Department
for Work &
Pensions

Government Response to the Pathways to Work Consultation

CP 1421

Department for Work and Pensions

Government Response to the Pathways to Work Consultation

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

October 2025

CP 1421

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Any enquiries regarding this publication should be sent to us at Pathways to Work Consultation, Disability and Health Strategy Directorate, Department for Work and Pensions, Floor Two, Caxton House, London, SW1H 9NA

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Contents

Introduction

This is the Government's response to the Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper Consultation.

The response document details:

- the background to the Green Paper and the consultation exercise;
- statistical reporting of the responses and summaries of their key themes; and
- an indication of the next steps the Department for Work and Pensions will take to consider the responses as it develops policy in these areas.

If you wish to provide any comments regarding this response, please contact the Department for Work and Pensions at the following address:

Pathways to Work Consultation,
Disability and Health Strategy Directorate,
Department for Work and Pensions,
Floor Two,
Caxton House,
London,
SW1H 9NA

Executive Summary

The Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper set out proposals to reform how the Government supports disabled people and those with health conditions.

We sought feedback via a public consultation. We invited views from across the public, and particularly encouraged responses from disabled people and those with health conditions, their carers and their representative organisations.

Respondents could provide feedback in the form of a written response (either via an online form, email or post), or in person at one of the public consultation events held across the UK and virtually.

The consultation ran from 18 March to 30 June 2025 and, in total, received 47,983 responses. 14,763 of these were direct responses to our consultation questions, while 33,220 were sent in response to the consultation, but which answered questions not asked by the consultation.

Respondents had the opportunity to answer 17 questions relating to proposals from across three chapters of the Green Paper. These were “Chapter 2: Reforming the structure of the health and disability benefits system”, “Chapter 3: Supporting people to thrive”, and “Chapter 4: Supporting employers and making work accessible”.

Chapter 2: Reforming the structure of the health and disability benefits system.

Many responses called for increased NHS investment, notably mental health support, and reforming the Personal Independence Payment (PIP) assessment process. There was broad support for the principle behind the Government's proposal to give disabled people a Right to Try work, with respondents noting the importance of safety nets, flexibility within the benefits system, clarity on benefits rules, and the value of good employment support services. Views varied on the length of entitlement for Unemployment Insurance (UI). Many suggested that support for disabled individuals should be indefinite; others suggested UI should be paid for a limited period. Proposals for time limits ranged from up to 6 months to beyond 12 months. Others expressed scepticism about whether a new benefit was necessary. Although not subject to consultation, many respondents used their responses to this section to call for the Government to maintain the existing eligibility criteria for PIP.

Chapter 3: Supporting people to thrive

Responses broadly emphasised that, for support to be effective, it should be holistic, delivered by appropriately skilled staff. Respondents also commonly suggested that

people should not have to engage with the support in order to receive their benefits. Respondents suggested that conversations should also be offered in a range of formats flexible to individual needs, using accessible language and focusing on empathetic, active listening. Respondents felt requirements, such as conversations and work preparation activity, should be determined on a case-by-case basis and tailored. Many believed assessments to determine requirements should be delivered by a medical expert or based on medical evidence. The majority of respondents supported maintaining the age at which people could access the Universal Credit Health Element at 18, though opinion was more divided over whether the age at which people should begin to access PIP should rise to 18.

Chapter 4: Supporting employers and making work accessible

The vast majority of responses expressed strong support for the aims of the Access to Work programme. Respondents converged around suggestions for a simplified, tailored, and streamlined scheme that can deliver funding quickly. Suggestions for the support that Access to Work should provide included funding personalised grants, employer training, and support for transportation, with specific funding and training for Small and Medium Enterprises. Suggestions for how to ensure effective collaboration with the Advisory Conciliation and Arbitration Service, the Health and Safety Executive, and the Equalities and Human Rights Commission

included developing a clear division of responsibilities and focusing on improving employer awareness and accountability of their responsibilities and the support available.

A full summary of the responses to each question is outlined below. The Government is carefully considering all responses to the consultation alongside insights from our Collaboration Committees – five committees (Access to Work, Pathways to Work, Right to Try Work, Age of PIP, and Young People Employment Support) bringing together groups of disabled people, people with health conditions, and other experts to collaborate and provide discussion–as well as other evidence as we further develop our policy.

Breakdown of responses

In total, the consultation received 47,983 responses. 14,763 of these were direct responses via email, post or via the online form. In addition to direct responses to our consultation, we also received:

- 32,788 responses from a single campaigning platform, which put 2 surveys asking its own questions to its members.
- 367 postcards sent via a postcard campaign; and
- 65 individual responses via a petition.

Respondents could choose to provide certain demographic information. The tables below provide a breakdown of responses by this information.

Respondent type

Respondents were asked how they were responding to the consultation.

	Individuals	Charities/ representative organisations	Other organisations*	Other/No data
Number	**46,354**	**511**	**372**	**746**

*For example, businesses, industry bodies and local authorities.

Representation from disabled people

Respondents were asked whether they considered themselves to have a health condition or disability. One third-party survey asked whether its respondents currently, or had previously, received PIP.

	Identified as having a health condition or disability, or as receiving or having received PIP	Did not identify as having a health condition or disability, or said they had never received PIP	Did not specify/No data
Number	**21,535**	**8,549**	**17,899**

Location

Respondents to the online form were asked where in the UK they live. Of those who answered (8177 respondents), 85% lived in England, 6% in Wales, 5% in Scotland and 2% in Northern Ireland. Because a large volume of responses originated from third party surveys, we do not have this data for most respondents.

	England	Scotland	Wales	Northern Ireland	No data
Number	**7,143**	**393**	**502**	**139**	**39,806**

Interpreting findings

The consultation was organised around 17 free text questions, with an additional 3 multiple choice demographic questions.

For the free-text questions, we conducted a thematic analysis to capture the distinct viewpoints raised and to quantify how often each was raised.

1. First, we generated a list of the discrete arguments and viewpoints made in response to each question. These are called “themes”, and comprise a theme title and a more detailed description. The themes were reviewed by policy experts to confirm their accuracy.
2. Next, each response was individually reviewed to identify which themes – if any – were raised. If a response did not make a substantive point, or if it made a point not captured by the themes, this was recorded.
3. Finally, we looked at the frequency that each theme arose across all responses, including the number of responses which did not engage any of the themes.

A consistent approach was utilised across consultation responses, including summaries of consultation events and responses received through other campaigns which asked their members different questions.

To enhance the quality and efficiency of our analysis, Consult, an artificial intelligence tool developed by the

Department for Science, Innovation and Technology, was employed. Consult supports human reviewers to produce the list of themes and identify which themes are present in a given response. This provides useful insights to analysts and policy teams as they carefully consider the responses we received. More details on the methodology deployed in this consultation, including the use and evaluation of the Consult tool, are available as annexes.

During the course of the consultation, the Government announced that it would not take forward the proposed changes to the eligibility criteria of PIP. Although this policy was not consulted on, many respondents raised it in their responses. To ensure an accurate summary of responses, these views are reported here.

Below is a brief prose summary, question-by-question, of the most common points raised, as well as a breakdown of the top 10 most frequent themes in graphical and tabular format. For each question, “Other” refers to responses which raised less common themes as well as answers which did not substantively answer the question. We will consider all responses to the consultation, including those which raise less common themes, viewpoints or issues.

Question-by-question findings of direct responses to the Consultation

Question 1: What further steps could the DWP take to make sure the benefit system supports people to try work without the worry that it may affect their benefit entitlement?

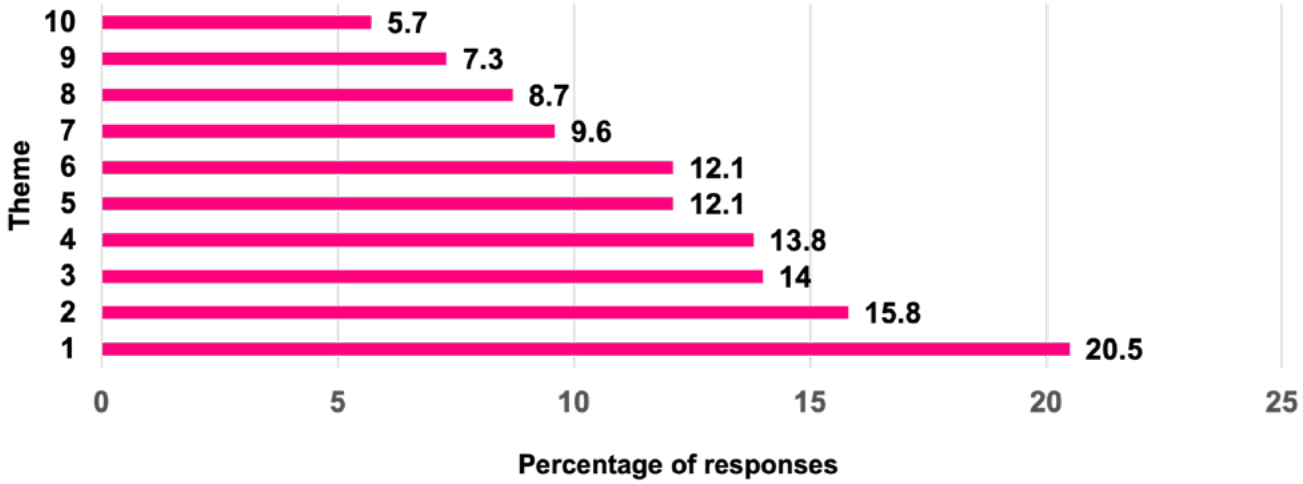
Question 1 received 8,090 responses.

Respondents most commonly suggested the offer of flexible support and benefit adjustments through trial work periods, and tapering benefits as earnings rise, would provide further reassurance (20%). Many highlighted the importance of maintaining and building upon the financial support offered to disabled individuals (16%).

Others requested increased employer accountability for disabled workers to encourage them to provide reasonable adjustments and awareness training (14%). There were calls for greater clarity to reassure people about the impact of work on their benefits and the support already available (12%). Respondents also impressed

the importance of recognising that not everyone can work (14%).

Top 10 themes raised in response to Question 1



Theme Number	Theme name	Count	% of total
1	Flexible Support and Benefit Adjustment	1657	20.5
2	Financial Support for Disabled Workers	1280	15.8
3	Employer Accountability for Disabled Workers	1130	14
4	Recognise that not everyone can work	1116	13.8
5	Safety Net for Employment Trials	978	12.1
6	A clear and accessible benefits system	982	12.1
7	Ensure suitable job availability	776	9.6
8	Physical and mental health support	702	8.7
9	Compassionate support from qualified staff*	594	7.3
10	Reform and Invest in Access to Work	458	5.7
	Other	2616	32.4

*in this context, the term “qualified” includes responses which called for staff to be skilled, trained and

knowledgeable; respondents did not necessarily call for staff to have formal qualifications.

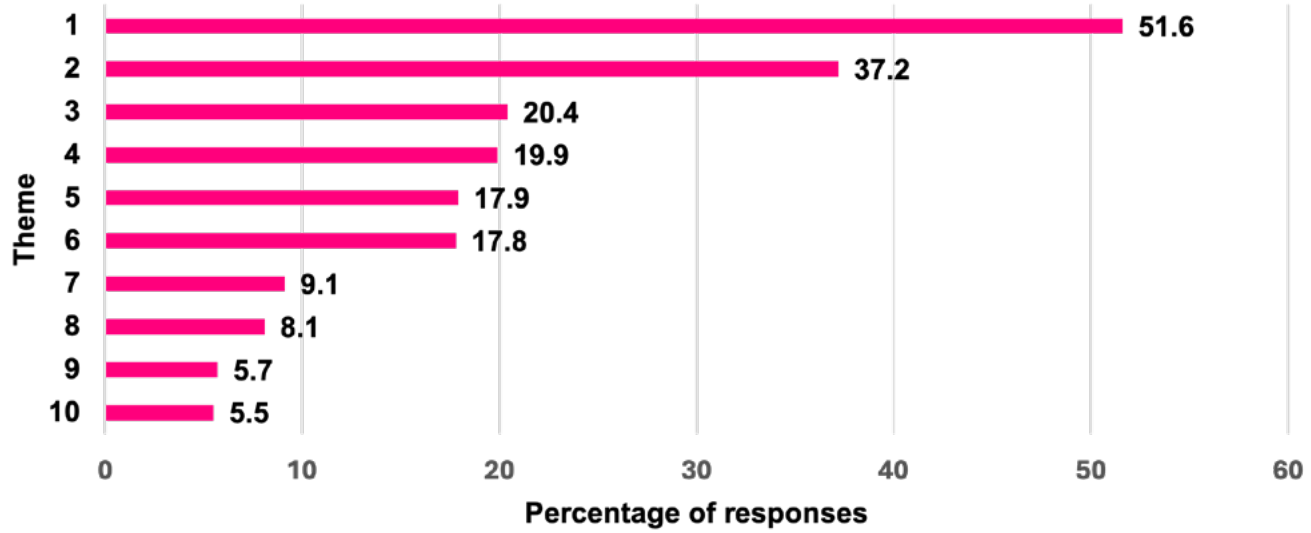
Question 2: What support do you think we could provide for those who will lose their Personal Independence Payment entitlement as a result of a new additional requirement to score at least 4 points on one daily living activity?

Question 2 received 12,526 responses.

Over half of responses included a call to maintain the existing PIP criteria (52% of responses), with many responses pointing to the financial (37%) and mental health impacts (18%) of losing PIP.

There were frequent calls to consult with disabled people and organisations to understand the impact of proposed changes and ensure their needs are met (20%) whilst others called for a reform to the PIP assessment and appeals process (18%). Other specific suggestions made include alternative financial support (8%), transitional support (6%), and support for carers (5%).

Top 10 themes raised in response to Question 2



Theme Number	Theme name	Count	% of total
1	Maintain Current PIP Criteria	5917	51.6
2	Increased Financial Hardship	4264	37.2
3	Impact on Employment and Independence	2335	20.4
4	Consult Disabled People and Organisations	2286	19.9
5	Improve PIP Assessment and appeals process	2056	17.9
6	Worsening Mental Health	2037	17.8
7	Ethical and Legal Implications	1049	9.1
8	Alternative Financial Support	926	8.1
9	Transitional Support Needed	657	5.7
10	Increased Burden on NHS, local government and Social Services	632	5.5
	Other	3584	31.4

Question 3: How could we improve the experience of the health and care system for people who are claiming Personal Independence Payment who would lose entitlement?

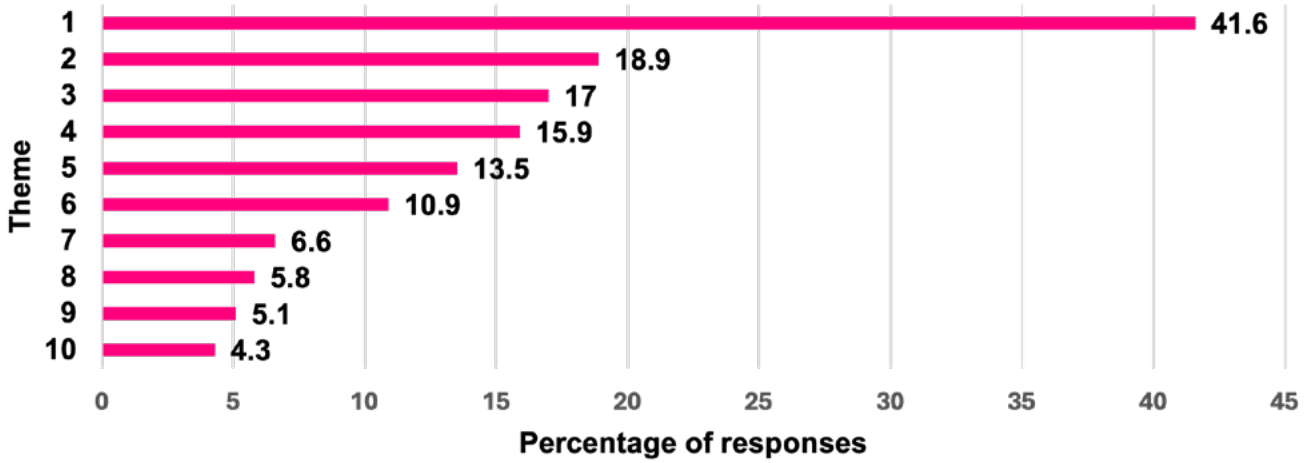
Question 3 received 8411 responses.

Respondents expressed support for ensuring claimants continue to receive PIP, noting its role in supporting financial stability and independence (42% of responses).

A significant number called for increased NHS investment to reduce waiting times and improve GP and home care services (19%). Another large proportion called for mental health support for those who could lose PIP (17%).

Many suggested the provision of alternative support measures including transitional healthcare funding, phased withdrawal of benefits, and funding for aids to support daily living and work (16%). There were calls for an improved PIP assessment process (11%)

Top 10 themes raised in response to Question 3



Theme Number	Theme name	Count	% of total
1	Opposition to PIP Removal	3500	41.6
2	Increased NHS Investment	1586	18.9
3	Mental health support	1434	17
4	Alternative Support Measures	1335	15.9
5	Negative Impact on NHS	1136	13.5
6	Improved PIP Assessment	918	10.9
7	Impact on Physical Health	555	6.6
8	Enhanced Medical Training	486	5.8
9	Improved Communication and Coordination of Services	426	5.1
10	Employment support	358	4.3
	Other	2094	24.8

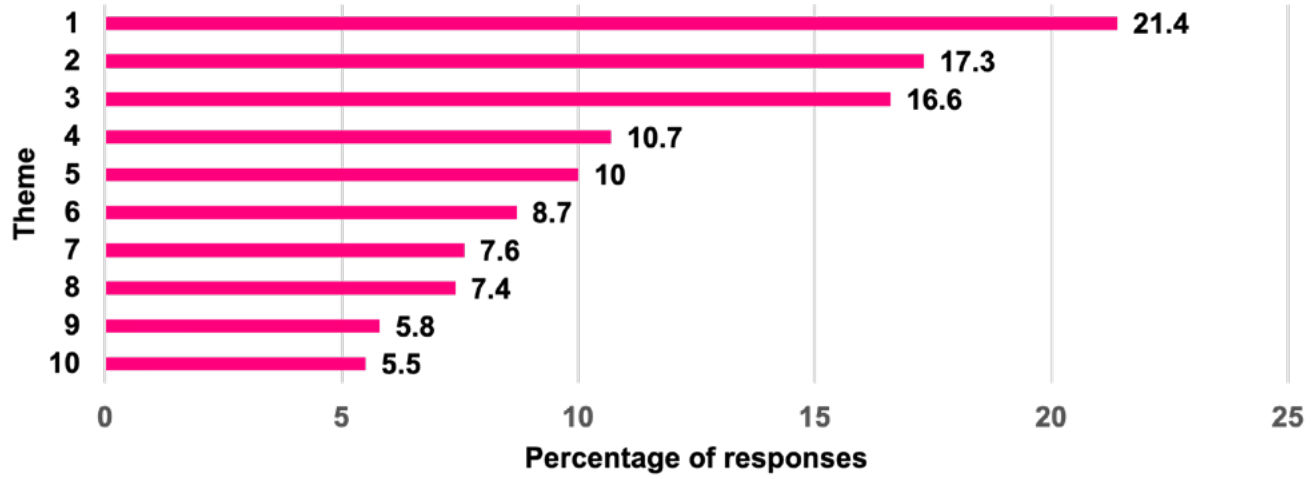
Question 4: How could we introduce a new Unemployment Insurance, how long should it last for and what support should be provided during this time to support people to adjust to changes in their life and get back into work?

Question 4 received 7408 responses.

We set out proposals for a new Unemployment Insurance (UI) available to anyone who has contributed to the system, though most respondents focused on how this would serve disabled people and people with a health condition. The most common response was that UI should be indefinite for disabled people (21% of responses). Of those who specified a duration, the largest proportion felt it should last over 12 months (7%).

Some respondents were sceptical about the introduction of UI on the grounds that it was unnecessary or that further development was required (17%), including those who appeared unsure of what the proposals meant and the intention behind them. A number of responses highlighted the difficulties and barriers in disabled people finding employment and the requirement for additional support (17%).

Top 10 themes raised in response to Question 4



Theme number	Theme name	Count	% of total
1	Indefinite Support for Disabled Individuals	1587	21.4
2	Employment Barriers for Disabled	1283	17.3
3	Opposition to Unemployment Insurance	1229	16.6
4	Individualized, Holistic Unemployment Insurance	793	10.7
5	Career Transition Support	741	10
6	Health Support for Disabled	641	8.7
7	Criticism of Current System	563	7.6
8	UI Duration Over 12 Months	546	7.4
9	UI Duration 12 Months or Under	429	5.8
10	Adequate financial support	411	5.5
	Other	2955	40

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

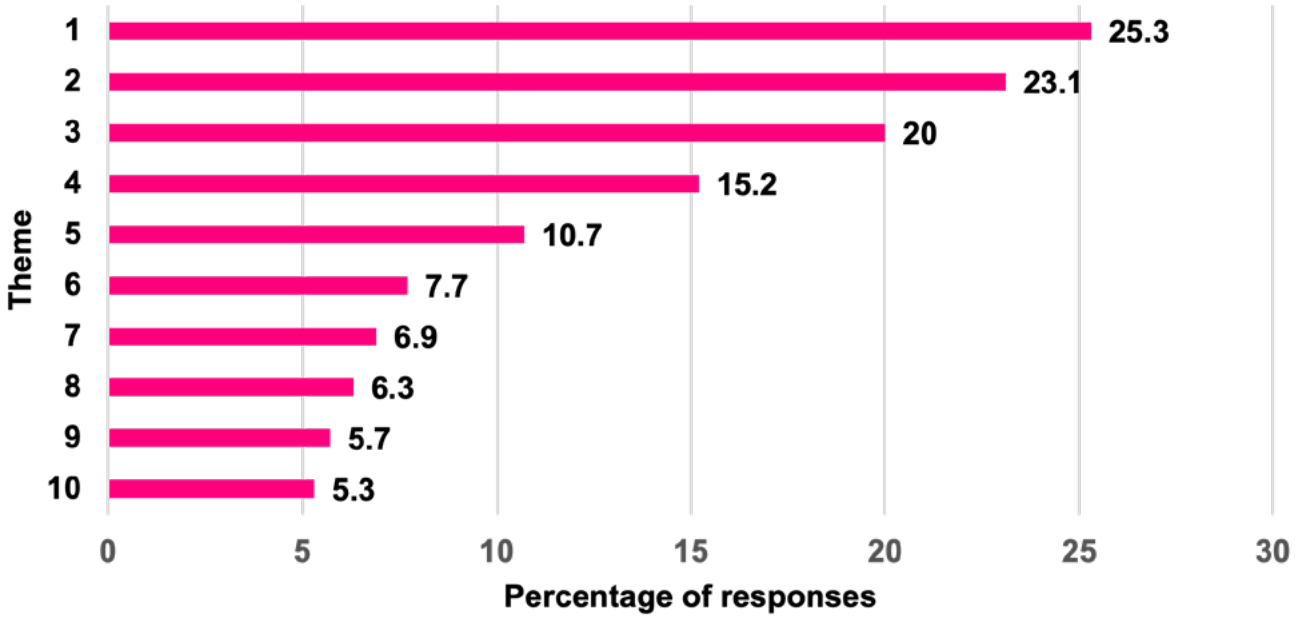
Question 5 received 9,101 responses.

The most common response was to maintain existing benefit rates and eligibility criteria (25% of responses).

The next most common was a call to safeguard financial stability (23%). A significant number suggested reforming the assessment process and implementing fair, transparent, unintrusive, individualised assessments delivered by trained medical professionals (20%).

A significant number called for the establishment of specific safeguarding process for terminally ill individuals (15%). Others called for disability awareness training (11%)

Top 10 themes raised in response to Question 5



Theme Number	Theme name	Count	% of total
1	Stop Benefit Cuts	2306	25.3
2	Safeguarding Financial Stability	2101	23.1
3	Reform the Assessment Process	1818	20
4	Terminally Ill	1383	15.2
5	Disability Awareness Training	974	10.7
6	Codesign with Stakeholders	699	7.7
7	Increase Mental Health Provision	625	6.9
8	Mandatory Safeguarding Training	572	6.3
9	Increased Investment into Services	523	5.7
10	Inclusive and Accessible System	483	5.3
	Other	3144	34.6

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

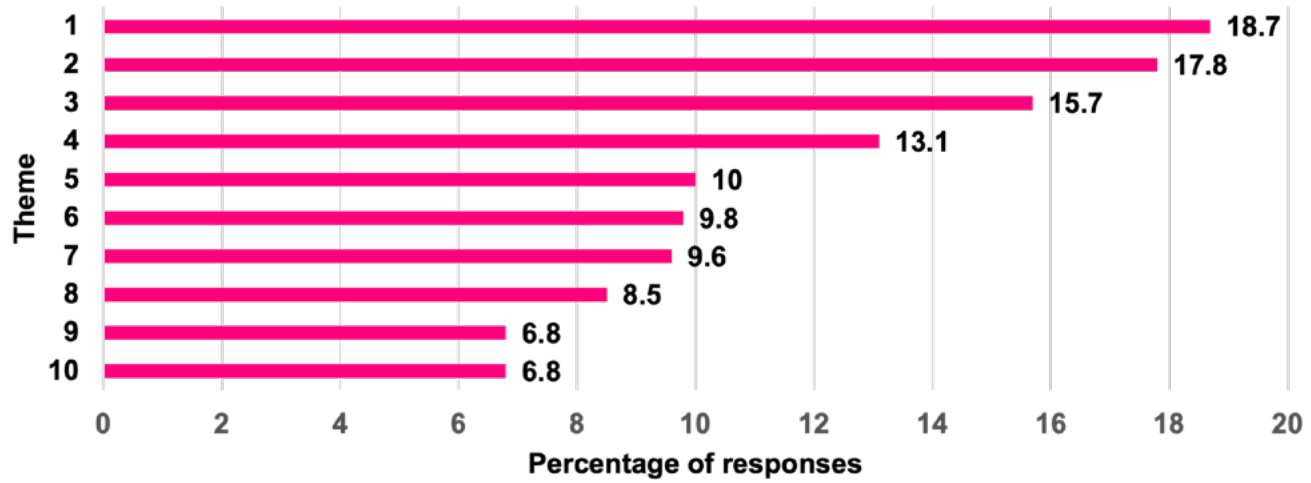
Question 6 received 7,082 responses.

Respondents frequently suggested conversations should be conducted with empathy, respect, and kindness avoiding judgement or discrimination and in a safe and private environment (19% of responses).

The next most common was a suggestion to ensure that they are conducted by skilled and compassionate staff who understand various disabilities, including fluctuating conditions, and preferably have lived experience (18%)

A significant number felt that conversations should focus on actively listening to the unique needs and experiences of individuals and prioritise person-centred care (16%).

Top 10 themes raised in response to Question 6



Theme number	Theme name	Count	% of total
1	Empathetic, Gentle, and Respectful Communication	1321	18.7
2	Qualified, Compassionate Staff*	1259	17.8
3	Active Listening, Person-Centred Care	1112	15.7
4	Voluntary, Non-Punitive Support	931	13.1
5	Involvement of Disabled People	707	10
6	Employment Focused Support	695	9.8
7	Flexible, Inclusive Delivery Methods	679	9.6
8	Trust, Transparency and Relationships	601	8.5
9	Clear, Accessible Communication	484	6.8
10	Holistic, Person-Centred, and Multi-Disciplinary Approach	483	6.8
	Other	2653	37.4

*in this context, the term “qualified” includes responses which called for staff to be skilled, trained and knowledgeable; respondents did not necessarily call for staff to have formal qualifications.

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

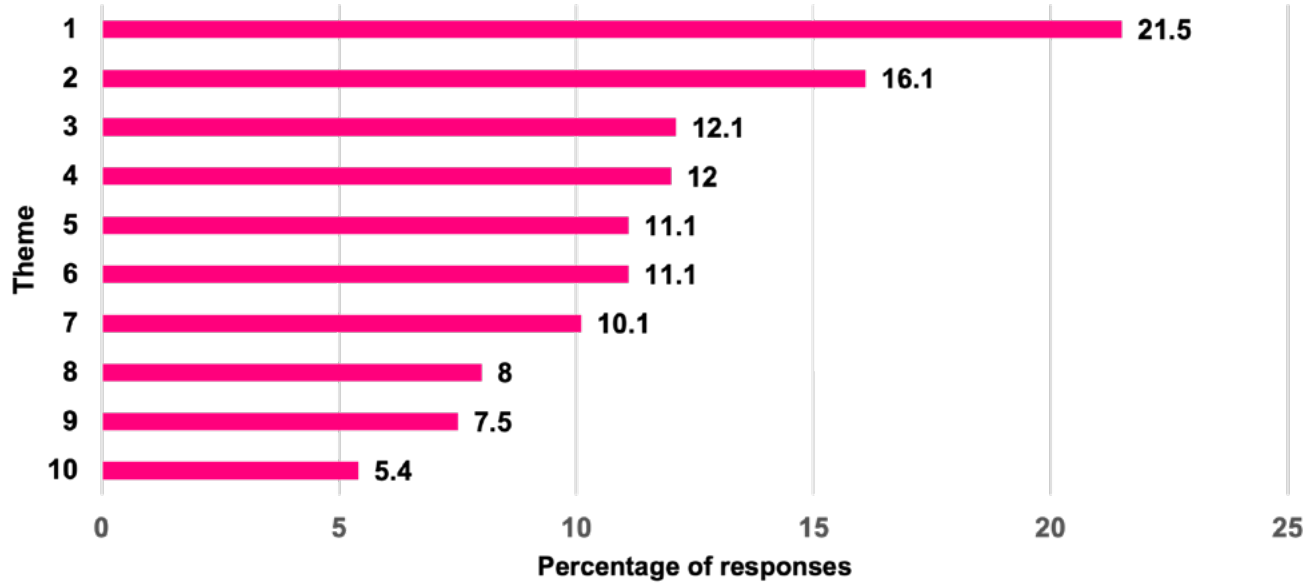
Question 7 received 6,702 responses.

Respondents called most commonly for accessible communication methods that accommodate various needs (21% of responses).

A significant number suggested ensuring active listening to individual needs and prioritising person-centred care (16%), while the third most common response called for flexible delivery methods such as phone calls, home visits, and online (12%).

Some felt that conversations should be voluntary (10%) and respect individual boundaries (12%). Others suggested mandating could be harmful (11%).

Top 10 themes raised in response to Question 7



Theme number	Theme name	Count	% of total
1	Accessible Communication Methods	1438	21.5
2	Person-Centred Conversations	1078	16.1
3	Flexible and Accessible Delivery Methods	809	12.1
4	Respecting Individual Boundaries	807	12
5	Avoid Punitive Measures	741	11.1
6	Harmful Mandatory Conversations	741	11.1
7	Voluntary Initial Contact	678	10.1
8	Rebuilding Trust in DWP	536	8
9	Specialized Staff Training	502	7.5
10	Charity and Community Engagement	360	5.4
	Other	2337	34.9

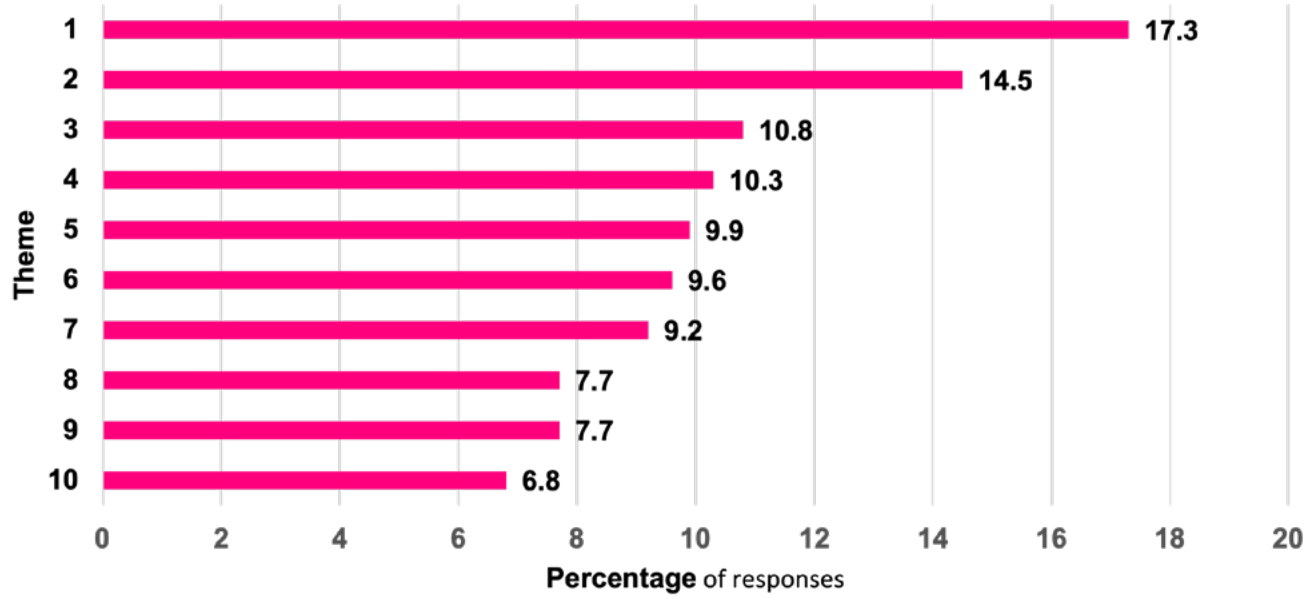
Question 8: How we should determine who is subject to a requirement only to participate in conversations, or work preparation activity rather than the stronger requirements placed on people in the Intensive Work Search regime.

Question 8 received 6,705 responses.

The most common response was a call for the use of an individualised, person-centred assessment made case-by-case on a needs-based basis (17% of responses).

Responses frequently suggested tailoring requirements and support flexibly to individual circumstances (15%). A significant number felt that assessments to determine requirements should be carried out by a medical expert (11%) or at least based on medical evidence (10%).

Top 10 themes raised in response to Question 8



Theme number	Theme name	Count	% of total
1	Individualized, Person-Centred Assessment	1158	17.3
2	Tailored Requirements and Support	975	14.5
3	Assessment by the individual's medical expert	726	10.8
4	Medical Evidence-Based Assessment	690	10.3
5	Trust Claimant's Input and Evidence	666	9.9
6	Opposition to Intensive Work Search	646	9.6
7	Exemption for Severe Medical Disabilities	619	9.2
8	Avoid Coercive or Punitive Measures	518	7.7
9	Health Impact of Forced Requirements	516	7.7
10	Voluntary Participation in Requirements	459	6.8
	Other	3135	46.8

Question 9: Should we require most people to participate in a support conversation as a condition of receipt of their full benefit award or of the health element in Universal Credit?

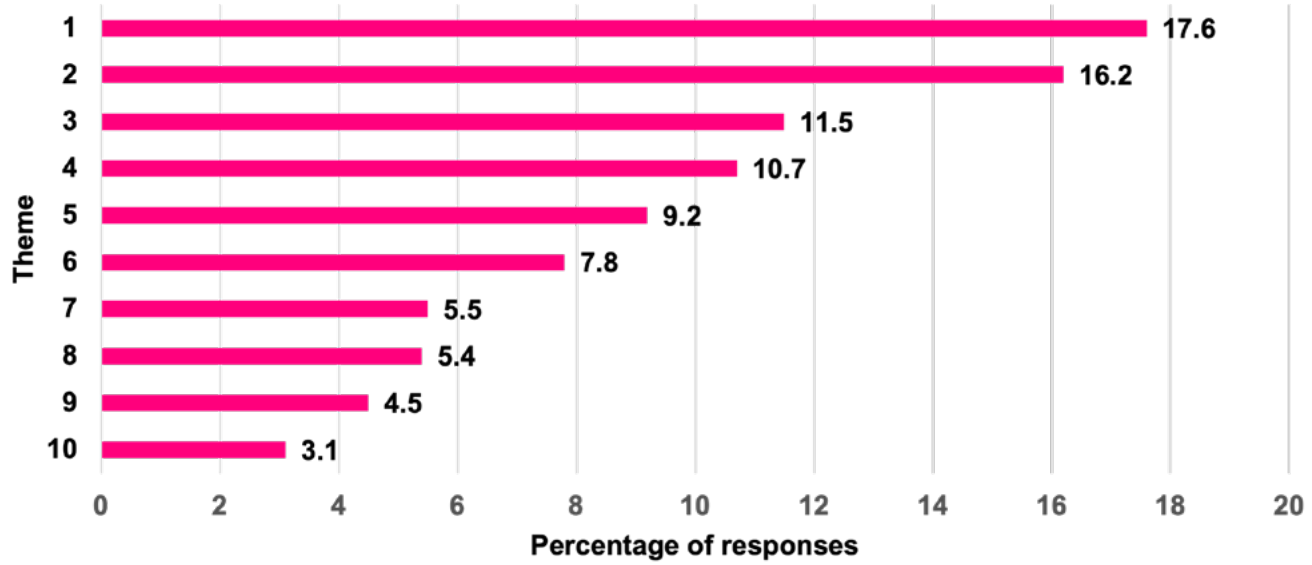
Question 9 received 7,264 responses.

The most common point raised highlighted that mandatory conversations could cause stress for claimants (18% of responses).

Many suggested exemptions for those with severe or permanent disabilities, or those deemed to have Limited Capability for Work and Work-Related Activity (LCWRA) (16%). Others called for ensuring support conversations are voluntary (11%).

Many responses also highlighted the benefits of a tailored conversation that considered health conditions, caregiving responsibilities, and communication preferences (9%).

Top 10 themes raised in response to Question 9



Theme number	Theme name	Count	% of total
1	Increased Stress for Claimants	1281	17.6
2	Exemption for Severe or Permanent Disabilities	1175	16.2
3	Voluntary Participation in Conversations	837	11.5
4	Supportive Conversation Approach	778	10.7
5	Tailored Support Conversations	667	9.2
6	Trust in Medical Evidence	565	7.8
7	Mandatory support conversations undermine trust	402	5.5
8	Qualified Staff for Conversations*	392	5.4
9	Resource Inefficiency	330	4.5
10	Alternative Participation Solutions	222	3.1
	Other	1319	18

*in this context, the term “qualified” includes responses which called for staff to be skilled, trained and knowledgeable; respondents did not necessarily call for staff to have formal qualifications.

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

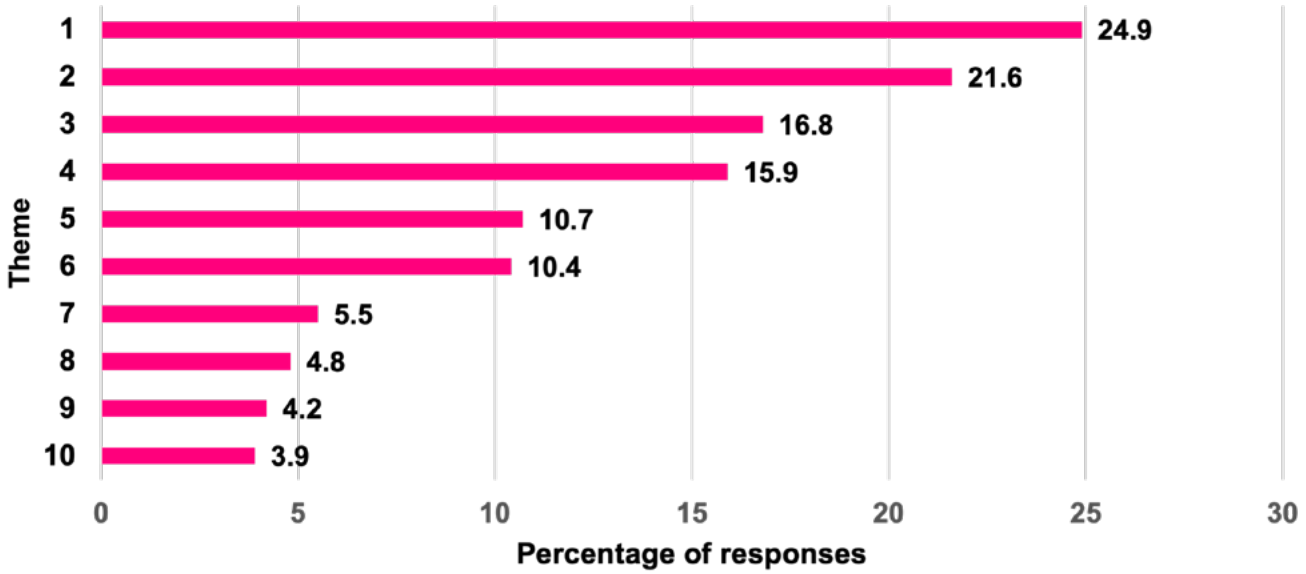
Question 10 received 8672 responses.

Some suggested specific groups that should be exempt. The most common suggestions were those with life limiting or terminal illnesses (25% of responses) or with severe or chronic health conditions (16%).

Others made suggestions around the processes of determining exemptions. The most common of these was a call to adopt a fair and compassionate approach, considering the individuals' conditions and workplace accessibility (22%).

The next most common was a call to use qualified professionals, including medically trained staff, qualified social workers and experts on specific disabilities (17%). Others suggested exemptions for PIP/Disability Living Allowance//LCWRA recipients (11%).

Top 10 themes raised in response to Question 10



Theme number	Theme name	Count	% of total
1	Exemptions for Life-limiting Conditions and the Terminally Ill	2144	24.9
2	Fair and Compassionate Approach	1857	21.6
3	Qualified Professionals for Assessments*	1448	16.8
4	Exemption for Severe or Chronic Health Conditions	1371	15.9
5	Exemption for PIP/DLA/LCWRA Recipients	918	10.7
6	Case-by-Case Medical Assessment	898	10.4
7	Exemptions for Treatment	470	5.5
8	Mental Health Assessment	417	4.8
9	Exemptions on Safety Grounds	365	4.2
10	Consult with Disabled People, Charities and other stakeholders	336	3.9
	Other	2738	31.8

*in this context, the term “qualified” includes responses which called for staff to be skilled, trained and knowledgeable; respondents did not necessarily call for staff to have formal qualifications.

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

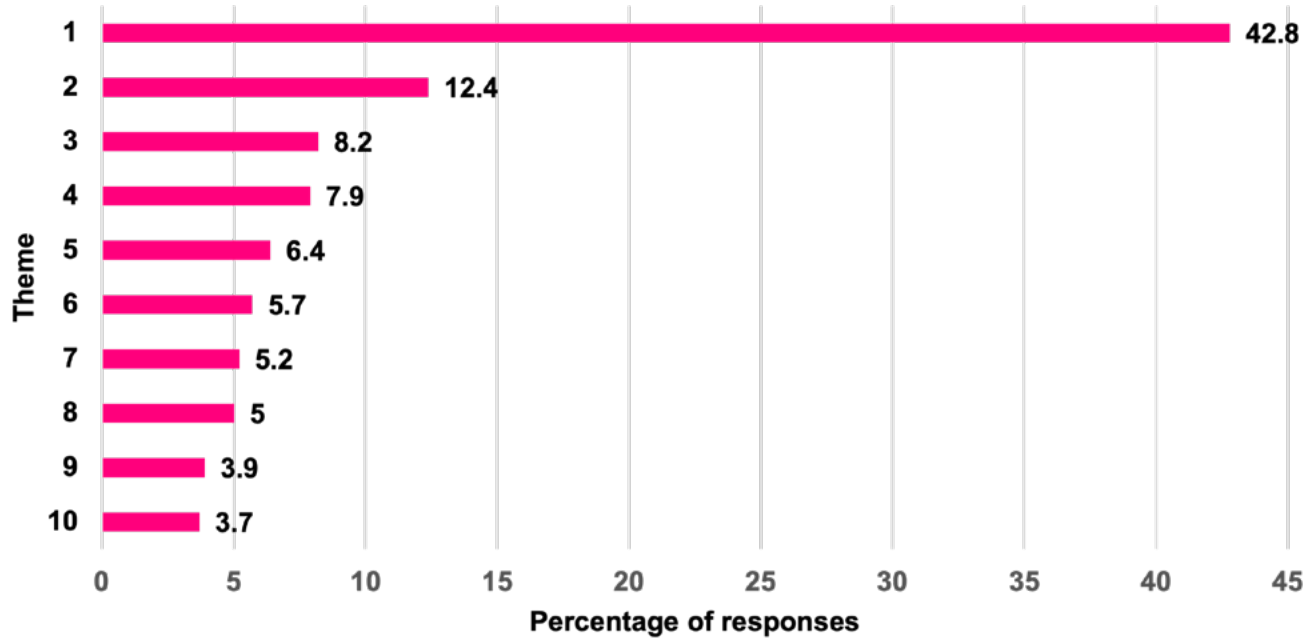
Question 11 received 7,805 responses.

Many respondents noted support should be based on need, not age (43% of responses).

A significant number highlighted that delaying access will cause financial hardship for young people and increase the risk of poverty (12%).

Others highlighted the economic impact on families (8%) and the loss of independence (6%) that could come with this change. There was a suggestion from some respondents to exempt individuals with severe disabilities including learning disabilities and terminal and life-limiting illnesses (8%).

Top 10 themes raised in response to Question 11



Theme number	Theme name	Count	% of total
1	Support based on need, not age	3340	42.8
2	Financial Hardship and Poverty Risk	966	12.4
3	Exceptions for Severe Disabilities	639	8.2
4	Economic Impact on Families	614	7.9
5	Loss of Independence	500	6.4
6	Targeting Vulnerable Groups Who Require Additional Support	443	5.7
7	Access from age 18	408	5.2
8	Mental Health Crisis	394	5
9	Benefits of delaying UC until 22	308	3.9
10	Impact on education and employment	286	3.7
	Other	1276	16.3

Question 12: Do you think 18 is the right age for young people to start claiming the adult disability benefit, Personal Independence Payment? If not, what age do you think it should be?

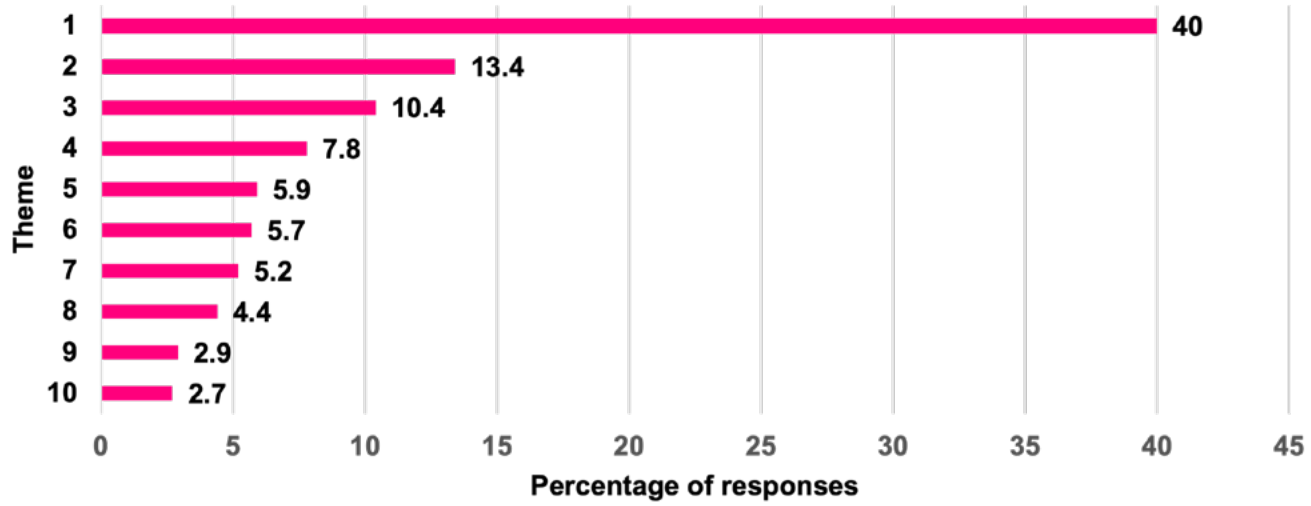
Question 12 received 7752 responses.

Views differed on the most appropriate age to transition to PIP. The most common view was that 18, as the age of majority, was appropriate (40% of responses).

The next most common suggestion was to maintain 16 as the age of transition, because some young people are self-sufficient at that age (13%). Similar to this, some respondents emphasised the need for support prior to 18 (8%).

Others suggested that PIP should not be age dependent at all (10%) whilst others suggested that the age should be flexible (6%).

Top 10 themes raised in response to Question 12



Theme number	Theme name	Count	% of total
1	Legal Adulthood at 18	3099	40
2	Maintain Transition Age at 16	1035	13.4
3	PIP should not be age-dependent	807	10.4
4	Support Before Age 18	601	7.8
5	Flexible Transition Age	456	5.9
6	Automatic Transition from DLA to PIP	437	5.7
7	Age between 22-25	400	5.2
8	Age between 19-21	341	4.4
9	Safeguards for Transition from DLA to PIP	226	2.9
10	Transition when Exiting Mandatory Full-Time Education	210	2.7
	Other	996	12.9

Question 13: How can we support and ensure employers, including Small and Medium Sized Enterprises (SMEs), to know what workplace adjustments they can make to help employees with a disability or health condition?

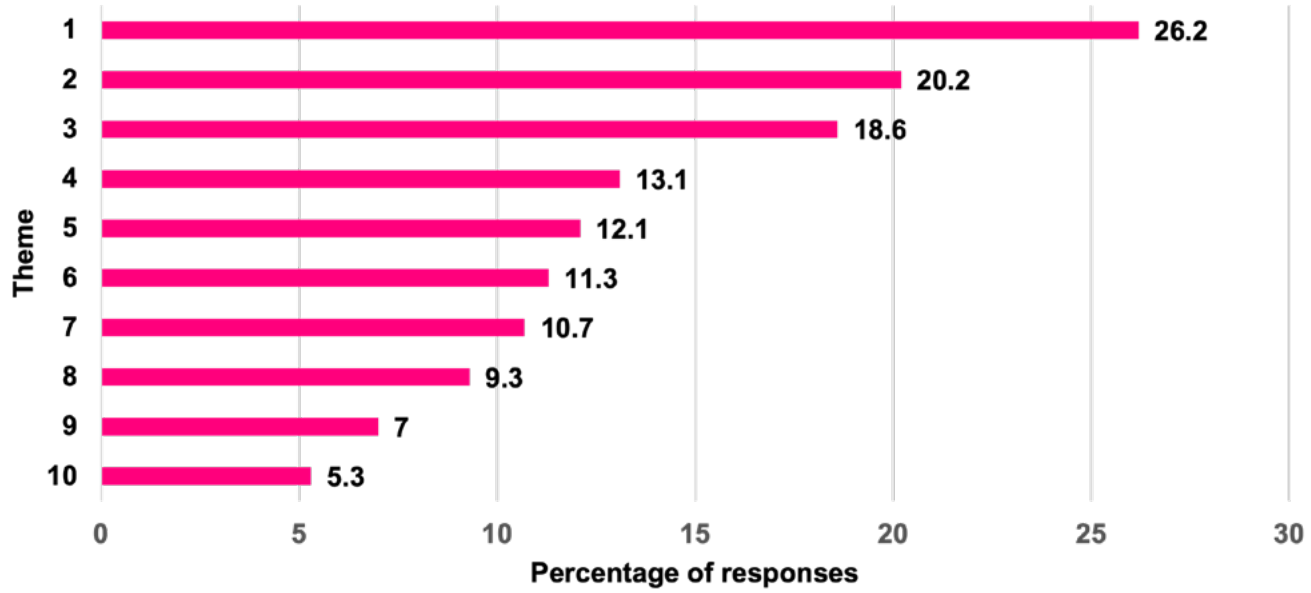
Question 13 received 7,384 responses.

The most common suggestion was to ensure sufficient financial support, grants and incentives are available to employers to make necessary workplace adjustments (26% of responses).

The next most common suggestion was for improved employer training, including for SMEs, educating them on disability, mental health conditions, and reasonable adjustments (20%).

A significant number suggested strengthening and enforcing laws requiring the implementation of reasonable adjustments and improving compliance through inspections and penalties (19%).

Top 10 themes raised in response to Question 13



Theme number	Theme	Count	% of total
1	Financial Support for Adjustments	1931	26.2
2	Employer Training	1494	20.2
3	Legal Enforcement	1372	18.6
4	Clear Adjustment Guidelines	970	13.1
5	Address Employer Misconceptions	896	12.1
6	Awareness Campaigns	833	11.3
7	Consult Disabled People and Charities	787	10.7
8	Promote an Inclusive and Accessible Culture	687	9.3
9	Centralized Support Hubs	519	7
10	Support for SMEs	391	5.3
	Other	2093	28.4

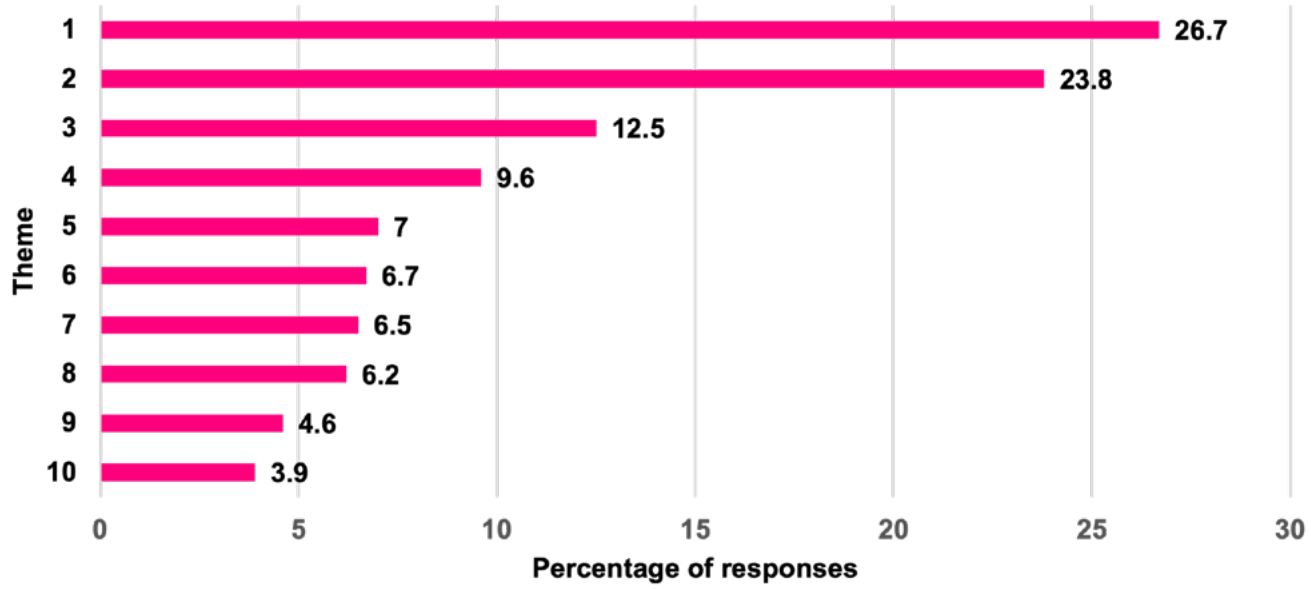
Question 14: What should DWP directly fund for both employers and individuals to maximise the impact of a future Access to Work and reach as many people as possible?

Question 14 received 6,771 responses.

The most common suggestion was to fund personalised grants to employees with fluctuating health conditions with workplace adaptations, equipment, assistive technology, support workers, and health and safety provisions (27%). Respondents also called for improved employer training and the creation of incentives for employers to hire disabled people and provide adjustments (24%).

A significant number called for improved travel and transport support (13%). Others suggested simplifying Access to Work by streamlining the application process, reducing waiting times, and offering prompt assessments (9%).

Top 10 themes raised in response to Question 14



Theme number	Theme name	Count	% of total
1	Personalised Grants for Workplace Adaptations	1807	26.7
2	Funding, Training and Incentives for Employers	1611	23.8
3	Improved Travel and Transport Support	849	12.5
4	Simplified Access to Work Scheme	650	9.6
5	Comprehensive Support Packages	477	7
6	More generous funding	454	6.7
7	Healthcare and Mental Health Support	438	6.5
8	Employment Support	417	6.2
9	Sick Pay	311	4.6
10	Promotion of Access to Work Scheme	267	3.9
	Other	3199	47.1

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

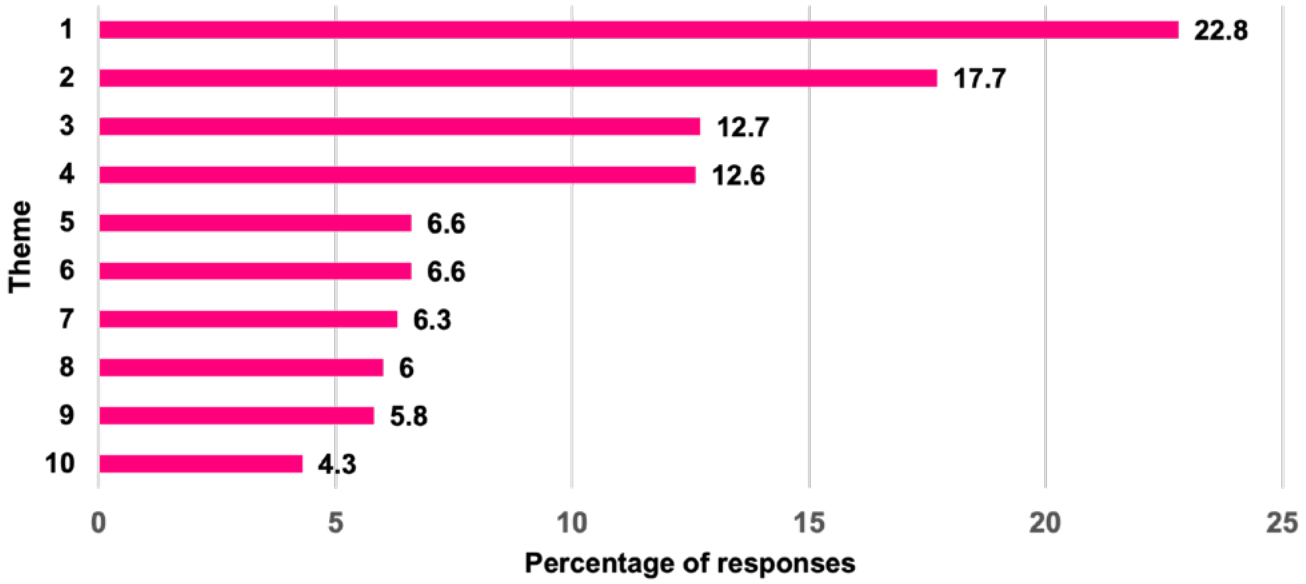
Question 15 received 6,487 responses.

The most common suggestion was that a reformed scheme should offer personalised support such as funding, aids and equipment and travel assistance (23% of responses).

Many suggested reforming Access to Work to improve efficiency, with a streamlined application process and a user-friendly online system (18%). This would enable easier communication, reduced bureaucracy, and more timely payments.

Although Access to Work is already a voluntary scheme, a significant number of responses emphasised that participation should be optional (13%). Others called for the need for improved collaboration with employers to understand their employee needs, set expectations and ensure workplaces are equipped to meet the needs of disabled people and people with health conditions (13%).

Top 10 themes raised in response to Question 15



Theme number	Theme name	Count	% of total
1	Personalized, Empowering Approach	1478	22.8
2	Efficient Access to Work Process	1147	17.7
3	Employer Collaboration and Support	822	12.7
4	Voluntary Participation	818	12.6
5	Involvement of Disabled People and Charities	431	6.6
6	Increase Funding	425	6.6
7	Integration with Support Systems	410	6.3
8	Assessments by Qualified Professionals	391	6
9	Support for Job Seekers	378	5.8
10	Promote support available	282	4.3
	Other	2728	42

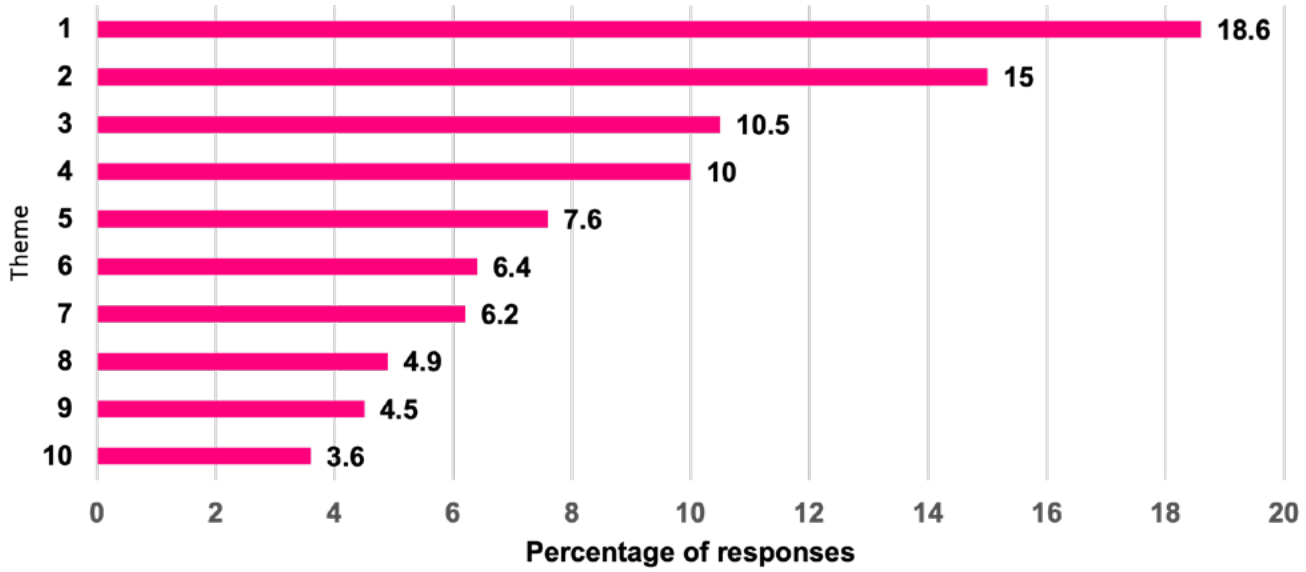
Question 16: How can we better define and utilise the various roles of Access to Work, the Health and Safety Executive, Advisory, Conciliation and Arbitration Service and the Equalities and Human Rights Commission to achieve a cultural shift in employer awareness and action on workplace adjustments?

Question 16 received 5,829 responses.

Many said that employers should be held accountable to their obligations, with suggestions for strengthened legislation and enforcement (19% of responses).

A significant number suggested providing training and guidance to employers on the support available to increase awareness and action (15%). Others suggested ensuring disabled people, people with health conditions and charities are consulted.(11%).

Top 10 themes raised in response to Question 16



Theme number	Theme name	Count	% of total
1	Employer Accountability and Consequences	1086	18.6
2	Education and Guidance for Employers	875	15
3	Involve Disabled People, Charities and other stakeholders	610	10.5
4	Promote Inclusivity	584	10
5	Employer Incentives for Accessibility	444	7.6
6	Enhanced Multi-Agency Collaboration	374	6.4
7	Promote Support and Services	362	6.2
8	Clear Role Definition	286	4.9
9	Integrated Support System	260	4.5
10	Unified Support Hub	209	3.6
	Other	2714	46.5

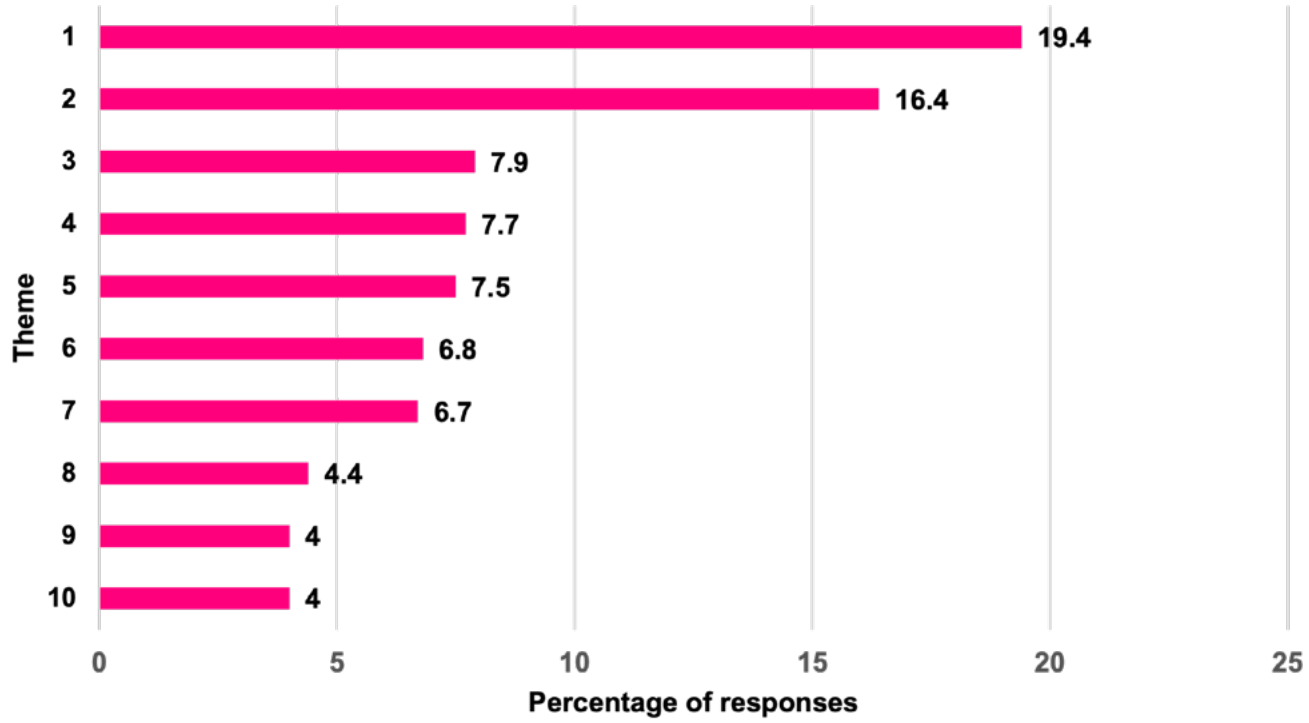
Question 17: What should be the future delivery model for the future of Access to Work?

Question 17 received 5,663 responses.

The most common suggestion was for an empathetic, person-centred approach, which treats disabled people and people with health conditions with dignity and respect (19% responses). A significant number called for ensuring the delivery model is accessible and efficient (16%).

Many called for continued financial support for equipment and adaptations, with a suggestion for direct payments to suppliers or employees to prevent delays (8%).

Top 10 themes raised in response to Question 17



Theme number	Theme name	Count	% of total
1	Empathetic and Person-led Approach	1098	19.4
2	Increase Simplicity and Accessibility	926	16.4
3	Financial Support for employers and disabled people	448	7.9
4	Involvement of Disabled People and Charities	437	7.7
5	Increased Responsibilities of Employers	427	7.5
6	Trained, Qualified Professionals	387	6.8
7	Flexible delivery model	381	6.7
8	Proactive, immediate support	247	4.4
9	Sufficient funding	228	4
10	Community-Based Delivery	224	4
	Other	3612	63.8

Findings: Consultation Events

In addition to accepting written responses, the public was invited to attend consultation events that were held across the UK and virtually. In total, 18 public events were held, including one specifically for members of the armed forces. In addition, we held 6 events with clinicians. At the events, groups discussed the consultation questions, and we captured the key points raised in the course of discussion.

Below are summaries of both the public events and clinician events.

Chapter 2: Reforming the structure of the health and disability benefits system

There was broad support for the concept of the ‘Right to Try’ work without it impacting benefit eligibility and for trial work periods, as well as a benefits safety net. Participants emphasised that initiatives must be clearly defined and well understood to be effective. Many also called for employers to play a greater role in offering suitable employment opportunities, with suggestions that incentives could help achieve this.

The now-withdrawn proposals to change PIP eligibility prompted concern among participants, who raised the financial and health impacts on disabled people.

Participants were broadly positive about Unemployment Insurance, though wanted more information about how it would work and had general concerns that individuals with invisible disabilities/fluctuating conditions and young people would lose out if entitlement is based on National Insurance contributions.

Chapter 3: Supporting people to thrive

Many participants welcomed the idea of support conversations, noting the potential benefits, though did not believe they should be tied to conditionality. Participants discussed the importance of accessible and flexible delivery methods. Some participants felt jobcentres were not conducive to support conversations and that there should be an option to hold them elsewhere. A common suggestion was to involve medical professionals, seen as trusted and impartial experts, in decision-making around requirements and exemptions for support conversations.

Participants largely supported maintaining the age at which people can access the Universal Credit Health Element at 18. Views were more varied on whether the age at which people should begin to access PIP should rise to 18. Many felt that changing the age of transition to 18 would bring it in line with other adult responsibilities, whilst other noted the importance of protecting care leavers and estranged young people. Many also felt that

greater support should be offered during the transition from DLA to PIP.

Chapter 4: Supporting employers and making work accessible

Access to Work was widely recognised as playing a positive role in providing the practical support and aids that empower disabled people to work. Participants argued that the scheme should focus on addressing backlogs, simplifying the application process, and making the system more proactive.

Other suggestions included passported adjustments and upfront payments rather than the current model of reimbursement.

Views on the optimal delivery model varied; some participants opposed devolving the service due to concerns about regional disparities, while others felt that local authorities and third sector organisations could be best placed to deliver Access to Work. There was widespread agreement that the service should be delivered within the public sector.

Clinician events

There was support for the Government's aim to support more people into work, whilst ensuring those who need support from the social security system are protected.

Clinicians noted the importance of improving cross-agency collaboration, through data sharing and shared

accountability, to reduce duplication and address needs. This will ensure qualified, well-trained staff have access to a claimant's full information to better tailor support.

Clinicians supported personalised approaches to support offers, making use of triage processes to identify which cohorts should be entitled to different levels of support and subjected to different levels of conditionality.

Although clinicians disagreed over the specific role healthcare professionals should play in offering support, there was a widespread view that decisions about entitlement for benefits and wider support must be grounded in medical evidence, made by appropriately qualified staff.

Responses to third party campaigns

In addition to responses received directly to the consultation, three organisations coordinated their own surveys which, although sent as responses to the consultation, asked their members different questions.

One platform conducted two surveys of their members. Each survey asked similar questions, requesting broader views on proposals contained within the Pathways to Work Green Paper, including those not subject to the consultation. The majority of the questions were closed (multiple choice) questions. Key themes across the surveys included:

- Broad opposition to changes to the value or eligibility of PIP, and support for providing those who lose eligibility to PIP with other assistance, including health and social care and employment support. Respondents noted the significant financial, social and health support that PIP provides.
- Support for the Government's proposal for an Unemployment Insurance, as long as it includes disabled people.
- Widespread support for the Government's policy that trying work should not in and of itself trigger a benefits reassessment. Respondents noted the importance of maintaining financial support, ensuring a safety net

exists if they fall back out of work, and recognising that not everyone can work.

- The view that extra support for disabled people should not be delayed to age 22.
- A common belief that the PIP assessment should be reformed to ensure it is conducted by experts and makes full use of existing evidence; able to be recorded; is easier to complete; and captures the full picture of someone's health, including fluctuating conditions.
- Broad agreement that support conversations should be voluntary.
- Varied views on the merits of having a single assessment to access disability-related benefits.

In addition, two other organisations arranged coordinated responses to the consultation. This includes a postcard campaign, inviting each member to complete a postcard beginning 'I oppose the cuts because…'. We received 367 postcard responses. The second was an organised petition, with 65 signatures, opposing 'cuts' to benefits. Respondents most frequently noted that they relied on their benefits, and that a loss of benefits could have detrimental financial and health impacts.

Next Steps

The Government is committed to reforming the social security system so that it can better support disabled people and those with health conditions.

During the course of the consultation, the Government announced that it would not take forward the proposed changes to the eligibility criteria of PIP, and that it would await the findings of the Timms Review before taking further action in this area. Where relevant, the Review may draw on insights from this consultation to support its work.

Work continues to develop policy across the other measures set out in the Green Paper. As part of this work, we are working closely with disabled people, the organisations that represent them, and other experts, including through the Timms Review and our Collaboration Committees. We are now carefully considering the responses to the consultation alongside other evidence, and we will share details of our proposals in due course.

Annex A: further methodological detail and the use of *Consult*

Analytical approach to the main consultation

Our online survey consultation comprised 17 open-ended (qualitative) questions, with an additional 3 multiple choice demographic questions.

For the multiple-choice questions, percentages were calculated for each option as a proportion of the respondents who answered the question.

For the free-text questions, in order to accurately capture the key feedback, viewpoints and issues raised across the responses, analysis of the free text questions was conducted thematically according to the following process:

- First, all responses were reviewed to generate a list of the discrete issues and viewpoints made in response to each question.
- Next, each response was individually checked against the list, identifying which of the themes – if any – were engaged. If a response did not substantively answer the question, or if it made a point not captured by the themes, this was recorded.

- Finally, the frequency that each theme arose in response to each question was calculated, including the number of responses which did not engage any of the themes. For each question, we have provided the number of responses in which the theme arose and expressed this as a percentage of the total responses received. Because responses could contain multiple themes, the counts sum to more than the total number of responses, and percentages sum to over 100.

Approach to bulk responses coordinated by organisations

A number of organisations coordinated their own campaigns, directing their members to answer specific questions.

Two organisations provided their own online form allowing members to add their own contribution to an existing template response to specific questions. These were treated as individual responses because, although the majority of the content was provided by the organisations, the respondents themselves chose to submit the responses and included additional free-text comments. As such, the views expressed in these responses are captured within the summary of the findings to the consultation.

Three organisations organised their own campaigns or surveys which invited their members to respond to different questions to those we asked in the consultation.

One organised a postcard campaign, another created a petition, while a third group organised its own surveys.

In these cases, we adopted the same methodological approach used for responses to our consultation questions. Because these groups asked different questions, the analysis was conducted separately, with different theme lists generated capturing the specific responses to each of these groups.

Use of the *Consult* artificial intelligence tool

To enhance the quality and efficiency of the analytical process, we partnered with the Department for Science, Innovation and Technology (DSIT) to employ their artificial intelligence-powered tool, *Consult*.

Consult uses AI and data science techniques to automatically extract patterns and themes from the responses and turns them into dashboards for policy makers. This means humans can spend less time identifying patterns, and more time turning them into actionable insights that shape government policy.

The tool supported qualitative analysis in three main stages. First, it generated the list of themes raised across the responses to each question. Next, it identified which (if any) themes were present in each individual response. Finally, Consult produces a dashboard of responses available to policy officials, which summarises the thematic findings and allows them to easily search

through and filter responses by theme, respondent demography and evidence weight.

A number of quality assurance measures were put in place to ensure Consult met our performance standards. First, policy officials worked with DSIT to refine the list of themes Consult generated for each question. Starting with a long list generated by Consult, the policy teams were able to add, modify, split, or combine themes, to produce a short list. The purpose of this check was to ensure that the themes were relevant to the policy questions, and at times to identify less common themes from the AI-generated long list that officials felt were particularly important. For each question, a final list was agreed to be used in the assessment of findings. DWP and DSIT also undertook several large-scale, human-led evaluations to ensure that Consult was able to accurately identify which themes were present in a consultation response. Consult was measured against the F_1 standard, a widely recognised AI quality metric. It identified how often the AI recognises the same themes in consultation responses as human reviewers. An F_1 score of 1 means the AI and human reviewers always agree. AI is considered good quality if human reviewers agree with the AI at least as often as they agree with other humans. In our evaluation, the human benchmark was an F_1 score of 0.71.

Consult exceeded the performance threshold, performing at least as well as humans in thematic analysis. The full evaluation report is available as an annex to this response.

You can read more about Consult and the team behind it on the AI.GOV.UK website.

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