



# The Health and Social Care Alliance Scotland (the ALLIANCE)



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

27 June 2025

## Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to the consultation on the 'Pathways to Work: Reforming Benefits and Support to Get Britain Working' Green Paper<sup>1</sup>. We are however frustrated that many of the proposals in this Green Paper are not being consulted on, and that the Government appear to be taking earlier action in relation to some that are.

This raises serious questions about how meaningful this process has been. The public should be able to expect their governments to be open to scrutiny, challenge and new evidence. Papers putting forward a comprehensive and interconnected set of actions should be open to consultation on all the proposals it contains, and none of these actions should be progressed until the consultation has been closed and responses analysed.

Beyond the process, we are also deeply concerned by the content of the Green Paper. Our concerns cover four core areas:

- The role of austerity and health inequalities
- Cuts to Personal Independence Payment (PIP) and Universal Credit health element
- Delivering a supportive rather than coercive approach to work
- Lack of consideration for devolution

Overall, we believe that the proposals carry a high risk of simply repeating past, failed patterns of welfare reform: tightened eligibility criteria and reduced payment values are introduced in an attempt to control costs; more people fall into poverty and qualify for income replacement or top up payments due to inadequate income; many others are incentivised to claim for more generous payments with less onerous work seeking obligations; and projected savings are ultimately not realised.

We all wish to see the best possible health and employment outcomes for disabled people and people living with long term conditions. The right to work is a fundamental human right and one that is too often denied by a



society that does not do enough to enable equal participation. The right to social security is no less important, and decision makers must recognise it as a right and an investment, as is the case in Scotland following the Social Security (Scotland) Act 2018, rather than viewing it as a privilege.

We hope the UK Government can act quickly to address our concerns, and work towards a human rights based social security system which is non-stigmatising, ensures those in need are guaranteed an adequate income, and which enables access to rewarding employment.

## Summary

### The role of austerity and health inequalities

The Green Paper fails to make the connection between increases in long term health conditions and austerity. The negative impacts of austerity on public health have been well documented, including in the recent book ‘Social Murder? Austerity and Life Expectancy in the UK’<sup>2</sup>. Although the health impacts of lack of access to fair and good work are recognised within the Green Paper, it does not consider other contributors to health inequalities and largely seeks to cut the costs of social security without meaningfully tackling the root causes driving demand for support.

The evidence is clear that the austerity measures implemented by the UK Government over the past decade and a half have been the most important causes of the health outcomes we now see. The UK approach has been particularly regressive in harming the poorest hardest. This Green Paper risks reinforcing that approach.

**The ALLIANCE calls on the UK Government to urgently reassess its approach, with a view to embedding a human rights based approach to social security throughout the system.**

**We further call on the UK Government to undertake the investment in public services necessary to reverse the impacts of the previous government’s austerity policies on the health, wellbeing and life expectancy of the population.**



## Cuts to PIP and Universal Credit health element

The ALLIANCE strongly opposes proposals to restrict PIP eligibility and to cut the value of the Universal Credit health element for new claimants whilst removing access from 18- to 21-year-olds. These do not reflect the additional costs facing disabled people. Whilst changes to PIP do not automatically apply to Adult Disability Payment, we are concerned that financial pressures may force the Scottish Government to follow suit. These changes will deepen poverty amongst disabled people and people with long term conditions, as well as unpaid carers. Demand for already stretched health and social care services will increase due to worsening health outcomes and loss of independence.

**We call on the UK Government to immediately scrap proposals to restrict eligibility for PIP, cut the value of the Universal Credit health element for new claimants, and increase the age of eligibility for the latter to 22.**

## Delivering a supportive rather than coercive approach to work

In principle, we agree that more must be done to close the disability employment gap and enable more people to use their skills and knowledge. However, we believe policies to address this inequality can and should be taken forward without being accompanied by social security cuts.

Reforming the Access to Work scheme would be a positive step and we agree with the three focus areas identified in the Green Paper, including direct support to employers to make adaptations. However, we are deeply concerned by reports that there may be a cap set on Access to Work hours and available support, such as personal assistants and British Sign Language interpreters. People must be genuinely supported into work rather than coerced or threatened, and sanctions must not be extended to anyone impacted by these changes.

**We call on the UK Government to focus on meaningful actions to support disabled people and people living with long term conditions to enter and remain in work, without accompanying cuts to social security.**



**We further call on the UK Government to commit to a person centred and non-stigmatising approach to work conversations and to rule out the use of sanctions against people impacted by these reforms.**

### **Lack of consideration for devolution**

We are deeply concerned by the lack of meaningful consideration given to the interactions with the devolved social security system. Given the complex interactions between devolved and reserved payments overall, we would have expected the Scottish Government to have been consulted in advance, but this does not appear to have happened. Devolution seems to have been treated as an afterthought. These proposals create serious uncertainty around the funding available for Adult Disability Payment (ADP) and passported access to other payments and support. It is completely unclear how changes to reserved payments conditioned on the PIP assessment or the Youth Guarantee will apply in Scotland, where neither apply.

**We call on the UK Government to commit to meaningful engagement with the Scottish Government before making changes to social security which could impact on devolved payments.**

**We call on both the UK and Scottish Governments to reassess the framework for delivering social security in Scotland with a view to improving the capacity for joint working whilst respecting the principles of devolution.**

### **Question 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?**

As the Green Paper notes, many of the rules determining access to social security are complex and people are worried about being punished for getting them wrong. At the same time, many people are being made to look for or enter work that is inappropriate when considering their condition, skills or experience. A narrative dominated by a stigmatising “strivers versus skivers” framing further contributes to an atmosphere of fear and mistrust of the system. This is demonstrated in this response from an ALLIANCE member to the Green Paper:



“The UK government aren't thinking about the realities of living with disability and ill health. They have picked the most vulnerable, most overlooked group of people and are using them to save money. Unless the barriers to sustainable employment & accessing healthcare are suddenly removed people will become poorer and sicker. Illness and disability are not a choice so when will the UK government realise this and stop pretending they are?”

Social security is a fundamental human right, and the ALLIANCE advocate for a system rooted in a recognition of that right, rather than a stigmatising and punitive approach rooted in cost savings. As we discuss in more detail in our responses to other questions, beyond the negative impacts on people's health and wellbeing arising from the current approach, successive governments' welfare reforms have failed to realise the savings promised. Cutting support has consistently proven to be a false economy, increasing rates of poverty and hardship with ultimately very little impact on expenditure.

The UK Government must take action to move away from this stigmatising and punitive approach. We note the recent concluding observations following the 7<sup>th</sup> periodic review of the UK by the United Nations Committee on Economic, Social and Cultural Rights<sup>3</sup>. These recommend an increase in the budget allocated to social security; to take all measures necessary to reverse the impact of austerity measures including on employment services and social security; guarantee protection for social security rights for workers in precarious employment; and to undertake a range of impact assessments and reviews of the impacts and adequacy of social security.

We welcome the proposal that entering work will not by itself lead to a reassessment, nor be considered a relevant change of circumstances that would trigger a PIP review. This is a meaningful step towards a supportive rather than punitive approach to social security and employment.

In addition to this, the UK Government should review current payments which are subject to “cliff-edges” in eligibility, where income over a certain level results in the total loss of a payment. This creates circumstances



where it is not financially feasible to take on work, or additional hours and responsibilities in existing work, as it will result in a net loss of income.

For example, Carers Allowance (Carer Support Payment in Scotland) is subject to a cliff-edge at annual earnings of approximately £10,200, which leads to the loss of a payment worth roughly £4,300. An unpaid carer currently earning £10,000 and given the opportunity to increase their hours for an extra £2,000 would therefore have no incentive to do so, as they would experience a net loss of more than £2,300 from their carers payment.

Insofar as is possible, cliff-edges should be replaced with tapers which gradually reduce the level of payment as income increases. This will support more people to access work that suits them, whilst making savings for the UK Government that do not come at the cost of increasing poverty and hardship, or simply shifting costs to other parts of the public sector such as the NHS.

The UK Government should also eliminate, or at least significantly reduce, the role of sanctions in the social security system. A report by the Department for Work and Pensions itself has previously found that sanctions are ineffective at encouraging people into work, or to work more hours<sup>4</sup>. The risk of sanctions has a significant impact on people's willingness to engage with some parts of the social security system, and may itself contribute to poor mental health outcomes that limit capability for work.

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

We are strongly opposed to the proposed changes to the eligibility criteria for Personal Independence Payment (PIP). Whilst we recognise that the Government are not consulting on these proposals, and that disability payments are devolved to Scotland, we do not consider it possible to





comment on actions that should be taken as a result of the proposed changes without first giving our view on the proposals themselves.

Disability payments are intended to support disabled people with the additional costs of disability. The most recent research by disability charity Scope estimates that the Disability Price Tag for disabled households in 2024 was on average £1,067 per month after adjusting for inflation. This is equivalent to 67% of household income after housing costs.<sup>5</sup>

As this figure represents an average, individual disabled people and households will face higher or lower additional costs depending on their circumstances. However, even a substantially lower figure would still result in thousands of pounds in additional costs each year. We are therefore deeply concerned that introducing a requirement to score at least 4 points on one activity will simply deepen poverty amongst people who no longer qualify for PIP, who will nonetheless still be facing these additional costs.

An ALLIANCE member who responded to our call for input described how they would be impacted if these changes were to apply in Scotland:

“Under the proposals I will not be any less disabled but I would not be eligible for PIP (the 4 point rule)... My condition has not changed but I will lose over £400 per month. There will not be any other support for me. I will still not be able to access therapy, I will still have no joined up approach to my long term conditions following cancer. I will have more worry and a smaller income.”

We are also concerned about the prospective impact on the equivalent devolved payment in Scotland, Adult Disability Payment (ADP). Whilst there is no legal requirement on the Scottish Government to align the eligibility criteria for PIP and ADP, in practice there are overwhelming incentives to do so.

Firstly, the amount that the UK Government invests in PIP has a direct effect on how much money the Scottish Government has available for ADP. A reduction in PIP expenditure will therefore require the Scottish





Government to either make equivalent cuts to ADP, or to cut elsewhere to make up the difference.

Furthermore, it remains extremely unclear how much divergence the UK Government and Department for Work and Pensions (DWP) will allow from UK payments whilst maintaining passporting arrangements to other payments and support. The Scottish Government have put a high priority on maintaining passporting, and therefore if maintaining current ADP criteria constituted a risk to passporting, they may feel compelled to re-align with PIP.

Despite these devolution impacts, the Scottish Government do not appear to have been consulted by the UK Government before these proposals were brought forward. That created uncertainty amongst current ADP recipients in Scotland, who were unsure if and how PIP changes would impact them. Although the Scottish Government have subsequently stated their intention not to replicate the changes, this uncertainty could have been avoided with better and closer joint working between the two governments.

These potential impacts also raise a serious question about the effective functioning of the devolved social security system. Whilst the Scottish Government do not at this point intend on replicating these changes, there will nonetheless be impacts on the Scottish budget.

A reduction in PIP expenditure in England and Wales will result in a corresponding reduction to the block grant. The Scottish Government will also be liable for any additional costs in reserved areas that arise from passporting via ADP.

We are concerned that in future, given financial pressures, the Scottish Government may feel it has little choice but to largely follow UK Government changes, even where this goes against their own policy preferences. Beyond the direct impact on disabled people's lives, this would also risk eroding trust in both governments.

These concerns were echoed by an ALLIANCE member:



“This will undoubtedly push disabled people into poverty or further into poverty, which we know is already statistically more likely than the non-disabled population. The changes have been poorly coordinated with devolved nations and lack clarity on the rationale behind the choices, alongside the way in which disabled people who are impacted by the changes will be supported.”

If the UK Government nonetheless presses ahead with these changes, then it must provide additional support for disabled people through the health, social care and housing systems. For example, people with fluctuating or progressive conditions will require more frequent health checks, both through General Practice and condition specialist services, to make up for a more limited ability to self manage. Without this, their conditions risk worsening, or doing so more rapidly, negatively impacting their health and wellbeing and potentially requiring emergency interventions through the NHS.

Both unpaid carers and people they care for may require more support through the social care system if they no longer qualify for PIP and, consequently, for Carer’s Allowance (Carer Support Payment in Scotland). There is already a recognised crisis in social care provision, with substantial levels of unmet need, and we would be concerned that people will simply be left to manage with less by themselves. This similarly poses risks to people’s health and wellbeing, including to the mental health of unpaid carers.

Support with the cost of housing adaptations will also be necessary for some people. Whereas people may currently be able to use some of their income from PIP to make necessary adaptations, that will no longer be possible if they do not qualify for the payment. If necessary adaptations are not funded through grants or through investment by social landlords, once again poses a risk of worsening people’s conditions and leaving them at risk of harm and the need for emergency NHS care.

Further support as suggested above will require additional resource, which will result in Barnett Consequentials for the Scottish Government that would



enable them to follow suit. We consider the best-case scenario would require that most, if not all, of the public money “saved” from changes to PIP would need to be spent elsewhere mitigating the consequences of having done so.

As such, these changes likely represent a false economy, which has been a consistent issue with social security reforms pursued by successive governments. Analysis by the Disability Policy Centre estimates that previous cuts to PIP only ultimately delivered 8% of initially claimed savings<sup>6</sup>. They further estimate that the proposals in this Green Paper will only amount to savings of £100 million by 2030, just 2% of the approximately £5bn claimed by the UK Government.

As in previous cases, it is therefore likely that many more people will experience poverty, hardship, and deteriorating health and wellbeing, in pursuit of short-term cost savings that ultimately do not materialise. The Joseph Rowntree Foundation estimate that the effect of these changes in England and Wales will be that over three million families will be affected, and up to 400,000 more people will be in poverty<sup>7</sup>.

This is substantially above the UK Government’s own estimate of 250,000 more people being in poverty as a result of these changes. This suggests a need to more fully assess the impact of these proposals, whilst emphasising the risk of shifting costs to other public services that have to contend with the health and wellbeing consequences of poverty.

### **Question 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?**

Further investment in health and social care is essential regardless of changes to the social security system. Indeed, insufficient investment in public services including social security, health and social care has been one of the key drivers of health inequalities that have put increasing demand on the social security system. The negative impacts of austerity on public health have been well documented, including in the recent book ‘Social Murder? Austerity and Life Expectancy in the UK’<sup>8</sup>.



Despite the well-evidenced link between austerity and poor health outcomes, the Green Paper fails to make this connection. Instead, the increasing prevalence of disability and long term health conditions is entirely sited within the context of the perceived desirability and benefits of employment. A failure to recognise that austerity has directly and significantly contributed to the increasing need for support through the social security system risks repeating the same mistakes in the future.

Health and social care are devolved in a Scottish context, and therefore there are not specific actions that we would recommend to the UK Government that could improve support. Instead, and acknowledging the total envelope for spending available to the Scottish Government is largely reliant on UK Government expenditure, we would simply urge further investment in essential public services with a longer term view to reversing the effects of austerity.

**Question 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?**

In principle the ALLIANCE are not opposed to the introduction of a single contributory Unemployment Insurance payment to replace two existing separate payments. We welcome the proposal to pay this at a higher rate than some people currently receive, and in particular if this removes the current distinction between rates for people aged under versus over 25. An increased payment value will help to reduce poverty rates amongst people who qualify for the new payment.

However, even if moving to a single payment, it is important to consider individual circumstances. At present, New Style Jobseekers Allowance (NSJSA) is paid for a maximum of six months, versus a maximum of 12 months for New Style Employment and Support Allowance (NSESA) for recipients in the Work-Related Activity Group or indefinitely for those in the Support Group. Especially given that people who are temporarily out of work due to disability or ill-health may take longer to return to work, we



would be concerned if people who would currently qualify for NSESA for 12 months were suddenly only left with six months of support.

We would therefore suggest that this payment should be available for 12 months as standard, which would have the advantage of administrative simplicity. As is currently the case for NSESA, people who would qualify for Unemployment Insurance whilst also being unable to work should be able to receive this payment indefinitely.

Support for people receiving these contributory payments and who are considered able to work should be non-stigmatising, non-judgemental, and non-punitive. For disabled people who are actively seeking work, this should also include support for prospective employers that would remove barriers to that individual entering employment.

In addition to traditional work coach related support, such as with applications, job seeking, and interview preparation, this should include signposting to appropriate support services for disabled people and people with long term conditions. That will vary from person to person but could be things like referrals to NHS or third sector services to help manage their condition or symptoms; to peer support groups that share knowledge and help improve mental wellbeing; and to providers of assistive technologies and aids to help them at work and through daily life.

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

Safeguarding should take a human rights based approach, and in particular all DWP staff should act in ways that are consistent with the human right to social security. We note that Social Security Scotland have adopted a human rights based approach, and recommend that the DWP engage with and learn from their experience.



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

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

Note that we have chosen to address these questions together as we consider our response to be applicable to both.

Support conversations should take a human rights based and person centred approach. It must be recognised that people have a right both to social security and to work. These – like all human rights – are interdependent, and the social security system is there to help realise both. It must also be recognised that people are more likely to remain in and benefit from good work that respects their right to just and favourable conditions, and is suited to their skills, knowledge and experience.

As such, support conversations should be initiated on the basis that people will only have to engage if they are able to and will be helped to find work that is a good fit for them, rather than forced to take any available job which may not be sustainable, desirable, or relevant. The onus should be on work coaches to set out the range of support that is available to people, and how they can access it, rather than expecting individuals to research that themselves.

It is particularly important that people who have previously had little or no contact do not find an invitation to engage threatening. Many people have a justifiable fear of engaging with the social security system due to the reforms instituted by the previous UK Government and a hostile public narrative.

Support conversations must be genuinely supportive, avoiding stigmatising and punitive content. Conditionality and sanctions should not form part of the system and therefore should not be a necessary component of any support conversation.



They must also follow best practice on inclusive communications, ensuring that both the conversations themselves and any supporting information are available to people in the formats that best suit them. A report by the Scottish Commission on Social Security in relation to Social Security Scotland's support for people with communication needs may contain recommendations equally worth the DWP implementing<sup>9</sup>.

**Question 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?**

As noted in our responses to several other questions, the ALLIANCE would not support any wider application of conditionality and sanctions than at present. Insofar as is possible, we would call on the UK Government to ensure that nobody who is currently exempt from conditionality to be excluded from stronger requirements.

Given the proposal to abolish the Work Capability Assessment, it may be difficult to ensure this is the case going forward. At a minimum, whilst recognising that even on the more stringent criteria some PIP recipients will be willing and able to work, anyone receiving PIP should be exempt from requirements equivalent to the Intensive Work Search regime. This does not mean that PIP claimants should not be offered and receive support to find work, but instead that they should not be forced to take it up.

**Question 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?**

The ALLIANCE is strongly opposed to the proposed changes to the Universal Credit health element. Whilst we recognise that the Government are not consulting on these proposals, we do not consider it possible to comment on other actions that should be taken as a result of the proposed changes without first giving our view on the proposals themselves.

Any reduction in the support offered through the social security system will lead to greater incidence of poverty and hardship and worsen health.





Freezing the value of this payment for current claimants may be offset in the very short term by the increase to the standard allowance, but inflation will mean this quickly becomes a real-terms cut in support received.

We are even more seriously concerned by the proposal to reduce the value of the Universal Credit health element by £47 per week for new claimants. After the £7 increase in the standard allowance, this will result in a net reduction in support of £40 per week, or £2,080 per year for affected claimants. This will have an even more substantial impact on the incidence and depth of poverty amongst disabled people and people living with long term conditions.

Further, offering different rates of support to people based on when they started to receive this payment is fundamentally iniquitous. It does not appear to be fair, rational or justifiable to create a two-tier payment system that is not based on any assessment of need but instead on year of application.

It is also unclear how eligibility for the Universal Credit health element will be determined in Scotland. The Green Paper acknowledges the need to consider the implications for Scotland of using the PIP assessment, given that no further PIP assessments will be undertaken following the rollout of ADP. We are surprised that this was not considered before publication. To neither consult on this issue nor have a solution in mind is wholly unsatisfactory.

As we stated in relation to the proposals to reform PIP, the ALLIANCE are not convinced that this policy will deliver the savings hoped for, whilst causing serious harm to the health and wellbeing of many people. We would also reiterate the importance of fully and properly accounting for devolution when planning changes to the UK social security system, and the need to engage with the Scottish Government on these in advance.

If the UK Government nonetheless presses ahead with these changes, it must avoid stigmatising and punitive approaches that risk harm to people's mental and physical wellbeing. As discussed in our response to earlier



questions, it is important to limit the number of people subjected to sanctions and conditionality.

We therefore do not agree with requiring people to take part in a support conversation in order to qualify for receipt of the Universal Credit health element. Instead, this should be offered as a voluntary option to individuals who are willing and able to take it up. As part of this, people should be made aware of any further support that may be available to help them in to work in a non-judgemental way.

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

At minimum, people currently receiving Universal Credit health element on the basis of Limited Capability for Work and Work Related Activity categorisation or similar should be exempt from requirements. This should not preclude them being offered a conversation and support if they are willing and able to engage, but this should not be compelled.

For new claimants, it is difficult to suggest a means of determining exemption in the absence of the Work Capability Assessment (WCA). Whilst the UK Government are not consulting on this proposal, this is part of the reason we are concerned about simply replacing the WCA with the PIP assessment. This conflates two separate issues: people who are unable to work due to a disability or health condition (WCA), and support for the additional costs of disability (PIP).

The additional costs of disability apply regardless of whether someone is capable of work or not. Many PIP recipients are currently in work, and many more are willing and would like to work but face barriers to accessing employment. This is likely to apply even if the UK Government proceeds with the proposal to institute more onerous eligibility criteria.

We would be concerned that a disability or condition-specific approach to exemption may prove impractically complex and administratively burdensome. Whilst there are some conditions where people living with them will never be able to work, there are many more conditions where that



will depend on individual circumstances. For a replacement system to be able to take this into account, it would require so many caveats that it would risk replicating the WCA in all but name.

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

No. In addition to opposing the other changes to the Universal Credit health element, the ALLIANCE strongly disagrees with the proposal that some younger adults should be denied access to parts of the social security system based on age. Age discrimination must meet a high bar to be justified, and we do not believe that this case crosses that bar.

There are many disabled young people, and people living with long term conditions, whose age has absolutely no bearing on their disability or condition and how it impacts them. It should also not be assumed that disabled adults aged under 22 either do or should live in a family home, not least given disabled people's human right to live independently.

Especially in light of the intention to use the PIP assessment as the basis for qualifying for the Universal Credit health element, we struggle to see the logic in excluding young people aged 18 to 21 from essential social security support. It would be odd to use one assessment as the gateway to two payments, but bar a subgroup of people from one of those payments. Rather than supporting young disabled people into work, this policy will simply leave those who are unable to do so without adequate support from the social security system.

Affected young people would experience a net loss of £2,600 per year, for a total of £10,400 over the four-year period they are unfairly excluded from the payment. Lack of access to this payment will increase poverty rates amongst disabled young people, as well as risks to their health and wellbeing from inadequate support.

We would also note that this section of the Green Paper makes repeated reference to the "Youth Guarantee" as part of its justification for the



exclusion. The Youth Guarantee is an England-only scheme, which does not apply in Scotland, Wales or Northern Ireland. Although Scotland and Wales have their own “guarantee” schemes, they pre-date these proposals and may not align with them.

Unlike the changes to PIP, Universal Credit remains a reserved payment in a Scottish context. These changes will therefore automatically apply in Scotland. In addition, whilst social security devolution to Northern Ireland is theoretically broad, in practice the Northern Ireland Executive has maintained parity with the system established by the UK Government.

We are therefore surprised to see England-only policies forming part of the justification for making social security changes that will apply on a four-nations basis. Whilst we oppose the principle of this change regardless, and do not think the existence of the Youth Guarantee would be sufficient to compensate for lost income, we are especially concerned about the resulting impacts on young people in Scotland, Wales and Northern Ireland.

It is not consistent with the principles of devolution to expect or demand the Devolved Administrations to replicate, in devolved areas, the details of England-only schemes or develop appropriate mitigations in response to changes in reserved areas. We would again emphasise the importance of prior consultation with the Scottish Government, and other Devolved Administrations, before making changes that may impact on devolved policy areas.

**Question 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?**

Yes. In general terms, disabled young people transition from children to adult services in other contexts at the age of 18. It would therefore make sense to align the age of eligibility for adult disability payments. We recognise that at present, transitions to adulthood for young disabled people can be complex, confusing and disjointed. Whilst much more needs to be done across a range of services, such as education and healthcare,



to improve this process, this would be a small but positive step within the context of the social security system.

We urge the UK Government engage with the Scottish Government further on this proposal. If the Scottish Government chooses to follow suit by increasing the qualifying age for Adult Disability Payment to 18, as would be logical, any resulting impacts on passported access to other support must be carefully co-ordinated between both governments.

**Question 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?**

Support for employers to make workplace adjustments must go beyond awareness and offer appropriate grants and/or direct funding for adjustments. This is especially the case for third sector and charitable organisations, who are collectively facing significant pressures on their finances as a result of long-term inequalities and the recent increase to employer National Insurance Contributions.

**Question 14: What should the Department for Work and Pensions directly fund for both employers and individuals to maximise the impact of a future Access to Work and reach as many people as possible?**

Insofar as is possible, any future Access to Work scheme should directly fund all support that is necessary for an individual to enter and remain in employment that is not already covered by the Equality Act's requirement for reasonable adjustments. This may include adaptations to workplaces to ensure they are physically accessible; home adaptations to make it suitable to work from; assistive technologies that enable or improve someone's ability to work; and where necessary personal assistants or British Sign Language interpreters to provide ongoing workplace support.

It would also be useful for the UK Government to fund proactive and voluntary adaptations, supporting employers to make their workplaces accessible even if they do not currently have any disabled employees. This will help to ensure that when an opportunity arises for a disabled person to



enter employment with them, they are able to do so as quickly and easily as possible without experiencing lengthy waits for adaptations to be made. Further detail on how to administer such a scheme may require further thought, but could include running a grant-based system which employers could submit bids to.

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

We recognise that as the current Access to Work scheme was established in 1994, it may no longer be fit for purpose given the significant changes in society, the economy and technology in the three decades since. In principle, the key areas identified in the Green Paper of supporting employers directly; targeted funds to individuals; and shaping the market for aids and assistive technology, are all positive.

We would welcome the scheme broadening from a focus on individual support to support for employers. Many of the adaptations necessary for disabled people to fully realise their right to work should be seen as the employer's responsibility, and it should not be for individuals to co-ordinate. Direct payments and support to employers would be a significant improvement.

It is essential however that this is in addition to, rather than in place of, individual support. Many disabled people will still require tailored individual supports, including in relation to aids, appliances and assistive technology, particularly if they will be working from home on a regular basis. In that context it is similarly welcome to see the UK Government considering using the ability to purchase at scale to drive down costs for such aids and technology.

However, the ALLIANCE have also been made aware both through reports in the media<sup>10</sup> and through contact with our members and partners that changes, including cuts, to Access to Work packages have been implemented during the period of this consultation. It is concerning that changes relating to an issue that is actively being consulted on would be



made prior to the conclusion of that consultation and appropriate analysis of responses.

This raises very serious questions about how meaningful this consultation is, and whether the views and evidence submitted as part of it will adequately inform policy. Particularly given the very low levels of trust that disabled people in particular have in the social security and employability systems, we are concerned that beyond the negative effects of cuts themselves, trust between disabled people and the UK Government will be further eroded.

## About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector membership organisation for the health and social care sector. We bring together over 3,500 people and organisations dedicated to achieving our vision of a Scotland where everyone has a strong voice and enjoys the right to live well, with dignity and respect. Our members are essential in creating a society in which we all can thrive, and we believe that by working together, our voice is stronger.

We work to improve the wellbeing of people and communities across Scotland by supporting change in health, social care and other public services so they better meet the needs of everyone in Scotland. We do this by bringing together the expertise of people with lived experience, the third sector, and organisations across health and social care to shape better services and support positive change.

## The ALLIANCE has three core aims.

### We seek to:

- **Empower people with lived experience:** we ensure disabled people, people with long term conditions, and unpaid carers are heard and that their needs remain at the heart of the services and communities.





- **Support positive change:** we work within communities to promote co-production, self management, human rights, and independent living.
- **Champion the third sector:** we work with, support and encourage co-operation between the third sector and health and social care organisations.

The ALLIANCE is committed to upholding human rights. We embed lived experience in our work and aim to ensure people are meaningfully involved at every level of decision-making.

Working together creates positive, long-lasting impact. We work in partnership with the Scottish Government, NHS Boards, universities, and other key organisations within health, social care, housing, and digital technology to manage funding and develop successful projects. Together, our voice is stronger, and we can create meaningful change.

## Contact

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<sup>1</sup> UK Government Department for Work and Pensions, 'Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper' (March 2025), available at: <https://www.gov.uk/government/consultations/pathways-to-work-reforming-benefits-and-support-to-get-britain-working-green-paper>



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<sup>2</sup> David Walsh and Gerry McCartney, ‘Social Murder? Austerity and Life Expectancy in the UK’ (November 2024), available at: <https://policy.bristoluniversitypress.co.uk/social-murder>

<sup>3</sup> United Nations Committee on Economic, Social and Cultural Rights, ‘Concluding observations on the seventh periodic report of the United Kingdom of Great Britain and Northern Ireland’ (March 2025), available at: <https://justfair.org.uk/wp-content/uploads/2025/03/G2503434.pdf>

<sup>4</sup> Disability Rights UK, ‘Sanctions ineffective as a way of getting people into jobs or to work more hours, finds suppressed DWP report’, available at: <https://www.disabilityrightsuk.org/news/sanctions-ineffective-way-getting-people-jobs-or-work-more-hours-finds-suppressed-dwp-report>

<sup>5</sup> Scope, ‘Disability Price Tag 2024’, available at: <https://www.scope.org.uk/campaigns/disability-price-tag>

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<sup>7</sup> Joseph Rowntree Foundation, ‘Where will cuts to sickness and disability benefits fall hardest?’ (April 2025), available at: <https://www.jrf.org.uk/social-security/where-will-cuts-to-sickness-and-disability-benefits-fall-hardest>

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<sup>9</sup> Scottish Commission on Social Security, ‘People with communication needs and the Scottish social security system’ (April 2025), available at: <https://socialsecuritycommission.scot/wp-content/uploads/2025/03/SCoSS-report-on-people-with-communication-needs-and-the-Scottish-social-security-system.pdf>

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