

Economic activity and health inequalities

How labour market experiences sustain health inequalities



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**citizens
advice**

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Executive Summary

Good work can be a key ingredient of a healthy life. It provides the income to support material well-being, and plays an important role in supporting mental and physical wellbeing too. Yet there is much more to be done to improve the relationship between work and health. **Too many people face insecure or exploitative conditions at work, are denied the support they need by inflexible employers, or find themselves trapped outside of employment altogether.** In each case, there is a risk that their health will suffer as a result. The impact of these harms fall unequally across society, both reflecting and deepening wider inequalities.

This report explores the complex relationship between work and health through the stories of some of the people Citizens Advice supports. We show how the issues they face at work can be detrimental to their health, and how **poor health and disability can put barriers in the way of finding work.** We also highlight the opportunities for policies that can lift these barriers and help to close a widening gap in health outcomes.

Work itself can be a source of both physical and mental ill health, particularly when it is insecure, unsupportive or exploitative. When people experience ill health in the workplace, it is crucial that they are supported by their employers. But our data shows that **the rate at which people come to talk to us about health-related discrimination is increasing year on year, with a 14% increase between 2022 and 2024,** even as numbers of overall employment cases remained flat. This highlights that there is still significant variation in what employers are willing to do to help people keep working, with the provision of legally mandated reasonable adjustments being highly uneven and poorly enforced. This can affect people's health in work, and keep others trapped out of work for reasons that could be overcome with more support.

The government has made an encouraging start to improving the landscape of work for disabled people and people with long-term health conditions, but their work in these areas is at an early stage, with the Keep Britain Working review still ongoing. **Ensuring that the world of work is welcoming and supportive for**

everyone is a crucial first step before other policies can be put in place to increase the rate of employment for disabled people and those with long-term health conditions. Otherwise, too many people will be set up for failure by pushing them into a workplace that is not ready. Unfortunately, as the government's recent reversal of changes to disability benefits shows, this is a lesson that they have been slow in learning.

A good job should mean an income that is enough to cover essentials and provide security. But too many people, both in and out of work, struggle to make ends meet. The stress of this alone can be damaging to people's health. Low incomes also mean that, when people experience ill health, they have less of a safety net to support them. Magnifying these problems is an uneven system of sick pay and benefits, with analysis of our data presented in this report to show that people in the more economically deprived areas are the least likely to have additional safety nets beyond statutory sick pay when they fall ill. This means that **those with the least capacity to manage a period of ill health face a threadbare and inconsistent landscape of support.**

More support is needed for people who fall ill at work, particularly for those who have to rely on statutory sick pay. **Recent reforms, whilst welcome, do not go far enough, and it is only by increasing the support given to people when they are ill that the lowest-paid in society will no longer face impossible choices between paying the bills or doing what is best for their health.** Increasing the basic rate of sick pay would be a vital first step to making sure short-term periods of ill health didn't lead to longer term financial problems.

The most urgent task facing the government is to rethink their reforms to the system of health-related benefits. Postponing changes to PIP, pending a review, will go some way to ensuring that its proposals of greater support for people seeking to get back to work are not undermined by needless cuts. But legislation will still have a significant impact on far too many disabled people and people with long-term health conditions if planned cuts to Universal Credit health are taken forward. And this risk remains that thousands more will find themselves pushed into poverty if cuts to PIP are later reintroduced.

We already help nearly 23,000 people a year with issues relating to benefit conditionality, and of these 57% are disabled or have a long-term health condition. With the removal of the Universal Credit health element, and ongoing uncertainty about the future of PIP assessments, there is a risk that more people already struggling with their health will face the risk of sanction. **A greater burden of conditionality for people who are already struggling with their health risks undoing the benefit of any additional employment support,** unless it is accompanied by wider reaching reform of the work coach system.

Based on the findings of this report and our research, we recommend action in the following areas to help improve the relationship between health and work, and in doing so reduce health inequalities:

- **Protect disadvantaged workers with a well-resourced Fair Work Agency able to proactively address labour issues that lead to poor health outcomes.**
- **The government should support employers and model best practice when it comes to providing reasonable adjustments for disabled workers and workers with long-term health conditions.**
- **Increase the rate of statutory sick pay, to ensure that fewer people face poverty when they fall ill.**
- **Provide access to quality assured employment support and advice, either from work coaches or other providers, tailored to reflect people's individual circumstances and the places they live.**
- **Fully withdraw proposals for disability benefit cuts; we welcome the decision to review changes to the Personal Independence Payment, and believe that change to the Universal Credit health element should also be paused to allow their impact on employment and living standards for disabled people and people with long-term health conditions to be properly assessed.**

Introduction

Health outcomes in this country are highly unequal, and getting worse. There is an 18 year gap in healthy life expectancy between the least and the most deprived areas of the country¹. The causes of this are no mystery. The Marmot review², conducted in 2010, was a root and branch examination of the causes of health inequalities in the UK. This shed light on the many ways in which socio-economic inequality filters into unequal health outcomes. But as its authors argued in a follow-up inquiry funded by the Health Foundation a decade later³, the policy choices made by successive governments may have only tilted the scales further, with more than a decade of austerity cutting away support for those at the bottom of the income distribution. Since this report, the country has been in the grips of a cost of living crisis, as the inflationary impact of the COVID-19 pandemic and geopolitical events have played out across the economy. This has held down living standards in ways that have been particularly damaging to those at the bottom of the income distribution, where meeting the rising costs of everyday necessities has become an increasingly desperate challenge.

The consequences of this worsening inequality are going to be stark. The health impacts of poverty can be hard to reverse once they have been set in motion. It is far better, then, to address the problem by rooting out the cause rather than treating the symptoms further down the line. But the services and safety nets that disabled people or those on low incomes disproportionately rely on have been seriously eroded through years of austerity⁴. The government has made a

¹ The Health Foundation (2025) *Interpreting the latest life expectancy data*. Available at: <https://www.health.org.uk/reports-and-analysis/analysis/interpreting-the-latest-life-expectancy-data>

² M. Marmot et. al (2010), *Fair Society, Healthy Lives*. Available at <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/>

³ M. Marmot et. al.(2020), *Marmot Review 10 Years On*. Available at <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

⁴ These impacts of the initial wave of austerity enacted by the 2010 coalition government are extensively detailed here: The Centre for Local Economic Strategies (2014) *Austerity Uncovered*. Available at: <https://cles.org.uk/publications/austerity-uncovered/>

commitment to reduce health inequalities, although its focus since taking office in 2024 has been narrowly drawn around an increase in funding to the NHS. To more comprehensively close the gap in health outcomes, a commitment must be made to reduce inequality and soften its impact. This is a project that must touch on every part of the country's social fabric, not just its healthcare system.

Work will play an important part in this transformation, and it is heartening that the government has indicated that it is taking its role seriously. The Get Britain Working white paper⁵ promises to tackle these issues through joined up thinking across government departments. It promises help for people whose health issues mean they are currently struggling to find jobs. It also promises support for employers, to ensure that they are able to provide jobs that are accommodating for people whatever their health needs. This has been supported by the Keep Britain Working⁶ review, which seeks to identify what employers and the government can do to support disabled people and those with long-term health conditions in entering and remaining in work. If the government follows through on the promise of these proposals and takes meaningful steps to change the landscape of work for disabled people and those with long-term health conditions, many of the problems identified in this report could be significantly attenuated.

At Citizens Advice, people come to us when they are facing problems in their lives. For this reason, we unfortunately rarely see the positive stories of work improving people's health, but it does give us important insight into how problems relating to work can make people ill. We see the impact of poverty and inequality on people's lives. Whether it is from the stress of living on a negative budget, or the impact on people's ability to make healthy choices, we can see how poverty is driving ill health. We can also see that this inequality shapes the way that people can access and engage with other important influences on health outcomes like work and housing. This report, part of a wider project exploring health inequalities through the stories of our clients, looks at the

⁵ DWP, HMT, DoE (2024) *Get Britain Working White Paper*. Available at: <https://www.gov.uk/government/publications/get-britain-working-white-paper/get-britain-working-white-paper>

⁶ DWP, DBT (2025) *Keep Britain Working: Terms of Reference*. Available at: <https://www.gov.uk/government/publications/keep-britain-working-terms-of-reference>

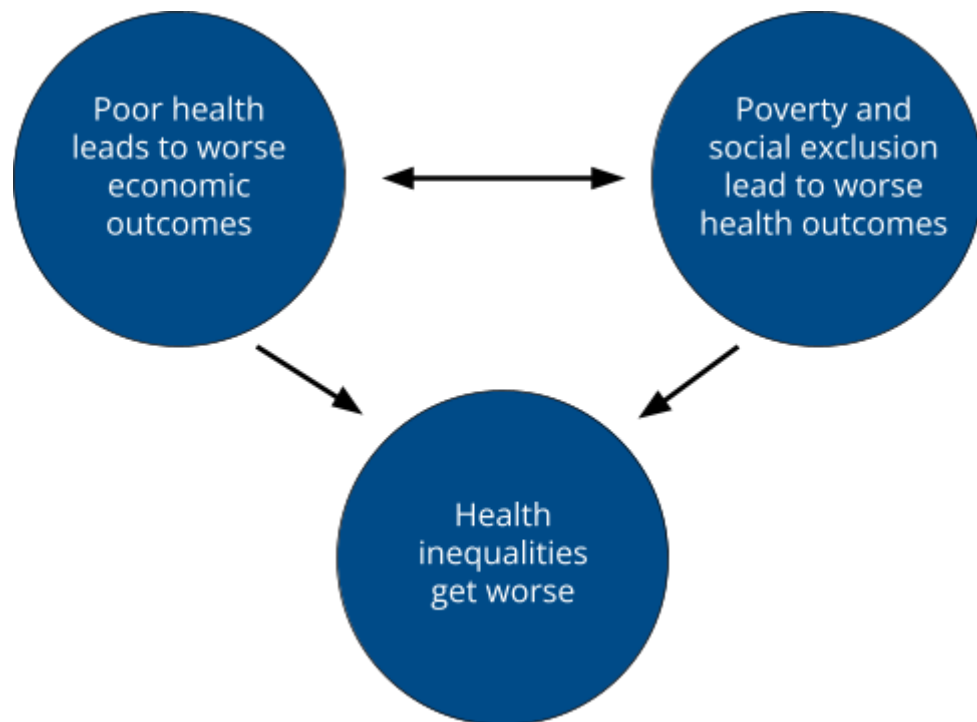
relationship between health and employment. It shows how wider inequalities underpin people's experience of employment and shape its impact on health.

Good work is a key pillar of good health. It provides people with the income they need to support themselves, but it also plays an important role in sustaining the individual identities and social networks that are key to mental and physical wellbeing. But for too many people, work is insecure, inflexible or exploitative. For others, their health can be a barrier to finding work at all, often compounded by gaps in the support provided by the welfare state. These barriers are higher for those with low incomes or who face discrimination because of their race, class, gender or disability. People's experience of work, good or bad, can be magnified by existing inequalities. Redressing these imbalances therefore requires greater focus on helping those who face the greatest challenges.

Work and health inequalities

There's no getting around the fact that health inequalities are complex, and have complex causes. Any single factor is only going to explain part of the variation in health outcomes that are observed across the country. Throughout this report, the evidence of our clients' experiences highlights 2 key pathways that link health and work. Firstly, people who are already experiencing poor health face greater barriers to finding employment, or may encounter barriers in their work that stop them from maximising their potential. Secondly, people who face poverty or other forms of social exclusion are likely to experience worse health outcomes. This can be through the impact of stress, or the greater barriers they face to accessing things that we know indirectly support health - like a good diet, appropriate housing, and a supportive community.

Both of these factors shape the relationship between work and health, meaning that people facing negative experiences in one domain are more likely to suffer from negative outcomes in the other. But they also interact and reinforce each other, trapping people in long-term cycles of falling incomes and worsening health. At each step of the way, with the right support in place, these links can be



broken. The government's early efforts on this front are welcome, as is their promise of support to employers. But it must also mean a serious commitment, both by the government and employers, to change how people relate to their jobs, how they are treated in work, and how they are supported when they are not in employment.

The government has entered power with a commitment to address many of these problems. Fortunately, helping people with long term health conditions and disabilities find work is a rare win-win-win policy. The people in work experience the increase in incomes and boost to wellbeing that employment can bring. Companies have a healthier, more productive workforce. And the government can sustainably reduce the welfare bill and enjoy the benefit of a healthier population. But getting these things right takes time, which the government has reflected in commissioning important reviews to better understand where improvements can be made across employment law and the

Our policies for improving work and health

An empowered Fair Work Agency

Our [report](#) highlighted our recommendations for the new Fair Work Agency. Without the resources and remit to pro-actively enforce existing labour law, the most vulnerable workers will continue to find themselves excluded. It should be given the ability to advocate for and intervene on behalf of the workers with the least power, to tackle the poor working conditions that can damage their health.

Statutory Sick Pay

The level of sick pay is [too low](#). Whilst the government has announced some reforms that will help the very lowest paid workers gain some support when ill, the basic rate remains so low that it pushes many who rely on it into poverty. Upgrading the basic rate of support would reduce the impact of ill health on workers who lack any other forms of support.

Reform the work coach system

The reforms to incapacity benefits will mean more people will face conditionality. The current system too often fails jobseekers with impersonal, inconsistent, inappropriate and unsympathetic support. [Our report](#) and subsequent [discussion paper](#) on reforming the Work Coach system argues that personalised support, that de-emphasises sanctions and treats them explicitly as a backstop, will be more successful in helping people into work and limit their impact on health.

Rethink changes to disability and incapacity benefits

The government's reforms to the system of disability and incapacity benefits have been presented as a way to help more people into work. But the reality will be substantial cuts in income for over a million people, pushing hundreds of thousands into poverty. This risks overwhelming the benefits of any additional employment support and for people with existing disabilities may even cut the support that is helping them stay in work. At the very least, these reforms [must be paused](#) to allow for their impacts to be fully explored.

benefit system.⁷ Another valuable roadmap to a healthier future for work is the recent report from the Commission for Healthier Working Lives.⁸

Through their policy research Citizens Advice have advocated for a number of policies that would help to improve the relationship between work and health. These insights are drawn from throughout this report, but are also summarised in the table overleaf to highlight the different areas where policies that could tackle some of the most common problems faced by the people we help would also underpin long-term improvements in health inequalities. The current government have a valuable opportunity to enact sustainable reforms to improve the relationship between health and work, and avoid the “short term or underfunded reforms”⁹ that have held back progress in this area to date.

Overview of the report

By highlighting the experiences of the people we support through advice services, this report will examine the relationship between health and work at different stages of their journey, emphasising the policy changes that we believe would best improve the health outcomes of the people we help.

The report draws on the insights that we are able to gain by helping thousands of people every month across England and Wales with advice and support. In 2024, we saw over 100,000 people about issues relating to employment, and almost 750,000 about issues around accessing or engaging with the benefit system. By understanding who comes to talk to us, and about what, our data gives us valuable insight into the different problems people face. And when people come to see us, we don't just get an insight into their immediate problem, but the wider impact it is having on their life, or the other barriers they might face before they are able to solve it.

⁷ DWP, HMT & DoE (2024) *Get Britain Working White Paper*, available at: <https://www.gov.uk/government/publications/get-britain-working-white-paper/get-britain-working-white-paper>

⁸ Commission for healthier working lives (2025) *Action for healthier working lives*, p. 6. Available at: <https://www.health.org.uk/reports-and-analysis/reports/action-for-healthier-working-lives>

⁹ Ibid. p6

Health is an issue that frequently lies in the background of the other problems people face. By exploring the stories of the people we help, we can get a unique perspective on the interactions between health and work, or its absence. This report draws from the experiences of the people we help and the trends we see in the problems they come to talk to us about. Through the stories of our clients, this report will explore how health and employment interact, as people move in and out of jobs, in both good health and bad.

As the first chapter will show, work itself can be a source of ill health, either through its physical impact, or the mental health consequences of jobs that are insecure, unsupportive or exploitative. And when people experience ill health in the workplace, the support they receive from employers can have a significant impact, both on their longer-term health and their ability to remain in work. The second chapter explores the consequences of health-related discrimination at work. The third chapter examines the significant variation in the level of support employers are willing to provide to help people keep working, with the provision of legally mandated reasonable adjustments being highly uneven and poorly enforced. Too often, people are trapped out of work for health reasons that could be easily overcome with more support. In each of these chapters, our evidence highlights the unequal ways in which these negative experiences of work are distributed, and how they can amplify existing poverty and exclusion.

The fourth chapter looks at the barriers that poverty puts in the way of being able to find work at all, and the particular risks this poses to disabled people or people with long term health conditions. Without the right support, people can find themselves trapped out of work, but it is important that any help people get reflects the barriers that they face. A case study, focusing on the experience of our clients in a relatively deprived area of Leeds, highlights the importance of providing tailored support.

The fifth chapter looks at the support available when people are too ill to work. It is important that people are able to take the time away they need to recover, but the ability to do so can vary substantially. For many workers, particularly those already at the bottom of the income distribution, their only support is the bare minimum of statutory sick pay (SSP), which is far lower than in comparable countries. The consequences of this are people being driven into poverty by

periods of ill health, or people having to make short term choices to keep working even though it may harm their recovery.

The sixth chapter examines the support for people whose health means that they have to leave the workforce altogether. The benefit system should provide a safety net that protects them from falling into poverty as a result. But the experience of the benefit system is too often one of frustrating bureaucracy and punishing conditionality, in ways that are often detrimental to health and provide additional barriers to work. The proposed reform to incapacity and disability benefits will go some way to supporting more people into work, but risk being undermined by a substantial cut in support. This will only expose more people to the barriers to work caused by poverty. Addressing these needs to be the first step in finding better work, and achieving better health outcomes, for everyone.

Health risks at work

For most people, a good job can play an important role in good health. Improvements in health and safety at work have been a long-term policy success, meaning that industrial accidents and life-shortening working conditions are rarer than they once were, although progress on this has stalled in recent years.¹⁰ But as this chapter will show, work still presents numerous risks to health, and these risks are not faced evenly across the workforce.

There should be no reason that people risk their health just by going to work. But unfortunately some employers can be inconsistent in putting proper protections in place to stop their employees becoming unwell. This chapter examines how poor practice from employers, and the barriers that stop people from asserting their rights in the workplace, can lead to conditions that make people unwell.

When work hurts: physical safety and mental health risks

Musculoskeletal disorders remain one of the most common workplace health issues, accounting for 32% of all work-related ill health¹¹. While there has been a gradual improvement over time, the physical demands of certain roles - particularly in manual labour - continue to place significant strain on workers' bodies. Repetitive tasks, heavy lifting, and physically intensive duties can cause injuries that build up over a working lifetime.

However, these risks are not evenly distributed across the workforce and are more likely to affect those in physically demanding and lower-paid roles. Addressing these hazards through proper health and safety measures, better

¹⁰ HSE (2024) *Historical picture statistics in Great Britain, 2024*. Available at: <https://www.hse.gov.uk/statistics/assets/docs/historical-picture.pdf>

¹¹ HSE (2024) *Work-related musculoskeletal disorders statistics in Great Britain, 2024*. Available at: <https://www.hse.gov.uk/statistics/assets/docs/msd.pdf>

Sana's story

Sana* works part-time in a convenience store and is currently 28 weeks pregnant with a high-risk pregnancy. Despite being signed off by her GP due to serious health concerns - including the risk of pre-term labour - her employer asked her to attend a risk assessment and complete a 4-hour shift. Although she avoided lifting and bending, the work still triggered health problems, and her GP confirmed she should not return.

Her employer failed to properly assess or remove risks to her health and did not act on medical advice. Instead of making reasonable adjustments, they suggested tasks that were unsafe and pressured her to return or begin maternity leave early. Sana now feels unsafe, stressed, and unsupported at work.

This lack of accountability and failure to follow pregnancy health and safety guidance is putting her and her baby at risk - highlighting a wider issue of poor employer compliance with legal duties to protect pregnant workers and those with health conditions.

*All names have been changed

ergonomic practices, and access to good-quality work is crucial for improving long-term physical health outcomes and reducing health inequalities.

Mental health is emerging as a major concern in today's workplace, now responsible for 46% of all work-related ill health¹². This issue is on the rise across all age groups, with young adults being especially affected. Mental health can be harmed not just by the demands of the job itself, but also by the terms and conditions of employment. Insecure work arrangements, such as zero-hours contracts, long-term agency employment, restrictive visa conditions, and false self-employment, can be major sources of chronic stress. Not knowing if you'll earn enough to make ends meet each month not only increases the risk of poverty but also undermines a person's sense of control over their life - an essential component of good mental health.

¹² HSE (2024) *Work-related stress, depression or anxiety statistics in Great Britain, 2024*. Available at: <https://www.hse.gov.uk/statistics/assets/docs/stress.pdf>

Tyler's story

Tyler, a university student in Plymouth, took a part-time job at a local supermarket to support himself. The store was poorly managed, with rotas issued at the last minute. He frequently worked 12-hour night shifts and was sometimes expected back just hours later.

"I dreaded going to work.... It was the worst job I have ever had in my life."

In 2024, Tyler was assaulted by a shoplifter during a shift. Although not seriously injured, he had visible facial injuries. Despite a police report and an internal incident report being filed, he was questioned by senior management and feared being made a scapegoat to avoid management accountability.

"It was such a mismanaged place. It was run so poorly. Everything would go wrong and they would just blame us, the workers, for every single problem."

Financially unable to leave, Tyler remembers feeling constantly on edge during every shift and he dreaded going to work. The stress and exhaustion took a toll on his mental health. He was struggling to eat and was often sick after meals. Eventually, it became too much to cope with. Tyler made the decision to leave the job, and within a couple of months, his symptoms had completely disappeared.

He later found work in a different supermarket, where staff safety is a clear priority. Tyler feels respected, safe, and much healthier in his new role.

"I was tired. I had a lot of health problems. I ended up having to have an endoscopy because I couldn't eat. Every time I ate I would throw up. It was a real problem for me. The doctors didn't know what was wrong with me. I left the job and within a month and a half the problem was gone. "



While stress can affect anyone, it is often intensified for workers who lack power or alternatives in the job market. Whether due to limited skills, lack of experience, immigration status, or poor local job prospects, many individuals find themselves trapped in unhealthy work environments, where basic rights such as getting holiday pay or written payslips are denied. The long-term consequences of chronic work-related stress can widen health inequalities, contributing to disparities in healthy life expectancy. The story of Tyler, above, highlights how the impact of these issues can lead to health issues that, experienced over a prolonged period of time, will lead to people experiencing significantly worse health outcomes over the course of their lives and thus underpin health inequalities.

Denied the right to take time off work

One aspect of work that can have particular bearing on health is access to leave. Time off work is not a luxury, it's a critical right that allows people to have respite, recover from illness, manage family responsibilities, and avoid burnout. For employers, providing leave supports productivity, reduces sickness absence, and helps retain staff. But leave entitlements aren't just optional benefits - they're fundamental to maintaining wellbeing and managing life's demands. Despite statutory improvements, not everyone can access these rights equally. As a result, many workers, particularly those already disadvantaged in the labour market, are left exposed to greater stress, burnout, and inadequate support when their health declines¹³.

By looking at the clients we saw in 2024, we can track how issues around leave are often correlated with other indicators of poor working conditions. One common area where workers' rights are undermined - often with negative mental health consequences - is access to holiday leave. We helped 4,100 clients with issues related to holiday leave, and 79% of these people also needed help with at least one other employment issue, including problems with wages and payslips (23%), unlawful deductions (17%), grievance procedures (14%), and SSP

¹³ Atay, A., Navani, A. & Martin, A. (2024). *Time Off: Redesigning leave policies to support longer, healthier working lives*. The Work Foundation at Lancaster University. Available at: <https://www.lancaster.ac.uk/work-foundation/publications/time-off>

(13%). These overlapping issues highlight how a single point of employment insecurity, such as not receiving holiday pay either partially or fully, often signals broader mistreatment or neglect of workers' rights, compounding stress and deepening mental health risks.

In the same period, we also saw 3,200 people about issues relating to sick leave. Of these, a significant number also came to us about issues relating to their dismissal from work (19%), a dispute with their employer (18%), or about an issue relating to the terms and conditions of employment (18%). For the people we help, barriers to taking the time off work they need, particularly when ill, are often accompanied by other issues that reflect people struggling to claim the pay and rights to which they are entitled.

When people lack the power to stand up for themselves in the workplace, something as simple as asking for holiday pay or other rights they are entitled to can mean that people risk losing their jobs. We regularly see cases where people are dismissed or have their hours reduced for asking for money they're owed.

Layla's story

Layla* works in a small independent café where she's employed through Pay As You Earn but has never received a written contract. Despite being a regular member of staff, she doesn't receive any paid holiday or overtime, and her employer has no formal processes for leave or time off.

Layla works 7-hour shifts, earning £10.50 an hour. The lack of paid holiday is taking a toll on her wellbeing. She has no opportunity to rest and recover without losing income, which is worsening her pre-existing health conditions and increasing the risk of missing future shifts. With no clear policies in place and no way to formally raise concerns, Layla feels stuck and unsupported. She worries that if her health declines further, she could lose her job entirely.

Layla's experience reflects a wider issue where basic employment rights - like holiday pay - are not being upheld, leaving workers underpaid, exhausted, and at risk of exacerbating negative health outcomes.

*All names have been changed

These experiences of our clients make clear that issues like being denied holiday pay or other forms of leave are not isolated problems, but symptoms of wider employment practices that degrade workers' rights and wellbeing. Many of the people who see us about these issues are from low paid and precarious sectors, such as hospitality, construction, agriculture, cleaning, retail, healthcare and food processing, placing workers under sustained pressure with limited means of redress. Where rights do exist that would protect workers from these impacts, they are often not properly enforced, and mean that too few people are afforded the protection they're entitled to, an issue that the following chapter will explore in more detail.

Work can be a significant driver of health inequalities, because the conditions that people encounter there can vary so dramatically from good to bad. It is unfortunately the case that people on lower incomes, or those who face wider forms of exclusion, are more likely to be exposed to the health-damaging risks of work. Physically demanding manual jobs place long-term strain on the body, increasing the risk of injury over time, while work-related stress - though it can affect anyone - is often intensified for those with limited power or choice in the workplace¹⁴. Factors such as low skills, restrictive visa conditions¹⁵ or limited local job opportunities can trap people in unhealthy working environments. The negative impact of work on physical and mental health can lead to negative outcomes over the course of a person's life and contribute to the stark gap in healthy life expectancy between different groups. Ensuring everyone has access to good-quality work that protects and promotes health is a vital step toward closing these health disparities.

¹⁴ Marmot et. al (2010) *Fair Society, Healthy Lives* p. 72

¹⁵ Citizens Advice (2024) *How work visa design is driving exploitation of migrant care workers*.

Available at:

<https://www.citizensadvice.org.uk/policy/publications/spotlight-report-no-1-how-work-visa-design-is-driving-exploitation/>

Health discrimination

The previous chapter examined how job terms and conditions can lead to negative physical and mental health outcomes, but equally important are the barriers faced by people with pre-existing disabilities and long-term health conditions in the workplace. This chapter highlights that at the core of these barriers is health discrimination: the unfair treatment of individuals based on their health status or disability, which often manifests in some workplaces through exclusionary practices, lack of accommodations or adjustments, and biased assumptions about capability. The chapter will show, drawing on both our frontline evidence and secondary research, that entrenched barriers in the workplace not only limit access to meaningful employment but can also worsen existing health conditions. The impact of this compounds health inequalities and deepens the marginalisation of disabled people. This is not only unjust - these barriers actively shape the experiences of disabled people and people with long-term health conditions in the labour market, limiting their access to secure, fulfilling, and well-supported employment. This chapter will make the case that health discrimination within workplaces continues to undermine inclusion, reinforcing cycles of inequality and exclusion for disabled workers.

Health discrimination in the workplace therefore cannot be fully understood without considering the wider context of persistent health inequalities and the structural barriers disabled people face. The Trades Union Congress (TUC) has adopted the social model of disability to underpin workers rights, which emphasises that it is not an individual's impairment that disables them, but rather the way society is structured - through inaccessible environments, discriminatory systems, and negative attitudes¹⁶. This model centres the person, not the condition, and highlights how social and institutional barriers restrict opportunities for disabled people. These barriers can make it difficult or

¹⁶ Roache, Q. (2025) *Disabled workers' access to reasonable adjustments*, Trades Union Congress. Available at: <https://www.tuc.org.uk/research-analysis/reports/disabled-workers-access-reasonable-adjustment>

impossible to access good quality jobs, with attitudes towards disability often being the most significant obstacle of all.

As of October to December 2024, there were 10.42 million disabled people of working age (16 to 64) in the UK - 24% of the working-age population¹⁷. While 5.63 million were in employment, the employment rate for disabled people remained significantly lower than for non-disabled people, at 54% compared to 82%. When compared to similar European economies, this employment rate is amongst the worst, with signs that it is moving in the wrong direction, particularly for older workers.¹⁸ The size of the gap underscores the urgent need for inclusive employment practices. But the experience of other countries also highlights opportunities to do more to accommodate health conditions and disabilities, and actively work to dismantle the barriers that reinforce health-based exclusion from the workforce.

Health discrimination in workplaces is on the rise

Anyone can develop a long-term health condition or disability - some are present from birth, while others can arise at any stage of life, regardless of age or circumstances. That's why it's concerning that there are signs that health-related discrimination in the workplace is increasing. The National Centre for Social Research highlights the increase in disability discrimination claims appearing at employment tribunals.¹⁹ Whilst the reason for this may reflect an increase in these cases ending up at a tribunal, rather than an increase in the underlying rate, it also reflects a trend we see in our own data.

Between January 2024 and April 2025, 7,035 people came to us for help with employment-related discrimination issues connected to health. Health-related

¹⁷ DWP (2024) The employment of disabled people 2024. Available at: <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2024/the-employment-of-disabled-people-2024>.

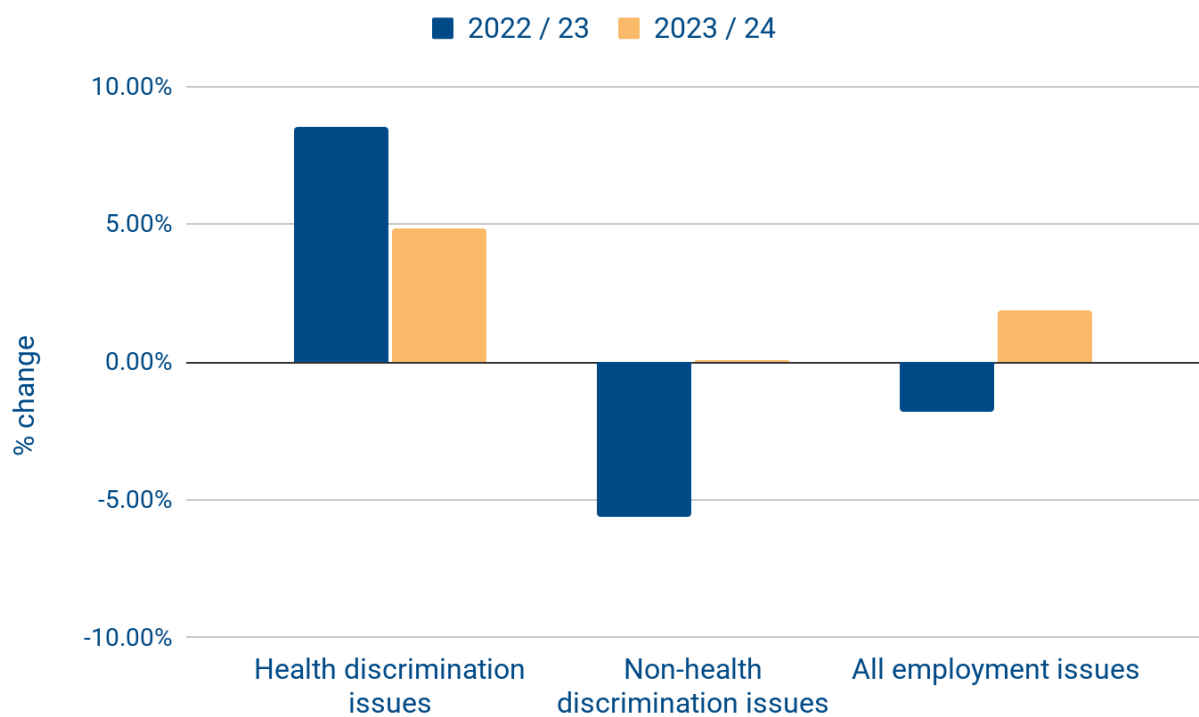
¹⁸ Institute for Employment Studies (2025) *Work and health: international comparisons with the UK*. Available at: <https://www.employment-studies.co.uk/resource/work-and-health-international-comparisons-uk>

¹⁹ NatCen (2024) *The Rise of Disability Discrimination Cases in the UK*. Available at: <https://natcen.ac.uk/blog/rise-disability-discrimination-cases-uk>

discrimination is the leading issue in employment discrimination cases, making up over half (53%) of all discrimination matters reported, with mental health issues accounting for 38% of these cases and other forms of disability making up 62%. On average, this means we're helping 470 people each month who are facing workplace discrimination due to their health.

And this problem is only getting worse. From 2022 onwards, have seen consistent year-on-year increases in both mental health and disability employment discrimination issues. Notably, health-related discrimination cases rose by 5% between 2023 and 2024, compared to just a 1% increase in overall employment-related issues. With employment issues forming a decreasing proportion of Citizens Advice cases overall, this rise suggests that health-related discrimination is not only persistent, but growing faster than other workplace concerns.

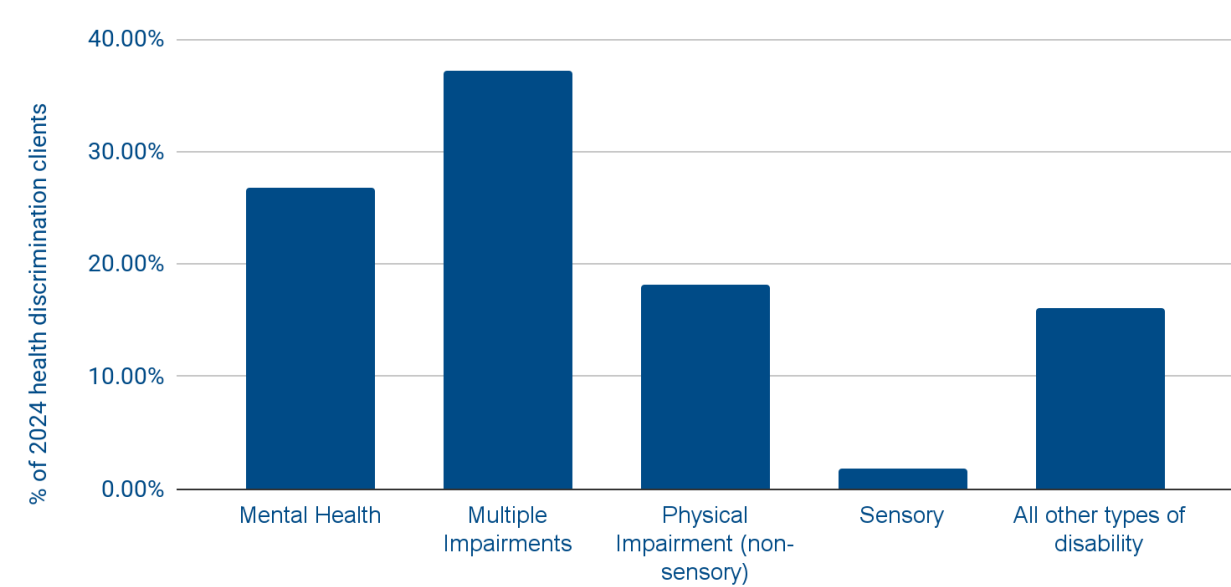
Fig. 1 Annual change in Citizens Advice discrimination advice cases²⁰



²⁰ Data is taken from our internal records of the issues that the people who come to us for help are facing.

Of the people we saw about health discrimination in 2024 who disclosed the nature of their disability, the most common response reported was multiple impairments (37%). 27% reported a mental health condition alone, whilst 18% reported a physical disability.

Fig. 2 Health-related discrimination advice cases by disability type²¹



In this context, it is important that employers are able to adapt to the specific issues faced by a given employee and ensure that they are supported, whatever their needs in the workplace. We must recognise the compounded barriers faced by people who have overlapping health issues, and the additional challenges that this can pose to businesses in knowing how to provide appropriate support.

The higher proportion of individuals with multiple impairments experiencing workplace health discrimination underscores the need for more equitable workplace policies that recognise the compounded barriers faced by people with overlapping health issues. While it is in businesses' own interests to ensure that all of their employees are able to perform to the best of their abilities - as many do recognise - it is also a legal requirement. Since 2010, the equality act has

²¹ The proportions in this chart excludes respondents who didn't disclose a disability when asked.

The Equality Act 2010

Disabilities and long-term health conditions are legally protected under the Equality Act 2010, which is designed to safeguard individuals from discrimination in the workplace and beyond. The Act defines disability broadly and requires employers to take proactive steps to ensure equality, including the duty to make reasonable adjustments for disabled employees.

What disability means by law

The Equality Act 2010 sets out when someone is considered to be disabled²². The law says someone is disabled if both of these apply:

- they have a 'physical or mental impairment'
- the impairment 'has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'
- A small number of conditions and impairments are automatically classed as a disability.

Who is protected by disability discrimination law

At work, the law protects the following people against discrimination²³:

- employees and workers
- contractors and self-employed people hired to personally do the work
- job applicants
- former employees – usually around providing references

Who is responsible for disability discrimination

Employers carry the primary legal responsibility for preventing discrimination at work. By law, they must ensure that no aspect of employment involves unfair discrimination, take proactive steps to prevent it, and do everything reasonably possible to protect staff from discriminatory behaviour by others.

²² [The law on disability discrimination](#), ACAS

²³ [The law on disability discrimination](#), ACAS

Employers also have a 'duty of care' to safeguard the wellbeing of their workforce.

Failure to meet these obligations can result in significant harm to individuals and may lead to discrimination complaints or employment tribunal claims. Additionally, employers can be held accountable for discriminatory actions carried out by their employees - this is known as 'vicarious liability'²⁴.

explicitly protected the rights of disabled people and those with long-term health conditions to expect reasonable adjustments in the workplace.

However, as our data shows, **many disabled people continue to fall through the cracks of health discrimination, despite the existence of legal protections**. Without timely, inclusive, and well-enforced policy reforms that ensure employers uphold their legal and ethical responsibilities under the Equality Act, patterns of health discrimination and exclusion will continue to persist. Addressing these issues also requires more than compliance; it demands a cultural and institutional shift towards recognising health-related diversity as a fundamental component of workplace equity.

Kirsty's story

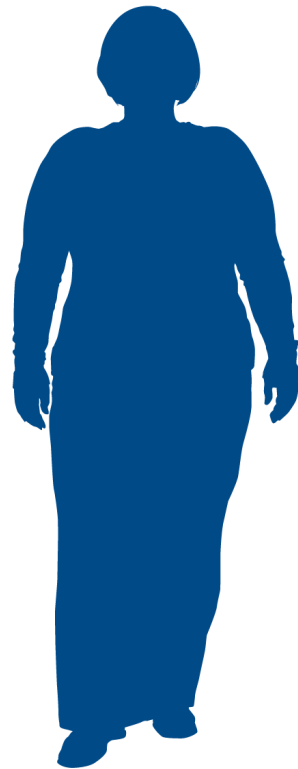
Kirsty works as a first responder - a role she was proud of and initially felt valued in. This changed during her pregnancy, when she began facing discrimination. Things worsened after she was diagnosed with a health condition and disability, and her employer failed to make reasonable adjustments.

"I let them know about the reasonable adjustments before I returned to work, I even gave them a letter from the consultant. I had asked again for some basic safety equipment and a plan. I didn't get a reply"

²⁴ ACAS (2025) Discrimination and the Equality Act 2010, available at: <https://www.acas.org.uk/discrimination-and-the-law>

Ahead of returning from 7 months of maternity leave, Kirsty contacted her employer with concerns about her fitness for duty and requested adjustments - these were ignored. Instead, she was pressed for a firm return date and warned of disciplinary action or loss of pay. Feeling unsupported, she returned with no health plan in place and no adjustments. Under pressure to prove herself physically, she was injured during a demanding drill. She was placed on strong pain medication and began experiencing dizziness and balance issues. The impact was devastating, she could no longer work, drive, or manage basic daily tasks, including safely caring for her baby.

Kirsty eventually required surgery. Just days after her operation, HR emailed her saying she was "absent without leave" and that her pay would be docked, despite submitting a fit note. Even post-surgery, managers pressured her to return to work. She again requested adjustments, including a basic safety device recommended by her consultant, but requests were denied or ignored.



"I said this is going to financially ruin me, I'm a single parent. And the manager said well at least you've got a job. Later in the conversation he went on to mock my financial situation"

Trapped between risking her health or further mistreatment, Kirsty attended a meeting hoping for support. Instead, she was told she'd be moved to a station much further away, increasing her costs. She believed management was pushing her out.

"I've been in a really really bad place. To the point of waking up in full body sweats, crying, nightmares. Just screaming for help and no-one listening. It's been awful"

She raised a grievance, but her employer dismissed it. Feeling defeated, she contacted Citizens Advice. Her adviser explained her legal rights around discrimination and reasonable adjustments. With this support, Kirsty found the confidence to act. She now has an open tribunal case for disability discrimination and bullying.

Rights mean little without power to enforce them

Too often, when workers face conditions at work that are making them sick, the support just isn't there to help them stand up for the changes they would need to see in the workplace. The government has set out plans to support protections at work through the formation of a Fair Work Agency (FWA) that will combine the resources of 3 existing oversight bodies.

What is the Fair Work Agency?

The government has promised to introduce a [Fair Work Agency](#) aimed at protecting and enforcing workers' rights. This proposed body would consolidate 3 of the existing labour market enforcement agencies, providing a single body workers can go to if they're experiencing issues in the workplace.

Many of the individuals we support with employment rights issues face multiple, overlapping problems that currently fall under the remit of several different agencies. As our recent [report](#) highlights, the existing enforcement framework is complex, difficult to navigate, and often places the burden on workers to seek justice themselves through the Employment Tribunal (ET) system. The FWA could simplify the complaint process, and represents a crucial move towards addressing the fact that only a small fraction of workers with employment issues ever receive compensation or resolution.

By streamlining enforcement, the FWA could alleviate pressure on the overstretched ET system and improve compliance throughout the labour market. This wouldn't just benefit workers - it would also promote fair competition among businesses by ensuring that those who follow the rules aren't undercut by those who don't. Additionally, improving employer compliance can enhance staff retention and productivity while reducing the financial burden on the public - since when employers fail to meet their obligations, it is often taxpayers who end up covering the costs.

It is important that this organisation is given resources equal to the task and is able to proactively monitor and enforce the rights of workers across the country. This is particularly important for the most vulnerable workers, who may be unaware of their rights or afraid to speak up for fear of repercussions. Our recent report outlines 6 key recommendations for designing the FWA to better support workers currently undermined by the existing labour market enforcement system²⁵. In short, the FWA should carry out proactive enforcement in high-risk sectors, ensure correct employment status classifications, and support compliance with core rights under the Equality Act 2010. It must also establish formal channels for frontline organisations to share intelligence and make referrals, enable access to support for those vulnerable due to immigration status, and operate with independent decision-making and levy-based funding to ensure effective, evidence-driven enforcement.

By protecting the rights of precarious and marginalised workers, the FWA can play a vital role in addressing the structural drivers of health inequalities linked to insecure, exploitative, and unsafe working conditions. People's jobs should never be the cause of negative physical and mental health, but as this chapter has highlighted, that is not the case - especially for those in low-paid and inflexible jobs. Too many workers are being denied fundamental workplace rights, such as paid leave, that impact physical and mental wellbeing, despite employers' legal obligation to uphold their duty of care. This means that the very terms and conditions of employment are risking widening health inequalities amongst those already struggling with exploitative, poorly paid work.

The government must set clear expectations and mechanisms to ensure employers create genuinely inclusive and equitable working environments and cultures. The following chapter on reasonable adjustments shows how gaps in awareness, inconsistent implementation, and entrenched workplace cultures among some employers continue to undermine disabled workers' rights - further emphasising that rights guaranteed on paper are not fully realised in practice.

²⁵ Citizens Advice (2024) *From rights to reality: Designing a Fair Work Agency that delivers for the most vulnerable workers*. Available at: <https://www.citizensadvice.org.uk/policy/publications/from-rights-to-reality-designing-a-fair-work-agency-that-delivers/>

Reasonable adjustments

As part of the Equality Act 2010, all employers have a legal duty to proactively make reasonable adjustments to ensure workers who are disabled, or have long-term physical or mental health conditions, are not substantially disadvantaged when doing their jobs. A reasonable adjustment is any change to the way someone does their job which enables them to work in the way that best suits them. The main aim of these adjustments is to remove any barriers they're facing at work so they can do their job effectively. Common adjustments include assistive technology (such as speech-to-text software), adapted ergonomic equipment, making alterations to premises (such as installing a ramp for a wheelchair user or an audio-visual fire alarm for a deaf person), and different working hours or shift patterns.

Through our frontline data and secondary evidence, this chapter will explore the wider consequences of failing to implement reasonable adjustments in the workplace. When these reasonable adjustments are not provided - or are delayed, denied, or poorly implemented - the consequences can extend far beyond the workplace. Without the necessary support, disabled people and those with long-term health conditions may find it difficult to stay in employment or progress in their careers, leading to financial insecurity, social exclusion, and worsening health outcomes. This compounds existing inequalities, as employment is a critical factor influencing health, access to resources, and overall wellbeing. The failure to meet legal obligations under the Equality Act 2010 not only reflects a breach of rights but also reinforces and deepens structural health disparities across the UK for disabled people, disproportionately affecting those already at the margins and who need the necessary support the most.

Reasonable adjustments are too often denied

Despite legal obligations, many disabled people continue to face barriers in accessing the reasonable adjustments they need to work effectively. *The Great*

*Big Workplace Adjustments Survey 2023*²⁶ by Business Disability Forum exposes deep-rooted systemic and cultural issues that undermine the effectiveness of workplace adjustments, impacting both individual wellbeing and overall inclusivity²⁷.

Even when adjustments were made, they were often insufficient. Over half (56%) of respondents still experienced disability-related barriers in the workplace, and only 18% of disabled employees felt that their adjustments had fully removed these obstacles. 37% believed their employer was genuinely committed to removing all disability-related barriers and fostering a truly inclusive environment.

Employers and managers, even when willing to make adjustments, reported frustration with fragmented systems that delayed or disrupted the delivery of support. The absence of centralised processes, limited effectiveness of disability passports, and misalignment of occupational health services all contributed to delays and burnout. Only about a quarter of employees and managers found these services helpful.

While there has been a modest 4% improvement in the speed of receiving adjustments since *The Great Big Workplace Adjustments Survey* was first conducted in 2019, progress remains slow. 1 in 8 disabled employees waited over a year for necessary support. The National Centre for Social Research²⁸ also highlights how failures to provide reasonable adjustments often stem from employers viewing such requests as unreasonable, or delaying their implementation even when agreed upon. People also described needing to repeatedly remind employers about outstanding adjustments, facing inconsistencies when management changed, and experiencing harassment while

²⁶ Business Disability Forum (2023) *The Great Big Workplace Adjustments Survey 2023*, available at: <https://businessdisabilityforum.org.uk/policy-and-research/the-great-big-workplace-adjustments-survey-2023/gbwas-what-did-people-tell-us/>

²⁷ Alarming, 78% of disabled employees had to initiate adjustment requests themselves, with 58% saying success depended more on personal confidence than structured employer support. Only 10% found the process easy, highlighting the urgent need for simplification and stronger employer-led systems.

²⁸ National Centre for Social Research (2024) *The Rise of Disability Discrimination Cases in the UK*. Available at: <https://natcen.ac.uk/blog/rise-disability-discrimination-cases-uk>

off sick. Many also reported employers failing to follow proper absence management procedures or prematurely moving towards dismissal.

The TUC's 2024 Equality Audit²⁹ further reinforces these concerns. More than half (55%) of trade union reps had supported members seeking reasonable adjustments - making it the second most common equality issue. Of 1,000 disabled workers surveyed by the TUC, the most frequent issues were not

Lizzie's story

Lizzie* has worked in an office environment for several years. After giving birth, she developed a serious medical condition that her doctors have confirmed is a lifelong issue requiring careful, ongoing management. Because of this, Lizzie considers herself disabled under the Equality Act 2010.

To help manage her condition and continue working effectively, Lizzie formally requested reasonable adjustments from her employer, specifically asking for the flexibility to work from home. Her role is easily adaptable to remote working, and an occupational health specialist even provided a letter to her line manager, recommending adjustments and greater understanding of her medical needs.

Despite this clear medical advice, Lizzie's employer has refused to accommodate her request. Instead, she has been subtly discriminated against, pressured to continue working from the office with no real flexibility offered. Lizzie feels that her employer's actions are not only unsupportive, but also in breach of her legal rights to reasonable adjustments under the Equality Act.

This lack of support has left Lizzie feeling isolated and uncertain about how to move forward. She is deeply concerned about the impact her employer's refusal could have on her health, her job security, and her future.

*All names have been changed

²⁹ TUC (2025) *Disabled workers' access to reasonable adjustments*. Available at: <https://www.tuc.org.uk/research-analysis/reports/disabled-workers-access-reasonable-adjustment>

receiving needed adjustments (34%) and disability-related leave being treated as standard sick leave (34%), which can risk people being pulled into automated disciplinary HR processes for unavoidable absences. Among those who made adjustment requests, 55% said only some or none were met. These findings, along with what we are seeing on the frontline, paint a stark picture of systemic shortfalls in the delivery of legally required workplace support. There's clearly a troubling gap between legal obligations and the lived realities of disabled workers.

Tom's story

Tom* has worked for his employer for a long time. For the past few years, he has worked under agreed reasonable adjustments to support his health needs at work - including receiving help with lifting heavy items to prevent injury and strain. Recently, however, Tom's situation has changed. After a slight change to his job role and the appointment of a new temporary manager, he was told that he could no longer have the support he previously received.

Without his previously agreed adjustments, Tom is now struggling to carry out his duties safely. The tasks he is being asked to do are putting his health at serious risk and could also pose wider health and safety issues at work. The sudden removal of the adjustments that allowed Tom to work safely has left him anxious and fearful for his health, his job, and his future. After decades of loyal service, Tom now feels abandoned - and believes he may be experiencing disability discrimination.

*All names have been changed

Workplace adjustments are not merely a procedural task but a deeply personal and emotional experience, intricately tied to disabled people's identity, health, and full life - not just their job. As the above case-studies illustrate, the experience of workplace adjustments is fundamental to how included or excluded employees feel at work. Success in this area requires not just better systems but a cultural shift that understands disability as a continuous,

whole-life experience. An empathetic approach, where adjustments are viewed as part of a broader commitment to fully including disabled people in the workforce, is essential for meaningful progress.

Sheree's story

Sheree* is based in the Leeds area. She was aware that her long-term mental health condition qualified as a disability under the Equality Act, but she felt deeply stigmatised and vulnerable about disclosing it to her employer. Working in an environment where open communication about personal challenges felt limited, Sheree was hesitant to request the support she knew she needed. Concerned about potential judgment and the impact on her job security, she initially tried to manage her difficulties without involving her employer.

Seeking guidance, Sheree contacted Citizens Advice, where she learned about her right to reasonable adjustments under the Equality Act. Although she now understood her legal protections, she remained uneasy about initiating the conversation at work. To help bridge that gap, a formal adjustment request was prepared and submitted on her behalf.

The request outlined her condition, referenced the legal framework, and detailed the adjustments she needed to work effectively without disadvantage. This prompted a constructive conversation with her employer and, after a period of review and discussion, appropriate changes to her working conditions were agreed upon.

With the adjustments in place, Sheree felt more supported and at ease in her role, which made a huge difference to her mental health. Her experience shows how formal processes, as well as professional advice, can reduce barriers and ensure employees with disabilities receive the support they are entitled to.

*All names have been changed

Government help doesn't hit the mark

The government currently provides support for disabled workers through the Access to Work scheme, which exists to ensure disabled people and those with long-term health conditions get the help they need to thrive in the workplace. But the reality is that this scheme often falls short of its promise.

As it currently exists, people needing this support to help them navigate the workplace experience serious flaws in its delivery - from confusing application processes and delays to inconsistent decisions and payment issues. All of which continue to undermine its impact.

What is Access to Work?

[Access to Work](#) is a government scheme intended to support disabled people and people with health conditions in employment. Access to Work can advise employers if changes should be made as reasonable adjustments. The type of support people receive will be tailored to their individual needs. Through Access to Work, disabled people and those with long-term health conditions can apply for support such as:

- a grant to help cover the cost of practical support in your workplace
- assistance with managing your mental health at work
- funding for communication support during job interviews
- specialist equipment and assistive software
- support workers, like a sign language interpreter, a job coach or a travel buddy
- costs of travelling to work, if you cannot use public transport
- adaptations to your vehicle so you can get to work
- physical changes to your workplace

Anna's story

Anna* is disabled and needs taxis to get to work. She applied for the Access to Work scheme to help her pay for this, but it took several months for her to receive support. The first time she applied, the DWP lost her paperwork. This meant she had to submit her forms a second time, but despite using next day delivery post, she still had to wait a further 5 weeks to receive the support she was entitled to. As a result, Anna built up over £1,600 in debt to the taxi company who were driving her to and from work. This put her under huge strain - the taxi company was considering refusing to drive her anymore, meaning she was at risk of losing her job. During that time her boiler also broke, but she was unable to replace it because she had used up all her savings on taxis.

*All names have been changed

It is disappointing that the Access to Work reforms discussed in the Pathways to Work green paper fail to demonstrate a commitment to addressing these challenges. As noted in the *Action for Healthier Work Lives*³⁰ report, real change requires coordinated action between government and employers to dismantle structural barriers for people with health problems, with the government playing a critical role in modelling best practice, supporting adjustment costs, and ensuring access to timely, equitable support.

The current Access to Work scheme suffers from low uptake (only 1% of disabled workers currently claim from the scheme³¹) and long delays in people getting the support they need (62,000 applications for support through the scheme are currently outstanding³²). Reform to the scheme is therefore welcome, but the current approach set out by the government in the Pathways to Work green

³⁰ Commission for healthier working lives (2025) *Action for healthier working lives*, p. 6. Available at: <https://www.health.org.uk/reports-and-analysis/reports/action-for-healthier-working-lives>

³¹ DWP (2025) *Pathways to Work: Reforming Benefits and Support to Get Britain Working*, p. 64. Available at: <https://www.gov.uk/government/consultations/pathways-to-work-reforming-benefits-and-support-to-get-britain-working-green-paper>

³² Ibid. p. 64

paper suggests placing more of the burden on employers to make workplaces accessible. Whilst more action by employers would be beneficial, it is important that people are still given support that is tailored to their individual needs. Support for employers should not come at the expense of disabled people getting grants for the workplace adjustments they need.

The government's commissioning of the independent Keep Britain Working review³³ signals a clear commitment to better understanding the role employers play in supporting disabled people in the workplace. However, this positive step was accompanied by the potentially damaging proposals of the Pathways to Work green paper. Any weakening of the support systems like Access to Work and PIP that are essential for making employment viable for people with disabilities and health conditions, would risk undoing any potential benefits long before they have had a chance to take root. It is good that the government has taken a step back from these reforms, but any future review must take seriously the support needed by disabled people to help them find and stay in work.

Employers will have a role to play in making workplaces more accessible to disabled people and people with long-term health conditions. But people's needs are often complex, and any move away from support tailored around individuals' needs risks some people struggling to access the adaptations they need through one-size-fits-all support. And without stronger regulation, enforcement mechanisms, and employer accountability, disabled people will continue to face discrimination and inequality related to their health. Ensuring meaningful change means going beyond policy announcements and tackling the persistent failures to uphold disabled workers' rights - especially around reasonable adjustments, fair treatment, and access to redress when those rights are denied.

³³ DWP, DBT (2025) *Keep Britain Working: Terms of Reference*. Available at: <https://www.gov.uk/government/publications/keep-britain-working-terms-of-reference>

Poverty and barriers to work

The previous chapters of this report have shown that both poor job quality and discrimination within the workplace are key and interconnected drivers of health inequality. In this chapter, the wider relationship between poverty, work and health will be examined. Where work is unavailable, or the income it provides is inadequate, people will find themselves trapped in poverty, with all the negative health implications this can entail. In many cases, these problems are best addressed through the benefit system, which we examine further in chapter 6. But there are a significant number of people for whom the interactions between poverty and health represent a barrier to realising the positive health benefits of good work. We will show how this can leave them trapped out of work, or in jobs that are making them ill.

This chapter will further show how the barriers to finding, and benefiting from, good work fall unevenly across society. The issues of health, work and poverty do not exist in isolation. Instead, they compound one another - leaving those at the intersection of insecure work and disability particularly exposed to harm. Those who face poverty, either in or out of work, often have fewer resources and less flexibility to manage the additional challenges posed by disability and poor working conditions. Understanding how these factors interact is critical to addressing the root causes of health inequality in the labour market and ensuring fairer, healthier working lives for all.

Workplace barriers disproportionately impact people on low incomes

Structural barriers to work are a key driver of significant financial disadvantage. Many of our employment advice clients are particularly vulnerable to unfair treatment, frequently working in low-wage, insecure roles without union

protection - working conditions that heighten their risk of exploitation³⁴. Of the people we support with all³⁵ workplace discrimination issues who revealed their monthly income, 88% earn less than £2,000 a month³⁶, whilst 15% make less than £400 a month. This financial precarity is not separate from, but deeply intertwined with, health inequality. The people we help with health challenges and disabilities are often in precarious, low-paying jobs or are excluded from employment³⁷, further exacerbating their risk of poor health.

These trends have broader implications for health inequalities. When those already at greater risk of poor health are further exposed to instability, exclusion, and financial hardship, existing health disparities are not only reinforced - they are intensified.

Fatima's story

Fatima* came to the UK to work in a health-related profession and is here on a visa with No Recourse to Public Funds (NRPF). A few months ago, she was diagnosed with terminal cancer. Despite her serious illness, her employer has refused to pay her SSP, giving a different excuse each time she asked, none of which were valid.

With no sick pay and no access to public funds, Fatima was forced to return to work despite being unwell and having a valid sick note. Her only alternative

³⁴ Citizens Advice (2024) From rights to reality: Designing a Fair Work Agency that delivers for the most vulnerable workers. Available at: <https://www.citizensadvice.org.uk/policy/publications/from-rights-to-reality-designing-a-fair-work-agency-that-delivers/>

³⁵ Client income data are not available for health-related discrimination alone. However, as this makes up almost 50% of the total discrimination caseload, these figures still highlight the relatively low income of clients we see about these issues.

³⁶ This is roughly equivalent to full time hours at the National Living Wage, which at the UK living wage level for a worker over 25 working 37.5 hours per week is £1,984 per calendar month.

³⁷ This can be seen through the evidence forms completed by advisers. These are short, anonymised summaries of cases that advisers at local Citizens Advice offices are seeing. From these evidence forms, we're able to gather detailed information about clients' circumstances.

was destitution. Her employer refused to make any adjustments for her health, insisting she either work 12-hour shifts or have no work at all.

Fatima is terrified of losing her visa and her ability to stay in the UK with her daughter. This fear means she feels unable to challenge her employer's unlawful actions. Meanwhile, the financial strain has left her trapped in mounting debt. She feels a deep personal responsibility to pay back money she owes to friends, whilst also facing priority debts like council tax and utilities, leaving her at constant risk of enforcement action and disconnection.

The demands of working long shifts while terminally ill, combined with an employer's refusal to provide the reasonable adjustments she needs, the burden of debt, and the constant fear of losing her home and future, have left Fatima physically and emotionally exhausted.

*All names have been changed

Fatima's case illustrates how workplace health discrimination, specifically the denial of reasonable adjustments, can intertwine with other exploitative employment practices. Her employer's failure to provide adjustments for her terminal cancer forces her to work excessively long hours despite a valid sick note, directly overlapping with the failure to offer SSP. This leaves Fatima with no financial safety net, compelling her to prioritise work over her critical health needs.

Health-related employment discrimination does not simply reflect inequality - it actively produces and entrenches it. Addressing this issue is critical not only for creating fairer workplaces but also for tackling the deeper structural drivers of health inequality across the UK. These experiences reveal a gap between procedural compliance and meaningful inclusion, emphasising the need for more proactive, compassionate, and effective approaches to workplace accessibility.

Poverty is a barrier to good work

Being trapped in poverty can prevent people from finding the kind of good, sustainable work that supports, rather than harms, health. The reality of living in a negative budget, where your income is not enough to cover essential spending³⁸, means having to make impossible decisions on the basis of immediate need, rather than what might be best for the long term health. Compounding this negative relationship between poverty work and health is the impact of a disability or long-term health condition on the costs that people face. The reality of these higher costs are the reason why disability benefits are provided to people both in and out of work. But a complex application process and rigorous assessment criteria mean that people don't always get the support they need. Whilst the government has for now backed down from their proposed changes that would have cut away the support disabled people rely on, it is important these impacts are kept front and centre in future reviews of disability benefit provision (for further discussion of these issues, see chapter 6).

These interrelationships provide the potential for a negative spiral, where people trapped in poverty experience negative health outcomes that only make it harder for them to improve their financial situation. Or people who are already facing barriers to entering the workforce because of ill health falling deeper into poverty that worsens both their health and their ability to work.

Of the people that we helped who said that they faced either barriers to work, or needed advice on access to jobs, over half were disabled or had a long-term health condition. This is roughly in line with what we see overall as a service, but is 5% higher than the number of working age clients who identify as being disabled or having a long term health condition.³⁹ Of this group, the most common other issue that they needed help with was access to a food bank, with

³⁸ More about the impact of negative budgets can be found here: Citizens Advice (2024) *The National Red Index: how to turn the tide on falling living standards* <https://www.citizensadvice.org.uk/policy/publications/the-national-red-index-how-to-turn-the-tide-on-falling-living-standards/>

³⁹ The reason for the estimation is a significant number of cases where age is not recorded, but disability status is. The groups without a recorded age were assigned across the different age brackets in line with the proportions of clients who are recorded as being in each group.

over a third of the people who came to us for support to find work also needing immediate support with essentials. The experience of the people we support highlights the fact that one of the greatest barriers to finding work is poverty. Managing a negative budget places a huge time burden on individuals and families, creates stress and makes decisions about everyday things such as food, energy and transport incredibly fraught and difficult.

The time to look for and apply to vacancies, the costs of attending interviews like travel or clothing, and access to the digital services that are now all but essential, are much more difficult when every penny matters. There are also many forms of work, like construction, child-minding, or jobs involving driving, that impose upfront costs for things like certification, insurance or equipment before someone can start work. Anyone on a low income and with no alternative safety net may be effectively locked out of these industries even if they are otherwise ready to work.

Marcus's story

Marcus* is single and lives in private rented accommodation. He has a collapsed spine which causes him significant pain, and he also suffers from depression which means he finds it difficult to interact with others. He isn't in work, and although he claims Universal Credit he told us that his work coach hadn't asked him for any further information about his health conditions, even though he had disclosed them. As such, he had not been able to claim any extra support and was still expected to look for work.

He found a job that he would have been well-suited for and arranged an interview, but had no money to cover the transport costs, because his already meagre standard allowance was subject to deductions to cover a previous advance and hardship loan. Lacking the money to cover travel to the job interview, he sought support from his work coach who was unable to arrange anything in time. Unable to attend the interview, he lost the position and his depression has worsened as a result.

*All names have been changed

Stories like these, and the experience of Tyler in Chapter 1, show how low incomes and poverty can leave people trapped out of work, or in jobs that are making them ill. And as we will show in the following chapter, geographical inequalities further compound these issues, with people living in the most deprived areas being over-represented in poorly paid, insecure jobs⁴⁰ - exacerbating the negative health outcomes associated with precarious employment.

Maisie's story

Maisie* is in her twenties and suffers from anxiety and depression. Universal Credit is her only source of income, and she has sizeable debts that she is struggling to pay off. Her situation is made more difficult because of her age, which means she is only eligible for a reduced rate of support. She faces a substantial negative budget and is reliant on foodbanks and the support of friends to get by.

She wants to look for work to improve her financial situation, but it is made substantially harder without access to a proper computer for completing and submitting applications. Her only access to the internet is through her mobile phone, and she has no money to buy a laptop or pay for a broadband connection. Without targeted additional support, Maisie will find herself at a significant disadvantage when it comes to finding and applying for work.

*All names have been changed

This relationship between ill-health, poverty and work represents a complex problem, one that will require coordinated action across different policy areas to resolve. Part of this will involve increasing the support provided through things like sick pay and the benefit system, which forms the focus of the second half of this report. But it also requires more work to support people who are looking for jobs, particularly for those with disabilities or long-term health conditions. It is

⁴⁰ Learning & Work Institute (2025) *An exploration of local variations in health and job outcomes across the UK*. Available at: <https://learningandwork.org.uk/resources/research-and-reports/an-exploration-of-local-variations-in-health-and-job-outcomes-across-the-uk/>

reassuring that the government has prioritised some of these issues through the Get Britain Working white paper, but it is important that these priorities are reflected across the policy landscape, and that the government act in joined up ways to ensure that barriers to work are reduced.

Local context matters for health inequalities: a case study

As part of our research into the links between employment and health inequalities, we carried out a local deep dive study in Chapeltown, an area in Leeds experiencing multiple deprivation. The aim was to explore how place-based disadvantage affects people's access to good work, and how barriers in the workplace - such as lack of reasonable adjustments - can lead to poor health outcomes.

Health inequalities in Leeds



Leeds is a diverse city in West Yorkshire, with a population that experiences significant pockets of poverty and deepening health inequalities.



Around **24%** of residents live in areas that are in the bottom **10%** of areas across England when ranked by Index of Multiple Deprivation score.⁴¹



For people in the most deprived areas of the city, life expectancy is almost **10 years less** than for people in the least deprived areas.⁴²



People in deprived areas of Leeds in 2024 face significantly higher rates of illness, relative to the city as a whole, including:

- **43%** higher rate of diabetes

⁴¹ Institute of Health Equity (2023) Fairer, Healthier Leeds

⁴² *ibid.*

- **20%** higher rate of strokes
- **23%** higher rate of heart disease
- **51%** higher rate of severe mental illness⁴³

Chapeltown

Chapeltown is an area to the North East of central Leeds that reflects the wider inequalities of the city. It forms part of a primary care network with the more affluent area of Chapel Allerton, across which 56% of residents live areas that are within the most deprived fifth of all areas in the country⁴⁴, whilst 30% live in the 2 least deprived fifths. It also has a diverse population, with 45% of all residents in the wider Chapel Allerton ward being from racially minoritised groups.⁴⁵

Chapeltown Citizens Advice, which provides a specialist employment advice service, was a key partner in this work. Drawing on insights from the experiences of their specialist employment adviser, we identified consistent employment issues faced by people with long-term health conditions trying to remain in or return to work⁴⁶.

Geography plays a crucial role: where someone lives can affect both their health and their employment opportunities. In areas facing multiple deprivation like Chapeltown, these problems are compounded by limited local job opportunities and financial insecurity. People often feel unable to push for adjustments or challenge employer decisions when they're already in low-paid work, fearing job loss or being labelled as 'difficult'. For people already facing poor health and financial instability, this can leave them trapped in unsuitable work, or forced out of employment altogether.

⁴³ All values taken from Leeds Public Intelligence ODA (2025) Leeds Office of Data Analytics, available here:
<https://app.powerbi.com/view?r=eyJrljoiMWZlYTc3MjltOTk5MC00MDVjLTlhZmYtNDJjMDA5YzYwZDQwliwidCI6IjE2ODY0ZmFILTl4NmUtNDcwNy1hNzhiLWQ3MTg4ZDYxNDIhNyJ9>

⁴⁴ *ibid.*

⁴⁵ ONS census data (taken from <https://www.ons.gov.uk/visualisations/customprofiles/>)

⁴⁶ Full findings from the Chapeltown research will be published separately.

Although reasonable adjustments are intended to help people with health conditions or disabilities stay in work by removing barriers that put them at a disadvantage, in practice, the specialist employment adviser reports that failure to secure reasonable adjustments is one of the biggest issues facing clients at Chapeltown Citizens Advice. Delays, refusals, and poor implementation are widespread. Contributing factors include:

- Employers not understanding their legal duties or the purpose of adjustments.
- Stigma and fear of discrimination, which stop people disclosing health conditions to employers fully.
- Delays or refusals even after a request is made.
- Lack of clear internal policies or procedures within organisations/workplaces, making it difficult for people to know how to assert their rights.
- Cultural attitudes that view requests for adjustments as burdensome or disruptive, or more general lack of good and open work cultures.

Many clients were unsure of their rights or how to ask for support when they came for employment advice at Chapeltown Citizens Advice, especially when employers have no clear process in place. Too often, whether someone gets the adjustments they need depends on individual managers rather than consistent policy or accountability.

There are, however, clear examples of the difference reasonable adjustments can make. As seen in Sheree's story in the reasonable adjustment chapter, access to specialist employment advice can be the key to getting the right support at work - leading to meaningful improvements in both employment experience and overall wellbeing.

The failure to implement reasonable adjustments is not just a workplace issue - it is a driver of negative health outcomes. When individuals with health conditions are unsupported at work, their health is more likely to decline, they

are more likely to lose employment, and they risk facing greater long-term exclusion from the labour market. The effects are especially severe in disadvantaged areas, where alternative employment options and support systems may be limited.

As the specialist employment service at Chapeltown Citizens Advice shows, creating equitable workplaces for disabled people is not just about knowing the law - it's about ensuring people can access, assert, and benefit from their rights in practice. In areas marked by poverty, limited job opportunities, and poorer health, the stakes are even higher.

As the specialist employment adviser puts it, "most of our lives are spent at work" - so it's crucial to consider what makes a working environment genuinely healthy. From their perspective, the key is creating a space where workers feel respected, supported, and empowered to perform at their best, regardless of their background or health conditions. Below are some of the ways the specialist employment adviser believes workplaces need to be structured to ensure a healthy working environment for people in places like Chapeltown:

Fostering an inclusive culture that:

- Respects different backgrounds and perspectives
- Appreciates workers individual identities
- Provides support for workers with health conditions



Training managers on diversity, inclusion, and supporting workers with different needs



Developing transparent communication policies that allow workers to raise concerns without fear of retaliation

Implementing robust reasonable adjustment policies that:

- Are accessible to all workers
- Are regularly reviewed and updated
- Provide clear processes for requesting accommodations

Ensuring physical workplace conditions are comfortable, including:

- Proper lighting, ventilation, and temperature
- Ergonomic workstations
- Display screen equipment assessments

Providing proactive health and welfare support, like:

- Regular check-ins during sick leave
- Access to counselling services
- Occupational health referrals

The experience of Chapeltown shows that change is needed at both local and national levels. Employers must be held accountable for meeting their legal obligations, with clearer employment guidance and processes are needed to make adjustments routine, not exceptional. People need better access to local specialist employment advice and support, which is tailored to reflect the realities of health and disadvantage in local areas. And it is important that unions need to be represented in all jobs/sectors to ensure that everyone has access to protection of their rights at work.

To change this, action is needed on multiple fronts. Employers must take equal responsibility alongside the state to create inclusive and supportive workplaces, where adjustments are seen as standard practice, not special treatment. That means better enforcement of legal obligations, clear and consistent processes within organisations, and a cultural shift away from viewing disabled workers as a problem to be managed.

At the same time, frontline services like Chapeltown Citizens Advice must be properly resourced to provide specialist, locally-informed support. Our research shows that local employment advisers can be the difference between someone staying in work with the right support or falling out of employment altogether.

Better work could help reduce health inequalities in somewhere like Chapeltown. But for it to do so, both the immediate barriers within workplaces

and the wider structural barriers people face must be tackled - because equitable employment isn't possible without both strong social security and accountable, informed employers.

Sick pay

The most tangible impact of ill health on someone's economic position is when they become too ill to work. In these situations, employees in the UK are forced to rely on a highly variable patchwork of support, which can entrench the unequal health outcomes that people experience at either end of the income scale. It is often those workers already on the lowest incomes, and with the fewest other safety nets available to them, who lose out. The variation in who gets what when they are ill and what this means for their health is a significant factor in understanding health inequalities. This chapter looks at the current regime of sick pay in the UK, and how the low level of support provided to some of the poorest and most vulnerable workers is a key driver of the growing gap in health outcomes.

People with work-limiting health conditions face a higher risk of leaving the work force. Analysis of the Labour Force Survey suggests that, between 2014 and 2024, an average of 300,000 people a year left the workforce and reported a work-limiting health condition in the same period.⁴⁷ The loss of income from work can be significantly detrimental to health. For people already struggling, it can tip them into a negative budget or drive them into problem debt. We know this harms mental health. A fall in income can also make it harder to maintain a healthy lifestyle, putting barriers in the way of a healthy diet, exercise, social activity or simply meeting ongoing health-related costs like medicines or transport.

When people become too ill to work, they may transition through various different forms of support depending on their circumstances. For many, the first step on this journey will be sick pay. This is meant to help people make ends meet when they are too ill to work and give them the time, and financial support, they need to recover. But not all workers are entitled to the support they need, meaning that a period of ill health can have damaging economic consequences.

⁴⁷ Gazzillo et. al (2024) *Labour market flows and health*. The Health Foundation. Available at: https://www.health.org.uk/sites/default/files/2024-10/Annex%201%20Labour%20market%20flows%20and%20health_0.pdf

Sick pay - who gets what?

Occupational / contractual sick pay

Offered as part of the contractual terms of employment, many workers will have pre-agreed arrangements for how much they get paid when ill, and how long those payments will last. The terms can vary, but many workers, particularly those in professional, white collar sectors, will be able to take time out of work for short periods of illness without any loss of pay. For longer term illnesses, agreements can vary with regards to the rate of pay, and for how long, the employee will be covered.

Statutory sick pay

Statutory sick pay is the minimum level of sick pay that all employers are required to pay their contracted employees if they are too ill to work. The basic level of statutory sick pay is paid at £118.17 a week, for up to 28 weeks. Whilst the rate is set by the government, it is paid by the employer. Since 2014, there is no longer any mechanism by which employers can recoup these costs from the government. Currently, employees can only claim sick pay from the fourth consecutive day of absence onwards, and it is unavailable to anyone earning less than the lower earnings limit of £123 a week (typically part time workers). Changes currently going through parliament will remove both the 3 day wait and the lower earnings limit, but the basic rate of pay will remain unchanged.

Access to adequate sick pay is unequally distributed across the labour market, meaning that all too often it is the workers who are already facing the greatest disadvantage who receive the least support when they fall ill.

To minimise the economic impact of periods of ill health, it is important that people have both the support they need to step away from work, and the assurance that work will still be there for them once they are better. The proposed changes (see box above) will mean that fewer people are cut out from support altogether. But the reforms have still not addressed the fact that SSP is

set at an inadequate level and that for too many people, falling into ill health means falling into a negative budget as well.

An unequal system of support

There is significant variation in the resources and capacity that people have to support them when they fall sick. This is partly a consequence of a country where wealth inequality is growing, and where half of working age people who say they have poor health have no savings at all⁴⁸. This is amplified by an unequal distribution to leave entitlements, with better paid workers more likely to be afforded support in excess of statutory minimums.

Despite the lack of publicly available statistics about who claims SSP and for what, our service can provide an insight into the impact of these different levels of support. We see thousands of people every year about SSP, and we can tell from our data that this group is more likely to experience detriment and to live in areas of deprivation.

Looking at the data for this group in comparison with those we see about the (typically more generous) contractual sick pay (CSP) reveals that last year we saw 11,724 people about issues relating to SSP, whilst we saw 3,367 people about issues relating to CSP. The majority of these latter cases covered both contractual and statutory pay, with only 971 people coming in to talk about CSP alone.

The fact that 92% of our caseload relating to sick pay focuses on the statutory component suggests that even though a substantial majority of workers have access to sick pay in excess of statutory minimums, it is the lower rate that is unsurprisingly leading to the greatest detriment.

We can also see that, of the group who come to see us about SSP, they are broadly similar in characteristics to the group who come to see us about CSP, but are more likely to live in social housing (26% vs 24%) and more likely to be a single parent (18% vs 16%).

⁴⁸Health Foundation (2023) *The impact of health on savings and income*. Available at: <https://www.health.org.uk/evidence-hub/money-and-resources/debt/the-impact-of-health-on-savings-and-income>

We can also see that the clients we see about SSP are more likely to be in need of support from a food bank, or other forms of charitable support, when they come to see us. Based on our data for 2023 & 2024, 21% of those who came to see us about SSP were in need of this additional support, including 12% who were in need of a foodbank.

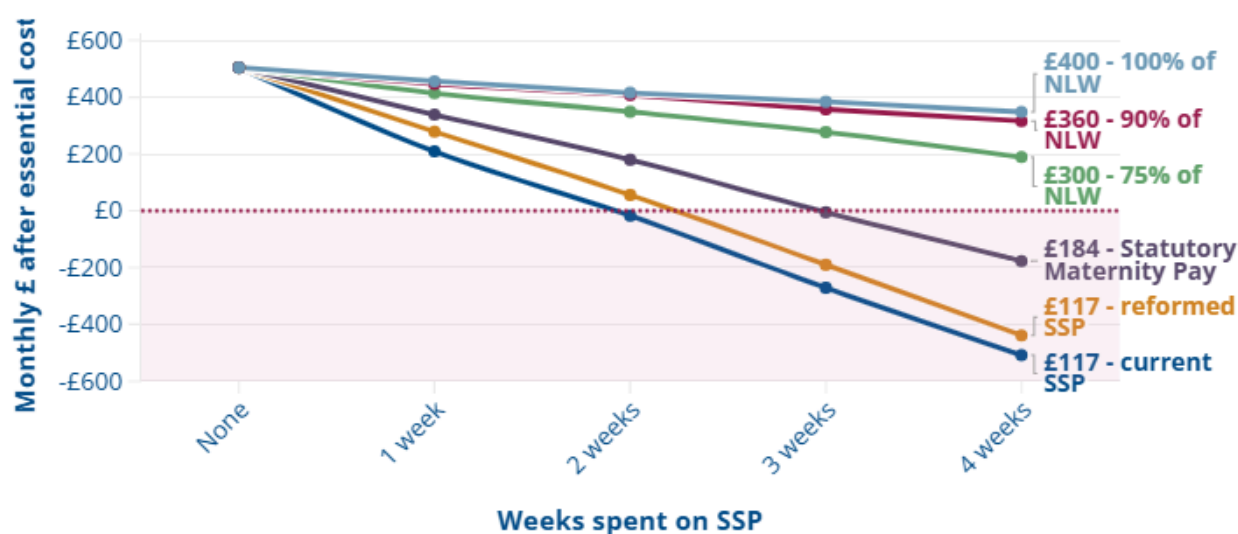
For the same period, not only did significantly fewer people come to talk to us about issues with their CSP, but a smaller proportion of them also needed help with additional charitable support (17%) or food banks (8%).

Our analysis⁴⁹ shows that for too many people, relying on SSP for any length of time would soon push them into a negative budget, leaving them unable to pay for day-to-day essentials. For workers in the bottom 3 deciles of the national income distribution, 4 weeks of relying on SSP would push almost 80% of them into a negative budget, where they could no longer afford to cover all their essential spending. These shortfalls of income either force people back to work too soon, or force them to make difficult choices about essential spending during periods of ill-health.

The graph below shows the impact that increasing the basic rate of SSP could have on protecting people from falling into a negative budget when they become ill. The changes to remove the lower earnings limit and the 3 day wait are modeled as reformed SSP (the yellow line), and show that the impact on stopping people falling into negative budgets from these changes are limited. The other lines model the impact of higher rates of sick pay, which show that these would significantly reduce the risk of claimants falling into a negative budget.

⁴⁹<https://www.citizensadvice.org.uk/policy/publications/in-sickness-and-in-health-why-statutory-sick-pay-needs-further-reform/>

Fig. 3 Modelled impact of different rates of SSP



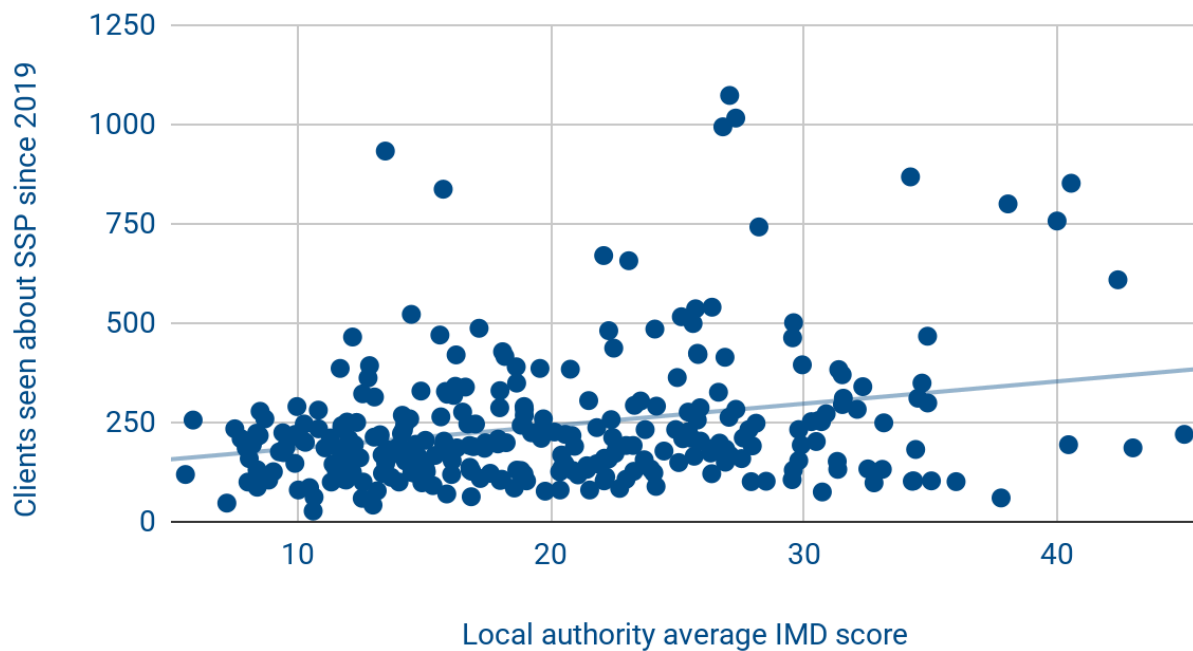
The graph below shows the number of people we have seen in each local authority in England in relation to SSP since 2019. These are plotted against the average Index of Multiple Deprivation (IMD) ranks of every area within each local authority. IMDs are compiled through 7 different statistical indicators for different dimensions of poverty⁵⁰, and are used to rank small areas of the country (each roughly between 1,000 and 3,000 people) in order of deprivation. For every⁵¹ local authority, an average of the IMD score of every LSAO within it gives an indication of the prevalence of deprivation within that area. Using this data, we can illustrate that the more deprivation in an area, the more people we are likely to see about SSP⁵².

⁵⁰ The categories are Income, Employment, Health Deprivation and Disability, Education, Skills and Training, Crime, Barriers to Housing and Services, and Living Environment

⁵¹ With the exception of 6 local authorities that were created after 2019, and as such do not have an associated IMD score

⁵² Using data of the number of clients we have seen since 2019 about SSP per local authority area and the average IMD score of that area, we calculated a Pearson's correlation coefficient (r) to determine the size of the relationship. This gave a result of 0.27, highlighting that there is a clear relationship between the 2 variables. This relationship, however, is more pronounced than between IMD and all employment clients, which gave an r of 0.12

Fig. 4 Citizens Advice SSP cases since 2019 against local IMD score



This shows us that for people living in deprived areas of the country, the low level of support provided by SSP is more likely to be an issue that causes them to seek our help. In other words, for people already facing disadvantage, the support they need when they fall ill is less likely to be there. The moments when people need support to manage injury or ill health that keep them out of work can be crucial in shaping long term health outcomes, and as such the unevenness of support should be understood as a factor that is driving wider inequalities.

Unequal access to support leads to unequal health outcomes

The variation in the kinds of support people get when they fall in is closely structured by socio-economic class and type of employment, explaining the geographical variation explored in the previous chapter. Workers in high paid or 'white collar' jobs, as well as many in the public sector, will have substantial support from their employer in the event of serious illness that stops them from working. This can be crucial in giving them the space, time and support they

need to get better, so they can return to work fit and healthy. Other people may have savings, or the income of a partner or wider family to cover costs during periods of reduced income. But for those without any kind of safety net, the low rate of SSP can force people to make difficult choices between work and health.

Pawel's story

Pawel* came to us because he was struggling to pay his rent and bills due to a period of ill health that meant he wasn't able to work. He had a deep vein thrombosis in his leg, and following the advice of his doctors he had been signed off from work for 2 months. His income was restricted to the rate of SSP and, despite his partner still being able to work, they were struggling to cover rent, bills and food. After a period of needing to rely on foodbanks for support, he decided to return to work. He told us that this was for financial reasons, rather than because his health had improved, despite the risks of continuing to work with the condition.

*All names have been changed

Kyle's story

Kyle* has been signed off work for 2 months by a GP for severe back pain, and has been told it will be at least another month before he is able to return to work. Throughout this time, his employer has been refusing to pay him SSP, despite it being stipulated in his contract that he is entitled to it. In the absence of this support, he has been running down his savings trying to keep up with rent and living expenses. He has contacted HMRC to begin a dispute with his employer, but has been told it could be months before there is a resolution. In the meantime, he is rapidly running out of money and faces the risk of rising debt or even possible eviction because of the lack of support from his employer.

*All names have been changed

For too many workers like Kyle, accessing even the meagre support provided by SSP can be a struggle. We see too many people whose employers deny them

their statutory rights, either refusing them sick pay or even dismissing them rather than support them through ill health.

When employers fail to uphold their responsibilities, the responsibility falls on employees to report non-compliance, a process that can be time-consuming and expose workers to potential reprisal and recrimination. More needs to be done to monitor employers and help workers enforce their rights, and it's important that the new Fair Work Agency stands up for the rights of workers to take time off for health reasons and actively enforces compliance with labour law (see p. .

The stress of a fall in income or of living in a negative budget can force people to make choices that are detrimental to their health. Whether that's returning to work too soon, or cutting back spending on things beneficial to health, a difference in the level of support when ill can have long-term impacts on health. This is bad enough when dealing with a temporary illness or injury. But when a health problem has a longer term impact on someone's ability to work, these differences in support can have even starker consequences.

The benefits system

When someone has become too ill to work, and can't access or survive on sick pay, the benefit system should be there to provide a safety net. When health affects the ability to work, incapacity benefits are available to support their income. For people with disabilities or health conditions that impose extra costs on their day to day participation in society, disability benefits provide support to bridge that gap. That, at least, is the intention, but successive governments have placed barriers in the way of claimants which can mean a stressful process of delay, denial and appeal before people get the support they are entitled to.

The UK's system of incapacity benefits has undergone substantial change in recent years, and is in line for further reorganisation⁵³ by the current government. Legislation to restrict Personal Independence Payment (PIP) has now been withdrawn, but similar reforms may be reintroduced following a review. At the time of writing, a significant cut to the Universal Credit health element is likely to be introduced, with further cuts being consulted on. If fully implemented, the government's changes to health-related benefits will be significant, and will weaken the principle of providing people with additional financial support if they find themselves unable to work due to a health condition⁵⁴. This chapter will look at how the current system of incapacity and disability benefits sustain uneven health outcomes, and how the proposed reforms could make this situation worse.

The current system of health-related benefits

The benefit system is complicated and bureaucratic, nowhere more so than in assessing people's eligibility for benefits related to health and disability. These provide support for people who are too ill to work (incapacity benefits), or to

⁵³ Currently set out in the Pathways to Work green paper

⁵⁴ Citizens Advice (2025) Pathways to poverty: How planned cuts to disability benefits will impact the people we support

help disabled people meet the higher costs that they face in everyday life (disability benefits).

Incapacity benefits

The main incapacity benefit for new claimants is the health element of Universal Credit, which represents an additional element provided to anyone who adjudged to be too ill to work or look for employment. As part of Universal Credit, it is only available to people who meet the wider eligibility requirements. As such, it is not available to people who have more than £16,000 in savings, or who live with a partner who earns above the income threshold.

For people who have met the threshold of recent National Insurance contributions, a contribution based incapacity benefit called 'new style' Employment Support Allowance (ESA) is available.

Disability benefits

The main disability benefit is Personal Independence Payments. This is awarded at different levels, depending on the type and severity of assessed disability, and with additional support for people who need particular help with transport costs. It is not conditional on employment, meaning that it is available to people both in and out of work.

Assessment

As things stand, there are separate assessments for incapacity and disability benefits. Eligibility for incapacity benefits is assessed through the Work Capability Assessment, whereas disability benefits are assessed through the PIP assessment. Both are points based, and assess the ability of individuals to perform various daily tasks and focus on the claimants capacity, rather than the nature of their disability or health condition.

Removing crucial support for disabled people

One of the central reforms - not affected by the government's concessions on the initial PIP legislation - is to remove entirely the Work Capability Assessment (WCA), which has acted as the gateway to incapacity benefits. Eligibility for both incapacity and disability benefits will likely be based on the existing PIP assessment. Whilst this presents a potential opportunity to reduce the administrative burden of the benefit system and remove the substantial duplication across the 2 assessments, it will do little to address the issues that will remain with the PIP assessment itself⁵⁵. Furthermore, if it is implemented alongside substantial tightening of eligibility requirements (for both PIP and Universal Credit) that will essentially cut off significant numbers of people from the incapacity benefit system entirely. Whereas previously the PIP daily living element would be awarded to anyone who scored 8 across the various assessment categories, the government proposed that it will be limited only to those who also score at least 4 in one assessment category, as well as at least 8 overall (for the enhanced rate, the threshold is 12 points) - it is not yet clear whether this reform, or something similar, will be taken forward. Additionally, only PIP daily living, rather than the PIP mobility element, will enable access to the Universal Credit health element - and it seems certain this change will go ahead.

These reforms would do little to protect or improve the health of people who find themselves unable to work because of illness or disability. They will mean more people facing conditionality and the threat of sanction, and the stress and anxiety that can provoke. It will mean more people facing poverty and negative income, which we know are both harmful to health and act as barriers to finding work. The government contends that these impacts will be mitigated by additional support to help people back into work. But even though this extra funding is welcome, there is still a lot to do before enough employers are able to

⁵⁵ See, for example, Citizens Advice (2025) Burdens of proof: How difficulties providing medical evidence make PIP harder to claim, available at: https://assets.ctfassets.net/mfz4nbgura3g/W7HHCZdWR9a7Zn7TQb6rz/4c68e24624fb9103d29ffdbd77a4523c/Burdens_of_proof__How_difficulties_providing_medical_evidence_make_PIP_harder_to_claim.pdf

put in place the kind of support needed to ensure everyone has an equal chance to thrive in the workplace.

Many of the government's arguments about the need for reform to the disability benefit system are valid. More should be done to help people back into work, and the current system is laden down with complex assessments that can be significant barriers to people getting the support they need. Introducing the 'right to try' is a welcome improvement that will reduce a key barrier many disabled people encounter when they try to return to work. When enacted, it will mean that people can reenter the work force whilst knowing that they won't immediately lose access to any benefits that they have previously been assessed as being entitled to, should it not work out. Helping people into work is seen as a crucial pathway to reducing the overall benefits bill and reducing the pressure on public finances. But it would be a mistake to force through savings before the benefits of any additional support are felt.

In our recent Pathways to Poverty report⁵⁶, we highlighted the ways in which the government's proposals would increase the barriers to work faced by disabled people. We have already shown, in chapter 3, the way that disability and health conditions can interact with poverty to make it harder for people to access work. Removing this crucial support would only increase the barriers faced by thousands of people. An adviser quoted in the recent report gave an example of what stopping this kind of support might mean for people currently in work.

"I supported someone who uses taxis to get to work. She can manage when in the office, but taking public transport would wear her out for the whole day, and then she'd be unable to work once she gets there. By using her PIP money, she's able to attend work. She would have to leave work if her PIP was stopped or reduced (this has happened before when a PIP decision had to be challenged)." - Citizens Advice adviser

We know from the thousands of people we see every month that being ill and out of work is not easy. But from our analysis of people's budget data, we know

⁵⁶ Citizens Advice (2025) Pathways to poverty, available at <https://www.citizensadvice.org.uk/policy/publications/pathways-to-poverty-how-planned-cuts-to-disability-benefits-will-impact-the/>

that the additional benefits people get to support them with ill health can be crucial for keeping them out of a negative budget, if they can navigate the complex claim and assessment process.

Benefit conditionality can be bad for health

The original Marmot review highlighted the level of conditionality of the UK's benefit system as a significant factor in driving poor health outcomes for the poorest in society. It identified that over the previous 20 years, eligibility for benefits had become increasingly dependent on satisfying certain conditions, particularly around looking for work. Since the publication of the first report, the introduction and expansion of Universal Credit has expanded the conditionality of the benefit system.

30% of all people currently claiming Universal Credit are subject to conditionality. Some of those who aren't will already be working but still require support for their income. Others are given an exception from the requirement to look for employment on the basis of a WCA which indicates that they have a health condition or disability that means that they are unable to work. Removing the WCA, and relying on the PIP assessment to assess fitness to work, could mean more of the people who rely on Universal Credit for support will have to meet conditions around looking for work.⁵⁷

The consequence of failing to meet the 'claimant commitment' that is agreed and signed at the start of every Universal Credit claim is often sanctions. This usually means withholding the Universal Credit standard allowance for a period of time, fully or partially, which can mean a substantial cut in income. The main reason for sanctions is often for relatively minor failing such as missing a meeting with a work coach. Whilst many work coaches work hard to support claimants, there simply aren't the resources needed to ensure everyone gets the support they

⁵⁷ Exactly how many people this will affect if the government's disability benefits proposals are introduced is not yet known, which is part of the reason why we are calling for a full impact assessment on the effects of the changes to be carried out.

need⁵⁸, and too often people aren't given the benefit of the doubt for minor or unavoidable transgressions.

Engaging with this system of conditionality can be extremely stressful. Whilst there is limited evidence that conditionality helps people into work⁵⁹, the consequences of pushing people further into poverty as punishment for mistakes, is clearly detrimental to people's health. The proposed changes to the welfare system will mean that more disabled people and those with health conditions will face the threat of cuts to their income if they fail to meet these pre-agreed conditions. Without a significant expansion in the resources available for work coaches to understand and support the challenges that this group faces, they risk encountering many of the problems we already see under the conditionality regime. By failing to extend people the benefit of the doubt and being too quick to punish honest mistakes, a relatively minor breach of conditionality can have a long-lasting impact both on someone's income and their health.

Whilst the current Universal Credit system includes categories for people with long-term health conditions that protects them from sanction, our previous research⁶⁰ indicated that there are significant numbers of people with either disabilities or health conditions currently subject to conditionality under Universal Credit. We see this in our data, as more than half of the people we saw last year about sanctions told us they had disabilities or long-term health conditions.

In 2024, 22,839 people came to see us about issues relating to conditionality under Universal Credit. Of these, 57% told us they were either disabled or had a long term health condition. We spoke to 6,139 people because they needed an

⁵⁸ Our recent report, *Found anything yet?*, highlights the current ratio of 1 work coach for every 177 claimants subject to conditionality. This report is available at <https://www.citizensadvice.org.uk/policy/publications/found-anything-yet-exploring-the-relationship-between-universal-credit/>.

⁵⁹ Dwyer, P. (2019) *Dealing with Welfare Conditionality. Implementation and Effects*. Bristol University.

⁶⁰ Citizens Advice (2023) *The sanctions spiral: The unequal impact and hardship caused by sanctions in Universal Credit*. Available at: <https://www.citizensadvice.org.uk/wales/policy/publications/the-sanctions-spiral-the-unequal-impact-and-hardship-caused-by-sanctions-in-universal-credit/>

easement on the conditions of their benefits because of a health condition. Of the group who spoke to us about this issue, 77% of them described themselves as being disabled or having a long term health condition. 7,414 people came to see us about being sanctioned by their work coaches, of which 45% had a disability or long-term health condition.

Our research has found that the current system of support is failing Universal Credit claimants, as work coaches simply don't have the time or capacity to provide tailored support to the people they see⁶¹, and the system as a whole is too inflexible to fit around people's individual circumstances. This is a particular problem for disabled people, or people with health conditions, who may face greater barriers to attending in person appointments at a given time, or meeting

Alec's Story

Alec* is unemployed and suffers from depression and anxiety. He receives PIP at the standard daily living rate, and the standard allowance and housing element of Universal Credit. He was asked to attend a recruitment event at the Job Centre, but he was unable to attend because of his mental health condition. He had informed the job centre and submitted a sick note in advance, but was nevertheless sanctioned for failure to comply with work related activity. This left him having to rely on foodbanks and at risk of falling behind on his rent. Whilst he is able to appeal the decision and apply for the health element of universal credit, both are time consuming processes that do little to address his immediate deficit. Even if he is successful in claiming the health element of universal credit, the proposed changes to eligibility may mean he may lose both that and his current PIP award, placing him in even greater financial distress.

*All names have been changed

⁶¹ Citizens Advice (2025) *Found anything yet? Exploring the relationship between Universal Credit claimants and their work coaches*. Available at: <https://www.citizensadvice.org.uk/policy/publications/found-anything-yet-exploring-the-relationship-between-universal-credit/>

Anya's Story

Anya* is living in temporary accommodation and is too ill to work. She had recently been moved onto a new medication for her health condition, which made her tired and drowsy. As a result of this, she slept through a pre-agreed phone call with her work coach that meant she was sanctioned and as a result received a monthly payment of only £138. She is in danger of falling into arrears on her service charge for her accommodation and has been told that may impact her ability to access local authority housing in future.

*All names have been changed

Ahmed's Story

Ahmed* has a complex neurological condition which makes it very difficult for him to use computers, as he becomes overwhelmed by the visual and auditory stimuli. He is active and creative and does lots of voluntary work, but is keen to find paid employment. Yet he feels unsupported by his work coach, because the vast majority of what they are able to offer him is computer based and thus inaccessible to him. Because of the rare nature of his condition, he has found it very hard to communicate the impact of it to his work coaches, and they have been dismissive of letters from his GP. Ahmed's experience highlights that there is ultimately not enough capacity in the system to provide support tailored to an individual's circumstances.

*All names have been changed

any of the other requirements set out in a claimant commitment. Too often, the consequences for minor infractions are sanctions to benefits, pushing claimants into a cycle of poverty and debt.

People with disabilities or health conditions face a diverse range of additional challenges, and the current system is failing to treat them with the flexibility and understanding required to properly support them.

Older workers will lose out

Another facet of the proposed reforms is the introduction of a new scheme for contributory but time-limited Unemployment Insurance, paid at the current ESA rate of £138 a week, for people with a consistent record of National Insurance payments. Contributory incapacity benefit is important because, for those who have left work because of injury or ill-health, finding new work can be more of a challenge. Some people may find that they have years or even decades of experience in an industry that, for health reasons, they are no longer able to work in. This can be personally devastating, and may also significantly impact income in the long run, as people in this situation may have no choice but to look for low-paid entry level work in another sector.

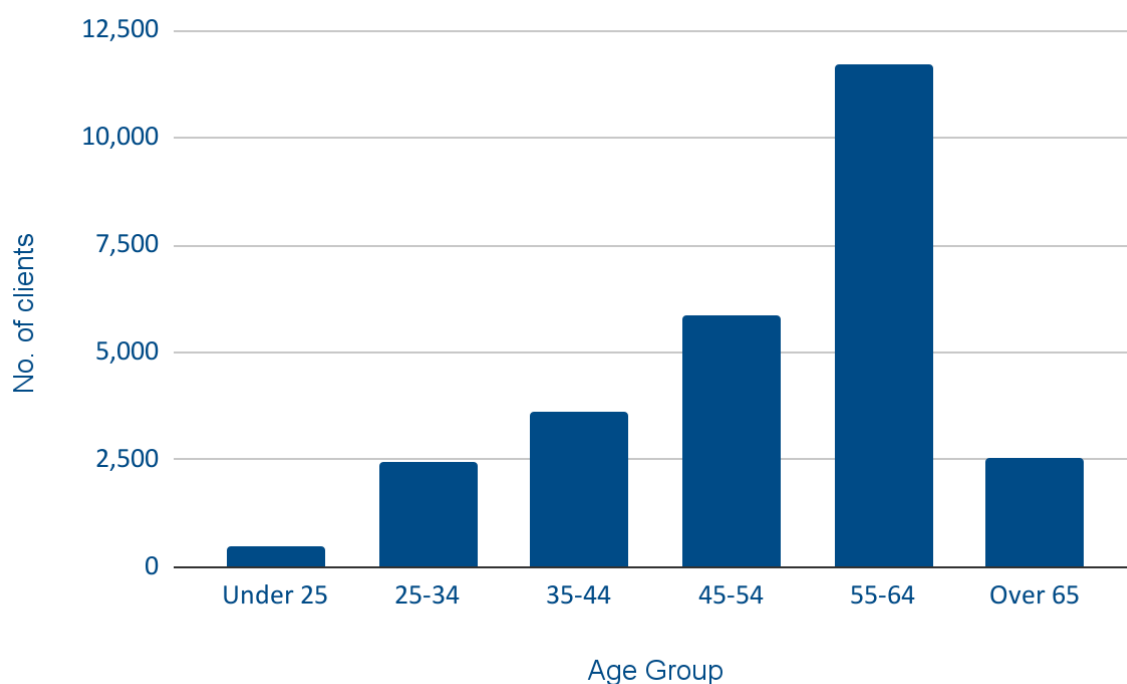
One consequence of the introduction of the new contributory benefit will mean that some older workers will lose an important bridge between leaving work for health reasons and being able to claim the state pension. For those who meet the contributory threshold, the new Unemployment Insurance will provide support at the rate of existing incapacity benefits. But it will only do so for a limited period of time, after which people in this group will risk losing an important strand of income. The promise of more proactive support to help people back into work will go some way to reducing the risk of long-term economic activity for people below retirement age. But there are particular groups who may find this change particularly damaging, and so it is important that effective employment support is put in place before these vital benefits are withdrawn.

One group who will be particularly impacted by these changes are older people who have become too ill to work, but are not yet eligible for the state pension. For this group, the contributory 'new style' Employment Support Allowance provides them with indefinite support if they have been assessed by the WCA as being in the support group. With the removal of the WCA, this group faces the risk of significant reduction in the support for which they are eligible. Whilst some might be able to access the means-tested health element of Universal Credit, or be eligible for PIP, this prospect would be affected by the implementation of tighter eligibility for these benefits. Eligibility for these

benefits is also affected by factors like savings or partner's income, and so making this element of incapacity support time-limited increases the risk that older workers in particular will lose out.

The chart below shows that by far the largest group we help for issues relating to the existing system of contributory incapacity benefit are between 50 and 65. For this group, the existence of an indefinite incapacity benefit is an important bridge to the state pension age if they find themselves unable to work. For many in this group, particularly those who have suffered injuries or developed health conditions that stop them working in careers they might have decades of experience in, the prospects of finding new work may be slim. Older workers are already discriminated against in the labour market⁶², and the challenges of

Fig. 5 Citizens Advice new-style ESA clients in 2024 by age



⁶² Age UK (2022) Employment (UK) policy position paper. Available at: <https://www.ageuk.org.uk/siteassets/documents/policy-positions/active-communities/employment-policy-position---december-2022.pdf>

starting in an entirely new line of work whilst managing a health condition are substantial.

We know that the benefit system is already exposing significant numbers of disabled people, or people who are in poor health, to the strict worksearch requirements that accompany universal credit. Of course, there is nothing to say that people in this group can't work if they receive the right support. But from our research into the experiences of our clients, we know that all too often the one-size-fits-all approach to support and sanction is blind to the specific challenges that people with disabilities or health conditions face in both finding work and managing their benefit claim.

The changes to the benefit system first proposed by the government were shown to fall harder upon older workers. From the evidence provided by the DWP⁶³ about the impact of the proposed reforms, it appears that the group whose conditions would have no longer met the criteria for additional support were those with musculo-skeletal impairments and those who are 50 or over. For many in this group, the current system of incapacity benefits provides a crucial bridge to support them until they become eligible for a state pension - the government's PIP review must consider this before any reforms are finalised. The move to a purely time-limited contributory benefit will be particularly detrimental to a group who are already expected to lose out the most from the wider changes. They will have to find work in new roles that they might have little prior experience of, whilst navigating ill health and age discrimination.

Removing support means more barriers to work

There is a promise of more funding for support to help people back into work, which is welcome. But we know that poverty can be one of the greatest barriers to finding the kind of good, sustainable work that supports, rather than harms, health. If the overall level of income support is cut, these reforms risk increasing the number of people trapped in negative budgets, having to make impossible

⁶³ DWP (2025) Pathways to Work: Evidence Pack: Chapter 2 reforming the structure. Available at <https://www.gov.uk/government/consultations/pathways-to-work-reforming-benefits-and-support-to-get-britain-working-green-paper>

decisions about how to spend their limited incomes, and making decisions on the basis of immediate need, rather than what might be best for the long term health.

As the cost of living crisis has played out across the UK economy, it has become increasingly apparent that the standard rate of Universal Credit is not sufficient for people to make ends meet. Our research⁶⁴ shows how the standard allowance has lost value through a series of freezes and below inflation increases. A proposed increase is meant to bridge the gap in support for people who will no longer be able to access incapacity benefits. But in reality, this not only fails to protect them from a significant cut in income, but fails even to restore the standard allowance rate to its level when it was first introduced in 2014.

Disabled people, or people with long term health conditions, face greater day-to-day costs than other groups. For those who are eligible, PIP payments can be a lifeline. Tightening eligibility requirements, however, would mean people will potentially lose thousands of pounds a year in support. This would impact their ability to meet day to day costs, and potentially push them into a negative budget. In previous research using data from our debt clients, we were able to closely track the changes in income and expenditure as people gain and lose PIP.⁶⁵ This shows that when people stop receiving PIP, their spending on essentials such as healthcare, food and transport fall significantly. Not only does this risk being directly detrimental to their health, but risks placing additional barriers in the way of them being able to find appropriate work.

⁶⁴Citizens Advice (2025) *The Universal Credit review needs to ensure benefits meet people's needs.*

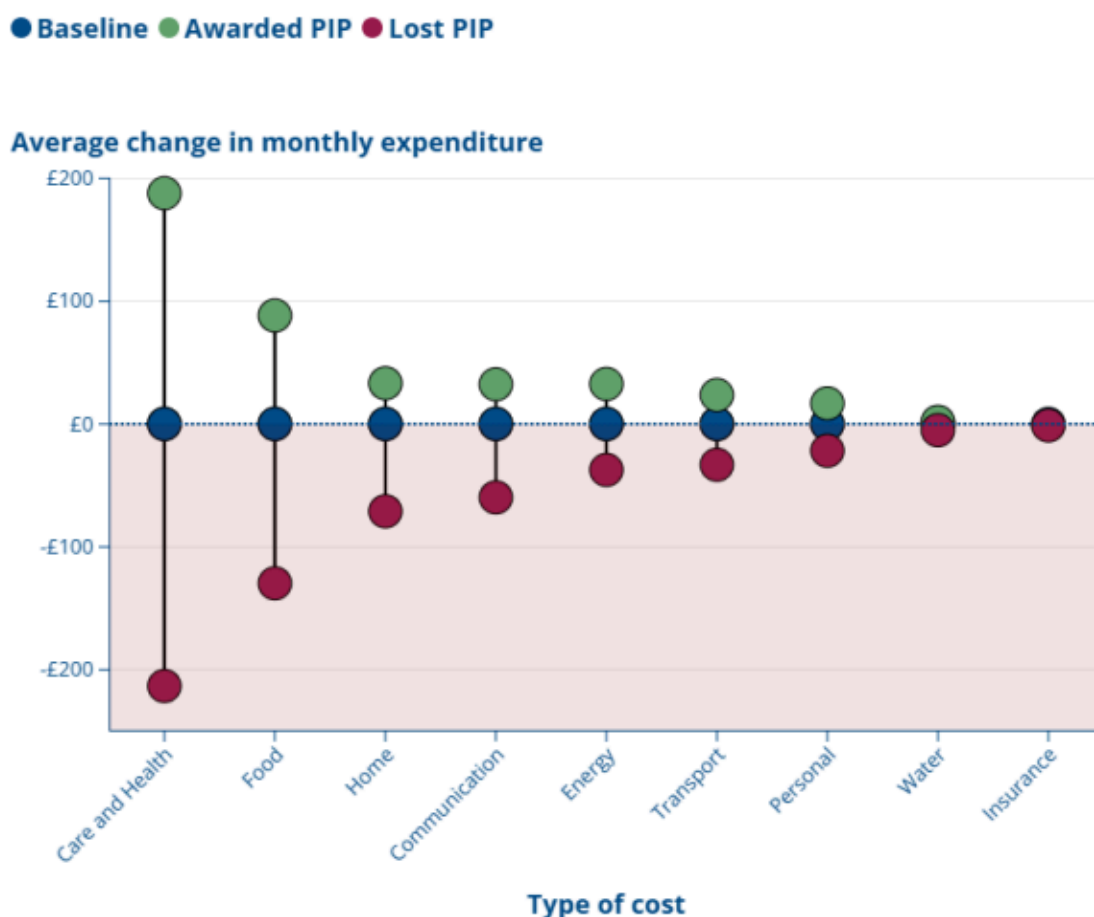
Available at :

<https://wearecitizensadvice.org.uk/the-universal-credit-review-needs-to-ensure-benefits-meet-peoples-needs-c35cb5118e1e>

⁶⁵ A full methodological note for this analysis is available at:

https://assets.ctfassets.net/mfz4nbgura3g/4rbh7XaSjfQGbkht86bUjn/1b3b3a3ee3325098003cb7ce1d7bd5f1/Disability_benefits_published_report.pdf

Fig. 6 PIP status and change in monthly expenditure among Citizens Advice debt clients by type of cost, 2019-2024



There is a substantial body of evidence⁶⁶ showing the barriers to work erected by poverty. In chapter 3, we outlined some of the experiences of people we help that show how a low income can leave them struggling to find appropriate work. For this reason, any reform to the benefit system that gives additional employment support with one hand, but takes away income with the other, is liable to either make no progress or move backwards. Whatever additional help the government provides to jobseekers, those who find themselves out of the work force for reasons of illness or disability are liable to encounter significant additional barriers. Poverty will only make these harder to overcome.

⁶⁶ Much of summarised here:

<https://www.jrf.org.uk/social-security/inadequate-universal-credit-and-barriers-to-work>

The fact that finding, and staying in, appropriate work can be much more difficult for people with disabilities or long term health conditions makes it important that people in this group are given help and support, rather than threatened with sanction. The disability green paper promises investment into personalised employment, health and skills support, that will eventually reach £1 billion per year. This support is very welcome, but for its benefits to be felt it should not be delivered in isolation to a wider set of reforms to how job coaches approach their role. Health Foundation analysis of the Labour Force Survey highlighted that people with a work-limiting health condition were 3 times less likely to move from economic inactivity to employment than those without⁶⁷. There may be many reasons for this, not least the health conditions themselves continuing to act as a barrier to work. But we also know from the data that the longer someone spends outside the labour force, the harder it is to return to work. In part, it is this fact that Labour are using to justify their reforms, as they seek to reduce the risk of people being stuck outside the labour force. The risks of doing this without tackling the other barriers that people with work-limiting health conditions face is significant.

⁶⁷ Gazzillo et. al (2024) Labour market flows and health Annex 1 of Towards Healthier Working Lives: Interim report of the Commission for Healthier Working Lives, available at https://www.health.org.uk/sites/default/files/2024-10/Annex%201%20Labour%20market%20flows%20and%20health_0.pdf

Conclusion

This report has covered a lot of ground in exploring the complex relationship between health and work. For many people, good work is an important component of a healthy life. But without addressing the inequalities that currently characterise the working lives of too many people, there is a risk that pushing people into work will widen, rather than close, the health gap.

Addressing these issues will mean taking action that helps people to enforce their rights at work, give them the support they need to take time off work when they fall ill, and helping people into work with support that reflects their individual situation and the challenges they face. Most of all, it means rethinking cuts to the benefit system that will lead to more disabled people falling into poverty - following developments in Parliament, the government now has the opportunity to do this. Our recommendations for policies that would improve the relationship between health and work are as follows:

- **Protect disadvantaged workers with a well-resourced Fair Work Agency able to proactively address labour issues that lead to poor health outcomes.**
- **The government should support employers and model best practice when it comes to providing reasonable adjustments for disabled workers and workers with long-term health conditions.**
- **Increase the rate of statutory sick pay, to ensure that fewer people face poverty when they fall ill.**
- **Provide access to quality assured employment support and advice, either from work coaches or other providers, tailored to reflect people's individual circumstances and the places they live.**
- **Fully withdraw proposals for disability benefit cuts; we welcome the decision to review changes to the Personal Independence Payment, and believe that change to the Universal Credit health**

element should also be paused to allow their impact on employment and living standards for disabled people and people with long-term health conditions to be properly assessed.

With the publication of the Action for Healthier Working Lives report by the Health Foundation, and the findings of the Mayfield review into disability at work soon to be published, the government will find that they are not short of advice for ways to meaningful change. Good policy, properly enacted, can be win-win-win, with government, employers, and citizens all benefiting from a healthier workforce. But as this report has shown, echoing the findings of the Commission for Healthy Working Lives, the relationship between work and health is complex, and action must be taken at every stage to keep people healthy and help them stay in work.

To achieve all of these benefits, government and employers have more to do. More work is needed to help employers offer the support and flexibility that can help people work to their best. There is more that government can do to support employers, working with them, and with unions, to ensure best practice is widely and effectively applied. And where employers are failing to uphold the rights of their employees, proactive enforcement is needed, in line with our recommendations for the new Fair Work Agency.

More support is also needed for people who fall ill at work, particularly for those who have to rely on SSP. The current reforms, whilst welcome, do not go far enough, and it is only by increasing the support given to people when they are ill that the lowest-paid in society will no longer face impossible choices between paying the bills or doing what is best for their health. Increasing the basic rate would be a vital first step to making sure short-term periods of ill health didn't lead to longer term financial problems.

But the most urgent task facing the government is to rethink their reforms to the system of health-related benefits, to ensure that it doesn't end up doing more harm than good. In some of its proposals, the government has embedded the advice of the Commission for Healthy Working Lives, by providing greater

support for people seeking to get back to work, and softening the binary between unemployment and economic inactivity that means people don't face such an alarming cliff edge of support as they try to move back into work. But far too many disabled people and people with long-term health conditions will find themselves pushed into poverty if cuts to PIP are reintroduced, and planned cuts to Universal Credit health are taken forward.

The impact of these potential cuts on both the health and employment prospects of those affected should encourage the government to reconsider their original plans. This is not to deny the difficulty of the current fiscal position, nor the diagnosis that we will all be better off with a healthier workforce all able to work to the best of their ability. But it is good that the risk of a short-term choice to meet an arbitrary fiscal deadline placing the country on a poorer, sicker path in the longer term has been partially averted. The government has both the opportunity and the motivation to make serious progress on the relationship between work and health. It is vital that these good intentions are not undermined at the outset by cuts targeting support for those who need it most.

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