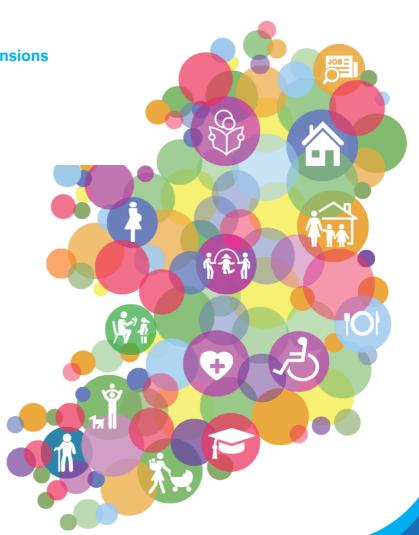


Submission on the Pathways to Work Green Paper

To: UK Department for Work and Pensions

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Society of St Vincent de Paul Northern Region 196-200 Antrim Road Belfast BT15 2AJ



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Introduction to the Society of St Vincent de Paul

The Society of St. Vincent de Paul (SVP) was established in Ireland 180 years ago in 1844. Our focus is on a practical approach to dealing with poverty, alleviating its effects on individuals and families through working primarily in person-to-person contact by a unique system of home visitation.

In Northern Ireland SVP Members work in 154 local Conferences (groups of volunteers). Members assist individuals and families who seek support through direct assistance, advocacy and signposting.

In 2023/4 SVP expenditure in Northern Region was £5,000,000 and the key areas of expenditure were on electricity, food, gas, oil, and household goods.¹

Supporting people with disabilities

Home visitation allows us a privileged insight into the lives of the people we assist, and our Members regularly see the intersection of disability, health and poverty. It is on this basis that we are responding with deep concern to the government's Green Paper.

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¹ SVP (2025) <u>SVP-NI-Yearbook-2024.pdf</u>

SVP Members see the hardships caused by the current system of disability benefits: punitive assessments that too often leave people without the payments they are later found to be eligible for. Incoherent designs like the 5 week wait that leave people who are trying to access work bouncing between short term contracts and no payments. People with poor mental health and chronic health needs who simply cannot access the healthcare they need to prepare for work, and yet cannot live on the level of benefits they receive.

These people are pushed by an inadequate safety net that should be there for them according to need towards emergency support from organisations such as ourselves. Whilst we can assist with supporting the cost of immediate needs, signposting on to other services, and in some cases trying to advocate for people to meet their needs, this cannot make up for a welfare system that has already been cut to the bone.

In research with SVP Members on the impact of the cost-of-living crisis (Beyond Breaking Point, 2023²) our Members mentioned the impact of the disability benefits system on people they assist:

- A long appeals process for those with an illness or disability (DLA and PIP)
 was identified as a key stressor for those waiting on a decision by some
 respondents.
- Physical and mental illness were mentioned by survey respondents as growing issues of concern.

We agree that the system needs to change. But it is hard to see how taking money out of the system will improve outcomes for people, rather it will push them further into poverty.

Disability and poverty in Northern Ireland

SVP's perspective is backed up by poverty statistics and wider research:

High levels of disabled people living in poverty.

The latest data shows that one fifth of those living with a disabled family member are in poverty in Northern Ireland (19% measured Before Housing Costs, and 20% After Housing Costs).³ Two in every 5 people (40% BHC and 42% AHC) living in poverty are disabled or have a disabled family member.⁴

⁴ Ibid. (DfC).

² SVP (2023) <u>Beyond-Breaking-Point.pdf</u>

³ Department for Communities (2025) 'Northern Ireland Poverty and Income Inequality report 2023-24'L Northern Ireland Poverty and Income Inequality report 2023-24 | Department for Communities Table 2.2 dfc-ni-poverty-income-inequality-report-2324-c2-whole-population-poverty.ods

This high incidence of poverty amongst disabled people is echoed in wider measures of wellbeing: while people without disabilities in Northern Ireland have some of the highest wellbeing scores compared to the rest of the UK, people with disabilities have some of the lowest wellbeing scores.⁵

• Low levels of employment for disabled people.

In addition, disabled people in Northern Ireland have the lowest employment rates in the UK,⁶ with around one third of disabled people in employment compared to around a half of disabled people across the UK.⁷

This may be due to the fact that more disabled people in NI have more limiting conditions, and also on average have lower qualifications. There are well-reported higher levels of poor mental health in NI, attributed partly to the history of conflict and exacerbated by a lack of investment in services.

People living in health-deprived neighbourhoods.

A key factor in this high incidence of poor health and disability in NI could be the link to living in an area of high deprivation.¹⁰

Recent research by the Nuffield Foundation shows that NI has a high proportion of the most deprived areas in the UK.¹¹ 25% of areas in Northern Ireland, concentrated towards the West of NI, fall in the top 10% of deprived areas across the UK.

This trend is even clearer for measures of health deprivation and education deprivation. 28% of areas in NI are in the 10% most health-deprived areas in the UK. For education, the proportion is 27%.

Overall comment on the Green Paper

We are very concerned that the plans and proposals contained in the Green Paper will lead to significantly higher poverty levels in Northern Ireland. We urge the government to reconsider their plans and instead to pursue a reform agenda that

⁵ Ulster University (2022) <u>Disability and the Labour Market</u>

⁶ ECNI (2025) ECNI - News, Press Releases, Equality Commission, Northern Ireland

⁷ Ulster University Economic Policy Centre (2022) <u>Disability and the Labour Market</u>

⁸ ibid.

⁹ QPOL (2023) <u>Disability rates in Northern Ireland in a time of unprecedented budget cuts - Queen's Policy Engagement</u>

¹⁰ ibid.

¹¹Lloyd, C. et al (2025) <u>UKDI-Short-Briefing-1.pdf</u> Table 1

maintains the goal of supporting those who can work to access the benefits of employment, but does so built on a partnership with disabled people.

The Resolution Foundation have found that whilst 3.8 million families will gain some level of support, 3.2 million families are set to lose support. Of these, a quarter of a million families will be pushed into poverty, and almost ¾ of a million families (700,000) will be pushed into deeper poverty. 12

Below we set out some key concerns.

 Pursuing these reforms will result in higher levels of poverty. Poverty has a cost for individuals, families, communities, and the state.

Analysis clearly shows that pursuing these reforms will lead to more disabled individuals and their families being thrust into poverty, or pushed even further below the poverty line. This will lead to damaged lives with people going without the essentials they need to get by. This will impact disabled people, their children and families, and the carers and networks that support them.

It will also lead to a higher level of need of the support and services people must rely on when pushed into poverty. This includes charities and voluntary organisations such as ourselves who step in when the social security safety net isn't functioning. It also includes state services such as those from local government or the Northern Ireland Executive who have statutory responsibilities to people in a crisis such as homelessness provision.

We can anticipate that depriving people of inadequate income will lead to higher need for emergency income support (Discretionary Support in NI) and knock on impacts for services such as emergency health and homelessness support.

 We do not agree that depriving people of an adequate income will support people into work.

We agree that the government needs to take action to support more disabled people who can work to access employment. However, we do not think these proposals are designed or sequenced in a way that sets disabled people up for success.

https://www.resolutionfoundation.org/app/uploads/2025/05/No-Workaround-update.pdf

¹² Murphy, L. and Thwaites, g. (2025) 'No workaround: Assessing the impact of the Spring 2025 disability and incapacity benefit reforms on employment' Available at:

We believe a strong and adequate social protection system enables progression to and within work. It reduces personal risk and encourages people to take a chance on a new job, more hours, or a promotion.

The PIP – though flawed – is an essential payment with a worthy rationale: a non-means tested recognition that many people with disabilities face unavoidable higher costs to meet the same standard of living. This includes boosting people's resources and capacity to engage with work.

The sequencing of employment measures, access to work supports, and reforming benefits must be rethought.

Financially penalising people to increase access to employment (that is too often hostile in design towards disabled people) will not work: it will result in people being forced into destitution, between a rock and a hard place.

• We are disappointed in the way the government has pursued these reforms.

We are disappointed at the lack of engagement and collaboration undertaken prior to this Green Paper. We are dismayed that arguably the most substantive changes in the Green Paper are not being consulted on at all. This is poor practice which could lead to unintended and unforeseen consequences.

Rolling out reform in this way engenders real fear in people who are left feeling powerless in the face of change. This further entrenches an outdated paternalistic power dynamic rather than a partnership built on a social contract. The government should (following the recommendation of the Work and Pensions Committee) coproduce reforms with disabled people and respect the ethos of 'nothing about me, without me'. This is absolutely fundamental to a respectful and equal relationship with the disabled people who are going to be impacted by these changes. It is also essential to designing successful reform.

The pace of reform and the lack of consultation for the majority of the most significant changes is a particular challenge for Northern Ireland where many of the support services that might enable employment are devolved and under severe budgetary pressure. The timeline means there is insufficient time for organisations and individuals in NI to genuinely engage with the Executive around potential mitigations.

¹³ committees.parliament.uk/publications/48071/documents/251308/default/

Our response to select consultation questions

Question 1.

What further steps could the Department for Work and Pensions take to make sure the benefit system supports people to try work without the worry that it may affect their benefit entitlement?

The government should maintain the current eligibility criteria for PIP until it
has undertaken a detailed and comprehensive evaluation and consultation
process. Any reforms should be built on better understanding of the purpose
of PIP and the evidence of how to support disabled people into the workplace.

PIP is not an out-of-work benefit, it often enables people to sustain employment. It supports people to try work without worrying about their entitlement to this aspect of their benefits. PIP directly supports employment through helping with the additional cost of transport to work for example, and it may help indirectly – income inadequacy creates risk-aversion, as people must make sure they keep their benefit payment stable. Creating a secure benefit safety net incentivises work, and PIP should be seen as a key foundation of this for people with long term ill health or disabilities.

The government should remove the five-week wait for Universal Credit. The
five week wait is a clear disincentive to take up work, especially in situations
where someone is aware they might need to return to UC at some point in the
future. It builds in a period with no income which is simply unthinkable for
many people in poverty.

At SVP we support people during this period with basic essentials like food and gas and electricity. We know that people during this period access food banks or go into debt. This disincentive applies whether someone is trying to return to work from Jobseekers payments or the UC health element, but the disincentive is stronger if someone isn't certain that the return to work will be successful due to, for example, seeing how a role would work with their health needs or disability.

People should be supported and enabled to try out employment and smoothly re-access benefits if needs be. This would encourage people to keep trying until they find the right role and career for them. It is also particularly important where people live in areas where short term contracts predominate – SVP sees the impact of cycling in and out of work and the punitive impact of the 5 week wait on people who have successfully found a contract, but need to return to benefits for a period before they find another contract.

 DWP should work on a cross-government basis to ensure employment is genuinely accessible for disabled people seeking employment, and those with ill health seeking to maintain or re-enter work. This includes payment of a Living Wage based on the cost of living, as set by the Living Wage Foundation, attention to the stability and quality of the employment people are being encouraged towards locally, and improved statutory sick pay provisions to maintain connection to the labour market where possible.

Question 2.

What support do you think we could provide for those who will lose their Personal Independence Payment entitlement as a result of a new additional requirement to score at least four points on one daily living activity?

- The standard rate of Universal Credit must be increased to provide an adequate income. By proposing to increase it by £7 the government has clearly recognised its inadequacy. This small increase, though we welcome it, is still going to leave people with not enough money to afford the essentials. The Joseph Rowntree Foundation has made an evidence-based recommendation that this rate should be no less than £120 per week for the standard allowance. There must also be an 'Essentials Guarantee' where there is a floor in UC that payments cannot go below, including deductions and repayments. Without a commitment to evidence-based income adequacy for the standard and health rates of Universal Credit, people will be pushed into destitution.
- We repeat our call to the government to pause the reform of PIP eligibility scoring. It will deprive people of an essential payment and also limit access to UC Health Element and Carers Allowance/Carers Element. These direct and secondary impacts will create real hardship and we are concerned people will not be able to cope on such limited incomes. This will have ramifications for the income and poverty level of the entire household, including the incidence and experience of child poverty.

Question 3.

How could we improve the experience of the health and care system for people who are claiming Personal Independence Payment who would lose entitlement?

¹⁴ JRF (2025) <u>Guarantee our Essentials: reforming Universal Credit to ensure we can all afford the essentials in hard times | Joseph Rowntree Foundation</u>

• This is an area where there needs to be close consultation and engagement at a devolved level. Health waiting lists in Northern Ireland are at a crisis point. More than half of patients needing an outpatient appointment with a consultant wait over a year.¹⁵ While the measurement of waiting times varies between jurisdiction, this is significantly higher than similar waiting times in England or Wales.¹⁶ In 2023, 26% of the population of NI were on a waiting list compared to 12% in England (and 24% in Wales).¹⁷ These dynamics clearly demonstrate the need for a devolved perspective on welfare reform.

These waiting lists, which are symptomatic of an under-resourced health system, have a direct impact on people with disabilities and ill health. People who are waiting for essential healthcare are not being set up for success to reenter the workplace – they may be managing a chronic condition that presents serious everyday issues with keeping a job, but have yet to get a diagnosis or treatment.

Withdrawing social security (via PIP or the UC health element) will also add to the burden on the HSC through the impact of poverty on people's health. Trussell have estimated that hunger and hardship causes an addition £3.6 billion of healthcare spending each year due to the impact on mental and physical health. The higher incidence of ill health and disability in NI alongside longer waiting lists suggests the impact here of poverty on healthcare may be disproportionate.

We urge the government to undertake a more thorough evaluation of the
devolved context and impact before it rolls out reforms. In NI, the withdrawal
of social security payments from so many people (as under current designs)
will lead to a vicious cycle of healthcare expenditure. The much-needed
reforms in both systems (disability payments and NI healthcare) need to be
rolled out in sequence with each other.

Question 6.

How should the support conversation be designed and delivered so that it is welcomed by individuals and is effective?

 Designing a support conversation that is supportive and effective should be the first step in reforms, and the sequencing of the Green Paper roll out should respond to this. We recommend the government funds Job Centres to

¹⁵ Magee, Á. (2024) <u>Plans, plans and more plans: tackling Northern Ireland's waiting list crisis | The Bulletin of</u> the Royal College of Surgeons of England

¹⁶ NAO <u>Tackling Waiting Lists</u> | <u>Northern Ireland Audit Office</u>

¹⁷ Ibid.

¹⁸ Trussell (2025) 'The Cost of Hunger and Hardship'. Available at: hunger and hardship final report.pdf

have the capacity and expertise to offer employment supports that are built on person-centered job matching.

We do not see how support conversations that happen on the basis of or following the withdrawal of key benefits and significant income (ie. PIP or UC health elements) will lead to positive partnership between the Job Coach and the participant.

Research such as this from Citizens Advice clearly demonstrates the importance of a person- and relationship-centered approach to support conversations.¹⁹

• The government should also introduce supports for and obligations on employers to ensure that people with ill health and disabilities do not have to leave the workplace prematurely, and can return when they are ready.

Question 11.

Should we delay access to the health element of Universal Credit within the reformed system until someone is aged 22?

No, we strongly oppose plans to restrict the health element to people over the
age of 22. While we commend the government's intention to increase the
support and employment opportunities for young people with health needs or
disability, setting a cut off at age 22 is an arbitrary removal of essential support
for people who would otherwise be eligible and cannot access employment.

At SVP we are concerned about the young people we support, many of whom have mental health problems and have not received sufficient support, some of whom are care leavers, who could lose essential support if the government makes this change. Young people leaving the care system may have had traumatic experiences, including placement in unregulated temporary accommodation, and many have mental health issues. As Corporate Parent local authorities and Health and Social Services Trusts need to take responsibility for the transition from care to independence. Merely removing financial support from young people does nothing to tackle the underlying causes of their challenges, and it does nothing to help them access the essential support and healthcare they need.

Merely deciding those under 22 cannot be eligible to restrict onflow is a blunt tool and we urge the government to instead consider how it can strengthen

¹⁹ Olejniczak, J. and Harrison, K. (2025) <u>Found anything yet? Exploring the relationship between Universal Credit claimants and their work coaches</u>

support for under 22s, as well as improve the capacity of employers to work with this group.

Our priorities for the Northern Ireland Executive

Our response has outlined many ways in which these reforms will have a particular impact on the people we assist in Northern Ireland. In combination with the overall Budgetary pressure the Executive is under, we believe there is going to be increasing rates of poverty and hardship for disabled people and their families in NI if there aren't adequate mitigations.

We urge the NI Executive to:

- Examine how it can boost capacity in devolved responsibilities such as health, skills, employment and education. Adequate capacity in each of these areas will be essential to minimising any increase in poverty.
- Consider what potential mitigations it can introduce through its administration
 of the social security system. As for benefits reform taken under austerity, we
 urge the Executive to recognise the particular impact these reforms will have
 on NI and mitigate against these to the greatest extent possible through:
 - The powers it has to top up payments for those who will lose income.
 - Flexibilities in administration of payments.
 - Use of schemes like Discretionary Support for people who are dealing with the reality of an income cliff edge.
- Introduce an Anti-Poverty Strategy with the necessary ambition and funding to bring down poverty levels.