jobseeker’s Allowance;
 - the design and delivery of new ‘support conversations’, attendance at which will become a condition of receipt of UC health for many disabled people; and

6 DWP and Department for Business and Trade, [Keep Britain Working Review: Discovery](#), 20 March 2025

7 [Pathways to Work](#), para. 157

- delaying access to UC health until the age of 22.
6. Many of the remaining consultation questions concerned possible mitigations and transitional protections for those who stood to lose their entitlement to the daily living component of PIP and the design of the future conditionality regime for those on UC health.

Our inquiry

7. We launched our inquiry on 23 April 2025 with a view to publishing a report soon after the close of the consultation. We were aware that those who would otherwise have submitted written evidence to our inquiry would be very busy working on their responses to the consultation. As such, we decided not to put out a general call for evidence, but we did invite specific organisations to submit written evidence and also accepted some evidence from those who contacted us directly. In total, we published 28 written submissions.
8. We also held three oral evidence sessions. On 22 April 2025, we took evidence firstly on the issues in the health-related benefit system that the reforms were seeking to address, and then on the impacts of welfare changes on poverty and employment.⁸ On 7 May 2025, we heard about sick and disabled people's experience of the current welfare system and views on the proposed reforms, followed by evidence on the link between health status and worklessness. On 25 June 2025 we took evidence from Rt Hon Sir Stephen Timms MP, Minister for Social Security and Disability; Katherine Pateman, Deputy Director, Disability Benefits Division; and Shaun Butcher, Deputy Director, Disability Lead Analyst, DWP.
9. Conscious of the likely legislative timetable, we also wrote to the Secretary of State on 21 May 2025, ahead of the publication of the Bill implementing the changes to PIP eligibility and UC rates, setting out some provisional conclusions and recommendations in respect of those measures. She replied on 9 June 2025.⁹
10. During this inquiry, we also drew on research and commentary from think-tanks, disability charities and disabled peoples' organisations. However, we also wanted to hear directly from those likely to be impacted by the proposals. We therefore held an online roundtable on Monday 19 May 2025 with recipients of the daily living component of PIP who expected to lose their award under the proposed change to eligibility. We are thankful to

8 The oral evidence witnesses are listed on page 76

9 [Letter from the Secretary of State relating to the Pathways for Work Green Paper, 9 June 2025](#); [Letter to the Secretary of State relating to the Pathways for Work Green Paper, 21 May 2025](#)

Rethink Mental Illness, Scope and Disabled People Against Cuts for helping us organise this event. A summary of that discussion is included as an Annex to this report.

11. Towards the end of our inquiry, the Government published the Universal Credit and Personal Independence Payment Bill.¹⁰ The Bill was the subject of intense scrutiny, which culminated in the Government’s decision not to freeze UC health for existing claimants and, at the last minute, not to implement the change to PIP eligibility at all. We go into more detail about these developments where appropriate in our report, as the latter decision in particular obviated many of the most serious criticisms of the Government’s proposals.

The current health-related benefit system

12. In this report we use the term “health-related benefits” to refer to incapacity benefit (primarily UC health) and working-age disability benefit (PIP in England and Wales). We explain what these benefits are below.

Incapacity benefit

13. The main incapacity benefits are Employment and Support Allowance (ESA) and the health element of Universal Credit (UC health), although the former is being gradually replaced by the latter. The legacy ESA benefit was closed to new claimants in January 2021, meaning all new claimants can only apply for UC health. Eligibility for UC health is determined by the WCA.¹¹ Following assessment, a claimant will be considered as fit for work, having limited capability for work (LCW) or having limited capability for work and work-related activity (LCWRA). Those with LCW do not get extra money unless they were receiving UC or ESA before 3 April 2017 and were previously assessed as having LCW.
14. WCAs are conducted by healthcare professionals (HCPs) employed by a private contractor and have two parts.¹² The first determines whether someone has LCW. Claimants’ capability across 17 activities (such as mobility, communication and daily living) is assessed using a set of descriptors. For each activity, there are several descriptors, and points are scored (ranging from 0–15) according to which descriptor best describes

10 [Universal Credit and Personal Independence Payment Bill](#); the Bill’s title was amended in committee of the whole House to “Universal Credit Bill” to reflect the removal of the PIP provisions. We refer to it by its original title throughout our report.

11 DWP, Guidance, [Work Capability Assessment handbook: for healthcare professionals](#), last updated: 6 September 2024

12 DWP, [A guide to Employment and Support Allowance - The Work Capability Assessment](#), July 2016

the person's capability. If a claimant scores 15 or more points, they will be assessed as having LCW. These claimants will then undergo a second assessment covering 16 activities. If they score in any activity, they will be assessed as having LCWRA. The HCP will also decide when, if ever, the individual will need to be reassessed. A claimant assessed as having LCW but not LCWRA may still be placed in the latter group if, as a result of a "disease or bodily or mental disablement", there would be a substantial risk to their mental or physical health if they were not placed in that group.¹³

15. Those in receipt of UC health may still do some work without losing their entitlement, and how much they can earn before their payments start to reduce is called their 'work allowance'. If a claimant gets help with housing costs, they can earn up to £411 a month before their payments start to reduce. If they do not, they can earn up to £684 a month. As with all UC claimants, for every £1 of after-tax earnings above the work allowance, a claimant's entitlement falls by 55p. If someone has moved into work at the time of their reassessment, this is likely to affect DWP's assessment of their ability to work, and they could—though they will not automatically—lose the UC health element. Finding work is classed as a change of circumstances, meaning a claimant should notify the DWP, which could trigger a reassessment. If someone with LCWRA moves into work with high enough earnings that they lose all their entitlement, they can return to UC within the following six months and remain in the LCWRA group. This means that a claimant could try work and subsequently return to an unchanged entitlement out of work, if they do so within six months.¹⁴

Disability benefit

16. PIP is the main non-means-tested working-age disability benefit in England and Wales. In Scotland, where disability benefits are devolved, the Scottish Government is replacing PIP with the Adult Disability Payment (ADP). The purpose of both is to help people with the extra costs arising from ill-health or disability and is for people aged over 16 and under the State Pension age. PIP was introduced for new claims in April 2013, when it started to replace Disability Living Allowance (DLA).
17. The PIP assessment has two components—a mobility component and a daily living component—and a claimant will undergo an assessment in respect of each. As with the WCA, a claimant's ability will be assessed in respect of several activities, and points will be awarded accordingly. For each component, if a claimant scores fewer than eight points, they will not qualify for any award. If they score eight or more, they will be awarded the

13 [Schedule 9](#) to the Universal Credit Regulations 2013

14 DWP, [Universal Credit](#); IFS, [Three challenges for getting people on incapacity benefits into work](#), 15 October 2024

standard rate. If they score 12 or more, they will be awarded the enhanced rate. For the daily living component, the weekly rates are currently £73.90 and £110.40 respectively. For the mobility component, they are £29.20 and £77.05.¹⁵ Claimants may submit supporting documents, including written evidence from health professionals, to support their claim, but they do not have to. Claimants who wish to dispute a PIP decision can ask DWP to reconsider the decision at any time. This is known as a mandatory reconsideration (MR) and must be completed before an appeal can be made to His Majesty's Courts and Tribunals Service (HMCTS).

2 The Government's case for reform

18. In this Chapter, we look at the claims the Government makes about the current health-related benefit system. We begin with trends in welfare spending and then move on to the Government's criticisms of the design of the system, which it says has pushed people towards economic inactivity. After that, we consider what other factors might have contributed to the rise in spending.

Welfare spending

19. Spending on non-pensioner health-related benefits has increased significantly in recent years and is forecast to continue rising fast. As set out in the Green Paper, in absolute terms, it has grown by £20 billion since the pandemic and, before the reforms were announced, was forecast to rise by a further £18 billion to more than £70 billion by 2029–30.¹⁶ The number of claims has also risen much faster than the rate of disability prevalence and underlying health conditions.¹⁷ As the Institute for Fiscal Studies (IFS) recently reported, the rapid growth in spending is largely a UK trend, as the numbers of claimants on equivalent benefits in most similar countries for which data is available have fallen slightly since the pandemic.¹⁸ For all these reasons, the Government says it must take immediate action to ensure the system is financially sustainable.¹⁹
20. There have been significant rises in both disability and incapacity benefits:
- **Disability benefits:** The majority of the increase in working-age health-related benefit spending has been in disability benefits. In real terms, spending in this area rose by 89% between 2013–14 and 2022–23, whilst the caseload rose from 2.4 million in January 2020 to 3.7 million in April 2025.²⁰ Before the reforms were announced, caseloads

16 [Pathways to Work](#), para. 77

17 [Pathways to Work](#), para. 12

18 IFS, [Health-related benefit claims post pandemic](#), September 2024, figure 1, p. 2

19 [Pathways to Work](#), para. 101

20 Resolution Foundation, [Under strain: Investigating trends in working-age disability and incapacity benefits](#), June 2024, p. 9; DWP, [Personal Independence Payment: Official Statistics to January 2020](#), 19 March 2020; DWP, [Personal Independence Payment statistics to April 2025](#), 17 June 2025

were forecast to rise to 4.2 million by 2029–30, at a cost of £34.1 billion a year.²¹ Roughly half the increase in costs is the result of rising caseloads; the other half is the result of higher average awards.²²

- **Incapacity benefits:** In real terms, spending on incapacity benefits rose by 34% between 2013–14 and 2022–23.²³ The number of people in receipt of an incapacity benefit increased from 2.6 million in 2019–22 to 3.3 million in 2023–24, with the number of people in the UC LCWRA group or the ESA support group rising from 1.6 million in May 2018 to 2.4 million in May 2023.²⁴ In contrast to PIP, the increase in spending on incapacity benefits is almost entirely a result of rising caseloads.²⁵

21. We received evidence suggesting there was a better way of presenting trends in welfare spending. Ben Baumberg Geiger, Professor in Social Science and Health, King’s College London, said welfare spending over time could only be properly understood as a percentage of GDP.²⁶ By this measure, the two types of benefit have followed slightly different long-term trends. Spending on incapacity benefit has increased as a percentage of GDP in the past decade or so, from 0.76% in 2013–14 to 0.95% in 2023–24, but the current figure is significantly lower than it was in the mid-1990s, when it was more than 1.3% of GDP.²⁷ As a proportion of GDP, spending on disability benefits rose slightly between 2000–01 and 2013–14, from 0.32% to 0.43%, but then increased to about 0.80% by 2023–24.²⁸ Spending on both benefits together rose from 1.1% in 2007–08, to 1.2% in 2013–14 and to 1.8% in 2024–25. It was forecast to rise to 2.1% by 2028–29.²⁹

21 [Pathways to Work](#), para. 139

22 Resolution Foundation, [Under strain](#), pp. 11–12

23 Resolution Foundation, [Under strain](#), p. 9

24 DWP, Official Statistics, [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 Group](#), 29 January 2025

25 Resolution Foundation, [Under strain](#), p. 11

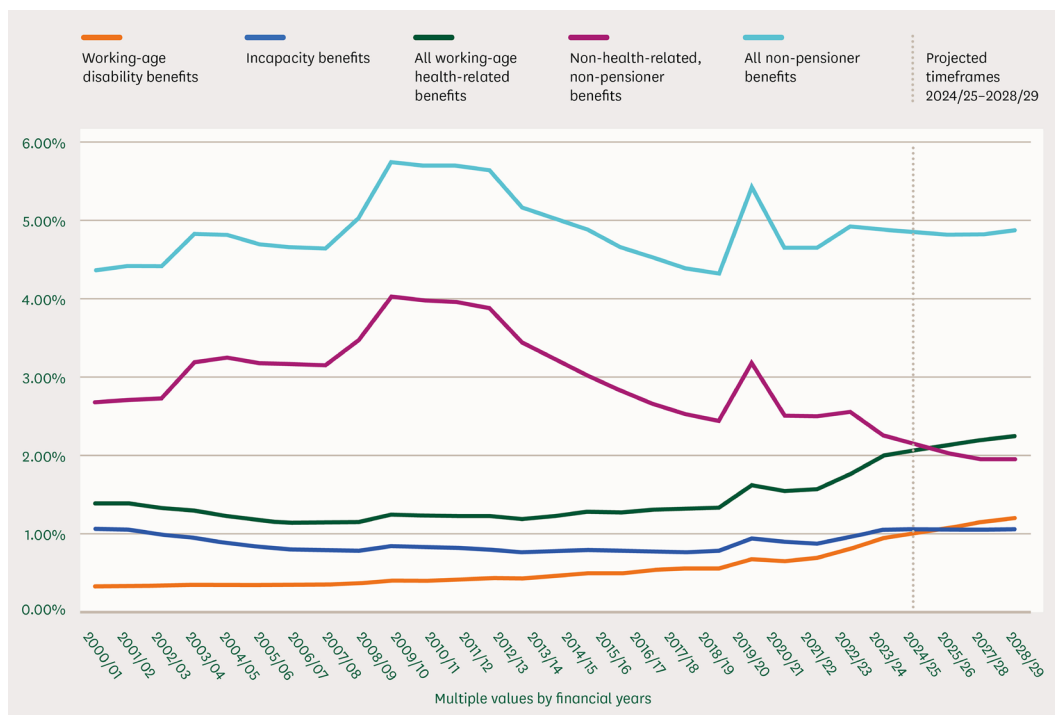
26 [Q7](#) (Professor Geiger)

27 OBR, [Welfare trends report](#), October 2024, chart 1.1

28 Figures produced by Professor Geiger using [DWP Caseload and Expenditure tables 2024](#)

29 [Pathways to Work](#), para. 18; Resolution Foundation, [Under strain](#), p. 4

Figure 1: Spending on non-pensioner welfare as percentage of GDP, 2000–01 to 2023–24, with projections to 2028–29



Source: figures produced by Professor Geiger using DWP Caseload and Expenditure tables 2024; the figures for non-pensioner welfare include a small share of child-focused benefits paid to adults above working age.

22. Whilst spending on health-related benefits as a percentage of GDP has risen by about 30%, spending on overall working-age welfare by the same measure is not much higher than it was in 2008, as the Government acknowledged in the Green Paper.³⁰ According to Professor Geiger, this is the critical point. He said the headlines tended to focus on health and disability benefits and to ignore the wider context, which is that spending on non-health-related benefits has fallen from 4% of GDP in 2009–10 to 2.6% in 2023–24. He told us:

The cuts that were made after 2010 are still developing. For example, the impact of the two-child limit gets more and more every year because more and more people get caught up in it, given how it works as a policy. There are various policies like that, and if we are just focusing on rising health and disability benefit spending without seeing ... that overall non-pensioner spending is pretty flat, we are not seeing the real picture.³¹

30 [Pathways to Work](#), para. 101; [Q7](#) (Ruth Curtice, Professor Geiger); Professor Geiger, [Is welfare spending ‘out of control?’](#), September 2024

31 [Q7](#) (Professor Geiger); Professor Geiger, [Is welfare spending ‘out of control?’](#), September 2024

23. Inclusion London, a disability equality organisation, and the Trades Union Congress (TUC) went further and cited 2025 research by the National Institute of Economic and Social Research (NIESR) to make the point that the UK spent less on welfare than most OECD countries. Inclusion London said welfare spending was “not out of control” and the evidence showed the UK had one of the least generous welfare systems in the OECD. It said the visual representations of recent trends in the UK, compared to those in other countries, could look alarming, but it was necessary to bear in mind the UK’s extremely low starting point when interpreting the data.³² The TUC said the research showed the UK had fallen from being the 14th biggest spender out of 38 OECD countries in 2010 to 21st by 2019. It said the figure did not support the claim that the UK was a “high welfare country”.³³ It is worth noting that the NIESR research related to all welfare spending, not just working-age benefits, and went no further than 2019.³⁴
24. The Minister accepted that overall working-age welfare spending as a percentage of GDP was not much higher than it was in 2008, but he said the substantial increase in health-related spending, particularly since the pandemic, clearly required the Government to act. He also repeated the point that the number of claims for health-related benefits had risen faster than disability prevalence.³⁵

25. **CONCLUSION**

We agree that recent increases in spending on health-related welfare, as well as future spending projections, are concerning, but at the same time, we cannot ignore the fact that spending on non-health related, non-pensioner welfare has fallen, especially given the possibility that the increase in the first might be partly the result of the reduction in the second.

A “broken” benefit system?

26. The Green Paper claimed the health-related benefit system was “broken” and set out three criticisms of the design of incapacity benefit:

32 Inclusion London ([PTW0016](#))

33 TUC ([PTW0010](#))

34 National Institute of Economic and Social Research, [UK Living Standards Review 2025](#), March 2025, p. 15

35 [Q88](#) (Minister for Social Security and Disability)

- First, it forces people to demonstrate their incapacity to work on the basis of binary categories—fit for work and not fit for work—that it says do not reflect the complex reality and fluctuating nature of modern health, or the range of jobs and adaptations available in the labour market.³⁶
- Second, it is designed around gateways to benefits, not access to support, as those in the LCWRA group are not required to engage with work coaches or employment support.³⁷
- Third, it is structured around stark distinctions in benefit rates and conditionality rules that the Government says have incentivised people to claim UC health.³⁸ The Government says the disparity in rates is largely the result of the real-terms reduction in the value of the standard allowance since 2015, resulting from the benefits freeze and recent high inflation, and the removal in 2017 of the additional payment for those with limited capability for work (LCW).

27. We look at these criticisms in a bit more detail before considering what other factors might have contributed to rising caseloads in disability benefit as well as UC health.

Claim 1: assessing work capability

- 28.** The Government’s criticism that the system is binary was challenged by Tom Pollard, Head of Social Policy, New Economics Foundation (NEF), and the Disabled People’s Panel, who said the system included a third category (LCW) and that those placed in this group were required to undertake some work-related activity.³⁹ Jean-André Prager, Senior Fellow, Policy Exchange, did describe the system as binary, but by this he meant that claimants either received UC health and were not subject to conditionality, or they did not receive it and they were subject to conditionality. This point relates more to the Government’s third claim about the system being built around stark distinctions.⁴⁰
- 29.** No one disagreed that the system was too focused on what people could not do, rather than what they could do. James Taylor, Executive Director, Scope, cited it as one of the issues often raised with Scope by disabled people,

36 [Pathways to Work](#), paras 81–83

37 [Pathways to Work](#), paras 84–90; when someone is found to have LCWRA, they become entitled to UC health, which is worth £423.27 a month, on top of the standard allowance, which is worth £400.14 a month for a single person aged 25 or over.

38 [Pathways to Work](#), paras. 91–96

39 [Q3](#) (Tom Pollard); Disabled People’s Panel ([PTW0011](#))

40 [Q3](#) (Jean-André Prager)

who he said felt they were being written off.⁴¹ We discuss later whether the Government’s criticisms might also be a justification for reforming the WCA to better reflect changes to the nature of health conditions and workplaces.

Claim 2: access to employment support

30. The proportion of claimants being placed in the LCWRA group, and therefore not being required to take up employment support, has increased significantly since the introduction of the WCA. In December 2024, some 15% of the 2.5 million people on UC health had been found to have LCW and 71% to have LCWRA.⁴² By contrast, in 2012, some 20% of new claimants were placed in the Work Related Activity Group (WRAG) of ESA (the equivalent of LCW), and 26% in the Support Group (the equivalent of LCWRA).⁴³ This upward trend was part of the previous Government’s case for reforming the WCA descriptors. In 2023, it noted that the proportion of people being found to have LCWRA had risen from 21% in 2011 to 65% in 2022, and said the definition of LCWRA had gone beyond the original intention of applying only to severe functional limitation.⁴⁴
31. Since the number of people with LCWRA has grown so much, and because those in this group are not required to undertake any work or work-related activity, the question frequently arises of whether these people are simply being parked on incapacity benefit and trapped out of work. This perception is reinforced by the fact that, as the Government points out, fewer than 1% of those in this group move into work every month.⁴⁵ In oral evidence, the Minister presented this as one of the most fundamental basis for many of the reforms in the Green Paper.⁴⁶ Jean-André Prager agreed that people were being “parked” on UC health and said the system was not assertive enough.⁴⁷ The same point was made in Policy Exchange’s recent report, *For Whose Benefit?*, which argued:

For too many individuals, broader social issues are now being parked in our welfare system, where our response is to make a fiscal transfer and hope this support suffices. The benefits system has arguably been

41 [Q44](#) (James Taylor)

42 DWP, Official Statistics, [Universal Credit Work Capability Assessment statistics, April 2019 to December 2024](#), 13 March 2025

43 DWP, [Employment and Support Allowance: Outcomes of Work Capability Assessments, Great Britain - new claims](#), 24 July 2021

44 DWP, Consultation outcome, [Work Capability Assessment: activities and descriptors](#), 22 November 2023

45 [Pathways to Work](#), para. 73

46 [Q85](#) (Minister for Social Security and Disability)

47 [Q3](#) (Jean-André Prager)

a front-stop, rather than a backstop for too many people. As a result, the system is becoming unaffordable, delivers poor outcomes and creates a ‘helpless state’ for both claimants and policymakers alike.⁴⁸

The survey evidence from *Unlocking benefits: Tackling barriers for disabled people wanting to work*, a report from the Joseph Rowntree Foundation (JRF) and Scope, shows that 23% of those on LCWRA are contacted less than once a year and 30% are never contacted. This gives credence to the Government’s argument that there is insufficient support for those on LCWRA who wish to look for a job.⁴⁹

32. The point was also made, however, that those in the LCWRA group did have access to employment support but were often reluctant to take it up because they did not trust DWP or the benefit system.⁵⁰ Tom Pollard said that what would make a difference was “building trust and engagement”, which he said was “a difficult thing to do”, and added:

The narrative that this group is trapped out of work and cannot receive support is disingenuous. They could receive support, but the Department has done very little to proactively reach out to them and engage them with support. They have done a bit more recently, and they have shown that when they do do that proactive outreach, you do start to get people engaging and you do start to get employment outcomes.⁵¹

The Government accepts the point about claimants mistrusting the DWP. One of its other big criticisms of the current system is that people often have very poor experiences of DWP and that it needs to rebuild trust.⁵²

Claim 3: incentives

33. The claim that the disparity in UC rates has pushed people on to UC health has been made by many besides the Government, including the most respected analysts and organisations working in the field, such as the OBR, the Resolution Foundation, the House of Lords Economic Affairs Committee and the Learning and Work Institute, although none of them claims it is the only reason for rising caseloads.⁵³ However, some of our evidence disagreed

48 Policy Exchange, [For Whose Benefit?](#), 6 March 2025, p. 16

49 Joseph Rowntree Foundation, Scope, [Unlocking benefits: Tackling barriers for disabled people wanting to work](#), 14 November 2024

50 [Q3](#) (Tom Pollard); Inclusion London ([PTW0016](#))

51 [Q3](#) (Tom Pollard)

52 [Pathways to Work](#), paras 97–99 and [Q103](#) and [Q139](#) (Minister for Social Security and Disability)

53 Resolution Foundation, [Under strain](#), pp. 26–27; OBR, [Welfare trends report](#), October 2024, p. 16 and *passim*; [Letter from the Chair of the Economic Affairs Committee to the Secretary of State for Work and Pensions](#), 20 January 2025; Learning and Work Institute, [The benefit trap](#), February 2025

with this conclusion. Disability Rights UK, a Disabled People’s Organisation, and Inclusion London cited research by the JRF and Scope, published in 2024, that found that only 20% of people who claimed UC health knew before they applied how much extra money they would receive if they were placed in the LCWRA group, and almost 50% did not know they would be eligible for any extra money at all. It found instead that people tended to claim UC health to avoid conditionality, which is the second of the incentives the Government says has encouraged people to claim UC health.⁵⁴

34. Others said the incentive resulting from the disparity in the rates had played a part in rising incapacity benefit caseloads but were wary of placing too much importance on it. Tom Pollard, Head of Social Policy, New Economics Foundation (NEF), said the loss of the middle rate for those in the LCW group in 2017 had opened up “a huge gulf” between the standard allowance and the higher rate, but he said he did not think it was the main factor.⁵⁵ Professor Geiger said:

There is a danger in just saying it is a matter of incentives, because the rise in incapacity claims predominantly happened in the 1980s. Since then, we have repeatedly said that this is a problem of incentives, and tried to tighten the assessment and reduce the generosity of benefits, and we have continually failed. If we just do the same thing again, we are going to fail once more. So I think it is about trying to tackle those deeper things.⁵⁶

35. As in the evidence from Disability Rights UK and Inclusion London, the fear and mistrust created by conditionality and the threat of sanctions was a recurrent theme in the evidence.⁵⁷ Professor Geiger said most countries did not have the levels of mistrust between claimants and the benefits system found in the UK.⁵⁸

54 Disability Rights UK ([PTW0006](#)); Inclusion London ([PTW0016](#)); Scope, [Making benefits work: Improving support for disabled people](#), November 2024, p. 39; JRF, [Unlocking benefits: Tackling barriers for disabled people wanting to work](#), 14 November 2024, section 4

55 [Q3](#) (Tom Pollard)

56 [Q1](#) (Professor Geiger)

57 [Q13](#) (Tom Pollard); [Q15](#) (Professor Geiger); [Q44](#) (James Taylor); [Q45](#) (Ellen Clifford); [Q46](#) (Jonathan Andrew); Disability Rights UK ([PTW0006](#)); Disabled People’s Panel ([PTW0011](#)); Citizens Advice Scotland ([PTW0015](#))

58 [Q15](#) (Professor Geiger)

36. CONCLUSION

We agree that the incapacity benefit system is broken. It focuses too much on what people cannot do and on assessing claimants' eligibility for benefits, rather than on supporting them into work. As concluded by many of the most reputable authorities in this area, the disparity in rates and conditionality rules has no doubt impacted on economic inactivity. Whether people are being parked on benefits depends largely, however, on the barriers to their engaging with the available employment support or attempting to move into work. The Government recognises this point in the Green Paper and has set out proposals to address the challenges. The success of its reforms, which we discuss later in our report, will depend on whether it really can improve levels of trust in the system.

Other factors

- 37.** Several other trends and factors relating to the operation of the benefit system have also been identified as having pushed up spending on both benefits. In respect of incapacity benefit, the number of working-age people in receipt of the higher rate of UC health or ESA increased by 800,000 between May 2018 and May 2023. Of this number, the Government says 30% can be attributed to:
- the transition from ESA to UC health, the latter of which rolls six benefits into one, meaning some people who were not eligible for ESA but were receiving one of the other six benefits are now counted under UC health (97,000, or 12% of the increase);
 - increases to the State Pension age (89,000, or 11% of the increase); and
 - the population getting older (57,000, or 7% of the increase).
- 38.** The Resolution Foundation has estimated that the rising State Pension age and demographic changes may have contributed more to rising disability benefit spending, according to its analysis. This concluded that collectively these could account for an additional 272,000 claims (25%) of the increase of 1.07 million since 2013. It also highlighted the rising proportion of young people on PIP who had been reassessed from Disability Living Allowance (DLA), the child disability benefit, and the fact that PIP was being awarded for longer and reviewed less frequently than policymakers intended, resulting in reduced off-flows. Among the reasons it identified for this was a legal ruling in 2016 requiring decision makers to make ongoing awards where a claimant's condition was likely to be persistent. Finally, it noted that approximately half of the increase in spending on PIP could be attributed to higher average awards resulting partly from the fact that many of the conditions that have driven rising caseloads, such as learning disabilities,

are more likely to be awarded the enhanced rates.⁵⁹ Ruth Curtice, the Resolution Foundation’s Chief Executive, attributed the drop-off partly to a reduction in the number of reassessments and award reviews and said the rate of off-flows from incapacity benefit had halved over the past decade.⁶⁰

Beyond the benefit system

Deteriorating health

39. There has been a marked increase in the rate of self-reported disability in the past 10 years or so. In 2013–14, some 6.9 million people self-identified as disabled; in 2023–24, that figure was 9.8 million.⁶¹ As we heard in oral evidence, and as has been discussed in many publications, there have been particularly notable rises in the number of claims on mental health grounds, especially for PIP, and by young people.⁶² The number of PIP awards for psychiatric disorders rose from 743,000 in April 2019 to 1.4 million in April 2025, of which 407,000 were for mixed anxiety and depressive disorders.⁶³ The Government acknowledges the nation’s worsening health and says it has magnified the impact of the “broken” benefit system.⁶⁴ As set out in paragraph 19, the number of claims has also risen much faster than the rate of disability prevalence and underlying health conditions.
40. We heard about the worsening health of the population, particularly in more deprived areas.⁶⁵ David Finch, Assistant Director, Healthy Lives Directorate, Health Foundation, said the health of the working-age population was getting worse on “various measures”, most notably the number of people with work-limiting conditions.⁶⁶ Ben Barr, Professor in Applied Public Health Research, University of Liverpool, said it was important to recognise just how bad public health trends were. He said our health had deteriorated in the past 10–15 years, and health inequalities had widened, partly as a result of cuts to services and welfare.⁶⁷ We heard the same from Sir Michael Marmot when he gave evidence to our inquiry into pensioner poverty. Like Professor Barr, he said the health of the poorest, in particular, had got worse.⁶⁸ It was also

59 Resolution Foundation, [Under strain](#), June 2024,

60 [Q4](#) (Ruth Curtice)

61 DWP, Official Statistics, [The employment of disabled people 2024](#), 20 June 2025; for the purposes of official statistics, a person is disabled if they say they have a long-term condition or illness that reduces their ability to carry out day-to-day activities

62 [Q1](#) (Ruth Curtice, Tom Pollard); Resolution Foundation, [Under strain](#), June 2024

63 State-Xplore, [PIP Cases with Entitlement from 2019](#)

64 [Pathways to Work](#), para. 9

65 [Q63](#) (David Finch, Professor Barr); Health Equity North ([PTW0001](#))

66 [Q63](#) (David Finch)

67 [Q63](#) (Professor Barr)

68 Oral evidence taken on 30 April 2025, [[Qq156-7](#)], (Professor Sir Michael Marmot)

noted that the increase in the State Pension age has moved many people from pensioner to working-age benefits, and people in that age group are more likely to have a disability or long-term health condition.⁶⁹

41. The subject of mental health is particularly contentious, especially given remarks by former and current Ministers in recent years suggesting mental health conditions are being overdiagnosed.⁷⁰ Contrary to these comments, we heard that the nation’s mental health really had got worse, reflecting a global crisis in mental health.⁷¹ Dr Lucy Foulkes, Department of Experimental Psychology, University of Oxford, said the mental health of 10 to 24-year-olds, relative to previous generations, was worse “just about everywhere you measure it”.⁷² Jonathan Andrew, Head of Public Affairs, Rethink Mental Illness, said the number of people being hospitalised for self-harm had risen and the suicide rate was the highest it had been at any time in the 21st century. “They are not miscounting the bodies”, he said.⁷³ The Minister, too, said there was “clear evidence” people’s mental health had got worse, especially young people’s, and that this had obviously driven increases in PIP caseloads, in particular. He followed up by saying the best thing for people’s mental health was good work, which was why the Government had introduced its Youth Guarantee.⁷⁴

Rising financial insecurity

42. We were told the impact of worsening health on health-related welfare spending could not be understood except in the context of rising financial insecurity in recent years, which had forced many disabled people to claim benefits they previously had not claimed.⁷⁵ This chimes with what the OBR said in its most recent welfare trends report about cost of living pressures having probably driven people to claim incapacity benefit.⁷⁶ Tom Pollard, NEF, pointed to the “intersection of disability and poor health with financial insecurity”:

69 Oral evidence taken on 30 April 2025, [\[Q165\]](#), (Professor Sir Michael Marmot)
70 The Telegraph, [Mental health culture has gone too far, says Mel Stride](#), 20 March 2024; Prime Minister’s Office, [Prime Minister’s speech on welfare](#), 19 April 2024; BBC News, [Mental health conditions are overdiagnosed, Streeting says](#), 16 March 2025
71 [Q10](#) (Professor Geiger); [Q30](#) (Iain Porter); [Q48](#) (Jonathan Andrew); [Q63](#) (David Finch, Professor Barr, Dr Foulkes); Disabled People’s Panel ([PTW0011](#))
72 [Q63](#) (Dr Foulkes)
73 [Q48](#) (Jonathan Andrew)
74 [Q92](#) (Minister for Social Security and Disability)
75 [Q1](#) (Tom Pollard, Professor Geiger); [Q47](#) (Ellen Clifford); [Q50](#) (Mikey Erhardt); [Q51](#) (Jonathan Andrew, James Taylor); Trussell Trust ([PTW0013](#)); Health Equity North ([PTW0001](#)); Crips Against Cuts ([PTW0019](#)); Disability Rights UK ([PTW0006](#)); Disabled People’s Panel ([PTW0011](#)); Citizens Advice Scotland ([PTW0015](#)); Citizens Advice ([PTW0002](#)); Mind ([PTW0004](#)); Inclusion London ([PTW0016](#))
76 OBR, [Welfare trends report](#), October 2024, p. 10

There is a much bigger cohort of people who declare themselves disabled who do not get PIP. That cohort has grown over time, but the financial insecurity of that group has increased over time faster than for the non-disabled population. When people are struggling financially, they are more likely to look to things like PIP for support.⁷⁷

Ellen Clifford, Coordinator, Disabled People Against Cuts, said people were increasingly having to use PIP to cover the essentials owing to the cost of living.⁷⁸ The Trussell Trust told us foodbank usage among those in receipt of the daily living component of PIP was three times the rate for households in general.⁷⁹

43. This point brings us back to the question of incentives, particularly the rate of the standard allowance. The value of the standard allowance (or its pre-UC equivalent) has fallen from about 40% of full-time earnings at the minimum wage at the turn of the century to less than 25% now.⁸⁰ We were told it was inadequate and simply not enough to live on.⁸¹ Tom Pollard said even with the increase proposed in the Green Paper, it would still be far from covering people's essential costs, and went on:

If people are struggling day to day to meet their basic needs, all the evidence and all my experience suggest that that makes it very hard for people to engage with the process of getting back to work, especially if they face additional barriers because of health and disability.⁸²

44. We asked the Minister if he thought financial insecurity was pushing people to claim health-related benefits they previously had not claimed. He said he was sure it was the case, but the trajectory of spending was nonetheless unsustainable. He strongly agreed, however, about the impact of the very low level of the standard allowance, which he reminded us was at a 40-year low, and had been a "very big incentive" to claim UC health. He said the increases in the Bill were the first real-terms increases since the 1970s and represented a dramatic policy change.⁸³

77 [Q1](#) (Tom Pollard)

78 [Q47](#) (Ellen Clifford)

79 Trussell Trust ([PTW0013](#))

80 [Pathways to Work](#), para. 41

81 [Q2](#) (Professor Geiger); [Q3](#) (Ruth Curtice, Tom Pollard); [Q29](#) (Professor Patrick); [Q44](#) (James Taylor); [Q61](#) (Ellen Clifford); Mental Health Foundation ([PTW0003](#)); Citizens Advice ([PTW0002](#)); Citizens Advice Scotland ([PTW0015](#))

82 [Q3](#) (Tom Pollard)

83 [Q91](#) (Minister for Social Security and Disability)

45. CONCLUSION

Trends in health-related benefit spending cannot be properly understood without appreciating the impact of rising ill-health and financial insecurity. The disparity between the standard and higher rates, for example, would not be nearly so great an incentive to claim were those affected not struggling financially. If a disabled person is struggling financially, they are obviously far more likely to claim benefits for which they are eligible but which they might previously not have thought about claiming. The combination of rising ill-health and financial insecurity cannot account for all the increase in caseloads but is certainly a significant contributory factor.

Exclusion from the workplace

46. The rising exclusion of disabled people from the workplace was cited as one of the most important factors contributing to rising health-related benefit spending.⁸⁴ We heard there were currently not enough good jobs for disabled people,⁸⁵ that too many disabled people were still having their requests for reasonable adjustments refused,⁸⁶ that there was far less light work than in the past,⁸⁷ and that for lots of people the only work available was precarious and physically intensive.⁸⁸ Concern was also raised about Access to Work, which is generally considered an excellent scheme but one dogged by delays and other inefficiencies. Angela Matthews, Director of Public Policy and Research, Business Disability Forum (BDF), said BDF's members reported that the period between application and assessment could be as long as 13 months, and said some employers, after that time, were then being told, "You have been paying for it. You can afford it. You pay for it, then".⁸⁹
47. Mikey Erhardt, Campaigns and Policy Officer, Disability Rights UK, described workplaces as hostile to disabled people and their needs. He called them "pressurised, competitive" and sometimes "dangerous and destabilising environments", and he highlighted the rise in precarious work, which he said was often physically and mentally intensive but which in many places was the only work available. He also cited research by Unison that found 74% of disabled workers reported being refused all or some of their reasonable adjustments and said the problem was not with the benefit system, but with

84 [Q1](#) (Professor Geiger); [Qq34-36](#) (Angela Matthews); [Q46](#) (Mikey Erhardt, James Taylor); Disability Rights UK ([PTW0006](#)); Inclusion London ([PTW0016](#)); Disabled People's Panel ([PTW0011](#)); TUC ([PTW0010](#)); ME Association ([PTW0029](#))

85 [Q46](#) (Mikey Erhardt, James Taylor); ME Association ([PTW0029](#))

86 [Q46](#) (Mikey Erhardt); [Q60](#) (James Taylor)

87 [Q1](#) (Professor Geiger)

88 [Q46](#) (Mikey Erhardt)

89 [Qq34-36](#) (Angela Matthews)

the world of work.⁹⁰ The Mental Health Foundation cited its own research demonstrating the particularly negative impact of zero-hours contracts on mental health, owing largely to feelings of powerlessness and uncertainty.⁹¹ Disability Rights UK said: “We do not need ‘incentivisation’ to work, we need work to be made accessible to us”.⁹²

48. We asked the Minister about the role of employers, and he said they needed to be more supportive. He said lots of people felt they had no alternative but to leave after falling ill, when actually, with some modest adjustments, they could stay in work. He expected Sir Charlie Mayfield’s Keep Britain Working Review to help change the culture among employers so that more disabled people could get the flexibility they needed.⁹³

49. **CONCLUSION**

The accessibility of workplaces is highly relevant to the Government’s reforms, especially since it has predicated its criticisms of the Work Capability Assessment partly on there being a range of jobs and adaptations available in the labour market. We will return to this subject in a future Get Britain Working inquiry.

Waiting lists

50. It was pointed out to us several times that people often used PIP to pay for services they could not get on the NHS, or for which the waiting lists were too long, particularly for mental health services, and that restricting entitlement would therefore result in costs arising elsewhere.⁹⁴ Jonathan Andrew, Head of Public Affairs, Rethink Mental Illness, said one in two people on PIP with a mental illness were spending the benefit on private treatment whilst on a waiting list for NHS services. He also cited research showing that someone with a mental health condition was eight times more likely to have to wait a year and a half for treatment than someone whose condition was physical. He said there had been a government drive to reduce waiting times for physical conditions, and he could not understand why the Government was not trying to do the same for mental health, instead of cutting PIP.⁹⁵

90 [Q46](#) (Mikey Erhardt)

91 Mental Health Foundation ([PTW0003](#))

92 Disability Rights UK ([PTW0006](#))

93 [Q147](#) (Minister for Social Security and Disability)

94 [Q9](#) (Profess Geiger, Tom Pollard); [Q47](#) (Jonathan Andrew, Ellen Clifford); Josh Fenton-Glynn ([PTW0022](#)); Annex - online roundtable with PIP claimants; Rachel (a Scope storyteller) ([PTW0026](#))

95 [Q47](#) (Jonathan Andrew)

51. Josh Fenton-Glynn, MP for Calder Valley, submitted evidence citing Lord Darzi’s report on the state of the NHS in England, which found 1 million people were waiting for mental health services in April 2024, and revealing a correlation between the number of referrals to waiting lists for secondary mental health services and NHS Talking Therapies and the number of PIP cases for psychiatric disorders, by commissioning region. In some regions, the numbers were almost identical. He said the figures demonstrated the “interlinked nature of the state of our NHS services” and PIP mental health waiting lists”.⁹⁶ This was a theme also of our roundtable with PIP recipients (see Annex), who said the inadequacy of NHS services had increased their dependence on PIP.⁹⁷
52. The Government recognises the need to improve NHS services as part of welfare reform and says in the Green Paper that “unacceptably high” NHS waiting times have pushed up spending on health-related benefits.⁹⁸ It also mentions its additional investment of £26 billion in the health and care system and its progress in delivering more than 2 million NHS additional elective care appointments and reducing waiting lists by almost 160,000.⁹⁹ The Minister told us the Government was “fixing the NHS” and praised the delivery of more than 2 million additional appointments.¹⁰⁰

96 Josh Fenton-Glynn ([PTW0022](#))

97 See Annex: Summary note of PIP online roundtable

98 [Pathways to Work](#), paras 4 and 12

99 [Pathways to Work](#), para. 4; Prime Minister’s Office, Press release, [Over two million extra NHS appointments delivered early as trusts handed £40 million to go further and faster](#), 16 February 2025

100 [Q96](#) (Minister for Social Security and Disability)

3 Changes to PIP eligibility and UC rates

53. Throughout our inquiry, the proposals in the Green Paper to reform eligibility for PIP and rebalance UC rates were the subject of intense debate and scrutiny, which intensified following the publication of the UC and PIP Bill (the Bill) on 18 June 2025. The change to PIP was ultimately abandoned altogether and the changes to UC rates amended. Since the publication and amendment of the Bill took place following the evidence-gathering phase of our inquiry, we describe its provisions and the changes to it later in this Chapter, after first looking at the original proposals and what we heard about them.

PIP eligibility

54. The change to PIP eligibility announced in the Green Paper was the addition of a criterion to require claimants to score at least four points in at least one activity to qualify for the daily living component. The purpose of the reform was to slow the increase in spending on PIP by focusing the benefit on those with the highest needs. The Government said the change would apply to both new and existing claimants, with the latter’s future eligibility being decided at their next award review.¹⁰¹ It was one of the few proposals in the Green Paper not explicitly aimed at encouraging or supporting people back to work, owing to the fact that PIP is not a work-related benefit.
55. Taking account of likely behavioural change, the OBR estimated that the change would result in 800,000 people no longer qualifying for the daily living component and save £3.9 billion by 2029–30, although it called this a “highly uncertain judgment”, reflecting, among other things, the strong financial incentive to qualify for the daily living component and therefore to score four points in at least one activity.¹⁰² The Government said it expected 370,000 current recipients of PIP to lose the daily living component at their next award review as a result of the change and 430,000 people not to qualify for it who would otherwise have done so.¹⁰³

101 [Pathways to Work](#), paras 139–144

102 OBR, [Economic and fiscal outlook - March 2025](#), pp. 57–64

103 DWP, [Spring Statement 2025 health and disability benefit reforms - Impacts](#), p. 4

56. The Government said it was conscious of the impact the change would have on those who lost the daily living component and would therefore consult on how best to support this group. This included options for transitional protections and entitlements linked to the award. In particular, it said it wanted to ensure that everyone who lost their PIP would have their health and eligible care needs met, and to this end was consulting on offering a review of such needs to everyone who lost their entitlement.¹⁰⁴ The Bill included a 13-week transitional protection period for those who, at their next award review, lost their entitlement as a result of not scoring four points in at least one activity.¹⁰⁵
57. The evidence we received raised several specific concerns about and objections to the change to PIP eligibility, in addition to criticisms that applied to both this change and the rebalancing of UC rates, which we consider later. The main specific concerns were:
- the changes would not focus support on those most in need, as many who qualified for the enhanced rate, or otherwise had serious needs, would also lose out;
 - for many, losing PIP would also result in the loss of other passported financial support for which PIP was a gateway benefit, particularly Carer’s Allowance; and
 - many pensioners in receipt of PIP could be affected, despite the Government’s assertion to the contrary.

Some with high needs could lose out

58. The Government said the change to PIP eligibility would focus PIP more on those with higher needs.¹⁰⁶ Aside from the need to reduce the rate by which spending on PIP was increasing, this was the principal justification for the change. It was also the basis for one of the biggest criticisms, which was that many people with significant needs would still in fact lose out.¹⁰⁷ Citizens Advice said the Government’s argument was based on the “logical fallacy” that someone who did not score four points in at least one activity must have lower financial needs than someone who did. It said there was no

104 [Pathways to Work](#), paras 139–148

105 [Clause 5\(6\)\(c\)](#) of the Universal Credit and Personal Independence Payment Bill

106 [Pathways to Work](#), para. 139

107 [Q55](#) (Jonathan Andrew); Citizens Advice ([PTW0002](#)); Z2K ([PTW0005](#)); Inclusion London ([PTW0016](#)); Dr Lynsay Matthews (Lecturer at University of the West of Scotland); Mhairi Campbell (Lecturer at University of the West of Scotland); Dr Eileen Harkess-Murphy (Lecturer at University of the West of Scotland); Julie Riddell (Lecturer at University of Glasgow) ([PTW0024](#)); Gary K. Thompson ([PTW0027](#)); ME Association ([PTW0029](#)); Z2K ([PTW0005](#)); Citizens Advice ([PTW0002](#)); Rachel (a Scope storyteller) ([PTW0026](#)); Parkinson’s UK ([PTW0017](#)); Disability Rights UK ([PTW0006](#))

reason to assume this was true, as it was possible, for example, to qualify for the enhanced rate of the component (by scoring 12 points) without scoring four points in any one activity. Both Citizens Advice and Z2K, the anti-poverty charity, said just over 200,000 people fell into this category.¹⁰⁸

- 59.** Inclusion London said there was no evidence that people with “widely spread support needs” had lower costs than those whose needs were “more concentrated”. It said the change appeared to have been “reverse engineered to deliver a pre-defined level of savings”.¹⁰⁹ Parkinson’s UK described symptoms such as fatigue and apathy, which affect those with Parkinson’s, as “all pervading”. It said to live with “seemingly minor, but cross-cutting functional limitations across a range of activities” was “to be profoundly debilitated”. It went on: “This reality should not be downplayed in contrast to circumstances where an individual’s functional limitation relates only to one or a few descriptors, even if that limitation is severe”.¹¹⁰
- 60.** Jonathan Andrew, Head of Public Affairs, Rethink Mental Illness, told us about the potential application of the four-point rule to those with a mental health condition:

For mental illness in particular, when you look at the difference between fours and twos, you hope you will see something that is fairly stark, but it is incredibly arbitrary. For mental illness, often you get two points if you require prompting to do something or four points if you require assistance. Imagine somebody who has a severe eating disorder and needs someone with them when they are cooking to make sure they are eating, not counting calories, not panicking and everything else. They need that. It will probably count as prompted because in most cases prompting is the mental illness version of assistance. It is like mental assistance. They have drawn these lines and made that distinction incredibly important between twos and fours, but they have not explained why.¹¹¹

- 61.** There was particular concern about the impact on those with fluctuating conditions, including ME and Premenstrual Dysphoric Disorder (PMDD).¹¹² Action for ME said many people with ME did not score four points in any

108 Citizens Advice ([PTW0002](#)); Z2K ([PTW0005](#))

109 Inclusion London ([PTW0016](#))

110 Dr Lynsay Matthews (Lecturer at University of the West of Scotland); Mhairi Campbell (Lecturer at University of the West of Scotland); Dr Eileen Harkess-Murphy (Lecturer at University of the West of Scotland); Julie Riddell (Lecturer at University of Glasgow) ([PTW0024](#))

111 [Q55](#) (Jonathan Andrew)

112 ME Association ([PTW0029](#)); Action for ME ([PTW0021](#)); Dr Lynsay Matthews (Lecturer at University of the West of Scotland); Mhairi Campbell (Lecturer at University of the West of Scotland); Dr Eileen Harkess-Murphy (Lecturer at University of the West of Scotland); Julie Riddell (Lecturer at University of Glasgow) ([PTW0024](#))

one activity, despite ongoing costs for specialist medical care, therapies and modifications to their living environment.¹¹³ The ME Association said the approach failed to reflect the cumulative impact of complex conditions and risked disadvantaging claimants with fluctuating or invisible impairments.¹¹⁴ Academics from the Universities of West Scotland and Glasgow said the change would disproportionately disadvantage people with PMDD and make it even more challenging for them to access appropriate support. Instead of adding an additional criterion, they said the Government should reform the criteria to properly reflect the full range of symptoms, including mental health symptoms, of all fluctuating conditions. As part of that, it recommended that it delay any changes to eligibility until it had completed an independent review of the PIP process, in consultation with key stakeholders, including those with lived experience.¹¹⁵

Impact on passported benefits

- 62.** The role of PIP as a gateway to other benefits, as well as exemption from the benefit cap, was also flagged in evidence as a factor that would compound the financial loss for many people in receipt of those passported benefits.¹¹⁶ The benefit about which most concern was expressed was Carer's Allowance, which is often awarded on the grounds that the person being cared for is in receipt of PIP. The Government said it expected 150,000 people to lose Carer's Allowance or the UC carer entitlement as a result of the change to eligibility.¹¹⁷ Carers UK and Carers Trust told us about the huge impact this could have on many unpaid carers, given that around half of all recipients of Carer's Allowance care for someone who receives PIP. Carers UK said households affected in this way stood to lose more than £8,000 a year.¹¹⁸
- 63.** Both organisations also pointed out that some unpaid carers themselves received PIP, and Carers Trust said many local authorities used receipt of Carer's Allowance as a passport to other support, including discretionary hardship payments, meaning the overall consequences could be devastating for many carers.¹¹⁹ Both called on the Government to abandon the change, or otherwise carry out a detailed assessment of its impact on carers. As

113 Action for ME ([PTW0021](#))

114 ME Association ([PTW0029](#))

115 Dr Lynsay Matthews (Lecturer at University of the West of Scotland); Mhairi Campbell (Lecturer at University of the West of Scotland); Dr Eileen Harkess-Murphy (Lecturer at University of the West of Scotland); Julie Riddell (Lecturer at University of Glasgow) ([PTW0024](#))

116 [Q31](#) (Angela Matthews); [Q47](#) (Mikey Erhardt); TUC ([PTW0010](#)); Citizens Advice ([PTW0002](#)); Disability Rights UK ([PTW0006](#))

117 DWP, [Spring Statement 2025 health and disability benefit reforms – Impacts](#)

118 Carers UK ([PTW0014](#)); Carers Trust ([PTW0007](#))

119 Carers Trust ([PTW0007](#))

Carers UK pointed out, the Government said it would “consider the impacts on benefits for unpaid carers as part of its wider consideration of responses to the consultation as it develops its detailed proposals for change”.¹²⁰

Impact on pensioners

- 64.** Age UK told us about the impact the change could have on the nearly 590,000 pension-age recipients of PIP.¹²¹ Whilst only those under the State Pension age can start a new application for PIP, claimants continue to receive it after they reach that age. Since 2019, those in this group have not had their awards regularly reviewed but have instead been subject only to light-touch reviews every 10 years.¹²² Despite the Minister’s assurance that “in keeping with existing policy”, people of State Pension age “are not routinely fully reviewed and will not be affected by the proposed changes”, Age UK said it was “not fully satisfied” that pension-age recipients would not be affected, and listed three ways in which they might be.¹²³ First, it assumed that even those not subject to a “full review” might still be assessed under the new rules. Second, it said it was unclear whether the new rules would be applied to a pensioner reporting a change of circumstances. Third, it highlighted the expectation that pensioners in receipt of Disability Living Allowance (DLA) would be invited to apply for PIP as part of the process by which the latter is gradually replacing former. It said this could apply to 125,000 people and it seemed “possible, if not likely” that the new rules would be applied to them.¹²⁴
- 65.** Clause 5(4) of the Bill, as introduced, included a power for the Secretary of State to make regulations in respect of PIP “to make different provision for different cases or purposes (including different provision for persons of different ages)” and “to provide for a person to exercise a discretion in dealing with any matter”.¹²⁵ We asked the Minister about Age UK’s concerns. He said that pension-age recipients “by and large” would not be affected, as they were on ongoing awards and therefore subject only to light-touch reviews, which he said did not involve reassessment. He said the only circumstance in which a pension-age recipient might lose out was if they reported an improvement in their condition and were reassessed as a result.¹²⁶

120 [Pathways to Work](#), para. 79

121 Age UK ([PTW0025](#))

122 DWP, Press release, [Thousands of pensioners to benefit from PIP assessment overhaul](#), 9 July 2019

123 [Personal Independence Payment: Reform](#), PQ 43498, 23 April 2025

124 Age UK ([PTW0025](#))

125 [Clause 5\(4\)](#) of the Universal Credit and Personal Independence Payment Bill

126 [Q97](#) (Minister for Social Security and Disability)

Universal Credit

Rebalancing UC rates

- 66.** The Green Paper set out the Government’s intention to rebalance UC rates from April 2026 by:
- increasing the standard allowance for new and existing claims, as a result of which the single person 25+ rate will increase from £91 to £98 a week in 2026–27 and again to £106 a week in 2029–30 (equivalent to a £775 a year increase by the end of the Parliament);
 - freezing UC health for existing recipients until 2029–30; and
 - reducing UC health for new claimants by £47 a week (from £97 to £50).

It said these changes would “start to rebalance” UC rates and in doing so “promote work”, “address perverse incentives” and “start to improve basic adequacy”.¹²⁷ The phrase “perverse incentives” was a reference to the disparity between the standard allowance and UC health, which we discussed in the previous Chapter.

- 67.** The Government said it expected 2.25 million recipients of UC health to lose an average of £500 a year as a result of the freeze, some 730,000 future recipients to lose £3,000 a year as a result of the reduction in the rate of UC health, and some 3.9 million households not on UC health to gain an average of £265 a year from the increase in the standard allowance.¹²⁸ The OBR said it expected the freeze and reduction in UC health to save £3 billion in 2029–30, although it called this costing “highly sensitive to judgments on the composition of the baseline LCWRA caseload and on the behavioural impacts of the measures”. Among the potential behavioural responses, it included the possibility of fewer UC claimants undertaking a WCA after 2026 in response to the reduced financial incentive, the possibility of fewer pre-April 2026 claimants wanting to leave, and the possibility of more people claiming PIP.¹²⁹
- 68.** The Bill, as introduced, included provisions implementing these proposals.¹³⁰ It provided for a reduction in the rate of UC health from £423.27 to £217.26 a month for new claimants from April 2026 and a freeze in the rate for existing claimants for the remainder of the Parliament. It also required the Secretary of State to increase the standard allowance every year of the Parliament “at

127 [Pathways to Work](#), para. 41

128 DWP, [Spring Statement 2025 health and disability benefit reforms - Impacts](#); figures have been rounded to the nearest 50,000

129 OBR, [Economic and fiscal outlook - March 2025](#), pp. 57–64

130 [Clauses 1 to 3](#) of the Universal Credit and Personal Independence Payment Bill

least” in line with the consumer prices index (CPI) plus a percentage uplift that was different in each year: 2.3% in 2026–27; 3.1% in 2027–28; 4.0% in 2028–29; and 4.8% in 2029–30. The Government estimated this increase would be worth £725 by 2029–30 for a single person over 25 (£250 higher than an inflation-only increase).¹³¹

Additional premium

- 69.** Alongside the changes to UC rates, the Green Paper set out the Government’s plans to introduce an additional premium for those with the most severe, lifelong conditions, for who there was no prospect of improvement. It said those who had their incomes protected in this way would also never have to undergo a reassessment.¹³² There was no further information in the Green Paper on the additional premium—for example, no implementation date and no detail about eligibility criteria—but in her response to our letter, the Secretary of State said she would set out more detail before the House was asked to vote on the Bill.¹³³ Further details were forthcoming on 12 May 2025, when the Minister repeated to the House the commitment that those who would never be able to work again would never have to undergo another reassessment, and then added: “[I]nitially, the people who will benefit from that will be those who meet the work capability assessment’s severe conditions criteria”.¹³⁴
- 70.** Witnesses told us there was too little information about the additional premium to come to any conclusions.¹³⁵ Tom Pollard, Head of Social Policy, NEF, said he envisaged it being similar to the original LCWRA group, as introduced in 2008, when the intention was that about 10% of claimants would be in this most severely disabled group, although he said it was “hard to know exactly”.¹³⁶ Asked if the proposal alleviated any of the concerns about the cut to UC health, Mikey Erhardt, Campaigns and Policy Officer, Disability Rights UK, said:

Not to be glib, but we know so little about how this will be assessed and how this will work that there is no way we could be confident in it at face value. The only thing that we have understood from the last months of discussion is that this group will be small. It will be a small

131 This was not a change from the announcement in the Green Paper, the figures in which were only ever estimates, as was set out in the Spring Statement; see: HM Treasury, [Spring Statement 2025](#), Table 3.1

132 [Pathways to Work](#), para. 42

133 [Correspondence with the Secretary of State relating to Pathways to Work](#)

134 HC Deb, 12 May 2025, [col 24](#)

135 [Q17](#) (Jean-André Prager, Tom Pollard); [Q54](#) (Mikey Erhardt, James Taylor, Jonathan Andrew)

136 [Q17](#) (Tom Pollard)

cohort of people. If that is all we know and all we are being told that we are working off, no, we cannot be confident in it because we are working at a number.¹³⁷

71. Jonathan Andrew, Head of Public Affairs, Rethink Mental Illness, raised a particular concern about the eligibility of those with mental health conditions. He said mental illness, even severe mental illness, could fluctuate, and that “it would not be desirable to say that somebody who has severe psychosis in their 20s will never be able to work again”. “That bar for mental illness”, he said, “is quite impossibly high”.¹³⁸ Asked how he would determine eligibility, he said “I could not design something in the here and now” but warned against anything that was “condition specific”. Both he and James Taylor, Executive Director, Scope, agreed that whatever the criteria, the decisions would have to be based on assessments by relevant experts.¹³⁹

72. The Bill, published on 18 June 2025, included protections for “severe conditions criteria claimants”. The original Bill provided that they would continue to receive the current UC health rate of £423.27. The definition of such a claimant is set out in Schedule 1, which provides that a person is such a claimant:

- if they are assessed as having LCWRA;
- if at least one of the relevant descriptors (i.e. levels of incapacity) applies constantly and will continue to do so for the rest of their life; and
- if that incapacity arises from a specific physical or mental health condition that the claimant will have for the rest of their life and which has been diagnosed by an appropriate healthcare professional.¹⁴⁰

This provision replicated guidance to WCA assessors, which since 2017 has provided for those who meet these criteria to be exempt from reassessment.¹⁴¹ The Government estimates that 200,000 people will meet the severe conditions criteria in 2029–30, or 10% of all UC health flows. The Bill extends the same protections to claimants who are terminally ill.¹⁴²

137 [Q54](#) (Mikey Erhardt)

138 [Q54](#) (Jonathan Andrew)

139 [Q55](#) (Jonathan Andrew, James Taylor)

140 [Schedule 1](#) to the Universal Credit and Personal Independence Payment Bill

141 DWP, [Work Capability Assessment handbook: for healthcare professional](#), appendix 8, last updated: 6 September 2024

142 DWP, Impact Assessment, [Universal Credit Rebalancing](#), May 2025, pp. 8–10

Combined impact of PIP and UC changes

Pushing people further into poverty and away from work

73. When the original proposals were announced, the Government estimated that in 2029–30 some 3.2 million families—both current and future recipients—would be financially worse off as a result of the changes to PIP eligibility and UC rates, the average loss being £1,720 a year. It also estimated that an additional 250,000 people, including 50,000 children, would be in relative poverty after housings costs in 2029–30, although these figures included the impact of not implementing the previous Government’s changes to the WCA descriptors, which reduced the larger figure by 150,000. The OBR’s provisional estimate was that the changes would save £4.5 billion by the end of the Parliament.¹⁴³
74. The overriding criticism of both changes was that they would push people deeper into poverty, worsen health, particularly mental health, widen health inequalities, and move people even further from the labour market.¹⁴⁴ Inclusion London said their impact would be “catastrophic” for disabled people and lead to “increased poverty, isolation, discrimination, loss of voice and eventually move people even further from the labour market”.¹⁴⁵ In respect of UC health, the specific point was that this was contrary to the stated aim of the change. In respect of the daily living component, the anger was perhaps even greater, as PIP is supposed to help with the extra costs arising from a disability or long-term health condition and has nothing to do with work status. We were told the Government should not have announced changes to this benefit as part of a package of measures supposedly intended to get people back to work, especially given that many recipients were already in work and might be forced out of employment if they lost their PIP.¹⁴⁶

143 DWP, [Spring Statement 2025 health and disability benefit reforms - Impacts](#), pp. 4 and 11; the estimates on relative poverty are rounded to the nearest 50,000; OBR, [Economic and fiscal outlook - March 2025](#), para. 3.11

144 [Q26](#) (Iain Porter); [Q71](#) (Professor Barr); Disability Rights UK ([PTW0006](#)); TUC ([PTW0010](#)); Inclusion London ([PTW0016](#)); Health Equity North ([PTW0001](#)); Mental Health Foundation ([PTW0003](#)); Citizens Advice Scotland ([PTW0015](#)); Rachel (a Scope storyteller) ([PTW0026](#)); Mind ([PTW0004](#)); Dr Lynsay Matthews (Lecturer at University of the West of Scotland); Mhairi Campbell (Lecturer at University of the West of Scotland); Dr Eileen Harkess-Murphy (Lecturer at University of the West of Scotland); Julie Riddell (Lecturer at University of Glasgow) ([PTW0024](#)); ME Association ([PTW0029](#))

145 Inclusion London ([PTW0016](#))

146 Crips Against Cuts ([PTW0019](#)); [Q31](#) (Angela Matthews)

- 75.** In arguing that the changes would have these unintended consequences, several witnesses highlighted the impact of previous welfare changes of this kind.¹⁴⁷ Health Equity North said the adverse trends in the health of the UK population since 2010–11 were associated with austerity driven reductions to public expenditure, including through extensive welfare reforms, that had occurred since 2010. It said the Welfare Reform Acts in 2012 and 2016 reduced the incomes of the most deprived people and places, with older industrial areas and less prosperous coastal areas suffering the most. It added that the cuts had disproportionately affected low-income working-age households and those with children, which had contributed to higher child poverty rates, particularly in the north of England, Wales, Scotland and Northern Ireland.
- 76.** Ruth Patrick, Professor of Social Policy, University of York, compared the results of the two-child limit and benefit cap to the then Government’s stated objective of incentivising work. She said the lowering of the benefit cap in 2016 might have resulted in a slight increase in employment rates but that economic inactivity had risen by even more. The research also found the cap had worsened people’s mental health.¹⁴⁸ Ben Barr, Professor of Applied Public Health, University of Liverpool, said the introduction of the WCA in 2010, and the subsequent reassessment of more than one million claimants, saw an increase in suicides and mental distress but had not been associated with any increase in disability employment.¹⁴⁹ Crips Against Cuts said it was difficult to understand why the Government was “so intent on repeating past failures”.¹⁵⁰

Cost shunting

- 77.** We heard repeatedly that the cuts to PIP and UC were not only counterproductive but a false economy, as they would simply increase spending elsewhere, particularly the NHS and social care.¹⁵¹ Tom Pollard, Head of Social Policy, NEF, said “squeezing spending on disability benefits” would not “achieve that much if those costs pop up elsewhere and that means more people turning up at mental health services or more people turning to their local authority and struggling with housing or whatever else”.¹⁵² Inclusion London cited research by the Disability Policy Centre suggesting that the reforms in the Green Paper might only save £100

147 [Q25](#) (Professor Patrick, Iain Porter); [Q66](#) (Professor Barr); Health Equity North ([PTW0001](#)); Professor Patrick ([PTW0012](#)); Crips Against Cuts ([PTW0019](#))

148 [Q25](#) (Professor Patrick)

149 [Q66](#) (Professor Barr)

150 Crips Against Cuts ([PTW0019](#))

151 [Q7](#) (Tom Pollard); [Q53](#) (Ellen Clifford, Mikey Erhardt); Inclusion London ([PTW0016](#)); Crips Against Cuts ([PTW0019](#)); Disabled People’s Panel ([PTW0011](#))

152 [Q7](#) (Tom Pollard)

million (2% of the £5 billion) owing largely to these knock-on effects. It also referenced research by the MS Society in 2018 that found people who had their PIP reduced increased their use of NHS services, often to replace therapies they previously paid for themselves.¹⁵³

- 78.** Social care was another cause for concern.¹⁵⁴ Inclusion London said local authorities would be forced to increase their financial contribution for every disabled person who lost their PIP and who was also receiving social care that was funded, or part-funded, by their local authority. It also thought the number of people seeking local-government funded social care would increase.¹⁵⁵ The Disabled People’s Panel told us many local authorities included the daily living component when calculating social care charges.¹⁵⁶ Mikey Erhardt, Disability Rights UK, said local government was not exactly “flush with cash right now” and predicted social care would “get significantly worse”.¹⁵⁷ In a recent survey for Community Care, an overwhelming majority of social workers thought the changes to PIP and UC rates would result in greater demand for social care and increase poverty.¹⁵⁸

Impact on older people below State Pension age

- 79.** We also heard the impact of the changes was likely to fall most heavily on older people below the State Pension age.¹⁵⁹ Z2K, the anti-poverty charity, said that whilst Ministers had repeatedly referred to the number of young people not in work as part of their case for reform, only one of its proposals (to restrict UC health to over-22s) was targeted specifically at young people. Instead, it said the Government’s own equality analysis showed that older people were far more likely to lose out, given the much higher incidence of ill-health and disability among the over-50 working-age population. Older people also face higher average losses. It said that for someone over 60 the average loss was forecast to be £2,020 a year; for someone in their 20s that figure was £1,360. It added, finally, that, though the purpose of the cuts was apparently to encourage more disabled people into work, the chances of this group of older people re-entering the labour market, potentially after years of being out of work, were “very slim”. It called on the Government, if it went ahead with the change to PIP eligibility, at least to exempt over-55s.¹⁶⁰

153 Inclusion London ([PTW0016](#)); Disability Policy Centre, [Welfare reforms like to deliver no significant savings in “all pain and no gain” scenario, according to new analysis](#); MS Society, [PIP: A step too far](#), June 2018, pp. 23–26

154 [Q53](#) (Mike Erhardt, Ellen Clifford); Disabled People’s Panel ([PTW0011](#))

155 Inclusion London ([PTW0016](#))

156 Disabled People’s Panel ([PTW0011](#))

157 [Q53](#) (Mikey Erhardt)

158 Community Care, [Disability benefit reforms will increase social care demand and poverty, says practitioners](#), 15 April 2025

159 Pensions Research ([PTW0008](#)); Z2K ([PTW0005](#)); Disabled People’s Panel ([PTW0011](#))

160 Z2K ([PTW0005](#))

80. Daniela Silcock, from Pensions Research, noted the disparity between working-age and pensioner benefits. She said those who left work before reaching the State Pension age often faced a prolonged period of financial strain, given how much less generous working-age benefits were. For example, she said a single person on Pension Credit could receive £218 a week (rising to £300 with a severe disability premium and £345 with both disability and care additions), whereas someone over the age of 25 on UC received around £91 per week, or £187 for someone on UC health, which she said was “well below the poverty line”. She said there was growing evidence that people were accessing their defined contribution pension pots earlier, often out of financial necessity, which was increasing their vulnerability to poverty later in retirement, and that without a robust assessment of the potential impact of the reforms on older people there was a risk of increasing poverty both before and after State Pension age.¹⁶¹
81. We explored the wider issues of pension poverty in our recently published report, *Pensioner Poverty: challenges and mitigations*, in which we recommended that the Government produce an impact assessment of the forthcoming increase in the State Pension age from 66 to 67, consider the impact on poverty for people of and approaching pension age and explain what measures it had considered taking to mitigate that impact.
82. We put it to the Minister that the changes to PIP eligibility and UC would disproportionately affect older people, despite that group being less amenable to incentives to work. He said he had not seen any assessment “along those lines” and that the Government would be offering employment support to everyone, no matter their age.¹⁶²

The pace and sequencing of implementation

83. Much of the evidence was extremely critical of the Government for making the changes to PIP eligibility and UC rates straightaway, instead of including them in the consultation.¹⁶³ The ME Association said the decision undermined the legitimacy of the process and risked eroding trust between disabled people and the Government.¹⁶⁴ Mind called the decision “extremely disappointing”, given the huge impact the changes would have on millions of people, and especially given the Government’s commitment in the Get Britain Working White Paper to involving disabled people in decisions that

161 Pensions Research ([PTW0008](#))

162 [Q122](#) (Minister for Social Security and Disability)

163 [Q26](#) (Professor Patrick); [Q56](#) (Jonathan Andrew); Mind ([PTW0004](#)); Citizens Advice Scotland ([PTW0015](#)); Citizens Advice ([PTW0002](#)); Disability Rights UK ([PTW0006](#)); Crips Against Cuts ([PTW0019](#)); Gary K. Thompson ([PTW0027](#)); ME Association ([PTW0029](#))

164 ME Association ([PTW0029](#))

affected them.¹⁶⁵ Disability Rights UK called the consultation “a sham” for failing to consult on “almost everything that matters most to claimants”.¹⁶⁶ Crips Against Cuts said “the refusal to consult on the most significant changes” had denied disabled people their right to be consulted under the UN Convention on the Rights of Persons with Disabilities.¹⁶⁷

- 84.** A closely related criticism was that MPs were being asked to vote on the changes before the publication of a proper assessment of the impact on disabled people, which the ME Association said was hindering stakeholders’ and Parliament’s ability to scrutinise the proposals.¹⁶⁸ As Ruth Curtice, Chief Executive, Resolution Foundation, and Citizens Advice said, the impact assessment the Government published alongside the Spring Statement did not include the removal of the WCA, which would result in people also losing UC health as a result of not qualifying for the daily living component of PIP. Ruth Curtice said this looked like it could be “quite a significant cohort of people”.¹⁶⁹
- 85.** There was criticism also of the way the assessment presented the impact of the changes, as the figures included the decision not to implement the previous Government’s proposed changes to WCA descriptors, which reduced by 150,000 the number of people predicted to be pushed into relative poverty.¹⁷⁰ Citizens Advice said a more appropriate baseline would have been to assess the impact on the system as it stood, with the current descriptors still in place, and said the true number of people who would be pushed into poverty was closer to 400,000, including 100,000 children. Iain Porter, Senior Policy Adviser, JRF, called it “essentially, a bookkeeping entry” that “should not be in there at all”.¹⁷¹
- 86.** Mikey Erhardt, Campaigns and Policy Officer, Disability Rights UK, said it had taken a freedom of information request from Benefits and Work to establish the actual number of people likely to be affected by the PIP change. The response revealed that 1,325,250 recipients of the daily living component did not score four points in any one activity. Disability Rights UK said the OBR’s estimate, on which the impact assessment was based, was too optimistic in arguing that more than 500,000 claimants would be able to increase their scores to meet the new criterion.¹⁷² Speaking of the overall dissatisfaction

165 Mind ([PTW0004](#))

166 Disability Rights UK ([PTW0006](#))

167 Crips Against Cuts ([PTW0019](#))

168 [Q19](#) (Ruth Curtice); [Q26](#) (Professor Patrick); [Q56](#) (Mikey Erhardt); Carers UK ([PTW0014](#)); TUC ([PTW0010](#)); ME Association ([PTW0029](#))

169 [Q19](#) (Ruth Curtice); Citizens Advice ([PTW0002](#))

170 [Q26](#) (Iain Porter); Citizens Advice ([PTW0002](#)); New Economics Foundation, [The True Scale and Impact of Benefit Cuts for Ill and Disabled People](#), 31 March 2025

171 Citizens Advice ([PTW0002](#)); [Q26](#) (Iain Porter)

172 [Q56](#) (Mikey Erhardt); Disability Rights UK, [90% of PIP Standard Daily Living Component Recipients Would Fail new Green Paper Test](#)

with the information then available, Ruth Patrick, Professor of Social Policy, University of York, called the changes “big, significant and, I would say, frightening”, and said that pressing ahead “at this pace, without more understanding and more insight, would be foolhardy”.¹⁷³

87. Three other concerns were raised about the speed at which the changes were being made. We were told the Government:

- should not be pressing ahead with reforms aimed at incentivising people into work before the Keep Britain Working Review made its recommendations in the autumn;¹⁷⁴
- should have carried out the PIP review before making changes to the eligibility criteria;¹⁷⁵ and
- should fully roll out the additional investment in employment support before cutting UC health.¹⁷⁶

88. Some of those who submitted evidence discerned a stark contrast between the welfare cuts and everything else the Government had been saying about economic inactivity.¹⁷⁷ Jonathan Andrew, Head of Public Affairs, Rethink Mental Illness, said they were like “a gale-force wind” blowing in the other direction.¹⁷⁸ In some cases, this lay behind a suspicion, including from the Resolution Foundation, that the real reason for the Government’s haste was the need to find savings ahead of the Spring Statement that would be “scored” by the OBR and so help the Chancellor to meet her fiscal targets.¹⁷⁹ Tom Pollard, Head of Social Policy, NEF, said:

What was disappointing for me was that prior to Christmas we had a White Paper from DWP, which I think set out quite a transformative agenda around improving employment support, trying to de-risk the process for people and trying to push conditionality further into the background so that it does not become such an adversarial system. I think that part of what then drove the pressure from Treasury to introduce this Green Paper and the tranche of cuts we have seen was that Treasury and the OBR were quite sceptical that that would achieve a significant employment outcome.¹⁸⁰

173 [Q26](#) (Professor Patrick)

174 Disabled People’s Panel ([PTW0011](#)); ME Association ([PTW0029](#))

175 [Q16](#) (Ruth Curtice); [Q56](#) (James Taylor, Jonathan Andrew, Mikey Erhardt)

176 [Q16](#) (Ruth Curtice); [Q83](#) (David Finch)

177 [Q13](#) (Tom Pollard); [Q51](#) (Jonathan Andrew)

178 [Q51](#) (Jonathan Andrew)

179 Resolution Foundation, [A dangerous road? Examining the ‘Pathways to Work’ Green Paper](#), 19 March 2025, p. 3; [Q7](#) (Tom Pollard); [Q14](#) (Professor Ben Geiger); Citizens Advice ([PTW0002](#)); [Q51](#) (James Taylor, Jonathan Andrew)

180 [Q13](#) (Tom Pollard)

Letter to the Secretary of State

89. We laid out some of these concerns in our letter to the Secretary of State on 21 May 2025 and called on her to delay the changes to UC rates. We said the Government should take a ‘precautionary principle’ approach and undertake an independent and comprehensive analysis of the impact the changes could have on employment, poverty and health outcomes, and we asked that it co-produce new measures with disabled people and their representative organisations. We also urged the Government to delay its change to PIP eligibility and instead engage disabled people and their organisations to co-produce new proposals as part of the PIP review.¹⁸¹ In her response, dated 9 June 2025, the Secretary of State reiterated her commitment to proceed with the reforms.¹⁸²

The Minister’s oral evidence

90. We put to the Minister all the concerns we had heard about the changes to PIP eligibility and UC health, starting with the possible health impacts of the proposals. He said he thought these would be positive, given the adverse effect of being out of work unnecessarily and for a long time. Citing evidence that 86% of those who were out of work owing to ill-health or a disability reported having a mental health condition, he said it was well known that good work was extremely positive for mental health, although he added that as the Government implemented the proposals it would need to safeguard those who might be at risk.¹⁸³
91. We raised the evidence about previous cuts of this sort having failed to incentivise work, and asked the Minister why he thought it would be any different this time. In response, he pointed to the disparity between the standard allowance and UC health, which he called a “massive magnet for people”. He said it was a “serious flaw” in the system that it presented LCWRA as “something to aim for”. He said the Government wanted to “substantially reduce” the incentive, as part of which it was increasing the standard allowance.¹⁸⁴ We asked if the Government was minded to introduce further increases beyond what was set out in the Bill, to which he replied:

181 [Letter to the Secretary of State relating to the Pathways for Work Green Paper, 21 May 2025](#)

182 [Letter from the Secretary of State relating to the Pathways for Work Green Paper, 9 June 2025](#)

183 [Q85](#) (Minister for Social Security and Disability)

184 [Q108](#) (Minister for Social Security and Disability)

Let us see how we get on. We have announced those increases and they are in the Bill being debated next week. Beyond that I am not able to say but of course there are certainly aspirations around. I think everybody will have heard of the essentials guarantee idea. There is a case to be made, but let us see how we get on.¹⁸⁵

- 92.** On the additional premium, the Minister confirmed that the ‘severe conditions criteria’ provisions in the Bill were only temporary and that once the WCA was abolished in 2028 the Government would find another way of providing for those protections. He said this would require “serious work and planning” and that the White Paper in the autumn would set out more details ahead of the legislation to follow. We also pressed him on the extent of the income protection provided by the ‘severe conditions criteria’ provisions, given the payment was being set in line with the frozen rate of UC health. He said those in this group would continue to receive that payment along with the increased standard allowance, and that, depending on the rate of inflation over the Parliament, this would result in their benefit being “broadly protected”, although he said it was more likely that the incomes of those who received the payment would fall slightly in real terms.¹⁸⁶
- 93.** Moving on to PIP, we asked if the Minister thought the 13-week transitional protection in the Bill would allay people’s fears about the impact of the change to eligibility. He said he thought it would help, as it would give the Government time to deliver personalised employment and health support to those who lost out under the change. He also said 13 weeks was a very long run-on period compared to other equivalent transitional protections. We pressed him on this answer, as the reference to the provision of employment support seemed to assume that PIP was an out-of-work benefit. He acknowledged that the purpose of PIP was to help with the extra costs arising from a disability or health condition, but he also pointed out that a large majority of recipients—about 83%—were not in work.¹⁸⁷
- 94.** The Minister said the Government had not included the changes in its consultation owing to the urgent need to address the unsustainable rise in spending.¹⁸⁸ We asked if the Government was not putting the cart before the horse by changing eligibility for PIP before carrying out such a comprehensive review of the assessment process. He said he understood the argument but did not agree with it, before again arguing that there was an urgent need to put PIP on a sustainable footing. He said he did not agree that the Government should simply do nothing until longer-term changes had been made.¹⁸⁹

185 [Q111](#) (Minister for Social Security and Disability)

186 [Qq113-117](#) (Minister for Social Security and Disability)

187 [Q94](#) (Minister for Social Security and Disability)

188 [Q87](#) (Minister for Social Security and Disability)

189 [Q107](#) (Minister for Social Security and Disability)

95. We also put to the Minister the concerns about the changes being introduced before the full roll-out of the additional investment in employment support and about the ability of the NHS to meet the health and care needs of all those who lost PIP because of the four-point rule. He said the PIP change would not take effect until November 2026 and that, even then, people would not be affected until their next award review. Citing the OBR assessment, he said 90% of those who might be affected would still be in receipt of the daily living component by the end of the Parliament. In other words, he said, the impact would build over time, which would give the Government time to roll out the necessary employment and health support. He insisted it was not viable to do nothing for a few years and see how it goes. On the ability of the NHS to meet people’s health and care needs, he said the Government was “fixing the NHS”, including with a large financial commitment that year. He accepted it would take time but insisted that support needed to be rolled out in tandem with the welfare changes.¹⁹⁰
96. Finally, we asked the Minister about the uncertainty for disabled people and the distress this was causing them. He recognised this was a significant issue but said change sometimes needed to happen, although it had to be done in a way that was “as helpful and supportive as possible”. He observed, however, that uncertainty was an inherent part of the PIP assessment and would always be a feature of the system. He concluded: “I do not think there is a way of avoiding that”.¹⁹¹

The Universal Credit and Personal Independence Payment Bill

97. On 27 June 2025, two days after the Minister appeared before us, the Government announced it would make changes to the Bill in response to a reasoned amendment tabled with the support of more than 120 Labour MPs. As a result, existing PIP recipients were not to be subject to the new eligibility criterion and the rate of UC health was no longer to be frozen but would instead rise in line with inflation. Then, on 1 July 2025, near the end of the Bill’s Second Reading debate, the Minister told the House the Government would amend the Bill in committee to remove the change to PIP eligibility altogether. Instead, he said, the Government would “move straight to the wider review” of the PIP assessment and “only make changes to PIP eligibility activities and descriptors following that review”, which he said the Government was committed to concluding by autumn 2026. Fundamentally, the Government committed to co-production of the review with disabled people and their organisations. Later on, he said the purpose of the review

190 [Q86](#) and [Q145](#) (Minister for Social Security and Disability)

191 [Q112](#) (Minister for Social Security and Disability)

was not to save money but to “get the assessment right and make sure we have an assessment that will be fit for the future”.¹⁹² As a result, the Bill is not now expected to save any money.¹⁹³

98. CONCLUSION

We are sympathetic to the intention behind the changes to UC rates and we agree with the importance of increasing the standard allowance. As such, we warmly welcome the desperately needed increases in the standard allowance, although we hope the Government will give serious consideration to further increases before the end of the Parliament. The Minister gave us reason to think he was keeping an open mind on this. We also welcome the decision not to freeze UC health for existing claimants. We remain concerned, however, that the significant reduction in UC health for new claimants after April 2026 will push many disabled people further into poverty and away from the labour market, even with the increase in the standard allowance.

99. RECOMMENDATION

We recommend that the Government consider implementing further increases to the standard allowance over the life of the Parliament, in addition to those provided for in the Universal Credit Bill. We also call on the Government to delay the reduction in UC health until it has carried out an independent and comprehensive assessment of the impact the change could have on disabled people.

100. CONCLUSION

We are pleased the Government has provided some clarity about how those with the most severe, lifelong conditions will be protected, at least until the removal of the Work Capability Assessment, and we look forward to the publication of the White Paper in the autumn, which will set out the Government’s long-term plans for protecting this group. We also welcome the fact that those in this group will benefit from the decision not to freeze UC health for the rest of the Parliament. However, we have some concerns about those conditions, especially serious mental health conditions, that might not be caught under the severe conditions criteria and about the extent to which the Government consulted with stakeholders on those eligibility criteria.

192 HC Deb, 1 July 2025, [col 241](#)

193 IFS, [Changes to the Universal Credit and Personal Independence Payment Bill mean no savings for the Chancellor in this Parliament](#), 1 July 2025

101. RECOMMENDATION

We ask that the Government set out what conversations it had with stakeholders about the eligibility criteria for the protected rate of UC health for those with the most severe, lifelong conditions, and any assessment it has made about the types of serious conditions, especially mental health conditions, that might not qualify.

102. CONCLUSION

The change to eligibility for the daily living component of the Personal Independence Payment was always the source of greatest concern and anger. This was partly because it appeared to many that the Government was treating PIP as an incapacity benefit, although we recognise that, as the Minister said, a large majority of PIP recipients are not in work.

103. CONCLUSION

In the end, the Government made the right decision by removing Clause 5 from the Universal Credit Bill, as a result of which there will now be no change to PIP eligibility until after the completion of the PIP review. The decision, and the way it was made, of course gives rise to many other questions. We had concerns about the policy development process, which was particularly troubling given the Government's commitment to improving its approach to safeguarding. We do not understand why a comprehensive and independent impact analysis was not undertaken before the Bill was introduced. There are clearly lessons to be learned. We would also welcome Ministers' consideration of how a realigned, disability friendly labour market and an NHS with additional capacity might impact on the rate of disability and incapacity benefit off-flows, and similarly how longer-term improvements in population health might impact on the rate of on-flows.

104. RECOMMENDATION

We call on the Government to explain in its response to our report what assessment it made of the safeguarding implications of the Universal Credit and Personal Independence Payment Bill before it was introduced to Parliament. We also recommend that it publish as soon as possible an assessment of the impact that a more disability friendly labour market and additional NHS capacity, as well as longer-term improvements in population health, could have on rates of disability and incapacity benefit on and off-flows.

4 Other reforms to health-related benefits

Removing the Work Capability Assessment

The proposal

- 105.** The removal of the WCA, which the Government says will end the categorisation of people as “fit for work” or “not fit for work”, is one of the most far-reaching changes in the Green Paper. Following its abolition, eligibility for UC health will instead be linked to receipt of the daily living component of PIP. The purpose is to “decouple” access to UC health from a person’s capacity for work and give them the confidence to prepare for work. The Government says it will publish more details in a forthcoming White Paper and legislate to remove the WCA in 2028.¹⁹⁴
- 106.** The previous Government also planned to remove the WCA and combine the two health assessments into one reformed PIP assessment. Its case for doing so was essentially the same as that of the current Government: to ensure that people could access the support they needed, and move towards work, without the fear of losing their benefits, and to focus more on what people could do, rather than on what they could not do.¹⁹⁵ The main difference between the two proposals is that the previous Government intended to make receipt of UC health conditional on receipt of either component of PIP, whereas the current Government’s proposal is that only those who qualify for the daily living component will get UC health.
- 107.** The WCA is extremely unpopular with disabled people. Disability Rights UK said it was “fundamentally flawed”. Inclusion London said it caused “extreme distress”. Still there was little support for removing it and linking receipt of UC health to eligibility for the daily living component. Disability Rights UK said the WCA should be reformed, not scrapped, whilst Inclusion London said it supported its removal, but clearly wanted to see it replaced with another assessment of people’s capacity for work.¹⁹⁶ Several organisations questioned how one assessment could assess both capacity

194 [Pathways to Work](#), paras 110–114

195 DWP, [Transforming Support: The Health and Disability White Paper](#), March 2023

196 Inclusion London ([PTW0016](#)); Disability Rights UK ([PTW0006](#))

for work and the impact of a disability on daily living.¹⁹⁷ Citizens Advice Scotland said the Government should reconsider its objective of decoupling receipt of UC health from an assessment of a person’s capacity for work.¹⁹⁸

A double whammy

- 108.** The proposal was also criticised on the ground that it would have a disproportionate impact on those who stood to lose both the daily living component of PIP and UC health.¹⁹⁹ The combined effect of this reform and the change to PIP eligibility means anyone in receipt of both who does not meet the four-point rule will face a very significant reduction in benefit. According to figures calculated by Inclusion London, someone on the standard rate of the daily living component and UC health would lose £8,821.80 a year, based on 2025 rates.²⁰⁰ Citizens Advice Scotland said the combined effect would result in “an income fall that compounds the disproportionate impact of poverty and destitution on disabled people”. It said it was difficult to understand how people would be able to “live any kind of decent and dignified life”.²⁰¹ The Government’s decision to abandon the change to PIP eligibility of course resolved this particular concern.

Non-functional special circumstances

- 109.** The other major criticism of the proposal related to the existing protections for certain groups, as set out in the regulations underpinning the WCA.²⁰² The Government says its removal could affect individuals with LCWRA owing to “non-functional special circumstances”.²⁰³ This is a reference to those groups who are automatically treated as having LCWRA, including those with cancer, those who are terminally ill (defined as someone suffering from a progressive disease where death can reasonably be expected within 12 months), and women with high-risk pregnancies.²⁰⁴ The Government says it is considering how the change might affect these groups.²⁰⁵

197 Inclusion London ([PTW0016](#)); Crips Against Cuts ([PTW0019](#)); Citizens Advice ([PTW0002](#)); Mental Health Foundation ([PTW0003](#)); Disability Rights UK ([PTW0006](#))

198 Citizens Advice Scotland ([PTW0015](#))

199 Citizens Advice Scotland ([PTW0015](#)); Inclusion London ([PTW0016](#)); ME Association ([PTW0029](#))

200 Inclusion London ([PTW0016](#))

201 Citizens Advice Scotland ([PTW0015](#))

202 [Schedule 9](#) to the Universal Credit Regulations 2013 and [Section 31](#) of the Employment and Support Allowance 2013

203 [Pathways to Work](#), para. 115

204 [Schedule 9](#) to the Universal Credit Regulations 2013; this provision is commonly known as the “substantial risk” regulations, which the previous Government had planned to amend to reduce the number of people being found to have LCWRA on mental health grounds.

205 [Pathways to Work](#), para. 117

- 110.** We heard from Marie Curie about the needs of those living with a terminal illness. It said it was “self-evident” that protections should be in place for this group and concerning the Government had not yet confirmed they would be. It also raised fears about the existing rules for end of life (the Special Rules), as they did not cover those with longer than 12 months to live, or those with rare conditions in respect of which it was difficult to make a prognosis. To protect this wider group, it said DWP needed to first identify them, perhaps by adapting the Severe Disability Group. It argued that this group should be automatically guaranteed the proposed additional premium, which should raise their total UC award (before housing or child elements) at least to the level of Pension Credit.²⁰⁶
- 111.** The same concern was raised about another group of people who currently automatically qualify for UC health: those subject to the substantial risk regulations. As already highlighted, a claimant assessed as having LCW but not LCWRA will be treated as having the latter, and therefore qualify for UC health, if they are “suffering from a specific illness, disease or disablement by reason of which there would be a substantial risk to the physical or mental health of any person were the claimant found not to have limited capability for work and work-related activity”.²⁰⁷ The Green Paper does not mention the regulations, and the Government has not indicated whether it plans to retain, amend or remove them.
- 112.** The previous Government consulted on changes to the regulations to restore what it said was its original intent that they would be applied only in exceptional circumstances. It stated that almost 1 in 7 of those found to have LCWRA in 2022 were placed in that group based on the ‘substantial risk’ provision. It said the policy intent was for it only to be applied in exceptional circumstances, however, and that, as a result, too many people were missing out on employment support. For this reason, it planned to amend the regulations, including by specifying the circumstances and the serious mental health conditions for which they should apply.²⁰⁸
- 113.** Disability Rights UK said replacing the WCA with the PIP assessment would “wipe out hard-won protections for people most at risk from the trauma of DWP assessments, including the ‘substantial risk regulations’”, and the ME Association said the Government had not set out how equivalent safeguards would be implemented in a single assessment.²⁰⁹ The Minister told us the Government needed to work out how it would protect those groups and said further details would be set out in the White Paper in the autumn.

206 Marie Curie ([PTW0009](#))

207 [Schedule 9](#) of the Universal Credit Regulations 2013

208 DWP, [Government Response to the Work Capability Assessment: Activities and Descriptors Consultation](#), updated: 22 November 2023

209 ME Association ([PTW0029](#))

He also made it clear that the Government would not be making changes to the substantial risk regulations like those proposed by the previous Government.²¹⁰

Devolution: Scotland

- 114.** Disability benefits are a devolved matter in Scotland but incapacity benefits a reserved matter, and because the Scottish Government has replaced PIP with the Adult Disability Payment (ADP), the question arises of how to determine eligibility to UC health in Scotland. The Government recognises the problem this could present, and said in the Green Paper it would need to be carefully considered.²¹¹ If UC health is to be linked to receipt of ADP in Scotland, the ADP assessment would need to remain broadly in line with that for PIP. Citizens Advice Scotland was concerned about this possibility as the Scottish Government had recently commissioned an independent review of ADP, looking at ways of integrating a social and medical model of disability, but it said changes might not now be possible and the Scottish Government might even have to alter the ADP criteria to align them more closely with the reformed PIP assessment, which it said would be a “bitterly disappointing outcome after significant engagement and co-production of recommendations with disabled people in Scotland”.²¹²
- 115.** Shirley-Anne Somerville MSP, Cabinet Secretary for Social Justice, has said the Scottish Government has no intention of making any changes to ADP as a result of the reforms to PIP, although she has acknowledged that any reductions in spending on PIP in England and Wales could result in a reduction in funding to Scotland through block grant adjustments.²¹³ The 2025–26 funding settlement for Scotland, which the Chancellor announced in last year’s Budget, amounted to the largest real-terms funding settlement to Scotland since devolution by providing for an additional £3.4 billion.²¹⁴
- 116.** When we asked the Minister how the reforms would work in Scotland, he accepted there was a significant issue around determining the gateway to UC health in Scotland but said that whether to change the eligibility for ADP in line with the reforms to PIP was “a decision for the Scottish Government”. He went on:

... up until now ADP has been broadly in line with PIP, so if this was in place today I would be perfectly happy for ADP to be the gateway to the universal credit health premium. If in the future, however, there

210 [Qq136–137](#) (Minister for Social Security and Disability)

211 [Pathways to Work](#), para. 118

212 Citizens Advice Scotland ([PTW0015](#))

213 [Oral evidence taken by the Social Justice and Social Security Committee of the Scottish Parliament on 6 March 2025](#), pp. 11–12

214 HC Deb, 30 October 2024, [col 823](#)

are large numbers of people who were eligible for ADP in Scotland who would not be eligible for PIP in England that presents a difficulty for us. That is something that we will need to work out. We are talking to the Scottish Government and I anticipate that we will be able to set out our solution in the White Paper in the autumn depending on the decisions the Scottish Government make.²¹⁵

117. CONCLUSION

We agree with the principle of a streamlined, single health and disability assessment, given the distress caused by repeated and unnecessary assessments. The objection to the Government's proposal to abolish the Work Capability Assessment (WCA) and to link eligibility for UC health to receipt of the daily living component of PIP is that the two assessments assess different things: one a person's capacity for work and the other the impact of a disability on a person's daily living. This objection seems to miss the point, however, since the Government is explicit that it wants to decouple access to UC health from an assessment of a person's capacity for work.

118. CONCLUSION

We are cautiously supportive of the idea of decoupling UC health from an assessment of a person's capacity for work, but it does raise an important question about what type of benefit UC health will be in the future. If it is not related to a person's capacity for work, it can hardly be described as an incapacity benefit. If it is to depend on receipt of the daily living component of PIP, it is perhaps best described as a means-tested disability benefit, but the Government has not described it in these terms.

119. CONCLUSION

The regulations underpinning the WCA include important safeguards for those with high-risk pregnancies, the terminally ill, those receiving cancer treatment and those who would be at substantial risk if they were not awarded UC health. Given the serious impact the loss of these protections would have, we welcome the Minister's confirmation that it will protect these groups in the future.

215 [Q135](#) (Minister for Social Security and Disability)

120. CONCLUSION

As the Minister accepted when he gave oral evidence, the fact that disability benefits are a devolved matter in Scotland presents potentially very serious obstacles to implementation. We are particularly concerned about the possibility that in the future the criteria for determining eligibility for the Adult Disability Payment could be very different from those for PIP, especially in the context of the record level of funding provided to the Scottish Government in the 2025–26 funding settlement. We will scrutinise very carefully the solution the Minister expects to be set out in the autumn White Paper.

121. RECOMMENDATION

We recommend that the Government:

- clarify what type of benefit UC health will be in the reformed system; and
- provide an update as soon as possible on the progress of discussions with the Scottish Government regarding implementation in Scotland.

The PIP review

- 122.** The Green Paper set out the Government’s intention to conduct a review of the PIP assessment, which it said needed modernising. In the decade since its introduction, it said there had been significant shifts in the nature of long-term conditions and disability, and changes in wider society and the workplace, including; rapid increases in the number of people reporting mental health and neurodivergent conditions as their primary condition; and marked increases in disability among young people. It said the review would consider how the assessment might need to adapt in the future and “bring together a range of experts, stakeholders and people with lived experience”. It added that this would be a major undertaking and therefore any changes to the assessment would not be made until after the reforms set out in the Green Paper.²¹⁶ In addition to the review, the Government is “looking at” the possibility of recording assessments as standard, rather than leaving it to claimants to request that an assessment be recorded.²¹⁷

216 [Pathways to Work](#), para. 159

217 [Pathways to Work](#), para. 55

123. The criticisms of the PIP assessment were among the most repeated and strongly worded we heard.²¹⁸ Jonathan Andrew, Head of Public Affairs, Rethink Mental Illness, said any such assessment was unlikely ever to be “a particularly comfortable or pleasant experience”, but added that much more could be done to make the process more trauma-informed, especially for mental illness. He said there was never any guarantee that someone would be assessed by a health professional with expertise in that person’s condition, and he gave the example of someone with schizophrenia or psychosis being assessed by a physiotherapist. He described fixing this problem as “low-hanging fruit”. The same point came out strongly in the roundtable event (see Annex), at which participants agreed assessors often did not know anything about the conditions they were assessing, especially mental health conditions, with one participant saying they had once smiled at an assessor and consequently been deemed to have social skills and therefore not to be depressed.²¹⁹

124. The behaviour of assessors, aside from any lack of expertise, was criticised throughout the inquiry.²²⁰ Assessors were described as often lacking in compassion or being confrontational and trying to “trip people up”.²²¹ One participant in the roundtable said claimants were not treated like human beings. Another said they had been marked down in an assessment because they had hoovered their carpet. The Mental Health Foundation said the PIP assessment often left people feeling “confused, angry and retraumatised”, and that people having to explain their condition multiple times could at best be exhausting but at worse could retrigger trauma and distress”.²²² Jonathan Andrew told us about other examples of bad practice:

We hear about somebody explaining to the assessor they have had suicidal ideation and then being asked, “If you have had suicidal ideation for so long, why are you still here?” We hear of people self-harming in the session and smacking their head against the desk and being told not to make a scene, and people having to explain that their eating disorder does not mean they cannot physically eat.²²³

218 [Q4](#) (Jonathan Andrew, Mikey Erhardt, Ellen Clifford); Mental Health Foundation ([PTW0003](#)); Dr Lynsay Matthews (Lecturer at University of the West of Scotland); Mhairi Campbell (Lecturer at University of the West of Scotland); Dr Eileen Harkess-Murphy (Lecturer at University of the West of Scotland); Julie Riddell (Lecturer at University of Glasgow) ([PTW0024](#))

219 See Annex: Summary note of PIP online roundtable

220 [Q44](#) (Jonathan Andrew, Mikey Erhardt, Ellen Clifford); Mental Health Foundation ([PTW0003](#))

221 Mental Health Foundation ([PTW0003](#))

222 Annex; Mental Health Foundation ([PTW0003](#))

223 [Q44](#) (Jonathan Andrew, Head of Public Affairs, Rethink Mental Illness)

- 125.** Academics from the Universities of West Scotland and Glasgow told us about the experience of people living with PMDD, a fluctuating condition, many of whom, they said, described the process as distressing, as having lasting negative effects, and leaving them feeling disbelieved and stigmatised. Research participants also highlighted a lack of trauma-informed practice through the process. One participant, who had spoken in the assessment about having suicidal thoughts, described the experience of reading the final report:

I think [reading] the report was probably like the worst bit for me. I was reading it, and I was just like, “no ... ” Like I literally felt like it was just lies [...] when I stated that I had been like suicidal, I actually got asked ‘Why I didn’t... why I didn’t do it?’. And I was like, “Wow ... ”. It was horrendous.²²⁴

- 126.** Ellen Clifford, Coordinator, Disabled People Against Cuts, talked about the feeling of being “violated” when an assessor failed in an assessment report to accurately reflect the evidence given by a claimant. The same word was used by a PIP recipient quoted in the submission from Citizens Advice Scotland, who described the feeling of “laying bare the lowest point of her life on the application form” only for the final report to contain no fewer than 29 inaccuracies.²²⁵ Ellen Clifford and Mikey Erhardt, Campaigns and Policy Officer, Disability Rights UK, said the process made people sicker, as did one participant in the roundtable, who described having a six-week depressive episode after a PIP assessment that went badly. Mikey Erhardt cited research by Durham University in which 84% of survey respondents said the assessment process had damaged their mental health.²²⁶

- 127.** We asked the Minister for an update on the PIP review. He said the terms of reference were still being decided, which meant he had little new information to share, but he did say it would bear in mind the new four-point rule. He hoped the terms of reference would be ready by the summer recess.²²⁷ When we asked how soon any changes coming out of the review might be made, he drew a distinction between shorter and longer-term changes. He said the former would probably be implemented soon after the change to PIP eligibility took effect, in November 2026, but the latter would come much later. As an example of a longer-term change, he cited the possibility of incorporating an assessment of environmental factors, although it was not clear if he meant environmental factors that might

224 Dr Lynsay Matthews (Lecturer at University of the West of Scotland); Mhairi Campbell (Lecturer at University of the West of Scotland); Dr Eileen Harkess-Murphy (Lecturer at University of the West of Scotland); Julie Riddell (Lecturer at University of Glasgow) ([PTW0024](#))

225 Citizens Advice Scotland ([PTW0015](#))

226 [Q44](#) (Mikey Erhardt, Ellen Clifford)

227 [Q98](#) (Minister for Social Security and Disability)

increase a disabled person’s additional costs, or environmental factors that might affect the impact of a person’s disability on their daily living and mobility. Either way, he said it would be a “big change” that could not be done quickly.²²⁸

128. The Government published the terms of reference for the PIP review on 30 June 2025. This was the day before the Second Reading of the Bill, during which the Government abandoned the change to PIP eligibility altogether. The review is to include both the daily living component and the mobility component and consider:

- the role of the PIP assessment—as the future single gateway to health-related and disability benefits—in enabling disabled people and those with long-term conditions to live independently and fully participate in society;
- the assessment criteria—including activities, descriptors and associated points to consider whether these effectively capture the impact of long-term health conditions and disability in the modern world;
- whether any other evidence should be considered alongside the functional assessment to fairly reflect the impact of living with a long-term health condition or disability, including related to an individual’s personal circumstances and environment;
- how the PIP assessment could provide fair access to the right support at the right level across the benefits system; and
- what role the assessment could and should play in unlocking wider support to better achieve higher living standards and greater independence.

The terms of reference also include some principles that the Government says will underpin the review. Among other things, the review will now be co-produced with disabled people and their organisations, experts, MPs and other stakeholders, and its purpose is to ensure the assessment is fair and fit for the future rather than to generate proposals for further savings.²²⁹

129. The conduct of the review and the definition of co-production was debated on 9 July 2025 during the committee stage of the Bill. Dr Marie Tidball, MP for Penistone and Stockbridge, tabled a new clause that would have included in the Bill certain principles concerning the review’s conduct and oversight. During the debate, the Minister said he accepted some but not all of these principles. He accepted that the review should be conducted in

228 [Q99](#) (Minister for Social Security and Disability)

229 [Timms Review of the PIP Assessment: Terms of Reference](#)

accordance with Article 4(3) of the United Nations Convention on the Rights of Persons with Disabilities. This states that in the development of relevant legislation and policies, the Government should “closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organisations”.²³⁰

- 130.** Later Dr Tidball asked for an assurance that there would be “sufficient links between the Timms review recommendations and subsequent legislation on PIP to ensure accountability and that the voices of disabled people are heard”. The Minister replied: “I can give my hon. Friend that assurance, yes”. He also said the Government would “aim for a consensus among all those taking part” in the review and he envisaged a ministerial oral statement and a general debate ahead of any legislation implementing the review outcome. He also told the House the review would consider the assessment’s future role as the single health assessment and said there was a “strong case” for applying the same approach of co-production to other aspects of the health-related benefit system, but that “would need to follow successful completion of the task immediately in hand”.²³¹

131. CONCLUSION

We welcome the publication of the terms of reference for the review of the PIP assessment, which is in desperate need of reform, and the Government’s commitment to co-produce it with disabled people and their organisations, as we called for in our letter to the Secretary of State. We are particularly encouraged by the Minister’s suggestion that the same approach of co-production could be applied to other changes to the health-related benefit system, following successful completion of the PIP review. In the meantime, we will follow the review’s progress very carefully to make sure it really is being co-produced.

132. CONCLUSION

People’s experiences of the PIP assessment process are often dreadful, so we fully support the proposal to record all assessments, but we think still more needs to be done to hold assessment providers to account for their performance. This subject is slightly beyond the scope of our inquiry, but it is a crucial area in which much more work needs to be done.

230 [Article 4\(3\)](#) of the UN Convention on the Rights of Persons with Disabilities
231 HC Deb, 9 July 2025, [cols 1045–1047](#)

Delaying access to UC health to age 22

- 133.** The Government says the period when a person moves out of full-time education is critical and that ensuring they have access to the right support to manage health conditions and disabilities is key. It is particularly concerned about the 150,000 16 to 24-year-olds who are in receipt of UC health and not receiving any employment support, who, it says, risk being trapped in long-term economic inactivity before their careers have even begun. It says it wants the benefit system to “support and underpin” its Youth Guarantee, which is aimed at ensuring all 18 to 21-year-olds are earning or learning. To align with this, it wants to introduce a “clearer youth phase” within the benefits system. Its proposal, on which it is consulting, is to delay access to UC health until someone is 22, on the basis that savings would be reinvested into work support and training opportunities for this group.
- 134.** The evidence we heard on this subject was very critical, although it often treated the proposal as a policy decision, whereas it is in fact being consulted on.²³² Dr Lucy Foulkes, Department of Experimental Psychology, University of Oxford, said she did not think the proposal made sense from a developmental perspective. She explained:

It is a big period of risk for developing mental health problems. Most people who ever develop a mental illness will have done so by the time they are 24. That varies depending on the disorder. Anxiety disorders generally develop in childhood, but lots of other things develop in adolescence. You are potentially cutting off support at a time when people are first experiencing mental illness. It is also an important time for identity development and understanding one’s place in the world and their sense of self-worth. You establish that by looking at how other people are behaving towards you. Purely from a psychological level, it does not make any sense to deprive people of financial support at that age.

Speculating on the rationale for the policy, she said: “I suppose the logic might be that if they are living at home their parents can pay for them, but that does not apply to lots of young people, and it does not seem fair. I do not understand the rationale”.²³³

- 135.** The Mental Health Foundation said it was “deeply concerned” about the proposal, as people who were too unwell to work deserved a welfare system that prioritised helping them recover and return to work. Like Dr Foulkes, it said young people were particularly vulnerable to both financial hardship and poor mental health and deserved the same support and compassion

232 [Q68](#) (Dr Foulkes); Mental Health Foundation ([PTW0003](#)); Action for ME ([PTW0021](#))

233 [Q68](#) (Dr Lucy Foulkes)

as people with long-term health conditions of any age.²³⁴ Mind said the changes would “only worsen the level of severity of mental health problems, especially in young people under 22, and embed the cycle of poverty and mental health problems even further”. It called on the Government not to make the change and instead to “provide a real safety net for people with mental health problems, including for young people, and prevent more people from living in poverty”.²³⁵ Disability Rights UK called it “unjustified, discriminatory and cruel”.²³⁶

- 136.** When we put these concerns to the Minister, he said too many young people were being categorised as unfit for work and potentially trapped in economic inactivity right at the start of their working lives. He also pointed to the Government’s commitment to supporting young people into work through the Youth Guarantee.²³⁷

137. CONCLUSION

We share the Minister’s concern about young people being trapped in economic inactivity before their working lives have even begun, but we do not see why this means they should lose entitlement to UC health. The Government’s changes to UC rates, along with many of the other changes in the Green Paper, are designed precisely to support the economically inactive back to work, no matter their age. In other words, the Government believes that in the reformed system those on UC health will no longer be forgotten about. If this is so, the Minister’s concern about young people being trapped on benefits early in life will have been addressed and there will be no need to deny them access to UC health.

138. RECOMMENDATION

We urge the Government to review its decision to delay access to UC health until the age of 22.

The Right to Try Guarantee

- 139.** The Government says UC health claimants fear losing their benefit entitlement if they do try to work, but it calls this a perception more than a reality, as there are rules in place to protect people’s benefit entitlement in such circumstances. It does, however, accept that these rules are complex and often misunderstood.²³⁸ In making its case, it cites government

234 Mental Health Foundation ([PTW0003](#))

235 Mind ([PTW0004](#))

236 Disability Rights UK ([PTW0006](#))

237 [Q134](#) (Minister for Social Security and Disability)

238 [Pathways to Work](#), para 124

research, published in February 2025, on the work aspirations and support needs of those in receipt of health-related benefits, which found that 50% of those surveyed worried they would not get their benefit back if they tried paid employment and it did not work out.²³⁹ To give people the confidence to try to work, the Government says it will legislate as soon as possible to establish in law the principle that work will not be considered a relevant change of circumstances that would trigger a reassessment.

- 140.** Inclusion London welcomed the proposals to de-risk work, whilst Disability Rights UK called for exactly this measure:

The most impactful way that government could encourage LCWRA group members to engage with these services would be to remove the threat of losing benefits if they tried a job and it didn't work out, by providing a guarantee that people in this group could return to the benefits system on the same payments and without a reassessment for two years if they had started a job but found they were unable to do it.²⁴⁰

- 141.** Once again though we were told that the problem was really one of trust.²⁴¹ We cited earlier the government research mentioned in the Green Paper that found 50% of those surveyed were worried they would not get their benefit back if they tried paid employment and it did not work out. It is important to note that this research also concluded that the problem was primarily one of trust rooted in past negative experiences of interacting with DWP and the benefit system. It said those who had been claiming benefits for longer trusted DWP less.²⁴² We asked the Minister if he thought a lack of understanding or a lack of trust was the main reason people were afraid to try work. He said that even if the rules were better known it might be that people would still be afraid to try work, given the lack of trust, but he hoped that legislating for the right to try would reassure people that “this is for real” and help to address both problems. He concluded: “I am hoping we can build up trust more generally but we are where we are”.²⁴³

239 DWP, Government Social Research, [Work aspirations and support needs of health and disability customers, Interim findings report](#), February 2025, p. 50

240 Inclusion London ([PTW0016](#)); Disability Rights UK ([PTW0006](#))

241 [Q3](#) (Tom Pollard); [Q15](#) (Professor Geiger); Disabled People's Panel ([PTW0011](#)); Citizens Advice Scotland ([PTW0015](#))

242 DWP, Government Social Research, [Work aspirations and support needs of health and disability customers, Interim findings report](#), February 2025, p. 50

243 [Q139](#) (Minister for Social Security and Disability)

142.

CONCLUSION

Enshrining the right to try work in legislation will be a small but important and worthwhile measure that could provide greater clarity and even reduce levels of mistrust by putting the matter beyond doubt. This is just one step, however, in the many that will need to be taken to seriously rebuild trust in the system. We will carefully scrutinise the Government's progress on this throughout the Parliament.

5 Pathways to Work

Additional employment support

- 143.** The culmination of the Government’s vision in the Green Paper is a refocusing of the department away from benefits and towards employment support. It said that some of the money saved (under the original provisions of the Bill) would be reinvested into employment support as part of a new ‘Pathways to Work’ support offer, which was to include a guarantee of personalised employment support with a particular focus on early intervention. The additional investment was to increase every year over the Parliament and reach £1 billion by 2029–30. It said the offer would be available to anyone with a disability or long-term health condition who was also claiming out of work benefits. This built on the Government’s reforms to health-related benefits, which it said would enable more people to engage with support without fear of losing access to their benefits.²⁴⁴
- 144.** The ‘Pathways to Work’ offer builds on reforms set out in the Get Britain Working White Paper, particularly the plans to reform jobcentres by merging them with the National Careers Service, which is the subject of another inquiry of ours,²⁴⁵ and devolving more responsibility and funding to local areas so they can bring together local providers to support people into work. As part of this, the Government has recently started disbursing to local areas the £140 million promised for Connect to Work, a rebranded version of the previous Government’s Universal Support employment programme.²⁴⁶ The purpose of Connect to Work is to provide exactly the sort of integrated health, skills and employment support identified in the Green Paper.
- 145.** As we have already discussed, some criticised the delay in fully rolling out the additional investment until the final year of the Parliament.²⁴⁷ Others were concerned about the impact it could have on labour market participation. The OBR said in its economic and fiscal outlook that the investment “could raise labour supply” but that the policy details it required to assess its effectiveness had “not yet been specified sufficiently

244 [Pathways to Work](#), paras 210–16

245 [Get Britain Working: Reforming Jobcentres](#)

246 DWP, Press release, [Rollout begins on new Employment Support programme with £40 million boost to West London](#), 9 April 2025

247 [Q16](#) (Ruth Curtice)

clearly”. It said the policies had been sent to it “very late in the process” and that late notice of changes and incomplete analysis hampered its ability to reflect the measures in its forecast. It said it would incorporate an analysis into its next forecast, which might involve it drawing on evidence from previous DWP interventions to estimate the potential labour supply effects.²⁴⁸ In its most recent welfare trends report, published in 2024, it said the evidence from DWP’s largest employment support programmes since the introduction of ESA showed “some positive but limited results”.²⁴⁹

- 146.** We were told by others that the labour market effects of the additional investment in employment support should not be overstated, and would be insignificant compared to the numbers left worse off by the changes to PIP and UC.²⁵⁰ Two of the most credible estimates produced so far of the impact on employment have come from the Learning and Work Institute (LWI) and the Resolution Foundation. The LWI estimates it could help between 45,000 and 95,000 disabled people into work over the next four years. The Resolution Foundation estimated this figure could be as high as 105,000, although added this gain would be “dwarfed by poverty-inducing income losses”.²⁵¹
- 147.** Inclusion London was cautious about whether even the best designed employment support could make a meaningful difference to disabled people’s labour market participation. It said good employment support was important but available evidence did not suggest it could move lots of disabled people into work. It cited a recent government trial of Individual Placement and Support (IPS), which it called “the current gold standard employment support”. In the best performing trial groups, just over 20% of people who received IPS found work for at least 13 weeks in a 12-month period, which was only 3.8 percentage points higher than the control group, which did not receive IPS, and that there were no significant impacts on overall earnings in any group.²⁵² Tom Pollard, Head of Social Policy, NEF, on the other hand, said the poor outcomes of recent employment support and therefore the modest estimates of the impact of the additional investment might be partly explained by the “hostile environment” created by conditionality for disabled people.²⁵³

248 OBR, [Economic and fiscal outlook - March 2025](#), pp. 1–2 and 63–64

249 OBR, [Welfare trends report](#), October 2024, p. 53

250 [Q12](#) (Ruth Curtice); [Q25](#) (Iain Porter); TUC ([PTW0010](#)); Crips Against Cuts ([PTW0019](#)); Inclusion London ([PTW0016](#))

251 LWI, [Estimating the impacts of extra employment support for disabled people](#), 17 April 2025; Resolution Foundation, [Health and disability benefit reforms could boost employment by up to 105,000, but gains dwarfed by poverty-inducing income losses](#), 20 May 2025

252 Inclusion London ([PTW0016](#)); DWP and DHSC, Research and analysis, [Estimates of the impact of IPS over 12 months: Health-led Employment Trial Evaluation](#), 8 April 2024

253 [Q13](#) (Tom Pollard)

Conditionality

- 148.** This last point leads us to the final and perhaps most crucial element of the future incapacity benefit system. The support offer is to be underpinned by what the Government calls a “new baseline expectation of engagement”. For most claimants this will be a requirement to take part in regular ‘support conversations’ with appropriately skilled professionals, to enable them to set out their needs and goals and understand what support might be available. The Government says this support will include a range of personalised and more intensive support for anyone who wants it and will bring together both new provision and existing schemes, such as WorkWell and Connect to Work. It consulted on the details.²⁵⁴
- 149.** Since there will be no WCA in the reformed system, and so no means for allocating claimants to conditionality regimes, the consultation included a question on how conditionality for those on UC health should be determined. The Government’s starting point was that most people should be expected “as a minimum” to engage in regular support conversations, but it did not envisage the requirements on this group extending to undertaking specific work-related activity or to looking for or taking up work. It also said it would be important for all disabled people to have conditionality expectations “tailored to their needs and capabilities”. Finally, it said sanctions would be the ultimate backstop underpinning the expectation to engage, but this would be used “only as a last resort”. It went on:
- Our priority will always be to reengage people with appropriate support and work together to overcome any barriers or issues that individuals will face in meeting requirements, and we will build in safeguards to ensure vulnerable people are properly protected.²⁵⁵
- 150.** The nature of the conditionality imagined in the Green Paper was a source of both concern, as technically many more disabled people will be subject to conditionality, and uncertainty, given the lack of detail about how individuals’ regimes will be determined.²⁵⁶ The TUC said many more disabled people would be subject to work search requirements for the first time, and there was a high risk that the current sanctions regime would lead to a further deterioration in their health, rather than promoting work.²⁵⁷ Inclusion London called it “a regressive shift back towards conditionality” since the Get Britain Working White Paper.²⁵⁸ Mind said the support conversations would “essentially replace the WCA” as the means of deciding a person’s conditionality regime,

254 [Pathways to Work](#), paras 217–223

255 [Pathways to Work](#), para. 247

256 [Q13](#) (Tom Pollard); [Q29](#) (Professor Patrick) Inclusion London ([PTW0016](#)); Disability Rights UK ([PTW0006](#)); TUC ([PTW0010](#)); Disabled People’s Panel ([PTW0011](#))

257 TUC ([PTW0010](#))

258 Inclusion London ([PTW0016](#))

which it said was “highly concerning”, given DWP staff’s lack of understanding of mental health. It urged the Government to ensure these conversations resulted in clear decisions with an appeals process:

Without this process, there is likely to be a large increase in inappropriate conditionality and therefore an increased risk of sanctions for people who are very unwell.²⁵⁹

Action for ME argued against making them a “blanket condition” for people with severe ME.²⁶⁰ Marie Curie said the terminally ill should be exempt from even the most minimal conditionality requirements.²⁶¹

- 151.** David Berry, Work and Skills Lead, Manchester City Council, told us about the experience in Manchester, which is running one of the WorkWell pilots, but has also been providing a similar service called Working Well since 2014. The WorkWell service, launched in October 2024, provides personalised support of the kind envisaged in the Green Paper. He said the service was supporting people with musculoskeletal conditions by offering them the opportunity to have a conversation with a clinician to explore what employment support might be available. He said the conversation was voluntary and person-led, however, and that the “key thing” was “taking away the fear of having a conversation” and the conversation taking place at the right time.²⁶²
- 152.** We heard more generally about the negative effect conditionality and the threat of sanctions can have on people’s mental health and chances of finding work.²⁶³ The Disabled People’s Panel said the intensification and extension of conditionality tended only to push people further away from work, especially people with mental health conditions, as many people simply did not know what their work capability was.²⁶⁴ For this reason, the nature of the new conditionality regime for UC health recipients is central to any assessment of the reformed incapacity benefit regime. Time and again, we were told that conditionality should either not apply, or should at least be in the background, and the focus should be on supportive conversations in which claimants are offered but not required to take up work support.²⁶⁵ Tom Pollard, Head of Social Policy, NEF, said DWP should be doing everything possible to get genuine engagement before resorting

259 [Mind \(PTW0004\)](#)

260 [Action for ME \(PTW0021\)](#)

261 [Marie Curie \(PTW0009\)](#)

262 [Q67](#) (David Berry)

263 [Q22](#) (Professor Geiger) [Q29](#) (Professor Patrick); [Disabled People’s Panel \(PTW0011\)](#); [Action for ME \(PTW0021\)](#);

264 [Disabled People’s Panel \(PTW0011\)](#)

265 [Q23](#) (Jean-André Prager); [Q29](#) (Professor Patrick)

to conditionality.²⁶⁶ Professor Patrick, Professor of Social Policy, University of York, said conditionality governed encounters “in really negative ways” and made claimants more distrustful and less willing to try something new.²⁶⁷

- 153.** On the question of why conditionality tends not to work for disabled people, Professor Geiger, Professor in Social Science and Health, King’s College London, said:

It is because people do not know what their work capacity is. You are trying to force people into something that you do not know they can do. You are trying to give them the confidence to experiment with something that is uncertain. Challenge has a role in good frontline employment support, but challenge is not the same as threat. It is not that there is no challenge in that, but you are trying to develop a trusting relationship where you can challenge people to experiment with something that they are not sure that they can do. The evidence shows you do not get that with threat.²⁶⁸

- 154.** We pressed the Minister for more information about the future conditionality regime. He said a new approach was required that tailored conditionality to individuals’ needs, and that the Government would bring forward proposals in response to the consultation. He was able to provide a little more detail, however, saying that for some people even a support conversation would not be appropriate, but for most people there was clear evidence that such conversations could have a positive impact on people’s employment prospects. He stressed several times that the employment support itself should always be voluntary, although he thought it perfectly reasonable to expect people at least to have a conversation about what support was available.²⁶⁹ Finally, we asked who would tailor the conditionality regimes. He said the Government wanted to train up a network of work coaches to perform this specific role, and that there were already 1,000 of these Pathways to Work advisers, which equated to two for every jobcentre, who had been trained up by the new coaching academy.²⁷⁰

266 [Q22](#) (Tom Pollard)

267 [Q27](#) (Ruth Patrick)

268 [Q22](#) (Professor Geiger)

269 [Q128](#), [Q142](#), [Q145](#) (Minister for Social Security and Disability)

270 [Q143](#) (Minister for Social Security and Disability)

155. CONCLUSION

We are cautiously optimistic about the Government's proposals for conditionality, although a great deal remains uncertain. The tone of the Green Paper suggests the Government is minded to focus more on positive engagement than coercive conditionality. We appreciate the concerns expressed by many about the principle of drawing more disabled people within the scope of conditionality, but if support conversations are to be the extent of conditionality for the majority of claimants, we would consider this regime to be so light as to barely count as conditionality at all. We are more concerned, however, about the arrangements for determining a person's conditionality regime, about which there is too little information, and about the availability of an appeals process.

156. RECOMMENDATION

We recommend that the Government clarify its intentions for the conditionality regime for disabled people. In particular, it should spell out what requirements beyond support conversations a disabled person might have to meet. Furthermore, if the nature of a person's conditionality regime is to be left to the discretion of work coaches, the Government needs to make clear on what basis they will be making their decisions and what right of appeal a claimant will have. Conditionality for disabled people must not become dependent on the whims of work coaches.

Conclusions and recommendations

The Government's case for reform

1. We agree that recent increases in spending on health-related welfare, as well as future spending projections, are concerning, but at the same time, we cannot ignore the fact that spending on non-health related, non-pensioner welfare has fallen, especially given the possibility that the increase in the first might be partly the result of the reduction in the second. (Conclusion, Paragraph 25)
2. We agree that the incapacity benefit system is broken. It focuses too much on what people cannot do and on assessing claimants' eligibility for benefits, rather than on supporting them into work. As concluded by many of the most reputable authorities in this area, the disparity in rates and conditionality rules has no doubt impacted on economic inactivity. Whether people are being parked on benefits depends largely, however, on the barriers to their engaging with the available employment support or attempting to move into work. The Government recognises this point in the Green Paper and has set out proposals to address the challenges. The success of its reforms, which we discuss later in our report, will depend on whether it really can improve levels of trust in the system. (Conclusion, Paragraph 36)
3. Trends in health-related benefit spending cannot be properly understood without appreciating the impact of rising ill-health and financial insecurity. The disparity between the standard and higher rates, for example, would not be nearly so great an incentive to claim were those affected not struggling financially. If a disabled person is struggling financially, they are obviously far more likely to claim benefits for which they are eligible but which they might previously not have thought about claiming. The combination of rising ill-health and financial insecurity cannot account for all the increase in caseloads but is certainly a significant contributory factor. (Conclusion, Paragraph 45)

4. The accessibility of workplaces is highly relevant to the Government's reforms, especially since it has predicated its criticisms of the Work Capability Assessment partly on there being a range of jobs and adaptations available in the labour market. We will return to this subject in a future Get Britain Working inquiry. (Conclusion, Paragraph 49)

Changes to PIP eligibility and UC rates

5. We are sympathetic to the intention behind the changes to UC rates and we agree with the importance of increasing the standard allowance. As such, we warmly welcome the desperately needed increases in the standard allowance, although we hope the Government will give serious consideration to further increases before the end of the Parliament. The Minister gave us reason to think he was keeping an open mind on this. We also welcome the decision not to freeze UC health for existing claimants. We remain concerned, however, that the significant reduction in UC health for new claimants after April 2026 will push many disabled people further into poverty and away from the labour market, even with the increase in the standard allowance. (Conclusion, Paragraph 98)
6. We recommend that the Government consider implementing further increases to the standard allowance over the life of the Parliament, in addition to those provided for in the Universal Credit Bill. We also call on the Government to delay the reduction in UC health until it has carried out an independent and comprehensive assessment of the impact the change could have on disabled people. (Recommendation, Paragraph 99)
7. We are pleased the Government has provided some clarity about how those with the most severe, lifelong conditions will be protected, at least until the removal of the Work Capability Assessment, and we look forward to the publication of the White Paper in the autumn, which will set out the Government's long-term plans for protecting this group. We also welcome the fact that those in this group will benefit from the decision not to freeze UC health for the rest of the Parliament. However, we have some concerns about those conditions, especially serious mental health conditions, that might not be caught under the severe conditions criteria and about the extent to which the Government consulted with stakeholders on those eligibility criteria. (Conclusion, Paragraph 100)
8. We ask that the Government set out what conversations it had with stakeholders about the eligibility criteria for the protected rate of UC health for those with the most severe, lifelong conditions, and any assessment it has made about the types of serious conditions, especially mental health conditions, that might not qualify. (Recommendation, Paragraph 101)

9. The change to eligibility for the daily living component of the Personal Independence Payment was always the source of greatest concern and anger. This was partly because it appeared to many that the Government was treating PIP as an incapacity benefit, although we recognise that, as the Minister said, a large majority of PIP recipients are not in work. (Conclusion, Paragraph 102)
10. In the end, the Government made the right decision by removing Clause 5 from the Universal Credit Bill, as a result of which there will now be no change to PIP eligibility until after the completion of the PIP review. The decision, and the way it was made, of course gives rise to many other questions. We had concerns about the policy development process, which was particularly troubling given the Government's commitment to improving its approach to safeguarding. We do not understand why a comprehensive and independent impact analysis was not undertaken before the Bill was introduced. There are clearly lessons to be learned. We would also welcome Ministers' consideration of how a realigned, disability friendly labour market and an NHS with additional capacity might impact on the rate of disability and incapacity benefit off-flows, and similarly how longer-term improvements in population health might impact on the rate of on-flows. (Conclusion, Paragraph 103)
11. We call on the Government to explain in its response to our report what assessment it made of the safeguarding implications of the Universal Credit and Personal Independence Payment Bill before it was introduced to Parliament. We also recommend that it publish as soon as possible an assessment of the impact that a more disability friendly labour market and additional NHS capacity, as well as longer-term improvements in population health, could have on rates of disability and incapacity benefit on and off-flows. (Recommendation, Paragraph 104)

Other reforms to health-related benefits

12. We agree with the principle of a streamlined, single health and disability assessment, given the distress caused by repeated and unnecessary assessments. The objection to the Government's proposal to abolish the Work Capability Assessment (WCA) and to link eligibility for UC health to receipt of the daily living component of PIP is that the two assessments assess different things: one a person's capacity for work and the other the impact of a disability on a person's daily living. This objection seems to miss the point, however, since the Government is explicit that it wants to decouple access to UC health from an assessment of a person's capacity for work. (Conclusion, Paragraph 117)

- 13.** We are cautiously supportive of the idea of decoupling UC health from an assessment of a person’s capacity for work, but it does raise an important question about what type of benefit UC health will be in the future. If it is not related to a person’s capacity for work, it can hardly be described as an incapacity benefit. If it is to depend on receipt of the daily living component of PIP, it is perhaps best described as a means-tested disability benefit, but the Government has not described it in these terms. (Conclusion, Paragraph 118)
- 14.** The regulations underpinning the WCA include important safeguards for those with high-risk pregnancies, the terminally ill, those receiving cancer treatment and those who would be at substantial risk if they were not awarded UC health. Given the serious impact the loss of these protections would have, we welcome the Minister’s confirmation that it will protect these groups in the future. (Conclusion, Paragraph 119)
- 15.** As the Minister accepted when he gave oral evidence, the fact that disability benefits are a devolved matter in Scotland presents potentially very serious obstacles to implementation. We are particularly concerned about the possibility that in the future the criteria for determining eligibility for the Adult Disability Payment could be very different from those for PIP, especially in the context of the record level of funding provided to the Scottish Government in the 2025–26 funding settlement. We will scrutinise very carefully the solution the Minister expects to be set out in the autumn White Paper. (Conclusion, Paragraph 120)
- 16.** We recommend that the Government:

 - clarify what type of benefit UC health will be in the reformed system; and
 - provide an update as soon as possible on the progress of discussions with the Scottish Government regarding implementation in Scotland. (Recommendation, Paragraph 121)
- 17.** We welcome the publication of the terms of reference for the review of the PIP assessment, which is in desperate need of reform, and the Government’s commitment to co-produce it with disabled people and their organisations, as we called for in our letter to the Secretary of State. We are particularly encouraged by the Minister’s suggestion that the same approach of co-production could be applied to other changes to the health-related benefit system, following successful completion of the PIP review. In the meantime, we will follow the review’s progress very carefully to make sure it really is being co-produced. (Conclusion, Paragraph 131)

18. People's experiences of the PIP assessment process are often dreadful, so we fully support the proposal to record all assessments, but we think still more needs to be done to hold assessment providers to account for their performance. This subject is slightly beyond the scope of our inquiry, but it is a crucial area in which much more work needs to be done. (Conclusion, Paragraph 132)
19. We share the Minister's concern about young people being trapped in economic inactivity before their working lives have even begun, but we do not see why this means they should lose entitlement to UC health. The Government's changes to UC rates, along with many of the other changes in the Green Paper, are designed precisely to support the economically inactive back to work, no matter their age. In other words, the Government believes that in the reformed system those on UC health will no longer be forgotten about. If this is so, the Minister's concern about young people being trapped on benefits early in life will have been addressed and there will be no need to deny them access to UC health. (Conclusion, Paragraph 137)
20. We urge the Government to review its decision to delay access to UC health until the age of 22. (Recommendation, Paragraph 138)
21. Enshrining the right to try work in legislation will be a small but important and worthwhile measure that could provide greater clarity and even reduce levels of mistrust by putting the matter beyond doubt. This is just one step, however, in the many that will need to be taken to seriously rebuild trust in the system. We will carefully scrutinise the Government's progress on this throughout the Parliament. (Conclusion, Paragraph 142)

Pathways to Work

22. We are cautiously optimistic about the Government's proposals for conditionality, although a great deal remains uncertain. The tone of the Green Paper suggests the Government is minded to focus more on positive engagement than coercive conditionality. We appreciate the concerns expressed by many about the principle of drawing more disabled people within the scope of conditionality, but if support conversations are to be the extent of conditionality for the majority of claimants, we would consider this regime to be so light as to barely count as conditionality at all. We are more concerned, however, about the arrangements for determining a person's conditionality regime, about which there is too little information, and about the availability of an appeals process. (Conclusion, Paragraph 155)

- 23.** We recommend that the Government clarify its intentions for the conditionality regime for disabled people. In particular, it should spell out what requirements beyond support conversations a disabled person might have to meet. Furthermore, if the nature of a person's conditionality regime is to be left to the discretion of work coaches, the Government needs to make clear on what basis they will be making their decisions and what right of appeal a claimant will have. Conditionality for disabled people must not become dependent on the whims of work coaches. (Recommendation, Paragraph 156)

Annex: Summary note of PIP online roundtable

Introduction

On Monday 19 May 2025, we held an online roundtable with recipients of the daily living component of PIP who did not score 4 points in any activity at their last assessment, and who consequently expected to lose their entitlement under the reforms. This note summarises the views and experiences shared during the roundtable.

What participants used their PIP for

One participant said they used their PIP to buy a car, which he described as “transformative”, since he struggled to use public transport on his own, and also to make his bathroom more accessible. He said losing his car would mean giving up his freedom and leave him isolated again. Another participant, who received PIP for autism and her mental health, said she used it to pay her rent. She had been unable to afford heating that winter and had to go running to keep warm. Another participant said PIP paid for his disabled travel pass, which meant he could stay in work, and for his medication, which he said was “incredibly expensive”. Another said he sometimes used his PIP to pay for talking therapies. Participants also stressed that PIP was not an out-of-work benefit but rather enabled people to find or stay in work.

Costs associated with mental health

One participant said the costs varied from individual to individual. She said her autism and mental health condition affected the work she could do, the level of responsibility she could cope with, and therefore the work she could pitch for, which in turn affected her income. Another participant said he spent a lot of time at home, which meant his energy costs were higher.

Impact of changes

One participant called the prospect of the change to PIP eligibility “horrific” and “terrifying” and said she would have to rely on foodbanks. She said it would “ruin” her family. Another participant, who was working part-time but wanted to go full-time, said it would affect her ability to do so. Another said it felt like an attack on people with mental illness. He said without PIP many people’s mental health would get worse and they would be less likely to find or stay in work. One talked of the “shock and despair” caused by the announcement and the way it was made. Another said it was an attack on the most marginalised group in society and that people would lose their lives.

NHS and other services

Participants said inadequate NHS services were making them more dependent on PIP. One participant said she had been told she was too young for a knee operation and was also waiting too long for talking therapies. Another mentioned cuts to funding for Citizens Advice, which had resulted in office closures. Someone said welfare advice was a postcode lottery. Someone called for a welfare advocacy service available to everyone but not mandatory.

Society’s attitude

Participants spoke about the feeling of not being believed. One participant said she lived in constant fear of being reported just for being able to walk down the street. One participant criticised the Health Secretary’s comments about mental health conditions being overdiagnosed, and another criticised the language used in the media and by politicians. Another participant, who had a blue badge, talked about being challenged and feeling the need to justify himself. One person said people were hated just for being on benefits and that the media were largely responsible.

Assessments

There was criticism of the disconnect between various assessments. One participant said following an accident she had been given ill-health retirement, following an assessment by Capita, which found she would never be able to work again, but soon after she was assessed for incapacity benefit, again by Capita, and that time she was deemed fit for work, although that was overturned on appeal.

One participant said claimants were always having to prove what was wrong with them and what you could not do.

Participants agreed assessors often did not know anything about the conditions they were assessing, especially mental health conditions, and said assessors should always be experts in the condition being assessed. One person said they once smiled at an assessor and so was deemed to have social skills and not to have depression.

The effect of delays in decision making was described as “catastrophic” by one participant, who had once waited 10 months from application to first outcome, which had increased his chronic anxiety.

Participants also talked about the fear and anxiety caused by assessments. One said he had had a six-week depressive episode after an assessment that went badly, as a result of which he missed the mandatory reconsideration. He said that period had been “absolutely dreadful”.

One participant asked what constituted evidence. He said consultants did not have time to write letters and that his GP had wanted to charge him £35 for one. He said his GP had a member of staff who spent almost all their time writing these letters. He said getting evidence was much harder than it sounded and that the PIP review should look into that. One participant said assessors should be talking to GPs as a matter of course to get evidence.

One participant complained about the lack of compassion from assessors. She said people were not being treated like human beings. She also said she thought they tried to get people to “slip up” and described one assessment in which the assessor commented on her shoes, which looked new. She had explained that they looked new because she never wore them out of the house. Another participant said he had been marked down because he had hoovered his carpet. He thought assessors would get better evidence if they were more compassionate and put people at ease, and called for mandatory trauma-informed training. He said he was normally scared during assessments.

One participant was more positive about assessments and said she had always been asked if there was anyone the assessor could contact to get more evidence. She said some medical professionals tended to exaggerate symptoms and to encourage claimants to do the same, which she thought might explain assessors’ attitude. She thought they expected claimants and medical professionals to exaggerate symptoms and that no one trusted the system to work as it should. She knew there were good assessors out there, however, as she had only ever had good assessors herself, but she thought there needed to be more of them. She said it was important that assessors had the right temperament.

One participant endorsed the idea of accreditation for assessors that would qualify them to carry out a single assessment that could then be used to access other government services or provision. Another person agreed,

saying it would mean people not having to repeat traumatic evidence, especially for conditions that were never going to get better. As it stood, she said every assessment started from scratch and required the claimant to convince an assessor all over again.

One participant criticised the points system as unfair and not reflective of conditions.

Formal Minutes

Wednesday 16 July 2025

Members present:

Debbie Abrahams, in the Chair

Johanna Baxter

Steve Darling

Damien Egan

Gill German

Amanda Hack

Danny Kruger

Frank McNally

John Milne

David Pinto-Duschinsky

Get Britain Working: Pathways to Work

Draft Report (*Get Britain Working: Pathways to Work*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraph 1 to 156 read and agreed to.

Summary agreed to.

Annex agreed to.

Resolved, That the Report be the Third Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

Adjournment

Adjourned till Wednesday 3 September at 9.30 am

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Tuesday 22 April 2025

Professor Ben Geiger, Professor in Social Science and Health, King's College London; **Tom Pollard**, Head of Social Policy, New Economics Foundation; **Jean-André Prager**, Senior Fellow, Policy Exchange; **Ruth Curtice**, Chief Executive, Resolution Foundation [Q1–24](#)

Professor Ruth Patrick, Professor of Social Policy, University of York; **Iain Porter**, Senior Policy Adviser, Joseph Rowntree Foundation; **Angela Matthews**, Director of Public Policy and Research, Business Disability Forum [Q25–42](#)

Wednesday 7 May 2025

James Taylor, Executive Director, Scope; **Mikey Erhardt**, Campaigns and Policy Officer, Disability Rights UK; **Ellen Clifford**, Coordinator, Disabled People Against Cuts; **Jonathan Andrew**, Head of Public Affairs, Rethink Mental Illness [Q43–61](#)

Dr Lucy Foulkes, Academic Psychologist, Department of Experimental Psychology, University of Oxford; **David Finch**, Assistant Director, Healthy Lives Directorate, Health Foundation; **Professor Ben Barr**, Professor in Applied Public Health Research, University of Liverpool; **David Berry**, Work and Skills Lead, Manchester City Council [Q62–83](#)

Wednesday 25 June 2025

Rt Hon Sir Stephen Timms MP, Minister for Social Security and Disability; **Katherine Pateman**, Deputy Director, Disability Benefits Division, Policy Group; **Shaun Butcher**, Deputy Director, Disability Lead Analyst, Department for Work and Pensions [Q84–147](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

PTW numbers are generated by the evidence processing system and so may not be complete.

1	Action for ME	PTW0021
2	Age UK	PTW0025
3	Anonymised	PTW0023
4	Brown, Shane	PTW0020
5	Carers Trust	PTW0007
6	Carers UK	PTW0014
7	Citizens Advice	PTW0002
8	Citizens Advice Scotland	PTW0015
9	Crips Against Cuts	PTW0019
10	Disability Rights UK	PTW0006
11	Disabled People's Panel	PTW0011
12	Fenton-Glynn, Josh	PTW0022
13	Health Equity North	PTW0001
14	Inclusion London	PTW0016
15	ME Association	PTW0029
16	Marie Curie	PTW0009
17	Matthews, Dr Lynsay (Lecturer, University of the West of Scotland); Mhairi Campbell (Lecturer, University of the West of Scotland); Dr Eileen Harkess-Murphy (Lecturer, University of the West of Scotland); and Julie Riddell (Lecturer, University of Glasgow)	PTW0024
18	Mental Health Foundation	PTW0003
19	Mind	PTW0004
20	Parkinson's UK	PTW0017

21	Patrick, Professor Ruth (Professor of Social Policy, University of York)	<u>PTW0012</u>
22	Pensions Research	<u>PTW0008</u>
23	Propertymark	<u>PTW0018</u>
24	Rachel (a Scope storyteller)	<u>PTW0026</u>
25	Trades Union Congress	<u>PTW0010</u>
26	Thompson, Gary K.	<u>PTW0027</u>
27	Trussell Trust	<u>PTW0013</u>
28	Z2K	<u>PTW0005</u>

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

Session 2024–25

Number	Title	Reference
2nd	Pensioner Poverty: challenges and mitigations	HC 465
1st	Safeguarding Vulnerable Claimants	HC 402
3rd Special	Safeguarding Vulnerable Claimants: Government Response	HC 1248
2nd Special	Defined Benefit Pensions Schemes: Government Response	HC 870
1st Special	Statutory Sick Pay: Government Response	HC 787