



Department
for Work &
Pensions

Transforming Support:

The Health and Disability White Paper

CP 807



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The Health and Disability White Paper

Presented to Parliament
by the Secretary of State for Work and Pensions
by Command of His Majesty

March 2023

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Ministerial Foreword

Everyone should have the same opportunity for a fulfilling working life regardless of their place of birth or whether they have a disability or health condition.

Since 2017, we have seen over one million more disabled people in work – a milestone we marked last year, delivering on this commitment five years earlier than expected.

We can reaffirm our commitment to close the disability employment gap, made as part of our 2019 manifesto commitment to empower and support disabled people, and confirm that we will set a new disability employment goal. This White Paper builds on our progress to help more disabled people to start, stay and succeed in work.

With low unemployment, high employment and more than a million vacancies, we are focused on ensuring more people are supported into the workforce so that they can seize the opportunities of work and employers can access the skills they need to grow their businesses. This will help grow the economy, creating better-paid jobs and opportunity right across the country, which is one of the Prime Minister's priorities.

This includes helping unemployed disabled people to move back into and remain in work, as well as focusing on the increasing number of people who are economically inactive because of a long-term health condition or disability. We know that many people would

like to work with the right support. It also means looking at how we can better support people within the health and disability benefits system.

This White Paper will help deliver this in three ways. First, by investing to step up our employment support for disabled people and people with health conditions. Second, by ensuring people can access the right support at the right time and have a better overall experience when applying for and receiving health and disability benefits. Third, by reforming the benefits system for the future so it focuses on what people can do rather than on what they cannot.

Through *Shaping Future Support: The Health and Disability Green Paper*, published in July 2021, we heard your views about how we could change the benefits system. Here, we set out our plans. Some changes we can deliver quickly. Others will take longer to implement and will require primary legislation.

We will continue to work with disabled people, employers, carers, charities and other organisations to ensure their voices remain at the heart of delivering action. The need for change goes beyond government, to employers and society as a whole. We need everyone to play their part.

We are proud of our record on disability employment and support. This White Paper continues the approach we have taken in our first months, leading the Department for Work and Pensions as a department that is compassionate and caring. Transforming support so that more disabled people can start, stay and succeed in work

will help people fulfil their potential, support employers by filling vacancies and strengthen our economy in the years ahead.

The Rt Hon Mel Stride MP, **Secretary of State for Work and Pensions**

Tom Pursglove MP, **Minister of State for Disabled People, Work and Health**

Executive Summary

1. Our vision in this White Paper is to help more disabled people and people with health conditions to start, stay and succeed in work. With more than a million job vacancies and a rise in remote working triggered by the pandemic, today's labour market offers disabled people new working opportunities. By improving work incentives, we will enable more people to enjoy the financial benefits of a regular pay packet, as well as the positive impact on health and wellbeing for the individual and the wider benefits to society and the economy.
2. We set out our case for reform in 2021 in *Shaping Future Support: The Health and Disability Green Paper*. During the consultation, we heard from more than 4,500 people and organisations on what proposals we should take forward. From the responses, we know many disabled people want to work and could work, with the right support. We also know that disabled people are more likely to stop working and, once out of work, less likely to return.
3. That is why we are investing to step up our employment support for disabled people and people with health conditions. We will also work with lead authorities who commission employment and skills provision for disabled people from the UK Shared Prosperity Fund. Working with the occupational

health sector, we will help more people remain and thrive in their job.

4. The Prime Minister has also asked the Secretary of State for Work and Pensions to look in detail at the issue of workforce participation across society. We will be looking to identify and understand the barriers preventing people from joining the workforce or resulting in people leaving the workforce early.
5. We know that the health and disability benefits system can itself be a barrier to employment because it focuses on what people cannot do, instead of what they can. The current assessment process means you need to be found to have limited capability for work and limited capability to prepare for work to get additional income-related support for a disability or health condition.
6. This approach encourages people to see themselves as being unable to work and we know it can put people off from trying work or seeking employment support for fear of losing their benefits. We will give people confidence that they will receive support, for as long as it is needed, regardless of whether they are working. By removing the Work Capability Assessment, we will ensure that those who are able to can progress in or towards work, without the worry of being reassessed and losing their benefits.

7. We know how important it is that our health assessments treat people with respect and that they work efficiently. While most people claiming health and disability benefits have a positive experience, we will also improve the overall experience of, and trust in, the benefits system for disabled people, making it easier to navigate and access support when applying for and receiving health and disability benefits.
8. We will always support those who need it. Throughout and beyond the work of this White Paper, we will continue to listen to and work with disabled people to reach these important goals. Responsibility for employment support lies with both the UK Government and Devolved Governments. We will continue to work with the Devolved Governments to consider the implications of the proposals in this White Paper in Scotland, Wales and Northern Ireland. Further detail is set out at Annex B.

Chapter 1: Opening up more work opportunities

9. *What we will do:*

- Help more disabled people to start, stay and succeed in work.

10. *To help disabled people **stay and succeed** in work, we will:*

- Continue to work with healthcare professionals, including the new expanded group, who can certify and issue fit notes so advice on staying in or returning to work is provided quickly by the right person.
- Work with the occupational health sector and employers to reform the market and improve access to quality Occupational Health services. This includes testing a financial incentive and support model to help small and medium-sized businesses and the self-employed overcome barriers to purchasing Occupational Health services.
- Develop a new advice and information service for employers. This service is now in national live testing. It will work in partnership with the set of principles delivered in November 2022 by the Health and Safety Executive for employers to apply in the workplace to support

disabled people and people with long-term health conditions.

- Publish a Major Conditions Strategy. The Strategy will be developed by DHSC, in consultation with NHS England and colleagues across government, to set out a strong and coherent policy agenda that sets out a shift to integrated, inclusive, whole-person care.
- Provide mental health support to people in employment through the Access to Work Mental Health Support Service.

11. *To help disabled people **start and succeed** in work, we will:*

- Pilot a new Access to Work enhanced package for people who need more support than the existing scheme can provide. To complement this, we are for the first time testing whether providing support for employers who are willing to shape vacancies to accommodate an employee's disability can make a difference and unlock employment opportunities.
- Continue to use the Health Adjustment Passport nationally across England, Scotland and Wales to support disabled jobseekers move into work by removing the need to repeat conditions or adjustments.
- Step up work coach support for people with health conditions by rolling out more direct help

nationally for Universal Credit and Employment and Support Allowance claimants with health conditions who would like help to move closer to or into work. We have already begun to offer this support in one third of Jobcentres.

- Extend the Work and Health Programme to September 2024 to provide targeted employment support for up to an additional two years.
- Work alongside lead authorities as they develop and commission local people and skills support for disabled people funded from the UK Shared Prosperity Fund.
- Roll out our new In-Work Progression Offer to help people in work on Universal Credit, including disabled people, to increase their earnings and move into better-paid jobs.

Chapter 2: Providing the right support

12. *What we will do:*

- Make it easier for disabled people and people with health conditions to access the support that is right for them at the right time.

13. *How we will do it:*

- Transform the way the DWP notifies customers so people can choose how we communicate with them. Once a person tells us their

preference, we will be able to share that across benefits services.

- Develop a new Jobcentre Design Guide so that new and refurbished sites will be inclusive and DWP buildings will be accessible for customers, visitors and employees.
- Extend the Enhanced Support Service, which provides bespoke personalised support for people who find it hardest to use the benefits system, to Birmingham, Blackpool and King's Lynn.
- Work with partners to improve people's mobility, such as Motability, which is using £50 million to support other charities and organisations to address the challenges disabled people face accessing transport.

Chapter 3: Improving our services

14. *What we will do:*

- Create a better experience for disabled people, people with health conditions, and their carers, when applying for and receiving health and disability benefits.
- Improve trust and transparency in DWP decisions and processes.

15. *How we will do it:*

- Make Employment and Health Discussions (EHD) more people-focused by homing in on health, personal, occupational and societal factors affecting the person. We started an initial small-scale test of the EHD in May 2022, which will assess how well this works.
- Test sharing health assessment reports with people making the claim before a decision is made, offering them the opportunity to clarify evidence so that we can make the right decision as early as possible.
- Continue to invest in developing the skills of assessors. This year, we will begin testing matching a person's primary health condition to a specialist assessor. As part of this, assessors will take part in training to specialise in the functional impacts of specific health conditions.
- Transform the entire Personal Independence Payment (PIP) service, from finding out about benefits through to decisions, eligibility and payments, delivering a new, more user-friendly service built around people's needs.
- Continue testing the introduction of a Severe Disability Group for those with the most severe health conditions, so people do not need to complete a detailed application form or go through an assessment.

- Explore ways to simplify the full claim process through the Health Transformation Area (HTA) and evaluate how well video and telephone assessments work.

Chapter 4: Transforming the system for the future

16. *What we will do:*

- Build on the improvements set out above to create a better experience of applying for and receiving benefits.
- Focus on what people can do rather than on the limitations of a disability or health condition.
- Remove barriers in the design of the benefits system that can prevent people entering and remaining in employment.
- Give people confidence to try work so those who are able to can progress in or towards work, without the worry of being reassessed or losing their benefits.
- Provide support, for as long as needed, regardless of people's employment status.

17. *How we will do it:*

- Legislate to remove the existing Work Capability Assessment so that in future there is only one health and disability functional assessment – the

PIP assessment – improved by the changes we set out in chapters 2 and 3.

- Remove the existing Universal Credit limited capability for work and work-related activity (LCWRA) element and replace it with a new Universal Credit health element. This means that there will be no need to be found to have limited capability for work and limited capability to prepare for work to get additional income-related support for a disability or health condition.
- Introduce more personalised levels of conditionality and employment support.

Chapter 1: Opening up more work opportunities

“It is extremely hard to admit your life has been taken over by a condition. My employment advisor helped me focus on the things I could change, and step by step I gained the confidence I needed to help me take back control of my life. I am so thankful for the kindness, respect and knowledge that has been shared with me. The whole experience has been life changing in so many ways.”

Participant, Employment Advice in Improving Access to Psychological Therapies (EA in NHS Talking Therapies)

“I fell ill after developing glandular fever and not recovering. My world turned upside down. I could leave the house only in a wheelchair, and my mental health dramatically declined. I [now] feel valued and appreciated, and I’m using my lived experience of recovery to help other people through their own. I sobbed after my first day, then the first week, then the first month. I never thought I’d be in work with my condition.”

“When you’ve been in that place you don’t ever imagine you’re going to get out of it and you don’t see yourself able to do normal things like get a job, live on your own, look after yourself so the idea of getting a job for me is amazing.”

Participant, Thrive into Work

Our ambition

18. Our ambition is for a society in which disabled people and people with health conditions can fulfil their potential and, where they are able to, work. We want to prevent people having to leave work due to ill health and act swiftly where they do. We aim to support young people who have not yet entered work and those who have been out of work for a long time due to ill health or disability to return to work or to enter work for the first time.
19. Good work helps people to live healthier and more independent lives. Disabled people and people with health conditions, whether these are physical or mental, are more likely to leave work

than non-disabled people and are less likely than non-disabled people to return to work.¹

20. Disabled people tell us they want to work, to share their skills and talents, and benefit from the upsides that good work has been shown to bring. Not all disabled people or people with health conditions feel able to work at any given time, but with the right employment conditions and flexibility, many say they could apply their experience, skills and abilities to do some work.²
21. To achieve these aims, government action is important, but this also needs employers to be inclusive, and wider society to support disabled people and people with health conditions to live independent lives. This opens up the labour market so that employers are better placed to enjoy the

1 Is work good for your health and well-being? An independent review – GOV.UK (www.gov.uk), published January 2006. Available at: www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being

2 Work aspirations and support needs of claimants in the ESA support group and Universal Credit equivalent – GOV.UK (www.gov.uk), published 27 February 2020. Available at: www.gov.uk/government/publications/work-aspirations-and-support-needs-of-claimants-in-the-esa-support-group-and-universal-credit-equivalent

competitive advantages of a diverse workplace, including the talents of disabled people.

22. By working together, we can support more disabled people to start, stay and succeed in work.

Supporting people to stay and succeed in work

What you told us

- Government could go further in encouraging employers to support their disabled staff, including improving employers' awareness of health conditions and disabilities.
- Employers should adopt good practice on sickness management and be made more aware of the advantages of retaining skilled and experienced staff who might have disabilities or health conditions.
- Government should signpost employers to information and advice on disabilities and health conditions, provide support to improve the recruitment, retention, and progression of disabled people, and offer financial support for the most expensive adaptations.
- Access to Work support is helpful but not enough people know about it and the application process is not always simple.

- Employees should have greater access to Occupational Health (OH) support and therapy and more flexible work opportunities.

“As a Disability Confident Leader business since 2016, we’ve realised just how important it is to employ and support disabled people and those with health conditions. It’s not only the fair thing to do, but also the smart thing to do. We’ve been able to access a wide pool of talent, reduce absence and turnover as well as boosting the commitment and morale of our colleagues. It’s also helped us to demonstrate our brand values to clients.

I think it’s a mind and culture shift for business particularly with hybrid and home working. We’ve embraced flexible working and as such we’ve removed many of the perceived accessibility issues we thought we had, and at the same time become much more inclusive.”

Patricia Ashworth, Director of AdviserPlus Learning Solutions

What we are proposing

Disability employment gap

23. Progress has been made since 2016 when the Government published *Improving lives: the future of work, health, and disability*.

24. Since then, our aim to see one million more disabled people in employment by 2027 has been achieved, five years early.³ This is an important milestone as we strive to continually reduce the disability employment gap.
25. Our goal to reduce the disability employment gap remains. We are now considering what a new ambition should be, to continue to galvanise action across and outside of government. This will ensure that it is a shared ambition across society.

Improving how we work with health systems

26. We have expanded the group of healthcare professionals who can certify and issue fit notes. Since July 2022, nurses, occupational therapists, pharmacists and physiotherapists have been able to authorise fit notes in addition to doctors. This ensures that the fit note captures advice from the most relevant healthcare professional on how people can be supported to stay in work or return to work more quickly.
27. We have also changed regulations to enable fit notes to be completed, authorised and issued

3 Government hits goal to see a million more disabled people in work – GOV.UK (www.gov.uk), published 17 May 2022. Available at: www.gov.uk/government/news/government-hits-goal-to-see-a-million-more-disabled-people-in-work

digitally. This improves the experience of receiving a fit note for those that are digitally enabled.

28. We will build on previous work to promote greater recognition of the health benefits of work, including exploring how best to support healthcare professionals and non-healthcare professionals to have effective work and health conversations with patients within the health system in England.
29. Through the Joint Work and Health Unit, DWP and the Department for Health and Social Care (DHSC) are working closely to support people to start, stay and succeed in work, improve health outcomes and boost the economy. Government is also looking at how best to encourage partnership working on work and health in different organisations and communities.

Working with employers to help more people remain and thrive in their job

“When someone acquires a disability, some managers can be afraid to start the conversation about reasonable adjustments. But often, making an adjustment to retain rather than recruit for the position is much less costly – just 7% of what recruitment would cost.”

Diane Lightfoot, CEO, Business Disability Forum

30. Occupational health (OH) services can play an important role in supporting disabled people and

those with health conditions to stay and succeed in work.⁴ However, we know that there are disparities in access to OH, often based on employer size. Those working for larger employers were nearly seven times more likely to have access to OH services compared to those working in micro companies (69% versus 10%). Cost and information are some of the biggest barriers preventing small and medium-sized enterprises and self-employed people from using OH.

31. Since publishing the response to the *Health is everyone's business* consultation,⁵ we have continued to work with the OH sector and employers

4 See the following Government research accompanying this White Paper: 'Incentivising SME uptake of health and wellbeing support schemes', published by DWP/DHSC; DWP COVID-19 Employer Pulse Survey, published by DWP/DHSC; 'Employee research Phase 1: Sickness absence, reasonable adjustments, and occupational health', published by DWP/DHSC; 'Employee research Phase 2: Sickness absence and return to work', published by DWP/DHSC.

5 Government response: Health is everyone's business – GOV.UK (www.gov.uk), updated 4 October 2021. Available at: www.gov.uk/government/consultations/health-is-everyones-business-proposals-to-reduce-ill-health-related-job-loss/outcome/government-response-health-is-everyones-business

to drive reform of the OH market and improve access to quality occupational health services.

32. We are testing a financial incentive and support model to encourage employers to purchase OH services. User-centred design has commenced, working towards development of a minimum viable product. This test will help us to determine whether to seek to expand the service nationally in the next Spending Review period should it prove effective and value for money in helping small and medium-sized enterprises and the self-employed overcome cost and information barriers to purchasing OH.
33. The Innovation Fund for Occupational Health will stimulate innovation in order to improve access to OH for small and medium-sized enterprises and self-employed people through better use of technology and new models of buying and selling OH. We continue to work with stakeholders to improve the work and health research landscape.
34. To tackle the declining number of OH professionals to deliver OH services, we are continuing work with the OH sector to identify ways to support development of the multidisciplinary OH workforce.
35. Government is working to improve resources for businesses to help them support and manage health and disability in the workplace. This follows employer responses to the *Health is everyone's business* consultation. A new digital information and

advice service has launched to help employers, and small and medium-sized enterprises (SMEs) to support and manage disability and health conditions at work. This helps employers 'self-serve' by stepping them through common scenarios and signposting them to more detailed guidance.

36. Since November 2022, strengthened Health and Safety Executive guidance has given a set of clear and simple 'principles' that employers would be expected to apply to support disabled people and people with health conditions in the work environment.
37. The new digital service and the non-statutory principle-based guidance are designed to feel seamless and will provide additional support to employers on managing health at work, with different formats available to be accessible for all employers, irrespective of size or digital capacity.
38. We will continue to work closely with the Disability Confident Business Leaders Group, which includes senior representatives of major businesses throughout the UK, to promote the business benefits of disability employment. In April, we will recognise the inspiring actions of individuals, businesses, and organisations celebrating employer best practice at the Disability Confident Awards, in collaboration with the Business Disability Forum, Disability Smart Awards 2023. Through the scheme we will continue to work with employers and stakeholders

providing guidance, tools and products to help them support disabled employees and those with health conditions to stay in work and progress. We will also work with Neurodiversity in Business (NiB), a charity organisation which functions as an already established industry forum whose mission is to develop more neuro-inclusive workplaces.

“As a Disability Confident Employer, GLL have found working with the DWP an extremely positive way to be able to successfully recruit staff who are representative of the communities that we work within, offering opportunities to local talented candidates who otherwise may find it harder to compete in the current job market.”

Chloe Foulger, People Lead, GLL-Better Gym

Case Study – GCHQ

The threats we face as a country have constantly changed and evolved since GCHQ’s inception more than 100 years ago. While we might have moved on from ciphers to cyber, the one constant at the heart of our mission to keep the country safe has been our brilliant people working together to protect the UK, its people and our way of life. We need to bring together a mix of minds in order to stay one step ahead of our adversaries.

Those different perspectives include our colleagues with neurodiversity. Some of our most talented and creative people have a neurodiverse profile – including dyslexia, autism, dyscalculia and dyspraxia. We're one of the biggest employers of neurodiverse people in the country.

We have been working with charity Made by Dyslexia, shining a light on the importance of dyslexic thinking skills right across our mission. Dyslexic thinkers tend to tackle problems in non-traditional ways – which is really helpful when we need to innovate and find novel solutions to complex challenges.

We know that GCHQ's apprentices are up to four times more likely to have dyslexia than those on other apprenticeship programmes, and that's not because we are cherry-picking dyslexic recruits. It's because we make ourselves known as a neurodiverse employer and because the nature of our work, and the environment we work in, attracts those who think differently.

Over the years we've adapted our recruitment processes so they are more accessible to neurodiverse candidates. And we also have adjustments available in our workplace to enable our neurodiverse colleagues to thrive, like mind mapping software, noise-cancelling headphones and voice to text/text to voice software.

We know that making diversity a priority is not just the right thing to do, it is mission critical. Having a diverse team better equips us to carry out our mission and tackle new and emerging threats. We simply couldn't achieve the brilliant things we do if everyone here thought in the same way.

Access to Work Supporting Transitions

“Employers need to be doing more for those disabled people who are able to work. Many businesses don't know what they need to do to support the disabled people they hire, but guidance is available. Offering reasonable adjustments and specialised equipment gives disabled people the support to make the most of their talents.”

**Gemma Hope, Director of Policy, Leonard
Cheshire**

39. Access to Work is a discretionary grant that provides a financial contribution for the disability related extra costs of working disabled people face, that are beyond standard reasonable adjustments.⁶ The grant can provide personalised support, of up to £65,180 per person per year, to enable disabled

6 Access to Work: get support if you have a disability or health condition: What Access to Work is – GOV. UK (www.gov.uk). Available at: www.gov.uk/access-to-work

people to move into or stay in work. To transform the service disabled people receive and deliver a more efficient and quicker service, Access to Work is developing an innovative digital service.

40. With the introduction of hybrid working, Access to Work has developed a flexible offer to enable disabled people or people with a health condition to take up new hybrid working opportunities. The flexible offer contains a blended package of support. This complements standard adjustments and offers a tailored package of support to work in the workplace, at home, or a combination of both.
41. To support disabled people to work independently and explore new ways of working, Access to Work has introduced an application for disabled contractors and freelancers. This application offers greater flexibility to take up time-limited contracts and removes the need for people to re-apply for Access to Work every time they begin a new period of work. The application supports the movement between contracts by providing assurance for employers that support is already in place. It removes the need for repeated holistic assessments where the person's needs remain the same.
42. To help people as they move into work, and support the move from education into employment, Access to Work is supporting a series of Adjustment Passport trials. The Adjustment Passport will provide a living document of the disabled

person's workplace adjustments, general working requirements and signposts adjustment support at every stage of the journey into work. The Adjustment Passport can be shared with the employer to reduce the need for the disabled person to repeat details of their disability, empower them to have more confident conversations about disability and reduce the time it takes to obtain an Access to Work award by removing the need for an assessment where the in-work support needs remain the same.

43. Following a successful pilot in summer 2021, we completed the roll-out of the Health Adjustment Passport in England, Scotland and Wales to support disabled jobseekers by May 2022. Recognising the support that the Adjustment Passport could provide for service leavers exiting the armed forces, the Ministry of Defence is also supporting the development of the Service Leavers Adjustment Passport.
44. During 2022 we tested the Adjustment Passport in universities to gain an understanding of how the passport can support disabled undergraduates in their final year with the transition into employment. We are reviewing the findings from the universities to inform next steps. Further pilots are being taken forward in 2023 to test the effectiveness of the Adjustment Passport with:
 - Disabled people leaving educational training and vocational programmes;

- Armed forces service leavers moving into civilian employment; and
 - Contractors and freelancers receiving Access to Work support.
45. To expand the offer, Access to Work has already completed a first phase of testing a new package for disabled people who need more support than the existing scheme can provide. The new offer introduces a package of increased personal support, supervision in excess of what is usually required to perform work tasks, ongoing support from a work coach and support to deliver work tasks above the current Access to Work limit of 20%. To complement the increased personal support, for the first time Access to Work is testing whether providing support for employers who are willing to make changes in the workplace and/or shape the job role to accommodate the employee's disability requirements can make a difference, unlocking employment opportunities for disabled people who have high in-work support needs. We are reflecting on early insights from this initial phase to inform further testing, which we aim to start later this year.

Mental health and wellbeing support

46. An essential part of supporting disabled people and people with health conditions to live independent lives is that we do more to prevent avoidable health issues and help people to recover where their condition is responsive to treatment. Mental health

conditions are a particular area of concern, with prevalence of common mental disorders growing over time.⁷

47. In consultation with NHS England and colleagues across government, DHSC will publish a Major Conditions Strategy. The Strategy will outline a strong and coherent policy agenda that sets out a shift to integrated, inclusive, whole-person care. The Strategy will tackle conditions that contribute most to morbidity and mortality across the population in

7 Reported Common Mental Disorders (CMDs) have been rising steadily since the start of the millennium across the whole population from 7.9% in 2000 to 9.3% by 2014. We now have evidence that the COVID-19 pandemic has impacted some mental health conditions more acutely, with rates of depressive symptoms for adults increasing from 10% pre-pandemic to 19.2% in 2020, peaking at 21% in early 2021 before settling back to 17% by mid-2021. Adult Psychiatric Morbidity Survey 2014, published 2016. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/556596/apms-2014-full-rpt.pdf Coronavirus and depression in adults, Great Britain – Office for National Statistics (ons.gov.uk), published 1 October 2021. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/julytoaugust2021>

England, including (but not exclusively) mental ill health and musculoskeletal conditions.

48. The Access to Work Mental Health Support Service (MHSS) offers mental health support to people in employment. This can be accessed remotely as well as face-to-face. The MHSS delivers a package of tailored support and advice by experienced mental health practitioners for up to nine months and can provide coping strategies, developing a step-by-step support plan, advice on adjustments and support for employers to enable them to fully understand an individual's health condition.
49. The Joint DWP/DHSC Work and Health Unit is investing £3 million for an 18-month extension to the Mental Health and Productivity Pilot programme delivered through the Midlands Engine. The aim of the project is to develop an employment engagement programme to support businesses and raise awareness of mental health and wellbeing in the region, create a workplace culture of openness, enable self-help through toolkits and to reduce the stigma attached to mental health. The grant will support an extension to deliver until December 2023, followed by an evaluation to help build the evidence base and share best practice to support workplace mental health.

Case Study – Mental Health and Productivity Pilot (MHPP)

“My role is HR Manager within the education sector, I first came across the Mental Health and Productivity Pilot (MHPP) through LinkedIn, and subsequently our Trust applied to participate. We helped shape the MHPP’s ‘Bridge the Gap, Start the Chat’ campaign; an initiative that raises awareness and encourages employers and employees to have open conversations about mental health at work, by providing resources to enable them to run their own campaigns. The MHPP enabled us to identify gaps in our knowledge and training and to respond to the impact of the pandemic on mental health. We also participated in MHPP interactive training which supports people managers to safeguard their own mental health, whilst promoting and protecting the mental wellbeing of their teams.

We received fantastic feedback from colleagues supported by the wide and unique range of resources available through MHPP. MHPP has been instrumental in opening up conversations. Our schools are more prepared when colleagues experience poor mental health, because staff have much more confidence talking about what they are going through.”

Flexible working – helping people to remain in work

50. The Government has taken forward its manifesto commitment to consult on flexible working. The consultation considered steps which might increase the availability and uptake of flexible working arrangements in Great Britain. Following consultation, the Government has committed to:
- Give all employees the right to request flexible working from their first day of employment. This will ensure that an additional estimated 2.2 million people will be able to request flexible working arrangements;
 - Require employers to consult with an employee, as a means of exploring alternative options, before rejecting the request;
 - Allow employees to make two flexible working requests a year (up from one) and ensure that they receive faster decisions on their requests; and
 - Remove the requirement for employees to explain the expected impact of their requested arrangement on the employer.
51. While the main focus of the Government's response to its consultation on flexible working was on legislative changes to increase access to contractual flexible working (e.g. part-time and job share arrangements), it also made a commitment

to issue a call for evidence on ad hoc or informal flexible working. Disabled people can benefit from this sort of flexibility as it allows them to manage unpredictable events, such as attending appointments or managing fluctuations in their health. We want to understand more about how this type of flexibility works in practice.

Supporting people to start and succeed in work

What you told us

52. Jobcentre Plus staff should have a better awareness of both physical and mental health conditions and disabilities and understand the impact a disability has on an individual. Feeling listened to and feeling that we have empathy for people's circumstances are important.
53. Work coaches should build a detailed and accurate record of a person's aspirations, experience, qualifications and capacity earlier in their health journey. This will help break down barriers to taking initial steps back towards employment.
54. Disability Employment Advisers (DEA) should continue to support work coaches to make sure staff are knowledgeable about employment support programmes.

What we are proposing

Additional work coach support for earlier back-to-work conversations for customers with health conditions

55. Over an initial three-year period we will be offering more work coach support to people with health conditions receiving Universal Credit (UC) or Employment and Support Allowance (ESA), helping open-up more access to labour market opportunities. Last year we began trialling an offer of stepping up the work coach support for people on UC and ESA currently awaiting their Work Capability Assessment (WCA) and for people who have been found to have limited capability for work or limited capability for work-related activity following a WCA but would like help to move closer to or into work. This support is being trialled initially across a third of Jobcentres.

“Lots of people don’t see us as accessible because we are in the heavy manufacturing sector, but we have had great success using Jobcentres to reach a variety of different jobseekers, including disabled people and people with health conditions.”

Ruth Knoyle, Senior Manager, Talent and Resourcing, Tata Steel Europe

56. Through increased direct work coach support in Jobcentres, we will be able to make sure that

disabled people can find out about employment programmes, wider skills support and schemes including Access to Work and the Flexible Support Fund to help more people overcome barriers to employment. The trial aims to improve our understanding of the support that disabled people and people with health conditions need, and we will expand access to all Jobcentres in future years.

How Jobcentre Plus staff work together

57. Working alongside our employer and partnership teams, and with employers, our Jobcentre coaches not only help people to return to previous careers but also help to explore alternative jobs in new and emerging sectors.
58. Our DEAs will continue to help embed understanding and upskill work coaches on new initiatives, like the Access to Work Health Adjustment Passport, to ensure that they can support our customers effectively, including as we rollout additional work coach support. We are ensuring that every work coach, in every Jobcentre, continues to have access to a DEA.

Case Study – Disability Employment Advisor (DEA)

Having suffered a brain injury two years ago, the customer's life changed dramatically. In December 2021, she expressed she wanted support with getting back to work. Although she recovered from the initial injury, the lasting effects meant she had to approach many things very differently to how she has previously.

In conversation with a DEA, the customer said that she missed the social aspects of work and the independence she had when employed. They discussed numerous options that might be suitable for a move back towards work, one being signposted to 'HerBiz'. Through this connection, she attended virtual seminars for female business start-ups and found out basic information around self-employment. She became confident that self-employment was the avenue she wanted to pursue.

The customer has begun her self-employment journey and now feels confident and comfortable attending future appointments at the jobcentre, knowing her needs will be taken into account.

Improving Jobcentre Plus accessibility

59. During the pandemic we changed the way we delivered services through Jobcentres. These changes included directly contacting people when more information was required for their claim instead

of waiting for them to contact us and the introduction of remote interviewing channels to support people through the claims process.

60. We have worked with the National Autistic Society to develop a framework for ensuring that autistic customers of DWP received appropriate and high-quality service, then tested this in 15 offices across England, Scotland and Wales. All 15 offices were accredited as fully meeting the standard. We are now considering whether this framework can be rolled out across the whole network of Jobcentres. The improved ways of working set out in the framework will also have benefits for customers with other neurodiverse conditions and learning disabilities.
61. Through our 11 Health Model Offices (HMO) in England, Wales, and Scotland we test different ways of working to improve our support for disabled customers and customers with health conditions. The HMOs are a network of specialist Jobcentres, established to develop and trial promising ideas and initiatives.

Targeted employment support for disabled people

62. The Work and Health Programme (WHP) is a specialist employment programme to which work coaches can refer disabled people. The WHP provides additional support for disabled people and disadvantaged groups who expect to find work within 12 months. By August 2022, the programme had provided support for 230,000 people, of which 181,000 were referred due to a disability.⁸ We have extended the current programme to September 2024.
63. We will undertake full impact evaluation of the WHP, including delivery by our local government partners in London and Manchester. We will reflect this and wider evidence in the design and delivery of future support when this programme comes to an end.

8 Work and Health Programme statistics to August 2022 – GOV.UK (www.gov.uk), published 24 November 2022. Available at: <https://www.gov.uk/government/statistics/work-and-health-programme-statistics-to-august-2022/work-and-health-programme-statistics-to-august-2022>

Case Study – Work and Health Programme (WHP)

After joining the Work and Health Programme in 2020, the participant quickly found himself in a temporary job with Royal Mail. Unfortunately, this role ended and it affected his confidence. He continued job searching and upskilling, but due to being on the autistic spectrum he found social situations daunting and overwhelming.

Following an unsuccessful interview, the participant's Support Manager contacted the company to try and build a relationship with them and help with the recruitment process. As a result, the company offered the participant the chance of a work placement instead of a formal interview. The WHP provider delivered some equality and diversity training around hidden disabilities such as autism and mental health conditions and the company implemented a 'buddy system' for when the participant started.

To help the participant, the Support Manager attended the work placement induction and agreed that regular feedback on his performance would be shared with them to discuss.

At the end of the week, the participant had a review with his manager and was offered a full-time job. He is now thriving in his new role and maintains contact with his Support Manager.

Expanding successful tests and trials in health settings

64. We are working to increase integrated support within the health and care system through the DWP/DHSC Joint Work and Health Unit. As we learn more from our work, we are starting to expand initiatives that are proving successful, so that we can reach a larger number of people.

Case Study – Employment Advice in NHS Talking Therapies

Following an industrial accident that damaged nerves in their foot, making it difficult to walk or drive, the participant had been off work for over a year. Prior to the accident they were a lorry driver and had been a very active person. The injury not only damaged their livelihood, but also contributed to a diagnosis of depression.

Initially they were helped to apply for Industrial Injuries Disablement benefit, allowing some breathing room from the stresses of not working. Identifying their skillset, without them having to drive, transferrable skills, and experience, helped to boost their confidence.

The employment support officer (ESO) helped the participant to understand specific barriers, such as travelling to work, gaining a blue badge and researching how Access to Work funding could help buy specialist equipment at a workplace and help them return to work. They also looked at how to reduce and manage pain during the day.

Their ESO helped with job applications and interview techniques. The participant has successfully gained a role as a logistical manager with a haulage firm.

65. We know that receiving employment support alongside psychological therapy led to improved

mental health for clients who were out of work or off sick when they entered therapy. Based on positive evaluation from large-scale testing of this scheme, we are in the process of extending the Employment Advisers in NHS Talking Therapies services (previously known as Improving Access to Psychological Therapies) to all NHS Talking Therapies services across England. Full roll-out will be achieved by 1 April 2024. Over 200,000 people will start Employment Support in NHS Talking Therapies sites over the Spending Review period, of which 100,000 will start employment support per year from and including 2024/25.^{9 10}

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- 9 Employment advisers in improving access to psychological therapies: evaluation of the impact of employment adviser support in Steps2Wellbeing IAPT (Southampton and Dorset) – GOV.UK (www.gov.uk), updated 5 May 2022. Available at: www.gov.uk/government/publications/employment-advisers-in-improving-access-to-psychological-therapies/employment-advisers-in-improving-access-to-psychological-therapies-evaluation-of-the-impact-of-employment-adviser-support-in-steps2wellbeing-iapt-so
 - 10 Employment advisers in improving access to psychological therapies: client research – GOV.UK (www.gov.uk), published 12 April 2022. Available at: www.gov.uk/government/publications/employment-advisers-in-improving-access-to-psychological-therapies

66. Autistic people and people with severe or specific learning disabilities are the least likely of all disabled people to be in work.¹¹ We partnered with nine local authorities in England between November 2017 and May 2019 to test whether, working with local authorities, we could deliver a model of supported employment which increased the employment prospects for this group. Building on this test, we are providing funding to expand this provision to 28 local authority areas across England and Wales until March 2025. The local supported employment initiative will help around 2,000 adults with learning disabilities, autism or both to move into and stay in work.
67. We will explore how we can go further in local communities using the £2.6 billion UK Shared Prosperity Fund (UKSPF). Its primary goals are to build pride in place and increase life chances across the UK. This is achieved through investments that

11 The employment rates for disabled people with autism (29%) and severe or specific learning difficulties (26.2%) were the lowest (in the year ending June 2021) across all the main impairment types. Outcomes for disabled people in the UK – Office for National Statistics (ons.gov.uk), published 10 February 2022. Available at: www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2021

support local communities, businesses and people through interventions such as:

- Reducing levels of economic inactivity through bespoke intensive life and employment support tailored to local need, and helping join up mainstream provision;
- Supporting people furthest from the labour market to overcome barriers to work by providing cohesive, locally tailored support, including access to basic skills; and
- Supporting areas to fund gaps in local skills provision to support people to progress in work, and supplement local adult skills provision.

68. UKSPF funding can be used to support a wide range of people, including disabled people and people with health conditions, people aged over 50, women, young people not in education, employment or training, and people from an ethnic minority. Lead authorities have submitted investments plans to the Department for Levelling Up, Housing and Communities ahead of grants being issued. The Government is committed to exploring how we can work with local leaders to direct national and local support most effectively (including through devolved funding such as UKSPF), building on the learning from initiatives such as Local Supported Employment and the Mental Health Productivity Pilot in the Midlands.

In-work progression

69. We are extending the support Jobcentres provide to people in work and on Universal Credit to help them to increase their earnings and move into better-paid jobs via the new In-Work Progression Offer. From April 2022, we have been rolling out a new voluntary progression offer, available to working Universal Credit claimants including disabled people and people with physical and/or mental health conditions to ensure they can access support to move into higher-paid work. This will be provided by work coaches and will focus on removing barriers to progression and providing help to put together a tailored progression plan. This may include considering skills gaps, identifying training opportunities or looking at opportunities for the person to progress in their current role or supporting them to move into a new role.
70. Building on the voluntary offer, and as announced in the Autumn Statement 2022, from September 2023, we will start to require UC claimants in the 'Light Touch' conditionality group to engage with our progression offer.¹² This will mean that over 600,000

12 People on UC are placed in the Light Touch Group due to their earnings, and will typically be working between 15 hours per week at the National Living Wage and 35 hours per week at the National Minimum Wage. Therefore, we will be providing people in this group with help to increase their hours or earnings.

people claiming Universal Credit will be required to meet with a work coach so that they can benefit from support to increase their hours or earnings and overcome barriers to progression.

71. Employer engagement will be crucial to making this new offer a success. That's why Jobcentres will be supported in this new role by a network of 37 Progression Champions across Great Britain who will spearhead the scheme. Progression Champions will work with key partners, including employers and skills providers, to identify and develop local progression opportunities. They will also work with partners to address local barriers that limit progression, such as transport and childcare.

Conclusion

72. By implementing these changes, alongside learning more about the barriers preventing people from joining or resulting in people leaving the workforce early, we want to transform the employment experience for disabled people who can, and want to, work. No one should be left behind, frozen out of the workplace or lose their potential, simply because they are disabled or have a health condition.
73. Employment is a wider social determinant of health. Being in good employment is in general good for people's health. Disabled people are more likely to fall out of work and, once out of work, are less likely to return. Supporting more

disabled people and people with health conditions into work through measures such as additional Jobcentre Plus support, or stopping them from falling out of work through occupational health reform, will contribute towards the Government's Levelling Up missions through increasing pay, employment, and productivity as well as improving Healthy Life Expectancy across the country. Local authorities with the largest disability gaps tend to be concentrated within more deprived areas of the UK, so we will work with the Department for Levelling Up, Housing and Communities to ensure that our policies have the greatest impact in those areas.

74. The changes will not happen overnight, and we will continue to test, learn, and make changes to ensure that the package of support to individuals and employers reflects their needs. Where we can act now, we will. We are already introducing changes, such as additional support to disabled people and people with health conditions accessing Jobcentre Plus support. We are also making longer-term system changes, such as occupational health reform.
75. We expect employers to play their part to build a more diverse workforce. To enable this, we will support employers with the questions they may have on employing disabled people and people with health conditions and build on our offer of trusted guidance and support.

76. The actions set out in this chapter and the actions of employers and wider society will together create an environment that helps disabled people see the opportunities open to them and ensure that they can access the right support, at the right time, to start, stay and succeed in work.

Chapter 2: Providing the right support

Our ambition

77. We want to make it easier for disabled people and people with physical and/or mental health conditions to access the support that is right for them at the right time. We know that with the right support in place, the opportunity to live independently is more attainable, for more disabled people.

Improving our reasonable adjustment offer

What you told us

- Simplify application forms and make them accessible online.
- Establish a ‘tell us once’ service for reasonable adjustment requests, including safely sharing information with charities and other third parties.
- Provide better training for Jobcentre staff on reasonable adjustments.
- Improve accessibility of public buildings and infrastructure.
- Give more practical day-to-day support.

What we are proposing

78. We will transform DWP customer notifications so people can choose how we communicate with them. Once a person tells us their preference, we will be able to share that across benefits services.
79. We are committed to making it easier for our customers to interact with the benefit system. We continue to improve the design of our forms hosted on GOV.UK to improve accessibility for assistive software users. We have completed work to ensure all 36 of the most used DWP customer forms hosted on GOV.UK are accessible and meet our new design standard. These standards will be applied to all DWP customer forms created or updated as part of ongoing improvements.
80. We are exploring ways to further support people who rely on third parties or carers to manage their relationship with Universal Credit by looking at when people need support, including how people may give permission to others to act on their behalf.
81. We have appointed architects to develop a new Jobcentre Design Guide so that new and refurbished sites will be inclusive, and DWP buildings will be accessible environments for customers, visitors and employees. This will help ensure our buildings better meet the needs of disabled people and people with health conditions, incorporating findings from the 'Improving Delivery Environments' research and learnings from Health

Model Offices. We are working with specialist accessibility and inclusivity consultants to ensure the guide meets our needs now and in the future.

“The labour market doesn’t work as well for people aged 50-70, who face a range of challenges staying in and returning to work, including issues relating to disability and health. This age group is a really big untapped resource and there is a strong argument to be made about multigenerational workforces. We really welcome the 50PLUS Champions in Jobcentres, because they will help employers and Work Coaches engage better with people in this age group.”

Kim Chaplain, Work Specialist, Ageing Better

82. The work we did with the National Autistic Society to develop a framework for ensuring that autistic customers of DWP received appropriate and high-quality service covered, amongst other things, the accessibility of the buildings, the signage within them and the ways staff could guide customers to where they needed to be. As noted, we are exploring whether this framework and these improvements can be rolled out across the wider network.
83. The Government-backed British Sign Language Act 2022 gained Royal Assent on 28 April 2022. The Act recognises British Sign Language (BSL) as a language of England, Wales and Scotland. It also places statutory duties on the Secretary of State

for Work and Pensions to produce guidance on the promotion and facilitation of BSL across government and report on government's use of BSL in public communications. In doing so, the Act will promote the use of BSL across government which will lead to more accessible government services for D/deaf people.

Information and signposting that works

What you told us

- Provide a dedicated helpline with trained staff to provide information and signposting.
- Make guidance on providing medical evidence for an application to Personal Independence Payment (PIP) clearer and make sure people know which services they are being referred on to, to replace general signposting with referral services.
- Introduce a 'one-stop-shop' to access application information and ongoing support for claims.
- Improve the accessibility of information and make multiple formats available.

What we are proposing

84. The Health Transformation Programme (HTP) is modernising health and disability benefit services. It will create a more efficient service and

a vastly improved claimant experience, reducing journey times and improving trust in our services and decisions.

85. The Programme will transform the PIP service, from finding out about benefits through to decisions, eligibility and payments. As part of this, we are exploring a Case Management model. This personalised approach would be available from initial contact and throughout the application as well as signposting people to other benefits and services. We are still at an early stage in development and will continue to build evidence around the advantages and associated costs. Our new design standards for DWP customer forms will improve accessibility and make it easier for our customers to interact with the benefits system.

An Enhanced Support Service for people who need it most

What you told us

- Some people find the benefits system difficult to navigate, and independent advocacy services can be important in helping people with their claim.
- Our service should coordinate with other local and national organisations and help people to access other forms of support beyond DWP (like healthcare).

- It should offer practical help with benefit applications.
- It should work with healthcare organisations, social services and charities to identify people who need the service.
- The service should be co-designed with people with lived experience of disability.

What we are proposing

86. We know people can find the benefits system difficult to navigate. Chapter 3 explains the improvements we are making to make the system easier to use. This includes trialling the continued use of video and telephone assessments and improving transparency. People can also access support through our Jobcentre networks, helplines or services like Help to Claim.
87. The Enhanced Support Service will not be a universal offer and will instead provide targeted help to the people who need it most, such as those who do not have friends or family to support them.
88. We have worked with charities and those with lived experience to understand what further support should look like and have begun testing the new service in Kent.
89. So far, our testing has shown that there are advantages to service users from delivering this through DWP rather than independently. We have

seen that an ‘intensive casework’ model may be able to provide the best practical help to people struggling to navigate the benefits system. We believe this service is better described as an Enhanced Support Service, rather than ‘advocacy’. We will continue to test whether this model of intensive casework is effective or whether it should be delivered independently.

90. We are now expanding the test of the Enhanced Support Service to Birmingham, Blackpool and King’s Lynn.
91. If the service proves to be successful and is expected to provide good value for money, we will aim to expand it into areas of high demand in 2024.

Case Study – The benefits of providing Enhanced Support

The participant, a UC claimant and single parent, had been experiencing difficulties with her mental health. She had run into debt and had begun to ignore her post. She contacted her Jobcentre in distress, asking for help.

Her work coach referred her to the Enhanced Support Service so she could get the extra help and support she needed.

Our Enhanced Support Officer contacted her to offer support and arranged to visit her in a location she felt comfortable with. Together they opened all her post and prioritised her debts. The Officer made a referral to the Supporting Families programme and contacted a debt charity who wrote to her creditors on her behalf.

Our Officer also supported the participant to get a fit note from her doctor and helped her to complete an application for PIP. When a sudden decline in her mental health stopped her from attending her telephone assessment, they helped her to provide further evidence of the impact of her condition. This resulted in her receiving a PIP award without the need for a telephone or face-to-face assessment.

Working with partners to improve people's mobility

What you told us

- We should widen access to the PIP mobility component.
- The previous 50-metre 'rule of thumb' distance criteria used for the PIP mobility component was more appropriate than the current criteria.
- We should widen access to the Motability scheme and provide more help with transport.

The aims of PIP, DLA and Attendance Allowance

92. The aim of PIP and Disability Living Allowance (DLA) is to provide additional help with the extra costs of disability to people who are severely disabled early or relatively early in life and who, as a result, have had fewer opportunities to work, earn and save.
93. PIP and DLA are not available to people who newly make a claim when they are over State Pension age.¹³ However, once awarded, subject to the person continuing to meet the conditions of entitlement, PIP can continue to be paid beyond state pension age.

13 Personal Independence Payment (PIP): Eligibility – GOV.UK (www.gov.uk). Available at: www.gov.uk/pip/eligibility

94. Attendance Allowance (AA) is available for people who become disabled after state pension age to help them with the extra costs of disability and maintain their independence. While the intention is for AA to cover the need for care or supervision that an individual may face as a result of their disability, there is no constraint on what the benefit can be used for. Recipients can choose to use their AA to fund mobility aids.
95. We believe the existing range between the age of three and State Pension age is the right one.
96. Only children aged 3 and over can claim the mobility component of DLA, as all younger children have substantial mobility needs. Children under 3 are eligible for other forms of support, including the care component of Child DLA.

PIP distance criteria

97. The enhanced rate of the PIP mobility component was always intended to be for people 'unable' or 'virtually unable' to walk. We believe the current assessment criteria, including the 20-metre rule, are the best way of identifying people whose physical mobility is most limited.

The Motability scheme

98. Motability is an independent company responsible for supporting disabled people with their mobility needs. The Department is responsible for the higher-rate mobility component of PIP and DLA

which can be transferred to Motability. While the Department works closely with Motability, it is an independent charitable organisation that is wholly responsible for the terms and the administration of the scheme. Since December 2021 Motability have significantly increased grant making and have committed to using £50 million to fund research and insight projects by other charities and organisations seeking to address the challenges that disabled people face accessing transport.¹⁴

99. Motability has also committed to fund a new evidence centre for inclusive transport.

Conclusion

100. We want to make it easy for people to access the support that is right for them, in a way that works for them. We offer a wide range of financial, health and employment support and we understand that support needs vary from person to person and from day to day.
101. We will continue to work with partners to ensure disabled people are able to access transport and to ensure that when they do, the experience is a safe and supportive one which supports independent living.

14 £200 million donation received from Motability Operations, published 14 December 2022. Available at: www.motability.org.uk/motability-news/200-million-donation-received-from-motability-operations

102. We have already done a significant amount to improve access to our services including the provision of reasonable adjustments, the accessibility of our documents and forms and increasing the availability of BSL and Easy Read versions. There is more we can and will do to transform and improve access to our services, including creating inclusive environments within Jobcentres and ensuring our new and refurbished buildings are accessible for customers, visitors and employees.

Chapter 3: Improving our services

Our ambition

103. We want to act quickly to ensure disabled people, people with physical and/or mental health conditions and their carers have a better experience when applying for and receiving health and disability benefits. We want to make changes to the current service so more people can trust our decisions. We want to change the assessment process so it better identifies what people can do.

People-focused Employment and Health Discussions

What you told us

- Professionals carrying out an Employment and Health Discussion (EHD) should receive training covering complex disabilities and support available in the workplace.
- The EHD should not include the use of conditionality.
- The EHD should address the needs of the whole person, with people supported to set their own objectives which could relate directly to their ability to work or something else.

- There should be an agreement between the person and their advisor on how support can be tailored to their needs.

What we are proposing

104. The EHD is not an assessment and does not impact conditionality or gather information for the WCA. It is a discussion with a person about their health situation, any barriers it presents in moving towards work, and how to help overcome these barriers. Because of this, it is not necessary for the healthcare professional carrying out an EHD to be an expert on complex disabilities. However, they will have an understanding of how health conditions impact day to day life.
105. The EHD will be an holistic discussion and take a biopsychosocial approach where health, personal, occupational and societal factors affecting the person will be considered. People will work with the healthcare professional to set objectives, but these will not be imposed on them.
106. We started the EHD test in May 2022 with Leeds Health Model Office. This initial test is small scale. It will assess how well the EHD works and provide insight into people's experiences. The test will give us an understanding of how best to deliver the policy and what aspects of the support are most useful to people.

107. Dependent on the findings we may then scale up to a wider test which will enable us to carry out a larger scale evaluation including gathering evidence on outcomes associated with the EHD.

Improving people's experience of assessments

What you told us

- Continue to offer telephone and video assessments alongside face-to-face and paper-based assessments, with choice around these channels.
- Record all assessments on an opt-out basis and give people an audio recording or written report after their assessment to make the process more transparent.
- Provide more paper-based reassessments.
- Give more weight to an individual's medical evidence in the decision alongside the assessor's report.
- Where attendance at an assessment is necessary, questions should be provided to people in advance. Where appropriate, assessments should be carried out over multiple sessions.
- The frequency of reassessments should be reviewed, with longer award periods where

appropriate. Reassessments should be light touch to confirm changes in a person's condition, rather than another full functional assessment, and the length of awards should be increased where multiple previous awards have been made to a person for the same condition(s). We use the term 'reassessment' when we are talking about the review of a person's benefit award.

What we are proposing

108. With a focus on quality decision-making, we are exploring ways to simplify the full claim process to improve transparency, support greater understanding and increase trust in the system. We are developing the new services on a small scale in a safe environment known as the Health Transformation Area (HTA). This approach will allow us to continually improve the new service in a controlled way, before expanding and ultimately rolling out the service nationally.
109. Through the new HTA, we are working towards:
 - Making the claim journey more of a two-way conversation. This involves building a holistic picture of the person by seeking relevant evidence and clarifying our understanding at every stage;
 - Telling people about our decisions in a simple, straightforward and compassionate way. This will help people understand the outcome we have

reached and why, and also help us understand if we can provide further support; and

- Increasing the number of decisions we get right first time by engaging people throughout their journey and ensuring we are obtaining more relevant evidence earlier. This should lead to a reduction in mandatory reconsiderations and appeals and make it more straightforward to challenge the outcome of a claim.

110. We are evaluating how well telephone and video assessments are working compared to face-to-face assessments. This trial will compare award outcomes across channels (face-to-face, telephone and video) for people who are due an initial WCA or PIP assessment, who can use all three channels, and whose assessment is auto booked to one of those channels.
111. We want to understand whether different assessment methods drive different award outcomes. We will also be listening to the views and experiences of disabled people, DWP staff and assessment providers via external research. This will ensure an evidence-based approach to reform.
112. We have begun to test the feasibility of sharing assessment reports with people making the claim before a decision is made, offering them the opportunity to clarify evidence so that we can make the right decision as early as possible.

113. We are progressing a move to an IT system that will have the capability to record all assessments, including telephone and video. Providers will inform people that they have the option of requesting this service. People have the option to either request a recording in advance of the health assessment, which we will share with them afterwards, or to record the assessment themselves on a device of their choosing.

Further developing assessment expertise

What you told us

- Assessors should be specialists in the condition(s) they are assessing but if they are not, they should research the condition(s) before the assessment.
- There should be more assessors with personal experience of disability or who have been trained by disabled people.
- We should liaise with organisations and charities to ensure that assessors have knowledge of a wide range of disabilities and health conditions, including mental health conditions.

What we are proposing

114. We will continue to invest in developing our assessors' skills. This year, we will begin testing

matching people's primary health condition to a specialist assessor. As part of this, assessors will take part in training to specialise in the functional impacts of specific health conditions. To prepare for this test we will work with stakeholders including disabled people to build on our understanding of the range of specialisms we need to make available, as well as the improvements we need to make to the assessment process and report to deliver the right outcomes.

Improving how evidence is used

What you told us

- More weight should be given to medical evidence and people's own accounts of the impact of their disability or health condition.
- Medical evidence should be gathered earlier in the process.
- Recognising that obtaining medical evidence is not always straightforward, DWP should collaborate with Department of Health and Social Care (DHSC) to understand how this can be overcome.
- DWP should seek evidence from healthcare professionals, support organisations, carers, social workers, family and friends.

- There needs to be more clarity about who is responsible for obtaining evidence and the type of evidence required.
- To improve consistency and to ensure assessors have the right understanding of a person's condition, assessors should show in their reports what evidence they have used, and the weight applied to it.

What we are proposing

115. We are improving the guidance videos for PIP available on GOV.UK that set out when people should provide evidence and the type of evidence required.
116. The Health Transformation Programme is developing a new user-centred service for PIP, as mentioned in the previous chapter. This will improve how we support people to make an application and reduce the time it takes to make a claim. The development of the new PIP service will improve the application process by providing targeted content to help people better understand if they are eligible. The new service will offer a choice of how to apply, for example, digital or by post. The application questions will be simplified, targeted and structured and will support case managers and healthcare professionals to review and identify relevant information.

117. We are developing a more customer-focused integrated Health Assessment Service for all functional health assessments. This will replace the current approach to delivering health assessments and allow easier sharing of medical evidence and greater opportunity to re-use information that claimants have already provided.
118. The Health Assessment Service will provide clear, simple information, instructions and decisions, so people know what to expect and feel involved and informed. It will also enable people to monitor and track their application and decisions.
119. The new PIP service will simplify data collection processes, gathering data electronically where we can. The data collected will be of various forms, from basic identity information to information from general practitioners (GPs) and the person themselves on how their condition affects them. By having a digital channel, we will also be able to tailor questions asked according to information already provided, signpost claims more efficiently and reduce additional or repeat requests.
120. Alongside this, we are exploring accessing relevant NHS medical information, with appropriate consent from people. We are working with NHS Digital to see what opportunities there are to share information between DWP, hospital and GP IT systems to provide more standardised information earlier in the assessment process.

121. We will test new digital solutions to better identify the right evidence. We are working with one of our health assessment delivery partners to develop a new online tool that is based on an existing technology used in the NHS. This will help people provide specific information relevant to their claim.
122. Building on the learning from the development and testing of the above tool, we plan to explore offering ways to help people make an informed choice. This may include an online self-assessment tool that will provide a guide to eligibility and what evidence is required.
123. One option which we will test at small scale this year is the introduction of a new Health Impact Record (HIR). This will give people the option of a structured way to present evidence that demonstrates the changing impact of their health condition(s). Information will be collected over a period of time rather than at the point of assessment. As part of this, we will also explore how we can include evidence from people's health and social care support networks. The HIR could also be used at the point of somebody's reassessment or award review, and the information used to minimise the need for a face-to-face, video or telephone assessment.

Better support for those with fluctuating conditions

What you told us

- Current assessments don't always fully capture the impact of fluctuating conditions.
- It can be difficult for some people with fluctuating conditions to answer questions about how their health is for the majority of the time.

What we are proposing

124. Many of the changes outlined in this chapter will improve our assessment of fluctuating conditions, such as improvements to our use of medical evidence, and developing the capability of our assessors. However, we will also explore options for introducing a new way of gathering evidence of fluctuation in a person's condition before their assessment.

Supporting people as they move between child and adult benefits

What you told us

- Base the transition from DLA for children to PIP on existing information and complete without an assessment wherever possible.

- Use grace periods where benefits will change, to allow time for challenges and/or other arrangements to be made.

What we are proposing

125. We recognise that turning 16 is a key development milestone in a person's life, and important to their parent or carer too. To help with the transition from DLA to PIP, we can use the previous relevant evidence for the DLA claim to assist with our decision making. However, PIP is a different benefit from DLA with different rules, so it will remain important to ensure people meet the criteria.
126. The transition from DLA to PIP already provides a period of four weeks following the PIP decision, during which people receive their existing DLA payments. This allows for mandatory reconsideration requests to be made and for people to adjust to any reduction in entitlement as a result of the transition to PIP.

Introducing the Severe Disability Group

What you told us

- People welcomed the proposal for a Severe Disability Group (SDG) as it addresses concerns about the stress and anxiety experienced by people with severe health

conditions and disabilities going through the assessment process.

- More information is needed on the criteria and how this might impact on other groups and awards.

What we are proposing

127. Since the Green Paper we have made progress with our plans to test the SDG, so this group can benefit from a simplified process without ever needing to complete a detailed application form or go through an assessment. We have worked with an expert group of specialist health professionals to draw up a set of draft criteria which focuses on claimants who have conditions which are severely disabling, lifelong and with no realistic prospect of recovery. These criteria were shared with several charities and their feedback was used to further develop our draft criteria, which we are now testing. We will share further details as we go through testing.
128. A test of the SDG began in Autumn 2022. This policy will be tested on a small scale across a range of health conditions. We will then gather insight from service users, DWP staff and organisations to make sure it works as intended to improve the assessment process for claimants with the most severe disabilities and health conditions.

Extending the Special Rules for End of Life

What we are proposing

129. Following the Green Paper, we have changed the Special Rules for End of Life to enable thousands more people who are nearing the end of their lives to get fast-track access to benefits. From April 2022, people in their final year of life have been able to claim Universal Credit and Employment and Support Allowance under the special rules, six months earlier than under the previous rules.¹⁵ The Social Security (Special Rules for End of Life) Act 2022, enables similar changes to be made to PIP, DLA and AA and these will come into effect from April 2023.
130. To help support this work, we have commenced an ambitious programme of engagement with primary care, secondary care and community-based healthcare professionals to increase awareness of the financial support available for people who are nearing the end of life and the introduction of the new 12-month end of life approach.

15 Get benefits if you're nearing the end of life – GOV. UK (www.gov.uk). Available at: <https://www.gov.uk/benefits-end-of-life>

Conclusion

131. The changes set out in this chapter will act on the feedback we've heard about claiming health and disability benefits so that everybody feels supported and able to rely on the Department. We have already made changes to the Special Rules for End of Life and are testing the introduction of a Severe Disability Group which will bring changes for those with the most severe health conditions.
132. We also set out our plans for a future assessment system that is fair, effective, and works for everybody. We have used feedback from the Green Paper as well as other engagement with disabled people and charities to shape how assessments should look going forward. This reform will improve experiences for those going through assessments. While the assessment process is a large part of the benefits system, we know there is more we can do more widely. In the next chapter we will set out how we plan to make structural reforms to the benefits system which will transform the service to ensure it best meets the needs of disabled people and people with health conditions in the future.

Chapter 4: Transforming the system for the future

Our ambition

133. We will improve support for disabled people by transforming the benefits system from one focused on the limitations of a person's disability or health condition, to one which focuses on what people can do. We will do this by removing financial barriers for people who would like to try work but who fear taking the risk, reducing the need for assessments and improving the experience for people who use our services. The changes we are proposing will help people to lead more independent lives, be more resilient to changes in the cost of living and be able to share in, contribute to, and benefit from, our drive for economic growth.

What you told us

- Disabled people are worried that they would be financially worse off if they start work or engage in work-related activity and are concerned about their ability to access benefits again quickly if a job does not work out.

During the consultation process, one person stated:

“We deserve room to grow without fear our support will be taken away. Disability is often variable, so an increase at one time (e.g. trying to work full time again) doesn’t mean that will be sustainable always. We should be able to try things that may not work without fear, but because of how things are set up and that fear is valid, some people don’t try work, and for a good reason.”

- People with long-term or chronic health conditions felt they should be assessed less frequently and that the PIP assessment and Work Capability Assessment (WCA) overlapped, leading to additional stress.¹⁶

16 There are currently two separate functional assessments for health and disability benefits. A functional assessment is one that considers the impact of someone’s health condition on their ability to carry out activities. In this chapter we will be using the term ‘assessment’ to refer to a meeting between a person and a healthcare professional (HCP) who asks them questions about their functional ability. We will use the term ‘reassessment’ when we are talking about the review of a person’s benefit award.

During the consultation process, one person suggested:

“One application process asking for medical reports/evidence and input [...] one test and then information used to decide on all benefits. That would lift the burden, trauma and stress to a claimant.”

- Having one assessment for both PIP and Universal Credit (UC) would ease the stress assessments bring. However, there were also concerns that having one assessment could mean individuals would lose their benefits all at once if the assessment decision was not in their favour.
- PIP and UC should remain separate benefits with separate aims, PIP to provide support with the extra costs associated with a disability and health condition and UC to support people’s incomes.
- Recipients of PIP made it clear they wanted to continue to receive financial support, rather than aids and appliances alone, in order to maintain their independence and make their own decisions on the additional support they require.

Why change is needed

134. It cannot be right that disabled people and people with health conditions are worried that they would be financially worse off if they start work or engage

in work-related activity. To receive additional income-related support in the current system most people attend a WCA, where they must be determined to have limited capability for work and work-related activity (LCWRA). People who have LCWRA, or who are in the ESA Support Group, are not required to look for or prepare for work.

135. However, research shows that 20% of people with LCWRA on UC or who are in the ESA Support Group would like to work at some point in the future, if the right job and support were available, 4% thought they could work now, if the right job and right support were available.¹⁷
136. More than half of those who felt they could work within the next two years found the fear of losing

17 Work aspirations and support needs of claimants in the ESA support group and Universal Credit equivalent – GOV.UK (www.gov.uk), published 27 February 2020. Available at: www.gov.uk/government/publications/work-aspirations-and-support-needs-of-claimants-in-the-esa-support-group-and-universal-credit-equivalent

benefits to be a barrier to trying work.¹⁸ This is, in part, reflected by the fact that fewer than 1% of people claiming ESA leave the Support Group each month.¹⁹ We want to remove this financial barrier so that where people are able to work, they can do so.

137. The evidence that appropriate work can bring financial, health and wellbeing benefits is widely recognised.
138. In the consultation, people with long-term or chronic health conditions said that they should be assessed less frequently and that the PIP assessment and WCA overlapped, leading to additional stress. We know that a large number of people who receive a health or disability benefit currently need to complete two applications and undergo two

18 Work aspirations and support needs of claimants in the ESA support group and Universal Credit equivalent – GOV.UK (www.gov.uk), published 27 February 2020. Available at: www.gov.uk/government/publications/work-aspirations-and-support-needs-of-claimants-in-the-esa-support-group-and-universal-credit-equivalent

19 Shaping Future Support: The Health and Disability Green Paper evidence pack, July 2021 - GOV.UK (www.gov.uk), published July 2021. Available at: <https://www.gov.uk/government/statistics/shaping-future-support-the-health-and-disability-green-paper-evidence-pack-july-2021>

assessments to receive additional support for their disability or health condition.

139. Of the 3.9 million working-age people receiving at least one health or disability benefit, 1.8 million – almost half (46%) – claimed both PIP or DLA and ESA and/or UC (with a health condition).²⁰
140. We heard that people found these assessments contained unnecessary duplication and that they caused anxiety and distress. This is in part due to a fear that trying work or work-related activity could trigger a repeat assessment that could result in the loss of their benefit entitlement.
141. These issues and barriers cannot be fully resolved by making small changes to the health and disability benefits system, but instead require fundamental changes to the design of the system.

What we are proposing

142. We want the system to continue to support those most in need, while recognising people shouldn't need to be found to have limited capability for work and work-related-activity to access additional income-related support. Instead, we want to encourage and support people into work and focus on what people can do.

20 DWP administrative data May 2022, updating figure used in Shaping Future Support: The Health and Disability Green Paper evidence pack, July 2021

143. We will give people confidence that they will receive support, for as long as needed, regardless of whether they are working.

New UC income replacement health element

144. We want to give people confidence to try work, so that those who are able to can progress in or towards work, without the worry of being reassessed or losing their benefits.

145. We are therefore proposing to replace the current UC LCWRA element with a new UC health element. The new element will be awarded to people who are receiving the UC Standard Allowance and any PIP element.

146. This new element will abolish the need to be found to have limited capability for work and work-related activity, as is the case with the current UC LCWRA element. This will remove barriers in the system that can prevent people who would like to, from entering or remaining in employment.

147. We recognise that for some people on UC with a health condition, and who are also in receipt of PIP, work is not a realistic option, and the new health element will continue to provide income-related support to those people.

148. Entitlement to the new UC health element will only end when the functional impact of a person's health condition improves and they are no longer eligible for PIP, or as people earn more money and their

UC is tapered away, which ensures that they are financially better off in work.

149. We will set the award rate of the new UC health element at the same level as is currently awarded to those people that have LCWRA. We are also considering how best to ensure that the positive work incentives already in place in UC, including the work allowance, are integrated most effectively into an improved health and disability system.
150. Our income replacement benefit proposals will apply to UC. It is not possible to submit a new claim for income-related ESA.²¹ We remain committed to retaining a health and sickness contributory benefit in the future system.

New UC health element eligibility

151. As part of our proposal, people that are receiving both PIP and UC will receive the new UC health element as part of their claim. However, in today's benefits system some people that receive the UC health element as a result of being determined to have LCWRA do not receive PIP. This is also the case for some people that are in the ESA Support Group.

21 It is not possible to submit a new claim for income-related ESA as legislation preventing new claims was introduced in 2018.

152. For this group, we will carefully consider whether they meet the PIP assessment and eligibility criteria. As we develop our reform proposals, we will consider how disabled people and people with health conditions who need additional financial support may receive it.
153. We are committed to protecting those claimants who are currently treated as LCWRA due to pregnancy risk or because they are about to receive, receiving or recovering from treatment for cancer by way of chemotherapy or radiotherapy. We will provide explicit provision to allow these claimants to access the new UC health top up, even when they are not in receipt of PIP.
154. We will also ensure that there is a special provision in place for people who are nearing the end of their life so that they continue to have fast-tracked access to the benefits system and are exempt from face-to-face assessments and waiting periods.
155. By focusing our proposals on people that receive both PIP and UC, we will ensure that financial support is targeted at those who need it the most.

Transitional protection

156. The degree of change in our proposals will require primary legislation, which we would aim to take forward in a new Parliament when parliamentary time allows. These reforms would then be rolled out, to new claims only, on a staged, geographical basis

from no earlier than 2026/27. We would expect the new claims roll-out to be completed within three years (so by 2029 at the earliest), when we would then begin to move the existing caseload on to the new system.

157. Any LCWRA recipients who are not also in receipt of PIP at the point that they move to the new system and whose circumstances remain unchanged will receive transitional protection. Transitional protection is a top-up so that people do not lose out because of the introduction of the new UC health element. People will receive cash protection, which will erode over time with increases in UC elements and will stop with certain changes of circumstances. Taken together, these steps will ensure that no one experiences financial loss at the point at which the reform is enacted. We will continue to engage with disabled people and people with health conditions that use our services and work together to create an inclusive and supportive new system before the principal changes in this chapter are introduced.

Personalising support under a reformed system

158. To achieve our ambition, we are proposing to remove the WCA. This includes the removal of the automatic assignment of people with limited capability for work to the work preparation-only group, and those with LCWRA to the no work-related requirements group.

159. This change means that in the future there will only be one health and disability functional assessment: the PIP assessment. People in receipt of PIP and UC will receive the new health element. The key change will be in UC, where instead of the WCA, people in receipt of PIP and UC will receive the new UC health element. In place of the WCA, we propose to introduce a new personalised health conditionality approach that will provide more personalised levels of conditionality and employment support, with the aim of helping people to reach their potential and live a more independent life.
160. We will use this opportunity to build greater levels of trust between DWP and the people who use our services, by reducing the assessment burden that people currently face. We want to introduce a more tailored approach, to allow work coaches to build a relationship with an individual and determine what, if any, work-related activities an individual can participate in. This also means that where work or work-related-activity is not possible or appropriate for someone, they will not be expected to participate in these activities to receive their benefit entitlement.
161. Our new approach will mean both voluntary and mandatory work-related requirements may be set for health and disability benefit claimants, where this is appropriate, with requirements added at a pace that is appropriate for the individual.

162. We will focus on what people can do, rather than what they can't, but also ensure that where people are unable to work, we will continue to support them and assist them in living independent lives. We will work with our work coaches to develop these proposals and ensure they have the right training and support needed to fulfil this change in their role. We will also explore how the Employment and Health Discussion can assist people on the UC health journey. We will take a test and learn approach with the new system before introducing it, to ensure it provides the taxpayer with value for money and is accessible and effective in delivering for our service users.

Keeping PIP and UC separate

163. We will keep PIP and UC separate following concerns from the Green Paper consultation that the two benefits would be merged. Although only people who receive both PIP and UC will access the new UC health element, PIP will remain a benefit people receive whether they are in or out of work. PIP will not be means-tested and will stay separate from UC. This means that PIP will continue to provide support to cover some of the additional costs associated with having a health condition or disability, irrespective of a person's income.

164. The new UC health element, which will be available to people who receive both PIP and the UC Standard Allowance, will remain an income-

related benefit to provide income replacement for those on low incomes and with the most severe health conditions.

Conclusion

165. Our proposals focus on improving employment and independent living outcomes, as well as the services we provide for disabled people and people with health conditions. We will do this by removing the financial barriers to employment and reducing the assessment burden that people face.
166. The changes that we are proposing will help us transform support, so more disabled people can start, stay and succeed in work, and help set the country on the path to long-term success.

Conclusion

167. A person's disability or health condition should not determine their opportunities in life.
168. The actions set out in this White Paper will improve support to enable disabled people to live more independently, including through better access to the labour market to start, stay and succeed in work. This will help increase financial resilience and ensure opportunity and prosperity for everyone.
169. We made our case for transforming the health and disability benefits system in The Health and Disability Green Paper, published in July 2021. More than 4,500 people and organisations responded to our consultation, giving us their views on our proposals. We have carefully considered these responses and this White Paper has set out our plans for change:
 - We will transform the benefits system by removing the Work Capability Assessment. This will ensure that those who are able to, can progress in or towards work, without the worry of being reassessed and losing their benefits. The system will focus on what people can do, rather than the limitations of a disability or health condition;
 - We will improve employment support for disabled people and people with health conditions,

investing to help people start, stay and succeed in work; and

- We will improve the overall experience of the benefits system for disabled people, making it easier for people to access the right support and improving trust and transparency in our decisions and processes.

170. The improvements we have set out will help to reduce barriers to employment, support disabled people and people with health conditions to live independent lives, and ensure that they are treated with respect when they access the support they need. But there is still work to do.

171. That is why the Prime Minister has asked the Secretary of State for Work and Pensions to look in detail at the issue of workforce participation across society. Disabled people and people with health conditions are a key focus of this work, which will build on the Government's existing package of support to help disabled people and people with health conditions to start, stay and succeed in work.

172. This White Paper is the result of what we have heard in responses to the Green Paper and in our consultation events about what needs to change in the health and disability benefits system. But this is not the end of the conversation. We will continue to listen to, and to work closely with disabled people, people with health conditions and many other

partners, on how to deliver these improvements and reach our important shared goals.

173. We will develop a new Disability Action Plan in 2023, which will set out the practical action we will take across government – beyond the health and disability benefits system – to improve disabled people’s lives. Ensuring the voices of disabled people are properly heard is a priority for this Government. We will run a full public consultation on the plan later this year.

Annexes

Annex A: How we consulted

On 25 June 2019 we announced that we would be launching a Green Paper to explore ways to improve support for disabled people and people with health conditions. We organised seven face-to-face events across Great Britain and over 30 virtual events following the outbreak of the COVID-19 pandemic in March 2020, to ensure that the views of disabled people and their representatives shaped the content of the Green Paper.

We published the Green Paper, which we titled *Shaping Future Support*, on 20 July 2021. We offered a number of alternative formats, including an audio summary, full audio (online and on CD), a British Sign Language version, and hard copies of the full publication, Easy Read versions, Braille and large print.

To learn what people thought of our proposals, we asked questions about our plans.



We held face-to-face consultation events in Leicester, Newcastle, Shrewsbury, Norwich, Wrexham, Canterbury, Bournemouth, Leeds, Glasgow, London and Bolton.

We gave people 12 weeks from publication day to let us know what they thought. The consultation ended on 11 October 2021. During this consultation period, we held a series of over 40 consultation events to hear directly from people and have an open discussion about the Green Paper.

This included 11 face-to-face events: one in every region of England, one in Scotland and one in Wales, in a mixture of urban locations and smaller towns in rural areas. This meant we involved people from across Great Britain and from different places, to make sure we were hearing a variety of views.

So that the discussion at these events went into depth on the Green Paper proposals, each event focused on a specific part of the Green Paper: Rethinking Assessments, Improving Employment Support, or Improving the Structure of the Benefits System. However, each event included an opening section for attendees to share their experiences of our services and to raise any issues they wanted to.

To make sure that we were also involving people who did not want to travel and attend face-to-face events, we offered people the choice of attending an alternative virtual event on the same topic. We held six of these public virtual events in all.

We publicised the events through disabled people's organisations, local and national charities, on social media and through our stakeholder magazine.

The events were attended by a mixture of disabled

people and people with health conditions, carers, and representatives, many from smaller, local disabled people's organisations.

We also organised 18 events with charities and organisations, who arranged for their users and staff to attend and share their views on the Green Paper. Charities and organisations chose which part of the Green Paper they wanted the event to focus on and whether they wanted to hold the event face-to-face or virtually. We are grateful to the following for their help in organising these events:

- Adult Cerebral Palsy Hub
- Ambitious About Autism
- Royal British Legion
- Downs Syndrome Association
- Disability Rights UK Disabled Apprentice Network
- Expert Link
- Headway
- Macmillan (two events)
- Marie Curie
- Mind
- Multiple Sclerosis Society
- National Network of Parent Carer Forums
- Royal National Institute of Blind People (two events)

- Scope
- Sense
- Youth Employment Group

During the consultation we established our Ethnic Minorities Forum. This let us hear the views of people from ethnic minority backgrounds, who have personal experience of the health and disability benefits system. We held the first event with the forum during the consultation period, so members could share their thoughts on the Green Paper.

We held Green Paper events with our existing forums: the General Practitioner forum; the Operational Stakeholder Engagement Forum; and the Health and Disability Policy Forum. We also held five events with the Regional Stakeholder Networks.

We met with the Disability Benefits Consortium, a national coalition of over 100 different charities and organisations, and held an event with a group of charities on improving the appeal lapsing process. We held two events with DWP staff in a variety of front-line roles, to learn from their experiences delivering our services. We also met with the Federation of Small Businesses and the British Chambers of Commerce to discuss the Green Paper's proposals on improving employment support.

To make sure as many people as possible could contribute in writing, we set up a consultation survey using the online platform CitizenSpace. We received more than 4,500 responses, with roughly half of those

coming via CitizenSpace, and the other half via email. Almost everyone who responded via email did so as part of a concerted campaign arranged by an organisation. We thank all organisations that ran consultation events, online surveys or focus groups to gather the views of a wide range of people, and for their own responses to the consultation.

More than 90% of those who responded via Citizen Space reported a disability or health condition lasting more than 12 months. After the consultation closed in October 2021, we read every written response and grouped them into common themes and experiences.

We have carefully considered the feedback we have received to our consultation in developing the next steps set out in this White Paper.

Annex B: Across the UK

The UK Government is committed to improving the lives of disabled people and people with health conditions across the whole of the UK. The Green Paper consultation welcomed views from people across the United Kingdom.

This section sets out the extent to which these reforms will apply in each part of the UK. The Minister of State for Disabled People, Health and Work in the UK Government has cross-government responsibility for disabled people across the United Kingdom.

In Northern Ireland, responsibility for policies on employment support and social security sits with the Northern Ireland Executive.

In Scotland, some parts of the social security system remain the responsibility of the UK Government and others are devolved.²² The latter includes PIP and DLA. These have been replaced by new Scottish Government benefits for claimants newly claiming benefits.²³ The proposals in this White Paper will therefore not apply to

22 The responsibility for additional-needs disability benefits, including PIP and DLA, and for weekly-paid industrial injuries benefits, transferred to the Scottish Government in April 2020. The responsibility for Carer's Allowance transferred in September 2018.

23 Child Disability Payment replaced DLA for children in 2021 with Adult Disability Payment replacing PIP in 2022.

Scottish benefits. The changes proposed for ESA and UC will apply in Scotland, since these benefits will remain the responsibility of the UK Government. The DWP will work with the Scottish Government to consider the implications of our proposals for claimants in Scotland.

Currently, DWP continues to deliver PIP and DLA on behalf of the Scottish Government under Agency Agreements on the same basis as in England and Wales. This will continue until all existing claimants have been transferred to the new Scottish benefits. We will work with the Scottish Government to ensure that the proposals in this paper are applied to PIP and DLA in Scotland whilst Agency Agreements are in place.

This includes the changes to the Special Rules for End of Life in PIP, DLA and Attendance Allowance, which are outlined in Chapter 3 of this White Paper. The changes that have already been made in ESA and UC apply in Scotland, since these benefits remain the responsibility of the UK Government.

The Scottish Government is already delivering Child Disability Payment, its replacement for DLA for children, and started to deliver Adult Disability Payment, its replacement for PIP, from 29 August 2022. With respect to employment support, the Scottish Government has concurrent powers to set up programmes to help disabled people into work. It has similar powers to support people who are claiming reserved benefits and at risk of long-term unemployment, provided this support lasts for 12 months or longer. The UK Government remains

responsible for the support provided by Jobcentre Plus, and for other contracted employment support in Scotland. The proposals in this White Paper apply in Scotland to areas that are reserved to the UK Government.

In Wales, employment support and social security are the responsibility of the UK Government, save for certain functions relating to employment support, which may be exercisable jointly or concurrently with Welsh Ministers in some circumstances. The proposals in this White Paper relating to those areas that are the responsibility of the UK Government apply in Wales and include PIP and DLA.

The Scottish and Welsh Governments are responsible for health, local government, education, skills and social care. Where the proposals set out in this White Paper relate to these areas, they focus on what this means for England.

We remain committed to working with the Scottish and Welsh Governments, and with the Northern Ireland Executive, to consider how best to deliver support for disabled people and people with health conditions.

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