citizens advice Bournemouth Christchurch & Poole

Submission to *Pathways to Work: Reforming Benefits and Support to Get Britain Working* Consultation

June 2025

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?

Targeted support should be offered to people in a way that is relevant to their condition and reinforces a positive interaction with statutory services over the longer term.

In Income related Employment Support Allowance (ESA), and current Universal Credit (UC), a claimant can try work for a short period without the risk of losing benefits, because claimants could go back to the rate they were on previously. Currently, Personal Independence Payment (PIP) claimants can try employment and leave employment without any risk to their PIP, as PIP is not an out of work benefit.
If the new UC health element is based on a claimant receiving PIP, we question how the DWP will decide on a claimant's ability to work. Some claimants may not qualify for PIP but are awarded Limited Capability for Work (LCW) or Limited Capability for Work and Work-Related Activity (LCWRA) under Universal Credit. This is often based on Schedule 8, Paragraph 4 and Schedule 9, Paragraph 4 of the UC Regulations 2013, which state that a person can be treated as having LCW/WRA if there would be a substantial risk to their physical or mental health, or that of others, if they were found not to have limited capability for work. In some cases, these claimants can perform daily activities at home without difficulty. However, their ability to function in a safe and controlled environment does not necessarily mean they are fit for work. If the Work Capability Assessment (WCA) is scrapped, how will they be assessed for work when the risk arises primarily from being placed in a work environment rather than from their ability to carry out specific tasks?

Our appeals specialists often encounter the DWP’s firm stance that the assessment criteria for Universal Credit's LCW or LCWRA are entirely distinct from those used for PIP. However, this raises a critical question: if the WCA used for UC is to be scrapped, how will entitlement to LCW/LCWRA be determined going forward—especially given the DWP’s insistence that these assessments serve different purposes and cannot simply be aligned with PIP criteria?

Therefore, further clarity is needed on the Government’s new proposal before we can fully comment on how the benefit system can support people to work without the worry of the effect on their entitlement.

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 DWP has confirmed that 1,325,250 people could potentially lose their PIP under the new requirements, because they currently score less than 4 points in one descriptor. 4 points in one descriptor is an arbitrarily specific requirement and will mean that people with serious conditions will no longer receive PIP. To be clear, receipt of PIP is not related to employment, and many people who receive PIP currently do work - with their PIP sometimes supporting them to be able to do this.

The proposal to assess disability eligibility for financial support by requiring claimants to score at least 4 points in a single activity could disproportionately affect claimants whose combined impairments create substantial barriers to daily living, even if no single activity is severe enough to meet the new criteria, and risks excluding people with genuine difficulties across multiple areas of daily living who rely on aids or appliances for physical health conditions, or need prompting due to mental health issues.

Additionally, people with fluctuating conditions, such as chronic pain or fatigue-related illnesses, may face significant challenges across various activities, but no single one may reach the four-point threshold on its own.

Furthermore, these policy changes typically result in a spike in mandatory reconsiderations and appeals. This puts additional strain on the system; on support services such as Citizens Advice; and, most importantly, causes acute distress for claimants.

Many of our clients receive PIP while in paid employment, as it is designed to assist with the extra costs associated with long-term health conditions or disabilities, regardless of employment status. Receiving PIP makes it possible to remain employed by enabling them to reduce their hours or adjust responsibilities. Replacing this with full time employment would often lead to a deterioration in claimant's health which could force them to leave their jobs altogether.

We will now give examples of clients who will lose their PIP based on the new requirements:

- Mr JT has a stoma (ileostomy) following bowel cancer. Although his stoma supplies are free on prescription, he has increased costs due to leakages meaning he frequently has to wash clothes and bedding. He has assistance from his wife to clean himself up. However, he will not qualify for the 4 points on the descriptor of 'Managing toilet needs or incontinence' as the use of a stoma bag is only equivalent to 2 points, and on average he needs assistance just under 50% of the time for washing and bathing. He asks why the government thinks it is acceptable that needing help to wash his body below the waist on these occasions is only equivalent to 2 points, as due to the nature of incontinence, it is the lower body that is affected. If he was unable to wash his upper body, he would score 4 points.

- Mr MV is a 46-year-old man with Motor Neurone Disease which is causing serious weakness in his arms. He is not yet under the Special Rules provision, because it is not thought that he will die within 12 months. He lives alone and would like to continue living independently for as long as he can. He has a wash and dry toilet installed which allows him to use the toilet by himself. This is important to him in terms of protecting his dignity and privacy. This only scores 2 points under PIP descriptor 5, 'Managing Toilet Needs or Incontinence', despite him having quite a high level of care needs. To score 4 points, he would require physical help with going to the toilet, which he manages to avoid only due to his use of the wash and dry toilet.

Mr MV is at high risk of being unable to score 4 points in any one descriptor and losing his PIP, despite living with a severe life-limiting disability such as MND.

- Miss LD has a diagnosis of Clinical Depression and ADHD and has had no ongoing input from medical professionals following her diagnosis, other than being on a waiting list to start titration of medication. Miss LD regularly forgets to eat when she is depressed or hyper-focused on tasks. Despite using alarms to remind her, she does not eat when prompted. Feeling overwhelmed by household tasks and unable to cook or eat due to a messy kitchen, her anxiety is heightened, and she relies on family to bring her food. This client is at serious risk of malnutrition, as she needs support to take care of herself.

  Unfortunately, this client has not been referred to a dietician and was refused PIP on the basis 'there is no evidence of any cognitive or musculoskeletal conditions diagnosed that would affect…taking nutrition'. The DWP would expect this evidence to be provided by a dietician. The British Dietetic Association wrote in its Response to NHS 10-Year Plan Change Consultation (2024) that there are a significant number of vacancies for dieticians in the NHS, which leads to delayed preventative care, or fragmented care, and limits accessibility.

If people lose PIP, they lose access to support systems that they have built up. Does the government propose a way of replacing these support systems on an ongoing basis? For example, ongoing grants for therapies, transportation, care, household chores, aids and adaptations, the cost of Careline (to monitor falls), incontinence products, specialist or replacement clothing, prepared vegetables for cooking, dressings that are not prescribed, extra costs for heating, water or electricity. Currently, income from PIP is spent by disabled people, boosting economic activity. It enables people in receipt of PIP to choose what support they need and gives them a voice and a say in their own care, which will be lost.

It is not just the loss of PIP itself that will impact on disabled people and those with long term health conditions, it is also the ripple effect of the loss of other benefits and allowances that will cause significant poverty. PIP offers protection from the benefit cap, and the loss of PIP - or LCWRA after the combined health assessment - will find people facing the benefits cap for the first time.

This will especially be the case in high housing cost areas where claimants are most likely to be affected by the benefit cap. If there is no corresponding build of low-cost housing for rent, this will lead to a 'cleansing' of the disabled from high rent areas.

Disability News Service submitted a FOI to the DWP to ask how many current PIP claimants would no longer be exempt from the benefit cap following the planned changes, and any documents shown to ministers that deal with the benefit cap issue and discuss how to prevent widespread homelessness of the sick and disabled. The DWP response was that it would be 'too expensive' to provide the information as it would require 'new and complex data matching across multiple data sources' - i.e. it has not already been discussed. This may be one of the most significant impacts of the changes proposed for PIP.

This will impact London significantly, but also high housing cost areas such as ours in Bournemouth Christchurch and Poole (BCP). The current benefit cap for outside London is as follows (monthly figures):

Couple: £1835
Families with children £1835
Single adult: £1229

According to ONS (April 2025) the average rental cost of a 3-bedroom family home in BCP is currently £1404, just £400 below the benefit cap. Tenants will need to submit claims for Discretionary Housing Payment in order to make up the shortfall, shifting the cost from government to local authorities. For the under 35s, PIP gives exemption from the 'shared room rate'. For those who lose PIP under the new criteria, it will mean disabled young people being forced into unsuitable HMOs.

In addition, PIP also affects non-dependent deductions to UC. Currently, a deduction of £93.02 per month is made if a non-dependent adult lives in the household; this could be a relative or a friend. However, no deduction is made if either the claimant or the non-dependent is claiming PIP.

For example, Ms KL lives with her 3 adult sons. As she is in receipt of PIP, she has no deductions made from her housing costs. However, if she were to lose her PIP award, she would have £279.06 a month (3x £93.02) deducted from the housing element of her UC as she has 3 non-dependents in the household.

In conclusion, we believe that there will be a huge need for a wide range of support for people who will lose their entitlement to PIP, and we are concerned that the government is not adequately prepared to meet these needs. There is a real risk of the burden being shifted elsewhere in the system onto services which are either not designed to cope with an influx of demand or are struggling to even meet current need.

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?

One of the more frequent comments we see when clients have been assessed as not eligible for PIP is that they have 'no ongoing input' from medical professionals. This is not necessarily an indicator that a client does not have significant health issues.
For example, some mental health referrals only offer six sessions due to capacity. Clients who live with conditions such as fibromyalgia may only see a consultant once for diagnosis.

We regularly observe that care is not joined up, and ongoing support is not consistent. There needs to be a clear pathway and package of ongoing support for people that encompasses primary care, secondary care, adult/child social services and wider community care.

The provision of mental health care is not sufficient for the demand and needs to be enhanced. Our clients’ experience of CMHT is very poor, inconsistent, and lacks resources to provide the care that people need. CAMHS also needs resources, so that children do not transition to adulthood with ongoing mental health needs. The transition from CAMHS to CMHT needs to be more joined up and improved.

We also have serious concerns about the ripple effects of the loss of PIP for some individuals. If a client of ours needs prompting and supervision to be able to manage their toilet needs, for example, they will not score 4 points in this descriptor. If they do not score 4 points in another descriptor, they will lose their PIP. Consequently, the person caring for them will lose their Carers Allowance. However, the person still requires prompting and supervision to manage their toilet needs. If their carer is no longer receiving Carers Allowance, they will be expected to work. In this scenario, who will supervise the person’s toilet needs? The burden will inevitably fall to Adult Social Care and the Local Authority, neither of which will be able to cope with the influx of need. Quite aside from the extra pressures this will place on already frail systems, the affected family will lose the dignity of being able to manage their care needs in their own way, privately – leading to stress, worry and a toll on their finances and mental and physical health.

More holistic care that considers people’s long-term needs is required, especially for conditions that will not vary or progress. When a person is in receipt of PIP, they could choose to pay for this privately – going forward this may not happen.

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?

The assessment process for ‘easements’ needs to be made clear and needs to consider a wide range of conditions. It needs to be realistic in terms of expectations of claimants, and the hours that they could work. The current system allows for people who are just recently unemployed, but fit for work, a time limited claim. For those with health conditions, this period is as long as a person needs it to be. 12 months is not sufficient for those who need to retrain, and it may also not be sufficient for those who have health conditions.

We do not support a rigid approach of a set period; this benefit should encompass flexibility based on individual need.

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

We agree that the DWP should explore strengthening their safeguarding processes and introduce a new published ‘safeguarding approach’. We agree that there should be clear and transparent process in place to ensure vulnerable individuals are adequately supported by the DWP.

Locally to us, the DWP state that they do take vulnerable claimant's circumstances into consideration, but this can only happen if the claimant informs them. Many vulnerable claimants are reluctant to discuss their issues with the DWP for fear of it being used against them in some way.

The DWP need to work more collaboratively with partner agencies to work towards a holistic approach to safeguarding.

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 meaning of a support conversation must be clear from the outset, and the process needs to be explained to claimants. Support conversations are a new idea, and it would be easy for claimants to view this as merely an extension of work coach requirements.

Trained and specialised individuals would need to be recruited and retained, and the focus would need to be on support that is led by the individual as opposed to the person delivering the intervention. It must not be underestimated how fearful claimants are of engaging with the DWP in any way in case it leads to a reassessment and loss of benefits.

We believe that this support should be rolled out and proven to be effective, before financial cuts to disabled people. Otherwise, there is a high risk of a total lack of engagement with the entire system, leaving disability hidden and people falling through the net.

Additionally, it is not clear how people would be identified for a ‘support conversation’ if they think that they are not eligible for PIP in the first place and therefore do not bother to apply.

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

There are local authorities, community partners and charities who are already working with these claimants and are well positioned to support this type of engagement.

There is widespread recognition that cuts in funding have affected the capacity of local authorities, partners and charities to offer the breadth and depth of support we would like to give. In anticipation of demand on services such as ours, we would like to ask how the government and DWP propose to support us to deliver effective advice and advocacy for clients who will inevitably rely on services like ours to support them with communication with the DWP?

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.

Currently the WCA decides which group a claimant would be placed in. With a PIP only assessment approach, work capability will not be assessed. Responsibility for this decision should not be placed on individual work coaches, leaving space for unconscious bias. It should be reframed from a position of positivity and collaboration – e.g., even the word ‘requirement’ puts the wrong emphasis on the type of system we need to have to support people to work in a person-centred approach.

It is assumed that the changes will mean that the PIP assessment will need to encompass a decision to determine which requirements are placed on people.

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?

If the support conversation is designed in a positive way and is trialled and works well, it gives the opportunity to change the way the DWP is viewed by claimants. It should not encourage people to feel that they are constantly disbelieved and must prove and re-prove their disability. It may be that the support conversation takes many years to evolve before it can become a requirement.

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

Determining this will be complex and needs input from disability charities and claimants themselves. Currently the WCA determines this, and we are unclear about the reasons for removing the WCA but still having an ad-hoc way of determining who should be exempt from requirements.

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?

We do not agree with delaying the health element of UC until a person is 22. This will lead to an increase in homelessness for young people and care leavers. The assumption that all young people have families who can afford to support them is incorrect. Under the current system, a family can claim the disabled child element of UC until the young person turns 22, if they are in full-time education. A young person without parental support, can apply for LCWRA from the age of 16.

Under the new proposals, a young person with an illness or disability that affects their ability to work, who have no parental support, or a low-income family, will be left in financial hardship. These proposals will put vulnerable young people at risk of homelessness and destitution. It is nonsensical for an arbitrary age of 22 to be instilled, as it does not fall in line with society's expectations of transition to adulthood at age 18.

It is especially the case that if a young person has no family support, or is a care leaver, there is no clear or fair reason to prevent them accessing the health element of UC if they qualify for it. Our local evidence shows that young people under 25 who get a lower rate of UC and minimum wage are struggling to secure housing, to pay for essential living needs and manage their financial wellbeing.

The new proposals make several incorrect assumptions: firstly, that all young people can be supported into work despite their health conditions. Secondly, that all young people can receive financial support from family. This is certainly not the case for people that we work with.

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?

As alluded to in our response to the previous question, there needs to be a coherent and consistent system regarding the treatment of young people as an adult by the Government. The current system whereby a child of 16 must claim PIP is unfair and discriminatory. It assumes that a child's parents will complete the application on their behalf, and leaves those without parental support at a disadvantage.

It is also nonsensical that an adult benefit such as PIP is claimed at age 16, when Child Benefit is claimed until 19 when a child is in education. If a long Disability Living Allowance (DLA) award is made during childhood, a child should automatically migrate to PIP at 18 without the need for a new claim.

If a young person is not able to access the health element of UC until 22, they should not be treated as an adult for the purposes of any benefit until age 22. Subsequently, at 22 they should get the same minimum wage rates and UC rates as any other adult.

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?
Incentives and requirements could be introduced for employers who employ people with disabilities or health conditions. A better system of grants could be introduced to make reasonable adjustments. Currently Access to Work waiting times are far too long, and disabled clients we have met are waiting up to a year for assessments and adjustments, during which time they are left struggling to keep their job. Equipment should be provided free of charge for smaller or medium sized businesses. The equipment could then belong to the claimant, as the business would not have had to pay towards it, and the claimant could utilise it at future jobs.

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?

See above.

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

The current timescales between when a need for assessment occurs (when someone starts a job), assessment, and delivery of support are too long. People can wait up to a year or more for the help they need in their job to be put in place. This also discourages employers from employing people who need this extra support, as they may be unable to fully undertake their job role for up to 12 months.

Access to Work could have a role alongside work coaches. If a person knows the type of job role they are able to undertake e.g. office work, nursing, driving etc, Access to Work could complete the assessment prior to employment, which would not only speed up the time between starting work and receiving the help needed, but would give the disabled person more equity with other applicants.

Currently, employers are asked to make varying contributions to the cost of equipment, which can be up to 90% - another disincentive to employ disabled people.

There is no 'shopping around' for equipment needed, the DWP states the make and model number and there is no opportunity to find an equivalent but less costly model.

There is also no understanding of organisations' security, for example, suggesting the use of 'Grammarly' which would breach strict data protection policies.

It would be more beneficial for adaptations to be linked to the individual as much as possible, rather than a workplace. For example, hearing equipment, software programme licences, adapted office equipment etc, a client could be given a budget and suggestions of equipment, with the DWP approving the final purchase.
Access to Work should be available for all claimants of Universal Credit and should be routinely assessed and offered.

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?
No response.

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

Please see response to Question 15.

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

- **as or on behalf of an interested charity or other representative organisation**

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

- **N/A**

20. Do you live in:

- **England**