

# Pathways to Work

Reforming Benefits and Support to Get  
Britain Working Green Paper

Citizens Advice response to  
the consultation

The logo consists of a dark blue circle with a small tail at the bottom left, resembling a speech bubble. Inside the circle, the words "citizens" and "advice" are stacked vertically in white, lowercase, sans-serif font.

**citizens  
advice**



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# About Citizens Advice

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Citizens Advice provides free, confidential and independent advice to help people overcome their problems. In 2023-24, we gave advice to 2.7 million people: 1.8 million people over the phone, 760,000 by email, and 168,000 through web chat. We helped over 700,000 people with issues related to benefits. 48% of the people we help are disabled, have a long term health condition or both.<sup>1</sup>

The geographic range of this response covers England and Wales.

## **Our response to this consultation is informed by:**

- Data from our 239 local Citizens Advice offices, across England and Wales.
- A survey of 274 local advisers in May 2025.
- Focus groups with our local advisers in April and May 2025.

While we don't agree with the premise of this consultation, or the fact that [significant policy changes haven't been included](#), we've decided to respond to the questions where we feel our expertise is relevant. This should not be taken as an endorsement of the consultation.

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<sup>1</sup> Citizens Advice service data from financial year 2023-24.

# A flawed consultation

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## Cuts to health and disability benefits

The Pathways to Work green paper proposes the biggest cuts to disability benefits [ever assessed by the Office for Budget Responsibility \(OBR\)](#). A green paper usually seeks feedback on policy proposals through a consultation process. However, [key proposals contained in the Pathways to Work green paper are not being consulted on](#), including 3 major changes:

- **Narrowing Personal Independence Payment (PIP) eligibility criteria** so that claimants must score at least 4 points in at least one activity to receive the daily living component of PIP, in addition to the current requirement to score at least 8 points in total.
- **Changes to Universal Credit (UC) rates**, including freezing the rate of UC health at £97 per week for current claimants and cutting it to £50 per week for new claimants.
- **Scrapping the Work Capability Assessment (WCA)** and making receipt of the daily living component of PIP the sole gateway to UC health.

We're disappointed that the most important changes proposed by the green paper aren't subject to consultation, and that the final package of cuts went further than had been indicated in the green paper.<sup>2</sup> The decision not to consult should be reversed. While the previous government had consulted on reforming PIP, its proposals didn't include the specific eligibility change proposed by the current government. The changes to the UC health element in terms of payment levels represent a significant policy upheaval, for which no consultation has taken place. The previous government's plan to abolish the WCA didn't encompass making the PIP daily living component the sole gateway to the UC health element.

By refusing to properly consult on its plan to cut billions from disability benefits, the government is choosing not to ask questions it doesn't want the answers to. The cuts will have a devastating impact on disabled people (and their children), potentially sending hundreds of thousands into poverty, and many more into

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<sup>2</sup> At the time of writing, the precise scope of cuts that will be approved by Parliament is uncertain.

deeper poverty. This will result from a series of arbitrary reforms that have been designed around savings targets rather than improving outcomes, inflicting hardship on people in ways that the government doesn't yet fully understand.

If applied to current claimants, the new PIP eligibility criteria would have the potential to affect nearly half of the people currently claiming the PIP daily living component, with 1.3 million claimants not reaching the proposed threshold. We would expect a similar proportion among future claimants. Someone whose only needs are needing assistance to cut up food, wash their hair and body below the waist, use the toilet, and dress/undress their lower body could be ineligible for PIP under the new rules. Women, older people and those with certain health conditions, including back pain and arthritis, will be hit hardest. Even people currently claiming the highest rate of PIP could be affected.

Those who are affected by changes to PIP eligibility will lose access to the daily living component an entirety, missing out on £4,500 per year. For our debt clients who currently receive PIP, that would be the equivalent of losing around 20% of their income, on average. Many could face a domino effect, losing out on PIP and as a result passported support like Carer's Allowance. Children will be impacted too. Nearly 1 in 3 of the people we currently help with PIP have dependent children. These cuts threaten to undermine the government's ambition to reduce child poverty.

Cutting the UC health element for future claimants will result in huge income losses for disabled people. The people we help with debt who are disabled, out of work and currently claiming UC already have an average monthly deficit of £26 in their budget, after paying for essentials. If the reduction to the UC health payment came into effect last year, this average deficit would have grown to £229 per month. The government says this is part of 'rebalancing' the system, as they are also increasing the standard allowance of UC. However, the increases to the UC standard allowance won't even restore its 2014 value, in real terms.

Scrapping the WCA means the PIP daily living component will become the gateway to receiving the health element of UC. That means many people who aren't eligible for PIP daily living will no longer be eligible to receive the UC health element. It also means that those who lose out on PIP because of the 4 point rule also stand to lose access to the UC health element. This double whammy could mean people missing out on over £10,000 a year - and that's before taking into account the value of any passported benefits.

Proposed measures fail to address the underlying reasons why more people are claiming health-related benefits. As such, they are unlikely to have the desired effect of bringing down government spending in the long term. What's more, savings are likely to lead to higher cost pressures on other public services and the voluntary sector.

[We are calling on the government to act now to protect living standards for disabled people, by reversing the decision to cut disability benefits](#), for current and future claimants. At the very least, the reforms should be paused so that a meaningful consultation and a more substantive impact assessment can take place.

## **Cuts could push people further from work**

The cuts proposed in this green paper also undermine the government's ambition to support more disabled people into employment. The bulk of savings are made by cutting PIP, which isn't an out of work benefit. Nearly 1 in 4 of the people we helped with PIP in 2024 were in work, and for many, the support from PIP enables them to stay in work. For those who are pushed into poverty as a result of reforms, this will only make it harder for them to work. The link between poverty and ill-health is well established. If you can't afford food, heating or health costs, your health is likely to worsen, pushing you further from work.

What's more, the Pathways to Work green paper suggests reducing the support offered by the Access to Work scheme - even though these grants are often what enables disabled people to work. Rather than addressing the fact that Access to Work is currently struggling to meet demand, the paper instead suggests placing more of the burden on employers to make workplaces accessible. Yet as we outline below, many employers have a lot to do before their workplaces are accessible for disabled people. And our concern is that the proposed reforms to Access to Work risk fewer disabled people getting the adjustments they need.

These cuts also risk undermining already low levels of trust in the benefits system. The Department for Work and Pensions's (DWP) own [research](#) found that only 22% of people with long-term health conditions would speak positively about the DWP. Among other consequences, a lack of trust means that people may be less likely to engage constructively with new employment support offers, which are a key part of the overall green paper proposals.

Some people affected by cuts may manage to go back to work or increase their hours, at least temporarily. But our advisers warn that forcing people back into work before they're ready could have a hugely negative impact on existing health conditions, and mean they're less able to work in the long term.

## **This green paper fails to address the real obstacles to work**

In order to support more disabled people into work, the government must address the obstacles they face in the labour market. That includes a [lack of appropriate employment support from work coaches](#).

We know ill-health is a key barrier to finding employment, too. [A DWP survey](#) of disability and incapacity benefit claimants found that 41% of respondents were on a waiting list for treatment for their health problems, and 50% who were currently out of work felt their ability to work was dependent on receiving treatment. Cutting benefits income will not address this barrier – in fact, it is likely to have the opposite effect.

We frequently hear from people who struggle to find suitable employment in their local area that accommodates their health condition or disability. This is especially true for our clients in regions where there are fewer office-based roles and a higher concentration of jobs in sectors such as manufacturing, care work, and hospitality: industries where people face particular difficulty getting the workplace adjustments they need.

Discrimination is also an issue: 41% of the people who sought our help on employment issues in the last year were disabled or had long-term health problems, but this rises to 58% among people we helped specifically on employment discrimination issues. The expectation that employers are both willing and able to hire disabled people – and that appropriate jobs are readily available – should be questioned.

While the green paper does include plans to invest £1.8 billion in employment support, the government hasn't published any analysis of how many people are likely to enter work as a result. It seems certain that the number of people entering paid employment as a result of the government's investment in employment support will be far smaller than the number affected by the cuts. The Learning and Work Institute estimates that new employment support could help [70,000](#) people into work, with a range of 45,000 to 90,000. The Resolution



Foundation has a lower estimate of between [23,000 and 48,000](#), although notes that an additional 38,000-57,000 people could enter work as a direct result of benefit cuts.

Finally, the idea that lost benefit income can always be regained through work is optimistic. Many disabled people won't be able to move into work or increase their hours, even with improved employment support, if they become ineligible for disability and incapacity benefits. [Our analysis](#) shows that, if cuts were implemented today, for those who *are* able to move into work or increase their hours, it may still be difficult to make back lost income. In many cases, people would see only a small increase in income by working full-time (assuming earnings at the National Living Wage) - and in some situations, they could actually end up worse off. This prospect also relies on the very unrealistic assumption that people who would be considered unable to work under the current system can take on a full-time job: for many, part-time work is a somewhat more realistic option than full-time employment. But moving into part-time work is more likely to result in a loss of income compared to the existing benefits system, and the financial impact is typically much greater.

# Reforming the structure of the health and disability benefits system

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

Too many people have to fight to get the health and disability benefits they are entitled to. The stakes are therefore high when it comes to protecting this vital income, and many fear that engaging with work could put it at risk.

In 2024, we helped more than 50,000 people challenge a PIP decision, and over 9,500 people with a mandatory reconsideration or appeal for the Limited Capability for Work (LCW) and Limited Capability for Work and Work-Related Activity (LCWRA) elements of UC. While statistics on the number of UC WCA decisions that are successfully challenged aren't available, most PIP appeals ([67%](#)) that reach a tribunal are overturned in favour of the claimant.

Many people also face long waits to receive their health and disability benefits. [As of April 2025, new PIP claimants were waiting an average of 14 weeks from registering their application to a decision being made.](#) After going through this process, it's unsurprising that many of our clients are reluctant to try work in case the DWP uses it as a reason to withdraw their benefits.

In our response to this question, we have therefore outlined a number of steps the DWP could take to address this concern, including: ensuring that engaging with work is not used as evidence against people at future health and disability assessments; expanding the work allowance; introducing work trials; and protecting people's access to prescriptions.

### A right to try

One of the more positive proposals in the green paper is to establish in law the principle that work in and of itself will not lead to a PIP award review or WCA reassessment, and we urge the government to implement this measure. We look forward to supporting the government in this work, particularly in determining

how long this protection should remain in place after someone moves into employment. Our initial view is that individuals - whether they continue to receive some benefits income after entering work or not - should retain their existing entitlements and not be called for reassessment for at least six months, and ideally up to a year. Many people have probationary periods that last around six months, so removing entitlement at the same time could expose individuals to an income shock if their job does not work out.

However, this measure in itself will not be sufficient to address some of the issues disabled people face in engaging with the labour market. We regularly support people who aren't sure about how their engagement with work will affect their benefits income, and whether they will be able to retain their health and disability benefits while working. This can be compounded by conflicting and erroneous information from the DWP, as Luca experienced.

Luca\* has multiple mental and physical health conditions, including fibromyalgia, chronic fatigue, anxiety, and depression. He is able to work 12 hours a week in a computer-based, non-customer-facing role in a shop. Recently, Luca applied for PIP and also tried to claim UC. However, the Jobcentre told him that his earnings (£11.75 per hour) would largely eliminate any entitlement. They also failed to inform him about the work allowance, which could have increased his entitlement. When Luca asked to undergo a WCA to determine if he has LCW or LCWRA, he was incorrectly told he was not eligible because he was in employment - despite earning less than the equivalent of 16 hours a week at National Minimum Wage (which at the time was £183.04 per week).

\*All names have been changed

We have also seen situations where someone being in work is used as evidence against their PIP application. One of our clients works as a teacher and requires multiple adjustments in her workplace due to her ADHD and autism. She applied for PIP, and was rejected. Her decision notice gave limited reasons but did make inferences about her ability to carry out certain activities at work. For example, the decision-maker noted that her being able to work most days suggests "good communication" and "motivation", with no reference to the challenges she faces with this, and the fact she requires significant reasonable adjustments.

In addition to ensuring that working doesn't trigger a reassessment, therefore, a right to try should also protect people from having their employment used as a reason to deny them access to health and disability benefits, or held against them in future assessments. Many disabled people like Luca are only able to undertake some work in specific circumstances; and using someone's employment as a reason to withdraw or deny them PIP, would just make work less accessible.

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

People are also reluctant to get into employment out of fear that they could be sanctioned if it does not work out. Although sanctions for leaving employment constitute a [fraction](#) (1.4%) of the overall number<sup>3</sup>, the prospect of income being withdrawn could make the decision to undertake employment seem too risky. If people are to be better supported to try work, it's important therefore that there is clear communication in place outlining that DWP won't penalise people if employment does not turn out to be suitable for them.

## **Work allowances**

As it stands, work allowances are one of the most important work incentives within the social security system for disabled people. They play an important role in protecting the income of people with health conditions and disabilities as they move into work.

However, while permitted work rules enabled people on Employment and Support Allowance (ESA) to work up to 16 hours a week without any deductions to their benefit, in the UC system an individual will see their UC reduced after

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<sup>3</sup> from November 2023 to October 2024

working 7.77 hours a week at National Living Wage if they receive help with housing costs,<sup>4</sup> and 12.93 hours a week if they do not.<sup>5</sup>

We believe the government should review the level of the work allowance, and consider how it could be increased to incentivise more people to try work, and where possible increase their hours, without fear that it will affect their benefit income.

We are also concerned about how the proposals in the green paper will limit access to the work allowance for people who lose access to PIP, and therefore UC health. This would mean removing a major work incentive from people who are currently assessed as having limited capability for work in the UC system. We therefore urge the government to consider how people who do not qualify for the UC health element can still access a work allowance based on their disability.

## **Work trials**

As well as reviewing the work allowance, the DWP could go one step further in helping disabled people feel more confident trying work by introducing work trials. While this idea would need further development, we suggest a grace period where individuals can retain their full benefit entitlement as well as any income from work. This work trial period could align with a normal probationary period, for example, and extend until an individual has gained full employment rights. As one adviser put it:

*“This would provide financial stability during a crucial adjustment phase and reduce the risk of hardship if the job does not work out.”* - Citizens Advice adviser

If, during or at the end of the trial period, the individual lost their job, or decided it wasn't suitable, they would still be in receipt of their full benefits, helping to prevent any income shocks. Work trials would also mean that the start of

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<sup>4</sup> The work allowance is £411 per month if you receive help with housing costs. To get a proxy for a weekly work allowance, we used an unrounded month to week conversion (52/12).  $£411 / (52/12) = £94.85$ . In terms of hours,  $£94.85 / £12.21$  (NLW), is 7.77, so someone's UC would start to decrease after working 7.77 hours a week at NLW.

<sup>5</sup> The work allowance is £684 per month if you don't receive help with housing costs. To get a proxy for a weekly work allowance, we used an unrounded month to week conversion (52/12).  $£684 / (52/12) = £157.85$ . In terms of hours,  $£157.85 / £12.21$  which is NLW, is 12.93. So someone's UC would start to decrease after working 12.93 hours a week at NLW.

employment could provide individuals with the financial means to pay off debts or start saving, instead of simply struggling to keep up with basic expenses.

Many clients worry about how starting work might affect their immediate benefits - particularly during the gap before receiving their first salary payment. Although UC payments don't stop or reduce until someone is actually paid, this isn't always understood, and the fear of a period with no income creates anxiety. Offering work trials could help alleviate these concerns - we are happy to support the government in exploring this possibility.

### **Access to prescriptions**

Many disabled people we support fear entering employment because of the cost of medication. We've seen examples of people moving onto UC and being ambushed by prescription charges (and sometimes even penalty charges for late payments), because they didn't realise they were no longer eligible for free prescriptions. Other clients reported avoiding working above the threshold for free medication (currently £935 a month for people who have LCW or LCWRA). The NHS offers a low income scheme, but many people do not know about it and it requires an additional application, which can be a barrier for some claimants. Disabled people need to be confident that if they find employment, they won't suddenly lose the vital support free medication can provide.

### **Communication**

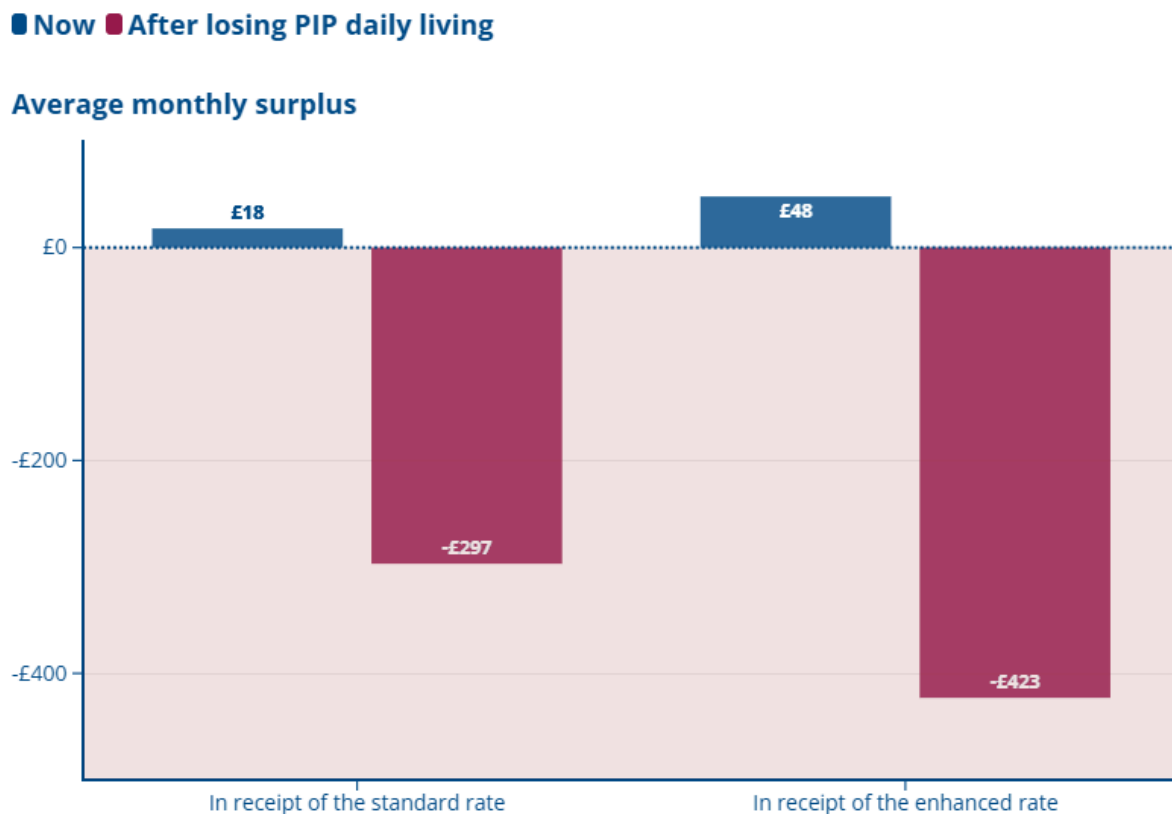
Finally, there needs to be better communication about what mechanisms are in place to enable people to try work without fear of it affecting their benefit entitlement and income.

Advisers expressed a need for clearer guidance on how engaging in work may affect benefit entitlement, along with effective communication of this information to claimants. In addition to outlining the impact on eligibility, there is value in explaining how working can affect the level of benefit income. While there are some excellent benefits calculators available, better signposting to these tools is needed. Many clients are also unaware of the work allowance, so clearer information on this is needed.

## 2. What support do you think we could provide for those who will lose their Personal Independence Payment entitlement as a result of a new additional requirement to score at least 4 points on one daily living activity?

We're deeply concerned by the proposal to make it a requirement for claimants to score at least 4 points in at least one activity to receive the daily living component of PIP. [We're calling on the government to scrap this proposal.](#)

Figure 1. Impact of losing the PIP daily living component on our debt clients' monthly budgets



Note: Surplus equals income minus expenditure. This graph models the impact of the proposed cuts using the budgets of a group of Citizens Advice debt clients who are in receipt of the standard or enhanced rate of the daily living component of PIP. For more information, see Methodology on pages 42 to 44.

PIP is vital for the people we support. [Life costs more if you're disabled](#), and PIP helps people cover those extra costs. The disabled people we help with debt are 12% more likely to be in a negative budget if they don't receive PIP.<sup>6</sup> Looking at the budgets of a group of our debt clients who receive the daily living component of PIP at the standard rate, their average monthly surplus in 2024/25 was £18. That means that after paying for essential costs, they had £18 left over each month, on average. If this group lost the PIP daily living component in 2024/25, we'd expect them to fall into an average deficit of £297 a month.

The impact will be more drastic for those receiving the enhanced rate of daily living payments. Looking at a group of our debt clients receiving the enhanced rate, their average monthly surplus in 2024/25 was £48. But if this group lost the PIP daily living component in 2024/25, we'd expect them to fall into an average monthly deficit of £423 a month. This impact is depicted in figure 1, above.

Many of those affected by PIP cuts also receive the UC health element, worth around £423 in 2025/26, which they will lose when PIP daily living becomes the sole gateway to receiving UC health. Losing PIP could mean losing other passported benefits and support too, including:

- Carer's Allowance and the carer's element of UC.
- Top-ups to other benefits, including Housing Benefit, Jobseeker's Allowance, Income Support, Employment and Support Allowance and Pension Credit.
- The one-bedroom local housing rate for under 35s (who would otherwise only receive the [lower shared accommodation rate](#)).
- Council tax discounts.
- Travel support, including a Disabled Persons Railcard.
- Exemption from the Benefit Cap, which otherwise limits the total amount of benefit income you can get.
- Access to accessible tickets for events.

With hundreds of thousands more disabled people being pushed into poverty as a result of this change, many people will be unable to afford essentials and will build up debt. We expect this to lead to higher pressures on other services. Charities, local councils, schools, the NHS and the wider benefits system will all see greater demand as the need for crisis support, debt recovery, homelessness and health services increases. There's no alternative support the government

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<sup>6</sup> A negative budget is where your monthly income isn't enough to cover your essential costs.



can provide that will entirely mitigate the impact of losing PIP, but these services will need to be strengthened if they are to manage these additional pressures.

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

We know that many of the people we help struggle to access the support they need from the health and care system. Last year, we helped more than 70,000 people with issues related to health and community care, including 21,000 people with adult social care issues. Long waiting times and difficulties accessing the right support can be a major barrier for people to improve their health and return to or start work.

Improving the experience of accessing support from the health and care system is essential. [A DWP survey](#) of disability and incapacity benefit claimants found that 41% of respondents were on a waiting list for treatment for their health problems. Bringing down waiting times and enabling more people to access the treatment they need should, in turn, reduce pressure on the benefits system. However, improved access to this support won't negate the negative impact of losing PIP; for many, even an improved experience of accessing health and care systems won't mean they don't have significant extra costs associated with their health condition.

What's more, we are concerned that cuts to PIP could put additional strain on already stretched health and care systems. For those who'll see their income drop by thousands each year, failure to afford basics like food, heating and health costs like aids will inevitably exacerbate existing health conditions. Losing PIP is also likely to increase stress and anxiety, both of which may worsen mental and physical health conditions. This in turn is likely to put further pressure on NHS services. Those who lose the Carer's Allowance or UC carer's element because of cuts to PIP may no longer be able to provide informal care. That could mean more costly care will need to be provided by an already overburdened social care system.

#### **4. How could we introduce a new Unemployment Insurance, how long should it last for and what support should be provided during this time to support people to adjust to changes in their life and get back into work?**

Contributory benefits form an essential safety net for those temporarily unable to work. However, reforming the contributory benefits system does not remove the need to improve adequacy within disability benefits and income-related incapacity benefits.

Our advisers think the name 'Unemployment Insurance' is easier to understand than existing contributory benefits, and could also reduce the stigma associated with claiming.

*"There's an understanding in society that we pay National Insurance (NI) to contribute to things like pensions and the NHS. But people look at the benefits system as not the same as these other services. It would likely help the stigma of benefits to reassert the link between contributing via NI and receiving support."* - Citizens Advice adviser

However, we have serious concerns about making Unemployment Insurance time-limited. People searching for a job often face challenges which do not strictly adhere to a time limit. Finding work that suits someone's skills, experiences and personal circumstances can take months, if not years, particularly for those who need to retrain. Employment support will need to be extensive and tailored to individual needs, but if it's time-limited, this creates a cliff edge for those who don't move back into sustainable employment in that time. The threat of losing benefits could push people into work that's insecure or short-term.

*"Burnout, a messy divorce leading to loss of client's property, homelessness, severe debt, financial abuse etc., might all last years and maintaining a support net in all is critical."* - Citizens Advice adviser

*"Rushing people into work which is often transient and insecure may massage the figures but, in reality, solves nothing."* - Citizens Advice adviser

This is particularly true for disabled people, who face a lack of accessible jobs or may need to retrain to find a suitable role. Returning to work too soon, or to a

job that's not accommodating to health needs, can make health conditions worse.

*"In the majority of cases, the people claiming are looking at getting back into work but may have to retrain. I've had builders that have broken their leg and are now unable to do their specialism and may need digital skills training to get a work from home job - as this wouldn't be repaired in the timescale proposed."* - Citizens Advice adviser

*"Some disabled people may return to work, which could worsen their condition or endanger others, depending on their work. Other disabled people will simply stop having an income, driving more people into poverty and putting more people at risk of abuse."* - Citizens Advice adviser

Currently, contributory ESA is paid indefinitely. This is an entitlement already accrued through National Insurance contributions, and it is reasonable to assume this expectation will be met for people meeting certain criteria. In most cases, there's no predictable time limit on a health condition, and most disabled people will face a cliff edge when their Unemployment Insurance runs out. This group could therefore be significantly worse off - and certainly no better off - as a result of the reforms. The new Unemployment Insurance rate will be set at a level 90% of ESA recipients are already entitled to, but will no longer receive indefinitely.

In 2024, our debt clients who received ESA were already in an average budget deficit of £44 a month, after essential costs. While some people may be able to claim other benefits, many will fall just above the threshold for means-tested benefits, despite being on a low income.

We are also concerned that almost all disabled people and people with long-term health conditions receiving Unemployment Insurance would be required to participate in employment support conversations. Providing better employment support to disabled people who can work is important. But our research shows that current [work coach support is often inappropriate for disabled people](#).<sup>7</sup>

Forcing those who are too unwell to work to engage with employment support could be damaging, especially if claimants are sanctioned for failing to meet commitments. Employment support should be voluntary for those who are

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<sup>7</sup> For further details see our answers to questions 6 to 8.

disabled or have a long-term health condition that affects their ability to work. Without a WCA, it will be vital that easements for Unemployment Insurance claimants are correctly applied. It isn't clear how this would work within the proposed system.<sup>8</sup>

Deborah\* worked at an airport for 18 years until she had to leave due to her health. She suffers from a condition which can cause her serious chest pain and means she has difficulty swallowing. After leaving her job, she successfully claimed contributory ESA and UC, including LCWRA.

After 6 months, Deborah started to miss working and felt capable of finding a new job. Due to her health condition, she needed a role that does not require her to sit or stand for long periods and is not physically demanding. She sought help from her work coach to find suitable work and they suggested she works in a supermarket. However, she was clear that these jobs were not compatible with her health condition. She was offered a role as a receptionist but would have to work 40 hours a week, which she wouldn't be able to do. Deborah is still looking for a role that will accommodate her needs and without ESA, she would be left without vital support in the meantime.

\*All names have been changed

## **5. What practical steps could we take to improve our current approach to safeguarding people who use our services?**

We support the Work and Pensions select committee's [recommendations](#) on safeguarding, particularly for the whole of the DWP to have a statutory duty to safeguard vulnerable claimants.

In general, the DWP's processes for identifying claimants in vulnerable circumstances need to be more consistent. It is difficult for claimants to flag vulnerable circumstances to the DWP (or for our advisers to flag these circumstances on claimants' behalf). When additional needs are flagged, this usually amounts to only a marker within the UC claimant database that can be missed by DWP agents. Even where the DWP are aware of issues such as homelessness or severe disability, our understanding is that they do not always deem these as serious enough to warrant additional or proactive support. The

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<sup>8</sup> For further details see our answers to questions 6 to 8.

support offered for those identified as being in vulnerable circumstances doesn't always go far enough to sufficiently support or protect claimants. There are improvements to be made at each of these stages.

## **Safeguarding at Jobcentres**

As argued in our [response](#) to the Work and Pensions Committee's safeguarding inquiry, the DWP should ensure that discretionary and mandatory easements for vulnerable claimants are applied consistently. Our data suggests that these easements are not always used, and medical conditions are often dismissed or minimised. This can exacerbate health issues, which in the most serious cases can put vulnerable claimants at risk. If more people become subject to conditionality, this will put even more vulnerable people at risk.<sup>9</sup>

Jobcentres' approach to safeguarding relies on the Six Point Plan. The plan addresses the immediate safeguarding incident, without leading to longer-term adjustments to UC conditionality. Vulnerable claimants who have previously expressed intent to harm themselves may still be asked to attend in-person appointments, or see their sanction continue. Approaching conditionality requirements without adequately considering the risks to claimants with complex needs can undermine safeguarding efforts. The DWP should routinely consider longer-term adjustments to UC conditionality following a safeguarding incident.

More measures are also needed to prevent possible safeguarding issues from arising in the first place. Some claimants' needs are not adequately taken into account by work coaches. Too often, our advisers help people who have been asked to meet inappropriate conditions, such as being asked to look for work when they aren't well enough. Claimants also frequently struggle to get support from managers or make a complaint, as complaints processes are often opaque and lack impartiality.<sup>10</sup> Jobcentres should apply a uniform, discreet and accessible complaints process. There should also be increased managerial oversight of work coaches' interactions with claimants.

## **Personal Independence Payment (PIP)**

The disability benefits system places a significant burden of responsibility on disabled people. This makes it challenging for claimants to find and access the

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<sup>9</sup> For further details see our answers to question 6.

<sup>10</sup> For further details see our report: [The case for case workers](#).

support they need, particularly for vulnerable claimants and those with complex needs. Navigating the complexities of the PIP processes is particularly challenging for people with language or literacy barriers and those with certain mental health conditions. The application process should be simplified, with more support provided for those that need it.

We would also welcome steps to reduce unnecessary medical assessments, which can be distressing for some claimants. More decisions should be made on the basis of paper-based applications. Central to enabling this is [improving the processes for providing medical evidence](#). The DWP should reform the process for collecting medical evidence and ensure medical evidence is used consistently and reliably when making decisions about PIP claims.

Poor decision making can add to the challenges vulnerable claimants face engaging with PIP. Waiting for decisions can cause significant anxiety for claimants, and being wrongly denied support can be emotionally, as well as financially, difficult.

# Supporting people to thrive

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

Our advisers are concerned, above all, that the support conversation will not provide a clear distinction from what the DWP currently offers. And we believe that elements of the current approach are problematic.

It isn't clear who would conduct the support conversation, beyond being an "an appropriately skilled person". Some of our advisers felt the conversation should be conducted by someone independent of the DWP, while others felt a work coach or DWP staff member could offer a consistent, ongoing relationship. Some said it could be beneficial for occupational therapy to be included in the support conversation, as well as mentoring and peer support.

Our advisers consistently emphasised the need for tailored support conducted by highly skilled staff. One adviser noted that "it takes a lot of skill to have a conversation with someone about their illness or disability. People with the same illness can present differently." High quality training on health issues, disabilities and their impact on people's ability to work is essential.

If the conversation is coordinated by the Jobcentre this may cause concern as many people have negative perceptions of the Jobcentre. People are likely to fear that these conversations could put their existing benefit entitlement at risk. The conversation must therefore be carefully designed around building a trusting relationship with claimants. Our advisers suggested it may be beneficial to co-design the support conversation with disabled claimants.

For the DWP to successfully introduce a new and improved support offer, it must address a number of key considerations, outlined below.

### **Forming strong relationships**

Many of our advisers expressed concern about how support conversations might be conducted and the impact that they could have on benefits claimants. It is key that staff conducting the support conversation are trained in communication skills, including active listening and relationship building. Our

research shows that claimants value empathy, encouragement, humour, small talk, smiling and politeness.

Staff should show respect and openness to claimants' input into the support conversation, so that claimants feel confident to contribute. Claimants may fear they will be seen as difficult or work-shy if they disagree with staff suggestions during the support conversation. Staff should acknowledge claimants' barriers to work, to help them develop a candid, positive and constructive relationship.

A support conversation is likely to put significant pressure on claimants to go into depth about very personal information. Claimants should be supported to prepare for the meeting by offering them guidance on what topics the conversation can cover. However, staff should be aware of sensitivities and no claimants should be required to discuss things they aren't comfortable with. This should also be made clear to claimants in advance.

### **Awareness of local labour markets**

Many of our advisers were concerned that the onus to find work will be placed on the claimants engaging in the support conversation. There can be challenges with a lack of available jobs, especially in rural areas, and finding employers willing and able to adapt to disabled people's needs. These challenges should be acknowledged in the support conversation. As one adviser said, "conversations need to be realistic."

*"The reality is, as we've just said, it's not the worker who chooses the job — it's the employer who chooses the employee. [...] And for that to happen, the employer needs to be motivated — whether that's with a carrot, a stick, or something in between. And the thing is, that's not really the message of this reform. The message seems to be: give people a bit more support and they can go off and become whatever they want to be. But life just doesn't work like that."* - Citizens Advice adviser

### **Appropriate forms of communication**

Support conversations should be conducted via a channel (in person, on the phone or via videocall) that suits claimants' needs. One adviser noted that for some claimants with mental health conditions it wouldn't be appropriate to go to the Jobcentre in person for a support conversation. Flexibility should be shown if access needs change at the last minute.



Our advisers emphasised the need to ensure support conversations are long enough to address all of the relevant information. However, the length of appointments should be flexible to people's health needs, including being spread over multiple appointments if needed.

It is also important that the support conversation isn't seen as a 'one off' conversation. Claimants are likely to need support that goes beyond the scope of one time-limited conversation, such as employment support, training and/or practical assistance. Claimants should be offered optional, consistent, ongoing support.

Some, if not all, claimants should be permitted to bring along someone they trust. This could particularly help people with mental health or communication issues, as well as people who have a particular fear or distrust of Jobcentres.

### **Don't focus on conditionality**

The support conversation should not focus on conditionality. If sanctions are mentioned, for example by the claimant, it should be made clear that they are a last resort and won't be applied without a fair reason. It is vital that the government follows through on plans to use sanctions only as a backstop.

There should be no claimant commitment in the support conversation. Our research shows that the claimant commitment sets the tone for the relationship as negative and one-sided. Many claimants also don't adequately understand their commitments and work coaches don't consistently tailor, adjust or switch off commitments when there is a good reason. The claimant commitment could therefore be a safeguarding issue for those engaging in a support conversation, as it can lead to undue stress and require claimants to undertake tasks inappropriate for their health.

## **7. How should we design and deliver conversations to people who currently receive no or little contact, so that they are most effective?**

We don't support the proposal that people who are currently considered to have LCW or LCWRA should be required to attend the Jobcentre.

We anticipate that this group would be likely to feel additional fear and distrust towards the Jobcentre. Being required to participate in a support conversation is likely to cause distress and worry for many of these people. In a focus group,

one of our advisers said, “for people who don’t have any work goals or aspirations because of their condition, a support conversation is going to be upsetting and they should be exempt from this.”

On the assumption that participation in a support conversation is entirely voluntary for these individuals, they will need support to be tailored to their needs. They will be further from the workplace than many other claimants, so conversations should be claimant led and focus on the support available, rather than pushing them to undertake training, work or voluntary roles. Currently, work coaches are not adequately trained to treat people with the necessary sensitivity. It is likely that specialists would be needed to conduct these conversations who have had in-depth training in health issues and disabilities, as well as barriers to employment.

One of our advisers highlighted that the widespread lack of trust will make it difficult to encourage some claimants to be open and honest. They said, “claimants won’t want to be fully transparent about what they can and can’t do in a support conversation.” It is critical that anything claimants say during the support conversation is not used to push them into doing something they are uncomfortable with. However, it’s likely to be very difficult to adequately assure claimants of this, even if it is the case. As one adviser said, “people are frightened.”

For example, one person we helped was out of work and attending a pain clinic, but wanted to work. They spoke to their work coach about their situation and tried to explain that they couldn’t travel far due to their health condition. However, the work coach didn’t listen to this and told them to apply for work further afield.

Finally, to ensure people feel supported and able to speak openly and honestly during the support conversation, there must be a clear guarantee that taking part in it - and anything discussed - will not affect their benefit entitlement in any way.

## **8. How we should determine who is subject to a requirement only to participate in conversations, or work preparation activity rather than the stronger requirements placed on people in the Intensive Work Search regime.**

If the WCA is scrapped, there are three options to determine levels of requirements, if conditionality is maintained:

- Using PIP as a gateway to determine individuals who should not be subject to conditionality.
- Introducing a new type of assessment.
- Determining conditionality groups on a case by case basis, depending on individual circumstances.

All these options raise serious concerns, which cannot be adequately mitigated if conditionality is maintained in its current form.

### **Dangers of using PIP as a determinant for higher-level requirements**

Our advisers generally agree that using PIP as the only gateway would be undesirable. The PIP assessment is not designed to test capability to work, but functional ability to perform everyday activities. Of course, there may be a relationship between PIP descriptors and the ability to get and sustain employment. But there are many people claiming PIP who are working, and conversely, there are people who do not qualify for PIP but still face health-related barriers to employment (such as those with temporary conditions, certain mental health issues or difficulties standing or sitting for a prolonged period of time). We see people who rely on the health element of UC, but have not been successful claiming PIP. Similarly, according to the green paper, only 63% of people currently in receipt of the health element of UC or ESA health also receive PIP or DLA. This means that this group will not only lose financial support, which often makes the difference between getting through the month and ending up in a negative budget, but also risk exposure to increased conditionality and sanctions. While the [shift](#) from the punitive “[any job](#)” approach could make the Jobcentre more constructive, this is a gradual change and it will not offset the [harms of conditionality](#) in the Intensive Work Search regime.

*"People who do not meet the PIP daily living criteria who have mental or other health conditions that would have qualified them for LCWRA now are at risk of repeated sanctions if their health leaves them unable to fulfil their claimant commitment (e.g. regular appointments missed)." - Citizens Advice adviser*

Using PIP as the determinant would attach new weight to PIP assessments, which we already know to be subject to delays, and stressful. They often lead to incorrect decisions: 21% of Mandatory Reconsiderations [result in](#) changing the initial decision, 23% of appeals lodged are "lapsed" and 68% of tribunal hearings lead to overturning the original decisions. Using PIP as a way to determine conditionality requirements will raise the stakes even higher.

*"If they are not assessed as having LCWRA they will not be able to carry out work-related activities required by UC and be sanctioned. I had a client last month who had been sanctioned for failing to attend a JCP appointment even though she is not fit for work." - Citizens Advice adviser*

Another issue relates to qualifying periods built into PIP design. To qualify for PIP, applicants need to demonstrate that their condition has affected them for 3 months and that it will continue to do so for another 9 months. That means people with work-limiting but temporary conditions like people undergoing cancer treatment or experiencing a high-risk pregnancy aren't eligible for PIP. Unlike PIP, the LCWRA element acknowledges that sometimes health impacts are immediate and support needs to mirror that. Currently, you can claim the LCWRA element if your condition affects you for 3 months. Using PIP as the determinant for conditionality risks excluding those with shorter-term conditions that still significantly impact their ability to work.

*"We cannot use PIP [...] as the only route into exempting people from looking for work because you're going to have people who have had a very serious accident at work or a brain injury, a stroke, or a heart attack and who are in hospital. All sorts of conditions where you can't have people waiting 3 months before they get any support from the system or who have got to engage with the Jobcentre from day one. It makes no sense whatsoever." - Citizens Advice adviser*

If PIP is used to determine levels of conditionality, the descriptors and points would require fundamental reform, accommodating more types of issues

impacting the ability to work. The new 4 point rule, resulting in at least 800,000 people losing their entitlement, is a step in the opposite direction.

### **Dangers of introducing a new assessment**

Advisers we spoke to underlined the importance of fair, transparent and very well thought out rules determining categorisation. But developing such clear rules risks forming categories that are too rigid, replicating the current system where there is no flexibility around what is required. It could also defy the purpose of scrapping the WCA by introducing another complicated element to benefit administration. Our advisers have also expressed strong concerns about outsourcing any potential assessments to external companies.

*"It seems like it will be yet another assessment. So you've had your PIP assessment, you've had your limited capability for work assessment and the only way of deciding who shouldn't have to engage is probably another assessment, isn't it? And it just gets silly. Don't see another way really." - Citizens Advice adviser*

### **Dangers of case-by-case categorisation**

If conditionality levels are determined on a case-by-case basis, it would most likely be done by work coaches. Our recent [research](#) on the relationship between work coaches and UC claimants showed a range of issues relating to Jobcentre capacity and approach towards claimants. Although most work coaches operate in good faith, many claimants reported their health conditions and other personal factors were not taken into account.

We found evidence of some work coaches behaving in a hostile way, with claimants feeling they were treated with impatience and a lack of trust. Some felt that work coaches wanted to catch them out and waited for them to make a mistake. In these cases, claimants could be at risk of unfair treatment or even harm if work coaches decide when it is appropriate to place work requirements on a claimant.

Work coaches often lack the capacity to provide in-depth support or get to know the people they help. Jobcentre appointments are currently short, and focused on administrative issues. Work coaches have appointments scheduled back to back, so lack the time needed to read information about claimants in advance.

Against this backdrop, leaving the decision on conditionality to work coaches is undesirable. It could lead to arbitrary outcomes, where people are placed in a certain group based on the subjective assessment of one person who lacks the time or training to assess health conditions.

**An alternative: presumption of no requirements.**

Reforms in the Pathways to Work Green Paper, together with cuts to welfare benefits, will significantly expand the group who are expected to engage with the support offer. This means a higher workload and more people with complex needs engaging with the Jobcentres. We welcome the green paper's proposal to use sanctions as a last resort, but believe this could go further. Instead of focusing on how exactly to place people in work-search categories, the DWP could apply an initial presumption of agreeing goals or objectives only, rather than specific requirements for every person on Universal Credit. This presumption could only be overridden in case of sustained non-engagement, after a consultation with the Jobcentre manager. In such cases, claimants could be expected to sign a claimant commitment. We have recently published a [paper](#) specifying details of this approach.

This shift of approach would relieve Jobcentres from the focus on monitoring compliance and solve the problem of categorisation; it would keep the flexibility of the case-by-case option, but minimise the chances of its arbitrary application. The initial support conversation would then be an opportunity to develop a flexible support plan, exploring possible avenues for development and discussing ways to manage existing barriers to employment. Groups specified in our response to question 9 would not be expected to engage with that step, but could be encouraged to do so.

**9. Should we require most people to participate in a support conversation as a condition of receipt of their full benefit award or of the health element in Universal Credit?**

To fully answer this question, it is necessary to know the details of what the support conversation would entail. However, as a general rule, better results can be achieved if all support is voluntary. A mandatory conversation is likely to instill scepticism about 'support' being a primary aim of the enterprise. Both the DWP's own research and our data is clear on low levels of trust in the benefit system. Regaining that trust cannot start with a compulsion-based approach, but

rather mutual respect and a high-quality support offer, especially for disabled people who tend to have the most complex needs and the [lowest levels of trust](#) in the DWP. By making the support conversation compulsory, we risk inflicting harm on the most vulnerable groups, without necessarily achieving better outcomes.

*"I think it could be discriminatory if some people have their benefits reduced or stopped because they are unable to participate in a conversation for a reason related to their health condition/disability." - Citizens Advice adviser*

Assuming work-search requirements in some form will be maintained, then mandatory conversations should only apply to the general UC population, but should not be a condition for people with the health element who should not be required to attend the Jobcentre (see a full list of potential exceptions listed below).

## **10. How should we determine which individuals or groups of individuals should be exempt from requirements?**

When surveyed, our advisors generally identified those who are not able to work because of a health condition or disability as a group who should be exempt from the requirements. But in the absence of the WCA, this category will be difficult for DWP to identify. Advisers responding to our surveys had different perceptions of who would be the most at risk if compelled to comply. Responses on potential exemptions ranged from "those with severe learning difficulties", "difficulties with communication", "chronic pain", "severe mental health issues", "memory loss", to those "with terminal illnesses" and "cancer diagnoses".

The breadth of these responses illustrates that the type of condition is not necessarily a determinant of the ability to engage, and the finite list will not necessarily capture all who should be exempt. People with the same condition might face different types and levels of barriers to work, therefore we caution against applying overly rigid criteria. Additionally, as acknowledged in the Get Britain Working White Paper, many conditions are fluctuating and might affect the ability to meet requirements differently, depending on the day.

Thus, instead of focusing on elaborate exemptions we should start from the presumption of no requirements. Engagement with the system should start from a support offer; agreed and co-designed with claimants. Requirements



should be applied only where there is a prolonged lack of engagement and sanctions only used as the last resort.

That said, there are certain groups that we would normally expect to be protected from conditionality by their work coaches. Based on our client data, conversations with advisers, and network survey, these groups are the following:

- People for whom work search requirements would represent a substantial risk to their health or others, in line with the current WCA definition of [substantial risk](#). For example, people with severe mental health requirements are likely to be exempt on this basis
- People close to pension age who develop health issues. Our advisers frequently come across people who worked all their lives but were made redundant close to pension age, or developed conditions which made it increasingly more difficult to work in their profession
- Those currently exempt under relevant guidance, including people affected by homelessness and victims of domestic violence
- Full-time carers and lead carers (or lone parents) of children up to the age of 2. Other parents whose childcare costs are not fully reimbursed should only be required to “keep in touch” with the labour market, rather than actively apply for jobs

It is worth stressing that exempting from requirements should not mean “writing them off” or minimising the support offer available. It merely recognises that for some groups, any potential benefits of mandatory engagement will be likely outweighed by harms.

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

No, this would be contrary to the purpose of UC health. It would also cause significant financial hardship and may be counterproductive to the aim of helping young disabled people begin work.

### **The purpose of UC health**

Until now, the extra payment for disability under UC has been given according to work capability. The green paper proposes that UC health should instead *‘be there to help reduce the risk of poverty, meet extra costs, and take account of the lower earnings capacity often associated with long term health conditions and*



*disability*.<sup>11</sup> This should also apply to disabled young people who often face the same extra costs, barriers and challenges as older people.

*“Once someone is an adult, there’s no difference in their needs, costs and health just because they’re young. Taxis aren’t cheaper, adaptations aren’t cheaper, groceries and other expenses are no cheaper for younger adults, there’s no basis to refuse LCWRA based on age only.” - Citizens Advice adviser*

## **Pushing young, disabled people into poverty**

Young, disabled people are already financially vulnerable. By removing access to the UC health payment, many more will be pushed into poverty. Half of the unemployed, disabled people on UC aged 18-21 we help with debt are in a negative budget - which means their income doesn’t cover their essential costs. This is a similar negative budget rate to our clients aged 22 and over.<sup>12</sup> If this group were the amount of the UC health element (currently £423.27), 93% would be in a negative budget.

Many young people can’t rely on their families for support. Those who live away from home face the same costs as older adults but receive less support. They get a lower rate of housing support (i.e. [the shared accommodation rate](#)), a lower UC standard allowance, and also face a lower minimum wage if under 21. Care leavers would clearly be particularly affected by this change, and the government would at the very least need to exempt groups like this from the new rules to avoid discriminating against young people whose lives [do not fit](#) with overly simplistic assumptions about family support.

Even those living at home will face a significant cliff edge in support. Once disabled people stop being a ‘qualifying young person’ in their parents’ UC claim, their household loses access to the child element and disabled child additions of UC. If they didn’t get the UC health element in replacement, the household would experience a loss in income of between £451.57 to £834.87 each month. If you also take into account Child Benefit, households lose between £526.32 and £947.75 each month.<sup>13</sup>

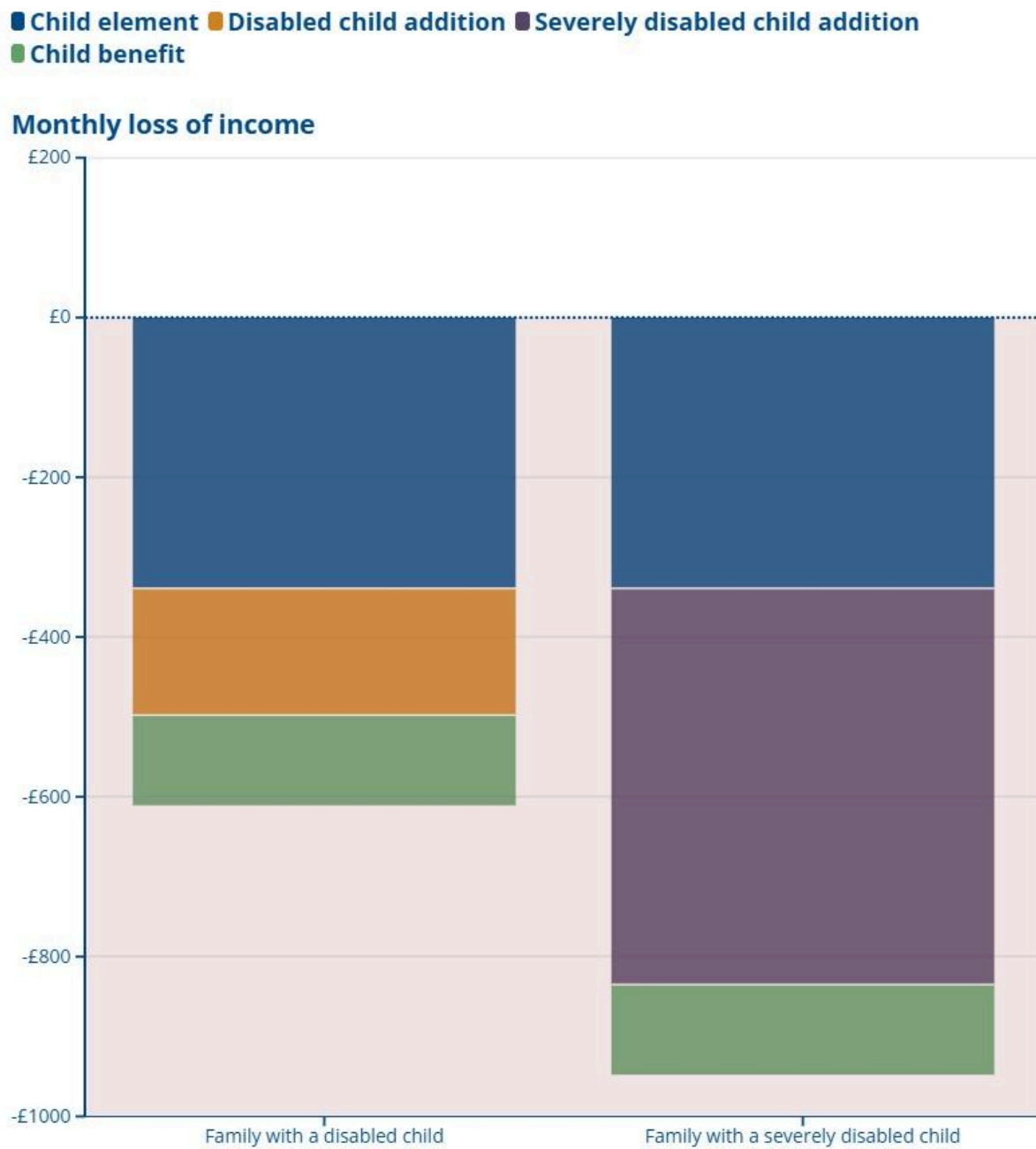
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<sup>11</sup> Section title: creating a more pro-work and sustainable benefits system. Point 38. The Pathways to work green paper

<sup>12</sup> 51% for 18-21s and 52% for 22+.

<sup>13</sup> The minimum loss only applies to children entitled to the child element, so does not include those affected by the 2 child limit. Children born before 6th April 2017 receive a higher rate of

Figure 2. The potential drop in income for a household with a disabled or severely disabled child who stops being a 'qualifying young person', without UC health



Note: Based on the loss of child benefit (rate for the first child), child element (rate for the first child, born before April 2017) and either the disabled child addition or the severely disabled child addition.

child element, and child benefit is paid at a lower rate after the first child, which influences the extent of the income loss.

*"I do a lot of work with local specialist schools. Some of their young people - while brilliant - have degenerative genetic conditions which mean they'll simply never be able to work. There's no getting around that. Removing additional financial support will place enormous strain on their families for those four years."* - Citizens Advice adviser

## **May push young disabled people further from work**

By removing financial support from disabled young people, the government may inadvertently push them further from work. Losing vital income is likely to increase stress and anxiety, both of which may worsen mental and physical health conditions. We also know that people tend to cut back on essentials when they lose their disability support. For example, when people lose their PIP award, they cut their spending on health and care by an average of over £200 a month and spend an average of £130 less on food each month. Losing UC health is likely to make it more difficult for young people to afford basics like food, heating and health costs like aids - which will inevitably exacerbate existing health conditions.

In addition, our advisers tell us that for people who've been assessed as lacking the capability to work, forcing them into employment may lead to a rapid worsening of their physical and mental health.

*"[Removing UC health] doesn't stop a young person from being disabled or having long-term health issues - they'll just have pressure on them to work, study or have training when they're too ill/disabled to do it! This will then negatively impact their health, ability to cope and finances."* - Citizens Advice adviser

Even for those who can do some work, it would be difficult to make up the lost income. Removing access to the UC health element represents a loss of £423.27 in monthly income. It also means losing access to the work allowance - which allows disabled people to earn up to £684 per month before their UC award is affected by the taper rate.<sup>14</sup> Without the work allowance, every hour of work results in just £4.50 in extra income.<sup>15</sup> As a result, it would take almost 22 hours of work per week just to replace the lost UC health element. It's unlikely that

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<sup>14</sup> The work allowance is £684 if the claimant has no housing costs and £411 if the claimants does have housing costs.

<sup>15</sup> This assumes that the person is aged 18-20 and is earning the National Minimum Wage.

many of the young people this proposal would affect would be in a position to take on this kind of role.

### **Truly supporting young, disabled people**

The government should offer tailored work support and training opportunities to disabled young people, while still supporting them through UC health. This would acknowledge their lower earnings capacity and higher costs. It would recognise the additional challenges they face in the job market, ensuring that their work coach develops an appropriate claimant commitment. It would also reduce their financial stress and enable those who may be able to do some work to have the capacity to consider doing so. Removing UC health for 18-21 year olds could have the opposite effect.

### **12. Do you think 18 is the right age for young people to start claiming the adult disability benefit, Personal Independence Payment? If not, what age do you think it should be?**

There are positives and negatives of the proposal to raise the age for claiming PIP to 18. Moving from Disability Living Allowance for Children (child DLA) to PIP should be easier, but above all, it's essential that disabled younger people are not left without vital support for any length of time.

Moving to PIP at 18, rather than 16, could help simplify the disability benefits system. Some of our advisers feel that, as 18 is the legal age of majority and when someone can claim UC, it makes sense for this to also be the age to move to PIP. They also agree with the government's reasoning that, as younger people are required to stay in education or training until they are 18, this should also be the age at which people move to PIP.

*"This appears to give more consistency within the benefits system and means the transition to adulthood and the responsibilities that go with it is fairer."* - Citizens Advice adviser

The government has noted that not all PIP activities apply to younger people, and several of our advisers agreed. They explained that not all 16 year olds will be 'making budgeting decisions' or 'preparing food'.

*"I think [18] would suit better because at 16 you still have some typical care needs. It is usual for a parent to still be cooking the 16 year old food at this*

*age, therefore it is hard for a 16 year old to talk about preparing food.” - Citizens Advice adviser*

There's a sharp drop off in the number of people moving from child DLA to PIP, with around [1 in 8 child DLA claimants failing to apply for the latter](#). This may be because their condition has improved. It may also be because claiming PIP is difficult. We know that long waiting times, complicated assessments, and poor decision-making mean [claiming PIP is already challenging enough](#) for adults.

What's more, claiming PIP is very different to claiming child DLA. The claim for child DLA is submitted by a parent or guardian, whereas for PIP, it's submitted by the person claiming. Child DLA is also an entirely paper-based process, while PIP often involves a telephone or face-to-face assessment. For 16 year olds who are also dealing with school, exams and the transition into adulthood, claiming PIP can be even harder.

*“Too many 16 year olds are not ready to move to PIP. It's not a good time in their lives to send this paperwork and put them through the adult assessment, even if they do have parental support.” - Citizens Advice adviser*

Our advisers noted it could reduce pressure on younger people and their parents or guardians if they claimed PIP when they were older.

*“DLA claimants are incredibly vulnerable when they reach 16, are transitioning into being treated as adults in numerous ways simultaneously, and don't need this extra complication in their lives (or the lives of their appointees, carers, family and friends).” - Citizens Advice adviser*

However, delaying the transition could have a significant impact on the income of disabled people. The average award for child DLA is £109 a month, while the average award after moving onto PIP is £616 a month. The latest figures from the DWP show that 58% of child DLA to PIP assessments result in an increased award. Increasing the age at which people transition from child DLA to PIP could deny many this extra income.

We would welcome plans to make the move from child DLA to PIP easier. Raising the age of this transition could help to simplify the system and reduce the pressure placed on younger people at a pivotal time in their lives. It could also address the drop-off in the number of people moving onto the adult disability benefit. But many disabled people will lose out on money they may be entitled

to. The government should consider ways to mitigate this, for example, by extending child DLA to 18 but allowing 16 and 17 year olds to claim PIP (they would forgo child DLA only if their PIP claim was successful). Lessons could be drawn from the Scottish system, where you can usually continue to claim Child Disability Payment until 18, or you can choose to claim Adult Disability Payment from 16.

# Supporting employers and making work accessible

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## 13. How can we support and ensure employers, including Small and Medium Sized Enterprises, to know what workplace adjustments they can make to help employees with a disability or health condition?

We frequently hear from people who struggle to find suitable employment in their local area that accommodates their health condition or disability. This is especially true for our clients in regions where there are fewer office-based roles and a higher concentration of jobs in sectors such as manufacturing, care work, and hospitality: industries where people face particular difficulty getting the workplace adjustments they need. This question fails to recognise the fact that not all workplaces are equally placed in their ability to make workplace adjustments.

*"I think one of the problems is that whoever wrote this green paper seems to have only thought about jobs in terms of office work. And if someone's returning to an office job, it's usually possible to make some adjustments...But where I live — most jobs aren't office-based, and they don't have the same flexibility." - Citizens Advice adviser*

That said, in all workplaces there are changes that could and should be made, and often the reasonable adjustments that people need aren't as costly or difficult to implement as employers might initially think. For example, [the average cost of a reasonable adjustment is £75 per individual, and many are less expensive or even free](#). There are some steps that we believe the DWP could take to ensure employers are better equipped and supported to know what workplace adjustments they could make.

### Awareness raising

The DWP has a role to play in raising greater awareness around the range and variety of adjustments that can help make workplaces more accessible to disabled people. A lot of the green paper focuses on assistive technology. However, many of the workplace adjustments that people need don't require

assistive technology. [In the Business Disability Forum's 2023 Great Big Workplace Adjustments Survey](#), of those that had adjustments, only 24% used assistive IT technology. Resources that communicate the range of other adjustments - particularly in relation to work flexibility or adjusted hours - would help employers broaden their awareness of what adjustments they can proactively offer to workers.

## **Using existing roles and schemes**

There are also existing roles and schemes that could be better utilised to support employers to know what reasonable adjustments they could make.

### *Disability Employment Advisers*

Part of the remit of Disability Employment Advisers [is to give advice to employers on reasonable adjustments](#). The new Jobs and Careers Service should look to better promote the assistance Jobcentres - and especially the likes of Disability Employment Advisers within them - can provide to employers when it comes to identifying and implementing reasonable adjustments.

### *Access to Work*

While Access to Work is primarily known for providing financial assistance for workplace adjustments, Access to Work [advisers can also work with applicants and their employers to give support on making adjustments](#). We believe that there is more scope for Access to Work advisers to engage with employers as part of the Access to Work process. For example, when an application has first been made, advisers could discuss with the employer what adjustments have and could be made, to identify any that could be put in place beyond Access to Work assistance.

It would be important though that this process didn't result in undue stress on the applicant, or lead to them being penalised in any way by employers. To help ensure this, such an intervention could be supported by more proactive communication about employers' legal duty to make reasonable adjustments. Last year, 58% of the people we supported with employment discrimination were disabled, with many cases relating to employers failing to act on their duty to make reasonable adjustments to disabled employees. Engaging with employers through the Access to Work application process could present one opportunity to inform them that failing to make reasonable adjustments



constitutes disability discrimination - and to hold them accountable when they do not comply.

### **The scope for greater access to occupational health**

Occupational therapists can also play an important role in supporting the implementation of necessary adjustments. [An occupational health assessment can help identify what adjustments a worker might need to make their workplace more accessible.](#)

However, access to them is limited. [In the 2024 DWP Employer Survey](#), just under one in three employers (31%) say they provide occupational health or vocational rehabilitation services for their employees, with provision more common among large employers compared to small and medium-sized enterprises.

We therefore urge the government to consider how it can [expand access to occupational therapists](#), who are well placed to make assessments of people's health and advise what is reasonable for an employer to do in terms of adjustments.

## **14. What should DWP directly fund for both employers and individuals to maximise the impact of a future Access to Work and reach as many people as possible?**

We agree with the DWP that too few disabled workers receive Access to Work support. As it stands, the scheme supports around [1% of working disabled people](#). However, we disagree that the way to maximise its impact and reach is to, as the green paper implies, reduce the support Access to Work provides. Stripping back a vital scheme that enables many disabled people to access work is directly at odds with the government's intention of getting more disabled people into work.

*"They're talking about changes to the Access to Work budget. I mean, how does that even make sense as a joined-up policy? Obviously, you'd need to spend money and offer incentives to employers to hire disabled people — they're clearly not doing it voluntarily." - Citizens Advice adviser*

## **Maintaining more intensive support**

[The latest Access to Work statistics](#) show that the most common element amongst people who received a payment was the Support Worker Element, followed by the Mental Health Support Service. Approval of these elements have increased by 48% and 31% respectively in 2023 to 2024 compared with 2022 to 2023. We understand that these elements are the most costly - [the Support Worker element receives the highest average payment amount per person and this amount has been increasing over time](#). But instead of stripping back this more intensive support, we believe other changes should be made to help maintain and expand the use of Access to Work. After all, these more intensive costs are the very reason a scheme like Access to Work needs to exist, because unlike other adjustments, many employers won't be able to cover these costs themselves. And the disability employment gap will not be reduced by only supporting those with lower-cost needs.

We believe that including an early conversation with employers in the Access to Work application process - focused on identifying which adjustments they can reasonably provide, as discussed in our response to question 13 - could help to reduce the need for Access to Work grants for adjustments employers can fund themselves. This would be a positive outcome itself in terms of employer practice, but would also likely result in fewer Access to Work grants for lower-cost adjustments that can and should be funded by employers, creating additional fiscal space for investment in more intensive Access to Work support.

## **Greater awareness raising**

We recognise that the DWP has put resources into increasing awareness of Access to Work - [using learning from a paid communication campaign in 2021 to undertake further marketing and promotion of Access to Work](#). However, the most common advice our clients receive about Access to Work is simply being informed that the scheme exists. There is still work to be done, therefore, to better promote the scheme among individuals and employers so they can more proactively suggest applications are made to it.

## 15. What do you think the future role and design of Access to Work should be?

As well as taking the steps outlined in our response to question 14 to help widen access to and improve knowledge of Access to Work, there are additional changes that we believe need to be taken to improve the Access to Work scheme. These relate to decision-making, the claims process, and the scope of people eligible for the scheme.

### Greater resources for decision making

As of the end of February of this year, the average processing time for new Access to Work applications was 84.6 days, up from 55.3 when the current came into power in July 2024. Delays in Access to Work decision-making have put some of our clients at risk of losing job offers or being unable to continue working. In some cases, these delays have even forced individuals into debt while they wait for this essential financial support.

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

\*All names have been changed

These delays in decision-making not only harm individuals but also negatively impact businesses. There have been instances of businesses saying that they are owed hundreds of thousands of pounds by Access to Work, and fearing they may have to let staff go.

That's why we're calling on the government to invest more resources in tackling the backlog of Access to Work decisions and payment delays. However, this must

not come at the cost of reducing more intensive forms of support, as is suggested in the green paper. We also believe that introducing indicative awards - where Access to Work provides an initial estimate of the support an individual is likely to receive - could help address the issue where our clients are at risk of losing job offers or being unable to remain in work due to delays in Access to Work decision-making. Such indicative awards could help people take up job offers more quickly, while their claim is being processed.

### **Simplifying the claim processes**

The process of claiming back expenses through Access to Work can be challenging for our clients. Having to pay costs upfront and wait for reimbursement can be particularly stressful for individuals on low incomes. This was the case for our client, Aran.

Aran\* works for a pharmaceutical company. They receive Access to Work to support them with the cost of taxis to and from work. However, they find completing the paperwork and printing off the invoices to get reimbursed for these costs very overwhelming. While they should be reimbursed over £1,000 a month from Access to Work for the cost of these taxis, the taxi company does not always email them the invoices and they have to print these out and post them to the DWP themselves. This whole process has worsened Aran's anxiety, due to the difficulties claiming back the taxi money and having to pay for the costs upfront.

\*All names have been changed

[The introduction of the Access to Work online claims portal in July 2023](#) has helped make this process easier, by allowing individuals to upload invoices that are then sent to employers for approval. However, further consideration should be given to how individuals could be supported in having to make payments upfront, and to further reduce the time they have to wait for reimbursement.

The experiences of our clients like Aran also raises concerns about the green paper's implied shift toward placing more responsibility on individuals to apply for and manage their own workplace adjustments. For example, the specific proposals for providing targeted funds to individuals to pay for workplace adaptations, beyond what could be considered reasonable adjustments. This approach not only seems to contradict the principles of the Equality Act - [which](#)

[states that employers are ultimately responsible for making adjustments](#) - but also risks adding further barriers for those already struggling to access the support they need.

### **Support with a wider remit of issues**

To better meet the green paper's aim of supporting more disabled people into work, we would also like to see the remit of the support Access to Work provides expanded.

For example, disabled people can face [barriers to job interviews](#), because the necessary adjustments aren't in place to make them accessible. While communication support is provided for interviews via Access to Work, [only 150 people](#) received a payment for Communication Support for interviews in 2023 to 2024, suggesting this scheme is not being fully utilised. The experience of our client Lena suggests this could be due to it being prohibitively difficult to access.

Lena\* has autism, anxiety, and depression, which significantly affect her ability to communicate with strangers, initiate conversations, and visit unfamiliar places. When she was recently offered a job interview, she required the assistance of a communication support worker to attend. Without this support, she would have found it extremely difficult to enter the interview building or speak during the interview, making it virtually impossible for her to demonstrate her suitability for the role. The Jobcentre advised Lena to apply for funding through Access to Work to cover the cost of a support worker.

The employer provided five working days' notice of the interview. The Disability Employment Adviser at her Jobcentre managed to source a support worker the day before the interview, but several barriers made it impossible to obtain approval from Access to Work for communication support before the interview. The Access to Work helpline had extremely long waiting times, and Lena could not get through. The support worker did not provide any paperwork or a quote until after the interview. Lena chose to proceed with the support worker and risk covering the cost herself if Access to Work declined to reimburse it. But her claim was rejected because she had not applied before her interview.

\*All names have been changed

More consideration should therefore be given as to how Access to Work can be reformed and expanded to make job interviews more accessible for disabled people.

We also believe Access to Work could be used more effectively to support people with temporary needs - such as those requiring shorter-term assistance to return to work after an illness. This could help individuals return to work more quickly and safely.

Finally, we urge the government to consider whether the Access to Work support cap disadvantages employees with higher-cost needs. For grants awarded or reviewed between 8 April 2024 to 31 March 2025, [the cap currently stands at £69,260](#). One of the Disability Business Forum's members reported that the cost of [British Sign Language \(BSL\) interpretation for one of their employees was around £72,000 a year](#). This can put employers in a difficult position where they have to consider not just whether someone is right for the role, but whether they can also afford their reasonable adjustments. We therefore urge the government to consider whether the support cap is creating additional barriers for disabled people - particularly those seeking work with smaller businesses that may not be able to cover costs beyond the cap.

## **16. How can we better define and utilise the various roles of Access to Work, the Health and Safety Executive, Advisory, Conciliation and Arbitration Service and the Equalities and Human Rights Commission to achieve a cultural shift in employer awareness and action on workplace adjustments?**

If the government is serious about achieving a cultural shift in employer awareness and action on workplace adjustments, it must ensure there is effective auditing and enforcement for employers who fail to meet their obligations. Citizens Advice is however not in a position to comment on the definition and utilisation of the roles by these organisations.

## **17. What should be the future delivery model for the future of Access to Work?**

Before the DWP starts making significant changes to Access to Work's delivery model, we first urge the government to prioritise addressing the issues with the

scheme outlined in our response to questions 14 and 15, and working to ensure a wider remit of individuals can benefit from its support, without using this as a justification to cut the more intensive support it provides.

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