

# Pathways to work – WithYou consultation response

## Deadline June 30th

### Chapter 2: Reforming the structure of the health and disability benefits system

#### **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?**

##### Clarity of information

DWP should develop clear, jargon-free guidance that explains exactly how different types of employment will affect benefit entitlements, presented in multiple accessible formats.

##### Recognising fluctuations in health conditions

The benefit system must recognise the episodic nature of many disabilities and chronic illnesses rather than treating conditions as static. This requires responsive processes that allow for quick adjustments to support levels during periods of poor health and account for 'good days' and 'bad days' when assessing work capability.

##### Retaining partial benefits in part-time/temporary work

DWP should introduce a graduated system that allows claimants to retain partial benefits while engaging in part-time or temporary work, avoiding the cliff-edge of losing all support immediately. This should include maintaining housing support, disability premiums, and healthcare costs while individuals build their work capacity and confidence.

##### Fast track processes for people moving between work and benefits

The system requires fast-track processes for people moving between work and benefits, reducing waiting times and administrative barriers. Claimants should retain entitlements (such as free prescriptions) during trial work periods, ensuring that additional work costs don't outweigh financial benefits.

##### Clear grace period

DWP should establish a clear grace period of 6-12 months during which people can return to their previous benefit level quickly if work ends or health declines. This safety net would eliminate lengthy reapplication processes and encourage people to test their work capacity with security.

#### **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?**

### Addressing disproportionate impact on vulnerable groups

The proposed 4 point threshold risks disproportionately affecting people with fluctuating or hidden conditions, including mental health conditions and those in treatment or early recovery from substance use. These people may not consistently meet the threshold despite experiencing significant challenges that varies in intensity and visibility, potentially leaving them without crucial support during vulnerable periods.

### Automatic referral and consultation services

People losing PIP entitlement should receive automatic referral to appropriate local support services rather than being left to navigate complex systems alone. A mandatory 1:1 consultation should outline available support services, including referrals to Individual Placement and Support (IPS) programs that can provide tailored employment assistance services.

### Proactive communication and information access

Clear, proactive communication must help people understand the changes and access alternative support before their PIP ends. This should include personalised information about local services, eligibility criteria for other benefits, and guidance on accessing available support.

### Skills development and confidence building

DWP should offer comprehensive training programs including access to qualifications and other skills development such as communication, and professional presentation. Confidence building training could also help people develop work readiness skills they need, recognising that losing PIP represents a significant life transition requiring additional support.

### Change management support groups

Specialised support groups should help people navigate the significant life change of losing PIP entitlement, providing peer support and practical advice on managing without this financial assistance.

## **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?**

### Financial investment and workforce training

Financial investment is needed in training healthcare professionals to understand benefit changes and signpost people to alternative support. Innovation in service delivery, such as digital platforms and streamlined referral systems, would further improve coordination between agencies.

### Accessible reassessment routes

Clear pathways must be established for people whose health worsens after losing PIP entitlements. The reassessment process should have minimal barriers, allowing quick reapplication when conditions deteriorate. This should include face to face and virtual options, especially for neurodivergent people to meet access needs.

### Improved system integration

People should not be passed between disconnected systems when benefits are withdrawn. Integrated care pathways need seamless coordination between healthcare services, local authority support, and voluntary sector organisations through better information sharing and joint working.

### Trauma-informed processes

All assessments and communications should use trauma-informed approaches that recognise the distress people experience when losing financial support. This includes training staff in sensitive communication and ensuring the benefit withdrawal process doesn't compound existing health difficulties.

**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?**

n/a

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

### Named case workers and multi-disciplinary coordination

DWP should assign named individuals as case workers who can effectively link with safeguarding leads and other professionals as part of multi-disciplinary teams. These case workers would be responsible for safeguarding referrals and escalating concerns where needed, ensuring clear accountability and continuity of care for vulnerable people.

### Mandatory level 3 safeguarding training

All DWP staff should receive minimum Level 3 safeguarding training to ensure they can recognise signs of abuse, neglect, or exploitation and respond appropriately. This comprehensive training would enable staff to understand responsibilities, identify vulnerable individuals, and take appropriate action to protect people who use DWP services.

## **Chapter 3: Supporting people to thrive**

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

### Trauma-informed and non-judgmental approach

Support conversations must be trauma-informed and non-judgmental, recognising the vulnerability and potential distress of individuals. This approach should acknowledge that people may have experienced significant trauma and ensure that conversations don't retraumatise or blame individuals for their circumstances.

### Professional-led and accessible options

Conversations should be led by trained professionals and delivered through accessible formats, recognising that not everyone can access digital services. For vulnerable people, consideration should be given to using trained workers such as social workers or health professionals who understand complex needs rather than generic administrative staff.

### Specialist workforce for complex needs

Given the vulnerability of this client group, DWP should consider employing or partnering with qualified social workers and health professionals who can properly assess and respond to complex needs during support conversations.

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

### Service user involvement

The design process should include meaningful service user involvement and participation to research and understand the demographics of those who aren't currently in contact with services. Using peer researchers with a variety of experiences and backgrounds would provide valuable insights into why people disengage and what approaches might be more effective in re-establishing contact.

### Supportive rather than compliance-focused approach

Conversations must be explicitly framed as support rather than being a benefit compliance activity to reduce fear and resistance. This would help people understand that the contact is designed to help them access support rather than to monitor or sanction them for their circumstances.

### Specialist staff training

Staff delivering these conversations should be trained in trauma-informed approaches, mental health awareness, and drug and alcohol use issues to enable them to respond

appropriately to complex presentations. This would ensure that staff can recognise and respond to the underlying reasons why people may have disengaged from services in the first place.

## **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.**

### Expert-led assessments

Assessments should be conducted by professionals with relevant expertise rather than generic work coaches, allowing for nuanced understanding of individual circumstances. Where appropriate, individuals should have some choice in determining their readiness for different levels of requirements, recognising their own understanding of their capabilities and barriers.

### Collaborative working with trusted professionals

DWP should work alongside trusted professionals including drug and alcohol workers, social workers, and GPs to assess readiness and agree appropriate expectations for each individual. This multi-disciplinary approach would ensure that decisions about requirement levels are based on a comprehensive understanding of someone's health, social circumstances, and recovery journey rather than purely administrative criteria.

## **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?**

### Flexibility in service delivery

There should be flexibility in who undertakes support conversations, particularly for people already accessing specialist services. If someone is receiving support from mental health services, drug and alcohol services, or other professionals, these existing relationships should be utilised rather than introducing additional new contacts that could overwhelm or confuse vulnerable individuals.

### Voluntary participation over mandatory requirements

Participation in support conversations should be voluntary rather than mandatory. Conditionality risks deterring the people most in need of support from accessing benefits altogether. People in recovery or experiencing mental health difficulties need supportive environments built on trust, not coercive approaches that may undermine their progress and wellbeing.

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

N/a

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

Risk of significant harm to vulnerable youth

Delaying access to the health element until age 22 would cause significant harm, particularly for young people with disabilities, health conditions, or those in recovery from substance use. Many young people under 22 face complex health and social challenges that require immediate financial and care support to prevent crisis situations.

Importance of early intervention

Early support is crucial to help young people stabilise, access treatment, and prepare for future employment opportunities. Delaying the health element risks increasing poverty, homelessness, and disengagement from care among vulnerable youth, potentially creating long-term costs to health and social care systems that far exceed the savings from restricting access.

**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?**

Enhanced support for young adults

While 18 may be the appropriate age for claiming PIP, young people aged 18–21 or 18–24 may require more support than typical adult claimants due to their developmental stage and transition needs. The support offered to this age group should recognise their unique vulnerabilities and need for additional guidance in navigating adult benefit systems.

Transitional support

A transitional offer may be more appropriate than an immediate shift to adult systems. Transition support is crucial for young people moving from child to adult benefits to avoid gaps in care and financial support. Enhanced support or phased transition starting earlier (around 16–17) could help prepare young people for adult benefits and services.

Developmentally appropriate processes

Assessments and processes for young people must be developmentally appropriate, trauma-informed, and sensitive to their specific needs. This includes recognising that young people may present differently than adults and ensuring that assessment criteria account for developmental factors and the impact of early-onset conditions on their life trajectory.

## **Chapter 4: Supporting employers and making work accessible**

### **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?**

#### Improved access to work scheme

The Access to Work scheme needs improved investment to reduce waiting times and make it more accessible to both employees and employers. Faster processing and clearer guidance would help more people access the workplace adjustments they need while giving employers confidence in the support available.

Provision of free learning for managers by DWP regarding how to support someone with an access to work application, how to interpret a report and how to start conversations around reasonable adjustments would also be beneficial.

#### Disability confident expansion and simple guidance

More organisations, particularly small and medium sized enterprises, should be supported to become Disability Confident employers through targeted outreach and simplified processes. Simple, accessible guidance on workplace adjustments should be readily available, helping employers understand practical steps they can take without complex bureaucracy.

#### In-work support and partnership working

Following the Individual Placement and Support (IPS) model, ongoing in-work support should be provided for the first 12 weeks for people transitioning from benefits into employment. Partnership with local support services could provide specialised input and training to employers, helping them understand specific conditions and appropriate adjustments while building local networks of disability-aware employers.

Links between Access to Work and ADHD/ Autism Assessments need to be established, long waiting lists for adult diagnosis often mean Access to Work comes first before someone really understands their own condition which can often result in adjustments being recommended that are quite generic and many people are left still waiting to know if they do meet the threshold to be diagnosed which can be a traumatising process in itself

**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?**

Approved lists of suppliers for coaching and training, especially around neurodiversity as this is a common recommendation from Access to Work reports but quality of provision appears to be very mixed across providers

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

Proactive approaches around supporting skills development/ job application/ interviewing technique tailored to disabled applicants and rather than a largely reactive approach of once someone has secured employment/ secured an interview then being able to get Access to Work support

**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?**

n/a

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

n/a

**Other**

**18. Which of the following best describes how you are responding to this consultation. Are you responding:**

- as a member of the public
- as or on behalf of an individual business
- as or on behalf of an employer/ business representative organisation
- as or on behalf of an interested charity or other representative organisation
- other

**19. Do you consider yourself to have a health condition or a disability?**



**Yes/ No/ Prefer not to say**

n/a

**20. Do you live in:**

- England
- Northern Ireland
- Scotland
- Wales
- Prefer not to say