

Pathways to Work Green Paper: Consultation response

National Survivor User Network

June 2025

Content note: This submission includes descriptions of distress, self-harm, suicide, and state violence.

1. Executive summary

NSUN views the cuts proposed as dangerous and a step backwards for the rights of Disabled people. In particular, we focus on the harm they will do to people with experience of mental ill-health, distress and trauma, and the knock-on effects this will have for a health service that is already struggling to cope with demand. Far from cutting costs, proposals will simply shift expenditure from the DWP to the NHS, all while plunging around 340,000 people into poverty and misery.

The reforms set out in the Green Paper would necessarily and disproportionately impact those living with mental ill-health. They would also produce distress for many Disabled people living in financial precarity, and exacerbate the mental-ill health that is already common among people who rely on the welfare system. The carelessness with which the details of some of the proposals were leaked — as well as the poorly run consultation process — has already caused our members great distress.

While claiming to prioritise the voices of Disabled people, this consultation is both ineffective and disingenuous in its failure to publish sufficient information on the impact of cuts; limiting the scope of the consultation to exclude all major proposals, and an unwillingness to meaningfully engage with Disabled people or the organisations who support them. We do not believe the consultation questionnaire provides adequate space for us to voice our concerns — hence, we are submitting our response in writing instead.

Proposals should have been designed from the outset by those who interact with and rely on the welfare system: they are the experts on their own experiences. In the absence of this, **the Government must at the very least halt all advancements on implementing the reforms until a full and proper consultation has taken place.**

About the National Survivor User Network

The National Survivor User Network (NSUN) is a mental health charity and England-wide membership organisation for individuals with lived experience of mental ill-health, distress, or trauma. We are England's only mental health charity that is exclusively led by people with lived experience at both the staff and trustee levels.

Our membership is made up of over 5,000 members including 3,900 individuals with lived experience of mental ill-health, distress, and trauma and nearly 700 user-led groups.

2. Current context

The UK's social security system is already among the least generous in Europe, described as 'consciously cruel' (Amnesty International, 2025), and there is a well-documented link between the DWP's current punitive practices and deaths by suicide.

The UN Committee on the Rights of Persons with Disabilities (UNCRPD) concluded that the UK Government has failed to address 'grave and systemic violations of Disabled people's rights' carried out over years of austerity and welfare reforms since 2010.

Our welfare system is not fair or equitable. For example, poorer households generally receive less benefits than richer ones, and Black Universal Credit claimants are 58% more likely to be sanctioned than their white counterparts.

Our welfare system is also extremely complex, meaning that various factors other than a person's level of need disproportionately affect their likelihood of making a successful claim. For example, those who are educated enough to navigate application forms without help or perform 'well' during the appeals process have an automatic advantage. These reforms will only exacerbate existing inequalities by making the welfare system harder to navigate.

Our welfare system is failing. We need reform, but not like this.

Beyond the social security system, the UK is generally considered to be hostile for Disabled people. This was identified by the UNCRPD in 2016, and reiterated by the Equality and Human Rights Commission in 2023. Today, the situation remains extremely difficult for Disabled people; 30% of Disabled people live in poverty (Joseph Rowntree Foundation, 2025) and mortality rates for Disabled people are more than twice as high as those without a disability (The Health Foundation, 2025). Disabled people also face significant barriers in accessing services, education, housing, and healthcare (House of Lords, 2024).

Proposing some of the largest welfare cuts in a generation within this context is not only ill-advised, it is dangerous. There are no 'savings' big enough to justify the harm these reforms will cause, or the harm already being caused by the proposals.

3. Impact on those living with mental ill-health, distress or trauma

3.1 Proposals are already causing harm

Even before cuts have taken effect, people living with mental ill-health are already being impacted by increased worry and distress. When we asked our members how they were feeling about the announcements, they told us:

'The proposals themselves have produced a huge amount of fear and despair.'

'I am already spiraling down with worry and this is causing real depression.'

'I've been having more suicidal thoughts and my self harm has increased. I can't sleep and am struggling to eat.'

'It has made me incredibly anxious about my financial future and wellbeing. I find uncertainty so, so hard with my autism.'

There has been insufficient care taken to acknowledge or mitigate the impacts of announcing these proposals, which could (at the very least) have included:

- Announcing proposals straightforwardly, rather than through multiple coordinated leaks to the press, including proposals that the Government were never seriously considering (such as replacing PIP with a voucher system).
- Ensuring that all accessible versions of the documents were available when the proposals were made public, instead of delaying their release and failing to honour a commitment to extending the consultation deadline.
- Providing sufficient and clear impact assessments which acknowledge and propose steps to mitigate the potential harm to many millions of people.
- Running a serious and genuine consultation, including ensuring the consultation is accessible to all and includes all proposals in its scope.
- Sparing those living with mental ill-health dubious narratives of 'overdiagnosis'.

3.2 Reforms intentionally target those living with mental ill-health, distress or trauma

It is difficult to calculate exactly the full extent of the impacts these reforms will have on those living with mental ill-health. This is in part due to insufficient information provided by the Government. However, the scale can be inferred by both the intentions of and rhetoric surrounding the reforms.

The Get Britain Working White Paper laid the groundwork for the proposals, clearly identifying rising 'economic inactivity' and claim rates among those with mental health conditions as a key justification for reform. The specific **impacts on those living with mental ill-health are not unintended consequences, but are built into the reforms by design**, without any impact assessment.

Along with these reforms we see increasing rhetoric around mental ill-health being 'overdiagnosed'; that we are living in a 'sick note culture', or that claimants might be fraudulent. This is despite research showing that there are 12 times as many people with undiagnosed distress as there are people who could be considered as 'overdiagnosed'. Disabled people are three times more likely to live with undiagnosed distress. The current fraud rate for PIP is 0% (Department for Work and Pensions, 2025). Claims of overdiagnosis or fraudulence are not true — they are stories intentionally designed to justify cuts.

This rhetoric is also dangerous, and causes harm for those living with mental ill-health. As our members told us:

'Seeing all the negative attitudes towards mental health and benefit claimants coming out has made me feel like a massive burden which is worsening my mental health.'

'Worsening worry and concern. Expectation of the complete loss of PIP. Trying to find ways to mitigate that financial loss which is exacerbating existing conditions, both physical and mental health related. Feeling there is a spiral at play on many levels.'

'I've had an unusually prolonged period of depression (1yr). I've had to give up one part time job that I was really excited about, and had to take time off and turn down other opportunities. Every time the government disparages people with MH disabilities and makes announcements on benefits, I worry for all the other people with disabilities I've met and known, the people I try my best to represent in my work, as well as for my own independence and ability to work, it gives me insomnia and overwhelming anxiety. I feel powerless and overwhelmed and I become unable to do everyday tasks and self care. I get intrusive suicidal thoughts, something that generally only happens when I'm really unwell.'

3.3 Personal Independence Payment and mental ill-health

One of the proposals of highest concern are changes to the eligibility criteria for Personal Independence Payment (PIP).

Changes to eligibility criteria for Personal Independence Payments (PIP) will disproportionately impact those living with mental ill-health. This is because mental ill-health often leads to impairment across multiple daily living activities and usually fluctuates over time. Few people who have been awarded PIP have scored 4 points in a single category. Recent FOIs show that:

- 48% of people receiving PIP for anxiety and depression, and 26% for 'other psychiatric disorders' would not qualify for PIP under new rules ([FOI2025/25575, 14th April 2025](#)).
- 1 in 3 mental health claimants would lose access to PIP. This includes: 81% of claimants on the standard rate, and 9% of people on the enhanced rate ([FOI2025/35621, 15th May 2025](#)).

Beyond the mental health context, 87% of all people currently receiving the daily living component of PIP at the standard rate would not qualify under the new rules proposed in the Green Paper.

The Government is putting too much faith in speculative claims that PIP assessments will become more thorough as a result of proposed changes. We know that people are routinely scored lower than they should be on PIP assessments and cannot rely on the hope that this will change overnight.

PIP is not only a financial aid. It is also a crucial recognition of the validity and severity of a person's suffering, as one member told us:

'Disability benefits were an official recognition of my difficulties, this helped change me. It made it possible to be kind to myself, to recognise how much I had achieved, and to start to understand my needs better. They, crucially, enabled me to start working and to choose to do things that supported my MH. Going forward, I will have no pension entitlement, I actually can't access my DWP account as I don't have identity proof. if I lose PIP I lose all my independence. I also lose access to things like disability railcards etc which I use to access help on railways, and the opportunity to be able to take

someone with me so I can go to events etc occasionally. I will feel like a fraud again, a useless woman who is a burden and a disappointment.'

Another member explained how losing PIP will impact their life:

'I receive PIP for the enhanced rate for activities of daily living and also the lower level of the travel aspect of PIP. As I don't score above 4 on any of these I will lose my PIP. I need this to support my life. I struggle to eat regularly without support and also to drink. I tend to get dehydrated. I currently work full time but I feel without the support PIP provides this will be more difficult. I lived with ADHD and dyslexia for many years without a diagnosis. I have recently been diagnosed. What the government doesn't understand is that prior to this I was constantly being diagnosed with anxiety and depression, costing the NHS much more money than getting a diagnosis and appropriate support provided.'

The testimonies above are not isolated. We have heard similar stories over and over from our members. Mad Youth Organise have also compiled a dossier of 70+ testimonies from youth living with mental ill-health, all who are set to lose access to PIP. Its contents are heartbreaking. Similar stories have also been compiled by Money and Mental Health (2025).

3.4 Impact of other proposals

The proposals would also change Universal Credit such that a claimant is only eligible for the health element (a supplementary payment for UC recipients experiencing ill-health) if they are also in receipt of PIP. This means that many who lose PIP will also lose other benefits. Those who do retain their PIP awards will see the health element of UC frozen from April 2026. For those who claim after this point, it will be reduced.

Those aged under 22 will lose all access to the UC health element, irrespective of whether they qualify for PIP.

The OBR has found that freezing the UC 'health element' would leave 3 million people facing an average reduction of £1,100 to their UC awards by 2029. This life-altering change would create serious financial precarity and distress.

Reforms will plunge an estimated 700,000 people who are already in poverty into deeper destitution. This is on top of the 250,000 people who will be newly driven into poverty as a result. These are the Government's own figures, which are notably lower than others predict; suggesting that the figure for those newly pushed into poverty will be closer to 340,000.

Despite the catastrophic impact these reforms will have, **the Government has refused to consult on any of the proposals discussed above.**

3.5 Increasing poverty will increase mental ill-health, distress and trauma

Statistics on just how many people will find themselves in poverty as a result of these reforms vary, but all conclude that they are far higher than the Governments' estimates. The cascading impacts of these reforms mean that **some households are set to lose as much as £10,000 a year** (Citizens Advice, 2025). This is because many reforms create knock-on effects; receiving PIP will

become the sole gateway to UC health element, and PIP is a gateway benefit for carer's allowance. **These reforms are set to spiral.**

Financial insecurity and poverty are well known to be both cause and consequence of mental ill-health. There is a cyclical relationship between financial insecurity and distress, with both causing and amplifying the other (Mind, 2021). It is also known that mental ill-health can lead to higher spending (Money and Mental Health, 2025).

These reforms not only play with people's ability to meet their financial needs, but also with their mental health. There are two key impacts that the Government has failed to acknowledge, that:

- Those already living with mental ill-health will see their distress exacerbated by finding themselves newly or more deeply impoverished.
- Disabled people who do not currently live with mental ill-health are far more likely to do so once faced with the financial hardship reforms will cause.
- The above will create additional strain on mental health services, which will increase waiting list times and decrease standards of care for all people — including those who are not yet Disabled, are in work, and do not rely on the welfare system. **The mental health effects will be catastrophic — not just for Disabled people, but for everybody.**

The Government might have known this had they conducted a full impact assessment into how these reforms would impact those living with mental ill-health. However, there has been no such impact assessment conducted, nor is there intention to do so as confirmed by Stephen Timms in a response to a written question on 29th May 2025.

3.6 Our mental health services cannot cope with additional demand

Our health service is already on its knees, with a catalogue of failings outlined starkly in Lord Darzi's independent review of the NHS. The impact of austerity has hit mental health services particularly hard, with people regularly struggling to access care and finding themselves pushed to crisis point and trapped in cycles of readmittance for lack of appropriate mental health support. Within these crises, people who are already marginalised will be hardest hit by service unavailability. By exacerbating pre-existing distress and pushing more people toward crisis, these reforms will only worsen this situation.

While the Green Paper claims it is necessary to cut public spending on welfare, the proposals it offers will not lead to savings. Instead, they will **simply shift expenditure from the DWP in the short term to the NHS in the long term**, at a time when the mental health system is already failing, NHS England is being hastily abolished, and ICBs are being ordered to cut their running costs by 50% by October 2025. Given this, we do not know how our mental health services are expected to survive.

4. Reforms will fail on their own terms

'The sequencing of these reforms is poorly planned, prioritising shorter-term cost-saving over genuinely helping more people move into work. By opting to implement the eligibility changes before improving the system around it, the Government is risking

people with disabilities, including mental health problems, facing a sharp drop in their income before a hopefully improved wider system can be introduced.'

Money and Mental Health, 2025

4.1 Unintended costs to the health service

Any potential savings outlined in the Pathways to Work Green Paper will be 'offset by a range of unintended costs elsewhere across the system' (including increased £1.2bn additional costs for the NHS); with this offset in mind, cuts are projected to 'save' a mere £100m by 2030, 2% of the £5bn claimed by the Government (The Disability Policy Centre, 2025).

Poverty caused by the Government's current welfare system is already costing public services £13.7 billion per year, including £6.3bn in healthcare expenditure (The Trussell Trust, 2025).

It is not only our people who are at risk, it is our entire health service.

4.2 Reforms will cause unemployment, and put Disabled people at risk

This includes many who have told us how losing PIP will also mean they have to stop working. One sixth of those in receipt of PIP are in work (Department for Work and Pensions, 2025), and research from Money and Mental Health (2025) showed that 63% of participants who were in work said they would have to significantly reduce or give up work if they lost their PIP entitlement. People living with mental ill-health have told us:

'I receive PIP for the enhanced rate for activities of daily living and also the lower level of the travel aspect of PIP. As I don't score above 4 on any of these I will lose my PIP. I need this to support my life. I struggle to eat regularly without support and also to drink. I tend to get dehydrated. I currently work full time but I feel without the support PIP provides this will be more difficult.'

'If I lose PIP it will be unsustainable for me to work and I will lose all financial independence.'

'I will find it harder to work if I lose my PIP. I spend a lot of money on aids to help me manage my ADHD. My ADHD doesn't disappear when I leave work. I need support at home to be able to work. They are not mutually exclusive.'

Forcing people out of work not only undermines the purpose of the cuts, but also **puts Disabled people into dangerous positions by risking poverty and financial dependence on others** (in turn increasing risk of financial abuse). 30% of Disabled people already live in poverty (Joseph Rowntree Foundation, 2025) and are more likely to face domestic abuse.

Carers will also be significantly impacted by these reforms, with 1.2 million carers already living in poverty. Many will be financially affected as PIP is a gateway benefit which enables people to claim Carers Allowance, and **carers are also indirectly enabled to work by the independence achieved for their dependents through PIP**.

4.3 DWP capacity

Beyond the NHS, it is not clear that the DWP itself has the capacity to deliver its supposed plans to increase employment support, which is currently operating with significant staff shortages and with more staffing cuts on the way. **The DWP might crumble under the additional pressure these reforms will create**, particularly relating to the 'employment support packages' the Government claims it will implement.

5. Insufficient and potentially unlawful consultation

'By refusing to properly consult on its plan to cut billions from disability benefits, the Government is choosing not to ask questions it doesn't want the answers to.'

Pathways to Poverty, Citizens Advice, 2025

We are extremely concerned about the consultation process, which is not only inadequate in its scope but directly discriminates against Disabled people, despite claiming to exist for the purpose of engaging those most affected by proposals.

Below is a non-exhaustive list of failings:

5.1 Accessible versions

The consultation was launched on 18th March 2025. The accessible versions were not published until nearly three weeks later, on 7th April 2025. The Government claimed that accessible versions took 'additional time' to complete, hence the consultation was launched without them. **There is nothing 'additional' about ensuring that Disabled people can interact with processes that concern their lives.**

In practice, the failure to publish accessible versions means that Disabled people requiring accessible versions have had three weeks less than not-yet Disabled people to complete the consultation. **This is directly discriminatory.**

5.2 Evidence and impact assessments

The full evidence pack was not published until 2nd May 2025. This means that we will only have had eight weeks to review the Green Paper, instead of the full 12 weeks advised by the Government's own Code of Practice on consultations.

Equally concerning is the fact that the Equality and Impact Assessment of the proposals were not published until 26th of March 2025. This only adds to the feeling among those who rely on the welfare system that the Government intends to push these reforms through with no real regard for the consequences they will have.

5.3 Consultation scope

Aside from the late publication of the Green Paper's accompanying documents, the content of the consultation is incomplete to the point of being insulting. To refuse to consult on the most

controversial proposals set out in the Paper — without any meaningful engagement with Disabled people or their organisations beforehand — undermines the whole process.

5.4 Consultation events

In terms of the consultation events themselves, it is our view that there were too few of them, in too few locations and with too few places available for each one. Every single consultation event (either in person or online) took place on a weekday and within working hours. Tickets were limited and it was extremely difficult to register attendance, despite multiple reports of events having very few people in attendance.

There has also been poor geographic spread of consultation events, with some people's closest event happening many miles from their home (e.g. a person living in St. Ives would have to undertake a multiple-hour journey, covering 70+ miles to Plymouth to attend, with only one day's notice of the exact location). Those in rural areas are significantly disadvantaged in their participation. While those who cannot travel could in theory attend an online event, tickets were hard to come by, and these events were limited in scope to focus only on particular chapters of the consultation (none of which cover the key concerns being raised by Disabled people).

Those wishing to participate from Wales, Scotland, or Northern Ireland were limited to one in-person event per entire country. These events were also clearly mismanaged. When the only in-person consultation event in Wales was cancelled at short notice, Welsh campaigners had to pressure the DWP to organise an accessible in-person alternative meeting, rather than an online one. This was only finalised the week before the date of said meeting.

Where in-person events did go ahead, participants were often only sent the details of the venues the day before, making it difficult for people who needed carers or additional support to plan accessible travel. It was unclear what (if any) accessibility measures would be in place at these events (e.g. BSL interpretation, hearing aid loops, provision for carers, wheelchair accessibility, etc.). This is basic information required for a Disabled person to plan their life. Again, **the structure of these consultation events directly discriminates against the very people it claims to 'involve'**.

We are also aware of at least one serious data breach, in which the DWP shared the email addresses of all participants in its first online consultation event, failing to hide them from other recipients of a mass email. When these would-be attendees tried to enter the meeting, they were presented with an error message and have had no follow-up from the Department. Many people would have booked time off work in order to attend.

5.5 Learning from R v. Secretary of State for Work and Pensions

In January 2025, the High Court ruled that the Department for Work and Pensions had run an unlawful consultation on welfare reform, on the basis that it was misleading, rushed, and unfair (R -v- Secretary of State for Work and Pensions, 2025). The judgement was informed, among other things by: a lack of thorough and timely impact assessments, failure to fully highlight the extent of people who would be impacted, and giving misleading impressions that the reforms were motivated solely by getting people back into work and not cost saving. History repeats itself.

Numerous legal firms are already working on raising legal challenges around the consultation process. The Government must act now, halting all acts to implement the Green Paper, focussing instead on ensuring that full and proper consultation has occurred.

5.6 Declining trust in the DWP

There is already little faith in a welfare system which seems to consistently misunderstand and disregard the experiences of those it supposedly serves. This consultation is only making it worse. As one member explained to us:

'There is a complete lack of knowledge and understanding from those in positions who make these important decisions on behalf of someone else within the welfare system. I have tried to work with DWP for a long time, trying to find ways back into work in spite of debilitating health. I have not got anywhere even though I have tried various avenues. The system is ill equipped at best and extremely harmful at worst. Sometimes dangerously so. These proposals are not surprising as we are seen as black marks on society and apparently deserve to be treated as such. Many of us are trying to work, trying to do what the government wants. Yet they come out with the same old 'reforms' and decisions. Not speaking to any of us! Not reviewing things properly. Do things properly, please.'

On reforms as a whole, our members have described them as follows:

'They are not designed to get people into work - they are cuts, particularly cruel ones.'

'A disgrace to vulnerable people.'

'They're just scapegoating. One week it's Disabled people, then trans people, then migrants. We need to make people aware that we aren't each other's enemy, it's those in power turning us against each other.'

'I find them particularly immoral considering how impossible it seems to be to get mental health care in this country. I feel like we as mentally ill people get blamed when the system doesn't help us already, and now we're also being blamed for 'not trying hard enough' when it comes to work as well.'

6. Conclusion

We agree that the welfare system is failing people. The entire system is distressing, complex, and does not reflect the realities of daily life. **We agree, in principle, with efforts to create a welfare system worthy of the name and with dignity at its heart.** These proposals are not that.

Proposals should have been designed from the outset by those who interact with and rely on the welfare system. In the absence of this, the Government must at the very least halt all advancements on implementing the reforms until a full and proper consultation has taken place. This must include:

- Full and proper impact assessments, equally available to all.
- Consultation which includes all reforms within its scope.
- Consultation events that are accessible, proportionate to demand, and co-designed with Disabled people.

NSUN will continue to advocate on behalf of those who live with mental ill-health, distress, or trauma. This includes supporting user-led work that arises both despite and as a consequence of inadequate mental healthcare provision.

We will continue to advocate for improved mental healthcare, and the eradication of systems of harm that cause and exacerbate distress. This work goes beyond fighting poverty caused by the welfare systems, including actions to provide for all a world free of climate collapse, genocide, profiteering, austerity, and all systems of domination and violence.

To follow up on this submission, contact NSUN's Head of Policy & Campaigns, Dr Courtney Buckler, at courtney.buckler@nsun.org.uk.



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