

Consultation Response:

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

June 2025

Do you agree with abolishing the WCA?

Yes

We agree that the WCA is not fit for purpose and timescales are unreasonably long. But merging into the PIP assessment process could make timescales so long as to be unsustainable- people would often have recovered from illness and have returned to work before the assessment is even done. Our suggestion based on experience is that the WCA could be replaced with a fit note as accepted proof of illness- this is medically approved confirmation of time needed off work and already has to be obtained anyway for work and benefit claims purposes. Often a problematic situation can arise under the current system where GP signs someone off sick and the WCA determines someone can work so people are stuck between those situations where they are too unwell to work but cannot get ESA due to restrictive eligibility criteria.

What advantages / disadvantages do you foresee with this course of action?

In relation to suggestion above regarding a Fit Note system- there would be more pressure on health professionals time, and people might be returning frequently for new Fit notes. An advantage would be that people would be assessed more often for a fit note than they would for a WCA. If people are being cared for by hospital they could get specialist in that department to sign off fit note. Would mean that either GP or someone with relevant specialist knowledge would be involved in decision making rather than eg an allied or other health professional without knowledge of the condition. Time off would be more tailored to the specific condition.

Someone with a shorter term illness would return to work more quickly at the end of a fit note- more tailored to sickness.

Do you agree with rebalancing the UC elements?

Yes – people are put off looking for work by strict benefit cut offs . Eg of Reclaiming ESA within 12 weeks. Permitted work is beneficial for people. We agree with elements of being able to 'try' work and revert if not possible as exist in current provision.

What impacts do you foresee if the DWP goes ahead with this proposal?

More people attempting to get into work and those who are too unwell can revert to being off work. We often meet cancer patients who want to return to work after treatment etc but it is

not predictable how the long term effects of treatment will affect them, and how long they will be affected for. Being able to reclaim benefits if work is not possible at that time provides a safety net.

Do you agree with the proposal to require a score of at least 4 points on at least one of daily living descriptors?

No

What impacts do you foresee if this proposal goes ahead?

The current PIP assessment prioritises getting to a score of either 8 points or 12 points. As a result, most assessors tend to award lower points for aids/adaptations over a number of descriptors, and do not necessarily look into awarding higher points for each descriptor once the total is reached.

If claimants are expected to reach 4 points on 1 descriptor to be awarded the benefit there will be a much higher number of challenges to the assessments, leading to more MR and appeal requests. Ultimately this will quickly clog up the review and tribunal resources, meaning the allocation of more resources or extremely long waits for appeal hearings.

There will be a much more unfair impact on people living with chronic physical conditions like long term effects of cancer, Parkinsons, arthritis where lots of activities are very difficult but there is no singular impact on just one, or a few, areas. Doesn't reflect how life can be extremely challenging for people with an accumulation of impacts on a variety of domains of life, or the complexity and severity of impact of overlapping needs. The interaction of low level needs can often be what makes life hard and expensive for disabled people.

Would the change affect people with particular health conditions / disabilities more than others?

Yes- Work and Pensions Minister Sir Stephen Timms has confirmed the number and proportion of claimants scoring less than four points for personal independence payment (PIP) daily living activities by primary health condition- we support the implications of this evidence and the unfairness it would build in to the system for people affected by some health conditions.

What support could be offered to claimants that lose PIP entitlement as a result of this change?

The catastrophic effect of removing disabled or long-term unwell peoples financial support would be far reaching – people are supplementing income if they cannot work full time, paying for eg cleaners, family to provide care, paying for taxis and lifts, for meals to be delivered. Being disabled is expensive- this is well documented. If the ability for people to pay to stay independent was removed, this would inevitably lead to hospital admissions, people unable to live independently, people in extremely vulnerable situations. People paying for their own therapies, equipment and care would revert to needing this via NHS/ Local authority and add huge burden and pressure back on to other services which are already over stretched.

How can government improve the experience of the health and care system for those who lose entitlement to PIP?

The huge range of things that people use their PIP money to cover would not be replaceable by a few standard structures; the very nature of the benefit has allowed people to tailor their own support. The gaps would range from huge need for social care services , more hospital spaces for people who cannot live safely and independently, domestic support and transport , meals, access to care support day and night, system to manage crisis situations. The burden on the care system and NHS from people who have been prevented from living independently would be huge.

Do you agree with the proposal to legislate to ensure that people who try work can return to the same level of benefit if it does not work out?

Yes -We already have provision for permitted work in ESA, without losing benefit entitlement, so this could be added to Universal credit.

Are there other measures the DWP could take that would support people to try out work?

More coordinated support for volunteering and more requirement for reasonable adjustments by employers. Access to work – improve system that is broken by long waits and lack of access to the support when it is needed for disabled people from the point they are entering work or job market.

How could DWP 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?

New style JSA is currently 6 months, new style ESA is currently 12 months for those who do not have LCWRA. Our suggestion based on experience of supporting those living with long term effects of cancer and its treatment is that it should be at least 12 months, with a review process for those needing it longer, supported by a long term fit note.

Work related requirements/ claimant commitment should be tailored to illness and whether or not someone needs support to go back into a current job or find a new job.

What practical steps could DWP take to Improve its current approach to safeguarding claimants?

Tailor approach to if people are either unemployed and need support or have a job to return to (eg if still employed and want to return to work), as current system doesn't adequately account for differences in this status. All DWP systems should readily identify and mark clients who are SR1 eligible.

Should most claimants be required to participate in a support conversation in order to receive the full rate of benefit?

No- people who are ill and have fit note should not during the period of fit note. Those who have are eligible for an SR1 should be exempt. Those who are awaiting, undergoing or recovering from cancer treatment (including surgery in addition to therapies) should be exempt.

People who are ill and have a fit note should be allowed to focus on recovery, without the stress of ongoing interventions. More vulnerable claimants would be likely to face the worst

hardship if benefit rates are linked to participation, for example, people with a terminal illness, people having hospital treatment, people who are acutely unwell or coming to terms with serious illness.

Do you agree with the proposal to delay access to the UC health element until age 22?

This could affect young people with a severe illness, that can be more common in younger people such as leukaemia.

Age discrimination already exists regarding under 25 rules in other benefits which appears unjustifiable in itself so this suggestion exacerbates that- any blanket approach to age like this will inherently bring unfairness.

What is the right age for young people to start claiming PIP?

Our belief based on experience is that 18 is appropriate as 16 doesn't tend to link with people being of 'working age' which is the basis of the benefit's age rules.