

Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper

MND Association briefing March 2025

Background

On 18 March 2025, the Department for Work and Pensions (DWP) published the *Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper*. The paper sets out a range of changes, focusing primarily on benefits provided to working-age people who are disabled or unable to work. Together these would represent the biggest change to the benefits system since the introduction of Universal Credit in 2012.

The Government argues that the welfare system has expanded unsustainably in recent years, with the number of people claiming health-related benefits with no requirement to work increasing by 800,000, or 45% - since 2019/2020. It argues that the structure of the current system creates perverse incentives for some to remain on disability related health benefits and avoid returning to work.

However, the proposals have been met by strong criticism from organisations representing people living with disabilities and long-term health conditions, which argue that they risk pushing vulnerable people into financial hardship.

A Green Paper is a consultation document setting out proposals for discussion and stakeholder feedback. It is often followed by a White Paper, which is a statement of policy setting out proposals for implementation. The Government is running a consultation on the Green Paper proposals, which closes on 30 June. However, it has specified that certain proposals within the Green Paper are not subject to consultation.

Key changes impacting people living with MND

1) Changes to assessment and eligibility for disability benefits:

- The Work Capability Assessment, which assesses fitness to work and determines access to the Universal Credit health element, will be scrapped. Instead, extra financial support for health conditions under Universal Credit (UC) will be assessed via the Personal Independence Payment (PIP) assessment and be based on the impact of disability rather than capacity to work. Anybody on the Daily Living Award as part of PIP will be eligible for the UC health element. Government will not be consulting on this proposal.
- PIP will remain non-means tested but will be refocused towards those with higher needs. A minimum of four points must be scored on one PIP daily living activity to receive the daily living element. Eligibility criteria for the mobility element of PIP will remain unchanged.
- Together, these proposals mean that people living with MND will access support later in their disease progression than under the current system. Claimants will have to demonstrate a higher level of need in order to access PIP, and their PIP assessment will

also determine eligibility for the Universal Credit health element, which previously was assessed through the Work Capability Assessment.

- Currently around 600,000 people are eligible for the Universal Credit health element but are not yet eligible for PIP. People in that category will no longer be able to receive the Universal Credit health element until/unless they become eligible for PIP.

Comment: We are deeply concerned that people coping with the devastating impacts of MND will become eligible for additional financial support at a later stage in their disease progression than under the current system.

The financial costs associated with having MND can be dire. Our research shows it costs families around £14,500 per year, on average, to manage the costs of the disease, with many spending much more. We call on the Government to ensure that nobody living with MND misses out on vital support as a result of these proposed changes.

2) Changes to financial awards through Universal Credit:

- Government will increase in the UC standard allowance for new and existing claimants, equal to a £7 per week increase for a single person over 25 by 2026/27.
- For people who already receive the UC health element, the rate of the UC health element will be frozen at £97 per week until 2029/30, but this group will receive an increased UC entitlement in cash terms as a result of the increased standard allowance. The Chancellor, in her Spring Statement, has stated that the UC standard allowance will increase from £92 p/w in 2025/26 to £106 p/w by 2029/30.
- For new claims, the rate of the UC health element will be reduced by £47 per week (from £97 in 2024/25 to £50 in 2026/27). The higher standard allowance will partially offset this reduction. The Government proposes that people with the most severe, life-long health conditions, who have no prospect of improvement and will never be able to work, will see their incomes protected through an additional premium.
- These changes mean that from 2026/27, people with MND who begin to claim the Universal Credit health element will receive a lower allowance than under the current system, unless they receive the additional premium for the most severe conditions.
- People eligible for the premium for the most severe conditions will not be required to undergo reassessment.

Comment: It is essential that everyone with a diagnosis of MND is automatically entitled to the additional premium for people with the most severe, life-long health conditions. MND clearly falls into this category as a progressive, incurable and terminal condition causing severe disability. The Government must ensure there is no ambiguity regarding the eligibility of people living with MND for the proposed additional premium.

3) Removing access to the Universal Credit health element for under-22s

- The Government will consult on delaying access to the UC health element until someone is aged 22 and says that the money saved will be reinvested into work support and training opportunities.

- Although MND is more common in older people, it can affect adults of any age. People aged 18-22 who are diagnosed with MND would not be eligible for the UC health element if this proposal is implemented.

Comment: People coping with the impacts of MND between the ages of 18 and 22 must not be denied access to essential financial support based on their age. The Government should reconsider this proposal, which risks financial hardship for the most vulnerable young people.

4) Stronger focus on moving people back into work

- People receiving the UC health element will be expected to participate in periodic conversations about work and support.
- Many people living with MND wish to work for as long as they can. However, as MND is a progressive condition in all cases, once people reach the point where they are no longer able to work there is no prospect of their condition improving to enable them to work again in future.

Comment: People living with MND who are able to work and wish to do so may benefit from additional advice and support. However, this must be voluntary. The Government must recognise that once someone has become unable to work as a result of MND, there is no prospect of their condition ever improving. To require someone in this position to undertake regular conversations around returning to work would be deeply insensitive, unnecessarily burdensome, and risks causing avoidable anxiety and stress. It would also be a waste of resources. The Government must ensure that people living with progressive and incurable conditions such as MND are not subjected to work-related activity requirements to access the support they rely on.

Summary of other measures:

Personal Independence Payments (PIP)

- The Government will launch a process to review and modernise the PIP assessment. To support better delivery of PIP assessments, DWP looking at recording assessments as standard practice based on a recommendation from the Work and Pensions Select Committee, improving people's trust in the system.
- DWP will explore ways in which evidence submitted by people with very severe conditions to other services could be utilised in PIP assessment to reduce the need to undergo a full PIP functional assessment.
- People who are expected to have 12 months or less to live will continue to be able to access PIP through the existing fast-track route (Special Rules for End of Life).
- DWP will work with DHSC to ensure that existing people who claim PIP who may no longer be entitled to the benefit following an award review under new eligibility rules have their health and eligible care needs met. They will consult on measures to achieve this, including by offering a review of health and eligible care needs to anyone who is no longer entitled to PIP in future.

Universal Credit (UC)

- The Government will introduce legislation that clarifies that trying work in and of itself is not a relevant change of circumstance that will trigger a PIP award review or WCA reassessment.
- While the Work Capability Assessment is still in place, the Government will restart WCA reassessments, focusing on those most likely to have had a change in circumstances, such as people with short-term or fluctuating prognoses.
- The Government will move to increase the number of face-to-face assessments (as opposed to remote assessments) in both the WCA and PIP.

New unemployment insurance benefit

- The Government will consult on introducing a new contribution-based unemployment insurance to replace the existing contribution-based benefits, New Style Employment and Support Allowance and New Style Jobseeker's Allowance. To qualify for these benefits currently, two to three years' worth of National Insurance credits must have been paid or credited prior to the date of a person's claim.
- The Government proposes to replace both these benefits with one new Unemployment Insurance benefit. The rate of financial support would be set at the current higher rate of New Style Employment and Support Allowance. The benefit would not require a health assessment and would be based on an individual's National Insurance record as is currently the case.

Back-to-work support

- The Government will invest an additional £1 billion a year by 2029/2030 to shape a new 'pathways to work' support offer. This will bring together a range of current interventions, and invest in new ones, to establish an offer of tailored, one-to-one help alongside access to appropriate employment, health and skills support.
- The Government will undertake a review of the Access to Work grant scheme, which is intended to support workplace adjustments that go beyond what would normally be expected from an employer through their duty to provide reasonable adjustments under the Equality Act 2010.

Devolved considerations

DWP is responsible for all health and disability benefits in England and Wales. These proposals, if confirmed, will apply to England and Wales. In Northern Ireland, health and disability benefits are the responsibility of the Northern Ireland Executive, although the UK government and the Northern Ireland Executive work closely together to maintain parity between their respective social security systems.