

Work Without Fear Reform — Policy Proposal (≈4 pages)

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1) Context & Problem

Fear of losing benefits prevents many PIP/LCWRA awardees with fluctuating conditions from taking lawful work or reporting it. This harms individuals (lost independence) and the state (no tax return).

2) Objective

Create a framework where employment never triggers reduction/cessation of PIP/LCWRA; reviews remain purely medical and scheduled; safeguards protect public funds via consented, risk-based HMRC data checks.

3) Core Principles

- Employment ≠ benefit loss; medical evidence rules.
- Dynamic review cycle: 2→3→5 years (longer intervals if stable).
- GP/treating clinician as strong factual evidence; final decision with DWP.
- Explicit consent for HMRC data checks at award.
- Scope: activates only upon a PIP/LCWRA award; general UC out of scope.

4) Mechanics (Flow)

Award → activation of employment-safe support → fear-free work disclosure → tax & NIC collection → scheduled medical review → continuation/adjustment based on medical evidence.

5) GP Role & Evidence Standard

- Standard factual medical report focusing on functional limitation & fluctuation.
- Fast-track route when evidence is sufficient.
- Final adjudication remains with DWP; no undue burden on GPs.

6) Safeguards (No Fear, No Abuse)

- Consent-based HMRC data access at award.
- Risk-based monitoring; where evidence suggests abuse: notify, allow explanation, then adjudicate.
- No automatic sanctions for taking work.

7) Economics (Sketch)

Assume only 6% of the target cohort moves into work; median PT earnings ~£14,560; personal allowance £12,570; basic income tax 20% on ~£1,990; employee NIC ~8%; employer NIC ~15%.

Per worker: ~£398 tax + ~£159 employee NIC + ~£1,434 employer NIC.

LCWRA scenario (1.9m × 6% = 114k): ~£63.5m (tax+employee NIC) or ~£227m incl. employer NIC.

PIP scenario (3.8m × 6% = 228k): ~£127m or ~£454m incl. employer NIC.

(Overlap between PIP/LCWRA must be netted out in full analysis.)

8) Stakeholder Benefits

- Individuals: reduced anxiety, greater independence, safe path back to work.
- Government: broader tax base, less undeclared work, better targeting of assessments.
- NHS/GPs: standardised evidence role without adjudication pressure.

9) Risks & Mitigations

- Perpetual dependency → staged 2→3→5-year reviews.
- GP burden → factual forms; DWP retains decisions.
- Income hiding → consent + data checks; fair process.
- Fairness → limited to PIP/LCWRA (health-based), not general UC.

10) Evaluation & Pilot

- 12-month dual-site pilot with defined cohort.
- KPIs: work disclosure rate, tax/NIC receipts, claimant satisfaction, overpayment shifts.
- Reporting: month 6 & month 12.

11) Human Message

“Work when able; when not able, support remains.”