

The Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper

Citizens Advice Scotland response

June 2025

Key points

- **Social security is an investment in all of us that should act as both a safety net and springboard;** enabling people to realise their potential and providing support during the challenges of life that any of us could experience.
- Our social security system needs urgent improvement. Universal Credit (UC) is broken and causes destitution by design. **Reforms must look at the system as a whole, not sections in isolation** to ensure positive outcomes are achieved for people.
- Sick and disabled people and those who care for them already struggle to afford essentials. **In the last year, almost two thirds (67%) of the people our network supported had a disability or a long-term health condition.** The proposed reforms would force many people deeper into debt and destitution.
- Health-related social security payments, such as Personal Independent Payment (PIP) and Adult Disability Payment (ADP) acts as enablers, helping people to work and live healthier lives. **A quarter of the people our network supports with advice about ADP are in work.** Restricting access to this financial support will push sick and disabled people further from the workplace.
- **Multiple, less severe, needs distributed across several areas of daily life can have a greater overall impact than very severe need in one specific area.** The impact will disproportionately fall on older people facing specific barriers to work; four in ten of the people that we provided with advice about ADP in 2024-25 were aged 45-59.
- **Removing the Work Capability Assessment (WCA) carries significant risks of restricting access to support for people at a particularly vulnerable time.** The WCA is currently providing an essential pathway to support people in recovery or experiencing short-term health shocks. It also includes a 'substantial risk' provision, which provides a safety net for people whose conditions could be exacerbated by the demands of seeking or maintaining employment.
- **Reducing the disability employment gap requires a significant cultural shift from employers combined with tailored support**
- There is a **lack of clarity regarding how the proposed reforms will align** with the work of the UC review, the PIP review, the Child Poverty Taskforce and the Keep Britain Working review.

- **Public health is deteriorating, including mental health¹.** Poverty, deprivation, financial insecurity and stigma are amongst the core drivers of this phenomena.
- CAS is deeply concerned that key proposals, including changes to the health journey of UC, and the Daily Living component of PIP are out of scope of this consultation. **The full range of proposed reforms must be co-produced with sick and disabled people who will be affected by the changes.**

Background

Citizens Advice Scotland (CAS), our 59-member Citizen Advice Bureaux (CAB) and the Extra Help Unit, form Scotland's largest independent advice network. Scotland's Citizens Advice network is an essential community service that empowers people through our local bureaux and national services by providing free, confidential and independent advice. In the last year, our network provided advice to 187,000 people. Our advisers look at a person's complete circumstances this gives us a unique aerial view of the scale and complexity of what's happening in communities throughout Scotland.

The Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper² sets out proposals intended to fundamentally re-structure welfare provided to those living with ill health and disability. While we welcome the opportunity to respond to this consultation, we are deeply concerned that the voices of disabled people are not being heard. This is because the key proposals, including changes to the health journey of UC, and the Daily Living component of PIP are out of scope of the consultation.

In Quarter (Q) 4 of 2024 we provided 38,315 pieces of advice about Universal Credit to 11,718 people. 16% of that advice concerned the UC health journey, making this the second most in demand area of UC advice. Meanwhile in the same Q, we provided 19,941 pieces of advice on the Daily Living component of Scotland's PIP equivalent ADP to 8,862 people. In two out of five (20%) occasions in which ADP advice was delivered in Q4, it was delivered alongside advice about UC. Our insight is therefore both deep and broad.

Our ADP advice data provides insight into potential impacts in different parts of Scotland if these proposals are implemented as presented. Across the year 2024-25 we supported 4,065 people with advice about ADP in the Glasgow area, more than eight in ten of whom were living in the parts of the city experiencing the highest levels of multiple deprivation (83% were living in SIMD 1 and 2), and 12% were homeless or living in temporary accommodation. By contrast, across the network as a whole, just 3% of those receiving advice about ADP were homeless or living in temporary accommodation, and 57% were living in areas categorised as SIMD 1 and 2. Understanding these differences informs our concerns about the disproportionate impact of these proposals on particular places in Scotland. Recognising this nuance is vital to appreciating the likely harms that will arise if the proposals are implemented as presented and the action that is needed to prevent this.

¹ [The role of changing health in rising health-related benefit claims | Institute for Fiscal Studies](#)

² [Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK](#)

In May 2025, CAS conducted three semi-structured discussion sessions with advisers from across Scotland.

Considering the potential impact, advisers were very clear about the risks: *“the foodbanks will be busier”*. Predictions were bleakly pessimistic. One adviser encapsulated the depth of disquiet: *“I foresee a rise in homelessness. For some, prison may feel like a better option, since at least in there [people] know where their next meal is coming from and have a roof over their head.”*

Advisers also expressed concern about the lack of clarity, one adviser noted *“the system is already complex and confusing; these reforms will leave people yet more confused.”*

Our submission is also informed by a survey of advisers across the network conducted in May-June 2025, follow up conversations with advisers, and a collaborative roundtable with individual members of Glasgow Disability Alliance (GDA) in June 2025³.

Combined, the proposals, if implemented as presented, could have a devastating impact on Scotland’s people, while placing severe pressure on Scotland’s social security system, local authorities and third sector.

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?

“You are made to feel that you are the reason you are not working, that it’s your fault” (GDA member talking to CAS)

How a “right to try” guarantee is communicated will be key to its success. We are concerned that a message is being sent in the language and framing of this proposal that people are not “trying” to lift themselves out of poverty through work. This language is damaging because it perpetuates stigma against people accessing social security.

People living with ill health and disability are more concerned about being forced into the wrong job than they are about losing social security payments if they start work⁴; being forced into the wrong job is inimical to basic dignity. Trust needs to be built that a guarantee that exploring work will not result in a review and re-assessment of awards will not be a new compulsion to “try” work regardless of personal circumstances. People must see evidence that they will not face a reassessment, and they will be supported if a job turns out not to be the right fit, rather than being subject to punitive sanctions and the risk of destitution.

Consideration must be given to ensuring that people are provided with the right kind of support, such as access to advice services, self-help calculators and illustrative examples. This will help them

³ Roundtable on 13 June 2025 with eight members of Glasgow Disability Alliance of mixed sex and ages with a diversity of long term mental, physical and combined physical and mental health conditions.

⁴ [Work aspirations and support needs of health and disability customers: Interim findings](#) see for example page 47

navigate a new in work budget and understand the impact of starting a job on their entitlements (including Council Tax Reduction and Discretionary Housing Payments).

Worry about the impact of starting work on social security entitlements is one component piece of the concerns that people have around any change that may disrupt their precarious financial position.

Our network has been reporting a very significant level of anxiety, confusion, and distress among the people that we support about what the proposals could mean for them. Advisers are reporting that there is already a great deal of fear around claiming social security for some people, with a perception that they could be considered “*lazy fraudsters*”. The impact of stigma can be even more acute in rural communities.⁵ There is a reluctance among some people to report changes that may increase their entitlement⁶ for fear that it could be “*taken away*”.

Some people are even delaying financial decisions. In the words of one adviser, people have become “very aware of [the] precarious nature of income based on policy and an assessment. This is making decisions about debts more difficult; it is a feeling that the goal of long-term stability is less achievable.” In some cases, such as Ruth’s below, the impact can be a premature and devastating withdrawal from the social security system.

Ruth attended her local CAB for advice about her ongoing Employment and Support Allowance claim. Ruth has numerous physical and mental health conditions and constantly worries that she has in some way mismanaged her claims. She has been receiving ESA since 2019. She advised the CAB that her anxiety reached such a high level of severity in March 2025 that she contacted the ESA helpline and ended her claim. Ruth regretted the action and explained that she wishes to reinstate her claim despite her fears.

Many of those impacted by health and disability do not self-identify as a disabled person, which can be a considerable barrier to accessing social security⁷. A significant proportion of recipients of health-related social security are in work, which we explore in our response to question 2 below. These are cohorts who are at real risk of being disincentivised from accessing essential support, pulling them deeper into poverty and pushing them further from the workplace.

“People don’t think that they would be eligible for disabled support if they are in work, thinking that others need it more, this is especially the case for self-employed people – the latest reforms will further discourage them for applying for their entitlement” (respondent to our survey May 2025)

We are concerned that the welfare reform proposals, viewed in their entirety, will cause harm not only by **driving up the extent and depth of poverty, but by feeding a narrative that work is the only route to a valued and purposeful life**. By **reducing access overall to the financial tools that those**

⁵ [cas rooc literature review revised report cv2.pdf](#)

⁶ This is reflected in the estimated underspend of PIP related to unreported deterioration [Unfulfilled eligibility in the benefit system, Financial Year Ending \(FYE\) 2025 - GOV.UK](#)

⁷ [Adult Disability Payment: Independent Review - gov.scot](#)

living with health conditions need to thrive, participate and live with dignity, we risk pushing people further from the labour market and entrenching inequality.

The CAS solution: It is crucial that the guarantee proposed is communicated in a way that makes it absolutely clear that ADP and its UK equivalent PIP are enablers of work. The language of “right to try” must be reframed. In addition, it is imperative that support to engage in work related activity is provided alongside a financial safety net that is adequate to facilitate productive engagement with services and taking steps to re-enter the labour market.

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?

The CAS network does not accept that there is any effective, dignified and administratively streamlined way to meet the complex, myriad needs currently being fulfilled by Daily Living component awards, that does not involve a cash transfer.

Options in respect of transitional protection merely delay the problem. They can also generate unfair outcomes⁸, and they are administratively complex (as has been demonstrated by their provision for people being moved to UC from legacy payments). It is imperative that the potential outcomes of the additional requirement to score at least 4 points on one daily living activity are fully explored and understood.

The Scottish Government has clearly indicated that it does not intend to “mirror the Personal Independence Payment (PIP) changes in Adult Disability Payment in Scotland”⁹. This is hugely welcome. We must remember people in Scotland need to navigate two social security systems, the proposed reforms risk baking in additional complexity into an already complex system.

There is a high risk that reforms to PIP will make accessing entitlements related to health even more complicated for people in Scotland. The key reason for this is that ADP is at present considered equivalent to PIP by the UK Government, allowing it to be used as a ‘passport’ by people in Scotland to qualify for reserved social security payments. If ADP is considered too divergent from PIP, this could have many complicated knock-on effects. For example, it is not yet clear if Scotland’s Carers Support Payment (in respect of cared-for persons of working age receiving ADP) will continue to enable access to the Carers Element of Universal Credit. This will become even more challenging if, going forward, PIP is to become a gateway to a new UC health element in the absence of the WCA and the Limited Capability for Work Related Activity (LCWRA) component.

Changes to the social security system will have a significant impact in Scotland. Two in five of Scotland’s people are living with a physical or mental health condition or illness that has lasted, or is

⁸ For example the [The Social Security \(Miscellaneous Amendments\) Regulations 2025](#) required to retrospectively address unfair outcomes for disabled people living in supported accommodation caused by the interaction between Transitional Element and support to meet housing costs

⁹ [Social Justice Secretary: “Scrap damaging welfare reforms” - gov.scot](#)

expected to last, 12 months or more and reduces their ability to carry out day-to-day activities. This compares to one in four in England¹⁰.

During quarter 4 of 2024-25, 77% of the people accessing advice about ADP from us were also provided with advice about other forms of social security, mostly Universal Credit. Scotland has the highest proportion of UC claimants on the UC health journey (43% of Scotland's UC claimants in March 2025, a caseload of 263,997).¹¹ Our data provides an insight into the extent of the link between inadequate income, health and deprivation in Scotland; many who seek ADP advice from us also require advice related to low incomes, including fuel poverty and food insecurity.

57% of those who received advice from us about the Daily Living component of ADP in Quarter 4 of 2024-2025 were living in the most deprived areas of Scotland (SIMD 1 and 2). In almost one in two instances in which ADP advice is delivered by our network, advice about other areas is delivered at the same time. That other advice concerned Council Tax (15%), energy (10%)¹² and food banks (5%). This link is also demonstrated by those seeking advice from us about complex debt. In 2023, 28% of those who sought our help with complex debt are recorded as being unable to work due to their health, and over one in two (53%) are recorded as having their income solely from social security.

Our evidence, laid out in the paragraphs below, shows the harms that would ensue if ADP were to mirror PIP. This is why we warmly welcome the recent commitment from the Scottish Government that ADP will not adopt the proposed changes to PIP.

We know that much of our ADP-based evidence would also be applicable to sick and disabled people in receipt of PIP and it is appropriate raise concerns about their wellbeing.

Financial support is foundational

“Most individuals on disability benefits and UC struggle to afford household bills, food shops and [costs associated with managing] their health conditions. They may struggle to clean or look after their home and need a cleaner to come in or to pay for food deliveries, which can be costly. People with disabilities struggle to get by on what they have already” (respondent to our survey May 2025)

From maintaining equipment and transport for medical appointments, to additional energy, hygiene and specific dietary requirements, living with ill health and disability in Scotland today comes at a significant cost. These costs are even higher for people who live in remote areas, including the many island communities in the West and North of Scotland.¹³ These costs present a structural barrier to disabled people attaining a quality of life equal to that of nondisabled people, trapping them in

¹⁰ [CBP-9602.pdf](#)

¹¹ [Economic and fiscal outlook – March 2025 - Office for Budget Responsibility](#)

¹² [The Energy Brief 05.25.pdf](#) Two out of five of those seeking energy advice from us required crisis support such as fuel vouchers in the first three months of 2025

¹³ 8% of those we supported with Adult Disability Payment in Quarter 4 of 2024-2025 were living in a remote area

poverty. This is the reality that health-related social security payments (such as ADP and PIP) have the objective of addressing.

PIP and ADP consider a range of daily living activities, and separately mobility activities, using a points allocation system designed to reflect the nature and severity of need across these activities. By introducing a requirement that four points or more must be allocated in at least one of the ten Daily Living Activities before a Daily Living component award can be granted, as many as seven in ten of those living with chronic pain conditions, and one in two of those living with anxiety and depression, could lose their awards.¹⁴ This is because so many recipients are limited or severely limited by their health due to the cumulative impact of less severe need across several daily living activity areas.

The proposed changes to PIP were described by advisers participating in our workshops as “absurdly” unfair, in that someone with needs severe enough to be allocated twelve points or more across the ten PIP Daily Living Activities (enough to be awarded the higher Enhanced Rate at present) may nonetheless be refused an award, while someone allocated eight points could be awarded (if they have been allocated four points or more in one activity). This will impact on many people; the PIP data shows that the number of Daily Living component recipients who scored fewer than four points in all daily living activities but scored a total of 12 points or higher for their daily living activities (sufficient to be awarded the Enhanced Rate) was 184,780 in the latest reporting year¹⁵.

“Most of the people that my CAB supports are living with a constellation of conditions with a synergistic impact.” (Financial inclusion CAB adviser)

Those likely to be impacted are typically living with multiple health conditions. Most are in middle age; four in ten of the 24,301 people that we provided with advice about ADP in 2024-25 were aged 45-59. Social Security Scotland’s data mirrors this, showing that, in April 2025, 41% of applications for ADP were registered by people aged 45-64; those in later middle age, 55-64, represented the largest single age cohort¹⁶. People in this age group face particular challenges re-entering the labour market and are frequently living with those impairment types most associated with smaller points allocations across the activities (such as chronic pain conditions).

Those impacted by the proposed welfare reforms are people who need support such as aids or supervision to carry out fundamental tasks like washing and dressing the lower body, managing incontinence, and preparing food. Withdrawing the financial means of meeting these needs, and control over how best to meet them, will have a devastating impact on the dignity of sick and disabled people. PIP and ADP are enabling payments, and recipients are using awards to manage their health, and access employment. Our advisers speak of how Daily Living awards are used to heat homes adequately, charge equipment, purchase appropriate foods, fund private physiotherapy or counselling, access household cleaning services, maintain social networks and engage with support groups.

¹⁴ [Written questions and answers - Written questions, answers and statements - UK Parliament](#)

¹⁵ [Written questions and answers - Written questions, answers and statements - UK Parliament](#)

¹⁶ [Social Security Scotland - Adult Disability Payment statistics to 30 April 2025](#)

Accessing condition-appropriate nutrition was overwhelmingly considered by Glasgow Disability Alliance (GDA) members as one of the most important uses of their ADP award. One member summarised the point, *“my [ADP Daily Living] award means that I can afford food that makes my body happy. If I’ve not eaten properly my health deteriorates.”*

“I am on a special diet as my pancreas doesn’t work. My son has Crohn’s disease and is on a gluten free and dairy-free diet. I use Amazon a lot because it’s so difficult to get what I need and even when supermarkets have it, it’s really expensive” (GDA member speaking to CAS)

Awards play a critical role in preventing social isolation. As one GDA member powerfully explained *“if I didn’t have the benefit, I would be Jonny ‘nae pals’. I would even have to give up my Broadband contract, meaning I couldn’t talk to people on social media let alone meet up with my pals”.*

The impact on health management and the ability to pursue employment because of an award benefits an individual’s entire network.

“ADP has been nothing short of life-saving. It provides me with the financial support to survive, but also to improve my day-to-day living. For example, I’ve been able to buy tools and equipment that directly support my health and help me manage my conditions better. Beyond that, ADP has had a profound impact on my family. My mum and sibling, who also receive ADP, were able to buy and train service dogs. My mum can now afford to replace aids in her house and is saving for a motorised wheelchair — these are things that weren’t possible before she got ADP. Before, she often couldn’t even afford to eat properly. Now, her quality of life has drastically improved.” (GDA member speaking to CAS)

The impact on children

21% of those who sought advice from us about the Daily Living component of ADP in Quarter 4 of 2024-25 were living in households with children; 8% were lone parents. This is an indicator of the potential scale of the impact on children.

The relative and absolute poverty rate among children in Scotland living in households including a disabled person is 27% and 23% respectively¹⁷. 29% of children living in a lone parent household are living in a household with a disabled person¹⁸. The Impact Assessment carried out to accompany the UK Government’s Spring Statement estimates that an additional 250,000 people, including 50,000 children, will be plunged into poverty by 2029 because of the proposals more broadly¹⁹. This figure does not evaluate the overall impact of the complex package and behavioural responses to it. Mitigation of this impact is highly contingent on a positive outcome on the employment of disabled people. As the Office for Budget Responsibility summarises “The individual measures’ labour market

¹⁷ [Additional child poverty analysis 2025 - gov.scot](#)

¹⁸ [Additional child poverty analysis 2025 - gov.scot](#)

¹⁹ [Spring Statement 2025 health and disability benefit reforms – Impacts - GOV.UK](#)

impacts are complex to assess and would have interacting effects.”²⁰ The real impact on poverty is therefore likely to be significantly worse.

The Joseph Rowntree Foundation has highlighted the dramatic potential impact on households with children. Modelling a couple over 25 years old with one child and housing costs, where one of the parents is unable to work and in receipt of PIP Enhanced Daily Living (based on 13 points in total but not including 4 points in any one Daily Living Activity), the other parent is working 35 hours per week at the National Living Wage, the organisation concludes the loses could be £957/month, a precipitous 29% drop in after housing costs income²¹. This is because, under the existing system the household would be eligible for UC LCWRA, PIP enhanced daily living, PIP standard mobility. Under the proposed reforms they would lose UC LCWRA and PIP daily living²².

Unintended consequences for employment rates

“It is unacceptable that disabled people who cannot work/cannot work enough hours are expected to live to a lower quality of life, especially when their conditions already make life harder” (survey respondent May 2025)

One in four of those that we support with advice about ADP are in work. Our evidence shows that recipients of health-related social security are using their awards to ensure that work is both possible and sustainable, providing core financial stability. This is also shown in analysis by the DWP that indicates that up to one in two of those who receive PIP but are not on the UC health journey are in work²³.

“I’ve faced serious hurdles over the past few years — growing up with abusive parents, experiencing periods without secure housing, and struggling to find consistent work. ADP gives me the flexibility to work part-time without risking my wellbeing. Up until a few years ago I was working crazy full-time hours. I was hitting such a huge wall of burn out. I felt like I was working in a supportive environment, but attitudes suddenly shifted when I revealed my diagnosis and the chronic issues that I had linked to overworking. The support wasn’t there, and the following month my contract was not renewed after three years’ service. I was bed bound for a long time afterward and experienced severe depression. ADP helped me through and has provided stability in my life. I now work part time without burning through all my savings. I am able to put a bit away and get by from month to month.” (GDA member, speaking to CAS, who lives with autism, mental health difficulties and physical health conditions)

Awards can secure a long-term connection to the workplace, generating a cascade of benefits in terms of health management and prognosis.

²⁰ [Economic and fiscal outlook – March 2025 - Office for Budget Responsibility](#)

²¹ [How health-related benefit cuts add up | Joseph Rowntree Foundation](#)

²² [How health-related benefit cuts add up | Joseph Rowntree Foundation](#)

²³ [Work aspirations and support needs of health and disability customers: Interim findings](#) see page 33

If I do get ADP, I will likely work more over the course of my life — but in a way that is sustainable. It would allow me to re-enter work slowly, at a pace my chronic illness can handle. Without it, any return to work feels impossible because the risk of relapse is too high. (GDA member, speaking to CAS, who is in the process of applying for ADP).

Informal caring could become unaffordable if the people in need of care lose PIP

Financial support for the unpaid care of working age people is based on receipt of a Daily Living component award of PIP by the cared for person. This applies to Carers Allowance (and its Scottish equivalent Carers Support Payment), Carers Element of Universal Credit, and Carers Credits. Scotland's carers may also be entitled to Carers Supplement (if Carers Support Payment is in payment), or a Young Carers Grant; both are contingent on the cared for person receiving a relevant payment, primarily the Daily Living component of Adult Disability Payment (ADP).

Adding to this complexity, 19% of those coming to our network for advice about ADP have a caring responsibility; 5% of those that we supported with advice about the Daily Living component of ADP in Quarter 4 of 2024-25 were managing their own health challenges and looking after a disabled child.

Our advisers are supporting people who are caring for more than one person, meaning that the changes being considered pose a real risk to the ability of carers, including carers who are also disabled people, to continue to provide care.

Given the acknowledged, remarkable role of unpaid care in the operation of our economy, there is a very real risk of deep unintended consequences of the additional requirement in respect of PIP. This includes risks to initiatives in Scotland, including changes to Carers Support Payment²⁴ and Scottish Carer Supplement, and a potential Minimum Income Guarantee pilot with carers, designed to nurture the unpaid caring economy²⁵.

Underreporting

Data suggests that people are already underreporting changes in need that could trigger an increase their PIP award. The DWP has modelled that the sum of PIP being underclaimed in this way in FYE 2025 was 4.1% (£1,060m), compared with 4.0% (£870m) in FYE 2024²⁶. Since it is proposed that existing awards will not be impacted until a scheduled review date, combined with the extent and level of anxiety about the proposals, this phenomenon of underclaiming could be accentuated,

²⁴ [The Carer's Assistance \(Young Carer Grant and Carer Support Payment\) \(Miscellaneous Amendment and Saving Provision\) \(Scotland\) Regulations 2025 - Scottish Commission on Social Security](#)

²⁵ [A helping hand for the helpers - a plan to recognise Scotland's unpaid carers | IPPR](#)

²⁶ [Unfulfilled eligibility in the benefit system, Financial Year Ending \(FYE\) 2025 - GOV.UK](#)

making it more challenging to ensure that information about recipients is up-to-date, and that people are receiving their full entitlement.

CAS policy solution: The Green Paper acknowledges that the PIP assessment needs modernising; a review of PIP is therefore in development²⁷. This work is vital and should be completed before any significant changes are considered to the structure of the points allocation system. It is worth noting that Scotland's Independent Review of ADP has been considering how to modernise this type of social security provision; it is due to publish its final report in July of this year²⁸.

In our work as part of the expert group advising the Review of ADP, CAS has explored ways in which the criteria and points system could be reframed to better integrate medical and functional information with information about personal circumstances and social barriers. This would allow for a holistic understanding of the person's needs and would promote wellbeing.

There is much to be learned from the Review of ADP, and the changes that have already been made in Scotland, such as around the recording of assessments²⁹ (known as consultations in Scotland) on an opt out basis, and the approach to information in support of applications, which ensures that informal evidence is actively sought and drawn upon³⁰. We urge the UK Government to enable collaboration between Scottish stakeholders and the ongoing review of PIP.

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?

Not answered

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?

Our vision for social security in the UK incorporates longer-term support through contributory based payments for people with restricted capacity to work.

We consider the proposed changes to contributions-based welfare as an opportunity to be bold. The Child Poverty Action Group (CPAG), for example, has called for an earnings-related component to unemployment-related contributory benefits (of up to 80 per cent of earnings)³¹. This higher-rate payment, which could be time limited, would mean people would not experience a large fall in living standards while they look for a new job, facilitating re-entry into the labour market.

²⁷ [Work and Pensions - Hansard - UK Parliament](#)

²⁸ [Adult Disability Payment: Independent Review - gov.scot](#)

²⁹ [Consultations-for-Adult-Disability-Payment 2022-10-19-073729.pdf](#)

³⁰ [Gathering-supporting-information-for-Adult-Disability-Payment 2024-02-16-150954.pdf](#)

³¹ [Sickness disability benefit changes.pdf](#)

We would urge consideration of the impact of health on employment history and associated contributions when determining the thresholds for access to the new payment. This means flexibility around the threshold to account for health-related gaps in contributions.

The appropriate length of provision and the support required will vary from individual to individual, but two factors must inform new policy in respect of a new Unemployment Insurance, in the absence of that assessment. These two factors, explained below, are currently included in the Work Capability Assessment (WCA), which is due to be removed as part of the proposed welfare reforms.

Firstly, consideration must be given to those who may not qualify for the new Health Element due to what is referred to as the 50% rule used to determine eligibility for PIP and ADP³². This rule is designed to help eligibility decision makers understand if a person is impacted by their health condition the majority of the time. Many people who do not meet this rule will be in circumstances in which there are severe limits on what can be expected of them in respect of work-related requirements. They would receive relief in the form of the LWRCA element in accordance with the current WCA system but would not under the proposed new system. James' experience is characteristic.

James received support from our Health to Claim service to submit a UC application. The adviser supported James to access emergency support. James had avoided accessing social security for as long as possible, and he had exhausted his available funds and was unable to afford food. He explained that he was diagnosed with epilepsy over a year ago; he is currently on medication to control seizures. James is unable to work presently due to safety concerns and being unable to obtain insurance to continue his work on construction sites. James is a bricklayer. If the seizures remain controlled for a number of months, he will be able to reinstate insurance and to return to work without any restrictions. The adviser was able to support James to understand the UC health journey.

Secondly, since the WCA is aimed at determining capacity for work, it does not require a person to have been sick for a specific time before applying. As we laid out in our recent briefing, Counting the cost: the impact of disability reform in Scotland³³ the WCA is a vehicle to access support for those whose ability to work is impacted by their health, regardless of the duration of that ill health and its effect on daily living activities not related to work. In this way, the WCA is currently providing an essential pathway to financially support people in recovery or experiencing short-term health shocks (e.g. sudden illness or injury). By contrast, an award of ADP is contingent on the applicant being assessed as likely to meet the criteria for 39 weeks in total (including thirteen weeks prior to the date the application is treated as having been made)³⁴. This is known as the "backward and forward test". This will heavily influence the duration of financial support needed and the practical help that will be required.

³² [The Disability Assistance for Working Age People \(Scotland\) Regulations 2022](#) section 10

³³ <https://www.cas.org.uk/what-we-do/our-publications/counting-cost-impact-disability-reform-scotland>

³⁴ [The Disability Assistance for Working Age People \(Scotland\) Regulations 2022](#) section 10

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

Prompting a meaningful and sensitive information gathering process from the outset

The experience of our network echoes the clear words of the First Report of the Work and Pensions Select Committee on the Safeguarding of Vulnerable Claimants: “When it comes to identifying vulnerable claimants, the Department places too great an onus on self-disclosure. The nature of some vulnerabilities can make disclosure difficult. A lack of trust in the Department can further deter people from sharing their personal circumstances”³⁵.

We support the recommendation of that Report to include “a question to all benefit application forms that asks claimants if they would like to disclose anything about their personal circumstances, including medical or mental health concerns, that means they might need additional support, now or in the future. Forms should also include a simple tick-box, through which a claimant could indicate they would like DWP to reach out to them and initiate a conversation about their circumstances.”³⁶

Learning from the Move to UC Enhanced Customer Support Journey

Advisers in our network observe that we are still emerging from several “*years of parallel systems running – different rules for people who are starting [on one form of social security] now, and different routes devolved vs reserved. It feels like we will never get to the end of people tinkering with it.*” In recognition of the challenge, the DWP developed an ‘Enhanced Support’ journey for Income Support and Employment and Support Allowance recipients who require additional assistance to move to UC. This journey involves outbound telephony, system checks and home visits³⁷.

Advisers attending our workshops opined that the “*Enhanced Customer Support journey needs to be refined before any further changes [involving disruption to social security payments] can be considered.*”

Advisers report that due to the heavy reliance on self-disclosure and information being effectively recorded and acted upon by various staff encountering a claim, the lack of clarity around specific actions attached to complex needs, and the limited remit of visiting officers, failures can and do happen. This speaks to the need for a flexible approach that responds to information from agencies, such as advice services, who are in contact with the person.

³⁵ [Safeguarding Vulnerable Claimants](#)

³⁶ [Safeguarding Vulnerable Claimants](#)

³⁷ [Move to Universal Credit – Insight on Income Support and Housing Benefit and initial ESA cohort activity - GOV.UK](#)

Frequently, advisers and the people that they support face an inconsistent or challenging approach to third party representation in circumstances in which complex communication needs are evident.

Michael attended his local CAB for help understanding his UC payments. His adviser recounts that he “visibly struggled with the appointment”. Michael lives with multiple mental health conditions, including OCD, severe Autism, sensory issues, and bipolar disorder, that have resulted in him being in and out of hospital. At the time of his appointment with the CAB he was an inpatient on day release. He is a long-term recipient of legacy Employment and Support Allowance (LCWRA with a Severe Disability Premium), Housing Benefit, a Council Tax Exemption, and Adult Disability Payment (Enhanced Daily Living).

The process of migration from legacy payments to UC had started more than three months prior to his CAB appointment and ended in the termination of the new UC claim due to Michael’s struggle to engage, only for UC to be established once again two months later. Michael was not awarded transitional protection due to the disruption, leaving him significantly worse off financially. Michael’s CAB adviser accessed his online UC account with Michael’s permission. The account record demonstrated that Michael had attempted on multiple occasions to resolve his enquires about his entitlement to no avail. Michael confided in his CAB advisers that he had become so “frustrated” with the process that his mental health deteriorated, and he attempted to take his own life. The CAB adviser completed a third party mandate in order to act on Michael’s behalf. However, the CAB adviser was informed by the DWP that this could not be taken forward without Michael confirming his consent via telephone or journal, further deepening Michael’s distress.

A critical dimension of successful safeguarding is meeting people where they are. In Scotland, Local Area Delivery Teams have a remit to arrange appointments with people who need support to make an application at home. This is far beyond the limited remit of DWP visiting officers, which is primarily to make initial contact where other methods have failed and thereafter direct people to online and telephony services such as the Citizens Advice Scotland service: Help to Claim. While at present there are some challenges around access to Local Area Delivery Teams and building trust in the teams as impartial and respectful of confidentiality, they perform a highly valuable role.

George attended his local CAB, explaining that he finds it very difficult to receive phone calls and the anticipation of receiving a call raises his anxiety level and worsens his health. He did not feel that he would be able to express his needs by telephone. He requires help to complete an ADP application. The CAB was able to arrange for a Local Area Delivery staff member to visit George in his home.

Embedding a trauma informed approach while resourcing ACSSLs

The role of escalation routes and in particular Advanced Customer Support Service Leads (ACSSLs) is highly valued by the Citizens Advice network in Scotland. There are only six ACSSLs working in Scotland, reflecting the number of JobCentre Plus districts in the country; since there are by contrast thirty-two local authorities in Scotland, we are calling for the capacity of the team to be built up

effectively. This means more ACSSLs for each district and more supporting recourses such as trained triage staff. Furthermore, there is a clear need for the DWP to take a flexible approach rooted in trauma-informed training. Additionally, they should be informed by clear guidance on domestic abuse, coercion, and economic abuse. This would be preventative and would help to ensure the earliest possible resolution of situations in which there is a risk of harm.

Incorporating a “substantial risk” into assessments for extra costs disability support

The use of function-based criteria with a limited to ability to capture holistic need has a problematic history. This history has included, for example, the trauma of multiple re-telling, generic and inappropriately applied “informal observations”, and a widespread experience of feeling dismissed and disbelieved. If potential loss of life, or serious harm linked to the social security system, is to be avoided there must be an explicit recognition of the need for robust safeguarding architecture, including statutory measures³⁸.

The CAS solution: We are proposing that a “substantial risk” provision should be added to the ADP eligibility criteria³⁹. This would be modelled on the well-developed precedent established to determine if additional financial support can be awarded on grounds of limited capability for work. If considered as part of the ongoing review of PIP, this proposal could usefully “future proof” the PIP and ADP assessment should it become a “gateway” to the UC health element, while also introducing a robust new safeguarding tool.

In the context of extra costs disability support, rather than considering risk flowing from finding a claimant capable of work, decision-makers will consider the foreseeable consequences of finding that a claimant is not limited or severely limited. This means accounting for the real-world impact of:

- the impact that the mere communication of the decision will have on the claimant
- the impact of the decision on the ability of the claimant to avoid or reduce social isolation
- the impact of the decision on the ability of the claimant to safely manage a condition

Chapter 3: Supporting people to thrive

Our new support offer

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

The most effective support is person centred, tailored and voluntary, so people do not feel that they are pushed into unsuitable or unsustainable work. People living with ill health and disability are

³⁸ See for example [Health assessments for benefits - Committees - UK Parliament](#) paragraphs 19-29 and 34-38 in particular

³⁹ [Why Adult Disability Payment needs a Substantial Risk component | Citizens Advice Scotland](#)

more concerned about being forced into the wrong job than they are about losing social security payments if they start work⁴⁰; being forced into the wrong job is inimical to basic dignity.

DWP analysis⁴¹ agrees that effective support involves conversations that take a tailored approach, taking into account all of the claimant's barriers, skills, motivation and aspiration and providing support in a positive manner.

The design process for the support conversation must therefore start by listening to those who will be expected to engage. In its final iteration it should be evident that meaningful co-production has taken place.

People must feel that they are in a safe, exploratory space and are not being judged or monitored. People feel that they are often being put in a "too difficult to deal with" box by staff not equipped with the tools to understand and help break down the multiple barriers being faced by people with complex needs. People are seeking an open conversation that does not simply offer generic solutions but rather broadens horizons and teases out information in a nonintrusive way.

"I have autism and ADHD. I needed someone to sit with me and look through vacancies with me. I was referred to a specialist by the Jobcentre. I felt judged, I was made to feel ashamed that I spend a lot of time at home. That's because of my condition; a lot of my social life and hobbies are online. I was asked what support I need, and I just didn't know. I don't know what support there is. I know my own health well and I was being signposted to mental health support, which is not what I need" (GDA member speaking to CAS)

The success of the conversation will be dependent upon a responsive approach to specific communication needs and preferences.

"I have a client who is blind, deaf and managing to live independently. I made a note of the client's communication needs when I made the telephone UC application. Three months later the client contacted me as her claim had been closed. UC told me that it isn't possible to get a letter sent out, they told me that communication can only be online or on the phone – it is a nightmare" (CAB adviser and workshop participant)

Much can be learned from findings in Scotland concerning how to provide people with the optimal opportunity to convey vital information⁴², which for many means an in-person conversation in a suitable space. The necessity of both choice and awareness of that choice will be key to achieving the desired outcomes.

A collaborative approach with the third sector, including those providing advice services, will be required to ensure that people are enabled to have a third-party representative present to support them during these conversations. This will help to build confidence and trust in the process.

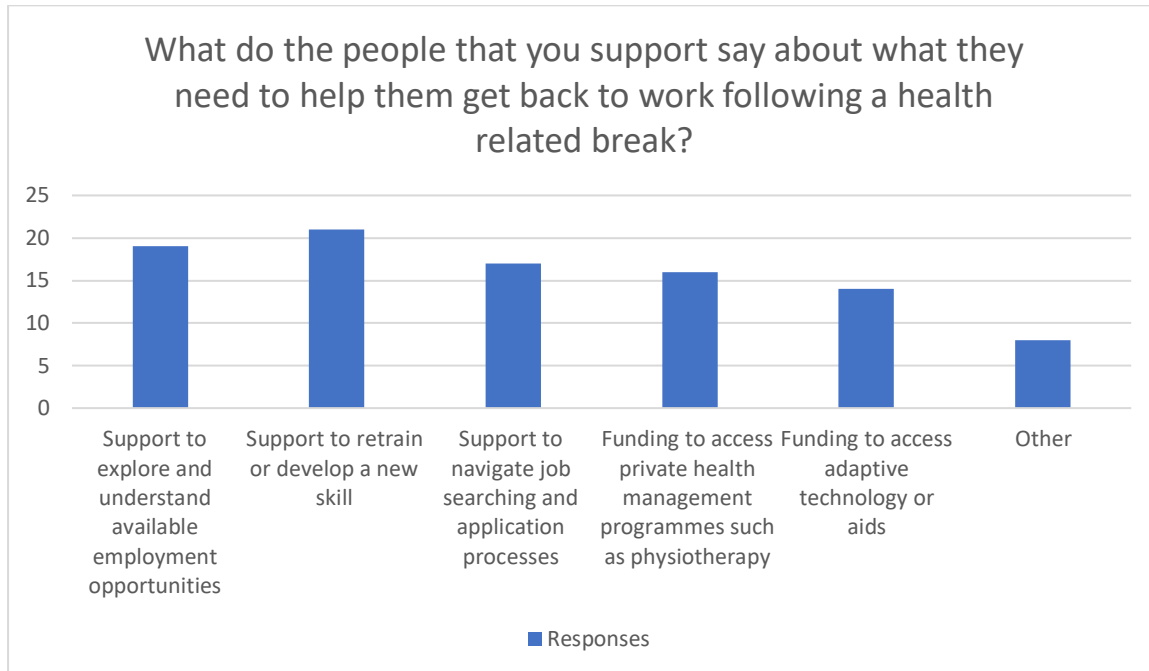
⁴⁰ [Work aspirations and support needs of health and disability customers: Interim findings](#) see for example page 47

⁴¹ [What makes work search reviews effective: a synthesis report - GOV.UK](#)

⁴² [Adult Disability Payment: Independent Review - interim report - gov.scot](#)

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

Advisers responding to our survey provide clear insights into the type of support that such conversations should deliver.



Advisers reported that what people need includes: support to explore and understand available employment opportunities (prioritised by 78% of respondents); support to retrain or develop a new skill (prioritised by 73% of respondents); and support to navigate job searching and the application processes (prioritised by 65% of respondents). Other responses elaborated, highlighting more specific dimensions of support, such as help to achieve certificates or qualifications required to pursue a particular type of work. One respondent explained that people need support to initiate a *“connection to employers who are specifically dedicated to employing people facing difficulties with finding suitable work or who are not competitive candidates”*.

The risk of designing in mistrust

The experience of managed migration from legacy payments to UC provides opportunities for learning in respect of the appropriate approach to re-engaging people and building trust. One third of the advice that we provided about UC in Quarter 4 of 2024-25 concerned the process of managed migration from legacy payments to UC. At least one in four of those seeking advice about the process were preparing to move from Employment and Support Allowance (ESA) to UC. Our network provides a significant amount of advice on this topic and our advisers describe the level of anxiety, distress and frustration being experienced by people migrating to UC. Advisers describe managing tearful outbursts, confrontational language, and threats of self-harm. Many of those being supported

are extremely socially isolated; “some haven’t phoned anyone that they don’t know for over a year” one adviser explained. Many are living with multiple mental health challenges, have limited digital access or confidence, or experience a language or communication barrier. Legacy social security payments “might have been the only constant thing through so much chaos” as one adviser movingly observed.

Our advisers explain that when access to tailored, holistic support and advice is facilitated, and expectations are clearly articulated via the appropriate and preferred communication method, anxiety can be alleviated and productive engagement achieved. Unfortunately, many experience an inconsistent approach to third party representation to the extent that advisers describe some interactions with the Department as hostile or obstructive. The approach of JobCentre staff can also reflect significant levels of discretion, varying from exemplary and confidence-building engagement with individuals, to communication failure and inappropriately applied sanctions.

So many of the people that our network supports describe their experience of a system that is fragmented, bureaucratic, and which often fails to account for their communication needs.

Kirsty received a UC Managed Migration notice with guidance on using the Relay Service. Kirsty and her support worker used the service; the DWP nonetheless refused to complete a telephone claim for Kirsty. The DWP call handler had asked Kirsty to confirm that her support worker is empowered to speak on her behalf. Kirsty is nonverbal and cannot communicate this on the telephone. Kirsty is deaf and has learning difficulties.

The UK social security system can feel intrusive and arbitrary in its focus on administrative compliance. Asim’s case reflects the haunting examples provided by our advisers of people being stripped of dignity as a direct result of this approach.

Asim is receiving ongoing support from his local CAB. Asim fled conflict and has been living in Scotland for the last ten years. Asim lives with PTSD and struggles with paranoid thoughts. He receives UC with a LCWRA component. His claim was randomly selected for review. He was required to verify his identity. It took five attendances at the CAB before digital photographic submissions were finally accepted. Asim was then asked to provide bank statements for the last six months.

Asim speaks English as a second language and he struggled to respond to questions during a telephone call to complete the review; the call was terminated when his CAB adviser began to support him to speak. The CAB then supported Asim to request an interpreter. At a subsequent review call, Asim was subject to what the CAB adviser described as a line-by-line interrogation of his bank statements, with the adviser only able to provide indirect support. Asim was questioned about a one-off branded clothing purchase; his religion was referenced when asking him about other modest payments. So detailed was the questioning, that the CAB adviser had to search online to help Asim identify payments. Asim relayed to his CAB adviser that he is eager for support to find suitable work. Due to his mental health and some physical concerns, the loss of his teeth in particular, he lacks confidence but had previously found purpose and energy in physical work such as house clearances and supporting elderly neighbours with property maintenance. He found the review process distressing, humiliating

and degrading. He feels that doors have been closed not opened for him by his experience of claiming UC.

The CAS solution: A compassionate, collaborative approach that responds flexibly to individual need and circumstances is mandatory. The focus must shift from a system based on administrative compliance and punitive sanctions to tailored support based on trust.

The architecture to support those with complex health profiles to work is absent. JobCentres, employers and health and social care need significant improvement before it can be concluded that there is adequate support and opportunities for those experiencing health needs to improve their lives through work.

“Our CAB has been involved in the routes of crisis project⁴³; we have seen how challenging people’s circumstances are, they are in no position to work” (CAB money advice worker)

DWP analysis indicates that just 5% of those in receipt of health-related welfare could work immediately, and only then if the right work and support is made available⁴⁴. As the Office of Budget Responsibility explains “members of the limited capability for work and work-related activity (LCWRA) group and individuals in receipt of disability benefits also generally have restricted capacity to work and may have been out of the labour market for some time.”⁴⁵

Our advisers highlight good practice being showcased by local service providers. They also explain that this type of support is long term and intensive, in recognition of the depth and complexity of individual need. Advisers observe that flexibility is the overwhelming requirement and that to be effective, support must remain in place across the whole journey i.e. literacy and digital search skills, training, CV building and interview skills, prolonged follow up “check in” support⁴⁶. This support should be in place long after a job has been secured.

Successful support requires co-production with a diverse range of people with lived experience, significant investment in those seeking support, and a very significant cultural shift on the part of employers. This is further discussed in answer to question 13 below. The current experience of many can be summarised by a GDA member speaking to CAS *“I’ve had to deal with employment support that doesn’t know how to help someone like me.”*

⁴³ [cas rooc literature review revised report cv2.pdf](#)

⁴⁴ [Work aspirations and support needs of health and disability customers: Interim findings](#)

⁴⁵ [Economic and fiscal outlook – March 2025 - Office for Budget Responsibility](#)

⁴⁶ [Access2Employment - West Lothian Council](#) was highlighted as an example of good practice at our workshops with advisers in May 2025

A new baseline expectation of engagement

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.

The Work Capability Assessment (WCA) is currently used to determine if additional financial support (Limited Capability for Work and Work-related Activity LCWRA) can be provided. Removal of the WCA means that there will be no mechanism within our social security system to assess a person's capability for work. This would eliminate the long-standing distinction between earnings capacity and support with the extra costs associated with a long-term condition or disability, making the UK an outlier relative to peer nations. The effect would be to restrict available support for those weathering one of the most wrenching storms of any life cycle, health related restrictions on work.

This in effect renders the three tiers ("Intensive Work Search", "Light Touch" and "Working Enough") currently utilised to frame "claimant commitments" as redundant in the context of health specifically.

In the absence of the WCA process, using a prescriptive list of conditions to determine which of these three groups a claimant should be allocated to would fail to capture the often radically varying daily lives and personal and social circumstances amongst individuals presenting with broadly equivalent health profiles. In the absence of the WCA, it will be imperative to gather, from the earliest stages of contact, sufficient information to generate a tailored and flexible agreement detailing what will be expected of both the individual and the DWP. This communication should be led by the individual and starting from a position of trust.

In determining what will be expected of individuals receiving the health element, we refer to two of the considerations we highlighted in response to Question 4. Consideration must be given to those who may not qualify for the new Health Element due the 50% rule which is used to determine eligibility for PIP and ADP. Since individuals in this position would be unable to access the new health element, it will be imperative to gather, from the earliest stages of contact, sufficient information to generate an individually tailored and flexible agreement. **In the absence of the WCA there must be a mechanism in place to respond to health shock e.g. sudden illness or injury, this mechanism must provide proactive and flexible support that is able to meet the needs of the individual.**

Due to the increase in the Administrative Earnings Threshold, the number of claimants in the Intensive Work Search category has risen. This has disproportionately affected women, who are already more likely to be impacted by poverty. The majority of work coach resource is spent supporting claimants in this category, reflecting a shortfall in work coaches relative to demand. That shortfall decreased to 1,400 work coaches (8.6%) in 2023-24 before increasing to an average of 2,100 work coaches (10.9%) in the first six months of 2024-25⁴⁷. A considerable level of additional resource

⁴⁷ [Supporting people to work through jobcentres summary](#)

will be required to successfully manage significant inflows into categories in which requirements are imposed.

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?

A significant majority of network advisers responding to our survey (57%, 16 of 28 respondents) did not agree that receipt of the new Health Element should be conditional upon participating in work orientated conversations; just 7 respondents agreed.

The most effective support is person centred, tailored and voluntary, so people do not feel that they are pushed into unsuitable or unsustainable work. People living with ill health and disability are more concerned about being forced into the wrong job than they are about losing social security payments if they start work⁴⁸; being forced into the wrong job is inimical to basic dignity.

Robert's experience demonstrates that compulsion to engage in work related activity can generate mistrust and arrest progress towards the labour market, while generating grave safeguarding hazards. Robert was represented by a welfare rights specialist working in his local CAB.

Robert has struggled with depression, anxiety disorder, chronic pain and sleep disruption since childhood and left work when his mental health deteriorated. He withdrew from social engagement until his family was eventually able to encourage him to seek support and claim UC. He was subsequently able to volunteer locally two hours a week supporting older adults. However, a DWP finding that he is fit for work triggered spiralling anxiety, which became more severe when a Mandatory Reconsideration of this decision was unsuccessful. It was evident to the First Tier Tribunal hearing Robert's appeal, and viewing his circumstances in their entirety, that Robert's health and recovery would be at further risk if he continued to be expected to engage in active work preparation.

Introducing sanctions would be counter productive

"A client of mine has been sanctioned. I had to get the [psychiatric] ward to write to say that she missed the appointment and cannot attend a near future appointment because she has been sectioned" (CAB welfare rights adviser, outreach project)

Our advisers explain that communication about "claimant commitments" and associated sanctions is poor and that the DWP offers no additional support for people who are unable to understand the decision to sanction them. They further explain that for people who don't have access to the internet, such as the homeless, there is no way to communicate with the DWP or find out about a sanction.

⁴⁸ [Work aspirations and support needs of health and disability customers: Interim findings](#) see for example page 47

For many, the affordability of communication devices will be a key barrier to participation, and this must be recognised by the appropriate level of flexibility (for example, clear recording on a claimant’s account of such barriers with guidance on steps to be taken to reach out via alternative methods).

Our advisers describe how limited mobile phone credit must be distributed across competing priorities such as contacting a local authority, arranging a food bank referral or responding to a UC journal message. Challenges can be particularly acute in remote and rural areas where mobile network and online connectivity can be intermittent.

The CAS solution: A compassionate, collaborative approach that responds flexibly to individual need and circumstances is mandatory. The focus must shift from a system based on administrative compliance and punitive sanctions to tailored support based on trust.

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

Health management and recovery is at risk

Experiencing a health crisis that restricts capacity to work can have a severe impact on a person’s sense of identity. Compassion, time, flexibility and collaborative, tailored support is required to adequately support people experiencing health crises, as they weather this most devastating of life cycle storms.

Lisa visited her local CAB for advice because she was forced to stop working following a catastrophic series of health shocks, including long Covid and pneumonia. She is a lone parent caring for a teenage daughter, both her and her daughter are recovering from injuries resulting from a traumatic car accident. Lisa is awaiting the resolution of an earnings dispute with her employer to successfully claim UC. In the meantime, she is struggling with the loss of her teaching work, which was integral to her identity. Lisa has felt dismissed and disbelieved by the social security system. While she uses humour to cope, she confided that she has considered taking her own life due to the financial pressure that she is under. She feels a humiliating inability to provide for her daughter.

The WCA recognises that many people who do not satisfy a specific functional test (such as the WCA itself) are unable to engage in work-related activity because doing so would pose a “substantial risk” to themselves or others⁴⁹. This includes people whose conditions could be exacerbated by the demands of seeking or maintaining employment. This applies to an estimated 34,000 people in Scotland⁵⁰. Typically, these are people at risk of taking their own lives or self-harm. **In the absence of**

⁴⁹ [The Universal Credit Regulations 2013](#)

⁵⁰ [Client Funds Account 2020/21 / Stat-Xplore - Log in](#)

the WCA, an alternative mechanism must be developed to assess this risk and ensure that eligible people are subsequently exempt from requirements to seek or maintain employment.

85% (23 of 27 respondents) to our survey agreed that "substantial risk" should be considered in determining if someone can be awarded the new Health Element. This consideration performs a vital role in both safeguarding and broadly understanding how someone will be impacted by, or engage with, work related activity.

A person is automatically considered to have Limited Capability for Work if they are receiving treatment in a hospital setting (including rehabilitation facilities). This protection will be lost if the WCA is removed. Adult Disability Payment (ADP) does not offer this protection because, in most circumstances, it is taken out of payment if an applicant is in hospital for more than twenty-eight days⁵¹. **In the absence of the WCA, a mechanism should be in place to ensure individuals in receipt of medical treatment are exempt from requirements to seek or maintain employment for as long as they continue to remain in a hospital setting or are receiving ongoing care as part of a discharge plan.**

In addition, Schedules 8 and 9 of the Universal Credit Regulations⁵² set out circumstances in which applicants will be automatically considered to have limited capability for work or work related activity, focusing on those receiving certain treatments (including for renal failure and cancer), those subject to miscellaneous legal restrictions on entering work places, those at risk related to a pregnancy, and terminal illness.

The CAS solution: We recommend that, as a minimum, those falling into the categories set out in Schedules 8 and 9 of the Universal Credit Regulations, and including those satisfying "substantial risk" criteria, would be exempt from requirements to seek or maintain employment, and would be able to access the new Health Element.

Delaying payment of the health element of Universal Credit

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

Our advisers highlight that this proposal could push many young people and young families over the edge, causing physical and mental health harm linked to financial insecurity. This includes families caring for young people with autism and learning difficulties, for example, those who rely on the young person receiving the LCWRA Element of UC when they turn 18. Restricting access to the new health element for four years could arrest or compromise careful efforts to transition young people with complex needs into adult life; putting at risk their ability to sustain independent living, with potentially catastrophic consequences for families.

Angela and her partner are juggling full time work with caring for their three children, including their son, Kevin. Kevin lives with learning difficulties, autism, and ADHD. His needs

⁵¹ [The Disability Assistance for Working Age People \(Scotland\) Regulations 2022](#)

⁵² [The Universal Credit Regulations 2013](#)

are complex and will be lifelong. Kevin is nearly sixteen and Angela is looking to the future. Kevin currently receives the highest rate of the care and mobility components of Child Disability Payment; Angela is aware that she must apply for Adult Disability Payment on Kevin's behalf before his 18th birthday. The family is struggling to cope; they are experiencing isolation and are concerned that home is not an ideal environment to ensure that Kevin can thrive as a young adult. The family have collectively determined that Kevin's interests are best served by him living independently with the right support in place when he turns 18; they have established a plan in partnership with the local social work team. This plan would be put in jeopardy if Kevin becomes unable to access adequate financial support to maintain independent living. This is because of what Angela recounts as the "constant" additional costs associated with Kevin's needs. Given that his needs, and available services, will change as he becomes an adult the family are deeply anxious that Angela may be forced to give up her work to look after Kevin at home. They are haunted by the potential impact on his ability to achieve a quality of life, and to plan for his future.

The Standard Allowance of Universal Credit for single people aged under 25 is just £316.98, compared to £400.14 for those over the age of 25. Increasing the Standard Allowance above inflation for all claimants from April 2026, reaching CPI +5% from April 2029, will see this rise slightly, but still leaving a wide gap in the support provided to younger people relative to their older counterparts. Low income can have a profound impact on the mental and physical health of young people and their ability to envisage and work towards their future goals.

In addition, while there is a commitment to achieving a single National Minimum Wage for adults over 18, at present 18-21 years olds are subject to the lower rate, while apprentices are managing even lower rates of pay;⁵³ this limits opportunities for young people to earn enough to maintain independent living.

The CAS solution: Young people are living independently in myriad, often complex, circumstances. As a minimum, **young people who are parents, young carers, care leavers, and those who have experienced (often traumatic) relationship breakdown must be exempt from this proposed restriction.** These individuals can be identified by following the process for establishing eligibility for Universal Credit for young people aged 16 and 17.

Raising the age at which young people start claiming adult disability benefits

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?

We would propose that the UK Government mirror the legislation in Scotland, where those over 16 who are already in receipt of Child Disability Payment (CDP, the Scottish equivalent of Disability Living

⁵³ [Minimum wage rates for 2025 - GOV.UK](https://www.gov.uk/government/news/minimum-wage-rates-for-2025)

Allowance for a child) can choose to remain on CDP until they turn 18, or to make a claim for ADP.⁵⁴ This facilitates the transition to adulthood by providing flexibility.

As the largest provider of independent advice about ADP in Scotland, we are currently considering how existing legislation⁵⁵ could extend a young person's ability to submit a new application for ADP late. Tracey's experience is a window into the challenges being faced by families at this stage of a disabled young person's life, which is accentuated when the young person's carer is also a disabled person.

Tracey was referred to her local CAB having presented at a food bank with just four pence left in her account. Tracey is a full-time carer for her son with complex needs and had, until recently, been in receipt of CDP on his behalf and Carer's Allowance (CA). Both payments had ended when her son turned 18. In addition, a Carer's Allowance overpayment had been generated from when CDP ended. Tracey has now applied for ADP on behalf of her son; she is awaiting the outcome. Tracey has been living on a very tight budget so has limited financial resilience. Tracey herself has complex health needs and has found managing social security administration overwhelming. The situation has caused her acute financial and psychological distress. Tracey is not able to access any budgeting or advance payment on her UC, and her son is not in a position to financially contribute at a level that would make a difference. The CAB contacted the DWP's ACSSL team to highlight the safeguarding concerns and the risk to Tracey's son. The ACSSL team acted to suspend the overpayment temporarily. The CAB also contacted Social Security Scotland (SSS) to highlight the urgency of the situation.

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?

The first step is to listen to the experiences of disabled people and what they reveal about the change that is needed.

In a recent survey of its members, the Trades Union Congress (TUC) found that over half (55%) of disabled workers who had put forward a request for reasonable adjustments had that request refused or only partially agreed.⁵⁶ Of those whose requests were successful in full, 82% had waited for four months or more to see the adjustments implemented.⁵⁷ The survey also found that the two most significant issues facing disabled workers were: obtaining the reasonable adjustments that they need (34%) and disability related leave being counted as sick leave (34%).⁵⁸

⁵⁴ [Social Security Scotland - Introduction](#)

⁵⁵ [Social Security \(Amendment\) \(Scotland\) Act 2025](#)

⁵⁶ [Disabled workers' access to reasonable adjustment | TUC](#)

⁵⁷ [Disabled workers' access to reasonable adjustment | TUC](#)

⁵⁸ [Disabled workers' access to reasonable adjustment | TUC](#)

CAB advisers responding to our survey highlighted flexible hours and the availability of home working as priorities (32% of responses in total). Others highlighted the need for accessible technology and accessible workspaces. Most respondents, 60%, indicated that a combination of accessibility, flexibility, and technology are commonly needed, with flexibility to include *“adjustments for frequent illness-related absence”*

The complex barriers being faced by disabled people navigating the workplace are all too frequently poorly understood, resulting in harm and discrimination, both direct and indirect. Respondents to our survey called for *“more understanding of disability by managers”* and *“less stigma associated with mental ill-health and neurodiversity.”*

Members of the Glasgow Disability Alliance (GDA), in conversation with CAS, narrated the barriers that disabled people are facing in the workplace. This included the cost of adaptive technology, and the high level of needs for visually impaired people who require moment by moment support and adjustments to travel to and navigate the workplace, and to engage with and respond to communication. One member explained that, of the eight employment support providers in his area, none were able to provide support in relation to accessibility software for visual impairment called JAWS, Job Access With Speech⁵⁹. He was approached by local employability services to provide training on the software, but on a voluntary basis which was not sustainable for him. Other members described experiencing discrimination.

“I used to hold down a job thirty hours a week supported by Access to Work. In the last fifteen to twenty years, I think things are getting a lot worse. The last job I applied for I faced a really, really bad attitude and discrimination.” (GDA member speaking to CAS, lives with cerebral palsy and invisible disabilities including visual impairment)

A failure of employers to understand and accommodate the flexibility required by many disabled people presents one of the most significant barriers for disabled people seeking employment.

“My old job was a zero hours contract. I worked there for five years, four days a week. Me and a colleague who also had a disability were repeatedly passed over for a permanent contract because we couldn’t commit to five days a week. Eventually we got made redundant” (GDA member, speaking to CAS, who lives with autism, ADHD and mental health conditions)

Much can be learned from the approach taken by comparable countries. In Germany, for example, the question of how to ensure employers understand and know what workplace adjustments to implement starts from a foundational principle: “persons with disabilities and their concerns must be accessibly included from the outset in all aspects of life.”⁶⁰

Employers in Germany who employ a person with disabilities, and who are subject to compulsory social insurance contributions, are paid a subsidy of up to 75% of the employee’s regular pay to

⁵⁹ delivered screen reader, developed for computer users whose vision loss prevents them from seeing screen content or navigating with a mouse

⁶⁰ [*Microsoft Word - 0343-2020 EN-FL rev DH SN Social-Security-2020-final.docx](#)

account for any reduced capacity on the part of the employee related to the disability. At the same time, any public or private-sector employer with more than 20 positions is required to reserve 5% of them for persons with severe disabilities. Some federal public employers are required to reserve up to 6% of positions. A compensatory levy must be paid to the state for each reserved position not assigned to a person with a severe disability.

If a person's level of disability is at least 50% (as assessed by the German equivalent of the Department of Work and Pensions), specific employment rights provisions apply, mostly concerning protection from dismissal. Those with severe disabilities are also entitled to additional paid leave (usually five additional working days for persons with a severe disability who are employed for the full year). A representative of employees with severe disabilities must be elected in any establishment or organisation that employs five or more persons with severe disabilities (other than on a temporary basis).

Provision in Germany recognises that accessing employment is a journey. Workshops for disabled people offer tailored vocational training and employment for those who are permanently or temporarily unable to find employment in the general labour market due to the nature or severity of their disability. This provides an opportunity for disabled people to develop, increase or regain capacity to work.

Germany has a multi-provider social security system that takes an integrated approach across the state, employers and individuals, ensuring that social security payments and all other potentially relevant services are easily accessible.

The CAS solution: This is a challenge that cannot be underestimated and will require a significant cultural shift within workplaces. Employers must be incentivised to actively learn from best practice, including from small scale employers of disabled people such as the GDA. Employers must be obligated and supported to ensure that the voices of disabled people are heard and incorporated into their operational infrastructure, from recruitment processes to paid leave policies, according to the size and structure of the organisation.

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?

Not answered

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

Not answered



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?

Not answered

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

Not answered