

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

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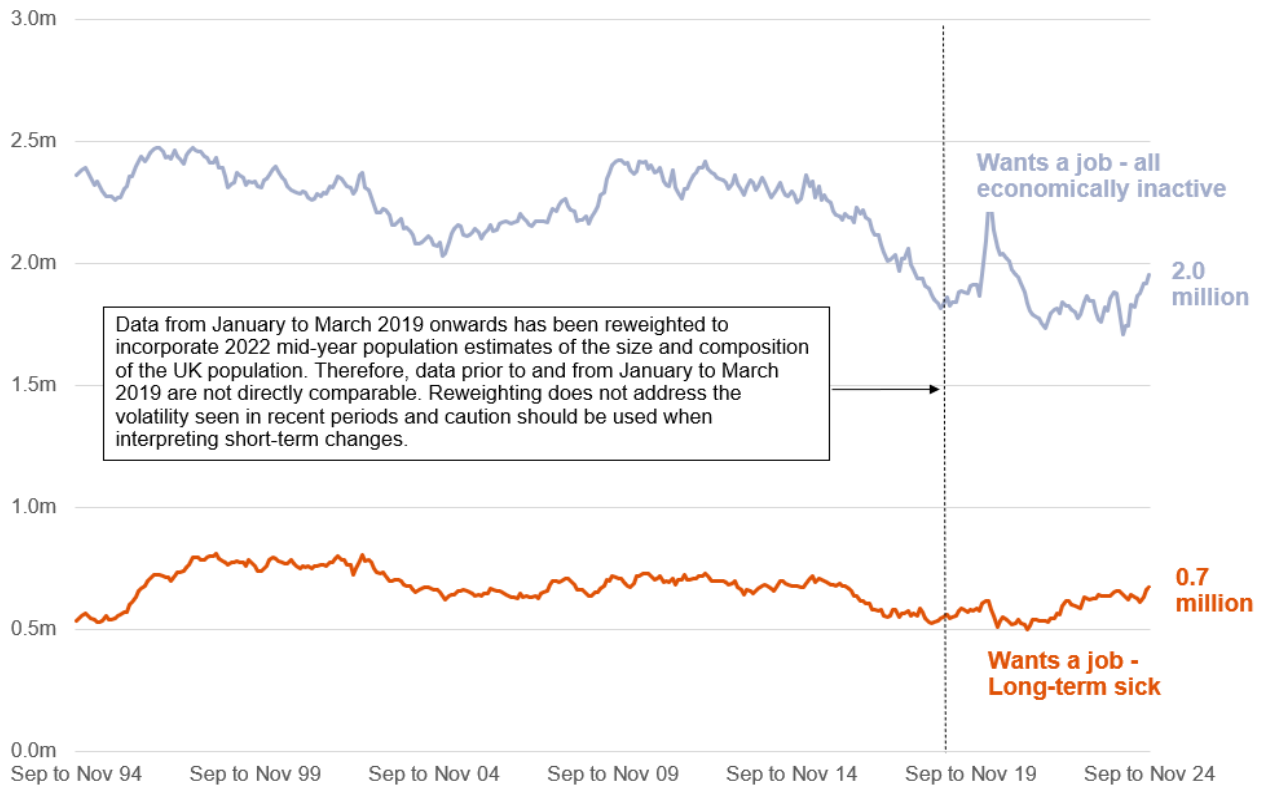
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Further Information

[Website for this release](#)

1. Economic inactivity and jobs

Whether people who are economically inactive would like to work, 1994 - 2004



Source: Labour Force Survey

There is growing evidence that many people who are currently not working due to a health condition or disability would like to work or believe they could work. Data on economic inactivity published in January 2025 by the Office for National Statistics (ONS) demonstrates that many people who are economically inactive due to long-term sickness want to work, with nearly 700,000 stating they would like a job.

Notes:

1. When comparing quarterly changes ONS recommends comparing with the previous non-overlapping 3-month average time period (eg, compare Apr-Jun with Jan-Mar, not with Mar-May).
2. Discouraged workers are those who are not looking for work because they believe no jobs are available.
3. Other reasons include people who (i) are waiting the results of a job application, (ii) have not yet started looking for work, (iii) do not need or want employment, (iv) have given an uncategorised reason for being economically inactive, or (v) have not given a reason for being economically inactive.
4. Data from January to March 2019 onward has been reweighted, causing a step change discontinuity
5. This series contains data that has not been modelled for periods from June to August 2011 to December 2018 to February 2019 to be consistent with other series within

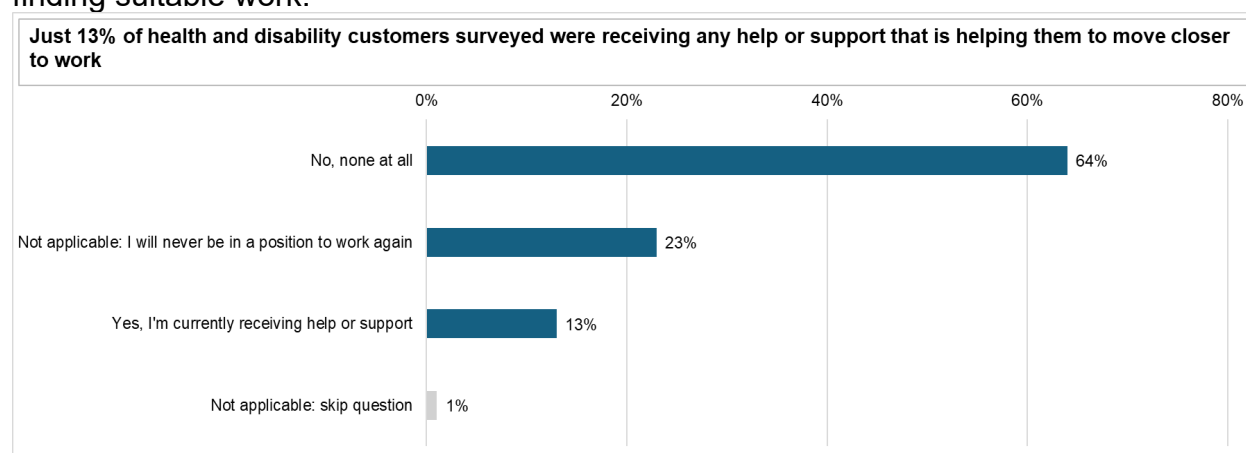
this table. It will therefore differ from figures published on tables A02SA and A05SA for those periods.

2. Whether claimant is receiving any help that is helping them move closer to work

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).

Chart 3.2: Percentage of respondents who answered the question “Are you currently receiving any help or support that is helping you to move closer towards to work.”

This includes help with things like building confidence or skills, help with CVs or finding suitable work.



Base: All health and disability claimants (3,361)

Source: [Work aspirations and support needs of health and disability customers: Interim findings report, published February 2025](#)

The chart shows that 13% of all health and disability customers who responded to the survey were receiving any support that is helping them move closer to work, with 64% reporting they were not receiving any help or support at all. Around a quarter (23%) of respondents felt this question was not applicable as they would never be in a position to work again.

I. DWP employment programmes

Programme	Description	Results/Findings
Example ESA WRAG 18-24 Month prognosis pilots	Three options were tested all of which lasted two years. Intensive support from Jobcentre Plus. Referral to the externally provided Work Programme. Regular meetings with Health Care professionals. Tested by Randomised Control Trial.	JCP reduced time on benefit by 19.3 days over 3 year period compared to control group. Most of the impact seen in the first two years. WP model reduced time on benefit by 14.6 days over 3 year period, compared to control group. Most of the impact seen in

		first two years. No impact on time on benefit for HCP model compared to control over 3 year tracking period.
Work and Health Programme	The Work and Health Programme took referrals from 2017 providing up to 21 months of tailored support to help people overcome barriers to work, enter, and remain in, employment. WHP predominantly supported people with disabilities, as well as the long-term unemployed, and certain other priority groups. Final referrals to WHP were made in September 2024, with support continuing up to July 2026 for those already referred.	<p>Published findings of the participant / non-participant survey evidence shows more participants in the voluntary group engaged in work (27%) compared to the control group (22%); 19% were still employed at the Wave 2 survey, compared to 16% in the control group.</p> <p>Both voluntary and mandatory WHP participants were more active in job applications than in the control group, with six in ten believing that WHP support increased their chance of securing employment.</p> <p>At launch, WHP included a randomised control trial which will form the basis of a future quantitative impact evaluation.</p>
Work Choice	Work Choice operated in England, Scotland, and Wales from October 2010, and was a voluntary employment programme for people with disability barriers to employment, and people at risk of losing their job due to their disability. External providers were contracted to offer both work entry support, and in-work support to help participants progress and develop in work. The final referrals to Work Choice occurred in	<p>Work Choice impact evaluation - GOV.UK Eight years after referral to Work Choice early cohort participants (referred between April 2015 and February 2018) had a payrolled employment rate 10.9 percentage points (pp) higher than the comparison group, and had spent, on average, 337 more days in payrolled employment (11.5pp) over that time. Early participants were also 7.3 pp less likely to be receiving looking for work</p>

	February 2018 and Work Choice support ended in March 2019.	<p>or low-income benefits than the comparison group, and had spent, on average, 215 fewer days receiving a looking for work/low-income benefit (-7.4pp) over that time.</p> <p>Analysis of the earliest participants referred between October 2010 and March 2012 suggests that the above impacts will persist longer than the eight years assessed.</p> <p>The return on investment for each £1.00 of DEL spend was estimated as £0.99 to DWP, with a range of £0.73 to £1.25, £1.67 to the Exchequer (£1.31 to £2.02), or £2.98 when considering wider societal effects (£2.36 to £3.39).</p>
Additional Work Coach Support	Through Additional Work Coach Support (AWCS), customers receive additional appointment time with a work coach where eligible and suitable. This additional personalised support aims to allow more time to understand customers' circumstances and needs, and provide or signpost to appropriate support, ultimately to help customers move towards or into work where suitable. UC health journey and ESA customers have participated over the last three years.	Voluntary participants in the LCWRA group were a third more likely to be in work than a comparison group 12 months later. 11% of participants were in work 12 months later, compared to 8% of the comparison group. They were also twice as likely to take up more intensive externally delivered support. Whilst indicating scope to refine the service, qualitative research with Additional Work Coach Support recipients has also found other benefits from support for some participants including improved wellbeing.
Individual Placement and Support	Individual Placement and Support is a model of supported employment which was originally	When provided to participants with severe mental health conditions, randomised control trials

	created in the 1990s to support individuals with severe mental health conditions, and has been extensively researched in around 30 Randomised Control Trials. It has subsequently been applied to a variety of other groups, including those with substance dependency, mild to moderate mental health, chronic pain and trauma.	show that treatment groups have an average employment entry rate of 55% as opposed to 25% in control groups.
Employment and Health Discussion	The Employment and Health Discussion (EHD) offers customers on the Health Journey with a disability or long-term health condition up to 3 sessions with a Healthcare Professional, known as an Employment and Health Practitioner (EHP). The purpose of these sessions is to identify the range of barriers impacting the customer's ability to work and appropriate solutions to these which are then documented in a Workability Action Plan.	Customers, Work Coaches (WCs) and Disability Employment Advisers (DEAs) signalled high levels of satisfaction with the EHD, with some indicative evidence of positive outcomes amongst customers. When surveyed immediately after completing the EHD, customers reported a range of benefits to participation. Around half (48%) reported feeling more positively about work and slightly more (57%) reported that they were more likely to take up support offers such as training or volunteering. Smaller proportions reported feeling more confident about getting into work (40%) and that work was more important to them (35%).

II. The experience of Additional Work Coach Support: Findings from qualitative interviews with customers

Evidence shows that with regular support, more UC health journey and ESA customers can move towards and into work¹. Through Additional Work Coach

Support (AWCS), customers receive additional appointment time with a work coach where eligible and suitable. This additional personalised support aims to allow more time to understand customers' circumstances and needs, and provide or signpost to appropriate support, ultimately to help customers move towards or into work where suitable. As part of the wider mixed-method evaluation, 90 in-depth qualitative interviews were conducted with UC health journey and ESA customers. The first phase of interviews took place in May 2024, and continued in August/September 2024 after the General Election.

Customers had complex barriers to work. For many, their circumstances had recently changed for the worse, and they were struggling to cope with the practical, financial and social problems that come about from deteriorating health and losing a job, often in quick succession. Customers often had very limited support networks outside of Jobcentre Plus to draw on, particularly where changes in circumstances were more recent for customers.

Jobcentre Plus was not always the obvious place customers looked for help to overcome the barriers they faced to working. Many customers were initially worried that their work coach could force them into inappropriate employment or that contact would result in their benefit entitlements being reduced. However, work coaches successfully managed to overcome negative perceptions in most cases. Most AWCS customers had come to view their work coach as a supportive presence, feeling that these relationships were empathetic and tailored to their needs.

Work coaches provided well-received referrals and signposting to other organisations to support with issues that were not directly work-related. Customers often valued work coaches' advice and signposting to support to help address a wide range of problems: mental health issues, social isolation, addiction, financial advice, debt advice, housing support, and food banks.

Specific work-related support received a mixed reception from customers. In some cases they felt this was because work coaches were not able to provide support that was sufficiently tailored.

Many customers felt that simply speaking to a work coach on a regular basis helped to improve their wellbeing. This was often simply due to attending appointments with someone who appeared empathetic and understanding of their situation, or through work coaches signposting customers to other mental health support.

Movement into work for the customer group is generally low. Employment outcomes were experienced by a small minority of research participants, but a number of customers appeared to have taken steps that could move them closer to work. For some, the journey is likely to be a long one, but customers appreciated support, even with small steps towards getting back to work.

Where customers felt the support was not helpful, these comments centred around a lack of consistency in the delivery of support or a perceived lack of tailoring to their specific circumstances and barriers to work. Not having contact with the same work coach consistently was viewed negatively, as building rapport with one individual was very important to customers. There was also suggestion by some customers that support could be improved by greater work coach knowledge of the implications

of some health conditions or having specialists to ensure appropriate tailoring of support.

III. Evaluation of the Employment and Health Discussion Proof of Concept

The Employment and Health Discussion (EHD) offers customers on the Universal Credit (UC) Health Journey with a disability or long-term health condition up to 3 sessions with a Healthcare Professional, known as an Employment and Health Practitioner (EHP). The purpose of these sessions is to identify the range of barriers impacting the customer's ability to work and appropriate solutions to these which are then documented in a Workability Action Plan.

The EHD has been tested on a small-scale in 13 JCPs and a proportionate evaluation has been carried out. Given the small scale of the test, the evaluation is predominantly centred around process, as opposed to impact. The research therefore aims to build understanding around how the EHD is delivered across a number of JCPs and what is perceived to work well or less well.

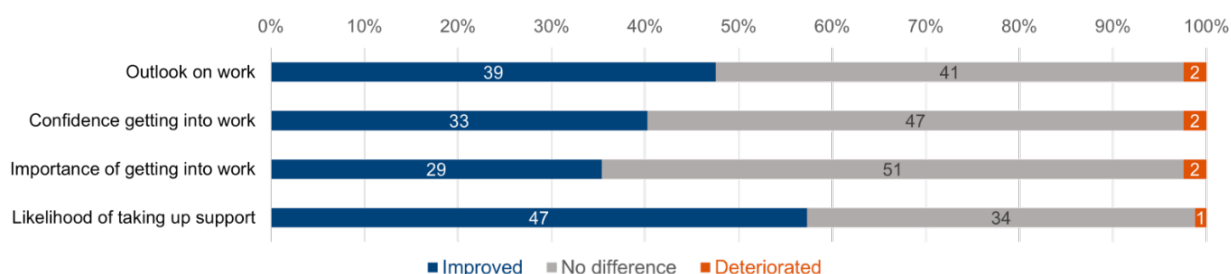
Research was conducted with EHD customers, EHPs and JCP staff, including surveys, follow-up interviews and observations. A sample of Workability Action Plans, case studies and Management Information collected during the evaluation period were also analysed.

Key findings

Customers, Work Coaches and Disability Employment Advisors (DEA) signalled high levels of satisfaction with the EHD, with some indicative evidence of positive outcomes amongst customers.

When surveyed immediately after completing the EHD, customers reported a range of benefits to participation in the EHD, although to varying degrees.

Customer views on work and work-related activity



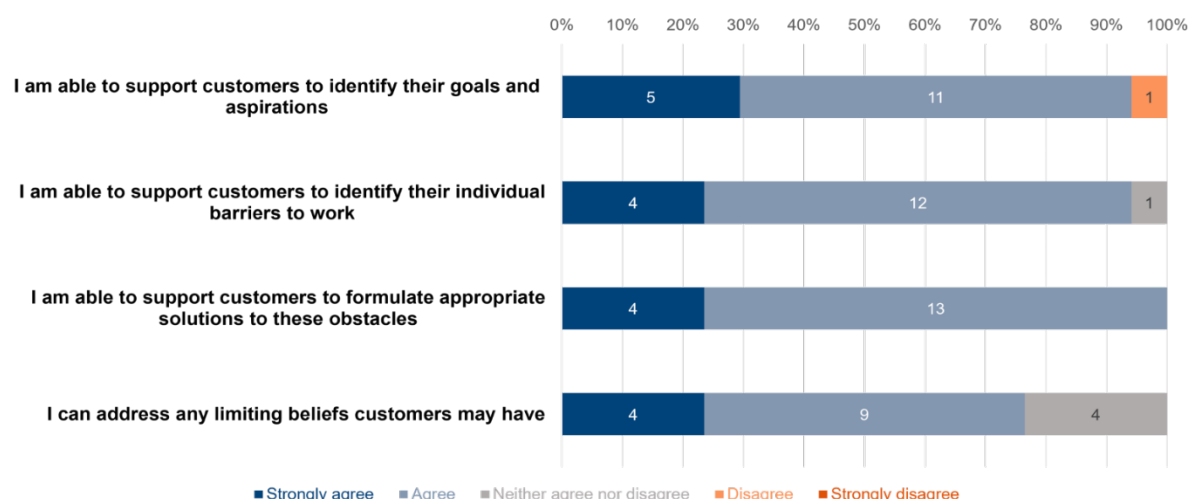
Base 82

The graph shows around half (48%) reported feeling more positively about work and slightly more (57%) reported that they were more likely to take up support offers

such as training or volunteering. Smaller proportions reported feeling more confident about getting into work (40%) and that work was more important to them (35%).

Work Coaches, DEAs and Employment and Health Practitioners (EHP) similarly emphasised these benefits based on their interactions with customers and noted additional positive changes, including improved customer engagement with the JCP.

EHPs' ability to support customers to identify goals, barriers and solutions and address limiting beliefs



Base 17

The chart shows almost all EHPs felt able to support customers to identify their goals, obstacles and solutions. Slightly fewer (13 of 17 respondents) agreed that they could address customer's limiting beliefs.

Additionally, around 9 in 10 customers agreed that the EHP helped them to identify all of the different obstacles they face (88%) as well as appropriate solutions to these (89%).

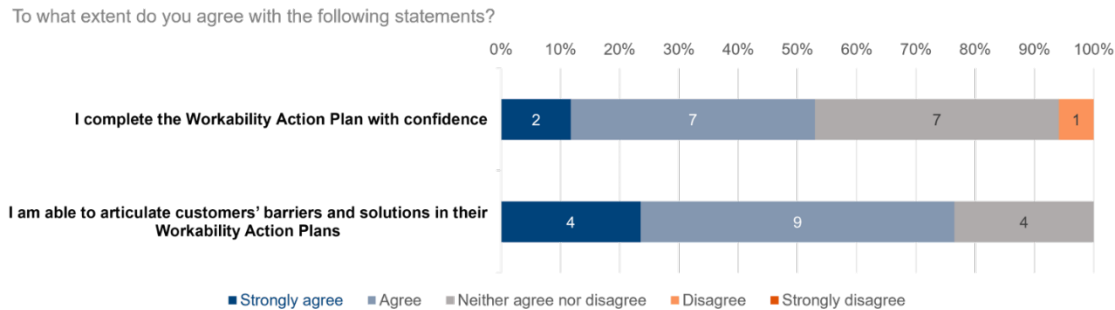
Where customers had more than one appointment, 6 in 10 saw improvements to their self-reported workability scores over the course of their EHD appointments. However, this was not sustained. When a small sample were surveyed 6 weeks after completing the EHD, few reported continued improvements to their workability scores after the EHD.

Nonetheless, customers particularly valued having dedicated time and space to speak about their health and feeling 'heard' through the EHD.

During the EHD, customers often required involved coaching and support, particularly to overcome limiting beliefs; an area in which it was identified EHPs could benefit from additional training.

However, in practice it appears solutions are not always best matched to obstacles in Workability Action Plans. Similarly, the full range of barriers within the biopsychosocial model may be underexplored in some cases.

EHP ability to complete the Workability Action Plan

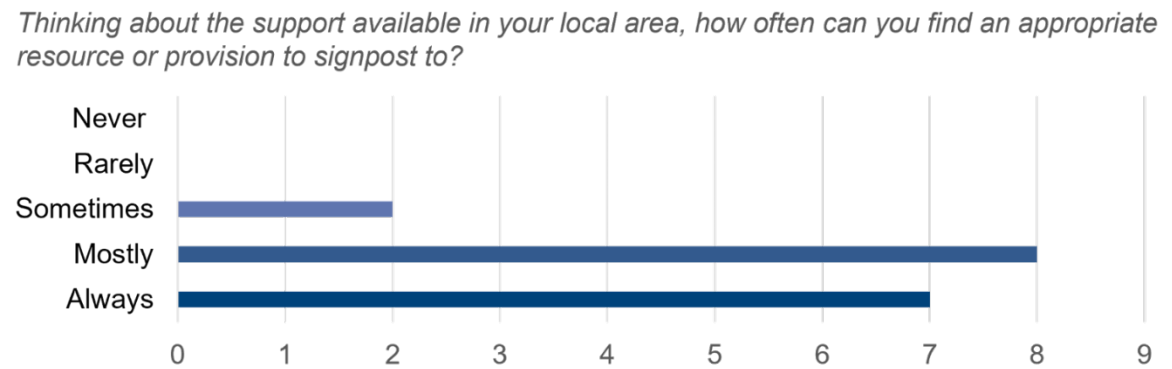


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The chart shows around half (8) of the EHPs in the survey did not express clear confidence in completing the Workability Action Plan, although few specific suggestions for improvement were made. Slightly more (13) agreed they could articulate customers’ barriers and solutions in the Workability Action Plans. Workability Action Plans could therefore benefit from further monitoring.

Local knowledge of available resources and provisions is considered key to identifying appropriate solutions.

Availability of appropriate resources or provisions to signpost to

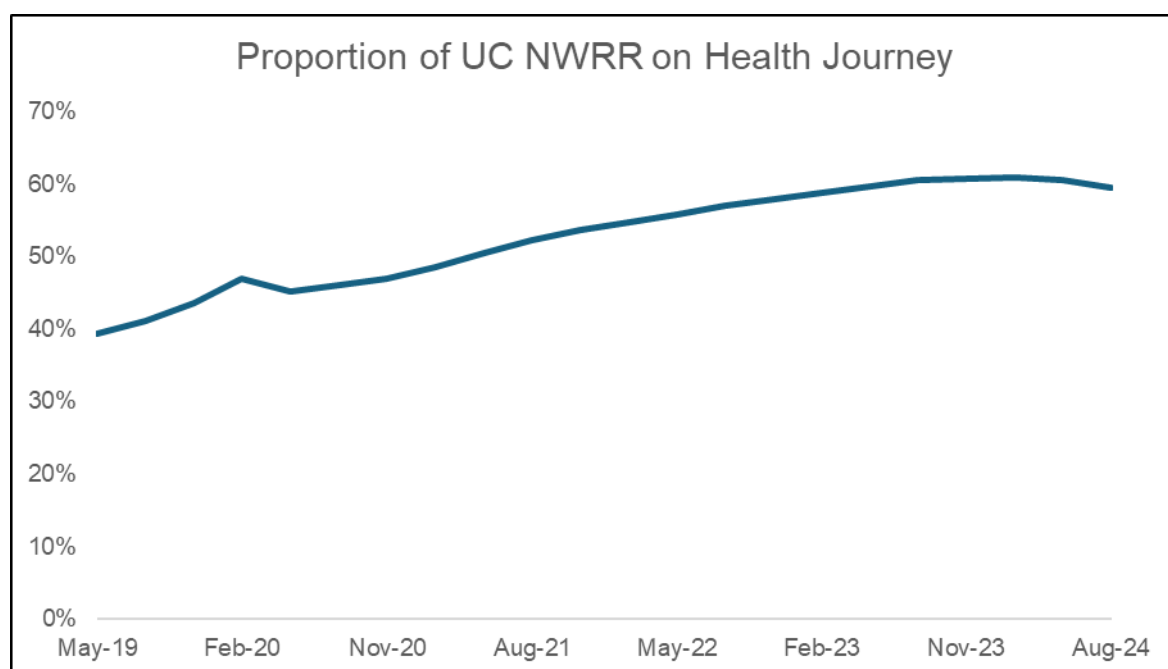


Base 17

The chart shows that EHPs varied in how often they felt that they could find appropriate resources and provisions to signpost customers to in relation to the obstacles identified.

3. Proportion of Universal Credit Health Journey claimants with No Work-related Requirements

Proportion of UC NWRR on Health Journey



The chart presents the trend in the proportion UC-Health claimants with No Work-related Requirements (NWRR).

Between May 2019 and May 2023, the NWRR proportion steadily increased, growing from 39% in May 2019 to 60% in May 2023.

Since May 2023, the proportion of the UC caseload with no Work-related requirements has remained stable at approximately 60%.

Table 3.3: Proportion of UC No Work-related Requirements (NWRR) group on UC Health

	May-19	Aug-19	Nov-19	Feb-20	May-20	Aug-20	Nov-20	Feb-21	May-21	Aug-21	Nov-21	Feb-22	May-22	Aug-22	Nov-22	Feb-23	May-23	Aug-23	Nov-23	Feb-24	May-24	Aug-24
Total number of people with No Work-related Requirements	427,000	528,000	638,000	742,000	856,000	956,000	1,047,000	1,129,000	1,222,000	1,308,000	1,400,000	1,497,000	1,609,000	1,718,000	1,828,000	1,928,000	2,042,000	2,161,000	2,282,000	2,388,000	2,551,000	2,739,000
of which, those on the UC Health Journey	168,000	216,000	278,000	348,000	405,000	440,000	492,000	547,000	618,000	684,000	750,000	818,000	897,000	980,000	1,059,000	1,133,000	1,220,000	1,303,000	1,375,000	1,454,000	1,544,000	1,632,000
Proportion of UC NWRR on UC Health	39%	41%	44%	47%	48%	46%	47%	48%	51%	52%	54%	55%	56%	57%	58%	59%	60%	61%	61%	61%	61%	60%

Notes:

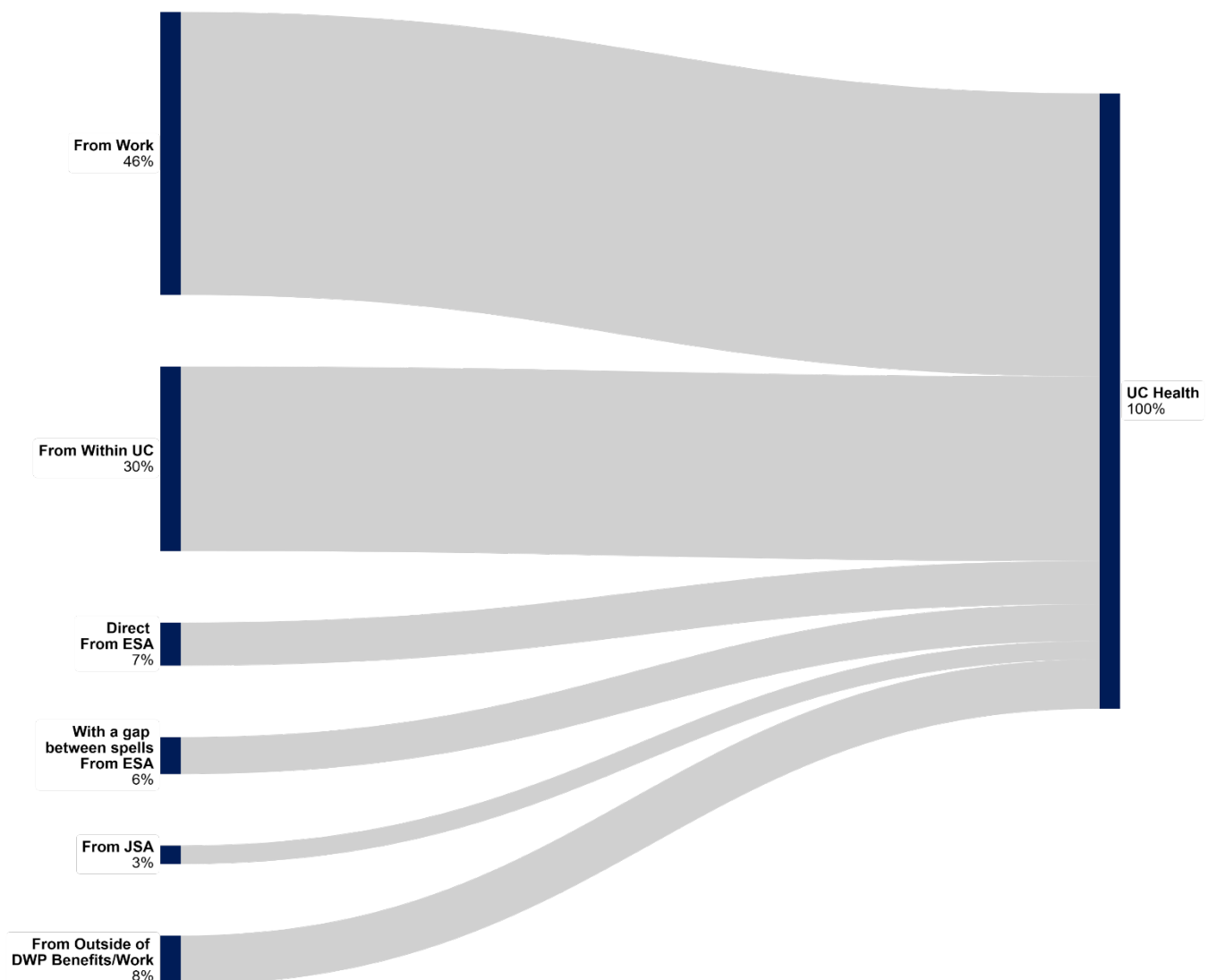
1. Breakdowns of UC claimants by conditionality group and whether a claimant is on the Health Journey are published in the Benefit Combinations tables in [Stat-Xplore](#).
2. Some of the reasons for a claimant to be in the NWRR group include:
 - the claimant has reached the qualifying age for state pension credit;
 - the claimant has caring responsibilities for one or more severely disabled persons for at least 35 hours a week but does not meet the conditions for entitlement to a carer's allowance;
 - the claimant is pregnant and it is 11 weeks or less before her expected week of confinement, or was pregnant and it is 15 weeks or less since the date of her confinement;
3. [A full list of when a claimant is subject to no work-related requirements can be found here in The Universal Credit Regulations 2013.](#)

4. The origins of claimants joining Universal Credit Health between May 2022 and July 2022

The total origins of claimants joining Universal Credit Health between May 2022 and July 2022

Origin of UC Health claimant	Number	Percentage
From work	86,100	46%
From within UC	54,800	29%
Direct From ESA	13,300	7.1%
From ESA with a gap between spells	10,700	5.7%
From JSA	6,200	3.3%
From outside of DWP Benefits/Work	15,400	8.3%
Total	186,500	100.0%

Origins of claimants starting on UC Health between May and July 2022



This analysis works out the sources for claimants joining the Universal Credit Health caseload. To do this, administrative data held by the Department for Work and Pensions (DWP) is matched with the different data sources following a fixed hierarchy. The matching population is removed from the sample after every successive match to avoid overlaps and double counting.

The analysis is based on case-level UC data matched to other benefits data. This does not include any information that would enable individuals to be identified.

The table is presented in order of the hierarchy used in the matching. 'From Work' is therefore prioritised as an origin, with 'From JSA' being the last origin tested, leaving a final residual group of claimants who joined UC Health from 'Outside of DWP benefits/Work.'

A claimant is defined as coming from work if they were in work for at least one month over the six-month period immediately preceding their UC Health start date

'Direct from ESA' covers claimants who moved to UC Health within 45 days of their ESA claim end date.

'From ESA with a gap between spells' covers claimants who took longer than 45 days to move to UC Health after their ESA claim end date.

The analysis shows that most claimants join UC Health from work (46%), with the next largest category being from within UC as a reported change in health circumstances (29%).

5. The WCA outcomes and destinations of claimants joining Universal Credit Health between May 2022 and July 2022, as of August 2024

The WCA outcomes of claimants joining UC-H between May 2022 and July 2022, as of August 2024

No WCA outcome	64,400	34.5%
No Limited Capability for Work	12,000	6.4%
Limited Capability for Work	21,900	11.7%
Limited Capability for Work and Work-related Activities	88,200	47.3%
Total	186,500	100.0%

The destinations of claimants with No WCA outcome, as of August 2024

Remain on UC Health and not in work	2,700	4.2%
Remain on UC Health and in work	700	1.1%
Not on UC Health and moved into work	7,800	12.1%
Died	1,900	3.0%
Retired	800	1.2%
On UC but not on UC-H and in work	9,500	14.8%
On UC but not on UC-H and not in work	18,300	28.4%
Those not identified on DWP systems in August 2024	22,700	35.2%
Total	64,400	100.0%

The destinations of claimants with a No Limited Capability for Work WCA outcome, as of August 2024

Remain on UC Health and not in work	3,400	28.3%
Remain on UC Health and in work	500	4.2%
Not on UC Health and moved into work	600	5.0%
Died	100	0.8%
Retired	100	0.8%
On UC but not on UC-H and in work	1,400	11.7%
On UC but not on UC-H and not in work	3,800	31.7%
Those not identified on DWP systems in August 2024	2,100	17.5%
Total	12,000	100.0%

The destinations of claimants with a Limited Capability to Work outcome, as of August 2024

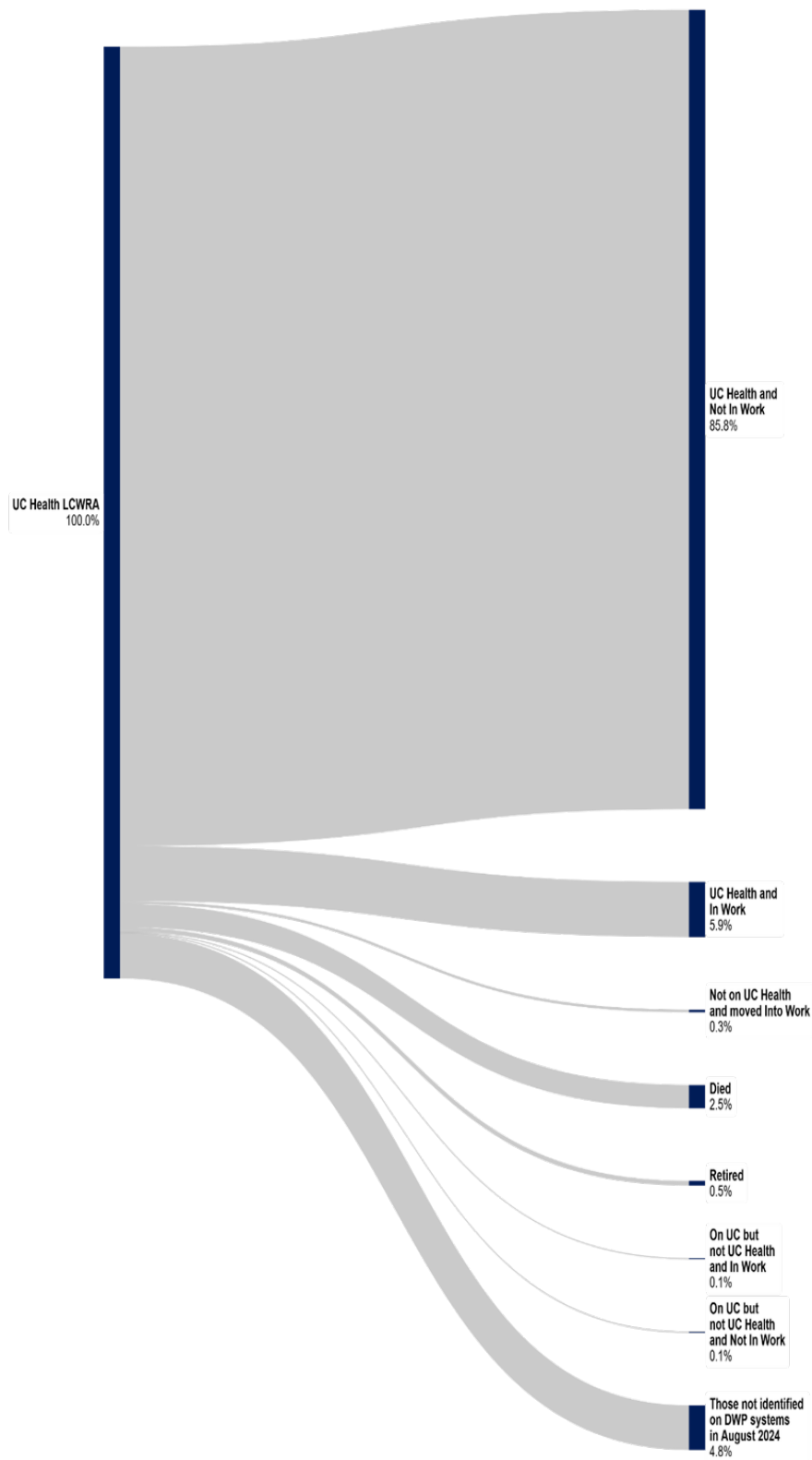
Remain on UC Health and not in work	16,900	77.2%
Remain on UC Health and in work	2,900	13.2%
Not on UC Health and moved into work	200	0.9%

Died	100	0.5%
Retired	100	0.5%
On UC but not on UC-H and in work	100	0.5%
On UC but not on UC-H and not in work	300	1.4%
Those not identified on DWP systems in August 2024	1,300	5.9%
Total	21,900	100.0%

The destinations of claimants with a Limited Capability for Work and Work-related Activities outcome, as of August 2024

Remain on UC Health and not in work	75,700	85.8%
Remain on UC Health and in work	5,200	5.9%
Not on UC Health and moved into work	300	0.3%
Died	2,200	2.5%
Retired	400	0.5%
On UC but not on UC-H and in work	100	0.1%
On UC but not on UC-H and not in work	100	0.1%
Those not identified on DWP systems in August 2024	4,200	4.8%
Total	88,200	100.0%

Destinations of LCWRA claimants starting on UC Health between May and July 2022, as of August 2024



The analysis is based on case-level UC data, extracted from the DWP's computer systems and matched to other benefits data. This does not include any information that would enable individuals to be identified.

- The tables represent the last recorded WCA outcomes for claimants starting on UC Health between May 2022 and July 2022, as of August 2024.
- The data was first matched with August 2024 UC Health caseload to work out the number of claimants starting between May and July 2022 who were not active on UC Health as of August 2024.
- Those who remained on UC Health in August 2024 were characterised into those in work and not in work using the 'in-work' status marker on UC data.
- For destinations of those who were not active on UC Health in August 2024, the tables follow order of the hierarchy used in the analysis. Therefore, in each table, 'Not on UC Health and moved into work' is prioritised as a destination, with 'On UC but not on UC-H and not in work' being the final destination tested, leaving a residual of claimants not identified on DWP systems in August 2024.
- For destinations, a claimant is defined as being in work using the UC system and defined as those with an ongoing 'in-work' status marker on the system and with no UC payment.
- The analysis shows that the majority of claimants who joined UC Health are still on UC Health two years later with 92% of those with a LCWRA outcome and 90% of those with a LCW outcome still on UC Health two years after joining.
- For claimants found to have No Limited Capability for Work, over three quarters, 76%, were still on UC in August 2024 and a third of those with a NLCW outcome were still on UC Health with a new health condition. 21% of claimants with a NLCW outcome were in work, the majority being on UC and in work.
- For those claimants without a Work Capability Assessment outcome, 95% were no longer on UC Health with 35% no longer identified on DWP systems in August 2024 and 28% on UC but not in work. There were 27% in work in August 2024, over half being on UC and in work.

6. Universal Credit Health Journey Limited Capability for Work and Work-Related Activity aged 16-24

The number of claimants on Universal Credit Health LCWRA aged between 16-24, in August and December 2024 by age band

Number of claimants on UC Health LCWRA		
	Aug-24	Dec-24
16-19 year olds	19,678	20,049
20-24 year olds	136,357	140,258
Total	156,032	160,307

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. Figures are a count of the number of people on Universal Credit health on the second Thursday of the reference month.
4. Figures are Experimental Official Statistics

Source: [UC Health Caseload dataset on DWP Stat-Xplore website.](#)

Views on employment of those under 25

A recent survey of 3,401 health and disability customers (which includes customers claiming PIP, ESA or are on the UC health Journey) found that a small number of customers who responded (5%) felt they could work now if the right job or support was available. This group was significantly younger than average with those under the age of 25 being much more likely to say they could work now if the right job or support was available (22% who said this were under the age of 25 compared to 9% of the wider customer population)¹.

Customers who initially said they were unable to work were asked to imagine being offered a job that could be done entirely from home, and whether they would be able to do such a job. Those who could work from home were, on average, slightly younger, with 31% of under 25s felt they could work from home, compared to 21% of over 50s.

Findings from interviews with 61 health and disability customers also found that customers did not want to be forced to take any available role. This was particularly true for younger customers for whom it was important to feel they were working towards a career.²

¹ Work aspirations and support needs of health and disability customers: Interim findings – GOV.UK (www.gov.uk), published February 2025. Available at: Work aspirations and support needs of health and disability customers: Interim findings – GOV.UK

² Work aspirations and support needs of health and disability customers: Interim findings – GOV.UK (www.gov.uk), published February 2025. Available at: Work aspirations and support needs of health and disability customers: Interim findings – GOV.UK