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

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2. Views on health condition/disability and finding work, by benefit
3. UC Health Claimants in work
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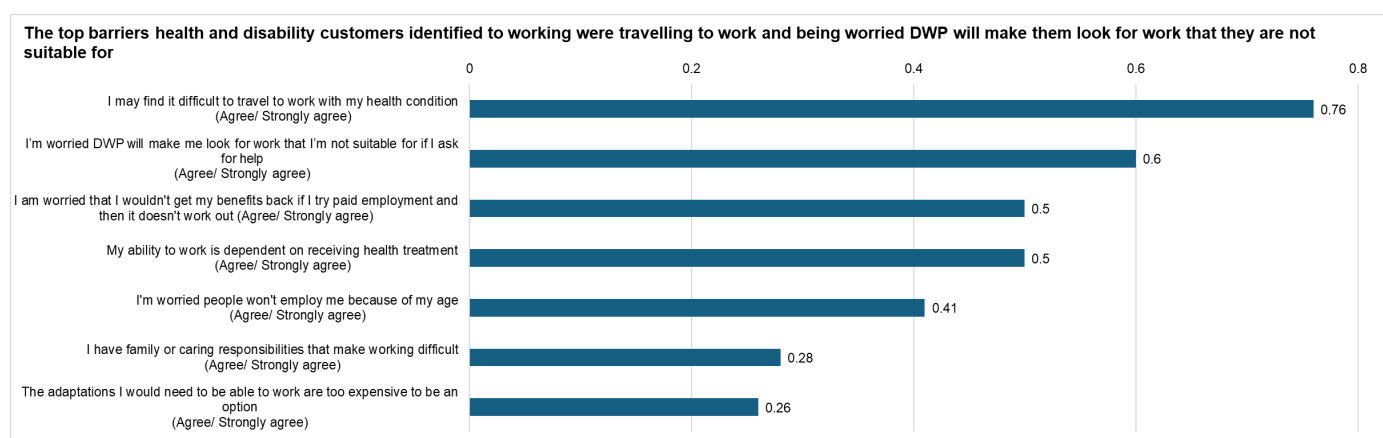
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We welcome feedback

Further Information

Website for this release

1. Views on health condition/disability and finding work

People aged 16 to 64 by reasons for inactivity (seasonally adjusted)

The top barriers health and disability customers identified to working were travelling to work and being worried DWP will make them look for work that they are not suitable for

Statement	Value
I may find it difficult to travel to work with my health condition (Agree/ Strongly agree)	0.76
I'm worried DWP will make me look for work that I'm not suitable for if I ask for help (Agree/ Strongly agree)	0.6
I am worried that I wouldn't get my benefits back if I try paid employment and then it doesn't work out (Agree/ Strongly agree)	0.5
My ability to work is dependent on receiving health treatment (Agree/ Strongly agree)	0.5
I'm worried people won't employ me because of my age (Agree/ Strongly agree)	0.41
I have family or caring responsibilities that make working difficult (Agree/ Strongly agree)	0.28
The adaptations I would need to be able to work are too expensive to be an option (Agree/ Strongly agree)	0.26

Source: Work aspirations and support needs of health and disability customers: Interim findings report - GOV.UK (www.gov.uk), published February 2025 https://www.gov.uk/government/publications/work-aspirations-and-support-needs-of-health-and-disability-customers

The chart shows the views of health and disability benefit customers on finding work. This includes people claiming PIP, ESA and UC health.

The work aspirations interim report, published in February 2025, explored the employment aspirations, barriers to work and support needs of health and disability customers (which includes customers claiming PIP, ESA or are on the UC health Journey). It is based on 3,401 survey findings and 61 qualitative interviews (roughly two thirds of the total number of interviews).

The question involved asking participants if they agreed with a set of statements. The chart shows the percentage of customers who agreed or strongly agreed with each statement. Those who responded "not applicable" to this question are not included in this chart.

The top barrier identified to finding work by customers was finding it difficult to travel to work with their health condition, with 76% agreeing or strongly agreeing with this statement. 60% were also worried that DWP will make them look for work they were not suitable for if they asked for help.

Half (50%) of customers who responded to the survey said their ability to work is dependent on receiving treatment for their health condition, and they were worried they would not get their benefits back if they tried paid employment and it didn't work out.

A smaller proportion had family or caring responsibilities that make working difficult (28%), and 26% thought the adaptations they would need to be able to work were too expensive to be an option.

Notes:
1. All health and disability claimants excluding N/A responses (2,234 respondents)

2. Views on health condition/disability and finding work, by benefit

	Total	NS/ESA WRA	NS/ESA SG	UC LCW	UC LCWRA	UC Pre-WCA	PIP
I'm worried people won't employ me because of my age	**41%**	47%	48%	35%	39%	36%	38%
I may find it difficult to travel to work with my health condition	**76%**	74%	78%	71%	76%	69%	76%
I have family or caring responsibilities that make working difficult	**28%**	26%	21%	38%	29%	31%	31%
I am worried that I wouldn't get my benefits back if I try paid employment and then it doesn't work out	**50%**	44%	57%	50%	52%	43%	37%
My ability to work is dependent on receiving health treatment	**50%**	30%	56%	46%	50%	51%	45%
The adaptations I would need to be able to work are too expensive to be an option	**26%**	17%	35%	24%	26%	17%	21%

Source: Work aspirations and support needs of health and disability customers: Interim findings report - GOV.UK (www.gov.uk), published February 2025.

Link to report: [Work aspirations and support needs of health and disability customers: Interim findings report](#)

Notes:
1. Results from claimants in the NS/ESA Assessment Phase were suppressed to prevent disclosure.
2. All health and disability claimants excluding N/A responses (2,234 respondents).

3. UC Health Claimants in work

Percentage of UC Health population in work alongside claiming for UC Health

LCWRA and LCW in work
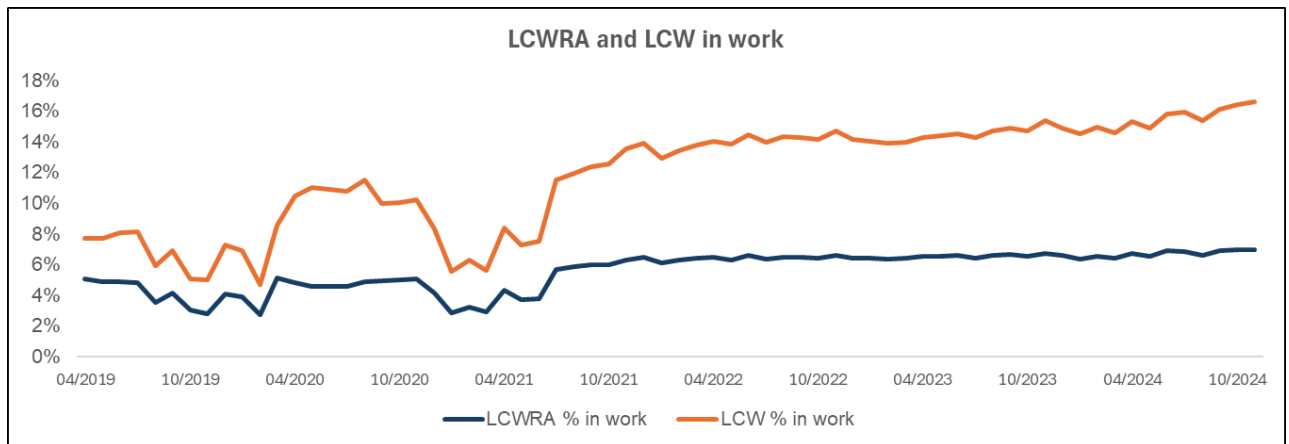
Source: administrative data held on DWP computer systems with encrypted personal identifiers

The chart presents the portion of the UC Health caseload population across Limited Capability for Work and Limited Capability for Work and Work-related Activity groups in work alongside claiming for UC Health.

The % rates for claimants from the Limited Capability for Work group while larger than those from the Limited Capability for Work and Work-related Activity group, correspond to a smaller group of UC Health claimants. Meanwhile, the % rates for claimants from the Limited Capability for Work and Work-related Activity group, although smaller, correspond to the biggest group of UC Health claimants.

Notes:
1. The UC Health claimants in work are obtained using administrative data held on DWP computer systems with encrypted personal identifiers.
2. The chart includes UC Health claimants within the Limited Capability for Work and Work-related Activities and the Limited Capability for Work groups with an 'in-work' flag, without accounting for work sustenance.
3. As set out in the Decomposition of growth in the number of claimants of Universal Credit with Limited Capability for Work and Work-Related Activity, or in the Employment and Support Allowance Support Group - GOV.UK analysis the scope of the UC Health caseload reflects a wider population than would be in the ESA caseloads historically. Therefore, caution should be exercised when interpreting UC Health alone relative to the wider benefit recipient population. The composition of the caseload over time therefore reflects the maturity of Universal Credit.
4. UC data can be revised after its initial release, so figures for more recent periods may change in future - though this is not expected to be material.

4. Underlying Eligibility for Universal Credit

Estimated % of those claiming JSA or ESA contributory, with underlying UC entitlement)

Benefit	Estimated % with underlying UC entitlement (2028/29)

JSA contributory	60%
ESA contributory	85%

Source: Policy Simulation Model consistent with Spring 2025 pre-measures forecasts.

Methodology:

We use the PSM to:

- identify the forecast of JSA and ESA contributory claimants in payment in 2028/29.
- split claimants by whether they are JSA/ESA contributory only or "dual" JSA/ESA contributory and UC claimants.
- recalculate their UC entitlement if we removed their contributory benefit.
- for those who are not also projected to claim UC used the PSM to estimate whether they would or would not be entitled to UC if their contributory benefit was removed.

Caveats:

- The PSM is based on survey data from a limited number of cases (sample sizes noted above), and there is some uncertainty about the reliability of savings/capital figures, which could affect these UC entitlement estimates.
- These are estimates of entitlement if contributory benefits were removed. In reality not all entitled claimants would necessarily claim UC.
- Estimates are rounded to reflect the uncertainty.
- The modelling does not include any policies announced at Spring Statement 2025 or any of the other Green Paper proposals. This means the figures could change once these are factored in.

Notes:
1. Note: the analysis for the ESA caseload is based on a sample of around 800 FRS respondents and JSA around 60 FRS respondents.
2. Proportions are rounded to the nearest 5%.

5. Volume of WCA Reassessments

Volume of WCA Reassessments, by calendar year

Volume of WCA Reassessments, 2019 to 2023
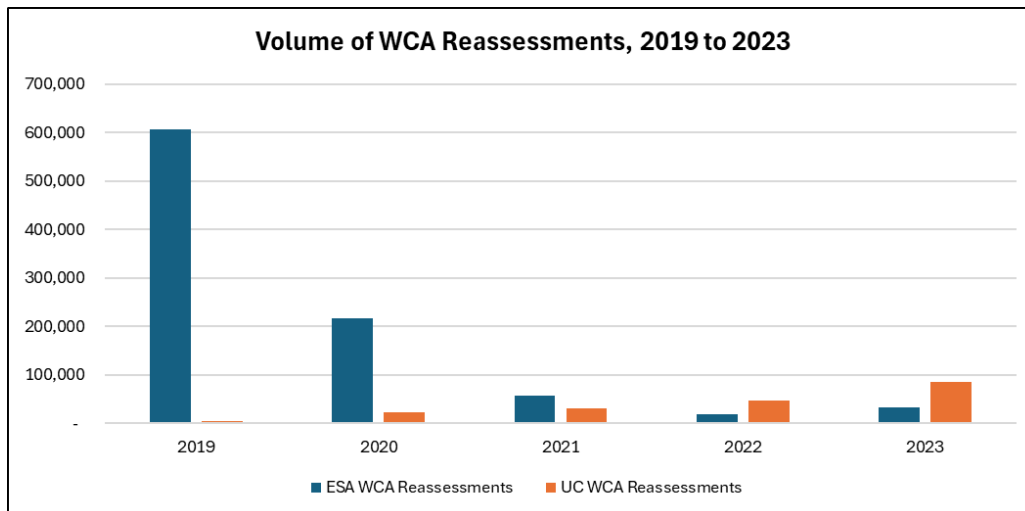
Source: Source(s): Figures taken from ESA WCA by Date of Decision and UC WCA Decision Outcomes tables on Stat-Xplore

Link to Stat-Xplore website

The chart & table shows the volume of WCA Reassessments fell from 611,000 in 2019 to 118,000 in 2023.

Notes:
1. ESA and UC Work Capability Assessment statistics are published on Stat-Xplore and quarterly/monthly.
2. The volumes in the table above are based on the sum of total decisions made for ESA and UC Health reassessments over the calendar year.
3. UC WCA decisions data is only available from April 2019 onwards.

6. People receiving a PIP award

Number of PIP claimants receiving an award by month of decision

Number of PIP Awards, normal rules, April 2016 to January 2025
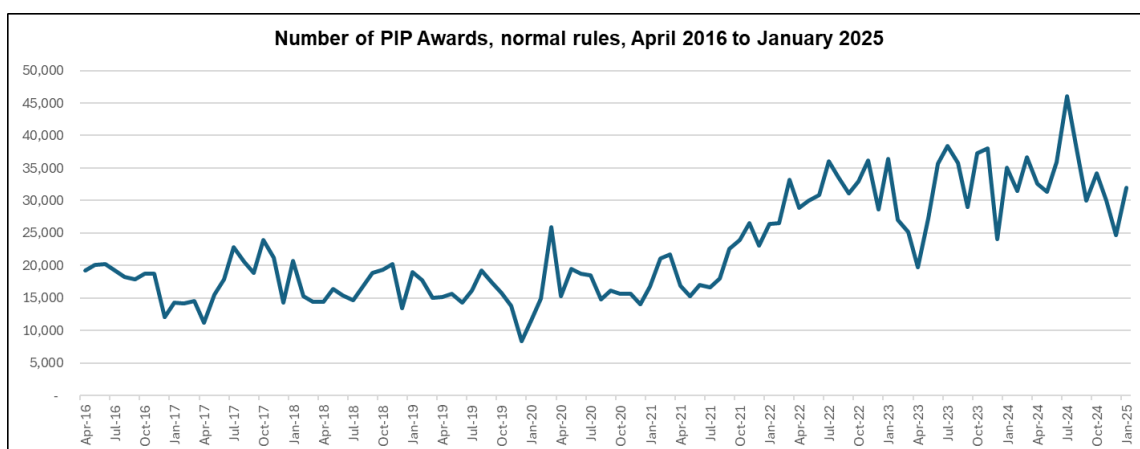
Source: Figures derived from DWP administrative data

Since the pandemic, the number of PIP awards has more than doubled – up from approximately 13,000 a month in late 2019 to around 34,000 a month in the years between 2022 and 2024.
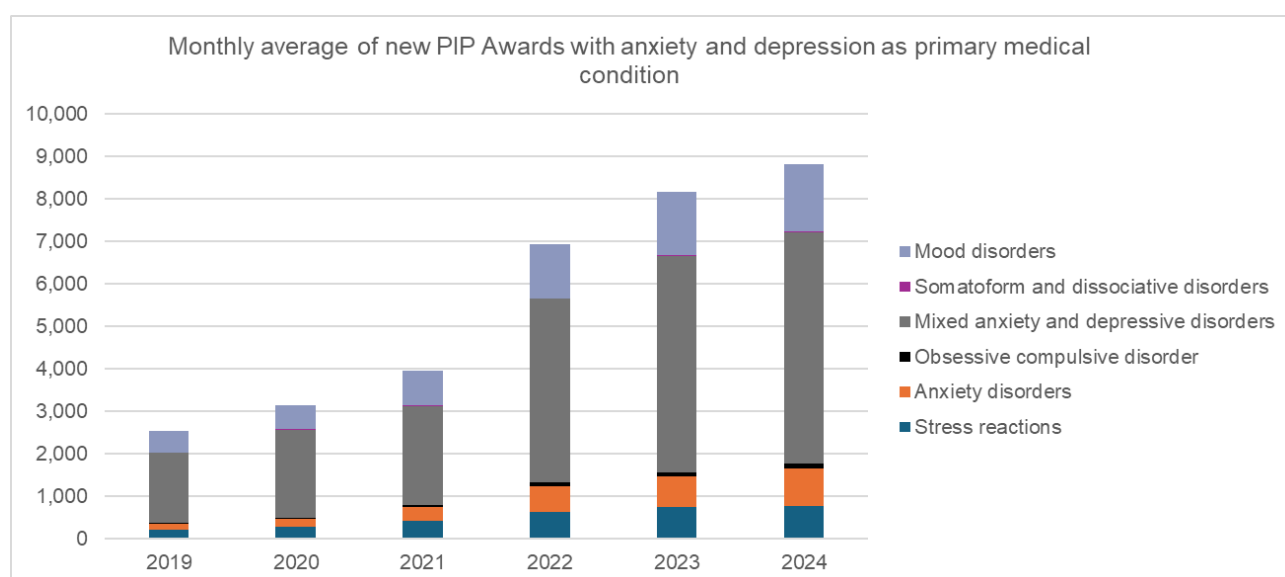
The chart shows the number of normal rules claimants being awarded PIP increased the most between mid-2021 and mid-2023. Since then, they have stabilised at their new higher level.

Notes:
1. Data includes new claims to PIP only made under normal rules and covers initial decision, prior to any reconsideration or appeal activity.
2. Awards based on the month of decision are affected by operational capacity.

7. People receiving a PIP award with a primary medical condition categorised as Anxiety and Depression

Monthly average of new Personal Independence Payment awards where the main condition was anxiety or depression, by year and condition

Monthly average of new PIP Awards with anxiety and depression as primary medical condition

Legend:
- Mood disorders
- Somatoform and dissociative disorders
- Mixed anxiety and depressive disorders
- Obsessive compulsive disorder
- Anxiety disorders
- Stress reactions

Source: Figures taken from the PIP Clearances dataset on DWP Stat-Xplore website

Notes:
1. Data retrieved from Stat-Xplore on 19th March 2025
2. Statistical disclosure control has been applied to this table to avoid the release of confidential data. Totals may not sum due to the disclosure control applied.
3. Averages calculated using figures which have had statistical disclosure control applied to them.
4. From late March 2020 onwards, disruption due to COVID-19 affected volumes of clearances for all activities - Assessment Providers switched to paper based and telephony assessments rather than face to face assessments, and in the first few weeks of the COVID-19 pandemic efforts were made to clear residual claims in the system from before emergency measures were put in place, giving rise to an

initial spike in clearance volumes. During the quarter ending July 2020, the effects of the disruption due to COVID-19 have reduced in some areas though they continue in many parts of the process. Operational measures implemented in late March in response to COVID-19 included the suspension of routine re-assessments of disability benefits i.e. DLA to PIP reassessments. Some DLA reassessment activity restarted in late July.

5. Data for PIP awards in England and Wales only.

8. People receiving a PIP award by selected age groups and condition

Tables 2.8a to 2.8c show the number of awards for different age groups by primary condition, contrasting the youngest PIP claimants with those approaching pension age. Though not shown in these tables, in most cases there is a relatively linear trend seen in condition mix for the age groups in between.

Please refer to the accompanying Excel tables.

Source: Stat-Xplore, PIP clearances dataset, England and Wales

9. Daily Living Point Scores For PIP Claimants by age

Daily Living Points Scored by Age
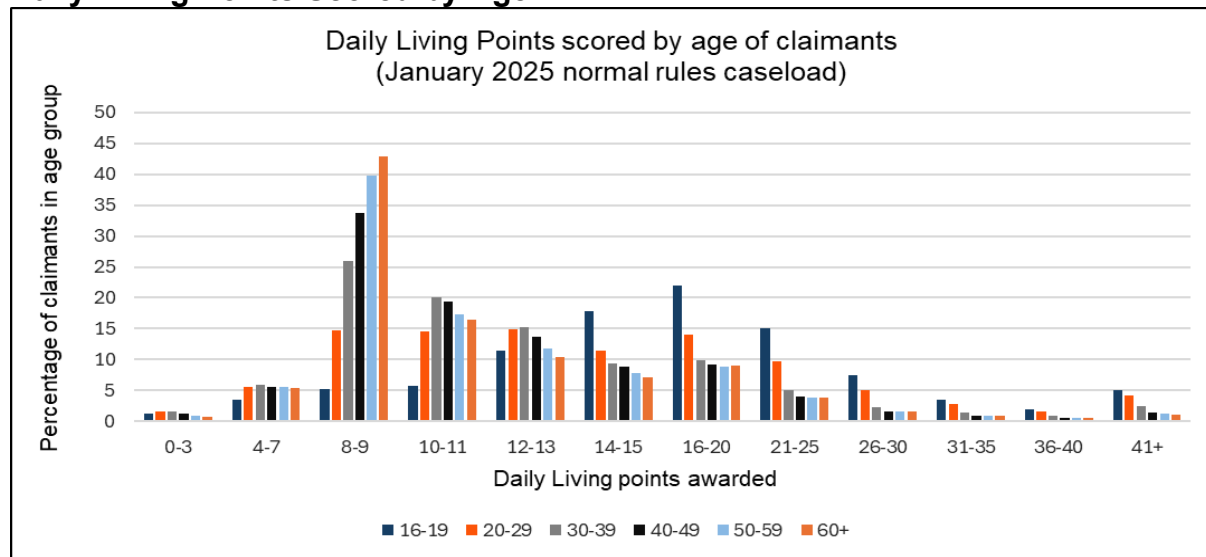
Source: Figures derived from DWP administrative data

This chart shows the proportion of each age group that score within each Daily Living points band. There is a concentration of points awarded at the standard rate threshold, particularly for older claimants.

The PIP caseload shows stepwise progression in points distribution with age group, with larger proportions of younger groups (notably 16- to 19-year-olds) obtaining

higher scores (peak at 16-20 points). This tendency decreases with age, with older groups having highest proportions scoring 8-9 points.

Despite these differences the proportions at the Enhanced award threshold (12-13 points) are fairly similar across different age groups.

Notes:
1. Figures are based on the PIP caseload at end January 2025. As such, it does not include those claimants who were not awarded either component of PIP at new claim or award review stage.
2. Data includes working age claimants only.
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data includes normal rules claimants only and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.
5. Note that some claimants on the PIP caseload may receive only one award element from Daily Living or Mobility.
6. Percentages shown are of that age group who scored within each points band as of their latest decision (whether initial decision, decision at mandatory reconsideration or appeal, or award review).
7. Data may show minor differences to published award level information and other tables in this pack due to missing or poor-quality point score data for a small number of claims.
8. Figures may not sum due to rounding.

10. Mobility Point Scores For PIP Claimants by Age

Mobility Points Scored by Age Group of Claimant
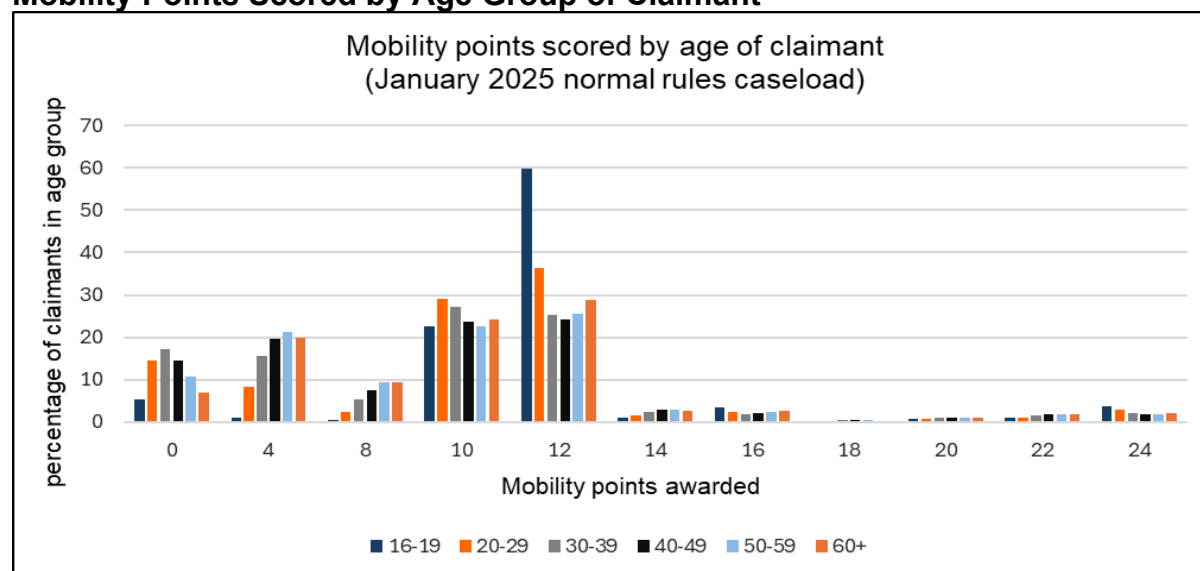
Source: Figures derived from DWP administrative data

This chart shows the proportion of each age group that score within each Mobility points band. Mobility scores are much more concentrated than those for Daily Living.

In all age groups, a score of 12 Mobility points (Enhanced award) is the most common. Scoring 10 points is the second most frequent outcome, much more so than 8 points (both Standard award). A Nil award (0 or 4 points) is more likely for Mobility than for Daily Living award.

The 16 to 19 age group shows the largest proportion by far scoring 12 points (Enhanced award), with 60 per cent of claimants in this age group scoring 12 points. Older age groups show slightly higher proportions scoring 8 points (Standard award) but also 4 points (Nil award).

Notes:
1. Figures are based on the PIP caseload at end January 2025. As such, it does not include those claimants who were not awarded either component of PIP at new claim or award review stage.
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7. Data may show minor differences to published award level information and other tables in this pack due to missing or poor quality point score data for a small number of claims.
8. Figures may not sum due to rounding.

11. Daily Living Point Scores by Primary Health Condition of Claimant

Daily Living points scored by primary health condition of claimant

Daily Living points scored by primary health condition of claimant (January 2025 normal rules caseload)
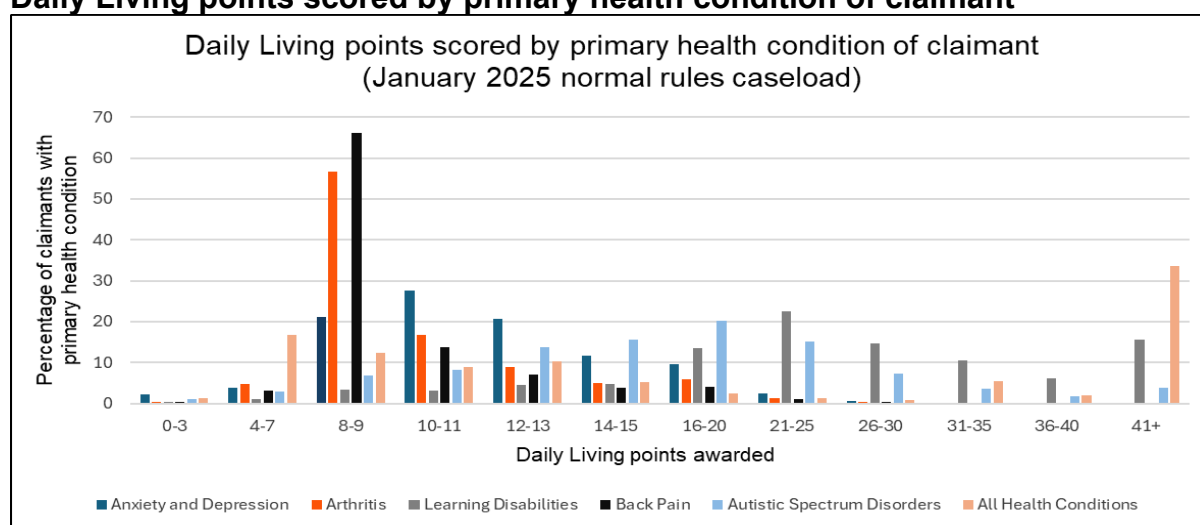
Source: Figures derived from DWP administrative data

This chart shows the proportion of claimants with the five most common conditions on the PIP caseload that score within each Daily Living points band, along with the proportion of the total caseload in each points band. Points awarded vary significantly by primary health condition.

The Arthritis and Back Pain health condition categories both show most common scores of 8-9 (Standard award), with the proportion scoring 12 points or more (Enhanced award) lower than the proportion for the overall caseload.

Scores in the Anxiety & Depression category are most often in the range spanning Standard and Enhanced awards (10-13 points). The Autistic Spectrum Disorder category shows a tendency towards higher scores with largest proportions scoring 12-25 points, while scores in the Learning Disabilities category tend towards higher again, with the proportion scoring 21 points or more significantly above the proportion of the overall caseload.

Notes:
1. Figures are based on the PIP caseload at end January 2025. As such, it does not include those claimants who were not awarded either component of PIP at new claim or award review stage.
2. Data includes working age claimants only.
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data includes normal rules claimants only and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.
5. Note that some claimants on the PIP caseload may receive only one award element from Daily Living or Mobility.
6. Percentages shown are of that age group who scored within each points band as of their latest decision (whether initial decision, decision at mandatory reconsideration or appeal, or award review).
7. Data may show minor differences to published award level information and other tables in this pack due to missing or poor quality point score data for a small number of claims.
8. Health condition category is based on primary health condition as recorded on the PIP Computer System at time of latest assessment. Many claimants have multiple health conditions, but only primary condition is available for analysis.
9. Only the 18 disabling condition groups which make up the highest proportions of the PIP caseload are displayed in this table.
10. Other disabling condition groups which cover smaller proportions of the PIP/DLA caseload are covered in the "Other Conditions" category. This includes Visual Diseases, Other General Musculoskeletal Diseases, Endocrine Diseases, Hearing Disorders, Gastrointestinal Diseases, Genitourinary Diseases, Skin Diseases, Autoimmune Diseases (Connective Tissue Disorders), Infectious Diseases, Diseases of the Liver, Gallbladder or Biliary Tract, Haematological Diseases, Metabolic Diseases, Multisystem and Extremes of Age, Diseases of the Immune System, Terminally Ill (DLA Only), Other (DLA Only).

12. Mobility Point Scores by Primary Health Condition of Claimant

Mobility points scored by primary health condition of claimant
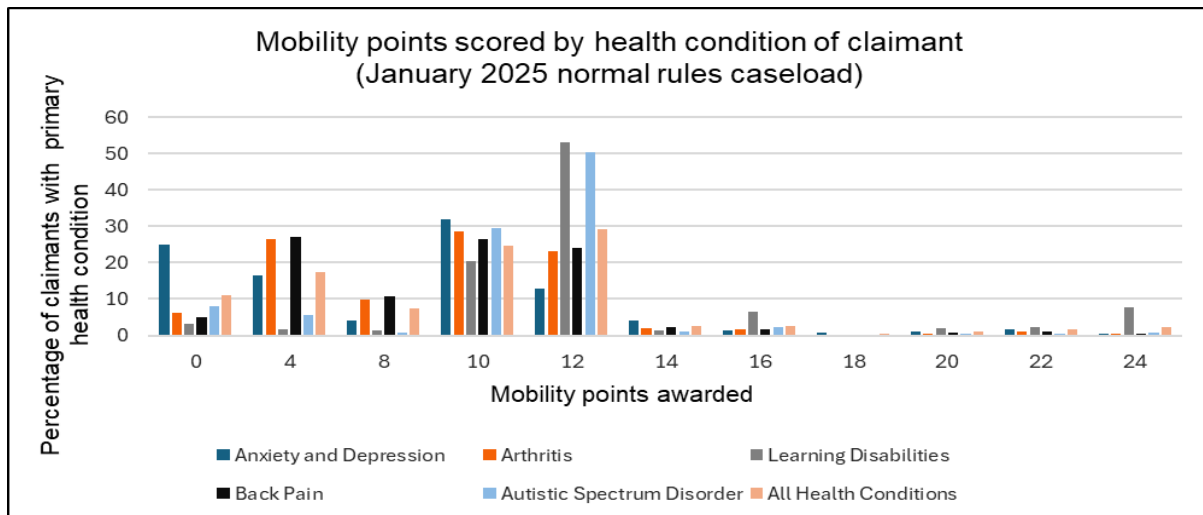
Mobility points scored by health condition of claimant (January 2025 normal rules caseload)

Source: Figures derived from DWP administrative data

This chart shows the proportion of claimants with the five most common conditions on the PIP caseload that score within each Mobility points band, along with the proportion of the total caseload in each points band.

The Anxiety & Depression health condition category most often scores 0 or 10 points, showing claimants with this health condition are more likely to get a Standard award or Nil award compared to the caseload as a whole.

More than 50 per cent of scores in the Autistic Spectrum Disorders and Learning Disabilities categories are 12 points or more, with claimants in these categories more likely to get an Enhanced award compared to the caseload as a whole.

Conversely, around 70 per cent of scores in the Arthritis and Back Pain categories score 10 points or fewer (Standard award or Nil award).

Notes:

1. Figures are based on the PIP caseload at end January 2025. As such, it does not include those claimants who were not awarded either component of PIP at new claim or award review stage.
2. Data includes working age claimants only.
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data includes normal rules claimants only and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.
5. Note that some claimants on the PIP caseload may receive only one award element from Daily Living or Mobility.
6. Percentages shown are of that age group who scored within each points band as of their latest decision (whether initial decision, decision at mandatory reconsideration or appeal, or award review).

7. Data may show minor differences to published award level information and other tables in this pack due to missing or poor quality point score data for a small number of claims.
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9. Only the 18 disabling condition groups which make up the highest proportions of the PIP caseload are displayed in this table.
10. Other disabling condition groups which cover smaller proportions of the PIP/DLA caseload are covered in the "Other Conditions" category. This includes Visual Diseases, Other General Musculoskeletal Diseases, Endocrine Diseases, Hearing Disorders, Gastrointestinal Diseases, Genitourinary Diseases, Skin Diseases, Autoimmune Diseases (Connective Tissue Disorders), Infectious Diseases, Diseases of the Liver, Gallbladder or Biliary Tract, Haematological Diseases, Metabolic Diseases, Multisystem and Extremes of Age, Diseases of the Immune System, Terminally Ill (DLA Only), Other (DLA Only).
11. Anxiety and Depression includes the following conditions recorded in the PIP Stat Xplore data: Anxiety disorders, Other / type not known, Post traumatic stress disorder (PTSD), Stress reaction disorders, Other / type not known, Generalised anxiety disorder, Phobia, Specific, Phobia, Social, Agoraphobia, Panic disorder, Obsessive compulsive disorder (OCD), Anxiety and depressive disorders, mixed, Conversion disorder (hysteria), Body dysmorphic disorder (BDD), Dissociative disorders, Other / type not known, Somatoform disorders, Other / type not known, Depressive disorder, Bipolar affective disorder (Hypomania / Mania), Mood disorders, Other / type not known.
12. Figures may not sum due to rounding.

13. Prevalence of PIP/DLA Receipt in the Population by Age

Prevalence of PIP/DLA Receipt in the Population by Age
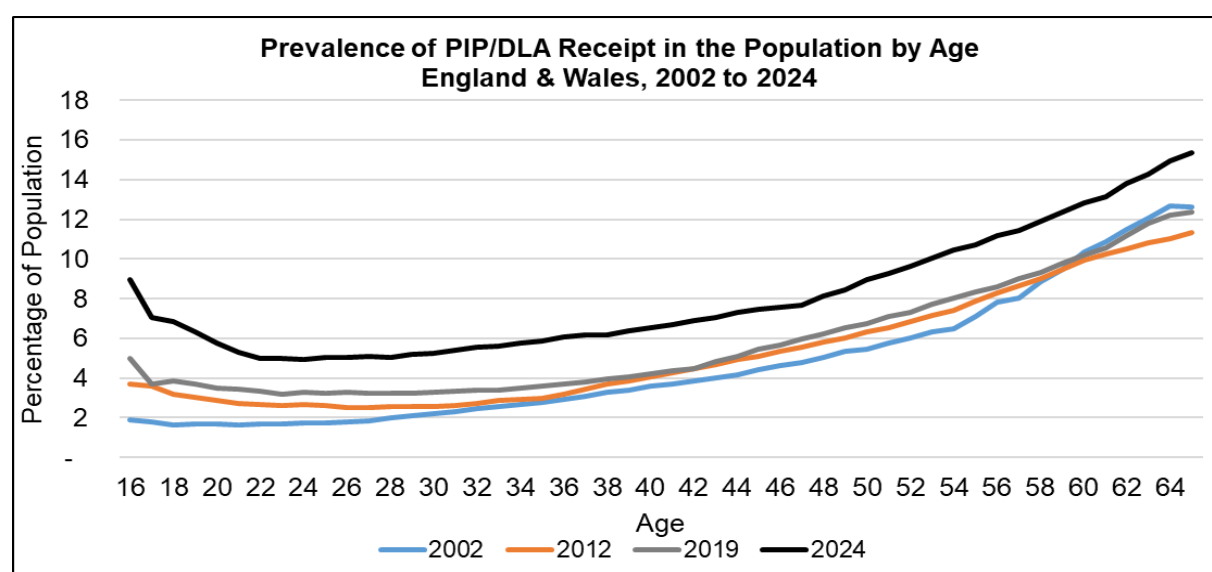
Receipt of disability benefits by 16- to 65-year-olds generally increases by age and has risen for all age groups over the past two decades - though not uniformly so.

This chart shows the prevalence of PIP/DLA claimants in the population by age, at four points in time (2002, 2012, 2019 and 2024). Demographic change - in particular, the increasing numbers of people in their 50s and 60s - exerts upward pressure on PIP/DLA claims, all else equal; so, considering prevalence in the population rather than percentage of caseload permits the isolation of the non-demographic trends.

The chart shows the prevalence of people claiming PIP or DLA in the population has been increasing over time, at all ages, with more people than ever before receiving PIP or DLA by 2024. Among the over 60s, prevalence of receipt fell between 2002 and 2012, but has risen since then.

The increase in prevalence over the whole period has been slightly more marked at younger ages, with the figures for 16-year-olds particularly affected by continued payment of child DLA prior to reassessment.

Increases have been much more significant at all ages since 2019 (immediately before the COVID-19 pandemic). Since late 2018 the upper age limit for making a new claim for PIP has risen with State Pension Age, to 66.

Notes:
1. Data is taken from published DWP caseload statistics for PIP and DLA at August 2024 (the latest data available for DLA), and from ONS population estimates for mid-2002, mid-2012 and mid-2019, and projections for mid-2024.
2. PIP was introduced to replace DLA in 2013, therefore before April 2013, the data only contains DLA claimants.
3. Data includes claimants aged 16-65 years.
4. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
5. Data includes normal rules and special rules for end of life (SREL) claims.

14. Prevalence of PIP/DLA Receipt in the Population by Condition

Prevalence of PIP/DLA receipt in the working age population by primary health condition

Prevalence of PIP/DLA receipt in the working aged population by primary health condition, England and Wales, 2012 to 2024
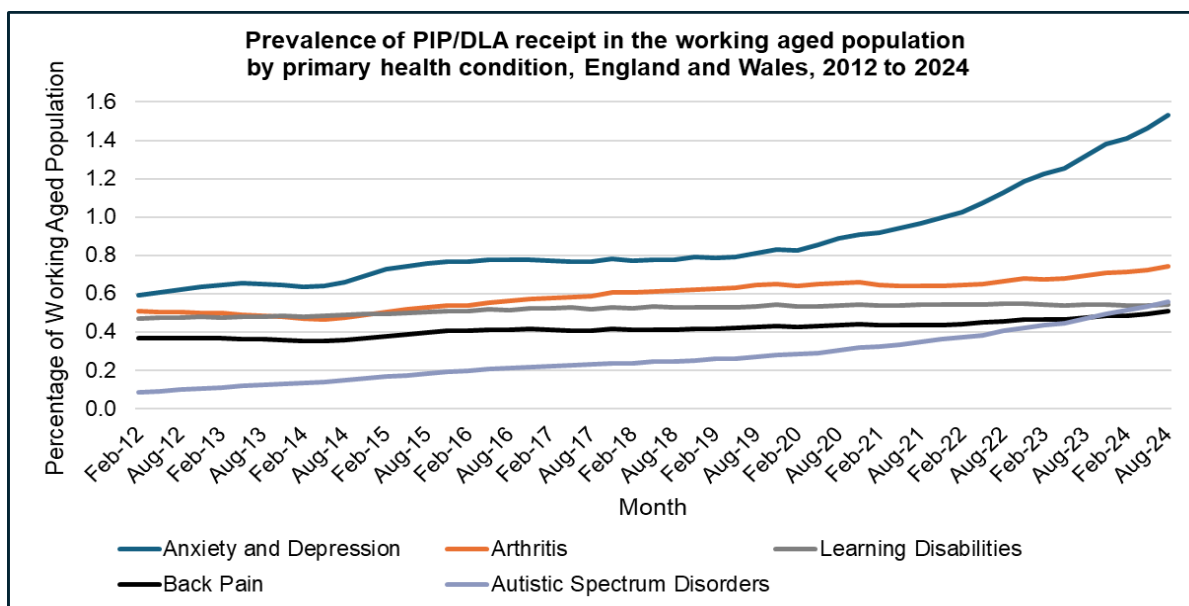
Source: Figures derived from datasets underlying published national caseload statistics, and from ONS population estimates and projections

Anxiety and Depression and Autistic Spectrum Disorders have been the main conditions contributing to growth over the past decade, and particularly since the COVID-19 pandemic.

This chart shows the top five most prevalent primary conditions for PIP/DLA claimants in the working age population.

Claimants with Anxiety and Depression have consistently been the group with the highest prevalence, and prevalence nearly tripled between 2012 and 2024, from 0.6 percent of the working age population to 1.6 percent. Growth has been faster since the pandemic, nearly doubling between February 2020 and August 2024.

Prevalence of claimants with Autistic Spectrum Disorders in the population has increased six-fold over the 12 years, from 0.1 per cent to 0.6 per cent of the working age population.

The prevalence of claimants with Arthritis as their primary condition has increased by around 0.2 percentage points since 2012. Prevalence of claimants with Back Pain has risen by 0.1 percentage points over the whole period.

There has been very little change in the proportion with Learning Disabilities, remaining at 0.5 percent of the working aged population over the entire period.

Notes:
1. Data is taken from datasets underlying the published DWP caseload statistics for PIP and DLA at August 2024, and from ONS population estimates from mid-2012 to mid-2024.
2. PIP was introduced to replace DLA in 2013, therefore before April 2013, the data only contains DLA claimants.
3. Data includes working age claimants only.

4. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
5. Data includes normal rules and special rules for end of life (SREL) claims.
6. Health condition category is based on primary health condition as recorded on the PIP Computer System at time of latest assessment. Many claimants have multiple health conditions, but only primary condition is available for analysis.
7. Only the 18 disabling condition groups which make up the highest proportions of the PIP/DLA caseload are displayed in this table.
8. Other disabling condition groups which cover smaller proportions of the PIP/DLA caseload are covered in the "Other Conditions" category. This includes Visual Diseases, Other General Musculoskeletal Diseases, Endocrine Diseases, Hearing Disorders, Gastrointestinal Diseases, Genitourinary Diseases, Skin Diseases, Autoimmune Diseases (Connective Tissue Disorders), Infectious Diseases, Diseases of the Liver, Gallbladder or Biliary Tract, Haematological Diseases, Metabolic Diseases, Multisystem and Extremes of Age, Diseases of the Immune System, Terminally Ill (DLA Only), Other (DLA Only).
9. Anxiety and Depression includes the following conditions recorded in the PIP Stat Xplore data: Anxiety disorders, Other / type not known, Post traumatic stress disorder (PTSD), Stress reaction disorders, Other / type not known, Generalised anxiety disorder, Phobia, Specific, Phobia, Social, Agoraphobia, Panic disorder, Obsessive compulsive disorder (OCD), Anxiety and depressive disorders, mixed, Conversion disorder (hysteria), Body dysmorphic disorder (BDD), Dissociative disorders, Other / type not known, Somatoform disorders, Other / type not known, Depressive disorder, Bipolar affective disorder (Hypomania / Mania), Mood disorders, Other / type not known.
10. Figures may not sum due to rounding.

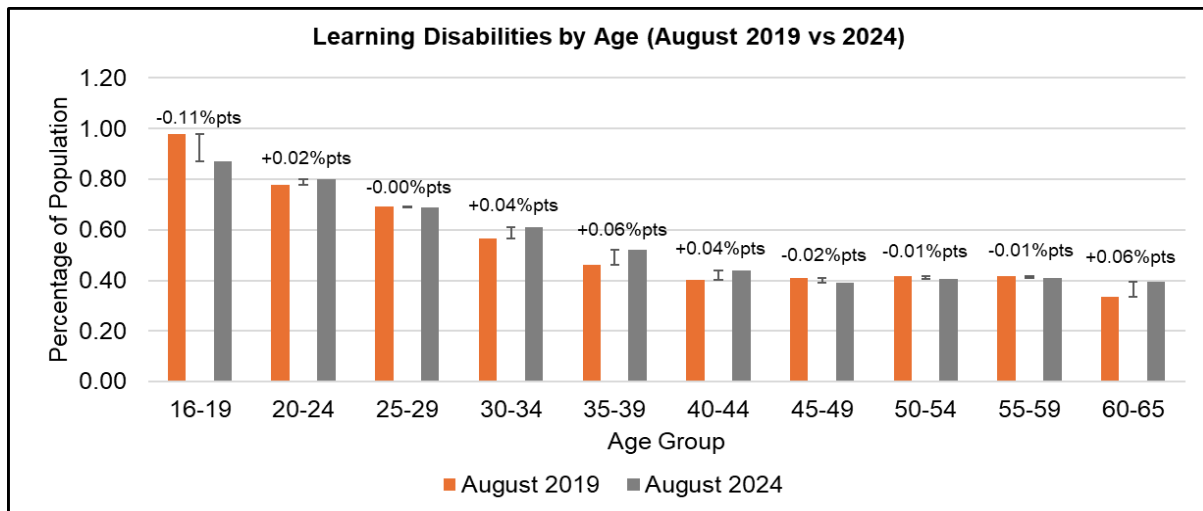## 15. Prevalence of PIP/DLA Receipt in the Population by Condition and Age
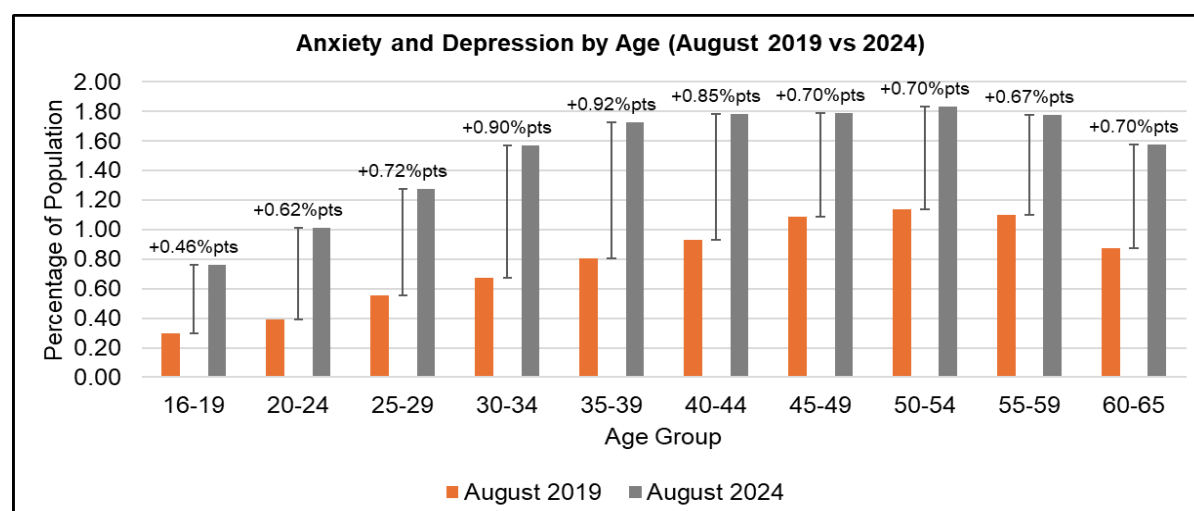
This chart shows the difference in the prevalence in the working age population of PIP/DLA claimants with Anxiety and Depression as their primary condition between August 2019 and August 2024. Anxiety and Depression as a primary condition increases with age, though tends to level off then fall after age 40, though this could be because physical conditions are more prominent at that age.

Between 2019 and 2024, the prevalence of the population claiming PIP/DLA with Anxiety and Depression has increased in all age groups. Increases have varied between 0.46 percentage points and 0.92 percentage points, with claimants aged between 35 and 39 having the highest increase in prevalence, although the increases are all above 0.60 percentage points for ages 20 upwards.
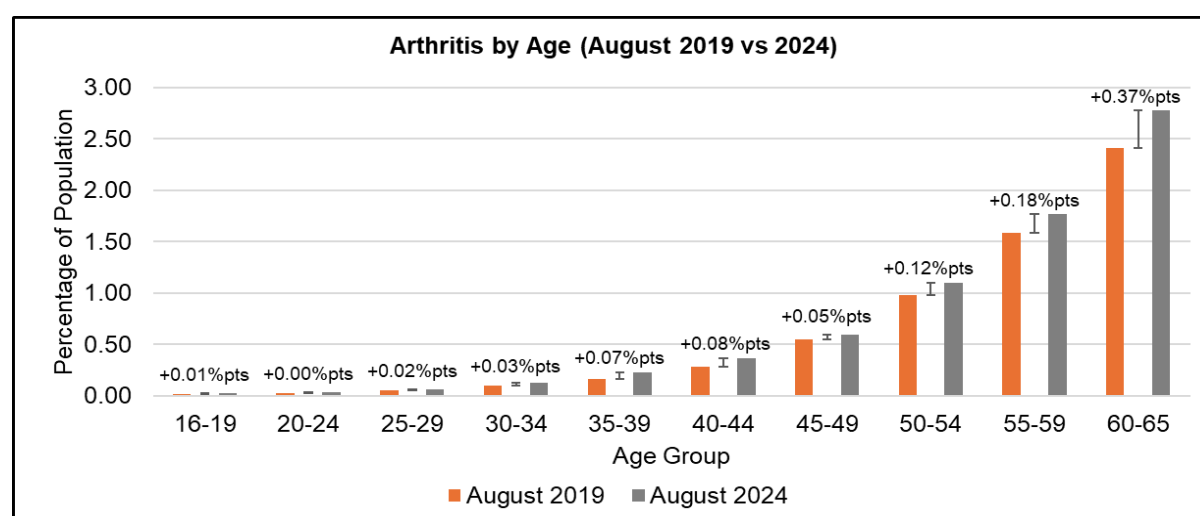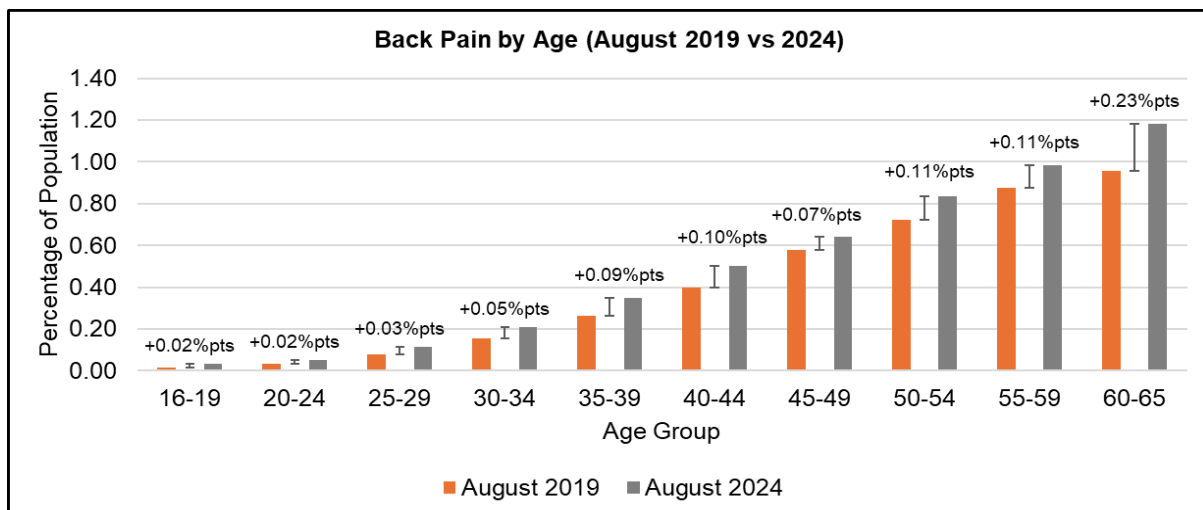

This chart shows the difference in the prevalence in the working age population of PIP/DLA claimants with Arthritis between August 2019 and August 2024. Arthritis is heavily related to age, with older claimants more likely to have it as their primary condition.

Over time, the prevalence of the population claiming PIP with Arthritis has seen an increase across claimants aged 25 to 65, with the prevalence in claimants aged 50 and over increasing the most, indicating that, proportionally, more people aged over 50 in the population are receiving PIP due to arthritis.

Learning Disabilities by Age (August 2019 vs 2024)
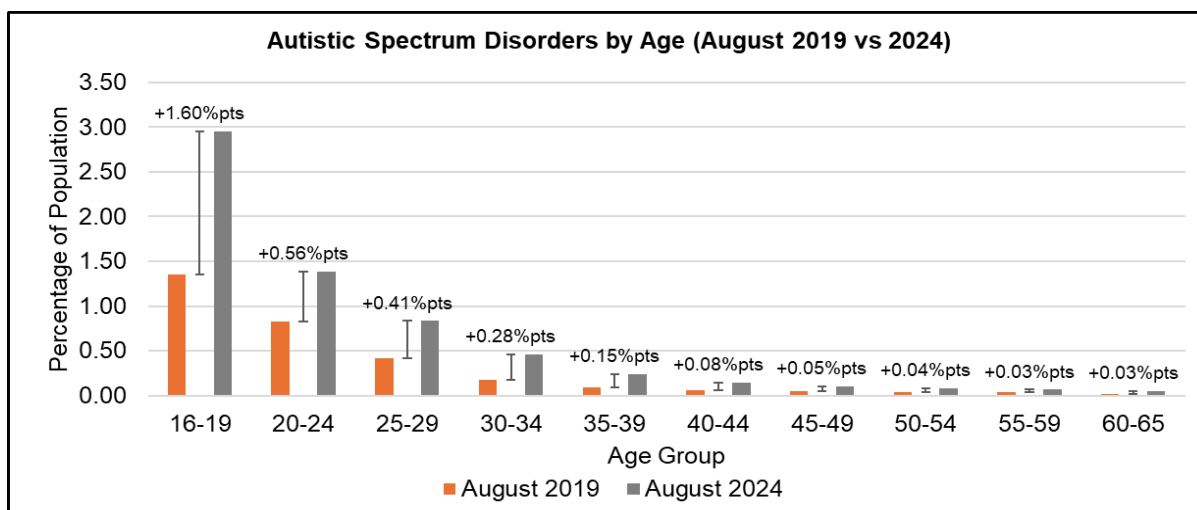

This chart shows the difference in the prevalence in the working age population of PIP/DLA claimants with Learning Disabilities between August 2019 and August 2024. The prevalence of Learning Disabilities as a primary condition tends to decrease with age.

Over time, the prevalence of the population with Learning Disabilities has seen a small increase across people aged 20 to 44 and aged 60 to 65. Prevalence of the population with Learning Disabilities has declined slightly in people aged under 20 and people between the ages of 45 and 59. This indicates that learning disabilities are affecting younger people and people approaching retirement more than in previous years, increasing the likelihood of PIP receipt.

Back Pain by Age (August 2019 vs 2024)

This chart shows the difference in the prevalence in the working age population of PIP/DLA claimants with Back Pain between August 2019 and August 2024. Back pain is heavily related to age. Over time, the prevalence of the population with Back Pain has seen a small increase across most age groups.

Source: Figures derived from datasets underlying published national caseload statistics, and from ONS population estimates and projections

This chart shows the difference in the prevalence in the working age population of PIP/DLA claimants with Autistic Spectrum Disorders between August 2019 and August 2024. Autism as a primary condition is heavily related to age and is now by far the most prevalent primary condition for claimants aged under 20.

Over time, the prevalence of the population with Autistic Spectrum Disorders has seen a large increase. The increase in prevalence in the 16 to 19 age group for this condition (an increase of 1.60 percentage points) is the largest increase in prevalence for any condition.

In 2019, the prevalence of Autistic Spectrum Disorders in claimants aged over 40 was very low at 0.06% or less in each age group. However, by 2024, the prevalence has increased for claimants over age 40.

Notes:
1. Data is taken from datasets underlying the published DWP caseload statistics for PIP and DLA at August 2024, and from ONS population estimates from mid-2019 and mid-2024.
2. PIP was introduced to replace DLA in 2013, therefore before April 2013, the data only contains DLA claimants.
3. Data includes working age claimants only.
4. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
5. Data includes normal rules and special rules for end of life (SREL) claims.
6. Health condition category is based on primary health condition as recorded on the PIP Computer System at time of latest assessment. Many claimants have multiple health conditions, but only primary condition is available for analysis.
7. Only the 18 disabling condition groups which make up the highest proportions of the PIP/DLA caseload are displayed in this table.

8. Other disabling condition groups which cover smaller proportions of the PIP/DLA caseload are covered in the "Other Conditions" category. This includes Visual Diseases, Other General Musculoskeletal Diseases, Endocrine Diseases, Hearing Disorders, Gastrointestinal Diseases, Genitourinary Diseases, Skin Diseases, Autoimmune Diseases (Connective Tissue Disorders), Infectious Diseases, Diseases of the Liver, Gallbladder or Biliary Tract, Haematological Diseases, Metabolic Diseases, Multisystem and Extremes of Age, Diseases of the Immune System, Terminally Ill & Other (DLA Only)

9. Anxiety and Depression includes the following conditions recorded in the PIP Stat Xplore data: Anxiety disorders, Other / type not known, Post traumatic stress disorder (PTSD), Stress reaction disorders, Other / type not known, Generalised anxiety disorder, Phobia, Specific, Phobia, Social, Agoraphobia, Panic disorder, Obsessive compulsive disorder, Anxiety and depressive disorders, mixed, Conversion disorder (hysteria), Body dysmorphic disorder (BDD), Dissociative disorders, Other / type not known, Somatoform disorders, Other / type not known, Depressive disorder, Bipolar affective disorder (Hypomania / Mania), Mood disorders, Other / type not known.

10. Figures may not sum due to rounding.

16. Employment of people registering for PIP, and receiving an award

Proportion of PIP claimants employed during month of registration
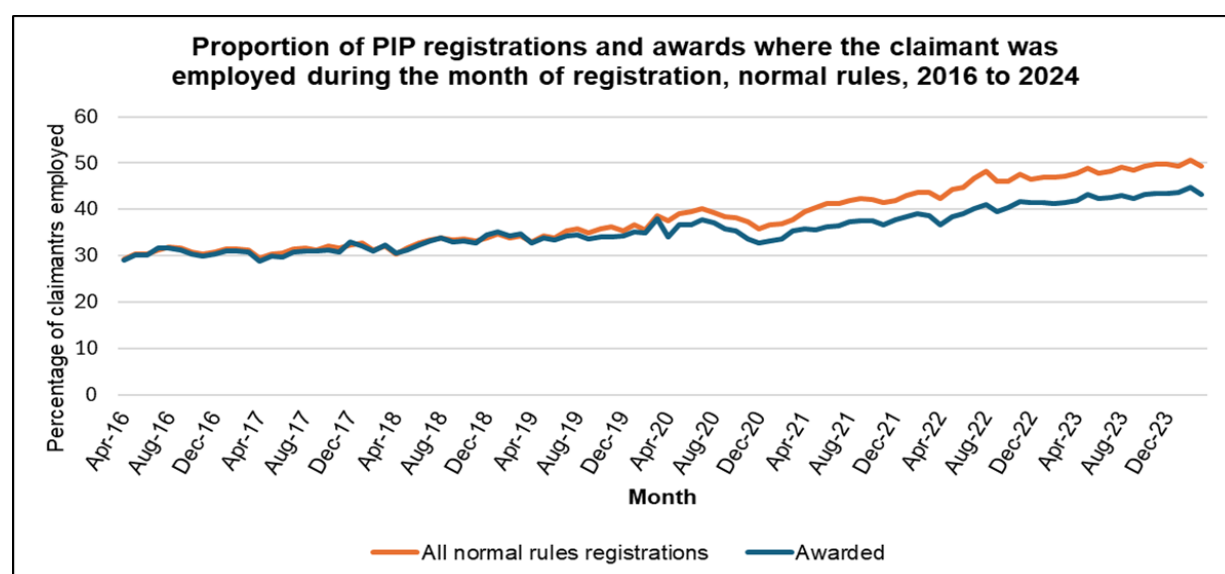
Source: Figures derived from DWP and HMRC administrative data

Just under 50 per cent of people registering a PIP claim are in employment in the month of registration.

The chart shows the proportion of normal rules claimants registering for PIP who are employed during their month of registration increased steadily over time up until the COVID-19 pandemic, where there was a decrease for a few months before it began to increase again.

Currently, those who are employed are less likely to be successful in their claim than those who are not employed. However, this was not always the case. 29 per cent of claimants registering in April 2016 who were later awarded PIP were employed, the same proportion as the total registering. However, 43 per cent of those registering for PIP in March 2024 who were later awarded PIP were employed, compared to 49 per cent for all registrations.

Notes:
1. Self-employment has been included alongside employees.
2. Data includes new claims to PIP only made under normal rules.
3. Data includes claimants aged 16 or over.
4. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
5. PIP data has been matched to RAPID to get employment rates. RAPID is a dataset which combines DWP benefit data with HMRC data on employment, tax credits, etc.

17. Employment of PIP claimants

Proportion of PIP claimants employed at the end of the month by age group
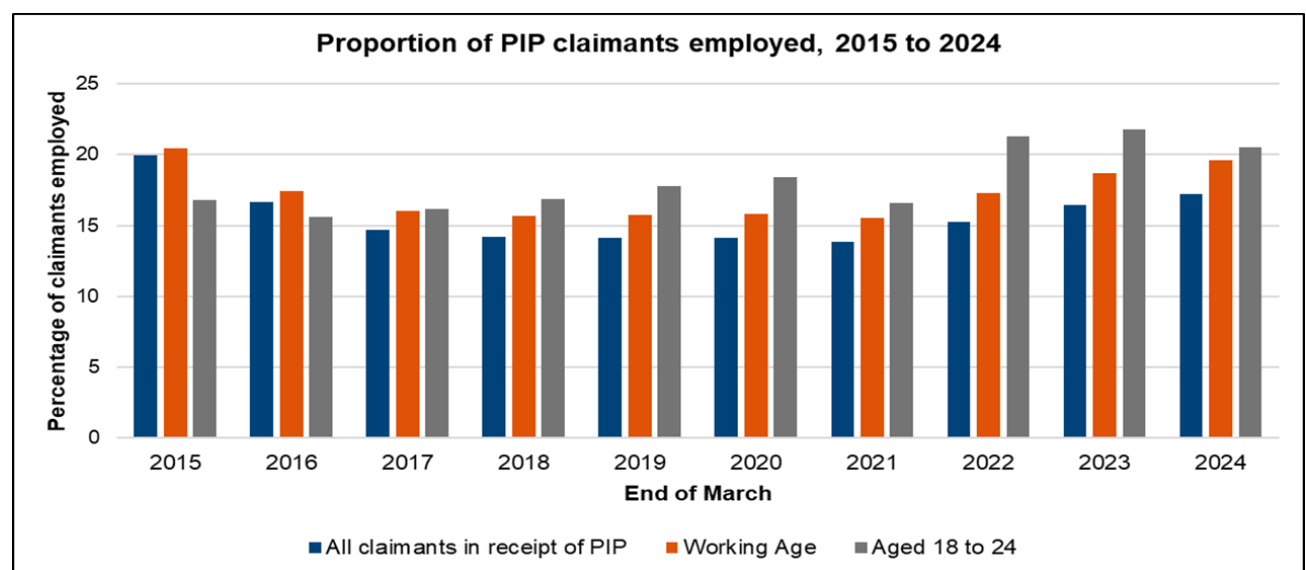
Source: Figures derived from DWP and HMRC administrative data

Fewer than one in five claimants of PIP are in employment. The chart shows the proportion of the PIP caseload who are employed fell from 20 per cent in March 2015 to 14 per cent in March 2018. However, during this period a large number of Disability Living Allowance claimants were reassessed for PIP; these were longer-term claimants and therefore more likely to be severely disabled and therefore less likely to be employed.

The proportion of claimants who were in employment stabilised at 14 per cent from March 2018 until March 2021. Since the COVID-19 pandemic the proportion has started to increase, from 14 per cent in March 2021 to 17 per cent in March 2024.

Notes:
1. Self-employment has been included alongside employees.
2. Data includes claimants aged 16 or over.
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data includes normal rules and special rules for end of life (SREL) claims.
5. PIP data has been matched to RAPID to get employment rates. RAPID is a dataset which combines DWP benefit data with HMRC data on employment, tax credits, etc.
6. Working age is defined as people aged between 16 and State Pension Age.

18. Maximum Points Scored on Any Daily Living activity at Clearance

Maximum points scored on any Daily Living activity by new claimants awarded Daily Living component
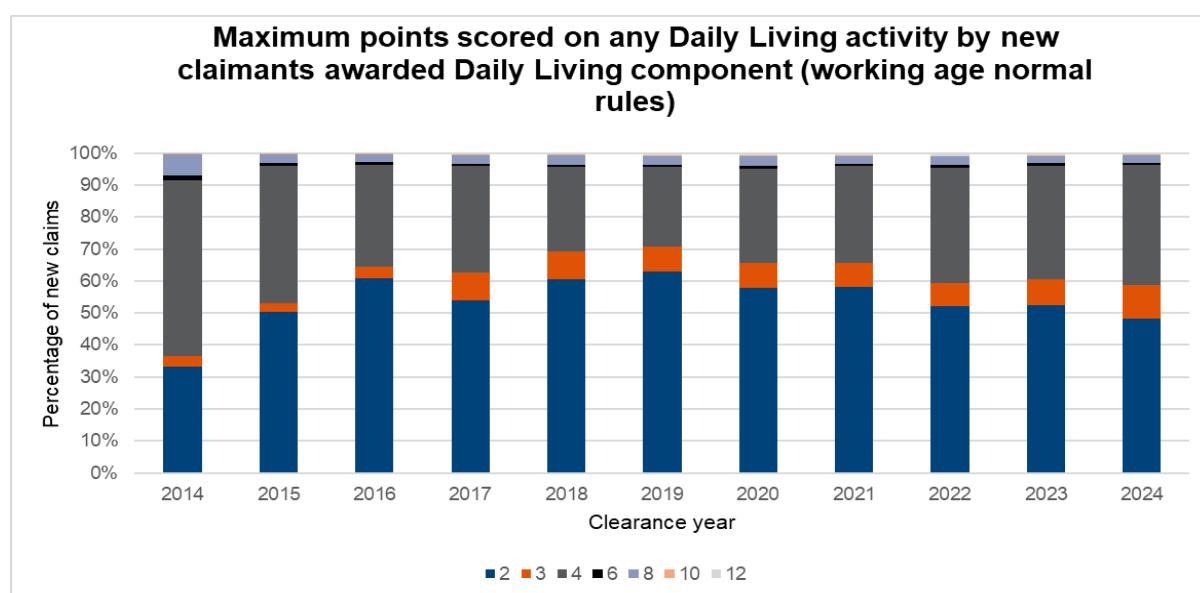
Source: Figures derived from DWP administrative data

This chart shows the highest score on any Daily Living activity for new claimants awarded the Daily Living component at clearance each year.

The proportion of new claims awarded at least 4 points on a Daily Living activity has increased in recent years. 41 per cent of new claims in 2024 scored at least a 4 on one Daily Living activity.

Notes:

1. Figures are based on new claim PIP clearances each year from 2014 to 2024
2. Data only includes claimants awarded Daily Living component
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data only includes working age claimants
5. Data includes normal rules claimants only, and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.

19. Maximum Points Scored on Daily Living activity by PIP Claimants

Maximum points scored on any Daily Living activity by PIP claimants awarded Daily Living component
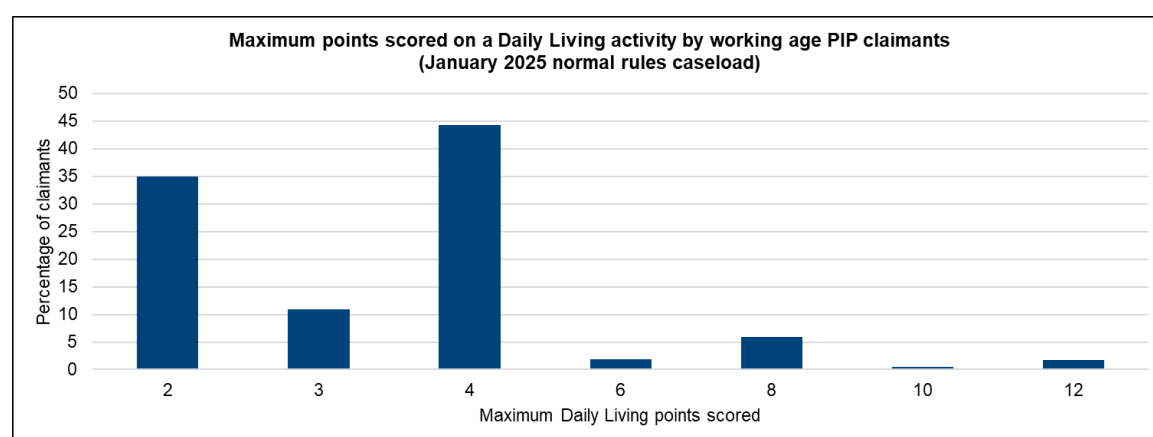
Source: Figures derived from DWP administrative data

This chart shows the maximum points scored on any of the Daily Living activities by working age PIP claimants awarded the Daily Living component.
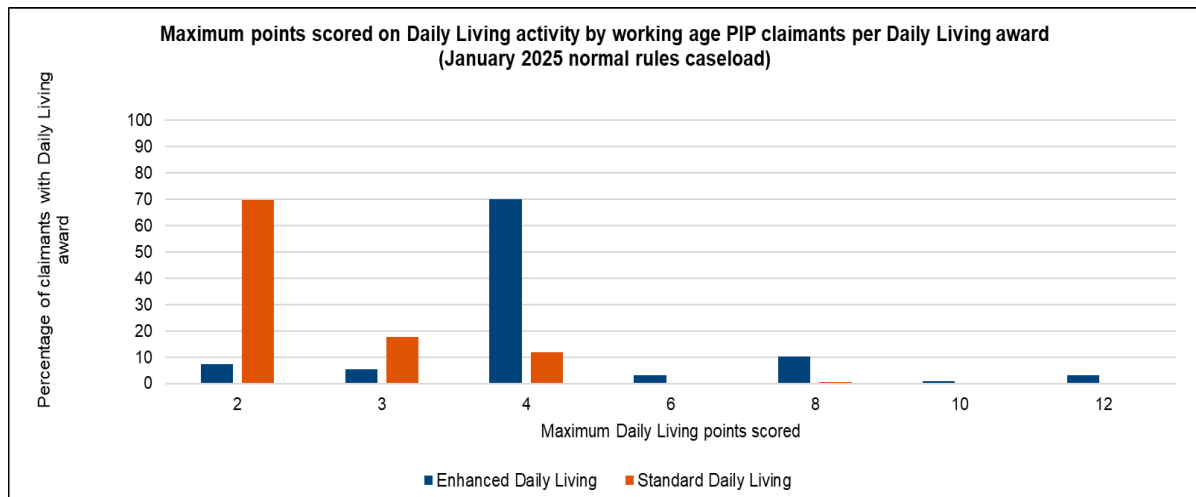
54 per cent of claimants score at least 4 points on one of the Daily Living activities. With the majority scoring a maximum of 4 points on any of the activities. 46 per cent of claimants score below 4 points, with over a third of claimants scoring a maximum of 2 points on any of the Daily Living activities.

Notes:

1. Figures are based on the PIP caseload at end January 2025.
2. Data only includes claimants awarded Daily Living component
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data only includes working age claimants
5. Data includes normal rules claimants only, and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.

20. Maximum points scored on Daily Living activity by PIP Claimants per Daily Living Award

Maximum points scored on any Daily Living activity by PIP claimants per Daily Living Award

Source: Figures derived from DWP administrative data

This chart shows the proportion of working age PIP claimants per Daily Living Award and the maximum points they scored on any of the Daily Living activities.

88 per cent of claimants awarded the standard rate of the Daily Living component score below 4 points. With over two-thirds scoring a maximum of 2 points on any of the activities.
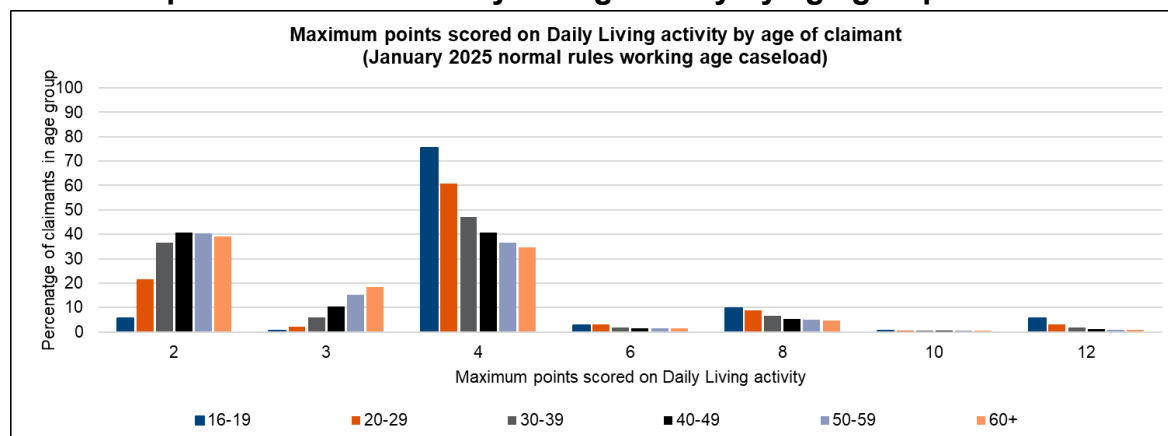
12 per cent of claimants awarded the enhanced Daily Living rate score fewer than 4 points on any of the activities. While over two-thirds score a maximum of 4 points.

Notes:

1. Figures are based on the PIP caseload at end January 2025.
2. Data only includes claimants awarded Daily Living component
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data only includes working age claimants
5. Data includes normal rules claimants only, and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.

21. Maximum Points Scored on Daily Living activity by Age Group of Claimant

Maximum points scored on Daily Living activity by age group of claimant

Maximum points scored on Daily Living activity by age of claimant
(January 2025 normal rules working age caseload)

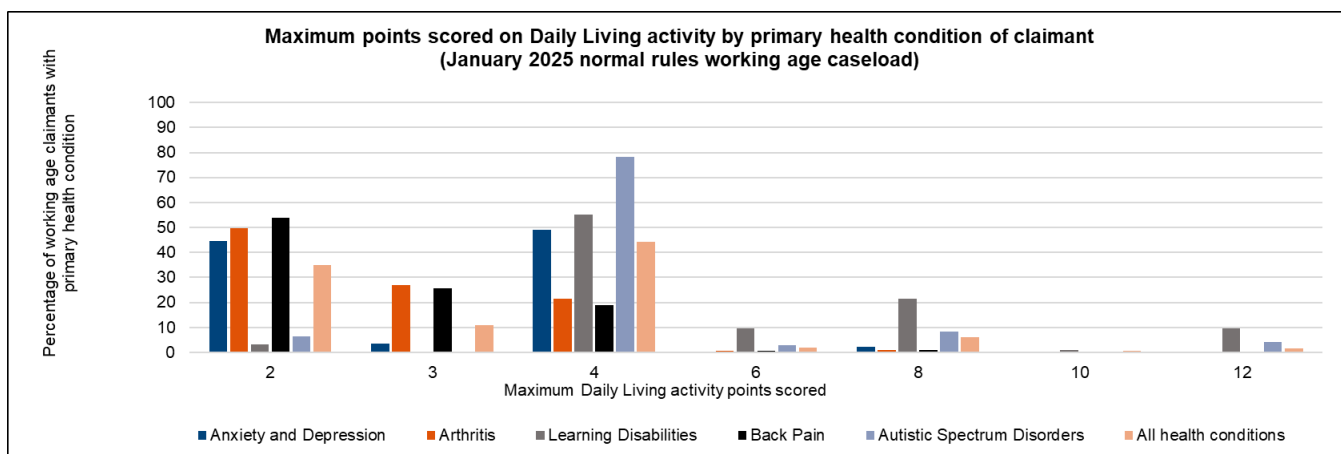**Source: Figures derived from DWP administrative data**

This chart shows the proportion of working age PIP claimants per age group and the maximum points they scored on any of the Daily Living activities. Younger claimants tend to score higher on Daily Living activities compared to older claimants.

Three quarters of 16 to 19-year-olds scored a maximum of 4 points and 61 per cent of 20 to 29 year olds scored a maximum of 4 points on any of the activities. Over half of claimants aged 40 or older score a maximum of fewer than 4 points.

Notes:

1. Figures are based on the PIP caseload at end January 2025.
2. Data only includes claimants awarded Daily Living component
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data only includes working age claimants
5. Data includes normal rules claimants only, and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.

22. Maximum points scored on Daily Living activity by primary health condition of claimant

**Maximum points scored on Daily Living activity by primary health condition of claimant
(January 2025 normal rules working age caseload)**

Source: Figures derived from DWP administrative data

This chart shows the proportion of working age claimants with the five most common conditions on the PIP caseload and the maximum points scored on any Daily Living activity, along with the proportion of the total caseload.

Over three quarters of claimants with Arthritis and Back Pain as their primary health condition score a maximum of 3 or less points on any Daily Living activity. Just over half of claimants with Anxiety & Depression as their primary health condition score at least 4 points on a Daily Living activity.

The Autistic Spectrum Disorder category shows a tendency towards higher scores with 94 per cent scoring at least 4 points on a Daily Living activity. While 97 per cent of claimants with a Learning Disability as their primary health condition score at least 4 points on a Daily Living activity.
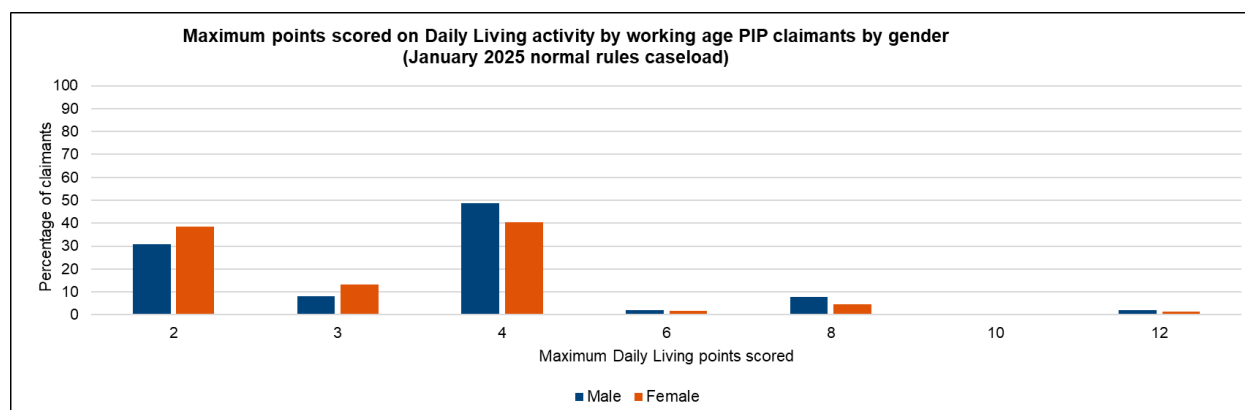
Notes:

1. Figures are based on the PIP caseload at end January 2025.
2. Data only includes claimants awarded Daily Living component
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data only includes working age claimants
5. Data includes normal rules claimants only, and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.
6. Data may show minor differences to published award level information due to missing or poor quality score data for a small number of claims.
7. Health condition category is based on primary health condition as recorded on the PIP Computer System at time of latest assessment. Many claimants have multiple health conditions, but only primary condition is available for analysis.
8. Only the 18 disabling condition groups which make up the highest proportions of the PIP caseload are displayed in this table.
9. Other disabling condition groups which cover smaller proportions of the PIP/DLA caseload are covered in the "Other Conditions" category. This includes Visual Diseases, Other General Musculoskeletal Diseases, Endocrine Diseases, Hearing Disorders, Gastrointestinal Diseases, Genitourinary Diseases, Skin Diseases,

Autoimmune Diseases (Connective Tissue Disorders), Infectious Diseases, Diseases of the Liver, Gallbladder or Biliary Tract, Haematological Diseases, Metabolic Diseases, Multisystem and Extremes of Age, Diseases of the Immune System, Terminally Ill & Other (DLA Only)

10. Anxiety and Depression includes the following conditions recorded in the PIP Stat Xplore data: Anxiety disorders, Other / type not known, Post traumatic stress disorder (PTSD), Stress reaction disorders, Other / type not known, Generalised anxiety disorder, Phobia, Specific, Phobia, Social, Agoraphobia, Panic disorder, Obsessive compulsive disorder, Anxiety and depressive disorders, mixed, Conversion disorder (hysteria), Body dysmorphic disorder (BDD), Dissociative disorders, Other / type not known, Somatoform disorders, Other / type not known, Depressive disorder, Bipolar affective disorder (Hypomania / Mania), Mood disorders, Other / type not known.

11. Figures may not sum due to rounding.

23. Maximum points scored on Daily Living activity by PIP Claimants by gender

Maximum points scored on Daily Living activity by working age PIP claimants by gender (January 2025 normal rules caseload)
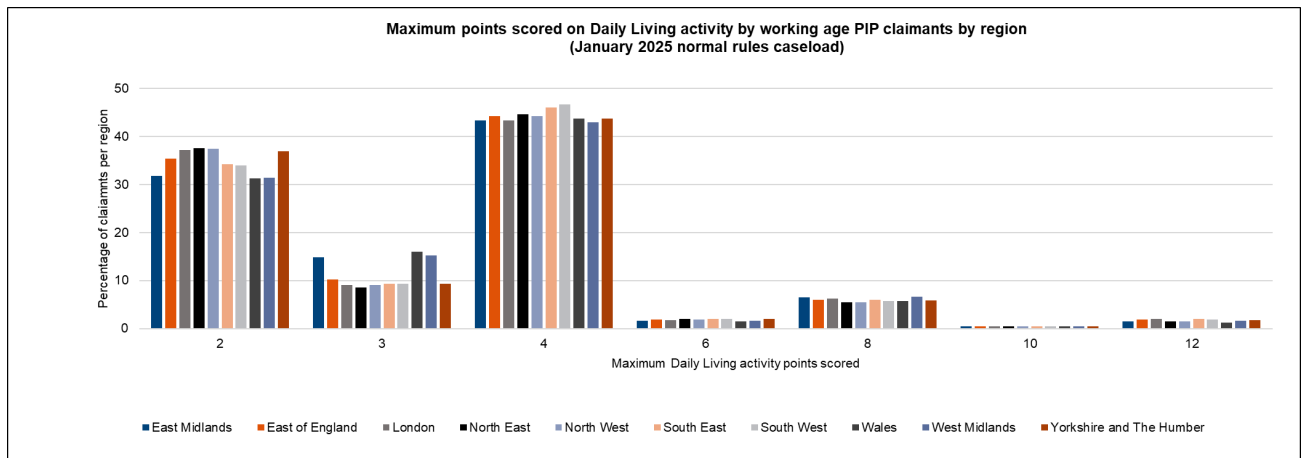
Source: Figures derived from DWP administrative data

This chart shows the proportion of maximum points scored on any of the Daily Living activities by working age PIP claimants split by gender. 48 per cent of female claimants score a maximum of 4 or more points, just under two-fifths score a maximum of 2 points.61 per cent of male claimants score a maximum of 4 or more points, just under half score a maximum of 4 points.

Notes:

1. Figures are based on the PIP caseload at end January 2025.
2. Data only includes claimants awarded Daily Living component
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data only includes working age claimants
5. Data includes normal rules claimants only, and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.

24. Maximum points scored on Daily Living activity by PIP Claimants by region

Maximum points scored on Daily Living activity by working age PIP claimants by region (January 2025 normal rules caseload)

Source: Figures derived from DWP administrative data

This chart shows the proportion of claimants per region and the maximum points scored on any Daily Living activity. There are limited differences between region and maximum points scored on any Daily Living activity.

The regions with the highest proportion of claimants scoring a maximum of at least 4 points were the South East (56 per cent) and South West (57 per cent). The regions with the lowest proportion of claimants scoring a maximum of at least 4 points were Wales, East Midlands, West Midlands and the North West (each 53 per cent).

Notes:

1. Figures are based on the PIP caseload at end January 2025.
2. Data only includes claimants awarded Daily Living component
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data includes normal rules claimants only, and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.
5. Data only includes working age claimants.

25. Maximum points scored on any Daily Living activity by PIP Claimants by local authority

Table 25 in the accompanying Excel tables shows the maximum points scored on any Daily Living activity by PIP claimants by local authority.

26. Maximum points scored on any Daily Living activity by PIP Claimants by parliamentary constituency

Table 26 in the accompanying Excel tables shows the maximum points scored on any Daily Living activity by PIP claimants by parliamentary constituency.

27. PIP claimants Daily Living activity point scores
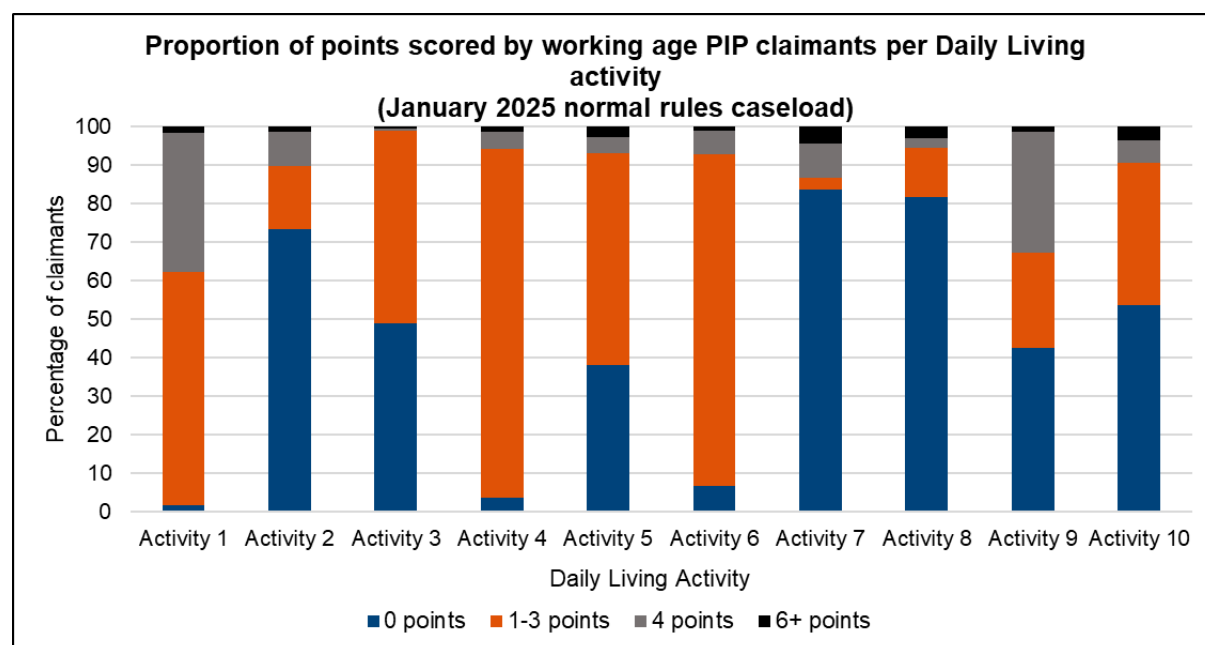
Source: Figures derived from DWP administrative data

This chart shows the proportion of points scored on each of the Daily Living activities by working age PIP claimants. The majority of PIP claimants score zero points on activities 2, 7, 8 and 10.

While for the remaining activities, the majority of PIP claimants score 1 to 3 points. PIP claimants were most likely to score 4 points on activity 1 and activity 9.

Notes:

1. Figures are based on the PIP caseload at end January 2025.
2. Data only includes claimants awarded Daily Living component.
3. Data only includes claimants living in regions under DWP policy ownership (England, Wales and Abroad).
4. Data includes normal rules claimants only, and excludes special rules for end of life (SREL) claimants as they typically receive maximum or very high scores.
5. Data only includes working age claimants

28. PIP claimants Daily Living activity point scores by condition

Table 28 in the accompanying Excel tables shows the Proportion of Working Age PIP claimants point scores for each of the Daily Living activities by primary health condition of claimant (January 2025 normal rules caseload).

29. Child DLA to PIP reassessment awards by year

Child DLA to PIP reassessment decisions and awards by financial year
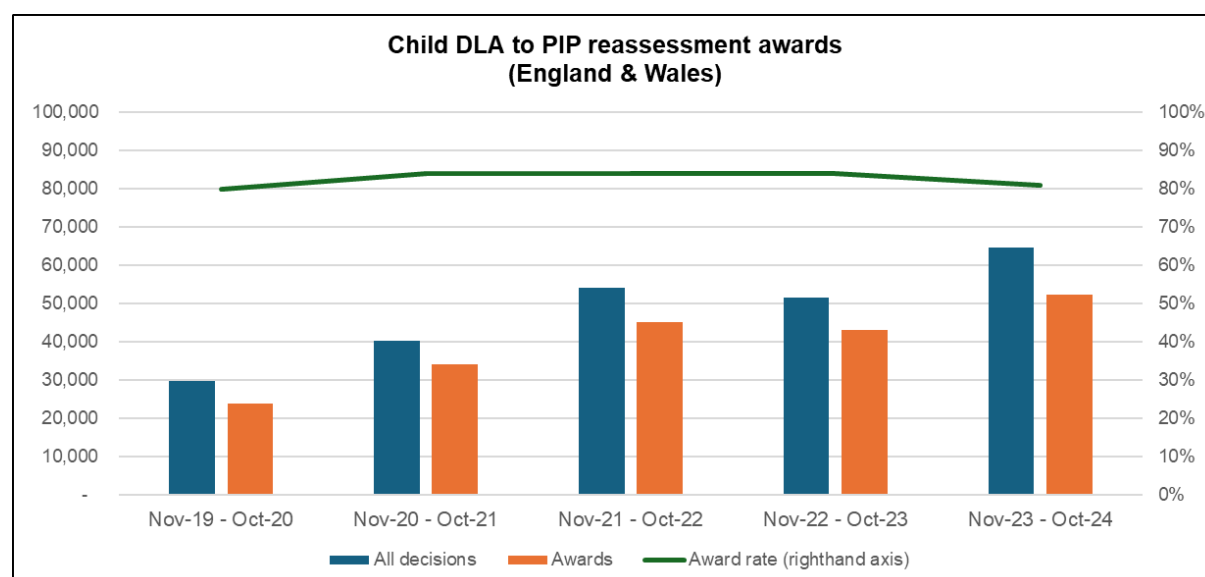
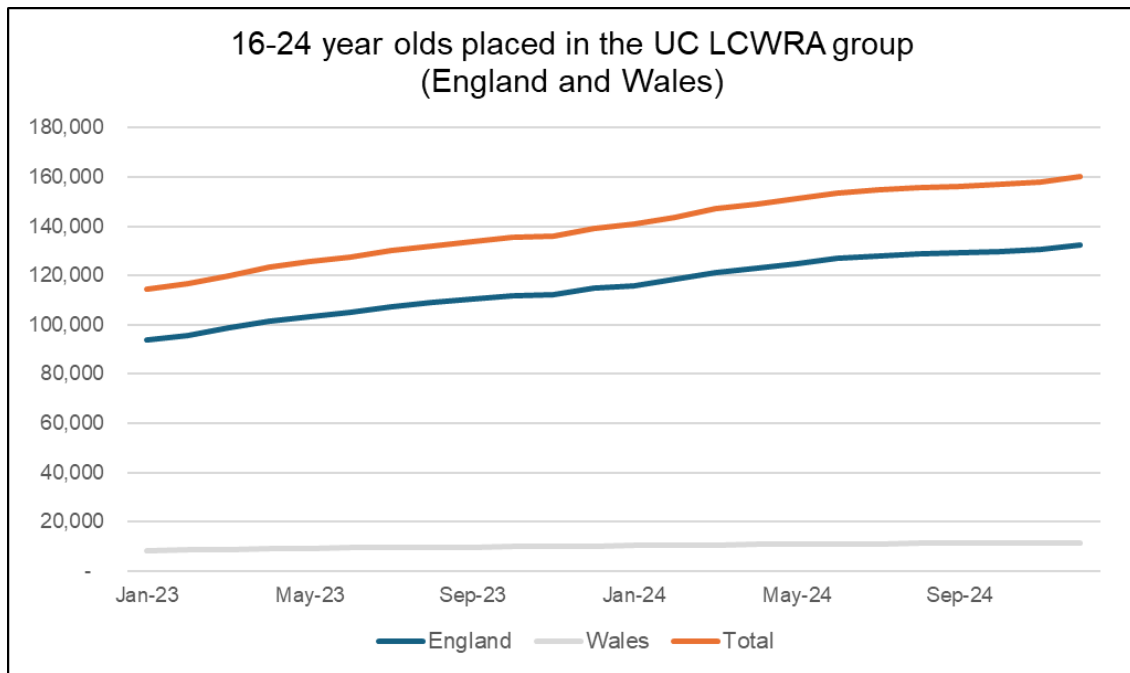**Source: Figures derived from DWP administrative data**

In the year to October 2024, 65,000 young people that had been receiving Disability Living Allowance for children (DLAc) applied for PIP. This had increased from 30,000 in the year to October 2020. The success rate in applying for PIP was relatively stable over this period at between 80% and 84%.

Notes:
1. Data includes claims to PIP made under normal rules and covers initial decision, prior to any reconsideration or appeal activity.
2. Data only includes claimants living in regions under DWP policy ownership (England, Wales).
3. Years are from November to October.

30. 16- to 24-year-olds in the Universal Credit (UC) Limited Capability for Work and Work-Related Activities (LCWRA) group

16- to 24-year-olds placed in the UC LCWRA group

**16-24 year olds placed in the UC LCWRA group (England and Wales)**

Source: Figures derived from DWP administrative data

Around 160,000 16- to 24-year-olds are out of work and in the LCWRA group. This has increased from 119,000 in January 2023.

31. 16- to 24-year-olds on PIP or DLA and no other benefits

Prevalence of PIP/DLA receipt in the working age population by primary health condition

16-24 year olds on PIP or DLA and no other benefits (England and Wales, quarterly)
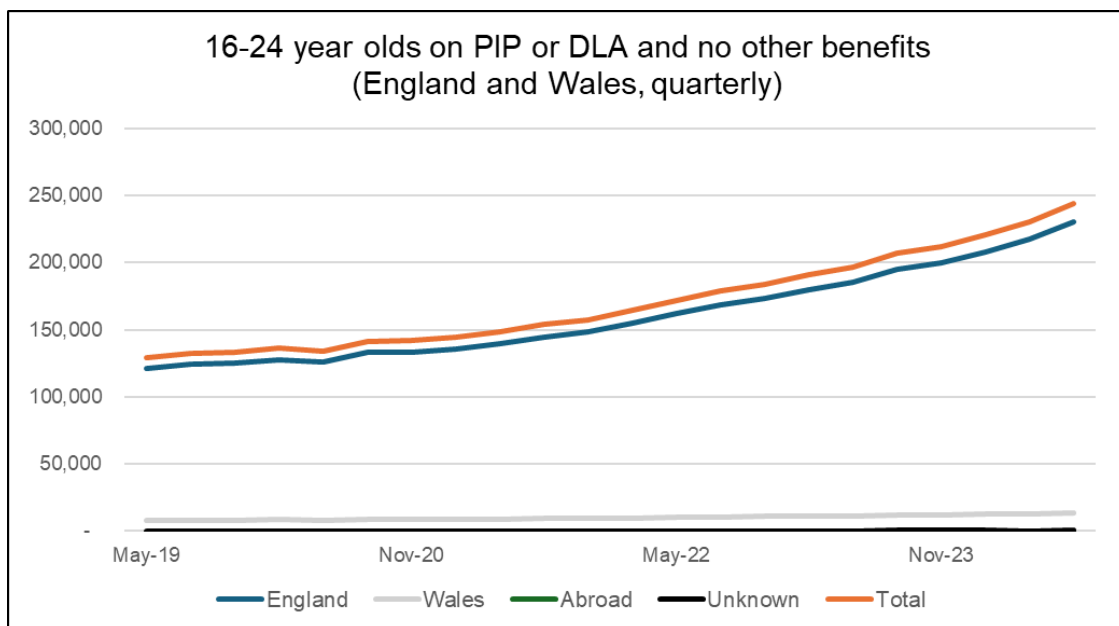
Source: Figures derived from DWP administrative data

In August 2024 there were around 244,000 16- to 24-year-olds claim PIP or Disability Living Allowance (DLA) only with no other benefits. This has increased steadily from around 129,000 in 2019.

Notes:
1. Data only includes claimants living in regions under DWP policy ownership (England, Wales & Abroad).

32. Views on health assessments

DWP conducted a Health Assessment Channels Trial to evaluate how well telephone and video assessments are working compared to face-to-face assessment. Research was conducted to understand the impact of the introduction of remote channels on claimant experiences. This research comprises a multi-mode (online and telephone) survey conducted between the 3rd of March and 1st of May 2023. In total 7,262 responses were received from Personal Independence Payment (PIP), Employment and Support Allowance (ESA) or Universal Credit (UC) claimants who had an initial health assessment for their benefit between June 2022 and January 2023. Sixty follow-up qualitative telephone interviews were also conducted to understand the assessment experience in more depth.

A total of 1,163 participants had face-to-face appointments. When asked about their channel preference for future assessments, channel preference was closely correlated to the channel through which their most recent assessment had been conducted. Those who had a telephone assessment were most likely to say they would choose telephone next time (49%), those who had a face-to-face appointment were most likely to choose this (39%), and those who had a video call were most likely to choose video call (37%). However, there were also roughly a third (30%) of participants who had a telephone appointment this time but would like a face-to-face appointment next time[1].

Face-to-face appointments were seen as being most appropriate for a new diagnosis or health condition or for assessing the physical aspects of a condition however those who found it difficult to attend in-person due to mobility difficulties, health condition, or transport limitations discussed how remote channels were more accessible[2].

Further research has shown negative experiences of the health assessments have implications for claimant trust in DWP[3][4]. Claimants have reported that the health assessment process for PIP, ESA or UC Health can be daunting, and they often do not know what to expect or what questions they might be asked[5]. In some cases,

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[1] Health Assessment Channels Research, DWP, 2024 Health Assessment Channels Research
[2] Health Assessment Channels Research, DWP, 2024 Health Assessment Channels Research
[3] Experiences of PIP applicants who received zero points at assessment, DWP, 2024 Experiences of PIP applicants who received zero points at assessment - GOV.UK
[4] Barriers to Accessing Health Support for PIP, NS ESA, and UC Claimants, DWP, 2024 Barriers to Accessing Health Support for PIP, NS ESA, and UC Claimants - GOV.UK
[5] Additional Support Needs in the PIP Claim Journey, DWP, 2025

DWP was reported as having provided a short telephone call in advance of PIP assessments.

An assessor's manner is key to claimants feeling listened to and supported during a health assessment[6]. Some PIP claimants report feeling that their assessor had asked irrelevant questions, the assessment focused on only one of their health conditions, or that they had felt rushed and therefore left feeling that they had not been assessed fairly[7]. Research has shown that some PIP, UC and ESA claimants felt assessors could lack empathy and that they did not demonstrate active listening skills[8][9], and that some can feel judged, disbelieved or as though they were exaggerating their conditions[10] with some stating that it had felt like the assessors had been trying to 'test' them about their health condition or disability[11]. Research with PIP claimants has also shown that those with a better knowledge and awareness of PIP expressed greater scepticism of how decisions were made and lower trust in PIP assessors or DWP[12]. Following an assessment and on receiving an outcome letter from the Department, some claimants reported a disconnect between what they said in the assessment and the contents of the letter[13].

Furthermore, claimant trust was also found to be impacted by rejections from DWP after waiting what could be months for a decision[14]. Frequent re-assessments of health conditions and disabilities for those claiming PIP, UC and ESA caused significant stress to claimants, with customers questioning why those with worsening conditions needed to be reassessed at all, or why the same evidence had to be provided for each benefit applied to[15].

For ways to build trust in the assessment process, research has suggested that assessors could be better prepared for assessments by reading applications in advance, and for assessors to receive disability awareness and engagement training.[16] Recent qualitative research found that positive interactions with an

[6] The Impact of Fluctuating Health Conditions on Assessment, DWP, 2024 The Impact of Fluctuating Health Conditions on Assessment - GOV.UK

[7] Experiences of PIP applicants who received zero points at assessment, DWP, 2024 Experiences of PIP applicants who received zero points at assessment - GOV.UK

[8] The Impact of Fluctuating Health Conditions on Assessment, DWP, 2024 The Impact of Fluctuating Health Conditions on Assessment - GOV.UK

[9] Summary: Claimant experience of telephone-based health assessments for PIP, ESA and UC, DWP, 2022 Summary: Claimant experience of telephone-based health assessments for PIP, ESA and UC - GOV.UK

[10] Work aspirations and support needs of health and disability customers, DWP, 2025 Work aspirations and support needs of health and disability customers: Interim findings

[11] Specialism in the Health Assessment: Initial Exploratory Research, DWP, 2024 Specialism in the Health Assessment: Initial Exploratory Research - GOV.UK

[12] Additional Support Needs in the PIP Claim Journey, DWP, 2025

[13] Experiences of PIP applicants who received zero points at assessment, DWP, 2024 Experiences of PIP applicants who received zero points at assessment - GOV.UK

[14] Work aspirations and support needs of health and disability customers, DWP, 2025 Work aspirations and support needs of health and disability customers: Interim findings

[15] Work aspirations and support needs of health and disability customers, DWP, 2025 Work aspirations and support needs of health and disability customers: Interim findings

[16] The Impact of Fluctuating Health Conditions on Assessment, DWP, 2024 The Impact of Fluctuating Health Conditions on Assessment - GOV.UK

assessor were characterised by the assessor explaining the assessment process, having a high degree of confidence in the assessor's ability to assess their condition and the assessment feeling tailored to their condition (or understanding the purpose of questions which felt less relevant).[17] Additionally, in mock assessments where assessors had specific knowledge of a disability or health condition it was found that this could increase claimant confidence and trust[18]. Offering benefit claimants a choice of channel for their health assessment (telephone, face to face, or video call) can also give them a sense of control and empowerment of the assessment process.[19]

[17] Health Assessment Channels Research, DWP, 2024 Health Assessment Channels Research
[18] Summary: Claimant experience of telephone-based health assessments for PIP, ESA and UC, DWP, 2022 Summary: Claimant experience of telephone-based health assessments for PIP, ESA and UC - GOV.UK
[19] Health Assessment Channels Research, DWP, 2024 Health Assessment Channels Research