The Impact of Welfare Cuts on Disabled People and Access to Physical Activity

A Get Yourself Active Response To The Government's Universal Credit Bill

Disability Rights UK

Get Yourself Active

@GetYrselfActive

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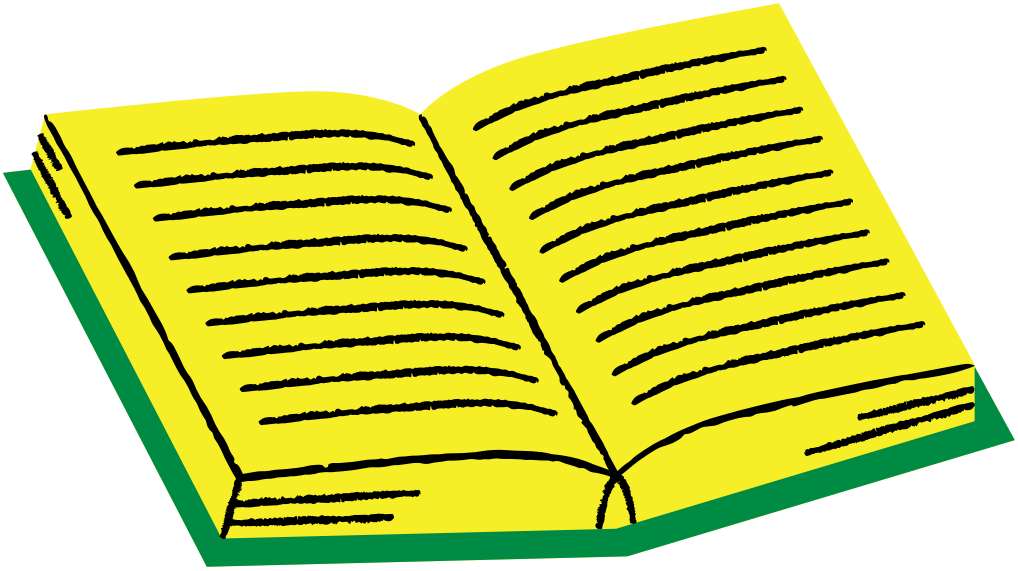


Introduction

The government department that is responsible for health and disability benefits (The Department for Work and Pensions) has brought through parliament the Universal Credit Bill.

This bill cuts billions of pounds from future Universal Credit (UC) recipients.

The main purpose of the bill is to take money from future recipients of the UC health element, though current claimants will not be affected, and to introduce the severe conditions criteria.

New Disabled UC claimants will experience harsh cuts as the bill halves the rate of the UC health element for the vast majority of Disabled people claiming after April 2026. For those affected, this will result in a £3,000 annual reduction in income.

During the bill process, the relevant government ministers confirmed that the 'Timms review', which they claim will be co-produced with Disabled people, will now decide the future of Personal Independence Payment (PIP) and how eligibility for it is assessed. This new PIP assessment will be used to assess eligibility for UC Health once the Work Capability Assessment is abolished in 2028.

By following the social model of Disability, it is clear to us that **access to a choice of affordable, accessible, safe and fun activities is a rights issue.**

This briefing sets out the potential knock-on effects of the legislation. It is primarily intended for those who work in the sport and physical activity sector or work with Disabled people to increase physical activity levels. It has been drafted using existing research and leans on assumptions and inference. It should be akin to a non-academic literature review rather than a unique piece of research.

It will cover:

- Universal Credit and Physical Activity
- The Rising Cost of Being Physically Active
- Increased Barriers to Job Access & Retention
- Potential Impacts on the NHS
- Greater Demand for Rehabilitation & Physiotherapy
- Higher Risk of Mental ill-health and distress
- Increased Demand for Home Care & Personal Assistance
- Impact on Carers & Family Members
- Impact on Carers & Family Members
- Reduced Ability to Work Due to Worsening Health

Universal Credit and Physical Activity

There is little research into the physical activity levels of people who receive Universal Credit (UC) health support, or are in the limited Capability for Work Related Activity (LCWRA) cohort of UC claimants.

We know from recent research into UC that those who receive UC are 'younger, more likely to be single, had non-British background, suffered from a longstanding illness, had lower educational qualifications and lower incomes'. The existing research on activity levels indicates that many of these groups are also the social groups most likely to be involved in these activities. Sport England data consistently shows that people in lower socio-economic groups are more likely to be inactive. This group of course overlaps substantially with those who receive UC, which are means-tested forms of social security.

Sport England's Inequalities Metric helps highlight the issue posed by cuts to UC health support for Disabled people. This metric recognises the intersectionality of individuals' characteristics and provides a comprehensive measure of inequalities. It found that 75% of adults with no inequality characteristics meet activity guidelines, compared to 44% for those with two or more, such as disabled people from lower socio-economic backgrounds.

A worrying trend is that research suggests that receiving UC and interacting with the UC system leads to a 'deterioration' in mental health. One study found that there was a 6.57% increase in psychological distress among unemployed individuals following the introduction of UC (Wickham et al., 2020).

Universal Credit and Physical Activity

Furthermore, the associated dynamics of the UC system: - harsh eligibility rules, reductions in benefit generosity for some groups, and extended sanctioning all contribute to poorer mental health and widening health inequalities through limiting the financial resources that are vital to health, and by, as new studies suggest, reinforcing negative societal perceptions around social welfare.

We should therefore assume that those individuals who receive UC Health support could, in theory, benefit from the mental health aspects of physical activity and will be disproportionately affected by cuts to UC support.

To better understand the situation, we worked with More in Common to poll 2004 people, representative of GB adults.

The polling results display the stark public health implications of the proposed changes to the social security system. Our research found **45% of benefits recipients expect themselves to be less healthy** if their benefits were reduced or removed.

Furthermore, upon examining the data, we found that among the group currently supported by the Limited Capability for Work-Related Activity (LCWRA) group of Universal Credit, **77% of people use their benefits to pay for physical activity. W**hen asked what would happen if their support gets taken away, 60% think they'll be less healthy, and 70% say they'll be more stressed. A third of respondents told us they would participate less in their community, and four in ten said they would be lonelier if they lost support from the benefits system.

Please note: these statistics are not meant to be robustly representative as they come from a subsample below recommended polling thresholds

The Rising Cost of Being Physically Active

Through our research it has become clear that the support afforded to Disabled people by the social security system is crucial in people being active, doing activities that improve their health and mental well-being and being active in the community. Even if they don't specifically pay for activities using benefits, they may pay for transport or equipment for instance.

Disabled people remain among the least active groups, with 41% participating in less than 30 minutes of activity a week.[1] Insight from Sport England showed that Disabled people from lower socioeconomic groups are less likely to be physically active than Disabled people from higher socioeconomic groups (43% vs 29%).[2]

Disabled people already face significantly higher cost extra costs, with research from Scope highlighting that to have an equal quality of life, households that include a Disabled person need £1,010 more income per month than households with no Disabled people.[3] Couple this with the rising cost of physical activity, for instance leisure centre fee rises by Southwark Council's seeing membership prices rise by over a third[4], or transport expenses drastically rising for the poorest in society.[5]

Or as Sport England has reported: facility providers are reporting concerns regarding increases in utility costs and are responding by reducing sessions and increasing fees.[6] And it becomes obvious how any impact on the financial support Disabled people receive will drive them to be less physically active, against a backdrop of increased economic hardship across the sector and its ancillary services.

Increased Barriers to Job Access & Retention

Again, we note the government's public argument that cutting benefits will lead to increased work opportunities for Disabled people. It is incredibly unclear how the bill will positively impact the 81% of Disabled people who don't feel they have opportunities to join the physical activity workforce.[7]

The DWP's own figures show that 41% of new successful claims for extra cost benefits like PIP in 2023 were from people who were in work, and this percentage has been increasing in recent years, from 29% in 2016.[8] Furthermore, it is estimated that at least 37% of Universal Credit claimants are in work [8*].

In work claimants already face challenges in securing and maintaining employment due to accessibility issues, discrimination, and lack of workplace accommodations.[9] If they become less mobile or experience worsening health, they may struggle to meet job demands as we outlined above, even in roles they were previously able to perform.

The negative effect on people leaving work if they lose out on social security support will have serious negative consequences for the sport and physical activity sector where activity alliance's Annual Disability and Activity Survey 2023-24 found that just 17% of disabled people said they 'see people like me working in sport and physical activity.[10]

We will likely see a reduction in the number of Disabled people working in the sector, as in the last time these cuts were attempted, the OBR found that Conservative proposals on changing the work capability assessment would result in over 420,000 people being pushed into deeper poverty, whilst only 10,000 would find employment.

As it stands, the OBR has been unable to score positive impacts from the government's proposed changes.[11]

It is crucial to remember that the world of work consistently fails Disabled people. We face substantial barriers, especially in sectors such as sport and physical activity, because employers fail to provide accessible workplaces in which we can thrive. Research from the UK's largest union, Unison, showed that '74% of disabled workers reported being refused some or all of the adjustments they need to do their job'.[12]

The Trade Union Congress equality audit in 2024 showed that the number of cases brought to local branches for disability discrimination of local branch discrimination has more than doubled since 2016 and now stands at over 50% of all cases.[13] Furthermore, when considered the barriers that Disabled people face entering the physical activity sector and workforce – there is a lack of evidence that the £1 billion the government wants to bring in by the end of parliament (2029/30) will tangibly lead to Disabled people's employment levels.

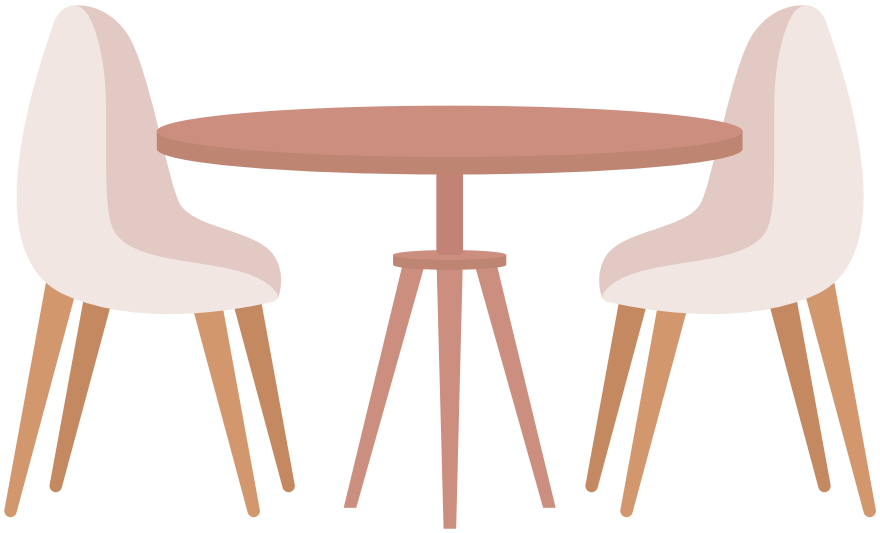
Government programmes aimed at supporting Disabled people who access social security support into work remain ineffective at best – and there is little research that suggests the sport and physical activity sector would stand out as having better results.

The current gold standard employment support methodology for Disabled people, Individual Placement and Support (IPS) has, at best, only achieved 20% of people working for 13 weeks or more over 12 months. This was only 3.8 percentage points higher than the control group, which did not receive IPS.

Worse still, this gold standard support had no significant impact on any group's overall earnings. Long-term IPS studies are few but do not indicate that IPS recipients permanently return to the workforce.[14]

There is nothing stopping the Government from supporting Disabled people to work. This could be done with no changes to social security payments. But this legislation also do not provide any additional funding for Access to Work, the flagship government programme providing funding for workplace adjustments (beyond what is required of employers), despite the expectation that the changes to the benefits system would lead to an increase in Disabled people moving into work.

Every Disabled person could be guaranteed support to get a job or stay in work. The Equality Act could be made tougher, with the Government challenging employers who do not comply with it. Pushing Disabled people into poverty does not incentivise work.



Potential Impacts on the NHS

In 2019, the UK's chief medical officers reviewed the evidence base 2019 on physical activity and the general benefits of it for Disabled adults.[15] Their review found that concerning safety, no evidence exists that suggests appropriate physical activity is a risk for Disabled adults and that the health benefits for Disabled adults of engaging in physical activity were comparable with those for the rest of the adult population.

Nonetheless inequalities in physical activity participation are well documented, with a difference of more than 10 percentage points in the probability of being physically active between the most and the least deprived quartile of areas in England.[16] Research from 2025 by the Joseph Rowntree Foundation has highlighted that more people receive social security for health issues and disability in these same areas[17] - highlighting how the green paper could impose further geographical disparities in activity levels for Disabled people, entrenching existing health inequalities.[18]

A key concern for GYA is that physical inactivity among Disabled people can lead to secondary health issues such as obesity, cardiovascular disease, diabetes, and musculoskeletal problems. We know that musculoskeletal problems (MSK), many of which are worsened by a lack of access to physical activity, have been predicted by the OBR 2024 Office for Budget Responsibility (OBR) to reach £100.7 billion by 2029/30[19]. Adding more barriers to Disabled people being physically active by removing their social security support will likely lead to a rise in the number of people who require support to manage these secondary health issues.[20]

The government's main argument hinges on the idea that rising social security costs are unmanageable for the UK economy. Ignoring the inaccuracy of this claim[21], it is clear to us at GYA that we will see rising NHS costs that remove any fiscal "success" resulting from the benefit cuts. Likely, the increased hospital admissions and GP visits resulting from a rising prevalence of these preventable conditions would increase NHS costs, which are not factored into any of the green paper impact assessments. The think tank Demos has previously warned that physical inactivity of older people will cost the NHS more than £1.3bn by 2030.[22] Work by PDLR makes the NHS cost of rising inactivity clear: attributing 30 additional hospital admissions per 100,000 people attributable to physical inactivity.[23]

It is deeply concerning that the academic evidence suggests that Disabled people's health will get worse, increasing their reliance on an already under-resourced NHS – which will only compound the barriers our community experiences regarding getting appropriate health care.[24] We note that the Learning Disability Mortality Review (LeDeR), published in November 2023, found the median age of death was 62.9 years for people with a learning disability and 55 years for autistic people with a learning disability compared to the general population, where the median age at death was 86.1 years for females and 82.6 years for males.[25]

In this instance, previous research has found that avoidable deaths for people with a learning disability were often the result of poor healthcare, driven in part by overwhelming service demand rather than due to a lack of preventative measures.[26] The proposed green paper cuts will potentially drive a similar spike in demand.

Greater Demand for Rehabilitation & Physiotherapy

Activity Alliance have previously noted that Disabled people who took part in our own research were less able to be active because of changes to their physical health[27]. And we know that for some people, a reduction in their physical activity can cause muscle weakness, joint stiffness, and loss of mobility,[28] this in turn can lead to greater reliance on physiotherapy and rehabilitation services.

Waiting lists for these services are already long, and increased demand could worsen delays. And it should be noted that waiting lists for treatment of MSK issues, such as back, neck, and knee pain, have grown by 27% since January 2024.[29] The DWP research highlights that 100,000s with back pain, arthritis and other MKSK conditions would have lost PIP support had their initial plans gone through.[30]

Recent NHS community health service figures reveal that 323,965 people were waiting for MSK treatment in March, a year-on-year increase of 33,257 or 11%, and 27% higher than the 254,521 people waiting in January 2023.[31] The active lives survey 2023 also notes an increasing correlation between inactivity levels and geographic location – with areas of the west-midlands showing the largest increases in activity levels.[32]

New research by Inclusion London which shows the areas of the country most affected by the proposed cuts, can be used to cross-reference that these geographic areas of growing inactivity are some of those that will be worst bit by the legislation.[33] There is a serious concern that inactivity levels will increase, and the subsequent service quality will drastically differ across geographies, worsening geographic health inequalities.

Higher Risk of Mental Ill-health and Distress

Almost half (45%) of UK adults feel that their mental health and wellbeing can be improved through physical activity[34]. Physical activity is often important for improved mental well-being. With the green paper reducing activity levels, we could see rates of mental ill-health, such as depression and anxiety rise, leading to increased demand for already overstretched NHS mental health services, where nearly 40,000 children experiencing waits of at least two years for support.[35]

Research shows that people severely affected by mental illness spend more of their time being inactive during the day in comparison to the general population.[36]

Social isolation due to reduced mobility can also further exacerbate loneliness, which is linked to higher risks of dementia and other cognitive decline. Research also suggests that greater social isolation in older men and women is related to reduced everyday objective physical activity and greater sedentary time - another worrying consequence of the green paper changes.[37]

Increased Demand for Home Care & Personal Assistance

The National Care Forum say that many Disabled people use social security like PIP, and sometimes UC, to help pay for adult social care support and charges for care from local authorities.[38] Without the ability to stay active, more Disabled people who receive the now reduced UC health support may require personal care support for everyday tasks, such as dressing, bathing, and meal preparation.

Local authorities already struggle to fund social care, and increased demand could worsen the crisis in care provision. According to a BBC investigation, the average UK council faces a £33m deficit by 2025-26, a rise of 60% from £20m two years ago. Unison, the country's largest union, has warned that local authorities might be unable to offer Disabled people the "legal minimum of care[39].

Increased demand on social care, resulting from the health implications of increased physical inactivity as previously discussed, could worsen the crisis in care provision. The Centre for Welfare Reform has estimated that for every £1 cut from disability benefits, local authorities have to spend an additional £1.50 to make up the funding for services and support such as social care.[40]

There is a major concern that this unsustainable demand growth driven by the green paper could lead to more councils trying to prop up their social care provision by moving older and Disabled people, who currently live at home with care and support packages above a certain cost into residential settings. As Bristol City Council attempted last year preference for residential settings demonstrated a clear ignorance of the 2014 Care Act and established a worrying trend amongst councils, prioritising cost over our rights.

Even if we ignore this emerging area of troubling human rights violations, increased placements in residential care to meet someone's care needs will lead to further physical inactivity.

In fact, research shows that mobility loss can be imposed on care home residents against their will either explicitly through polices or as an outcome of poor staff practices and knowledge about the importance of physical activity.[41] This is another example of how ill-thought out the wider consequences of the legislation.

Impact on Carers & Family Members

If Disabled people become less independent due to increased physical inactivity, unpaid carers (often family members) may face increased responsibilities, leading to burnout and additional pressure on carer support services. It is unclear how a new PIP assessment will work as a passporting benefit.

Furthermore, over half of Carer's Allowance awards are tied to PIP as it is a gateway benefit for claiming carers allowance.[42] The DWP's own impact assessment estimates that 150,000 unpaid carers will lose access to their carer benefits by 2029/30 as a result of the formely proposed tightening of eligibility criteria in PIP.[43] Crucially, Carers UK analysis has found that 900,000 carers who receive Universal Credit are living in poverty.[44] This will only get worse as a result of the cuts to UC health that have been brought in.

As already explained, these cuts to people's support will also lower physical activity levels. This is not just a personal issue, it has wider consequences for carers. The barriers to being physically active are already leaving carers in poorer health than the general population and Carers UK research found that unpaid carers over 55 face significant challenges being physically active despite wanting to be fitter.[45]

Their study, which focused on the experiences of people over 55 with unpaid caring responsibilities, found that this group is less active than other adults over 55. Nearly half (46%) of carers are inactive, compared with 33% of adults in this age bracket. And cost was found in 67% time to be a barrier. All of these issues will likely be exacerbated by the green paper measures.[46]

Reduced Ability to Work Due to Worsening Health

The primary focus of the green paper has been on emphasising how cutting benefits will push more Disabled people into work. From a GYA perspective, we reject the implication that working is therapeutic or is a "cure" for impairment or ill-health. We are very worried that a reduction of physical activity, as a result of cuts, will lead to deteriorating health, increased pain, fatigue, and mobility issues, making it harder for Disabled people to work consistently.

Around 300,000 people aged 16 to 64 who report having a work-limiting health condition leave the workforce each year, an interim report by the Commission for Healthier Working Lives, established by the Health Foundation. We are very concerned this number will increase as more people – especially as those people forced into work would previously would have received more support from UC Health.[47]

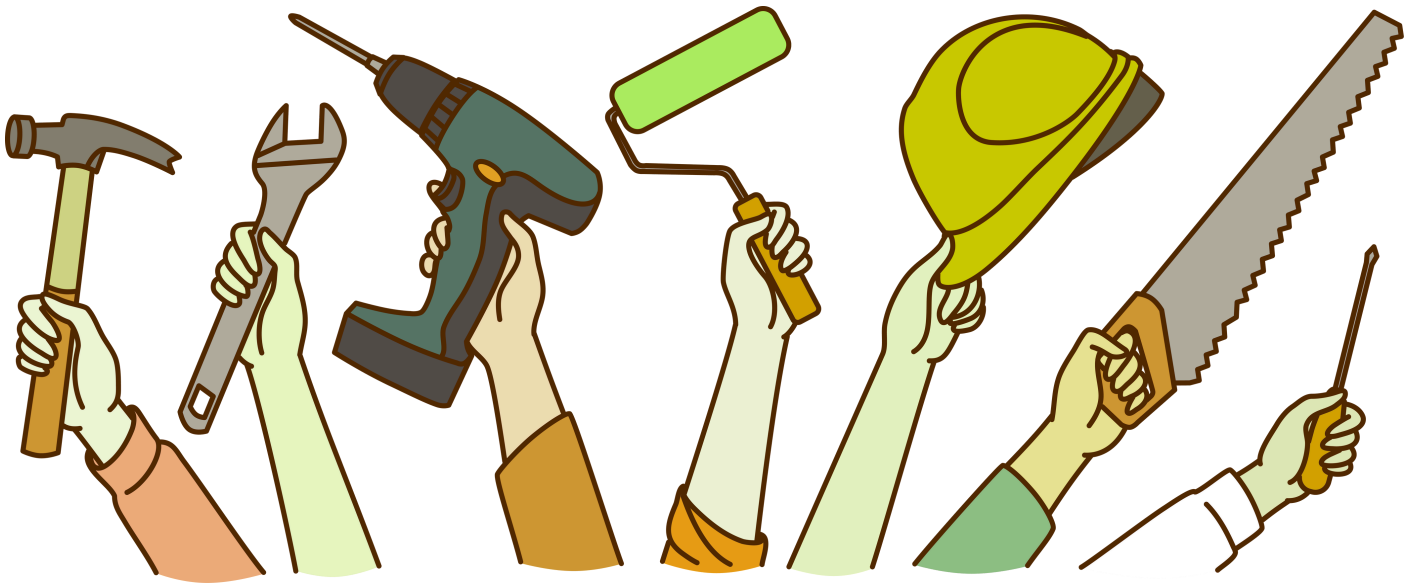
Research shows that physical activity can have positive effects on mental well-being and could play a crucial role in mitigating burnout and improving job satisfaction, especially in high-stress jobs.[48] This correlates with the new research by the Health Foundation mentioned above – which found worsening mental health was a key driver of people leaving the workforce. A reduction in physical activity levels – driven by benefit cuts could lead to higher sickness absence rates, reduced productivity, and, in some cases, forced early retirement or job loss.

Reduced Ability to Work Due to Worsening Health

Some research also suggests that increased physical activity can lead to 'a number of clearly defined benefits to aid progress towards enhanced employability and employment destinations, ' especially among young people.

The work of the University of Bath found that physical activity in the form of sporting activities often plays a key role in enabling populations outside of formal education and training systems and those furthest away from an employment destination to access education, training and work experience opportunities.'[49]

We should therefore be greatly concerned that cuts to UC and other benefits will lead to lower activity levels, removing these potential benefits for people seeking employment.



What You Can Do

Publicly voice your concern on how these changes will affect the activities you provide or groups you support. Uplift the voices of Disabled people who currently access activities and using real examples of how the cuts will affect them lobby your local MP.

Co-design inclusive physical activity offers with Disabled people. Work in partnership with Disabled people and DPOs to co-produce affordable and accessible physical activity opportunities, involving them in shaping sessions, locations, timings, costs and other factors.

Review your charging policies and ensure low-cost options are available for Disabled people to attend low-cost activities. Research suggests that universal free access to acitivites such as swimming and gym sessions led to a 64% attendance increase.

Contact Us

If you wish to speak to us about the green paper, or learn more about how the proposals will affect your Disabled constituents please email: **Michael.Erhardt@disabilityrightsuk.org**

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