

Understanding the drivers of changes in demand for disability benefits in Scotland since 2010: A quick scoping review



Equality and Welfare

Acknowledgements

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1. Executive summary

The aim of this Quick Scoping Review is to identify, summarise, and synthesise research that examines the different drivers of demand for disability benefits in Scotland and the UK since 2010.

Non means-tested disability benefits were devolved to the Scottish Government in 2020. Social Security Scotland began the delivery of new disability benefits in Scotland with the introduction of Child Disability Payment (CDP) in 2021 and Adult Disability Payment (ADP) in 2022.

There has been a large increase in the number of working-age adults and children receiving disability benefits in Scotland and the UK over the last 15 years.

The rise in disability benefits caseloads in Scotland and the UK has not been mirrored in other similar countries¹ and demand for disability benefits is projected to continue to grow in Scotland and the UK. The aim of this review is to improve understanding of the drivers of demand for disability benefits in Scotland through a systematic analysis of the evidence.

A quick scoping review methodology was chosen for its rigour and transparency. This approach systematically maps the research carried out in an area, provides an overview of the volume and characteristics of the evidence base, and helps identify existing gaps in knowledge.

The review screened 350 sources published between 2010 and June 2025, which addressed the primary question: **What are the drivers of changes in the overall number and profile of people applying for and receiving disability benefits over the last 15 years in Scotland and the UK?**

It examined the extent to which changes in demand for disability benefits have been driven by five potential drivers, which were decided on by the expert Research Advisory group and informed by the literature. These drivers are changes in: population health; the economy and labour market; the design and operation of the benefit system(s); attitudes and behaviours; and demographic changes. No other key drivers emerged from the analysis.

Of the 350 sources identified, only 23 met the inclusion criteria - 14 of these examined the drivers of disability benefits specifically, while nine of the 23 included work-related ('incapacity') benefits or discussed 'health-related' benefits (which refers to disability and work-related benefits together). [In order to ensure that findings are correctly represented, this report uses the terms used in the original source publication. However, it is important to recognise that in several areas, terms are contested and that different organisations use different terminology. The Scottish Government adheres to the 'social model' of disability and therefore prefers to avoid terms such as 'incapacity' in reference to work-related benefits and 'health-related' benefits (which combines benefits that are provided for different purposes).]

The review highlighted a lack of primary research evidence across the five drivers. Only two reports included primary research. Most of the sources were reports by think tanks, policy and research organisations and independent fiscal institutions.

While the focus of this quick scoping review is on understanding the position in Scotland, only six of the sources included a separate analysis of data or discussion of Scotland and the remainder focused on the UK or England and Wales. While the review sought to examine the drivers of demand for disability benefits over the last 15 years, many of the sources sought to explain changes that have occurred since the Covid-19 pandemic by comparing the position prior to the pandemic, with the current / or more recent post pandemic position.

1.1 Key findings

1.1.1 Context

To set the context, the review began by asking how demand for disability benefits in Scotland has changed, who is in receipt of disability benefits and how the profile of recipients has changed over the last 15 years.

The review found that the number of working-age adults and children receiving disability benefits in Scotland has increased substantially since the early 2010s. The rise in caseloads has been particularly pronounced since the Covid-19 pandemic in Scotland and the UK, with a spike in disability benefit applications in Scotland following the introduction of ADP and CDP.

Over recent years the age profile of new recipients of working-age disability benefits in Scotland (PIP and ADP) has changed and now includes a larger proportion of younger people. There has also been an increase in the proportion of people receiving working-age disability benefits due to the impact of 'mental and behavioural disorders' and circulatory diseases.

1.1.2 Primary question

To answer the primary review question, the review examined and presented the drivers of disability benefit demand separately but highlighted the interrelationships between different drivers. The number of evidence sources relating to each of the drivers is set out below:

- Changes in population health – 18 sources
- Changes to the design and operation of the benefit system(s) – 17 sources
- Changes in the economy and labour market – 11 sources
- Changing attitudes and behaviours – 7 sources
- Demographic changes – 4 sources

1.1.3 Changes in population health

Review findings show that the rise in the share of the population who report being disabled or in ill-health mirrors, and may at least partially explain, the rise in disability benefit caseloads.

Population health was declining before the pandemic, but this decline has accelerated and continued since. There has been a large increase in the number of people receiving health-related benefits due to the impact of 'mental and behavioural disorders', and the number of disabled children in the UK since before 2010 (proportionate to working-age adults). This is mirrored by the increase in the number of children in receipt of child disability benefits.

The review did not identify evidence to suggest that NHS waiting lists are a driving factor in explaining the recent rise in health-related benefit claims. However, some contribution cannot be ruled out given that the evidence on this is limited, and there is some emerging evidence² that does indicate a link between rising take up of disability benefits and challenges in the healthcare system.

1.1.4 Design and Operation of the Benefit System(s)

The transition from Disability Living Allowance (DLA) to Personal Independence Payment (PIP): the sources reviewed attributed the increase in disability benefit caseloads (at the UK level) following this transition to: the migration and early delivery challenges associated with the transition to PIP, and the policy design of PIP, including higher than expected numbers of people who were eligible for PIP.

There was no conclusive evidence, in the sources reviewed to show that the introduction of ADP in Scotland has led to the increase in caseload seen in Scotland since its launch. Evidence from previous reforms suggests that it takes many years for disability benefit caseloads to stabilise following the introduction of a new benefit. It may therefore be premature to assess whether the devolution of disability benefits in Scotland has driven up caseloads in the post-pandemic period and longer term data will be required to understand the changes in caseloads more fully.

Around a quarter of the sources examined whether changes to the PIP application and assessments processes had driven up caseloads. None of these sources provided evidence to suggest that it has become 'easier' to be awarded PIP since its roll out, which is demonstrated by steady award rates over time. There was a lack of evidence generally on the effect of changes in PIP assessment approaches due to the Covid-19 pandemic on disability benefit caseloads and none of the four sources that examined this provided robust evidence to show these changes had contributed to increased PIP caseloads. Some reports found that PIP caseloads are increasing (in England and Wales) partially because of longer award durations and fewer people coming off PIP over time, in part due to less frequent reassessments. There was no robust evidence to demonstrate that the financial value of disability and health-related benefits relative to unemployment benefits has increased applications for disability benefits.

1.1.5 Economy and the Labour Market

There was no robust evidence to suggest that demand for disability benefits has been driven by the economy and/or the labour market since 2010. Most commentary was on the role of the cost of living crisis as a driver, and around a third of the sources examined whether the cost of living crisis and worsening economic conditions since the pandemic have been a driver of disability and health-related benefits caseloads. However, the findings were mainly discursive and speculative. Two studies indicated that while worsening labour market conditions have played a minor role in explaining the increase in disability benefits post pandemic, recent labour market changes were not a key driver of the rise in caseload.

1.1.6 Changing Attitudes and Behaviours

There was a lack of primary research evidence on how changing attitudes and behaviours may be a driver of changes in demand for disability benefits. Most of the findings related to increased awareness of disability benefits, through information and support, but some sources highlighted the increased awareness of health conditions, particularly mental health problems/conditions¹ which they speculated may have increased willingness to apply for disability benefits.

1.1.7 Demographic Changes

Demographic changes, in particular population ageing and the consequences of an increased state pension age were found to be drivers of increased disability benefit caseloads. Few studies quantified the contribution of different drivers, but the Resolution Foundation provided estimates of the extent to which demographic changes have contributed to the rise in disability benefit caseloads. It found that an ageing population and rising state pension age explained one-quarter of the increase in the working-age disability benefit caseload in England and Wales between 2013-2023, and one-fifth of the rise in working-age health-related benefit caseloads. They also estimated that the combined effect of population change, and the rising incidence of self-reported disability explains 87 per cent of the increase in disability benefit caseload between 2013 and 2023.

1.2 Conclusion

The question of what is driving recent increases in disability benefit caseloads has been the subject of intense media and political speculation. Findings from this quick scoping review indicate key contributors but also highlight significant evidence gaps.

This review found that there is evidence to suggest that changes in population health (particularly declining mental health but also increases in other health conditions²)

¹ See terminology section

² Such as musculoskeletal, heart/blood, respiratory, visual/hearing, and other conditions.

and demographic changes (notably an ageing population and rising state pension age) have driven demand for disability benefits.

Additionally, there is limited evidence that the design and operation of the benefit system(s), or changes in the economy and labour market, and in attitudes and behaviours explain the increase in disability benefit caseloads. These are commonly offered as explanations in public discourse. However, they are often based on conjecture and not supported by robust evidence at the current time. As a result, it is not possible at this stage to understand their relative contribution or rule them out as important drivers of increased disability benefit caseloads.

Most of the sources reviewed discussed / examined the drivers of demand in relation to several or multiple intersecting drivers and surmised that the rise in disability benefit caseloads is not attributable to a single driver.

The review did not identify other, previously unrecognised drivers of disability benefit demand and caseloads. However, the impact of cuts to public services on people's mental and physical health and the role of investment in policies with an explicitly preventative purpose (such as high quality mental health services in schools and interventions to support the needs of people with neurodevelopmental differences) was relatively unexplored in the sources identified and could also influence demand for disability benefits.

The report concludes by highlighting the lack of Scottish evidence and the key evidence gaps. These should be addressed by future research.

2. Introduction

The Scotland Act 2016 devolved new powers over social security to the Scottish Parliament. In 2020 non-means tested disability benefits were devolved to Scotland and in 2022 the Scottish Government introduced a new benefit, Adult Disability Benefit (ADP) to replace Personal Independence Payment (PIP).

There has been a large increase in the number of working-age adults and children receiving disability benefits in Scotland and the UK over the last 15 years. Across the UK, amongst working-age adults this grew from 1.5 million in 2002-03 to 3.3 million in 2023-24.³ There was also a large rise in the number of people in receipt of disability benefits following the Covid-19 pandemic, and a spike in applications in Scotland following the introduction of Adult Disability Payment (ADP) in 2022-23.⁴ The Scottish Fiscal Commission (SFC) anticipate that demand for disability benefits will continue to grow, with the number of people receiving ADP in Scotland forecast to increase from 379,000 in 2024-25 to 703,000 in 2030-31.⁵

Over recent years there have been a growing number of publications which consider the underlying drivers of this increase. However, there has not been a systematic analysis of this evidence for Scotland. Such an analysis is necessary for a more comprehensive understanding of the complex and interrelated drivers of these trends, to help inform future potential policy responses.

2.1 Research aims and objectives

The aim of this quick scoping review is to identify and summarise research that examines the different drivers of demand for disability benefits in Scotland and the UK. The primary research question was:

- What are the drivers of changes in the overall number and profile of people applying for and receiving disability benefits over the last 15 years in Scotland and the UK?

The review provides information about the volume and characteristics of the evidence that was found, and an overview of what it tells us. The focus is on the period since 2010 as this includes the major welfare reforms that have taken place over the last 15 years and avoids the potentially distorting effects of the 2008 financial crisis.

The report also addressed two secondary research questions. These are addressed first, in [section 3](#) as they set the context for the primary research question. The secondary research questions were addressed at a high level and so did not follow the quick scoping review methodology and include additional sources. These were:

- How has demand for disability benefits in Scotland and the UK changed over the last 15 years?

- Who is in receipt of disability benefits (adults and children) and how has the profile of people applying for, and receiving disability benefits changed over the last 15 years in Scotland and the UK?

Several areas were out of the scope for this review. It does not examine devolved or reserved disability benefit expenditure, or the drivers of disability benefit trends in other comparator countries. It does not explicitly seek to make detailed comparisons between the UK and Scotland, but several sources provide comparative insights which are necessary for understanding experiences following the devolution of disability benefits. Disability benefits for those over pension age - Pension Age Disability Payment (PADP) and Scottish Adult Disability Allowance (SADLA) in Scotland and Attendance Allowance in England and Wales - are not included because PADP and SADLA have only recently been rolled out in Scotland (see Figure 2) Therefore, the focus of this review is on children and working-age adults.

The review was conducted by the Office of the Chief Social Policy Adviser, with support from the Scottish Government Library Services. Oversight and quality assurance was provided by a Research Advisory Group comprised of analysts from Scottish Government and Social Security Scotland, alongside policy officials from Social Security Policy. The evidence synthesis was supported by Emily Cunningham, a PhD intern from the University of Stirling.

2.2 Background and definitions

The main devolved disability benefits are designed to assist with the additional living costs people experience because they are disabled. They are not means-tested and are available to all disabled people regardless of household income or work/employment status.⁶ In Scotland disabled people over the age of 16 can apply for ADP, and children, adults with parental responsibilities and rights, carers and guardians can apply for Child Disability Payment (CDP) for disabled children under 16, through Social Security Scotland.

As noted above, a number of non means-tested disability benefits were devolved to the Scottish Government in 2020. CDP was introduced in 2021 to replace Disability Living Allowance (DLA) for children, and ADP replaced PIP in 2022. In England, Wales and Northern Ireland PIP is the main disability benefit for working-age adults and DLA is the main disability benefit for children (under 16).⁷ People can also receive PIP or ADP alongside work-related benefits, often referred to in the literature as 'incapacity benefits'.

In contrast to disability benefits, 'incapacity benefits' are work-related and designed to provide extra income support for people with long-term conditions who are out of the labour market for an extended period of time, or who have 'limited capability' to work (and may still be in work) because of their health or disability, and are typically means-tested.^{8, 9} These benefits are not devolved and across the UK include, but are not restricted to, Universal Credit Health (limited capability for work, and limited capability for work- and work-related activity) and Employment Support Allowance (ESA).¹⁰

Disability and ‘incapacity benefits’ are often referred to together, including in the literature analysed in this report, as ‘health-related benefits’ and can be conflated, despite their different purposes and eligibility criteria.¹¹ Incapacity benefits are not the focus of this paper and trends in incapacity benefits differ to disability benefits and may have a different set of underlying drivers.^{12, 13} However, publications which include drivers of demand for incapacity benefits are included in instances where it is necessary or relevant to improving understanding of the drivers of disability benefits. ‘Health-related’ benefits are referred to throughout the report, and in these cases mean the source examined both disability and incapacity benefits.

2.3 Terminology

The Scottish Government and Social Security Scotland adhere to the ‘social model’ of disability, which was developed by disabled activists to provide a different way of understanding disability.³ However, much of the language in this report is based on the ‘medical model’ of disability and is terminology typically used by the Department for Work and Pensions (DWP). Examples include terms such as ‘incapacity’ in reference to work-related benefits, ‘claimants’ (as opposed to ‘applicant’ for people making an application for a benefit and ‘client’ or ‘recipient’ for those in receipt of the benefit), and ‘health-related’ benefits, which combines benefits that are provided for quite different purposes. Scottish Government policy explicitly recognises that the use of stigmatising language stops people applying for the entitlements they are eligible for and is not in line with the social model of disability. It therefore does not use this language within the devolved social security system or its media and publications. However, these terms were cited in most of the sources. To ensure that findings are correctly represented, where these terms were used in the original source this is retained and reflected in this evidence synthesis.

Section 5.1 on demand driven by changing population health includes a range of terminology to describe mental health. When reporting on the primary condition, many of the sources referred to ‘Mental and Behavioural Disorders’. In this review, where this terminology is used in the original source, this is retained and reflected in the synthesis. However, in the narrative ‘mental health problems/ conditions’ is used.

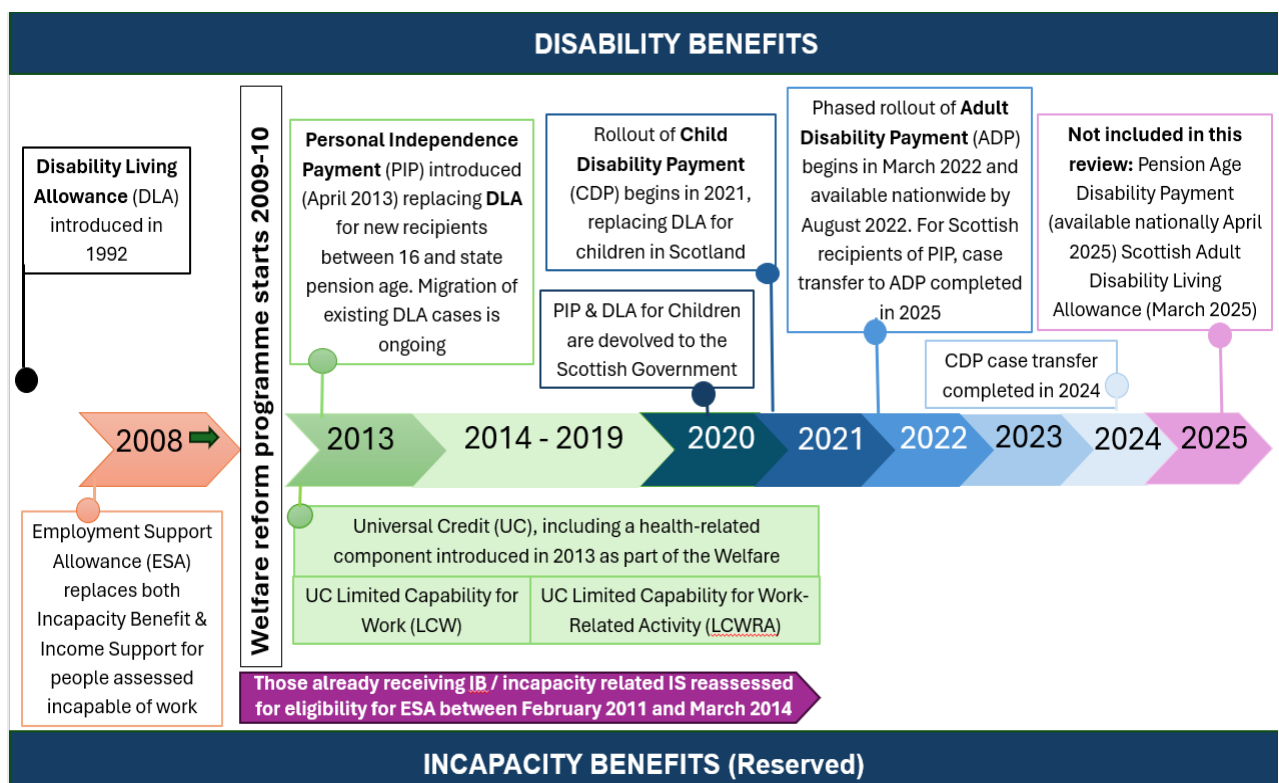
Several terms used in section 5.2 on changes in the policy design and operation of the benefit system(s) are explained here. ‘Caseload’ describes the number of people who are in receipt of disability, incapacity or health-related benefits. Statistics relating to caseload in Scotland also include people who are in receipt of, or have been approved for, a payment, even if they have not yet received ADP or CDP.¹⁴ There is also a discussion of ‘inflows’ / ‘onflows’ and ‘outflows’. Broadly, inflows / onflows are used to describe the numbers of successful applications, whereas the term outflows refer to the number of people no longer receiving the disability benefit.

³ More detail on the social and medical model of disability can be found here: [Scottish Government \(2025\) Disability Equality Plan](#)

2.4 Policy context

Figure 2 below shows a timeline of the devolved and reserved disability benefits included in this review, with disability benefits in the top half and incapacity benefits along the bottom half. The sources examine disability benefits delivered in Scotland and the UK since 2010. The report mainly examines evidence on PIP and ADP but also includes evidence on DLA, DLA for children and CDP. When discussing sources which examined incapacity benefits, it is mainly ESA and UC Health that are examined in studies, although some also consider the legacy Incapacity Benefit (IB).

Figure 2: Timeline of disability benefits included in this review



The Scotland Act 2016 devolved new powers over social security to the Scottish Parliament and gave the Scottish Government the power to create new benefits and top up existing ones.¹⁵ Some ill health and disability benefits were amongst those devolved, including the transfer of DLA, PIP, Attendance Allowance (AA), Severe Disablement Allowance and Industrial Injuries Disablement Benefit.

Social Security Scotland was set up in September 2018 as an executive agency of the Scottish Government to administer devolved social security payments in accordance with the principles in the 2018 Act and Charter.^{16, 17} Social Security Scotland began the delivery of CDP in July 2021 and ADP in August 2022. The caseload transfer to CDP was completed in 2024 and completed for ADP in 2025 ([Annex 2](#) includes a detailed summary of ADP and CDP).

The ethos underpinning the devolved benefits system is a commitment to treat people with dignity, fairness and respect. Social Security Scotland is working to reduce the stigma associated with accessing benefits and have involved people with

lived experience of receiving financial support throughout the design and development of devolved benefits.¹⁸ This new approach to delivering social security includes:

- **support with the application process** - the Social Security Scotland Local Delivery service supports people to apply for benefits, and the Scottish Government and Social Security Scotland have strategies in place to raise awareness, reduce stigma and promote take-up of disability benefits. Disabled people can also access a free Independent Advocacy Service;
- **additional application routes** - people can apply for ADP online, in person, using a paper form, or over the phone;
- **replacing assessments with person-centred consultations** - consultations are only carried out if necessary or requested by the client and choice is offered on format, with the majority taking place over the phone;
- **a change in approach to decision making** - only one piece of supporting information from a professional is sought when making a decision, unlike PIP where 'evidence' is sought to confirm everything in the application.
- **the nature, and frequency of reviews** - ADP recipients have their eligibility reviewed relatively infrequently (usually between two and 10 years, depending on when a recipients' needs are likely to have changed¹⁹).

2.5 Structure of the report

Section 5.1 of the quick scoping review examines findings on whether changes in demand for disability benefits have been driven by changes in population health, section 5.2 - 5.7 considers demand driven by changes in the design and operation of the benefit system(s), section 5.8 considers the wider economy and labour market as a driver and section 5.9 examines the evidence on changing behaviours and attitudes (towards disability and disability benefits). Finally, section 5.10 considers the extent to which demand for disability benefits may have been driven by demographic changes.

Section 6 includes a discussion of the findings, and the strengths and limitations of the review. The report concludes by bringing together evidence from across the report in section 7, which discusses the evidence on the key drivers of demand for disability benefits and identifies evidence gaps.

3. Changes in demand for disability benefits in Scotland since 2010

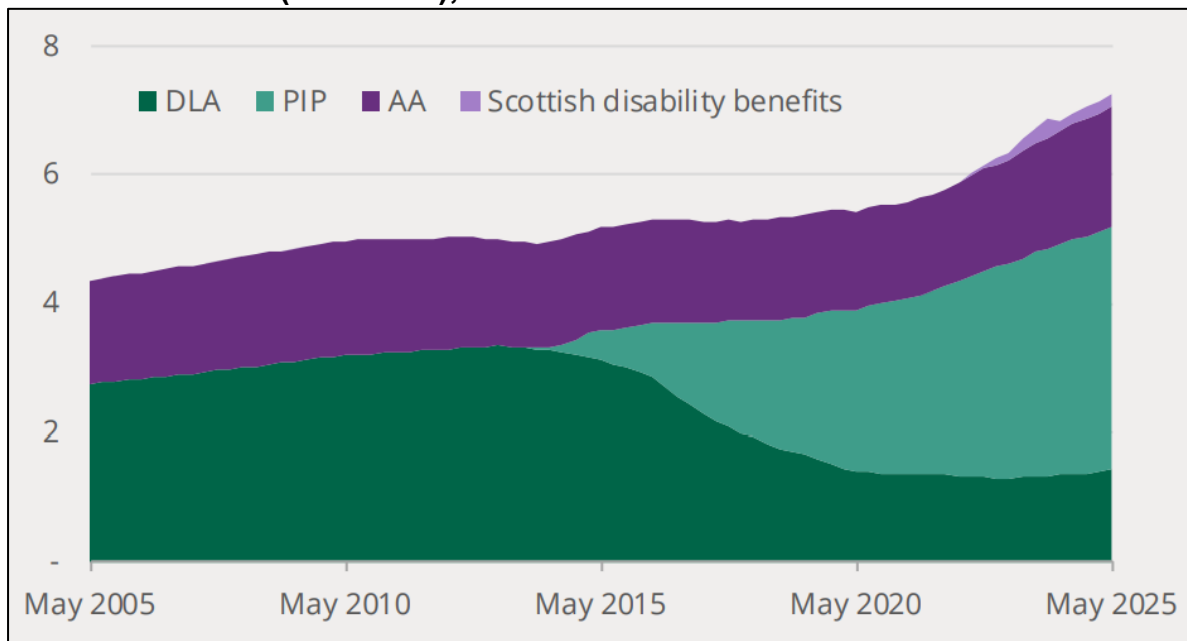
This section of the report addresses the secondary (contextual) research questions on how demand for disability benefits has changed in Scotland and who is in receipt of disability benefits and how has this changed over the last 15 years. It sets out recent trends in relation to disability benefits in Scotland since 2010. As described in [section 5.3](#) disability benefits have been subject to several major reforms over recent years, including the move from DLA to PIP and the introduction of ADP in Scotland. It is important to understand changing trends in disability benefits in the context of these wider reforms and changes in disability benefit caseload across the UK.

Summary: The number of working-age adults and children receiving disability benefits in Scotland has increased substantially since the early 2010s. The rise in disability benefit take up has been particularly pronounced in both Scotland and the UK since the Covid-19 pandemic with a spike in applications in Scotland following the introduction of ADP and CDP. The age profile of new recipients of working-age disability benefits in Scotland has changed and now includes a larger proportion of younger people. There has also been an increase in the proportion of people receiving working-age disability benefits due to mental and behavioural disorders and circulatory diseases.

3.1 How has demand for disability benefits changed over the last 15 years, in the UK and Scotland?

Across Great Britain the overall number of people receiving disability benefits has increased substantially over recent years.²⁰ This is illustrated in Figure 3.1 below which shows that overall, across all age categories the number of people receiving disability benefits has increased from 4.4 million in May 2005 (7.4% of the population) to 6.9 million in May 2025 (10.8% of the population).²¹ Over the period covered in Figure 3.1 there have been several reforms to the UK benefits system. Several reports^{22, 23, 24, 25, 26} highlight the notable rise in disability benefit caseloads that occurred across the UK in 2015-16 when the transition from DLA to PIP took effect (see [section 5.3](#)).

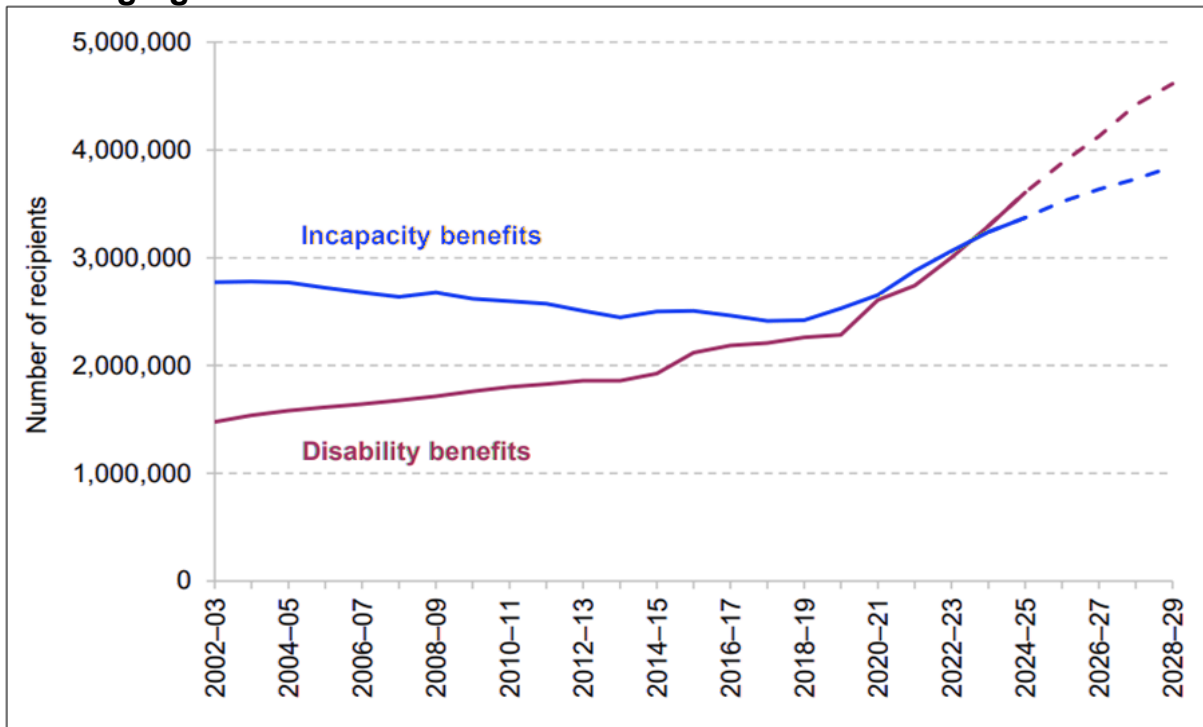
Figure 3.1: People claiming disability benefits in Great Britain. Claims with entitlement (caseload), millions



Source: House of Commons Library (2025) [UK disability statistics: Prevalence and life experiences](#)

As well as reforms to the benefits system, several studies highlight the growth of disability benefit caseloads post-Covid at the GB level. Analysis by the IFS on working-age disability and incapacity benefits showed that before the pandemic there had been a steady increase in the number of working-age disability benefit recipients, rising from around 1.5 million in 2002–03 to 2.3 million in 2019–20 (roughly 50,000 extra per year). However, the rate of increase has accelerated sharply since then growing by 1 million to 3.3 million between 2019–20 and 2023–24 (roughly 250,000 per year) (see Figure 3.2 below). Forecasts from the OBR and SFC suggest that the number of working-age people receiving disability benefits will grow considerably faster than the number of people receiving incapacity benefits over the coming years.²⁷

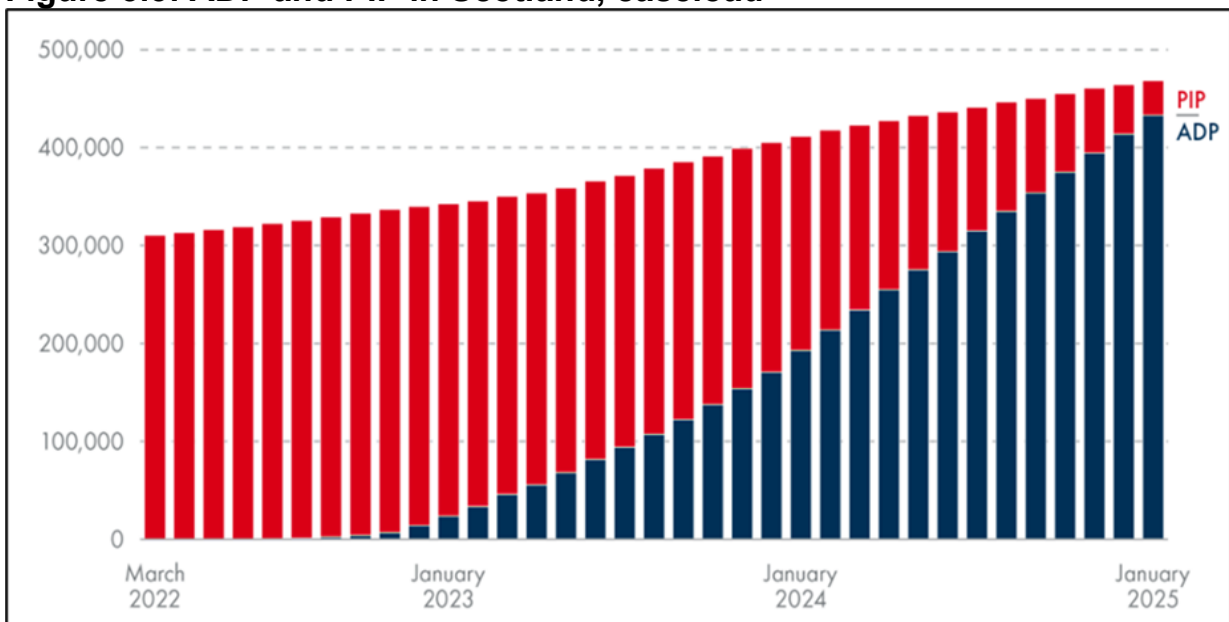
Figure 3.2: Number of disability and incapacity benefit recipients, among working-age individuals



Source: Ray-Chaudhuri, S. Waters, T (2024) [Recent trends in and the outlook for health-related benefits](#) (adapted for accessibility)

Similarly, to the rest of the UK the number of adults receiving disability benefits in Scotland has also increased relatively rapidly since the end of the Covid-19 pandemic. It is worth noting that this post pandemic period also saw the phased introduction of ADP in Scotland. The number receiving PIP or ADP in Scotland increased by 51% between March 2022 and January 2025 (from 310,545 to 468,470²⁸ (see Figure 3.3 below).

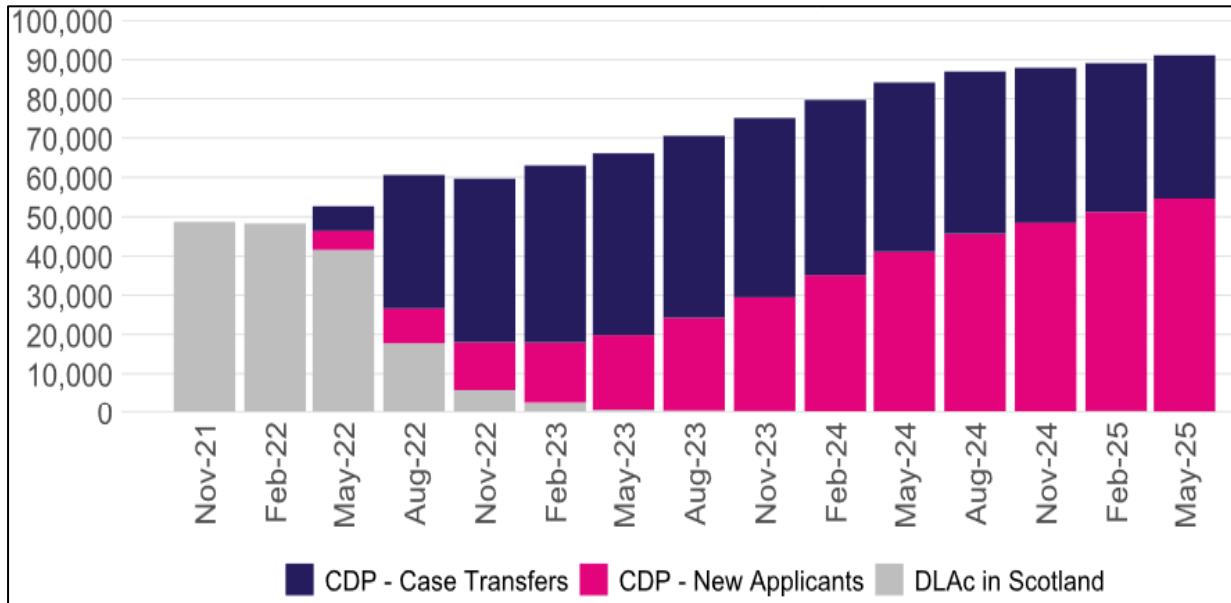
Figure 3.3: ADP and PIP in Scotland, caseload



Source: SPICe (2025) [Disability Benefit Reform – implications for Scotland](#) (adapted for accessibility)

There has also been a large increase in the number of children in Scotland receiving CDP or Disability Living Allowance for Children (DLAc).²⁹ Figure 3.4 shows that the number of children receiving either CDP or DLAc in Scotland has increased substantially between November 2021 and August 2024.

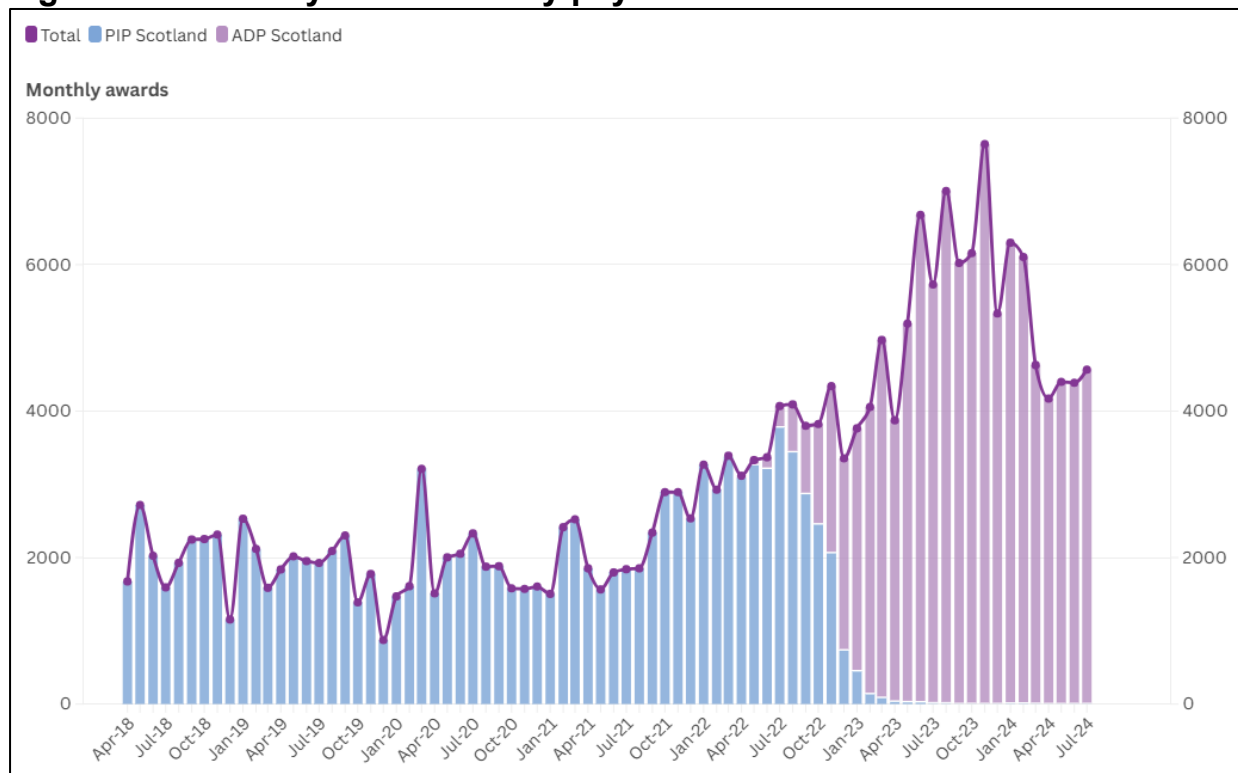
Figure 3.4: CDP and DLAc in Scotland, caseload. November 2021 – May 2025



Source: Social Security Scotland Analysis (unpublished analysis)

In addition to the overall disability benefit caseload increasing in Scotland, the number of monthly disability benefit awards has also been increasing. Whilst the number of new awards has fluctuated monthly, overall there has been a steady increase in the number of new awards. Figure 3.5 below shows the number of new monthly awards for PIP and ADP between April 2018 and July 2024, in addition to the overall upward trend in awards. Figure 3.5 also shows a large spike in new awards following the introduction of ADP, this peaked in November 2023³⁰ and has since fallen in 2024 and 2025.

Figure 3.5: Monthly new disability payment awards: Scotland

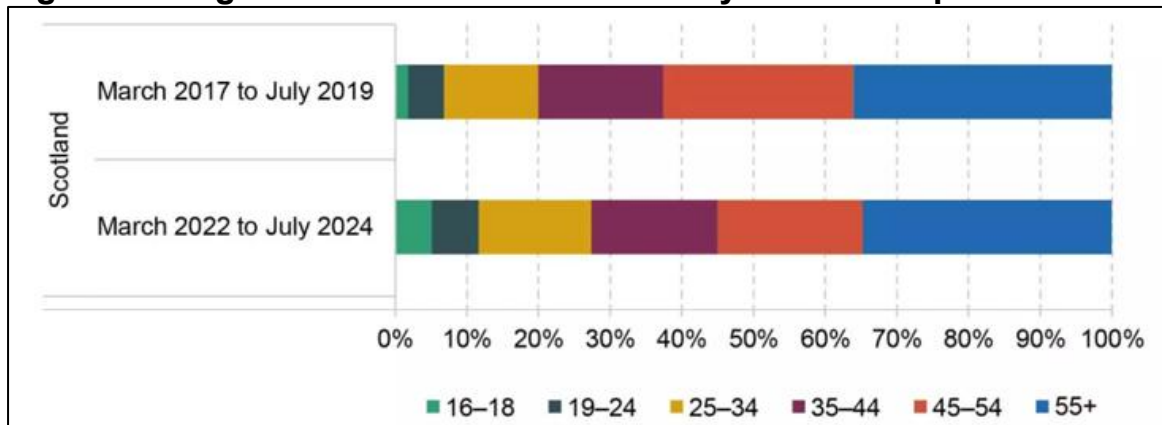


Source: Congreve, E. (2024) [New awards of disability benefits for adults: Comparing Scotland with England and Wales](#), Scottish Health Equity Research Unit

3.2 Who is in receipt of disability benefits (adults and children) and how has the profile of people applying for, and receiving disability benefits changed over the last 15 years?

Analysis carried out by the Institute for Fiscal Studies (IFS)³¹ examined the age profile of new recipients for PIP and ADP in Scotland. The analysis examined changes in the age profile between March 2017 to July 2019 and March 2022 to July 2024. It showed that the overall age distribution of new disability benefit recipients now includes a larger proportion of younger people particularly in the 16-18, 19-24 and 25-34 age groups (See Figure 3.6 below).

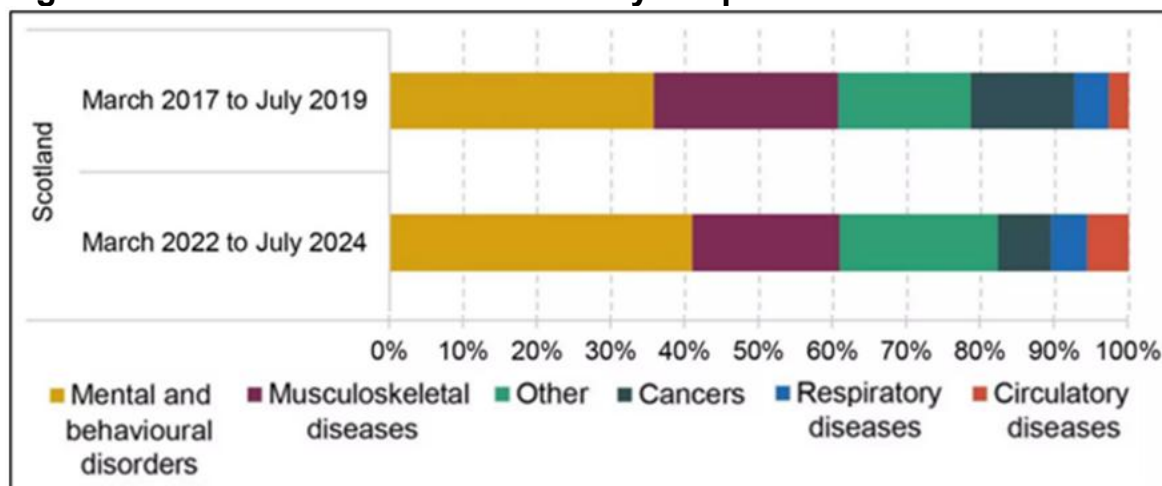
Figure 3.6: Age Distribution of new disability benefit recipients



Source: Adapted from IFS analysis based on calculations using DWP’s Stat-Xplore and Social Security Scotland in [What has happened to disability benefits in Scotland? An update](#)

The IFS analysis also examined the primary health conditions of new disability benefit recipients. There was a rise in the proportion of new recipients between March 2017 to July 2019 and March 2022 to July 2024 receiving disability benefits for ‘mental and behavioural disorders’ and circulatory diseases (see Figure 3.7).

Figure 3.7: Conditions of new disability recipients



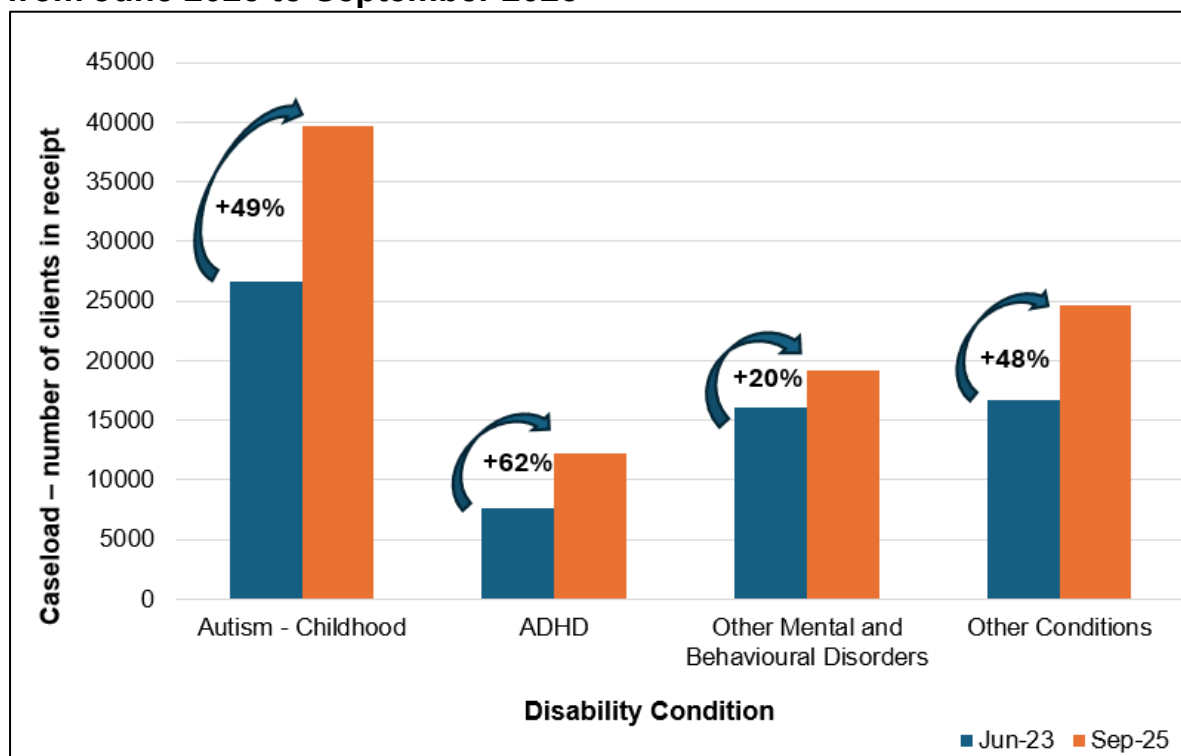
Source: Adapted from IFS analysis based on calculations using DWP’s Stat-Xplore and Social Security Scotland in [What has happened to disability benefits in Scotland? An update](#)

Between June 2023 and September 2025, the overall CDP caseload increased by 43% (67,000 to 95,810). The latest statistics show that the most common category of condition was ‘Mental and Behavioural disorders’, which has accounted for around 75% of the caseload since June 2023 and was 74% in September 2025.⁴ Within the mental and behavioural disorders category, there have been increases in the number of children receiving CDP as a result of the impact of Autism

⁴ Social Security Scotland Statistics: [Child Disability Payment: statistics to 30 September 2025](#)

and Attention Deficit Hyperactivity Disorder (ADHD). Over this time period the number of children receiving CDP with the primary disability condition recorded as Autism increased by 49% (26,685 to 39,690) and the number of children receiving CDP with the primary disability condition recorded as ADHD increased by 62% (7,575 to 12,250). See Figure 3.8 below.

Figure 3.8: Child Disability Payment Caseload by Disability Condition from June 2023 to September 2025



Source: Social Security Scotland Analysis (unpublished analysis)

Further discussion of who is in receipt of disability benefits and how this has changed can be found in [section 5.1](#).

3.3 The international context

One of the reasons that the rise in disability benefits caseloads in Scotland and the UK is of particular interest is that this rise does not appear to have been mirrored in other similar countries.³² Analysis by the IFS³³ found that the share of people claiming health-related benefits has remained similar to pre-pandemic levels or declined in other comparable countries. Whilst the IFS acknowledge that benefit systems vary across different countries they argue that ‘Nonetheless, the change in the caseload since the pandemic should still be instructive’. Denmark is the only other country, identified in the IFS analysis, where there has been a significant rise in health-related benefit claims and this rise is still ‘much smaller than in the UK’. The IFS suggested that it is likely that: ‘there are UK-specific factors driving the recent upsurge in claims’ and that these drivers are likely to go beyond the after-effects of the pandemic and the cost of living crisis.

4. Methodology

As explained in the introduction, quick scoping reviews systematically map the research carried out in an area and provide a general understanding of the volume and characteristics of the evidence base, as well as identifying any existing gaps in knowledge.³⁴ They allow questions to be answered by maximising use of existing evidence, whilst also providing a clear picture of the adequacy of that evidence using methods that are designed to be transparent and to minimise bias. This approach was considered the most appropriate review type to address the research questions.

4.1 Protocol

This review adheres to the guidelines set out in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR),³⁵ and drew on resources developed by the JBI.³⁶ The protocol is in [Annex 1](#).

4.2 Inclusion criteria

The timeframe of interest was from 2010 - (June) 2025 and sources were only included if published after 2010. This report focusses on evidence relating to disability benefits in Scotland but also includes evidence at a wider UK level and places developments in Scotland within the broader UK and European context. Sources were only included that incorporated evidence from Scotland, the rest of the UK, and/or Europe. Only sources published in English were eligible for inclusion.

The population of interest was disabled people (children and working-age adults) or people receiving disability or incapacity benefits. People of state pension age were not included. However, it is worth noting that working-age disability benefits include people of pensionable age and so analyses of PIP and ADP data will include some people of pensionable age.⁵ The topics of interest were disability/incapacity benefit caseloads (for secondary questions) and drivers of disability/incapacity benefit caseloads up (for primary questions).

4.3 Information sources

The library search identified 264 potentially relevant sources, through searches of Idox, KandE, Knowledge Network, Policy Commons, ProQuest, Google Advanced Search, Google Scholar, and Google Custom Search. This search was supplemented with other sources and grey literature⁶ which added a further 98 sources.

⁵ 'Working-age' benefit refers to the age at which a person starts to receive the benefit, and they continue to receive it for as long as they remain entitled, regardless of age.

⁶ Grey literature has been described as 'information produced on all levels of government, academia, business and industry in electronic and print formats not controlled by commercial publishing i.e. where publishing is not the primary activity of the producing body.' Third International Conference on Grey Literature in 1997 (ICGL Luxembourg definition, 1997 - Expanded in New York, 2004).

4.4 Search strategy

The search strategy was developed following analysis of text words contained in titles and abstracts of relevant reports/articles, as well as discussion with the Research Advisory Group. The full list of search items / keywords can be found in the protocol in [Annex 1](#). The search strategy, including all identified keywords was adapted for each database.

Literature searches were conducted by the Scottish Government Library Services between 22 May and 4 June 2025. This included all types of peer-reviewed and non-peer reviewed publications but did not include unpublished sources. The 98 'other sources' and grey literature were identified through independent web searches (including Google Scholar, think tank webpages etc.), following up cited references in papers and consultation with academic experts.

4.5 Selection of sources of evidence

Following the search, all identified citations were collated and stored in Excel and duplicates removed. Throughout the process, 12 duplicate records were identified and removed. The library was unable to provide a full list of duplicates removed and so this number is likely to be an underestimate. Following a pilot screening phase in which the inclusion criteria and screening process were refined, titles and abstracts were screened by two independent reviewers. Sources were categorized as 'clearly relevant,' 'clearly not relevant,' or 'uncertain.' Papers were marked as 'uncertain' if it was unclear from the title and abstract alone whether the source was relevant or not, and these sources were retrieved in full, full text screened and categorised as 'clearly relevant' or 'clearly not relevant.' For any papers not marked as relevant after full-text screening, the reason for exclusion was recorded. All sources were checked by one reviewer, but ten percent of all sources (35) were checked by the second reviewer. Any disagreements that arose between the reviewers at this or any stage of the selection process were resolved through discussion or with input from additional reviewers. Once all sources had been screened, the reviewers looked at each included source together to ensure full agreement. Upon completion of the screening stage, 23 sources were included.

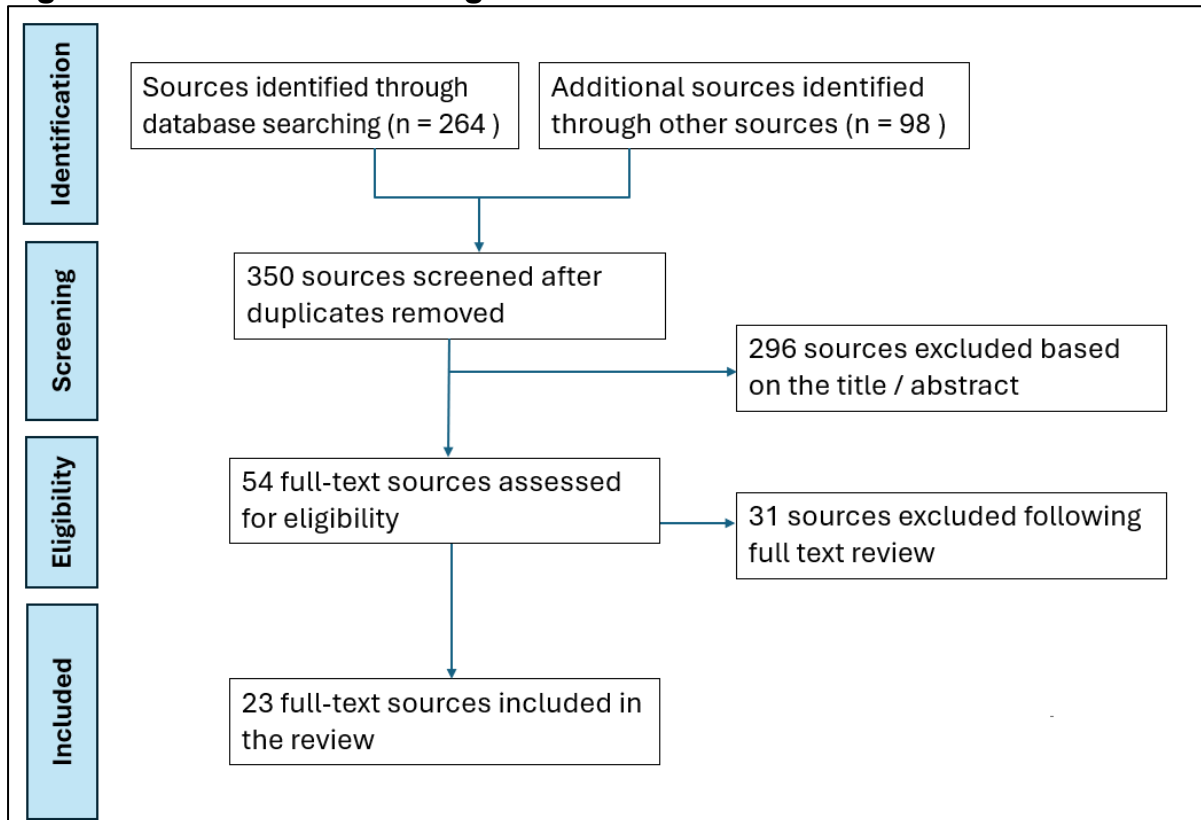
4.6 Data extraction

A JBI data extraction template³⁷ in Microsoft Excel was used to extract data from the included studies and modified slightly to account for the five different outcomes (drivers) and the fact that both primary and secondary questions were being addressed. Data were recorded independently by two reviewers to minimise bias and reviewers piloted the extraction tool by initially extracting data from five studies. The final extraction form recorded the title of the publication, authors, year of publication and geographical context, and information about the population. The aim/purpose of the study was also extracted as well as the general methodology and what type of source it was (e.g., study, report). For 'outcomes', a record was kept of whether the source discussed each driver by selecting 'yes' or 'no' as well as whether it addressed the contextual questions (again with a 'yes' or 'no' response). The key findings for each source were noted, categorised by primary and secondary

questions, and any other notes worth recording were added. A note was kept of where any secondary sources drew information from.

4.7 Results

Figure 4.1: PRISMA flow diagram



4.8 Description of sources

Twenty three sources were identified which met the inclusion criteria. Fourteen of these examined the drivers of disability benefits independently, while nine of the 23 included incapacity benefits or discussed health-related benefits. **Table 1** summarises the full-text sources included in the review. Note that for the ‘analysis’ column, “primary (statistical) analysis of published data” refers to the source that conducted new, statistical analyses on published data, “secondary analysis of published data” refers to sources that used published, raw administrative and/or survey data to report figures, generate tables/graphs and explain trends, and “review of existing research” refers to sources that investigated and/or discussed drivers by reviewing other existing research (involved no further analysis of data).

The predominant study designs used in these sources (21 out of 23) was secondary analyses. Only two of the sources were primary studies - in one, qualitative data was collected specifically for the purpose of the study, and in the other secondary data was used but primary statistical analysis was conducted. One further report included a stakeholder workshop. Four reports also included a review of existing research but involved no further analysis of data. Almost all the sources were grey literature (21 of

the 23 sources), around two-thirds (16 out of 23 sources) were produced by think tanks and just over a third of sources (nine) were by the IFS alone.

4.9 Table 1: Summary of included sources

Author(s)	Publication year	Publication source type	Geographical location	Population (or sample information if study)	Benefit type	Aim of publication	Driver	Analysis
Banks, Karjalainen & Waters (Institute for Fiscal Studies - IFS)	2023	Report	UK	Children, working-age adults	Disability benefits, incapacity benefits	Summarise evidence on the prevalence of disabilities and inequalities in disability (and link some findings with health-related benefit take up)	Health, attitudes and behaviour, demographic changes	Secondary analysis of published data
Basis Social	2025	Report	England and Wales	Working-age adults	Disability benefits	Examine different PIP claim 'journeys' amongst applicants and non-claimants	Attitudes and behaviours	Primary (qualitative) study
Chaudhuri & Waters (IFS)	2024	Report - comment	Scotland	Working-age adults	Disability benefits	Examine how the number of disability benefit applications and awards has changed in Scotland	Health, benefit system	Secondary analysis of published data
Congreve (Scottish Health Equity Research Unit)	2024	Report	Compares Scotland with England and Wales	Working-age adults	Disability benefits	Examine awards for disability benefits before and after the pandemic and compare Scotland to England and Wales	Health, benefit system, economy and labour market	Secondary analysis of published data

Author(s)	Publication year	Source type	Geographical location	Population (or sample information if study)	Benefit type	Aim of publication	Driver	Analysis
Evans (Learning and Work Institute)	2025	Report	UK	Working-age adults	Incapacity benefits, disability benefits	Discuss drivers for the increase in the number of successful applications for incapacity benefits and problems with the current system	Health, economy & labour market, benefit system, attitudes and behaviour, demographic changes	Secondary analysis of published data Review of existing research
House of Lords Economic Affairs Committee	2025	Letter	UK	Working-age adults	Incapacity benefits	A short enquiry to examine what is driving the increase in spending on disability and incapacity benefits	Health, benefit system	Secondary analysis of published data Review of existing research
Cribb, Karjalainen & Waters (IFS)	2022	Report	UK	Working-age adults	Disability benefits	Examine the living standards and health of working-age disabled people and disability benefit recipients over time	Health, benefit System	Secondary analysis of published data
Joyce, Chaudhuri & Waters (IFS)	2022	Report	England and Wales	Working-age adults	Disability benefits	Investigate the sharp increase in PIP claims from 2021 to 2022	Health, economy and labour market, benefit system	Secondary analysis of published data

Author(s)	Publication year	Source type	Geographical location	Population (or sample information if study)	Benefit type	Aim of publication	Driver	Analysis
Judge & Murphy (Resolution Foundation)	2024	Report	UK, England and Wales	Working-age adults, children	Disability benefits, incapacity benefits	Investigate trends in working-age health-related benefits and discusses each of the drivers often put forward to the explain these trends	Health, economy and labour market, benefit system, attitudes and behaviour, demographic changes	Secondary analysis of published data Stakeholder consultation
Latimer, Chaudhuri & Waters (IFS)	2025	Report	UK	Working-age adults	Disability benefits	Examine what different surveys tell us about working-age health and how this might be linked to the rise in disability benefit claims	Health, attitudes and behaviour	Secondary analysis of published data
Latimer, Pfaniz & Waters (IFS)	2024	Report	UK	Working-age adults	Disability benefits, incapacity benefits	Examine how individuals who receive disability benefits now compare with those who began applications before the pandemic (and compare with other countries)	Health, economy and labour market, benefit system	Secondary analysis of published data
Mosley (New Economics Foundation)	2025	Blog	England and Wales	Working-age adults	Disability benefits	Examine what is behind the rise in disability benefit claims	Health, economy and labour market, benefit system	Secondary analysis of published data

Author(s)	Publication year	Source type	Geographical location	Population (or sample information if study)	Benefit type	Aim of publication	Driver	Analysis
Murphy (Resolution Foundation)	2024	Report	UK	Children	Disability benefits	Examine trends in children's disability benefits	Health	Secondary analysis of published data
Murphy (Resolution Foundation)	2025	Slide pack	UK	Working-age adults	Disability benefits, incapacity benefits	Set out principles to guide policy makers through reforming incapacity and disability benefits	Health, demographic changes, benefit system	Secondary analysis of published data
Office for Budget Responsibility (OBR)	2019	Report	UK	Children, working-age adults	Disability benefits	Explain trends in spending on disability benefits - emphasis on recent years, and to assess the impact that the introduction of PIP has had on public spending	Health, benefit system, behaviours and attitudes, demographic changes	Secondary analysis of published data
Office for Budget Responsibility (OBR)	2024	Report	UK	Working-age adults	Incapacity benefits, (some content on disability benefits)	Explore potential drivers of the increase in working-age IB caseloads, with focus on how changes in the operation of the IB system may have contributed to trends in successful applications, particularly since 2010	Health, economy and labour market, benefit system, demographic changes	Secondary analysis of published data Review of existing research

Author(s)	Publication year	Source type	Geographical location	Population (or sample information if study)	Benefit type	Aim of publication	Driver	Analysis
Ray-Chaudhuri & Waters (IFS)	2024	Report	UK	(Mostly) working-age adults	Disability benefits, incapacity benefits	Present and summarise the latest data on health-related benefits in the UK and discuss potential causes for the rise in caseload. Examine data before and after the pandemic	Health, economy and labour market, benefit system	Secondary analysis of published data
Scottish Fiscal Commission (SFC)	2023	Report	Scotland	Children, working-age adults	Disability benefits	Provide forecasts for spending	Benefit system, economy and labour market	Review of existing research Secondary analysis of published data
Scottish Fiscal Commission (SFC)	2025	Report	Scotland	Children, working-age adults	Disability benefits	Provide forecasts for spending	Benefit system, economy and labour market	Secondary analysis of published data
Scottish Parliament	2025	Blog	Scotland	Working-age adults	Disability benefits	Consider how the proposals for PIP reform could affect Scotland	Health	Secondary analysis of published data

5. Findings

This section describes findings related to the primary research question: **‘What are the drivers of changes in the overall number and profile of people applying for and receiving disability benefits over the last 15 years?’**

The review shows that a large proportion of the identified evidence is focused on changes in population health as a driver, followed by changes in the design and operation of the benefit system(s). The number of sources found for each driver were as follows:

- Changes in population health - 18 sources
- Changes in the design and operation of the benefit system(s) - 17 sources
- Changes in the economy and labour market - 11 sources
- Changes in attitudes and behaviour - 7 sources
- Demographic changes - 4 sources

The results are presented for each of the five drivers. However, they often intersect, and many sources discuss multiple drivers. Signposting is used throughout to highlight the connections across the different drivers.

Within each section, specific research questions are posed which flow from the conceptual model ([Annex 1](#)). These were developed by the Research Advisory Group and updated as the evidence review developed.

The aim of a quick scoping review is to identify relevant studies and gaps in research, and typically they do not assess the methodological quality of included studies. However, for policy purposes it was important to understand whether findings were robustly evidenced, or more speculative. This review presented primary evidence first in each section, followed by discussions that drew on evidence from other sources and/or included more speculative conclusions. Most of the sources are secondary and in these cases the findings for Scotland are set out first, followed by findings for the UK as a whole or constituent countries.

5.1 Demand driven by changing population health

Eighteen sources examined the role of health as a driver of demand for 'health-related'⁷ benefits. Seventeen focused on changes in population health, and one examined the role of NHS waiting lists. Sources included grey literature by the IFS, the Resolution Foundation, the Learning and Work Institute, Scottish Health Equity Research Unit (SHERU), the Office for Budget Responsibility (OBR), the Scottish Parliament and the Scottish Fiscal Commission (SFC). All sources used existing administrative and survey data. One primary source used secondary data, but primary statistical analysis was conducted.

5.1.1 What evidence is there that declining population health is a driver of disability and health-related benefits?

Summary: Nine sources examined population health within the context of increasing health-related benefit caseloads. The majority of sources suggested that population health has declined across Scotland and the UK. Most of the sources showed that rates of disability and ill health amongst children and working-age adults have increased since the early 2010s, and particularly since the onset of the Covid-19 pandemic. This is demonstrated in both objective measures of population health and more subjective, survey based self-report measures of health (although not all analyses of surveys of self-reported health show that this is declining). The evidence suggests that the rise in the share of the population who report being disabled or in ill-health mirrors, and may at least partially explain, the rise in disability benefit caseloads.

Nine sources^{38, 39, 40, 41, 42, 43, 44, 45, 46} examined whether there had been an increase in reports of disability and ill health. None of these focused exclusively on Scotland, however a report by the IFS⁴⁷ included a small comparison between Scotland and England and Wales. This stated that Census data for Scotland showed that from 2011 to 2021, the share of people self-reporting that they were in 'bad' or 'very bad' health increased slightly, whereas for England and Wales it stayed roughly the same (with a slight decline). The report suggested that this could be due to a genuine difference between Scotland and England and Wales, or because the Scotland Census was carried out a year later in 2022 and so might possibly reflect the longer-term effects of Covid-19.

The rest of the sources and findings focused on the UK, England, or England and Wales. Six of these sources reported that across the UK there has been an increase in the share of people reporting that they are disabled or experiencing a health condition which limits their daily activity. For England and Wales, one report by the Resolution Foundation⁴⁸ stated that if the receipt rate for disability benefits had remained the same between 2013 and 2023, then population change⁸ and increased self-reported disability alone would have accounted for 87% of the increase seen in disability benefit caseload over this period.

⁷ 'Health-related benefits' refers to disability and incapacity benefits

⁸ See [section 5.10](#)

However, not all sources reviewed showed a clear increase in reported disability / ill health: two reports, one by the IFS⁴⁹ and one by the Learning and Work Institute⁵⁰ outlined that findings may depend on the data being used, as “different surveys measure different things in different ways”. This is the case for self-reported measures in particular but more objective measures (such as life expectancy) do make clear that population health has declined in recent years and that inequalities in health have widened by most measures.⁵¹

Only one of the nine sources, a letter from the House of Lords Economic Affairs Committee to the Secretary of State for Work and Pensions,⁵² claimed that the “health of the nation has been fairly stable over the past decade.” This letter used data (self-reported long-term health problems over time) from the UK Household Longitudinal Survey and the Health Survey for England. However, these self report measures are limited, which may explain why they do not show a clear increase in reports of disability and ill-health like other surveys and administrative data do.⁹

Five of the nine sources used alternative ways to investigate changes in population health other than survey based self-reported measures of health, including mortality and sickness absence from work. A Resolution Foundation report (2024)⁵³ showed that in the UK, between 2020 and 2022, life expectancy rates were the lowest they have been since between 1980 and 1982, and while this most recent fall may be a result of the pandemic, life expectancy rates began declining in 2011. Two of the sources showed that mortality rates for working-age adults have remained higher since the pandemic.^{54, 55} Of these two, one⁵⁶ was based on UK data and the other used data for England and Wales.⁵⁷ The IFS report⁵⁸ also showed that sickness absences are higher now than pre-pandemic levels (using a mix of UK and England data) and a slide pack by the Resolution Foundation⁵⁹ showed that the proportion of working-age families in the UK with at least one disabled adult increased from 2012-13 to 2022-23 in every household income decile.

Three reports by the IFS^{60, 61, 62} outlined that (in 2022) the success rate for new PIP applications had remained roughly the same since around 2016. They stated that this indicated that the rise in new awards for disability benefits is a result of more people being in ill health rather than due to changes in disability benefit assessments. One of the reports discussed this in relation to mental health specifically.⁶³ This is discussed more in [section 5.2](#).

5.1.2 What evidence is there that increases in mental and behavioural disorders have driven disability benefit caseloads?

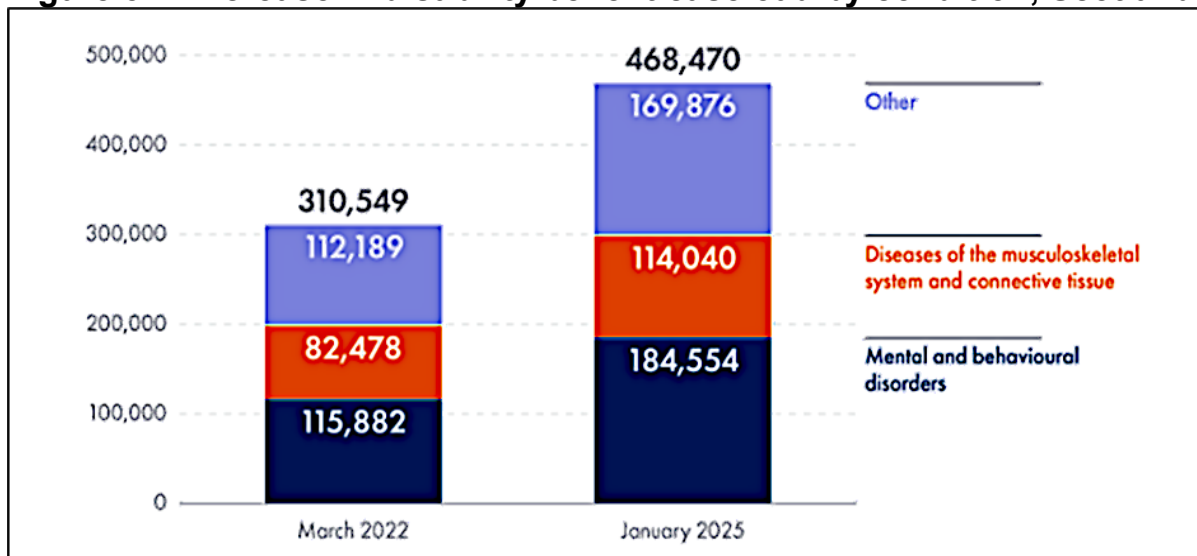
Summary: Thirteen of the sources reviewed discussed the rising prevalence of ‘mental and behavioural disorders’ within the context of increasing disability benefit caseloads. Together, they showed that there has been a large increase in the number of people receiving disability and health-related benefits as a result of the impact of these. One source⁶⁴ stated that 55% of the post-pandemic rise in disability

⁹ In these two reports, the Labour Force Survey and Family Resources Survey captured the growing disability benefit caseload evidenced by administrative data, whereas the Health Survey for England, UK Household Longitudinal Survey and the English Longitudinal Survey of Ageing did not. Moreover, surveys that did capture the rise in disability benefits caseloads also showed a rise in the number of people reporting long-term health problems.

benefits are due to claims primarily for mental health problems/conditions. Several sources presented evidence to suggest that this reflects wider shifts in population mental health. There has been an increase in the number of people reporting a mental health problem/condition over time, and this increase has been particularly pronounced since the pandemic. There have also been increases in the number of people dying from ‘deaths of despair,’ the number of people in contact with mental health services, and the number of people receiving antidepressants. Several of the sources highlighted that some of these increases may in part be due to increased awareness of mental health problems/conditions and a greater willingness to report these and seek help.

Five of the thirteen sources stated that the proportion of people receiving disability benefits for mental health problems/conditions and behavioural disorders has increased since the early 2010s or since the onset of the Covid-19 pandemic in 2020. Three sources focused specifically on Scotland. A report by the Scottish Parliament’s Information Centre⁶⁵ showed that around a third of ADP/PIP recipients reported a ‘mental or behavioural disorder’ as their main condition in 2025.¹⁰ This was also the case in 2022; however, the increase in disability benefit caseload for ‘mental and behavioural disorders’ was larger than the increase for any other condition.

Figure 5.1: Increase in disability benefit caseload by condition, Scotland



Source: SPICe Spotlight (2025). [Disability Benefit Reform – implications for Scotland](#) (colours adapted for accessibility)

Another report by the IFS⁶⁶ showed that the percentage of new disability benefit recipients (PIP and ADP) receiving disability benefits for mental and behavioural disorders in Scotland increased between March 2017 and July 2019 and March 2022 and July 2024, and that there are a larger percentage of people receiving disability benefits for ‘mental and behavioural disorders’ in Scotland than in England and Wales (both before and after the introduction of ADP). The third source⁶⁷ had similar

¹⁰ Administrative data only records the main condition, which is self-reported by the applicant. Applicants may also have other conditions.

findings showing there was a large rise in the number of new awards for ‘mental and behavioural disorders’ in Scotland over the pandemic period, and the percentage change was larger in Scotland than England and Wales.

The other two reports did not include data for Scotland. A report by the IFS⁶⁸ compared the (in their terms) ‘primary medical conditions’ associated with PIP awards in England and Wales before and after the pandemic. It stated that the biggest change was for ‘mental and behavioural disorders’ which increased by 9%. Similarly, the 2024 Welfare Trends report⁶⁹ by the OBR showed that in England and Wales, the share of PIP onflows for ‘mental health conditions’ increased over the pandemic period by around 10%.

Eight sources discussed the rise in applications for disability and health-related benefits for mental health problems/conditions and ‘behavioural disorders’ and how this reflects wider shifts in population mental health. None of the sources focused on Scotland. Collectively, they illustrate that across the UK, England, and England and Wales, the increase in applications for disability and health-related benefits for ‘mental and behavioural disorders’ is mirrored by an increase in rates of self-reported mental health problems/conditions in the general population.

A report by the IFS⁷⁰ showed that in 2023 there was an increase in ‘deaths of despair’ (caused by alcohol, drugs or suicide) compared to the 2015-19 average. Moreover, between 2019 and 2023, the number of people in contact with mental health services increased by 36%, and the share of people in England receiving antidepressants increased by 12%. This source stated that this will be at least partly due to the NHS’s aims to increase provision of mental health services, however the findings are in line with the rise in reports of mental health problems/conditions within the population. Changing attitudes and behaviours around mental health were discussed in several reports and is explored in [section 5.9](#).

5.1.3 What evidence is there on child disability driving increases in child disability benefit caseloads?

Summary: Five of the sources discussed child disability and/or changes in child disability benefit caseloads. There has been a large increase in the number of disabled children in the UK since before 2010, and the proportional rise in reports of children being disabled has outpaced that for working-age adults. Across the UK, the most common reasons for being disabled are related to social/ behavioural issues, learning disabilities, and mental health problems/conditions.¹¹ Whilst the proportion of children with social/ behavioural issues and mental health problems/conditions has risen, the proportion of children with learning disabilities has remained broadly unchanged.

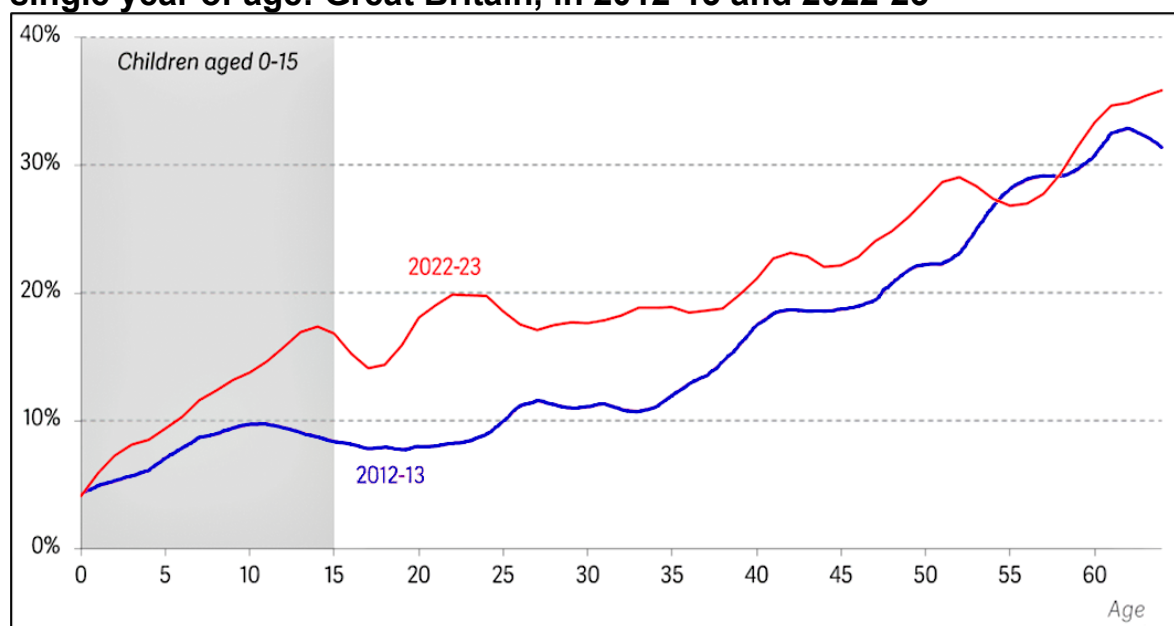
Five reports^{71, 72, 73, 74, 75} showed that there has been a rise in the proportion of children in receipt of disability benefits (for Scotland, England or the whole of the UK). Two reports by the SFC from 2023⁷⁶ and 2024⁷⁷ showed they had increased

¹¹ The disability condition data in Scotland, England and Wales is recorded using codes which were developed based on [International Statistical Classification of Diseases and Related Health Problems 10](#)

their forecasts for spending on CDP, mainly due to the higher number of successful applications for CDP than they had previously anticipated. The SFC suggested that this mirrored a trend across the UK for more successful applications for child disability payments since 2020 but also speculated that it was due to the introduction of CDP in 2021 'leading to larger increases in Scotland than in England and Wales.' (see [section 5.3.2](#))

A Resolution Foundation report⁷⁸ showed that for England and Wales, this increase is almost entirely due to a higher disability benefit (child DLA) receipt rate as opposed to older working-age people for which the increase is partly due to population change. The other two reports^{79, 80} stated that the increase in child disability benefit receipt is mirrored by an increase in reported disability in children, as stated by a further Resolution Foundation report:⁸¹ 'the upward trend in child DLA fundamentally reflects the sharp rise in the prevalence of poor health and disability among British children.' This report also stated that the proportional rise in disability in children outpaces that for working-age adults. Figure 5.2 shows how the prevalence of disability among children has increased over the last ten years, particularly for children aged 11-15.

Figure 5.2: Proportion of the population aged 0-64 who are disabled, by single year of age: Great Britain, in 2012-13 and 2022-23



Source: Murphy, L. (2024) [Growing Pressures: Exploring trends in children's disability benefits](#), Resolution Foundation (colours adapted for accessibility)

It is also evident from these reports that the types of health conditions experienced by children are reflected in the impact of the types of conditions that children receive disability benefits for. The 'Growing Pressures' report⁸² showed that the most common main conditions for children in receipt of disability benefits in England and Wales were learning difficulties, behavioural disorders and ADHD, and the receipt rate has increased for all three. This mirrors health conditions in disabled children more widely: the OBR 2019 Welfare trends report⁸³ showed that across the UK,

social/behavioural and learning disabilities were the most reported disability for children in 2016-17, with the largest proportional increase between 2012-13 and 2016-17 being for mental health conditions. By 2022-23, the most common disorders experienced by children were social/behavioural, learning, and mental health disorders.⁸⁴ More on changes in child disability benefit caseloads can be found in [section 3.2](#).

5.1.4 What evidence is there about age and gender differences in relation to rising disability and health-related benefit caseloads?

Summary: Nine sources highlighted age/gender differences in relation to health and rising disability and health-related benefit caseloads. There has been an increase in the number of young adults, particularly young women, receiving health-related benefits and reporting that they are disabled or experiencing ill-health. Young people are also more likely to receive disability benefits for conditions relating to mental health, which appear to be particularly common among young women.

Three of the sources that highlighted age differences focused on Scotland.^{85, 86, 87} They showed that older adults are more likely to receive disability benefits,^{88, 89, 90} and in absolute terms, the largest increase in new awards has been for older adults 55 and over.^{91, 92} However, there has been a larger proportional increase in the number of young people receiving disability benefits, and it is this group that make up a larger proportion of awards since the pandemic, according to the SHERU report.⁹³ Two of the reports compared Scotland with England and Wales.^{94, 95} An IFS report⁹⁶ stated that the rise in young people applying for disability benefits in Scotland “mirrors the change seen in England and Wales.” The SHERU report⁹⁷ also stated that there are no major differences in the age profile of ADP awards compared to PIP. However, it did report that since April 2024, rates of new awards for disability benefits are lower in Scotland than England and Wales for every age group except under 25’s.

The rest of the reports focused on the UK, England, or England and Wales. These findings largely mirrored findings for Scotland showing that while most people who receive health-related benefits - disability and incapacity benefits together - are older, there has been a large increase in the number of young people in receipt of disability benefits.⁹⁸ In terms of gender, it was also evident that there has been a larger increase in awards for health-related benefits for women compared to men^{99, 100} and there has been a rise in the number of older women receiving incapacity benefits due to the rising state pension age¹⁰¹ (see [section 5.10.2](#)). The 2024 Welfare Trends report by the OBR¹⁰² compared the increase in incapacity benefit caseload across different ages for men and women over the pandemic period. It reported that all age and gender groups showed similar rises.

Two sources showed that this reflects health trends in the general population: young people - young women in particular¹⁰³ - are more likely to report that they are disabled or in ill health than previously, both across the whole of the UK and for England/England and Wales.¹⁰⁴ This Resolution Foundation report showed that between 2013 and 2023, there has been a rise in overall disability benefit caseload for 16-24-year-olds of 151,000 and 25-34 year-olds of 183,000, driven by a rise in self-reported disability in these groups. This report also showed that across England

and Wales, for younger age groups, had all other factors been held constant, the increase in self-reported disability would have pushed the disability benefit caseload higher than it actually was.

With regards to mental health, young people were more likely to receive disability benefits for a mental health problem/condition. An IFS report¹⁰⁵ stated that in England and Wales, 70% of PIP recipients under 25 receive disability benefits for a 'mental or behavioural condition'. For those age 55 or above it was only 20%. Another source¹⁰⁶ reported that across the UK, in 2023-24, 82% of awards to 16-year-old women were primarily due to mental health problems/conditions compared with 12% for 64-year-old women, claiming that this indicates that some of the increase in awards for mental health problems/conditions is a result of a rise in claims by young people. The sources also showed that women were more likely to report a mental health problem/condition, though these findings were based on data for England.^{107, 108} The report by the Learning and Work Institute showed that this was the case for women of all ages, and the OBR 2019 welfare trends report summarised findings from two NHS surveys, stating that the increase in prevalence of mental health problems/conditions from 1999 to 2017 was particularly large for young girls, young working-age women, and older working-age women.

5.1.5 What evidence is there that the Covid-19 pandemic was a driver of disability or health-related benefits?

Summary: Seven sources discussed the effect of the Covid-19 pandemic on rising health-related benefit caseloads. They stated that population health (including mental health) was declining before the pandemic and that evidence suggests that this decline has accelerated and has continued since the beginning of the pandemic.

The effect of the Covid-19 pandemic is highlighted several times throughout this report, but the findings on health are summarised here. Two of the sources that discussed the pandemic period focused on Scotland. Together, they showed that since the onset of the pandemic in 2020 there has been a large increase in the number of new awards overall, the number of new awards for 'mental and behavioural disorders',¹⁰⁹ and the number of new awards for young people specifically. These findings are in line with what is seen across the rest of the UK. The IFS report¹¹⁰ largely discussed the increase in awards over the pandemic period within the context of the rollout of ADP in Scotland (see [section 5.2](#)) rather than within the context of changing population health.

Other sources focused on the UK, England, or England and Wales. While it is evident that the disability benefit caseloads have increased since the early 2010s, these sources provided evidence to suggest that there has been a larger rise over the pandemic period,¹¹¹ particularly for conditions relating to mental health problems/conditions.^{112, 113} They suggested that this reflects a change in population health, and mental health, over the course of the pandemic.^{114, 115}

One report by the IFS¹¹⁶ which drew comparison with other OECD countries, stated that the interaction of a combination of drivers is the most convincing explanation for the rise [in health-related benefits], in particular, the interaction of recent health and income shocks, the state of the UK's economy, welfare system and public services.

It stated: ‘the UK’s health system has struggled to cope since the pandemic, and this may mean COVID has (directly or indirectly) had a greater impact on health and health-related benefit claims in the UK than elsewhere.’

5.1.6 What evidence is there that NHS waiting lists have driven up disability and health-related benefit caseloads?

Summary: The review did not identify evidence to suggest that NHS waiting lists are a driving factor in explaining the recent rise in health-related benefit claims. However, only one source was identified and thus it is not possible to rule out NHS waiting lists as a factor in increased health-related benefit caseloads.

Only one study was found that investigated the role of NHS waiting lists and it focused on data from England. The report by the IFS¹¹⁷ was a primary source which used secondary data but conducted primary statistical analysis. It did not find strong evidence to suggest that longer waiting lists or waiting times are a driving factor in explaining the recent rise in claims for health-related benefits. There was some evidence of a slight relationship between elective waiting lists and claims for ‘mental health conditions’, and trauma and orthopaedic care waiting lists and musculoskeletal conditions. However, the effects are very small and disappear when alternative measures of waiting lists and times are used (i.e., when they only include working-age adults). Any effect found does not necessarily mean there is a causal relationship. Given only one source was identified, it is not possible to rule out NHS waiting lists as a factor in increased disability and health-related benefit caseloads.

5.2 Demand driven by changes in the policy design and operation of the benefits system(s)

This section of the report reviews the evidence on the ways in which changes to the design and operation of the Scottish and UK benefit systems may have driven demand for disability benefits since 2010. It begins by discussing the effects of disability benefit reforms, then examines the evidence on whether changes to UK disability benefit (PIP) application, assessment and reassessment approaches may have driven up PIP caseloads. Finally, wider changes to the UK benefits system are considered, including whether unintended consequences and the conditionality of means-tested benefits may have driven take up of disability benefits.

Seventeen sources examined factors related to changes in the design of the benefit system(s) as drivers of demand for disability benefits since 2010, several of which also considered incapacity benefits. The majority focused on more recent changes to the benefit system(s) (shortly before and after the pandemic), rather than longer term changes since 2010. Five specifically examined the role of Scotland's devolved disability benefit system as a driver of demand for disability benefits and higher caseloads. Sources included reports by the IFS, the Resolution Foundation, the SHERU, the OBR, SFC and the Learning and Work Institute. These included a mix of secondary analysis of published data, reviews of existing research, findings from a stakeholder consultation and opinion pieces. None involved primary research.

5.3 What evidence is there that demand for disability benefits has increased because of disability benefit reforms?

This section considers the evidence on disability benefit reforms, and whether changes in the policy design and delivery of new systems have acted as drivers of increased disability benefit caseloads over the last 15 years. The key reforms over this period are the transition from DLA to PIP (at the UK level) which began in 2013 (migration is ongoing), and the more recent introduction of ADP and CDP in Scotland.

The purpose of this report is not to draw comparisons between the UK and devolved social security systems. However, several of the studies included examined the differences between ADP and PIP as a means of understanding the extent to which devolved disability benefits in Scotland were a driver of increased caseloads.

Summary: The policy design of PIP (including its changed focus on assessment of functionalities rather than conditions) and early delivery challenges associated with the transition from DLA to PIP were factors which contributed to the increased PIP caseload.

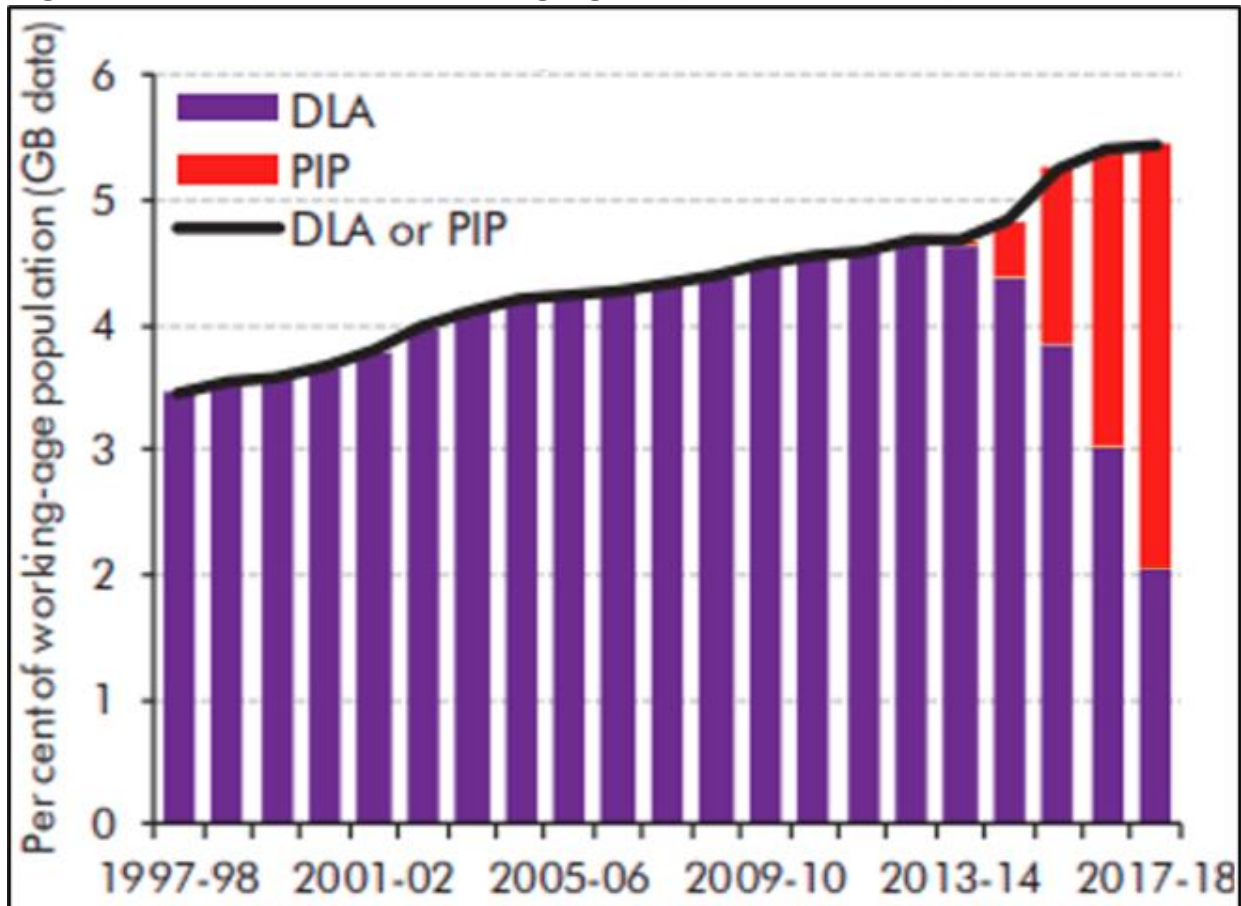
Several sources discussed features of ADP which they anticipated would increase caseloads by removing barriers for disabled people, increasing support available to people applying for ADP and reforming the approach to reviews. None of these sources provided causal evidence to show that these changes had led to the increases in caseload in Scotland.

It can take many years for awards to stabilise after the introduction of a new disability benefit¹¹⁸ and it may be too soon to assess whether the devolution of disability benefits to Scotland has driven up caseloads in the post-pandemic period. Longer term data are required.

5.3.1 Did the replacement of DLA with PIP increase demand and PIP caseloads?

Five sources^{119, 120, 121, 122, 123} discussed how the introduction of PIP to replace DLA had increased caseloads, although three of these mainly focused on increased spending.¹² Several reports^{124, 125, 126, 127, 128} discussed how PIP was intended to reduce disability benefit caseloads and spending, whereas in fact the reverse occurred. The 2019 OBR report¹²⁹ showed how the proportion of working-age adults in receipt of DLA or PIP rose from 3.5% in 1997-98 to 4.3% in 2007-08 and 5.4% in 2017-18 and highlighted the notable rise in 2015-16 when the transition from DLA to PIP took effect.

Figure 5.3: Proportion of working-age population in receipt of DLA or PIP



Source: DWP, ONS, OBR in Office for Budget Responsibility (2019) [Welfare trends report – January 2019](#) (colours adapted for accessibility)

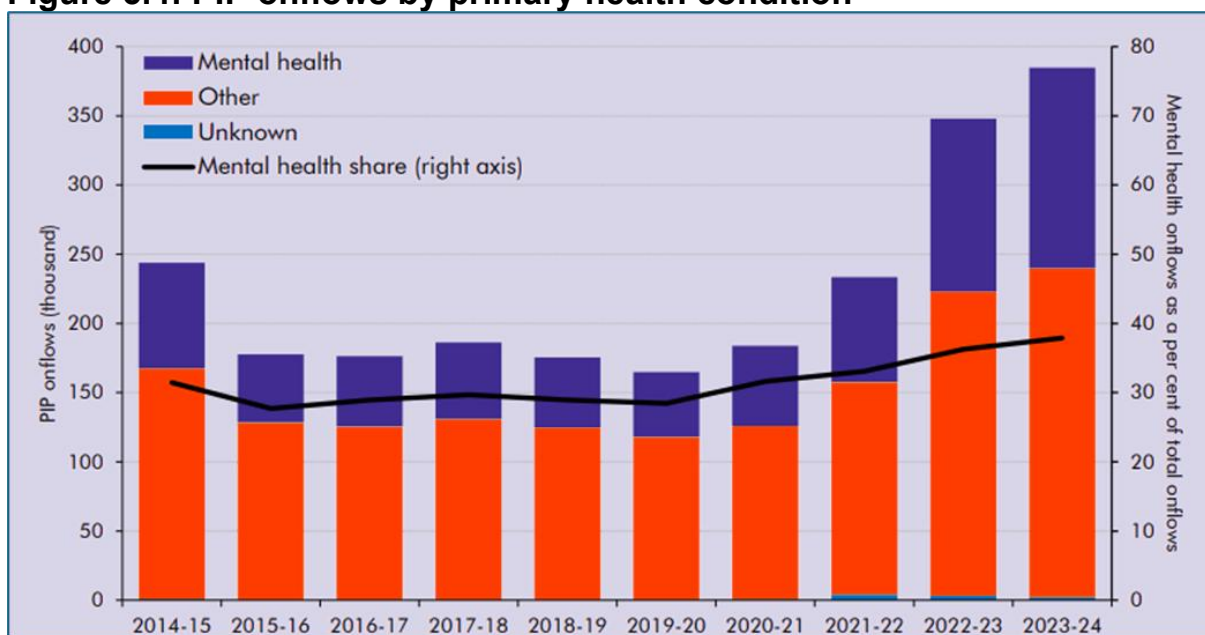
¹² There are many more publications which examine the introduction of PIP. However, only these reports met the eligibility criteria for inclusion in this quick scoping review.

The 2019 OBR report¹³⁰ showed that the introduction of PIP saw higher than expected: volumes of new claims to PIP (and compared to DLA); success rates for new claims; higher than expected award rates at reassessment and; average awards, and lower than expected: reassessment volumes; and numbers of people coming off PIP – ‘outflows’ initially, which led them to revise up their spending forecasts. It also reported that legal challenges contributed to higher than forecasted award rates and spending on PIP. The Resolution Foundation¹³¹ noted that early operational challenges led to delays and backlogs which partly explain the increasing share of PIP recipients on longer awards: ‘PIP was bedevilled by delivery challenges from the outset, with new claimants sometime encountering delays of six months or more before they reached first assessment’.

All five of the reports examined or discussed whether changes in policy introduced by PIP (especially the decision not to include the lowest level of support available in DLA) increased the share of awards to disabled people with mental health conditions and learning disabilities. The 2019 OBR report¹³² stated that PIP shifted the assessment approach away from a focus on conditions and towards assessment of functionalities, which made it more likely than DLA to recognise the needs of people with mental health conditions and learning difficulties. This was reiterated in a 2025 Resolution Foundation report.¹³³ A separate report by the Resolution Foundation (2024)¹³⁴ stated that an explicit policy aim of PIP was to provide better support for people with mental health conditions and learning disabilities than its predecessor (DLA) and suggested that this may have contributed to increased caseloads for people with mental health conditions.

However, the 2024 OBR report analysed DWP data on the primary conditions of PIP ‘onflows’ (successful applications) which showed that the share of onflows / successful applications for mental health conditions was relatively stable up until 2019-20 and did not start to increase until the Covid-19 pandemic (Figure 5.4). This share has risen by a third, up from 28% in 2019-20 to 38% of onflows in 2023-24.

Figure 5.4: PIP onflows by primary health condition



Source: DWP, OBR in Office for Budget Responsibility (2024) [Welfare trends report – October 2024](#) (colours adapted for accessibility)

A report by the IFS (2022)¹³⁵ noted that one of the UK government’s policy aims of PIP was to better target support to those with the greatest ‘medical need’. The report found evidence that ‘disability benefits receipt has become more concentrated among those with a substantial number of conditions, suggesting that disability benefits in 2018–19 were more targeted at those in the worst health than in 2012–13.’ It also found that the overall increase in claims had become concentrated among those with psychiatric conditions (as mirrored across the population as a whole). However, their analysis wrote that ‘the screening of applicants with mental health and social/behavioural problems has not become any more or less lenient over time, suggesting that the disability benefits system continues to restrict support to those with the most severe mental health and social/behavioural problems.’

5.3.2 Did the replacement of PIP with ADP in Scotland increase demand and ADP caseloads?

Five sources^{136, 137, 138, 139, 140} were included that examined how changes in the design and delivery of ADP may have acted as a driver for increased disability benefit caseloads in Scotland, particularly after the initial rollout of ADP. Three of these reports were by the IFS, one by the SFC and one by SHERU.

Awards for disability benefits in Scotland started to rise before the rollout of ADP and a steady upward trend in awards began in 2021. This reflects similar trends in England and Wales.¹⁴¹ However, several reports^{142, 143, 144, 145} showed a notable escalation in new applications and successful awards after the rollout of ADP and CDP in 2023 in Scotland, compared to the rate of new applications in England and Wales over the same period. Regarding applications, an IFS report¹⁴⁶ wrote: ‘New applications to ADP in Scotland – as a share of the working-age population – were 41% higher in the three months to May 2023 than in the three months to May 2022 (Scottish Fiscal Commission, 2023). In comparison, new applications grew by only 16% in England and Wales in the same period.’

A separate IFS report¹⁴⁷ speculated that this might be partly explained by applicants choosing not to apply for PIP in anticipation of the introduction of ADP, alongside delays before ‘significant numbers of applications were processed’. It is also worth noting that the introduction of CDP and ADP received significant media attention which may have raised people’s awareness of the new devolved benefits.¹⁴⁸

The number of applicants for ADP fell after the initial spike but remains high compared to pre-pandemic levels of applications to PIP (118% higher in July 2024).¹⁴⁹ Several sources discussed features of ADP which they anticipated would increase applications for the benefit by removing barriers to and increasing support for applying for ADP.^{150, 151, 152} None, however, provided causal evidence to show that these changes inherent in ADP had led to the increases in caseload in Scotland. These reports also drew comparisons with the PIP application process, and some noted that although ADP award values are the same as PIP and eligibility criteria largely replicated, features of the ADP application and review processes were expected to make both more straightforward and accessible than PIP. These

features included support with the application process, application routes, introducing person-centred assessments, changes around the decision making and the approach to reviews (see [section 2.4](#) for more detail on these).

The 2024 SFC report¹⁵³ highlighted data from Social Security Scotland which was published in 2023, which showed that the percentage of ADP award reviews resulting in awards being stopped or decreased was 2% compared with 16% of awards ended for PIP in England and Wales. The SFC noted that ADP clients undergoing planned review can confirm no change in circumstances by ticking a box and only need to provide additional information if they believe their circumstances have changed. The report stated: 'After ADP rollout, applications increased in Scotland, and there has also been less people leaving after the review (attributed to the light-touch review).' The same report speculated that the increase in disability benefits in Scotland (since the roll out of ADP and CDP) related to both the UK-wide increase¹³ as well as the operational and delivery changes inherent in the newly introduced ADP and CDP in Scotland.¹⁴ The SFC report speculated that the effects of the delivery and operational changes introduced with ADP are now 'evident' in benefit statistics and argued:

'...Since the launch of ADP in August 2022 there has been a higher number of applications, reflecting the Scottish Government policy to maximise take-up, and a decrease in the number of people exiting the caseload at award review because of the light-touch review process.'¹⁵⁴

Three reports published in 2024^{155, 156, 157} showed that while ADP application rates remain high, the higher rate of ADP awards relative to PIP changed in March 2024¹⁵⁸ and during 2024 the ADP application success rate¹⁵ in Scotland became lower than the comparable rate for PIP in England and Wales.¹⁶ The IFS¹⁵⁹ showed that there had been lower approval rates for ADP applications in Scotland compared to England and Wales in the most recent period May - July 2024 (42% in Scotland compared to 48% in England & Wales). The 2024 SFC report¹⁶⁰ stated that while it still expected that the number of successful new applications to be higher than before the introduction of ADP, they revised down their December 2023 forecast for successful applications because of the lower than projected increase in the application success rate. The SFC report speculated that this might partly be because applications for more severe conditions - accompanied by more comprehensive supporting information - were processed more quickly when ADP was rolled out and suggested that this could have had the effect of 'skewing the initial success rate'.

Given the recent lower than anticipated award rates for ADP, several reports^{161, 162, 163} stated that whereas the initial expectation was that features of ADP design and

¹³ Encompassing factors like the cost of living which the report stated has played a key role in driving the number of applications for ADP. This is discussed more in [Section 5.8](#)

¹⁴ A 2025 report by [Audit Scotland](#) - not included in this review - highlighted that the latest ADP statistics showed a lower rate of ADP awards being ended or decreased at review than previously forecast, and that most reviews result in no change to the award, which has contributed to fewer people coming off ADP compared to equivalent 'off-flow' rates for PIP.

¹⁵ The proportion of ADP applications meeting the eligibility requirements to access the payment

¹⁶ [Recent analysis](#) by the Resolution Foundation [not included in this review] shows in 2025 the award rate for new ADP applications remains lower than new claims for PIP in England and Wales.

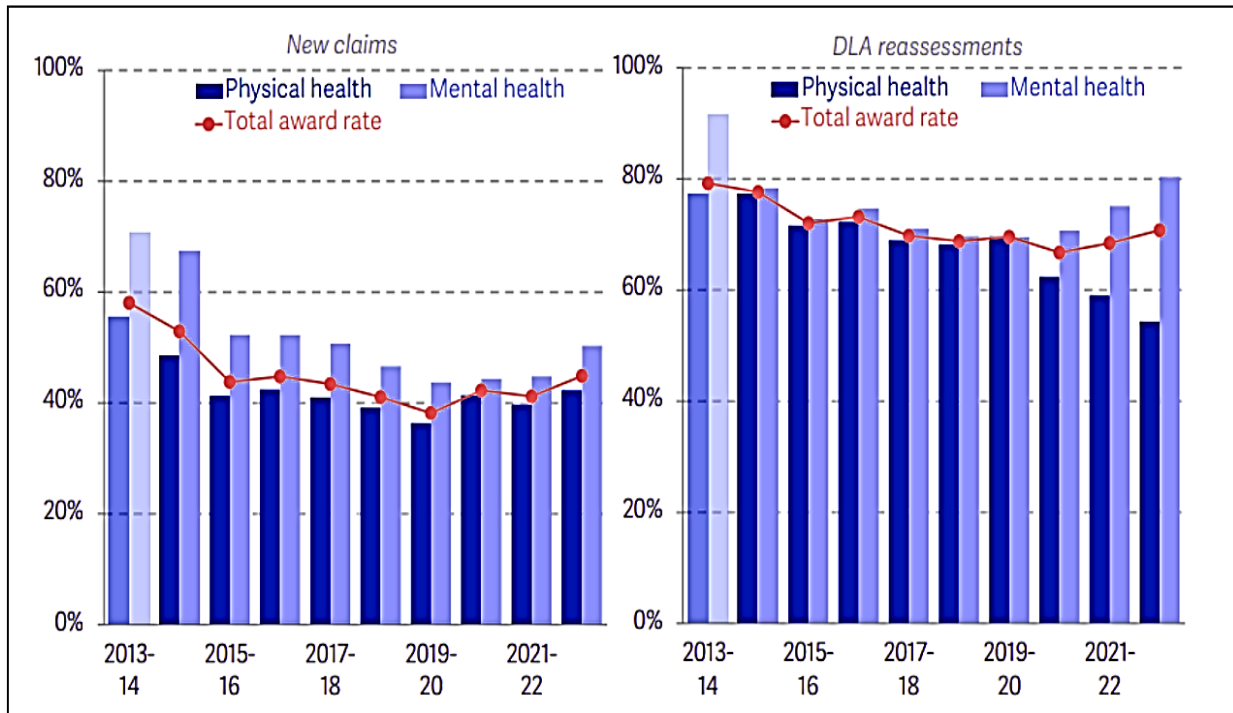
delivery (discussed above) would increase caseloads compared to equivalent PIP caseloads in England in Wales, there is now uncertainty around whether this would transpire over the longer term. The SFC 2024 report¹⁶⁴ stressed the particular uncertainty in forecasting, given the implications of fewer ADP awards being reduced or stopped following review. This was partly because it is unclear whether this will remain the case over the longer term but also due to uncertainty around whether the reduction in the number of awards ended at review could have knock-on effects on application rates in the future (e.g. fewer people reapplying for ADP once their awards end, as happened with PIP).

5.4 Have changes to the PIP application process increased award rates?

Summary: Six reports^{165, 166, 167, 168, 169, 170} examined the evidence around award rates for PIP over the last 15 years, and whether changes to the application process have increased award rates. All sources concluded that there was little evidence to suggest that it is 'easier' to be awarded PIP today than to be awarded PIP in the past (after the roll out of PIP), which is demonstrated by steady award rates over time. The evidence suggested that the increases in awards are more likely to have been driven by increased numbers of eligible applicants.

A Resolution Foundation report (2024)¹⁷¹ examined evidence on whether it has become 'easier' to be awarded PIP by looking at award rates and DLA reassessments over time for England and Wales. The report found that PIP award rates for new PIP claims have been broadly steady at around 45% since 2015-16 and are no higher than when PIP was introduced in 2013-14. The report also examined DLA to PIP reassessment data and found that the award rate for those who were transferred from DLA to PIP has decreased over time. The report concluded that this analysis offers little evidence to suggest that it is 'easier' to qualify for PIP today than it was in the past (see Figure 5.5 below).

Figure 5.5: PIP award rate for new claims (left-hand panel) and DLA reassessments (right-hand panel), by main condition: England and Wales



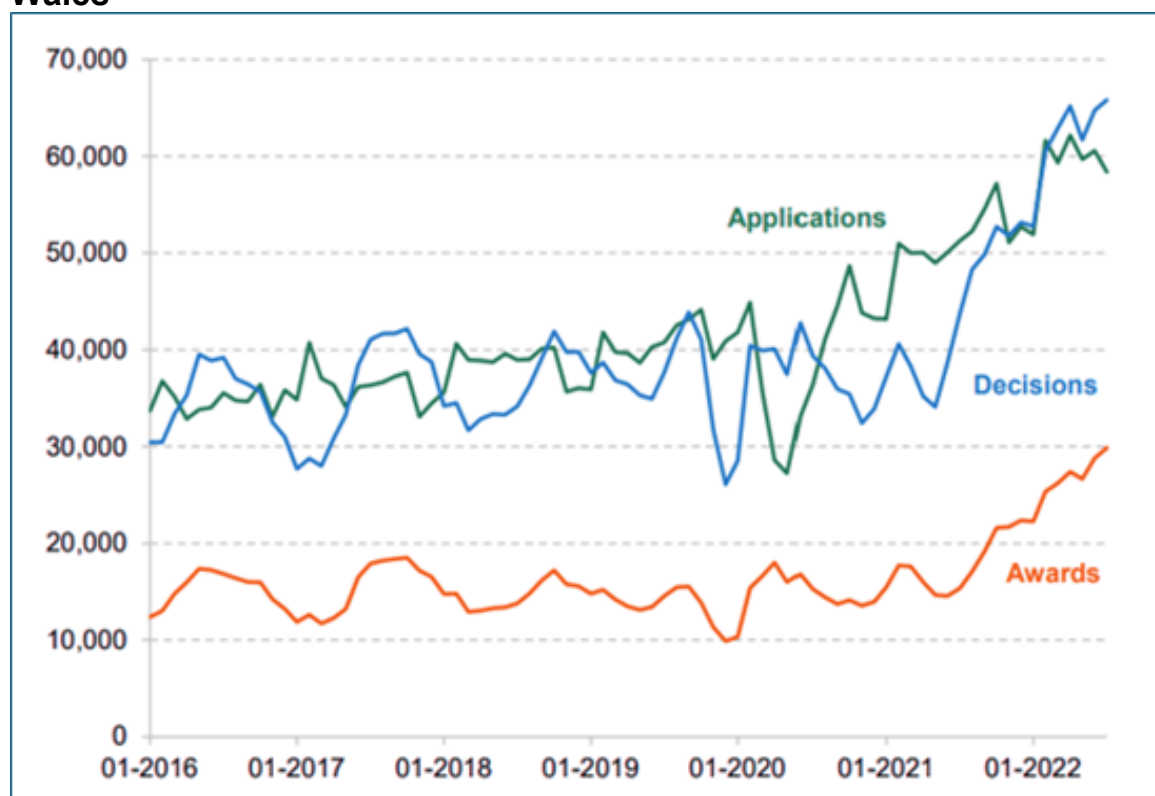
Source: Resolution Foundation (2024) [Under strain: Investigating trends in working-age disability and incapacity benefits](#)

An article by the New Economics Foundation¹⁷² analysed DWP data on the number of PIP applications and the success rate for a later period - between 2018 and 2024 - and found that the success rate for claiming PIP has been ‘fairly static’ since the pandemic.

A 2022 report by the IFS¹⁷³ investigated the sharp increase in PIP claims in England and Wales from 2021 to 2022.¹⁷ The report examined the rate of PIP applications, decisions, and awards (Figure 5.6) and found that the increase in monthly PIP awards matched the rise in decisions, indicating that the success rate has remained roughly stable since 2016 at around 40%.

¹⁷ In July 2022 the number of people newly awarded PIP was more than double what it had been in July 2021, around 30,000.

Figure 5.6: PIP applications, decisions, and awards in England and Wales



Source: Institute for Fiscal Studies (2022) [The number of new disability benefit claimants has doubled in a year](#) (colours adapted for accessibility)

The report stressed that these findings are consistent with the assessment system remaining roughly the same in terms of its “strictness” and concluded that the increase in awards ‘does not seem to be driven by a change in the operation of the PIP system’.

A 2023 IFS report¹⁷⁴ reiterated this conclusion. It stated that the number of PIP applications saw a similarly ‘meteoric rise’ and so the share of successful applicants remains largely unchanged. A 2024 IFS report¹⁷⁵ also demonstrated this and noted that the share of claimants being awarded PIP after initial assessment was 52% in 2019–20 and 54% in 2023–24. A separate 2024 IFS report¹⁷⁶ also briefly considered the success rates of applications for both disability and incapacity benefits, drawing on the aforementioned IFS report.¹⁷⁷ Despite there being different trends for incapacity benefits, the report concluded ‘taken together, this suggests that increased numbers of applications have been a more important factor than greater leniency.’

5.5 Have changes to the assessment approaches for PIP driven up caseloads?

Another key change which may have affected caseloads is the change from face to face to telephone as the main means of assessment for PIP due to the Covid-19 pandemic.¹⁷⁸ The Resolution Foundation¹⁷⁹ showed that in 2023-24, two-thirds (64%) of all PIP assessments in England and Wales were conducted by telephone or

video, 17% were paper-based assessments, 6% were face-to-face (no assessment method was recorded for the remaining 13%).

Summary: Two sources^{180, 181} were included that examined whether changes to the assessment approaches for PIP have driven up caseloads, and a further two^{182, 183} examined this for incapacity and disability benefits together. Only one¹⁸⁴ carried out secondary analysis of published data on PIP assessment types and found that for PIP the assessment type had little affect on award rates. There was a lack of evidence on the impact of changes in assessment approaches and no robust evidence to show that changes to PIP assessment approaches due to the Covid-19 pandemic had contributed to increased caseloads.

A Resolution Foundation report¹⁸⁵ analysed data from the DWP's Health Assessment Channels trial for England and Wales from 2023-24, to examine the proportion of PIP assessments resulting in an award by different assessment channels. They found no evidence to show that the decision to carry out more remote assessments during and after the pandemic has led to a significant increase in the PIP caseload, as PIP award rates were very similar for both face-to-face and telephone/ video assessments (43% and 48% respectively).¹⁸

This research included a policy roundtable with ten welfare rights advisers which highlighted views that the shift towards telephone interviews had affected clients, and was both a barrier as well as a facilitator for PIP applicants in England and Wales. Some advisers suggested that important information could be missed when the assessment was conducted by telephone and that telephone assessments have made it harder for some clients to explain the impact of their condition.

A comment piece by the IFS (2024)¹⁸⁶ used existing published data to examine trends, to report on how the number of disability benefit applications and awards has changed in Scotland, relative to England and Wales over recent years. The article outlined how the introduction of ADP was expected to have driven the increase in awards compared with England and Wales, but speculated that changes to PIP assessment processes (and reassessments, see below) - alongside other changes to PIP - may have had an impact on the caseload, and reduced the anticipated divergence in caseloads between Scotland, and England and Wales.

An IFS report¹⁸⁷ (2024) discussed whether changes to the way that assessments are made due to the pandemic, might in part explain the rise in health-related benefits. The report acknowledged the lack of evidence on the impact of this shift in assessment approaches. It speculated that the change from face to face to telephone or video could have increased the number of applicants who might otherwise not have applied due to a 'potentially stressful face-to-face assessment'.

A report by the Learning and Work Institute¹⁸⁸ (2025) discussed whether PIP and Work Capability Assessments (WCA) have become easier to claim following the shift to online or phone assessments, which, alongside other factors, has increased caseloads. The report stated that there is insufficient 'hard' evidence to attribute this

¹⁸ This analysis did note significant findings on paper-based assessments, with 86% of these resulting in an award. However, there was not a comparable decision to move to paper-based assessments at a point in time, and there are a number of factors which may explain why paper-based assessments are more likely to result in a PIP award.

to operational changes in systems during and after the pandemic, including the switch to more online and phone assessments, but that this (and other factors) may have played a role. However, this report was principally focused on incapacity benefits and did not offer any supporting evidence to back up this argument.

5.6 Have changes to the frequency and outcomes of PIP reassessments increased caseloads?

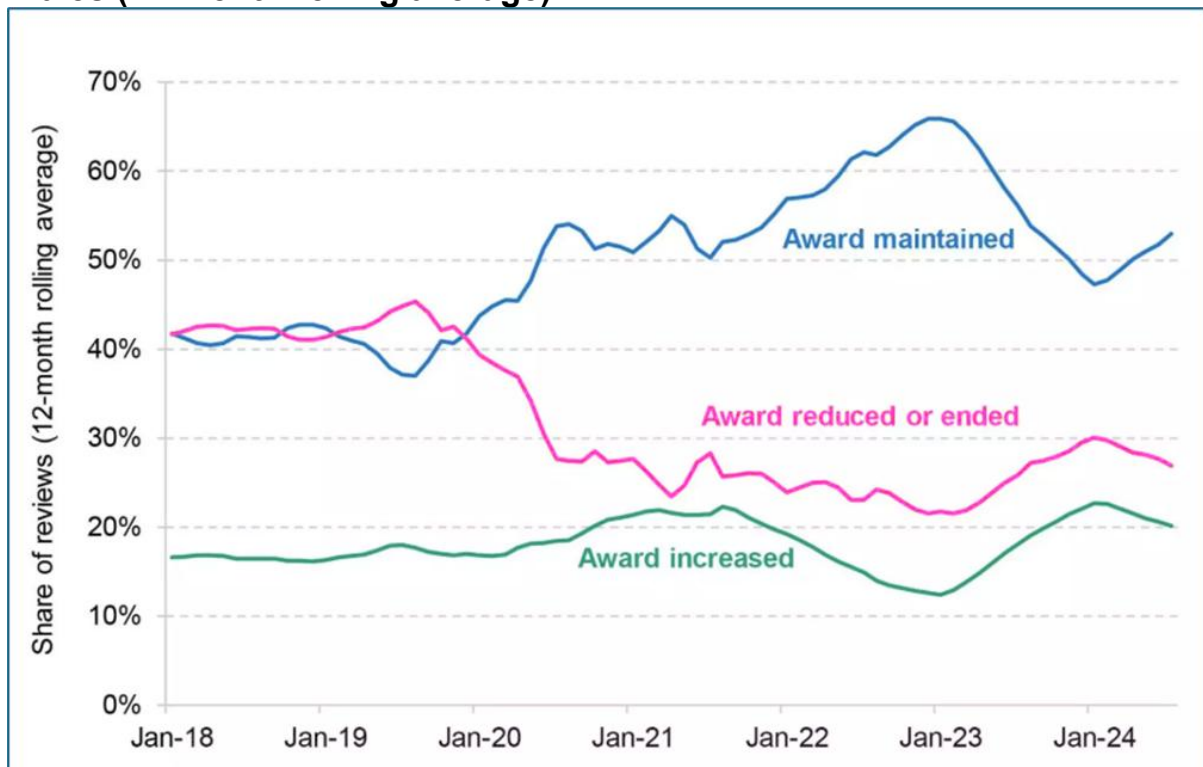
Summary: This section examines the evidence around the frequency and outcomes of PIP reassessments and is included because changes to these may have increased disability benefit caseloads. Four sources^{189, 190, 191, 192} examined the evidence on the frequency and/or outcomes of PIP reassessments and impacts of this on awards. A further report¹⁹³ examined the impact of low PIP ‘outflow rates’ on rising disability benefit caseloads. These found that part of the reason that PIP caseloads are increasing (in England and Wales) is because of longer award durations / fewer ‘outflows’¹⁹ for PIP over time, in part due to less frequent reassessments and a falling share of awards which were stopped or reduced at review in the post pandemic period. Several reports highlighted the longer term consequences of longer awards and low outflow rates. However, reports did not compare these to past levels of award refusals successfully appealed and re-instated. Thus, it is plausible that longer awards could have reduced outflows which may have become inflows again following appeal.

Resolution Foundation analysis of DWP data¹⁹⁴ showed that part of the reason that PIP caseload numbers in England and Wales have increased is because recipients are remaining on the benefit for longer and being reassessed less frequently. This is despite the original policy intentions of PIP to introduce more regular reassessments and reduce the proportion of people in receipt of PIP for long periods of time. The report attributed this to numerous operational, legal and circumstantial challenges, many of which pre-dated, but were exacerbated by, the Covid-pandemic, and which have created backlogs in the system (for initial awards and reviews), meaning PIP recipients are staying on the benefit longer than in the past. The report stated that ‘although the proportion of PIP awards being made for two or more years has fallen in recent years... the impact of long award durations during the mid-2010s will continue to have an impact in the 2020s as many of these claimants remain in the PIP caseload.’

The IFS¹⁹⁵ (2022) concluded that while the number of successful PIP applications in England and Wales had risen considerably over several years, the number of outflows had remained around the same, and if this trend were to continue then the result would be a rise in the total PIP caseload. Analysis in a later IFS report (2024)¹⁹⁶ showed that since the pandemic, the share of PIP recipients in England and Wales seeing their awards ended or reduced at a periodic award review had fallen by a third, while the share seeing their award maintained had grown.

¹⁹ PIP reviews resulting in an individual losing their award

Figure 5.7: Outcomes of planned PIP award reviews in England and Wales (12-month rolling average)



Source: Institute for Fiscal Studies (2024) [What has happened to disability benefits in Scotland? An update](#) (colours adapted for accessibility)

Another IFS report (2024)¹⁹⁷ discussed the impact of low outflow rates from PIP on rising disability benefit caseloads. The report argued that the increase in UK disability benefit caseloads is both due to increasing numbers of applicants and fewer people ‘ending claims’. Their analysis of DWP data showed that the share of claimants ending their claim fell from 9.0% in 2019 to 7.4% in 2023, and outflow rates declined across all claimant lengths over time and were particularly low in 2023. The authors indicated that it is not clear why outflow rates have fallen so steeply but stated that if these remain low, ‘the caseload could continue to grow even if inflow rates fell back to pre-pandemic norms’.

A Resolution Foundation slide pack¹⁹⁸ (2025) includes some of the analysis from the report above, which showed that the durations that people are remaining on PIP are longer than in the past. The Resolution Foundation stated that this is to be expected given that ‘PIP reassessments have not kept pace with rising caseload, and average clearance time for PIP reviews is 50 weeks’.

Changes to the frequency of reassessments for incapacity benefits are not within scope. However, it is worth noting the 2024 OBR Welfare trends report,¹⁹⁹ the focus of which was incapacity benefits, identified similar trends to PIP, including the temporary suspension of reassessments during the pandemic and that reassessments have remained at a low level since.

5.7 Demand driven by policy design of the reserved benefits system

This section considers the evidence for how the design of reserved disability and incapacity benefits (PIP and UC Health) and their relationship to other forms of entitlements may have created what is sometimes referred to as ‘perverse incentives’. [Section 5.8](#) considers how falling incomes and rising inflation may have driven take up of health-related benefits, while this section examines potential impacts due to the design of the reserved benefit system, which includes the effects of falling incomes from social security benefits. These areas are closely interrelated, and so there are overlaps in the evidence.

It is important to note when reading this section - particularly comparisons on the relative value of social security benefits - that disability, incapacity and unemployment benefits are intended for different purposes (see [Introduction](#)).

5.7.1 Have changes to reserved unemployment benefits incentivised the take up of disability and health-related benefits?

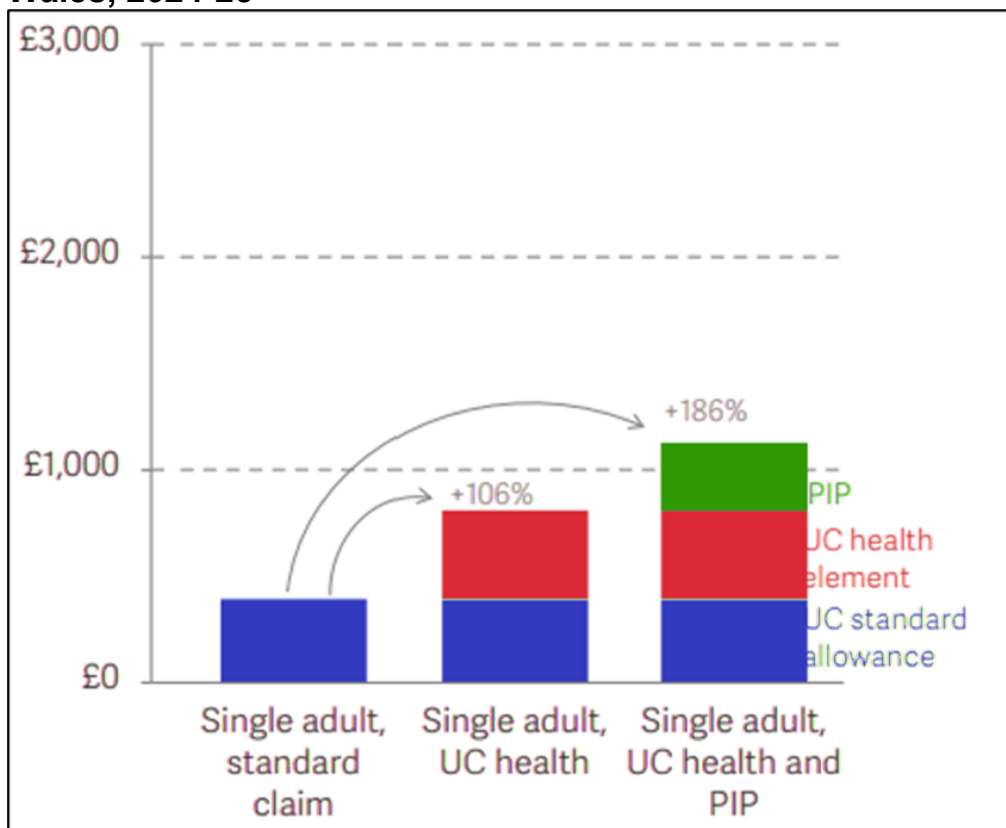
Summary: Four sources^{200, 201, 202, 203} examined how changes to wider reserved social security benefits over the last 15 years have created a sizeable gap in the financial value of health-related (disability and incapacity) benefits *relative* to unemployment benefits, which may have incentivised people to apply for disability and incapacity benefits. Despite clear evidence of a divergence in the relative value of these benefits, there was no robust evidence to demonstrate that this has been a driver of more people applying for disability benefits.

Several reports^{204, 205} speculated that the gradual yet significant fall in the real value of out of work benefits since 2010-11, compounded by the removal of the £20 uplift to UC (introduced at the onset of the Covid-19 pandemic) and the cost of living crisis may have enhanced the importance of health-related benefits for incomes, compared to a decade ago. These Resolution Foundation reports showed how the basic value of unemployment benefits has fallen by 8% in real-terms between 2010-11 and December 2024, driven by below-inflation uprating and freezes.

A 2025 Resolution Foundation report²⁰⁶ on shifting income sources for poorer households over the last 30 years showed that increases in ill health and disability alongside changes to the benefit system have ‘triggered a rise in the number of claimants receiving health- and disability-related benefits’. It found that the proportion of income from benefits overall has fallen for all households, but especially for low-income households between 1994-95 and 2022-23, particularly over the 2010s and 2020s. The report stated that over this period the proportion of benefit income for low-to-middle income households from disability benefits (DLA, PIP, ADP and CDP) has more than quadrupled in real-terms and become a more important source of income for these households. It stated that 14% of total low-to-middle income benefit income now comes from disability benefits, and for low-to-middle income households that receive disability benefits, this now constitutes 31% of benefit income. The total proportion of gross income from disability benefits for low-to-middle income households also increased from 1% in 1994-95 to 3.2% in 2022-23.

Separate Resolution Foundation analysis²⁰⁷ showed how being in receipt of incapacity and disability benefits delivers a ‘huge boost to incomes’. Figure 5.8 illustrates the differences in support between people in receipt of the basic rate of Universal Credit (UC), those in receipt of the health element of UC (Limited Capability for Work-Related Activity (LCWRA)), and those in receipt of both the LCWRA health element of UC and PIP. The increase is especially significant for single adults – an income increase of 186% if awarded the UC health element and PIP, compared to an award of the basic single adult rate of UC alone.

Figure 5.8: Benefit entitlement, and percentage boost to standard income from health-related benefits, for single adults: England and Wales, 2024-25



Source: Adapted from Resolution Foundation (2024) [Under strain: Investigating trends in working-age disability and incapacity benefits](#) (colours adapted for accessibility)

The Resolution Foundation report did not provide direct evidence that the relative value of health-related benefits had translated into more people applying for disability benefits, but stakeholder perspectives were included which stated that it would be rational for people to apply for these:

“There are more holes in the safety net than there were 20 years ago. It’s full of holes now. Lots of people fall through and are living well below even the meagre subsistence level of benefits ... so getting [UC health] or PIP has become more important, more critical.”

An IFS comparative analysis (with other OECD countries)²⁰⁸ from 2024 stated that the design of the UK's benefit system (including employment support), plays a role in explaining the rise in health-related benefits. The amount of basic unemployment support is lower relative to earnings in the UK than most comparable countries. The report speculated that alongside the demanding job-search requirements, the recent cost of living crisis, and other factors, this may have incentivised more people with health conditions in the UK to apply for health-related benefits than in other countries.

The Learning and Work Institute²⁰⁹ emphasised the 'push' factors (lower generosity of the unemployment system and greater stringency) and 'pull' factors (higher financial support and lower conditionality) at play in incentivising disabled people and those with health conditions who had not previously applied for health-related benefits to do so. Their report stated '...a rising proportion of people with health problems or disabilities isn't necessary for a rise in claims for disability and incapacity benefits. People can have greater incentives to claim for conditions they already had if they believed they would otherwise receive insufficient financial or other support.' These findings were discursive and not underpinned by quantitative analysis.

5.7.2 Have job search conditionality regimes been a driver of disability benefit take up and caseloads?

Summary: Six reports^{210, 211, 212, 213, 214, 215} were identified that examined or discussed job search conditionality regimes as a driver of disability and health-related benefit caseloads. There is some qualitative evidence as well as speculation in the reports that the exemption from the conditionality regime afforded by the LCWRA element of UC, and lack of means-testing of PIP, have been a driver of applications for these both. However, there was no robust evidence to support this.

Conditionality refers to the work-related activities a person in receipt of UC usually must do in order to receive their full payment of UC. If agreed work-related activities are not carried out without a 'good reason', a person's UC payments can be reduced or stopped, which is known as a sanction.²¹⁶ If a person is considered to have LCWRA they are not required to carry out work-related activities to keep their UC, whereas if they are in the LCW group, they usually have to do some work-related activities, but not a full job search.

A Resolution Foundation report (2024)²¹⁷ examined the impact of work-related conditionality and the 'non-monetary' advantages of health-related benefits, as well as disability benefits specifically in the context of England and Wales. The evidence cited in relation to work-related conditionality came mainly from the stakeholder 'roundtable', rather than from secondary analysis of published data in other parts of this report. The report stated that work-related conditionality is most likely to act as a driver for incapacity benefits, as recipients of the LCWRA element of UC are exempt from the 'conditionality regimes' that those in receipt of UC are required to carry out (also emphasised by the Learning and Work Institute²¹⁸) but is also a driver of PIP in England and Wales.

The report distinguished between ‘explicit’ conditionality (specific requirements and the threat of sanctions) and ‘implicit’ conditionality (e.g. the perception/ sense of stress/ insecurity that benefits are conditional even when they are not, which can influence people’s decisions as to whether to apply, and can impact their mental health etc.) in the current social security system, in line with earlier work by Geiger et. al.²¹⁹ The report stated that the scale of those subject to conditionality (3 million people in receipt of benefits in GB were subject to conditionality in 2023) and the level of political discussion around sanctions and work-related conditionality has meant that regardless of a person’s conditionality status, ‘many feel that being a benefit claimant without a health-related element would be an insecure way of life.’ Quotes from welfare rights advisers from the stakeholder ‘roundtable’ demonstrated views that people’s experience of work-related conditionality drives claims for disability benefits as well as incapacity benefits:

“With means-tested benefit income being (or feeling) insecure, it may be more important for claimants to apply for non-means-tested disability benefits, which are stable and entirely separate from the UC conditionality system.”

“People absolutely refuse to claim UC [rather than ESA]... That’s partly the nature of the claim process - the monthly payment, the online assessment – but it’s also because they are just terrified [of conditionality].”

A recent report by the IFS (2024)²²⁰ examined the evidence around whether a stricter and more demanding conditionality regime, and the exemption of (some or all) conditionality requirements for individuals receiving incapacity benefits is a driver behind the recent rise in health-related benefits in the UK. The report surmised that ‘as things stand, this seems like a plausible but far from confirmed hypothesis.’ The report drew on the findings from a previous IFS report (2023)²²¹ which found that when conditionality was widened to include lone parents between 2008 and 2012, for every four individuals who moved into work in response to the policy, another three started claiming incapacity benefits. The report noted that UC sanction rates have more than doubled since before the pandemic but the reasons for this are not clear (e.g. whether this is because the conditionality regime has become stricter, or down to a change in the composition of the UC towards groups that may be more likely to be sanctioned).

A letter from the House of Lords Economic Affairs Committee²²² to the Secretary of State for Work and Pensions also discussed conditionality in the context of the increase in spending on incapacity and disability benefits. Findings on conditionality were based on expert witnesses, many of whom were authors of other sources cited in this scoping review. The report stated that the conditions attached to various benefits were imbalanced, and ‘the lower level of conditionality attached to health-related benefits creates an incentive to apply for these benefits’.

Lastly, recent (2025) Resolution Foundation analysis²²³ highlighted that the increase in conditionality in UC compared to the legacy benefit system also incentivises claimants to apply for disability benefits, ‘as these are seen as a stable source of income that cannot be revoked if a claimant doesn’t meet their conditionality requirements’. However, it did not provide supporting evidence for this claim, and this was discussed alongside several other contributing factors.

5.7.3 Have qualifying benefits acted as an incentive and driver of disability benefit take up and caseloads?

Summary: Two Resolution Foundation reports^{224, 225} discussed how being in receipt of PIP, which qualifies people for other sources of support and is not subject to the benefit cap, may act as a positive incentive for, and driver of disability benefits. Testimonies from welfare rights advisers were provided but there was no causal evidence to demonstrate this has been a driver of disability benefits.

One report²²⁶ was found that examined the role of qualifying benefits (also known as passported benefits) as a positive incentive or influence on people's decisions to apply for health-related benefits in England and Wales. The report described how being in receipt of PIP qualifies a person for other sources of support and so acts as a positive incentive for, and driver of disability benefits, independent of other incentives set out above. The evidence cited in this report in relation to qualifying benefits comes mainly from the stakeholder consultation, rather than from secondary analysis of published data.

The report listed the range of benefits that disability benefit recipients may also be entitled to, acting as a 'gateway' to further support. These include: Blue Badge parking or concessionary travel; reduced council tax bills; Carers' Allowance and significantly, exemption from the benefit cap (for adults and children), which 'puts very serious downward pressure on their household income'.²²⁷ The report also noted the additional support that those in receipt of incapacity benefits (the LCWRA element of UC) are entitled to, such as free prescriptions and dental treatment.

Testimonies from the roundtable with welfare rights advisers highlighted how they consider the benefit cap to have acted as an incentive for people to claim health-related benefits (disability and incapacity benefits):

"Absolutely the benefit cap [has boosted incentives to claim disability benefits]. When the benefit cap came in there was a lot of work to see if they could find exemptions. Any good welfare rights adviser would do their level best to support someone to apply for disability benefits if they can."

A later report from the Resolution Foundation²²⁸ also highlighted that disability benefit (and incapacity) recipients are exempt from the benefit cap, making this a more secure source of income.

5.8 Demand driven by changes in the economy and labour market

Eleven sources examined the role of changes in the economy and/or the labour market as a driver of demand for disability and health-related benefits. All sources were grey literature, including reports by the IFS, OBR and NEF. Two of the eleven sources examined whether demand for disability benefits has been driven by rising inflation and fall in the value (and comparative value), of wider working-age benefits over the longer term. These are discussed in [section 5.7](#).

The sources reviewed contained no robust causal evidence to show that demand for disability benefits has been driven by the economy and/or the labour market since 2010. More commentary was found on the role of the cost of living crisis (than of the pandemic or the state of the labour market as a driver) but findings on the cost of living crisis were mainly discursive and there was a lack of empirical studies to support the arguments. Two IFS reports conducted analysis which they argued has provided some evidence to show that while worsening labour market conditions have played a minor role in explaining the increase in disability benefits post pandemic, recent changes in the labour market are not a key driver of the rise in caseloads.

5.8.1 What evidence is there that the Covid-19 pandemic caused economic and/or labour market disruption which increased demand for disability benefits?

Summary: Two reports^{229, 230} discussed economic and/or labour market disruption due to the pandemic in combination with other factors, one as a driver of health-related benefits and the other as a driver of incapacity benefits. Both reports were discursive and speculative. No sources were found that specifically examined whether economic / labour market disruption caused by Covid-19 had increased demand for disability benefits. The wider effects of Covid-19 in relation to disability benefit caseloads are discussed further in other sections of this report.

The effect of the Covid-19 pandemic on disability benefits was discussed in several sources but primarily in relation to the other drivers examined, particularly the health driver ([section 5.1.5](#)) and changes in the benefit system(s) ([section 5.2](#)). These sections of this review show that the pandemic brought about: changes to disability benefit assessment and reassessment processes; contributed to backlogs in the system (for awards and reviews); saw the suspension of conditionality (for incapacity benefits); the introduction of the £20 UC uplift at the start of the pandemic and its subsequent removal in October 2021; and may have increased awareness of benefit entitlements.²³¹

The findings of one of the reports found, by the IFS,²³² are discussed in the [health section](#) and also [below](#). The other report by the OBR²³³ argued that labour market disruption due to Covid was one of several factors behind the increase in initial claims for incapacity benefits. Other factors which were identified in the report (examined in this and other sections of this review) included the rising state pension age widening eligibility; evidence of deteriorating health; and cost of living pressures. The report speculated that - alongside the relatively lower financial value and higher

conditionality elsewhere in the benefit system - this may have increased eligibility and take up of incapacity benefits, but the evidence to support this is limited.

5.8.2 What evidence is there that the cost of living crisis has acted as a driver of disability benefit applications and caseloads?

Summary: Eight sources examined whether the cost of living crisis and worsening economic conditions since the pandemic have been a driver of disability and health-related benefits caseloads. One source²³⁴ included secondary analysis of published data. However, despite speculation and circumstantial evidence on this as a possible explanation, there was no causal evidence in this or other sources to show that the cost of living crisis acted as a driver of disability benefit caseloads or led to increased take up of disability benefits. Three of the eight sources focused on Scotland.

Eight sources^{235, 236, 237, 238, 239, 240, 241, 242} examined or discussed how the cost of living crisis may have acted as a driver of increased disability and health-related benefits caseloads. Two of these sources did not refer to the cost of living crisis directly, but to worsening economic conditions since the pandemic. Four of the eight sources examined 'health-related benefits'. A further source²⁴³ discussed the impact of the cost of living crisis on incapacity benefit caseloads.

Five sources^{244, 245, 246, 247, 248} examined or discussed whether falling real household incomes and worsening economic conditions due to the cost of living crisis may have led people eligible for disability benefits to take up their entitlement when previously they had not applied. One of these focused on health-related benefits.

An article by the NEF²⁴⁹ examined the ways in which PIP caseloads vary across parts of England and Wales, and how social and economic disadvantage may explain regional PIP caseloads at points in time. Their analysis found that a region's disability prevalence is a strong predictor of PIP claims. They estimated that the number of disabled people in an area explains 71% of PIP caseload in a particular region. However, they also observed that the number of people claiming PIP was heavily influenced by the region's level of deprivation with a lower proportion of people claiming PIP in more affluent areas and vice versa. Their analysis found that the amount of disabled people in an area, as well as a region's relative deprivation explained 94% of the regional PIP caseload. This suggested that the rise in PIP claims is caused both by rising rates of disability and 'worsening hardship', including the cost of living crisis. The article highlighted evidence on how disabled people had been particularly negatively affected by high inflation during the cost of living crisis. It speculated that while rising rates of disability means more people are eligible for PIP, worsening hardship means that more people previously eligible for PIP who did not apply for it, would now need to apply for this additional financial support, and that the rise in caseloads could be explained by 'greater legitimate take-up rate within the disabled population'. However, there was no analysis of change over time or causal evidence of increased take up due to the cost of living crisis.

A report by SHERU²⁵⁰ did not refer to the cost of living crisis directly but speculated that given that disability benefits are designed to cover additional living costs faced by disabled people and can be a 'protective factor against economic disadvantage', the rise in new awards in Scotland could reflect more people taking up their

entitlements or be a response to declining ‘economic circumstances’ (or be due to increased prevalence of health conditions).

Two reports by the SFC^{251, 252} and one by the OBR (cited by the IFS)²⁵³ attributed the higher number of applications for ADP and PIP (respectively) to a combination of factors including the impact of the cost of living crisis. The 2023 SFC report²⁵⁴ revised its forecasts to attribute greater weight to the cost of living crisis as a driver of demand for ADP. It stated: ‘We agreed with the OBR that this increase in demand could be due to a range of possible explanations such as the long-term increase in mental health related cases, the NHS waiting lists, and the cost of living crisis, which together could exacerbate existing health conditions as well as increase the likelihood of people applying for disability payments.’

The IFS²⁵⁵ stated that the OBR revised down its forecast for the growth in disability and incapacity benefit caseloads in November 2023 on the assumption that caseload growth was partly driven by the cost of living crisis, and therefore improvements in economic conditions would adjust down the rate of increase in the numbers of applicants. The 2023²⁵⁶ and 2024²⁵⁷ SFC reports also set out an expectation that some of the demand for ADP would ease as the crisis abated and real household incomes return to pre-pandemic levels.

Several reports^{258, 259} highlighted the detrimental impact of the cost of living crisis on recipients of unemployment benefits during the cost of living crisis and speculated that the further erosion in the value of these benefits, alongside the removal of the £20 a week UC uplift, may have led recipients of out of work benefits to take up disability or health-related benefits. The Learning and Work Institute noted that there is no evidence to corroborate this. A Resolution Foundation report²⁶⁰ (2024) stated that welfare rights advisers in a policy roundtable they ran believed that the ‘shock nature of the cost of living crisis’ had led people to take up health-related benefits. One adviser said:

“The thing I hear the most is cost of living crisis. It’s quite common that we get people who have maybe tried to claim in the past, maybe had a bad experience and it put them off, but they are coming back to [claim again] now that they are struggling with their bills”.

An IFS report²⁶¹ discussed the ‘onerous’ nature of the application and assessment processes for health-related benefits and proposed that people might only undergo this if it was worth it in terms of the additional income gained; ‘Falling real incomes caused by high inflation over recent years might mean higher value is placed on additional income, inducing more people to apply for health-related benefits.’ The report referenced previous studies of disability benefit take up during periods of recession in the United States and speculated that should similar responses occur in the UK, then the rate of applications for health-related benefits would likely slow down as economic conditions improve and the crisis eased.

The above and a further IFS report²⁶² (both published in 2024) reiterated that the drivers of health-related benefit caseloads in the UK are complex and interrelated and have no single cause, but the cost of living crisis may be a contributing factor. Analysis by the IFS²⁶³ showed that most western countries had also experienced

high rates of inflation but had not seen comparable increases to the UK in health-related benefit caseloads.²⁰ This report suggested that ‘there are UK-specific factors driving the recent upsurge in claims’ and the rise in (health-related benefit) caseloads cannot be solely attributed to the cost of living crisis (and the effects of the Covid-19 pandemic). It stated that interactions between ‘recent health and income shocks and the condition of the UK’s economy, welfare system and public services’ were more plausible explanations of the increase, but that more research is required to disentangle the possible drivers and interactions.

While focussed on incapacity rather than disability benefits, the 2024 OBR welfare trends report²⁶⁴ stated that recent cost of living pressures (together with a range of other factors) have contributed to rising incapacity benefits caseloads by ‘widening means-tested eligibility and incentivising take-up’. It stated that ‘the greater generosity of incapacity benefits relative to unemployment benefits has not changed materially in this period [2018-19 to 2022-23] but the large gap may be a more important consideration for potential claimants when cost-of-living pressures are more acute.’

5.8.3 What evidence is there that changes in the labour market have been a driver of disability benefit applications and caseloads?

Summary: One IFS report²⁶⁵ was found that examined the role of the labour market as a driver of disability benefits and a further IFS report²⁶⁶ examined this for disability and incapacity benefits together. Both reports examined UK level data from the Labour Force Survey (LFS).

The state of the labour market is one of the key drivers of incapacity benefits.²⁶⁷ There is a large evidence base examining the relationship between the labour market and incapacity benefits, including the longer term impacts of industrial decline as well as the steep rise in health-related inactivity post pandemic and the associated rise in incapacity benefit caseloads over this period. These sources included academic journal papers and grey literature but were screened out as they did not include analysis of disability benefits. Disability benefits conversely are available to all disabled people regardless of work/employment status and for this reason, far fewer sources were found that examined the labour market as a driver of demand for disability benefits, compared with incapacity benefits.

A 2022 IFS report²⁶⁸ examined the labour market status of disability benefit recipients²¹ over time, using the LFS data. It discussed the possibility that recent instability in the labour market due to the pandemic might have been expected to have acted as a driver of disability benefit take up, in scenarios where people newly in receipt of PIP had taken up the benefit because they had lost their job and needed to replace lost income; or had to leave their jobs through worsening health, leading them to apply for PIP. However, their analysis found no evidence that the escalation in PIP applications was closely related to labour market factors, and found that by

²⁰ Important context is that UK health-related benefit spending was lower than that in many comparable countries before the pandemic.

²¹ all working-age disability benefit recipients, rather than new claimants

mid-2022, about two-thirds of PIP recipients had been out of work for over five years, which had remained the case before, during, and after the pandemic. This is reflected in other IFS analyses which showed that health-related inactivity is mainly driven by people already out-of-work becoming unwell, rather than those in work leaving the labour market because of deteriorating health.

A more recent report by the IFS²⁶⁹ (2024) examined the rise in health-related benefits following the pandemic through secondary analysis of LFS data from 2014 to 2023 which they stated provided some evidence to show that while deteriorating labour market conditions may have played a role, they are not the main driver of increases in health-related benefits. This report analysed disability and incapacity benefits separately. When examining disability benefits (PIP/DLA), it found that the labour market history of new disability benefit recipients is similar to those who started to receive disability benefits before the pandemic. While the share of new PIP/DLA claimants who had recently left their job increased slightly post pandemic compared to pre-pandemic²² (from 10.5% to 12.0%), around 70% of new disability benefit claimants were out of work both before and after the pandemic and most of these people (61%) had been out of work for more than two years before applying for them. It also found - for both disability and incapacity benefits - an increase in the share of new claimants who had never worked, and a decline in the share who last worked at least five years ago, which they speculated is driven partially by the increase in younger people in receipt of health-related benefits.

This report also analysed changes in the geography of health-related benefit claims to investigate whether this explained the rise in caseloads. There are notable geographic differences in the amount of health-related benefit claims according to differences in health outcomes and labour market strength. However, their analysis showed no association between the labour market and increase in health-related benefit claims. Areas with high and low employment rates, and areas where employment had risen or fallen showed similar changes in benefit claims and increases in health-related benefit caseloads were not faster in areas with weaker employment growth since the pandemic.

²² In this report, 'pre-pandemic' refers to claimants who began their claims between 2014 Q3 and 2020 Q1, and 'post-pandemic' refers to claimants who began their claims between 2020 Q2 and 2023 Q4

5.9 Demand driven by changes in attitudes and behaviour

This section of the review examines the evidence on whether increases in the number of people receiving disability benefits has been driven by changes in people's attitudes and behaviours. The conceptual model set out in the protocol ([Annex 1](#)) hypothesised that attitudinal and behavioural changes could have acted as a driver of disability (and health-related) benefit caseloads in several ways, including:

- increased awareness of disability benefits (their existence, who qualifies and how to apply for them), and the role of those providing information and support in helping people to apply.
- increased awareness and knowledge of health conditions and different types of disability, which may have influenced people to seek support, including disability benefits.
- changing social attitudes and reduced public stigma around applying for and receiving disability benefits, which may have affected disabled people's willingness to take up their disability benefit entitlement.

Summary: Seven sources were found that discussed changes in attitudes and behaviours as a driver for increased disability benefit caseloads since 2010. The evidence was limited and highlights a lack of primary research on how changing attitudes and behaviours may be a driver of changes in demand for disability benefits. Most of the findings related to increased awareness of disability benefits, through information and support, but some sources highlighted the increased awareness of health conditions, particularly mental health conditions. All the sources reviewed discussed disability benefits at the GB level or for England and Wales, and none considered Scotland separately.

Of the seven sources found that discussed changes in attitudes and behaviours as a potential driver for increases in disability benefits, one report²⁷⁰ is a primary qualitative study commissioned by the DWP. This report did not explicitly consider this as a driver of increased demand for disability benefits but has been included as this is implicit and there is mention of the increased role of some advisors following the pandemic. Five of the sources were reports by thinktanks^{271, 272, 273, 274, 275} and one was an OBR report (2019).²⁷⁶ One of the Resolution Foundation reports²⁷⁷ presented secondary analysis of published data and qualitative research from a discussion with stakeholders. However, findings from the IFS, OBR, Resolution Foundation and Learning and Work Institute report²⁷⁸ were speculative or discursive.

While there is a large evidence base on changing social attitudes and a significant proportion of the sources screened at the early stage of this quick scoping review focused on stigma towards disability benefit recipients, these sources were excluded as they did not explicitly relate changing social attitudes to the increase in disability benefit recipients over time.

5.9.1 Has increased awareness of disability benefits driven demand for disability benefits?

The recent (2024) DWP report²⁷⁹ is a primary qualitative study (involving in-depth interviews with PIP applicants and advisors,²³ and focus groups with non-claimants) which examined the importance of attitudes and behaviours in people's 'journeys' to applying for PIP and the role of different types of advisors on PIP applicants' journeys. With the numbers of PIP registrations²⁴ and clearances²⁵ increasing, DWP commissioned Basis Social to conduct a study to inform approaches to support people who need to access PIP by improving understanding of why, how and when people with disabilities and long-term health conditions decide to apply for PIP. It found that the existence of, and access to encouragement from an outside source of advice can play a key role in 'influencing applicants' journeys to claiming PIP and were essential, as this was often how people first heard about PIP and how expectations about PIP entitlement and the application process were communicated.

The qualitative research found that the role of advisors could be brief or much more extensive but the extent to which applicants can access advisors significantly impacts their journey. This was particularly so for certain groups (e.g. applicants with low levels of literacy) and those without the support of advisors at key points throughout the application process are more likely to end before an application is made.

This study showed through interviews with Healthcare professions (HCP)²⁶ that they have regular conversations about PIP and provide advice during interactions with patients, from once a week to multiple times per day. Some HCPs reported that the number of conversations they have about PIP had increased since the Covid-19 pandemic and are 'increasingly associated with mental illness'.

In addition, a Resolution Foundation report²⁸⁰ highlighted increased awareness of health-related benefits as another of several explanatory drivers of the increases in take up of both incapacity and disability benefits. It stated that awareness of disability benefits has 'plausibly' increased in recent years – citing separate analysis by the Foundation which showed an increase in the mentions of 'disability benefits' in the UK press (from around 3,200 in 2017 to over 5,400 in 2023). The report highlighted how increased awareness of disability benefits and support to apply for these stems in part from the 'concerted outreach to vulnerable individuals' from all kinds of agencies in response to numerous crises over recent years. For example, advice provided about entitlement to various types of welfare benefits in response to austerity, followed by the Covid-19 pandemic, and subsequently the cost of living crisis. A welfare rights adviser in their policy roundtable said:

²³ It distinguished between formal advisors, which include people working for organisations that specialise in benefits advice, who draw on training and experience when offering advice, as well as other professions (social workers, occupational therapists, GPs etc.) who can provide support as part of their work and informal advisors, who are friends, family members, acquaintances etc.

²⁴ The number of new PIP claims that have been officially recorded by the DWP.

²⁵ The number of PIP claims that have been fully processed and a decision made.

²⁶ HCPs in this study included General Practitioners, Nurses, and Occupational Therapists

“There’s greater awareness of disability benefits than there was before - and I think that is coming from a few things. One thing is the pandemic meant that more people had to claim benefits and that just increased overnight people’s awareness of the benefit system and that just hasn’t gone away.”

Two sources^{281, 282} considered the role of online advice and support in driving demand for disability benefits. An accompanying study to the DWP report by Tenrec Analytics²⁸³ examined how the public source information about PIP online to develop their understanding of their potential eligibility for PIP and whether to apply. This involved an analysis of online search behaviour which found that people were seeking and being provided with online advice and support about: their eligibility to apply for PIP; the payment rates; queries about work status; and specific health conditions or disabilities.

The Tenrec Analytics research also found that social media - particularly content from individual creators with personal experience of applying for PIP - is significant in supporting people who are considering applying for PIP. A relatively small number of content creators dominate the ‘individual’ creator category, with the most watched five videos accounting for over half of all views. The report stated, ‘when approaching the application process and looking for tips to improve the likelihood of success, personal testimonies (such as those shared in videos by content creators on YouTube) have been found to be influential.’

The 2019 OBR Welfare trends report²⁸⁴ speculated on the role of social media and the internet in providing support and information around applying for disability benefits as potentially contributing to the rise in disability benefit caseload. The report stated that increased use of social media and the internet are likely to have had a ‘material impact’ on how accessible information is on the application process and assessment criteria, enabling applicants and their representatives to tailor their application accordingly. The report stated: ‘Changes in the caseload composition have typically pushed average awards higher than would be explained simply by uprating policy. This could reflect claimants and their advisors learning how to navigate the system to greater benefit – a factor that is likely to be more important now than in the past due to the internet and social media.’ However, these are statements of opinion and are not underpinned by evidence in the report.

5.9.2 Has increased awareness and knowledge of health conditions and different types of disability influenced people to seek support, including applying for disability benefits?

The evidence on increased awareness of health conditions principally related to greater awareness of mental, rather than physical health conditions. Changing attitudes and behaviours around mental health were discussed in five reports.^{285, 286, 287, 288, 289} While none of the sources provided any evidence to suggest that stigma around mental health conditions is declining, they speculated that this might be the case, and that the rise in reports of poor mental health may be due to changes in attitudes and behaviours around mental health that have resulted in people being more aware of mental health conditions and willing to report conditions and seek help. Three sources linked an increased awareness of health conditions to an

increased willingness to apply for disability benefits, but this link was speculative rather than evidence based.

An IFS report²⁹⁰ stated that the increase in the disability benefit caseload (GB) witnessed among working-age people is principally attributed to more people receiving disability benefits due to mental health conditions. It speculated that this trend could in part be ‘due to greater awareness of, or reduction in stigma around, mental health conditions leading to more people applying for these benefits than in the past, even if the underlying level of mental health has not worsened.’

The OBR 2019 Welfare trends report²⁹¹ discussed changing social attitudes towards mental health issues, increased awareness of these and the willingness of individuals to report such conditions (in the context of trends in increased spending on disability benefits). This stated that surveys on attitudes to mental illness over the last 10 years show that more people now consider mental illness to be ‘an illness like any other’, fewer report negative attitudes towards mental illness and more people report that they would seek medical advice if they had a mental health ‘problem’.²⁹² However, this discussion of the increased prevalence of reported mental health conditions did not explicitly link this to the increase in disability benefits.

One Resolution Foundation report²⁹³ stated that stigma related to some disabilities, especially mental health conditions ‘has clearly declined over time’, citing two studies²⁹⁴ evidencing this reduction in stigma in England (published in 2020 and 2014).²⁷ It speculated that the increase in health-related benefits could partly be driven by ‘a rising awareness of benefits, and a decline in stigma for some, enabling more people to come forward and seek the help they need.’ This point was reflected by a welfare adviser in a roundtable discussion as part of this study:

“I think it is a mistake to see the level of disability in society as a problem necessarily – I think it is also to do with more people recognising disability and we can support that in various different ways, including in the world of work and how our society is structured – rather than come away and say, oh a quarter of our population is disabled, that’s terrible. Maybe it’s always been that way and it is a good thing [people] can come forward and get the help they need.”

Another Resolution Foundation report²⁹⁵ stated that there has been increased awareness and understanding of disabilities ‘and support available to help meet extra costs associated with them is undoubtedly positive and has likely led to more people claiming benefits.’ This point was not underpinned by supporting evidence.

None of the sources examined whether demand for disability benefits has been driven by changing social attitudes and/or reduced stigma around applying for and being in receipt of, disability benefits.

²⁷ It is worth noting that more recent evidence, not included in this review, shows that stigma towards people with mental health problems worsened significantly between 2023 and 2024 [Public attitudes to mental health are going backwards, warns Mind | King's College London](#)

5.10 Demand driven by demographic changes

This section considers the evidence on whether demographic changes have contributed to changing demand for disability benefits since 2010. Demographic changes refer to a shift in the defined characteristics of a population over time but the focus here is on changes in Scotland's and the UK's age structure (as disability is closely connected to age) and the associated rising state pension age (SPA).

Summary: Four sources included in the review examined demographic changes - in particular an ageing population and the consequences of an increased SPA - as a driver for increases in disability benefits since (around) 2010. Two further sources were identified that considered the rising SPA as a driver for increases in incapacity benefits. The Resolution Foundation²⁹⁶ provided estimates of the extent to which demographic changes have contributed to the rise in disability benefit caseloads. This report found that an ageing population and rising SPA explained one-quarter of the increase in the working-age disability benefit caseload in England and Wales between 2013-2023. A Resolution Foundation slide pack²⁹⁷ extended this analysis to include incapacity benefits and found that the impact of an ageing working-age population and rising SPA accounted for one-fifth of the rise in working-age health-related benefit caseloads. Less evidence was found on how changes to the SPA alone has acted as a driver of disability benefit caseloads, although there was evidence to show that the rising SPA has been a driver of rising incapacity benefits caseloads. None of the sources examined the role of demographic changes as a driver in Scotland.

The four sources included were reports by the Resolution Foundation^{298, 299} and the IFS.^{300, 301} Findings from two further reports are included which examine incapacity rather than disability benefits.^{302, 303} All sources were based on secondary analysis of published data rather than primary research. Other sources^{304, 305} considered increases in spending on working-age disability benefits because of the rising SPA but were not included as spending is outside the scope of this review. Nevertheless, it is important to note the key role that changes in the size and age profile of the population play in how the OBR formulate their spending projections. The 2019 OBR report³⁰⁶ stated: 'prevalence of disability benefit receipt varies considerably by age, so changes in the size and age profile of the population are key drivers of disability benefits spending.'

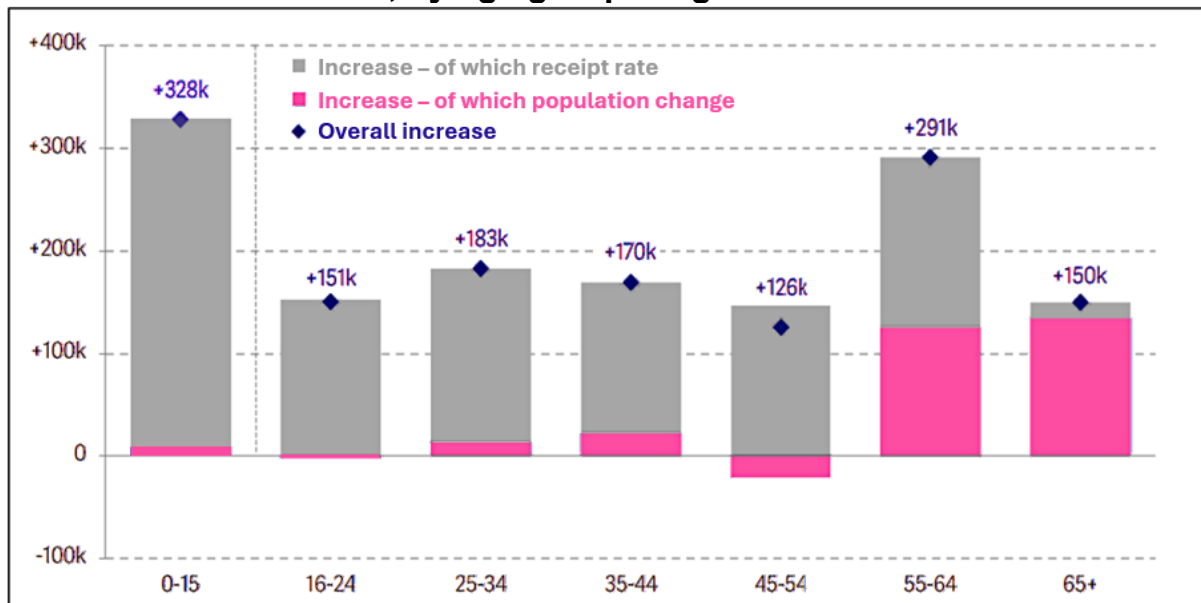
5.10.1 Has an ageing and expanding working-age population driven demand for disability benefits?

Three of the sources^{307, 308, 309} linked an ageing working-age population with the rise in the number of people claiming disability benefits over the last decade.²⁸ A report by the Resolution Foundation³¹⁰ explored changing demographics as one factor possibly explaining the increase in disability benefits and considered the ageing and growing working-age population as constituting structural drivers behind the increase in disability benefits (alongside other societal, economic and policy related drivers). Their analysis showed that Britain's ageing population (and rising SPA, explored

²⁸ Both Resolution Foundation reports reviewed here examine the time period 2013-2023

below), has played a key role in ‘boosting’ the disability benefit caseload over the last decade, as older people are more likely than younger age groups to report having a disability or a long-standing health condition. The Resolution Foundation used ‘shift-share decomposition’²⁹ to examine the disability benefit caseload for people in different age groups (Figure 5.10). Their analysis showed that for England and Wales, an ageing population and rising SPA explained one-quarter of the increase in the working-age disability benefit caseload over the last ten years (2013-2023).

Figure 5.10: Change in child and working-age disability benefit caseload between 2013 and 2023, by age group: England and Wales



Source: Resolution Foundation (2024) [Under Strain](#) (adapted for accessibility)

The report attributed the increase amongst those aged 65 and over in receipt of working-age disability benefits to both the higher SPA (which has meant more older people have applied for working-age rather than pensioner benefits) as well as the fact that older recipients of PIP generally remain on it, even when they reach pensionable age. The report stated: ‘...if the likelihood that an adult of a certain age receives a working-age disability benefit had remained unchanged since 2013, then demographic changes alone [a growing, ageing population and a rising State Pension Age] would have pushed up the caseload by an additional 272,000, one-quarter (25 per cent) of the actual increase of 1.07 million.’

The second Resolution Foundation publication (a slide pack)³¹¹ used the same methodology as above and applied this to ‘health-related benefits’ – disability benefits and incapacity benefits together. It found that the impact of an ageing working-age population accounted for one-fifth of the rise in working-age health-related benefit caseloads. As set out in the [section on population health](#), this report also estimated that the combined effect of population change and the rising incidence of disability explains 87% of the increase in the disability benefit caseload between 2013 and 2023.

²⁹ A shift-share analysis, used in regional science, political economy, and urban studies, determines what portions of regional economic growth or decline can be attributed to national, economic industry, and regional factors.

The IFS report³¹² (2023) speculated that some of the rise in disability rates and disability benefit receipt might relate to population ageing. To explore this issue, it examined the share of individuals claiming disability benefits by age in 2002, 2012 and 2022. This analysis showed a particularly large increase in the proportion of children receiving disability benefits. However, it also showed that although the proportion of older working-age adults over 60 claiming disability benefits remained broadly the same as in 2002 a much larger proportion of this age group claim disability benefits.

5.10.2 Has a rising state pension age driven demand for disability benefits?

A rising SPA is also relevant to understanding increases in disability benefit caseloads.³⁰ The SPA rose for women from 60 in April 2010 and reached 65 in December 2018, it then rose from 65 to 66 for both men and women between December 2018 and October 2020.³¹³ The rising SPA for women in particular since 2010 has increased the population of people potentially eligible to receive working-age disability benefits at a stage of life when they are more likely to be disabled or have a health condition.³¹⁴

Three sources^{315, 316, 317} examined the link between a rising SPA and the increase in disability/ incapacity / health-related benefits over the last 10-15 years. The Resolution Foundation report³¹⁸ discussed this alongside an ageing population and findings are presented for both factors together, above. The IFS report³¹⁹ examined disability benefits and incapacity benefits together and the OBR report³²⁰ considered only incapacity benefits.

The 2024 IFS report³²¹ showed that for 'health-related' benefits, the change in the SPA explained relatively little of the recent surge in claimant numbers in England and Wales. It found that between 2019 and 2023, the overall number of claimants for working-age health-related benefits in England and Wales grew by 38% and the number of claimants aged 16–64 grew by 36%. It stated that the latter figure adjusts for the change in female SPA from 65 to 66 and is only 2 percentage points lower than the unadjusted figure. However, this report did not explore changes associated with the larger increase in the rise of SPA for women from 60 to 65 between April 2010 and December 2018.

Two sources^{322, 323} were included that examined the role of the rising SPA on the increasing incapacity benefit caseload. While the focus of this review is on disability benefits, it is useful to note that both reports concluded that the rising SPA from 2010 led to the growth in claims among women aged 60-64. The 2024 OBR Welfare Trends report³²⁴ conducted secondary analysis of published data sources and found that incapacity benefits caseloads did not decline as much as they might have during

³⁰ Many people remain in receipt of working-age disability benefits when they are over the SPA. Since 2018 the upper age limit for applying for PIP/ADP has risen with the SPA. However, clients already receiving PIP/ADP before SPA remain on these when they reach SPA (including further award reviews), as AA and PADP do not include a mobility component. Current expenditure forecasts by the SFC show that around 20% of the total ADP caseload forecast spending is for those aged 65 and over ([Adult Disability Payment Official Statistics](#))

the 2010s due to several ‘age-related factors’: ‘First, increases in the state pension age expanded the population eligible to receive incapacity benefits into age groups in which people are much more likely to claim. Second, a shift in the composition of the eligible population towards older working-age offset the particularly sharp falls in caseload prevalence at older ages.’

The report³²⁵ shows the distribution of incapacity benefits caseloads by age and sex in both 2008-09 and 2023-24. Figure 5.11 shows that 280,000 of the overall 330,000 caseload increase between these two points in time was made up of female recipients of incapacity benefits aged 60 and over, and 250,000 of this was women aged 60-64, so can be related to the rising female SPA between 2010 and 2018.

Figure 5.11: Incapacity benefits caseloads by age and sex



Source: Office for Budget Responsibility (2024) [Welfare trends report – October 2024](#) (adapted for accessibility)

A report by the Learning and Work Institute³²⁶ (2025) stated that a third of the rise in incapacity benefits is explained by the rising SPA, an aging population, and the rollout of Universal Credit combined.

It is also worth highlighting recent analysis here by the DWP³²⁷ (2025) which did not meet the inclusion criteria and so **is not included in this review** but used a similar methodology to the Resolution Foundation³²⁸ but for incapacity benefits.

Decomposition modelling quantified the contribution of changes in both demographics and in SPA behind the growth in the number of working-age people in receipt of incapacity benefits. It found that between May 2018 and May 2023 the caseload on the higher rates of UC health and ESA increased by just over 800,000, and of this: 89,000 (11%) is because of changes to SPA, and 57,000 (7%) is because of demographic change, with the population getting older, on average.

6. Discussion

6.1 Summary of the findings

This quick scoping review assessed the extent of available evidence on the primary question: 'What are the drivers of changes in the overall number and profile of people applying for and receiving disability benefits over the last 15 years?'. To do this, it examined whether changes in demand for disability benefits have been driven by five potential drivers: changes in population health, the design and operation of the benefit system(s), the economy and labour market, changing attitudes and behaviours and demographic changes.

Of the 350 sources screened, only 23 met the inclusion criteria. The review highlighted a lack of primary research evidence across the five drivers examined. Most of the sources included secondary research and were reports by think tanks, policy and research organisations and independent fiscal institutions. Around two-thirds of the sources were produced by think tanks and just over a third were by the IFS.

The number of working-age adults and children receiving disability benefits in Scotland has increased substantially since the early 2010s. The rise in caseloads has been particularly pronounced since the Covid-19 pandemic in both Scotland and the UK, with a spike in disability benefit applications in Scotland following the introduction of ADP and CDP.

The age profile of new recipients of working-age disability benefits in Scotland has changed and now includes a larger proportion of younger people. There has also been an increase in the proportion of people receiving working-age disability benefits due to the impact of 'mental and behavioural disorders' and circulatory diseases.

This review examined and presented the drivers of disability benefit demand separately but highlighted the interrelationships between drivers. A large proportion of the evidence found is focused on changes in population health as a driver (18 sources) followed by changes in the design and operation of the benefit system(s) (17 sources), the economy and labour market (11 sources), changing attitudes and behaviour (7 sources), and changing demographics (4 sources).

Evidence assessed on the role of changes in population health as a driver showed that the rise in the share of the population who report being disabled or in ill-health mirrors, and at least in part, explains the rise in disability benefit caseloads.

Population health was declining before the pandemic, but this decline has accelerated and continued since. There has been a large increase in the number of people receiving health-related benefits due to the impact of 'mental and behavioural disorders', and the number of disabled children in the UK since before 2010 (proportionate to working-age adults). This is mirrored by the increase in the number of children in receipt of child disability benefits.

The review did not identify evidence to suggest that NHS waiting lists are a driving factor in explaining the recent rise in health-related benefit claims, but evidence on this was scarce and so it is not possible to rule out NHS waiting lists as a driver of increased caseloads.

There was no conclusive evidence, in the sources reviewed to show that the introduction of ADP in Scotland had led to the increases in caseload seen in Scotland. It is likely too soon to assess whether the devolution of disability benefits in Scotland has driven up caseloads in the post-pandemic period and longer follow-up data is needed to understand whether this will persist or not.

There was little evidence to suggest that it has become 'easier' to be awarded PIP since its roll out, and there was a lack of evidence on the effect of changes in PIP assessment approaches on disability benefit caseloads. Some reports found that PIP caseloads are increasing (in England and Wales) in part, because of longer award durations and fewer people coming off PIP over time. There was no robust evidence to demonstrate that the financial value of disability and health-related benefits relative to unemployment benefits has increased applications for disability benefits.

There was no robust causal evidence to show that demand for disability benefits has been driven by the economy and/or the labour market changes since 2010. Most commentary was found on the role of the cost of living crisis as a driver of increased disability benefit caseloads, but findings were discursive and speculative. Some evidence was found to show that while worsening labour market conditions have played a minor role in explaining the increase in disability benefits post pandemic,³¹ recent labour market changes were not a key driver of the rise in caseload.

There was a lack of primary research evidence on how changing attitudes and behaviours may be a driver of changes in demand for disability benefits. Most of the findings related to increased awareness of disability benefits, through information and support, but some sources highlighted the increased awareness of health conditions, particularly mental health problems/conditions which they speculated may have increased willingness to apply for disability benefits.

Demographic changes, in particular population ageing and the consequences of an increased SPA were found to be drivers of increased disability benefit caseloads.

Few studies quantified the contribution of different drivers, but the Resolution Foundation provided estimates of the extent to which demographic changes have contributed to the rise in disability benefit caseloads. It found that an ageing population and rising SPA explained one-quarter of the increase in the working-age disability benefit caseload in England and Wales between 2013-2023, and one-fifth of the rise in working-age health-related benefit caseloads.

This report also estimated that the combined effect of population change and the rising incidence of disability explains 87 per cent of the increase in the disability benefit caseload between 2013 and 2023.

³¹ The most recent source examines the period up to 2023

While this quick scoping review examined the evidence for drivers separately, most sources discussed drivers of demand for disability benefits in relation to several or multiple intersecting drivers and made clear that the rise cannot be attributed to a single driver.

6.2 Strengths and limitations of the quick scoping review

Quick scoping reviews have a number of strengths but also limitations.

In terms of strengths, by systematically mapping existing evidence on the drivers of changes in demand for disability benefits, this quick scoping review has identified key themes that may help answer the primary research question. In addition, it has highlighted a dearth of primary research evidence on this question, particularly relating to Scotland as well as identifying existing gaps in knowledge.

In terms of limitations, a quick scoping review does not provide an exhaustive review of evidence to address the primary research question or wider relevant studies. Sources were included that directly discussed and investigated the topic of interest (drivers of disability benefits) to gain a clearer picture of the available evidence. Other sources that may be relevant but did not meet the inclusion criteria for the review were not included. For example, explanations for changes in population health were beyond the scope of the review as was the contested question of whether stigma around mental health is decreasing which may contribute to disability benefit awareness or take up. Similarly, given these criteria for inclusion, there were few sources which reflected the actual experiences of disabled people, which would likely have been helpful in highlighting some of the complexity and nuance behind the drivers of demand for disability benefits.

7. Conclusions

7.1 Current state of research

While there are a number of sources that discuss the drivers of disability benefit caseloads in the UK and Scotland over the last 15 years, there is a lack of robust evidence on the individual and joint contribution of these drivers. The majority of the sources that met the inclusion criteria for the review involved secondary analysis or commentaries rather than primary research. As a result, it is challenging to draw robust conclusions and there is a need for longitudinal studies tracking people's interactions with and experiences of the benefit system(s).

7.2 Areas where evidence is available

More evidence was found on changing population health and changes to the benefit system(s) as drivers of demand for disability, and health-related benefits, than other drivers. Evidence on the contribution of these drivers was mostly available at the UK, or England and Wales level.

7.3 Areas where there is less evidence or evidence gaps

The following research gaps were identified:

7.3.1 Populations that have been understudied

Only five of the 23 sources examined child disability and changes in child disability benefit caseloads. This dearth of evidence is striking given there has been a large increase in the number of disabled children in the UK since 2010, and the proportional rise in reports of disability in children has outpaced that for working-age adults. Insight into these drivers will be important, in understanding the transition from CDP to ADP (and Child DLA to PIP) and prevalence of demand amongst young people.

The findings of this review show that there are clear knowledge gaps around Scottish evidence on the drivers of disability benefit caseloads. Only six of the sources included a separate analysis of data or discussion of Scotland and the remainder focused on the UK or England and Wales, highlighting a scarcity of evidence on the drivers of demand for devolved disability benefits in Scotland. There is a need for primary research in Scotland, and for substantiated and evidenced findings on the drivers considered.

7.3.2 Methodologies that have not been widely applied

The report by SHERU³²⁹ identified several methodological limitations, including the limits to which quantitative data can provide a full understanding of the drivers of demand for disability benefits. SHERU highlighted the role of qualitative analysis in improving understanding of drivers behind the increased disability benefit

applications, such as understanding whether more people are taking up their entitlements, and if the increase is attributable to worsening health or other factors. SHERU also highlighted the limitations of the quantitative data available in Scotland, and the need for more detailed breakdowns on conditions, to allow intersectional analysis.

7.3.3 Questions that remain unanswered or inadequately addressed

There is a lack of robust evidence on attitudinal changes towards disability and disability benefits since 2010 and how that may influence disabled people's likelihood to apply for disability benefits. An example is the lack of evidence to demonstrate whether there has been a reduction in stigma around applying for and receiving disability benefits which has acted as a driver of caseloads. There is also an evidence gap around whether enhanced awareness by GPs of certain health conditions is influencing disability benefit caseloads, despite the fact that a health condition diagnosis is not required to successfully apply for health-related or disability benefits. While one source investigated the relevance of online content creators in providing advice and support around the application process for disability benefits, no evidence was found on whether this had contributed to the increased caseload. None of the sources reviewed included findings on the emerging use of Artificial Intelligence in disability benefit applications and assessments.

While there was a large evidence base examining the relationship between the labour market and incapacity benefits, far fewer sources were found that examined the labour market as a driver of disability benefits. Around a third of the sources examined whether the cost of living crisis and worsening economic conditions since the pandemic have driven disability and health-related benefits caseloads. However, there was no analysis of change over time or causal evidence of increased take up amongst disabled people - who had previously been eligible for disability benefits but chosen not to apply for them - due to the need for financial support because of the cost of living crisis. This points towards an important gap in the evidence.

One primary source was found which examined the relationship between NHS waiting lists and the recent rise in health-related benefit claims. More research on NHS waiting lists and disability benefits specifically would be valuable.

The section on demographic changes highlights analyses which quantified the contribution of a rising SPA and ageing population to increases in disability and health-related benefit caseloads. The SPA is rising again with implications for disability benefits, as a higher proportion of people aged over 50 have health conditions.³³⁰ Projections produced by the Office for National Statistics show that the UK's population is ageing and that in 50 years' time, there are likely to be an additional 8.6 million people aged 65 years and over.³³¹ As of October 2024, around a fifth (22%) of the total ADP caseload were people aged 65 and over.³³² Further research in this area will be important in meeting future challenges related to demographic changes. People who start receiving ADP before reaching SPA can continue to receive it after reaching that age, and so there are implications for the forecasted proportion of ADP and PIP recipients of pensionable age.

There are few studies that seek to quantify the contribution of different drivers. Evidence which further examines the interactions and interplay between drivers of disability benefits would be valuable.

The review did not identify other, previously unrecognised drivers of disability benefit demand and caseloads. However, the impact of cuts to public services on people's mental and physical health and the role of investment in policies with an explicitly preventative purpose (such as high quality mental health services in schools and interventions to support the needs of people with neurodevelopmental differences) was relatively unexplored in the sources identified and could also influence demand for disability benefits.

8. Annex 1 – Review Protocol

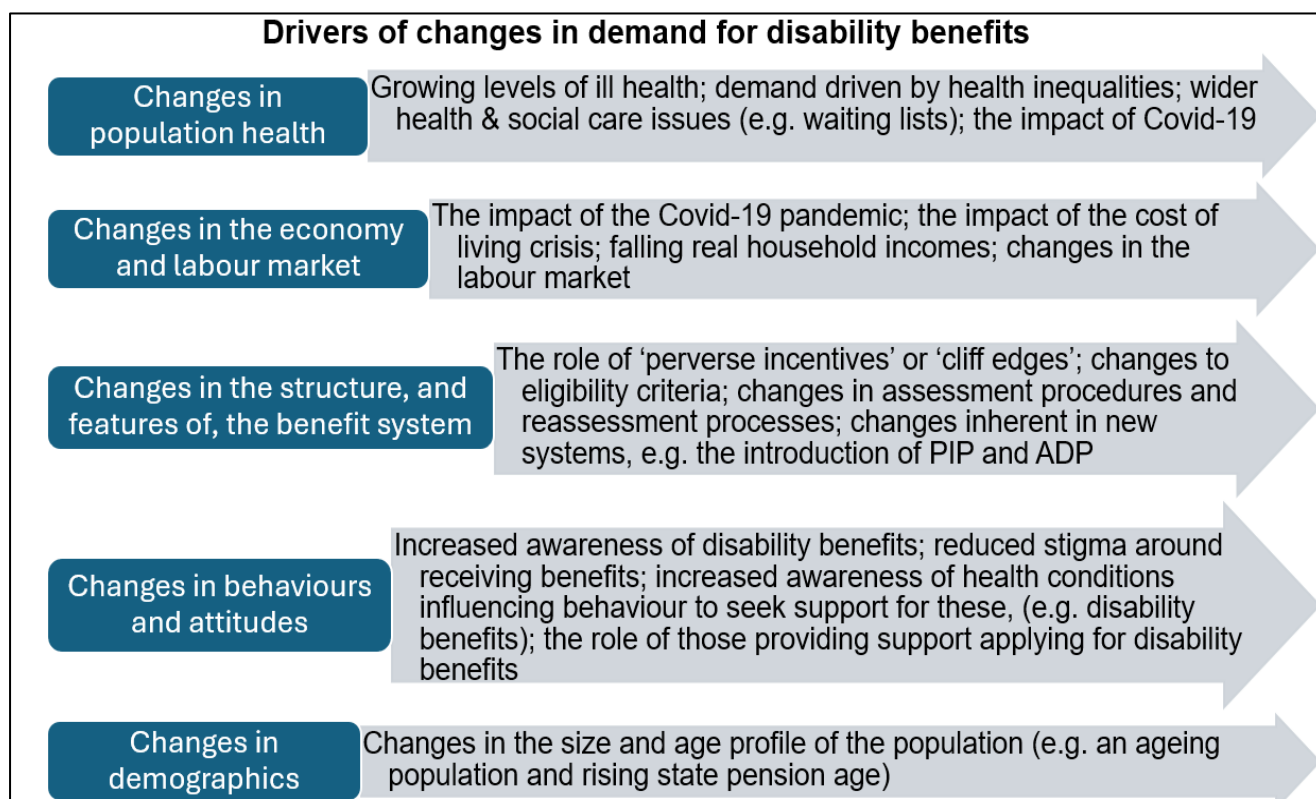
Review title: Understanding the drivers of changes in demand for disability benefits in Scotland from 2010 to the present – A Quick Scoping Review

Background for the work: In recent years, there has been a large increase in disability benefit applications and awards in Scotland and the UK, the underlying causes of which are still not well understood. The aim of this Scoping Review is to gain a better understanding of the different drivers of demand for disability benefits in Scotland (PIP and ADP), since 2010. It is unclear what kind of information is available in the literature about what has led to this increase in demand for disability benefits in Scotland for adults and children.

For this reason, a Quick Scoping Review (QSR)¹ – which can be applied to more open-ended questions (such as ‘what do we know about x or y?’) was considered appropriate. A QSR will systematically map the research done in this area and provide a general understanding of the volume and characteristics of the evidence base, as well as identify any existing gaps in knowledge. It allows questions to be answered by maximising use of the existing evidence base, whilst also providing a clear picture of the adequacy of that evidence.

QSRs are designed to be transparent and to minimise bias and are used to understand the impact either of a ‘pressure’ or a policy intervention, thereby informing general policy direction.¹

Conceptual model: A description of how the policy, practice and science related to the evidence review topic interact and influence each other



Primary Question: The main question to be addressed by the review

- What are the drivers of changes in the overall number and profile of people applying for and receiving disability benefits over the last 15 years in Scotland and the UK?

What are the possible drivers (**C**-concept) of changes in the overall number and profile of people (**P**- disabled adults and children) applying for and receiving disability benefits (**C**-concept) over the last 15 years in Scotland and the UK (**C**-context)?

Population: All disabled adults of working-age and disabled children. This includes all people entitled to disability benefits for a range of conditions related to mental and physical health.

Concept: Disability Benefits and what is driving increases in take up of these benefits. Relevant benefits include:

- (i) Devolved disability benefits - Adult Disability Payment (ADP) and Child Disability Payment (CDP), and;
- (ii) Reserved disability benefits - Personal Independence Payment (PIP), Disability Living Allowance Child (DLA Child), reserved benefits with existing qualifying relationships with devolved benefits (e.g. Universal Credit), or reserved benefits/assessments where there are likely to be overlapping client groups with, or potential impacts on, demand for devolved benefits where awards are made (e.g. UC Work Capability Assessment / Limited Capability for Work Assessments).

Context: UK. Also interested in Europe for comparisons but the main focus is Scotland and the UK. The Social Security system.

Secondary questions (Additional questions to be addressed by the review that contribute to building up the evidence surrounding the primary question):

- How has demand for disability benefits in Scotland and the UK changed over the last 15 years?
- Who is in receipt of disability benefits (adults and children) and how has the profile of people applying for, and receiving disability benefits changed over the last 15 years in Scotland and the UK?

Scope of the work: clear limits of the question to be addressed by the review

- Geographical reference - Scotland, England, Wales, NI, EU - The primary focus of this work will be on Scotland, however this review will also look at wider cross UK trends and seek to ground developments in Scotland within the broader UK and European context.
- Climatic conditions - N/A
- Language restrictions - Only publications in English
- Date restrictions - Only evidence from after 2010 - The rationale for selecting this timeframe is: (i) the benefits that are of most interest to us were only introduced after 2010. The biggest set of welfare reforms (transition to PIP, introduction of

UC) over the last 15 years were initiated at this time, (ii) setting the timeframe from 2010 avoids the initial knock-on effects of the 2008 financial crisis.

- Population restrictions - Only evidence about disabled people
- Outcome restrictions – N/A
- Other restrictions – N/A

Potential Keywords: words or phrases that could be developed into search strings and used in the systematic search for evidence

- Keywords related to the population - Disabled people, people with disabilities, physical disabilities, mental health, mental ill health, health conditions, illness, long-standing illness, impairments, incapacity, diagnosis, diagnoses, primary condition, secondary condition.
- Keywords related to the intervention - Disability benefits, social security, welfare, benefits, devolved disability benefits, incapacity benefits, claim, Social Security Scotland, Department for Work and Pensions, Adult Disability Payment (ADP), Child Disability Payment (CDP), drivers of demand, growth/rise/increase in disability benefit recipients, population health, health inequality, Reserved disability benefits, Personal Independence Payment (PIP), Disability Living Allowance Child (DLA Child), Employment Support Allowance (ESA), Universal Credit Work Capability Assessment, Universal Credit Limited Capability for Work Assessments, onflows, off flows, the benefits system.
- Keywords related to the comparator – N/A
- Keywords related to the outcome – N/A
- Other relevant keywords - Increased take up, increased uptake, rise in disability claimants, growth in number of disability recipients.

Potential Search locations: All types of publications including primary studies, systematic reviews, meta-analyses, letters to the editor, guidelines, websites, policy documents, published articles, reports by think tanks, articles in conference proceedings, editorials, websites, and chapters in textbooks are relevant.

- Locations for peer reviewed evidence - Google Scholar, Web of Science, Scopus, Idox, KandE Knowledge Network, Policy Commons, ProQuest, National Library of Scotland Catalogue.
- Locations for grey literature - Resolution Foundation, IPPR, Fraser of Allander Institute, Joseph Rowntree Foundation, House of Commons Library, House of Lords Library, Institute for Fiscal Studies, Institute for Government, Google Custom Search, Google Advanced Search.
- Locations for unpublished data – N/A
- Will other reviews and secondary reviews be considered? – Yes
- Will theoretical or conceptual studies be considered? - Yes

Subsequent milestones:

- Library search - Completed 4th June 2025
- Pilot screening - Completed 6th June. 3 people screened ~140 papers, 10% of responses checked and discussed, screening protocol updated and finalised.

9. Annex 2: Adult Disability Payment and Child Disability Payment

9.1 Adult Disability Payment (ADP)

What is the benefit designed to do? ADP provides support for people who have a disability or a long-term health condition that affects their everyday life.

How much is it? There are two components with different rates depending on how the person's condition affects their ability to do everyday activities or get around.

- The **daily living** component has a standard weekly award (£73.90) and an enhanced weekly award (£110.40).
- The **mobility** component has a standard weekly award (£29.20) and an enhanced weekly award (£77.05).

Who is the benefit paid to? It is paid into the bank account stipulated on the application form. Disabled people can apply themselves, or someone can apply on their behalf (e.g. a family member, friend, carer, support worker or appointee).

Who is eligible for it? People who are between 16 and State Pension age, and who have a long-term physical or mental health condition, or terminal illness. Claimants must live in Scotland or live in the EEA, Switzerland or Gibraltar and have a genuine link to Scotland. When making a decision on a claim, Social Security Scotland has access detailed decision making guidance, experienced medical practitioners, and specialist advisers with extensive knowledge and experience of working in health and social care.

When was it introduced? Introduction of the benefit was phased:

- ADP piloted for new applicants in Dundee City, Perth and Kinross and the Western Isles in March 2022. It was rolled out to new applicants across Scotland in August 2022.
- People in Scotland who were already claiming the UK Government's PIP or Working Age Disability Living Allowance have had their cases transferred to ADP. The case transfer process began in August 2022 and was completed in 2025. Cases were selected for transfer automatically, either triggered by an event (because of an upcoming review, end of award date or because they reported a change to DWP) or because of a review date that was further in the future.

Take-up rates? N/A - Estimates of take-up are not yet available for the benefit.

Is the benefit available in the rest of the UK? ADP replaces the UK Government's Personal Independence Payment and Working Age Disability Living Allowance, which are still available to disabled people in the rest of the UK.

Uprating? The benefit is legally required to be uprated each year by inflation and as such will be uprated in 2024-25. The cost of uprating is included within the latest SFC forecasts and the funding envelope.

Total expenditure? The total value of payments in 2024-25 was £2,380,601,900. This includes new applicants and case transfers.

Forecast costs from SFC? The forecast spend for the benefit is £3,590 million in 2024-25. This includes PIP expenditure administered by DWP.

Forecast caseload from SFC? The forecast average caseload for the benefit is 529,000 in 2025-26. This includes people receiving PIP from DWP.

9.2 Child Disability Payment (CDP)

What is the benefit designed to do? CDP provides support for the extra costs that a disabled child might have. A child's disability can be either physical or mental and CDP can be claimed even if the child does not have an official diagnosis.

How much is it? There are two components with different rates depending on the severity of the child's disability.

- The **care** component has a lowest (£29.20), middle (£73.90), and highest (£110.40) weekly rate.
- The **mobility** component has a lower (£29.20) and higher (£77.05) weekly rate.

Who is the benefit paid to? It is paid into the bank account stipulated on the application form. Any adult with parental responsibilities and rights or a guardian can apply for CDP. In some cases an appointee can apply if the child does not live with a parent or guardian. If the child is terminally ill anyone can apply for the child as long as the person applying has the informed consent from the parent, guardian or appointee.

Who is eligible for it? Disabled children aged under 16 who either (a) live in Scotland or (b) live in the EEA, Switzerland or Gibraltar and have a genuine link to Scotland. When making a decision on a claim, Social Security Scotland has access detailed decision making guidance, experienced medical practitioners, and specialist advisers with extensive knowledge and experience of working in health and social care.

When was it introduced? Introduction of the benefit was phased:

- CDP was piloted for new applicants in Dundee City, Perth and Kinross and the Western Isles in July 2021. It was rolled out to new applicants across Scotland in November 2021.
- Children in Scotland who were already claiming the UK Government's DLA for Children have had their cases automatically transferred to CDP. The case transfer process began in October 2021 for children aged over 15 and a half, and Spring 2022 for children under 15 and a half. As of June 2023, 99% of cases had been transferred to CDP.

Take-up rates? N/A - Estimates of take-up are not yet available for the benefit.

Is the benefit available in the rest of the UK? CDP replaces the UK Government's DLA for children, which is still available to disabled children in the rest of the UK.

Uprating? The benefit is legally required to be uprated each year by inflation and as such will be uprated in 2024-25. The cost of uprating is included within the latest SFC forecasts and the funding envelope.

Total expenditure? The total value of payments in 2024-25 was £504,737,850. This includes new applicants and case transfers.

Forecast costs from SFC? The forecast spend for the benefit is £581 million in 2025-26. This includes Child DLA expenditure administered by DWP.

Forecast caseload from SFC? The forecast average caseload for the benefit is 104,000 in 2024-25. This includes people receiving Child DLA from DWP.

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