



UK welfare reforms threaten health of the most vulnerable

Cuts to disability benefits will worsen health and the economy

Gerry McCartney,¹ Lucinda Hiam,² Katherine E Smith,³ David Walsh⁴

¹ College of Social Sciences, University of Glasgow, Glasgow, UK

² School of Geography and the Environment, University of Oxford, Oxford, UK

³ Department of Social Work and Social Policy, University of Strathclyde, Strathclyde, UK

⁴ School of Health and Wellbeing, University of Glasgow, Glasgow, UK

Correspondence to: G McCartney
Gerard.McCartney@glasgow.ac.uk
<https://orcid.org/0000-0001-6341-3521>

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The chancellor of the exchequer, Rachel Reeves, will set out the UK government's spending plans in her spring statement on 26 March.¹ The consultative green paper, *Pathways to Work*,² has already outlined plans to cut several billion from the welfare budget, with the aim of saving £5bn by 2029–30.³ The plans include stricter criteria for personal independence payments (PIP) for people with disabilities; halving incapacity benefit payments under Universal Credit for new claimants; and restriction of incapacity benefit top-ups to those aged 23 years and older.

Ministers have argued there is a “moral case” for these cuts, and that “people that can work [should be] able to work.”³ However, the chancellor's approach is unlikely to achieve this goal for two key reasons. First, high rates of economic inactivity in the UK reflect its almost unique failure among industrialised countries to recover population health after the pandemic,^{4–6} which came on top of over a decade of declining health linked to austerity,⁷ as well as long term structural weaknesses of precarious employment in a low pay economy.⁸ Second, health outcomes and economic policy are inseparably intertwined—even if the government chooses to focus solely on the economy, it cannot expect growth without a healthy population.^{5,6}

Evidence from austerity

The experience of the past 14 years of austerity is a warning. From 1945 to 2012, life expectancy in the UK rose steadily. But after 2012 it flatlined, and for those in the most disadvantaged areas, it declined,⁹ caused by deep cuts to social security and local government spending.^{7,10,11} The list of consequences is shameful, including increased infant mortality, deterioration of mental health, particularly in young adults,¹² and record numbers of children being taken into care in England.^{13,14}

Policies justified on the grounds of austerity—including real term reductions in the value of benefits, stricter eligibility requirements, and harsher sanctions—have harmed health and pushed millions of people, especially children, further into poverty.^{15–17} The cost of living has risen sharply in recent years,^{18,19} leaving prices far higher than they were just five years ago. The combined result is that, since 2010, more people in Britain are experiencing destitution and many more people in full-time work live in poverty.²⁰

Since 2012 the UK has seen the largest rise in child poverty among countries in the Organisation for Economic Cooperation and Development, according to Unicef.²¹ Child poverty adversely affects child mental health, creating a cascade of mental health challenges into young adulthood,²² which in turn

creates difficulties transitioning into the labour market, and higher social security spending in the long term.²³

A key proposal in the green paper is to tighten access to PIP—a benefit covering the extra costs of disability or long term health conditions—by raising the eligibility threshold. The Fraser of Allander Institute, an independent economic research centre, estimates that saving £1bn a year could mean about 250 000 fewer people receiving PIP.²⁴ Existing evidence suggests this is unlikely to increase employment rates.^{25,26} Previous governments have sought to restrict eligibility to, and levels of, these benefits. Most notably, just over one million existing recipients of employment and support allowance had their eligibility re-assessed between 2010 and 2013, with benefits removed if the assessor thought they were fit for work. This led to an increase in 290 000 people with mental health problems, increased antidepressant prescribing, and an estimated 600 suicides.^{27,28} It did not increase employment, but rather shifted people, particularly those with mental health problems, onto unemployment benefits, many of whom later moved back onto disability benefits.

The idea that introducing sanctions or restricting the value of, or eligibility for, social security is an effective, harm reducing or “moral” means of increasing “economic activity” is not borne out by evidence.^{17,26} When people become too sick to work, or when people with disabilities lose the support they need to enable them to live and work independently, there are costs to the state as well as to society, notably in terms of health and social care. Instead, enhancing social security and public services to improve population health, and creating high quality, better paid, and accessible jobs, is better evidenced as the key means to support people into work, and to reduce the costs of social security for those who are experiencing in-work poverty.⁶ Policies and interventions to improve health are more likely to achieve the economic gains the government is pursuing, and further cuts are unlikely to achieve either the “moral case,” or the reductions in public spending, that the chancellor is seeking.

Solving this austerity fuelled health crisis will take political will and commitment to recreate a society with high quality public services (to provide both the services the population needs and fulfilling work) and rebuild a social security system that lifts people securely out of poverty. If the government is serious about supporting people with disabilities and long term health conditions to work, it needs to collaborate with people with relevant lived experience (for example, disabled people's user led organisations),

employers, and researchers to develop and implement effective, evidence based policies and interventions.²⁵

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