

Consultation Response: Pathways to Work

30/06/25

Introduction

In our response to the UK Government's [Pathways to Work consultation](#), we share our reservations about some of the proposals and provide recommendations for safeguarding people in Scotland with disabilities and long-term health conditions. We also ask for greater clarity regarding how the proposals would operate in Scotland, and greater care in the language used whilst discussing benefit claimants to avoid stigma and discrimination of people with disabilities or health conditions. We acknowledge the changes made to proposals on the 26th of June; however we still believe that the proposals could have a considerable negative impact for many people living with long term health conditions and disabilities.

Scotland's third sector, including our members and stakeholders, would have a vital role to play in ensuring the success of the proposals detailed in the Green Paper. It is important that the DWP works with them in a constructive and sustainable way to ensure the best outcomes for people reliant on health-related benefits in Scotland.

In our response, we have chosen to answer questions 1, 2, 5, 11, and 14 of the consultation.

About Us

VHS exists to create a healthier, fairer Scotland served by a thriving voluntary health sector. We are a membership organisation, with our members comprising third sector organisations working across Scotland to support people's health and wellbeing, tackle inequalities, and research and advocate for better health systems and policies. We also facilitate the Scottish Community Link Worker Network, the national network for primary care community link working in Scotland.

Through our policy work, VHS seeks to ensure that the experiences, knowledge, and interests of our members and stakeholders are reflected in national decision-making about health inequalities and health creation. We regularly consult with our members to ensure that our policy voice and priorities are reflective of their views and interests. We also ensure that our members are informed about relevant policy developments through accessible

communications and events, and that they are aware of opportunities to influence decision-makers individually and collectively.

Questions:

1. What further steps could the Department for Work and Pensions take to make sure the benefit system supports people to try work without the worry that it may affect their benefit entitlement?

To make sure that the benefit system supports people to try work without the worry that it may affect their benefit entitlement, it is vital that the Department for Work and Pensions (DWP) provides a system that is transparent for claimants and addresses current fears about benefit entitlement being removed or scaled back. Any people who have a legitimate entitlement to health-related benefits, now or in the future, could be afraid to participate in DWP employability programmes, including opportunities to try work, as a result of historic experiences and perceptions.

We welcome the decision to scrap the Work Capability Assessment which has historically caused fear for many people with disabilities or long-term conditions who are reliant on health-related benefits. One of our member organisations, Volunteer Scotland, has shared [evidence](#) that the current system of Work Capability Assessments can prevent people from volunteering through fear of how it may affect their benefits, despite the proven benefits of participation in volunteering for mental and physical wellbeing.

Another element which could add to the sense of worry felt by many claimants is the decision made by the government to frame the proposals as a way to reduce welfare spend in the long term. The commitment of £1 billion for an employment, health and skills support package in the Green Paper is welcome in theory. However, the wider rhetoric about cutting welfare spend and reducing the number of claimants will cause alarm for many people with disabilities and health conditions.

On the 26th June, the UK government announced that proposed changes would not apply to existing claimants, however this still leaves future claimants of health-related benefits in a potentially vulnerable position. In a statement to the BBC, Charlotte Gill from the MS Society, a VHS member, stated that:

“All they’re doing is kicking the can down the road and delaying an inevitable disaster... The only way to avoid a catastrophe today, and in the future, is to stop the cuts altogether by halting the Bill in its tracks.”

We agree that limiting changes to new claimants still leaves future claimants in a potentially vulnerable situation financially. There will always be people who are unable to work, or limited in the work that they can do, because of a disability or long-term health condition. They should be afforded the same protections as current claimants. As such, it is important that the DWP reinforces the message that people who cannot work due to the severity of their disability or health condition, either temporarily or permanently, will continue to receive appropriate benefits in the future.

One of our members, [See Me Scotland](#), has suggested that the Green Paper proposals also have the potential to reinforce stigma and discrimination towards disabled people and those with poor mental health. This would impact on the effectiveness of efforts to address claimant worries about benefit entitlement. In a recent [statement](#), See Me Scotland director Wendy Halliday said:

“The potential impacts of the changes proposed by the UK Government are significant. We are already seeing too many people being stigmatised due to having to claim benefits due to poor mental health; this is likely to increase... The headlines and reports we are reading and the language being used in debates around the issue are hugely concerning, with stigmatising words and attitudes re-emerging based on negative stereotypes and myths surrounding mental health problems and illness.”

Considered language is vital in ensuring claimant buy-in with these proposals, and we urge the government to reconsider the framing of these proposals to ensure people feel able to positively engage in support packages offered.

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 four points on one daily living activity?

As a Scotland based organisation, where Personal Independence Payment (PIP) has been replaced with the Adult Disability Payment, we will not comment on the proposals related exclusively to PIP in this Green Paper. However, we would ask that the UK government urgently clarifies arrangements for future Universal Credit (UC) Health assessments in Scotland given the proposed removal of the Work Capability Assessment. The current lack of clarity will cause uncertainty and confusion for the [43% of Universal Claimant recipients in Scotland who are on UC Health](#) and are likely subject to Work Capability Assessments. It also reduces the opportunity for Scotland-based organisations, including many of our members, to provide appropriate feedback on these proposals.

With regards to those individuals in Scotland who might not be entitled to UC in the future, it is vital that the DWP recognises the role of the third sector in providing practical and

emotional support, employability provision, and independent advocacy for people with disabilities and long-term health conditions. For example, Scotland has a strong network of Community Link Workers who work with primary care teams to provide a range of referral pathways for people with health conditions. However, the network is facing considerable threat due to unsustainable and uncertain funding - a common situation in Scotland's third sector just now.

The proposals in this Green Paper could increase the level of demand for many third sector services at a time when they are already facing considerable financial challenges. SCVO, in their most recent [third sector tracker report](#) for Spring 2025, found that 81% of organisations reported financial-related challenges - an increase of 10% since Spring 2023. In addition, 37% reported operating with a budget deficit, and 11% stopped delivering one or more strands of work. These findings were evident at our [annual conference in October last year](#), where members highlighted the need for a shift in perception around money and resources, and recognition from statutory partners that the third sector is essential, not a 'nice to have'.

To ensure that third sector partners can continue supporting people with disabilities and long-term health conditions, particularly if their benefit entitlement changes, the government must ensure that the third sector is meaningfully engaged and sustainably funded.

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

An important way to safeguard people who use DWP services is to be more considered in the language adopted when describing them. As stated in our answer to question 1, some of the language and framing of the proposals in this Green Paper has increased stigma and discrimination experienced by people with disabilities or mental health conditions. Reinforcing stigma and discrimination does not serve to safeguard people who use DWP services.

In addition, an important step in safeguarding people who are in receipt of health-related benefits is to meaningfully engage with trusted partner organisations. The third sector provides a range of services to people with disabilities and long-term health conditions, as detailed in our answer to question 2. For example, a number of our members provide independent advocacy services for people with disabilities or health conditions, helping to ensure that their wishes and rights are upheld when engaging with statutory services. Such services are vital for ensuring people are appropriately safeguarded whilst navigating the benefits system, particularly during a time of considerable change. As a result, it is important that they are meaningfully engaged and sustainably resourced where appropriate.

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

No, we would strongly disagree with this proposal. Delaying access to the health element of UC until somebody is 22 seems arbitrary and would leave a great number of people between the ages of 16 and 21 who have a disability or long-term health condition in financial hardship.

The Green Paper shares the government's ambition to 'ensure all young people are learning or earning', however this is not realistic in practice. A considerable number of young people in Scotland have a disability or long term-health condition which means they are unable to work. For example, people in Scotland aged 16-24 have an above average likelihood of experiencing mental ill health, with over [a fifth \(23%\) having a GHQ-12 score of 4 or more in 2023](#) indicating potential psychiatric illness or mental ill health.

The support detailed through the Youth Guarantee proposals should be provided *in addition* to UC Health for relevant young people, not instead of it. Further, the assertion in the Green Paper that the UC health element disincentivises work for young people reinforces common stigmas about young people who are reliant on benefits. Again, the DWP should carefully consider the framing of these proposals to avoid reinforcing stereotypes.

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?

The DWP should acknowledge the vital role of third sector partners in providing expertise on appropriate adjustments, as detailed in previous answers, and ensure they receive appropriate funding for this contribution. Similarly, third sector partners often provide independent advocacy and specialist support to people with long-term conditions and disabilities who require adjustments to access work. Again, this should be appropriately funded.

Finally, there are a number of activities that can act as important stepping stones to employment such as participation in volunteering. The DWP could consider expanding the provision of Access to Work funding for people to access other useful development activities.

Conclusion

There are some elements of the Pathways to Work Green Paper that would be, in theory, a welcome addition for people with long term health conditions and disabilities. However, much of this is overshadowed by potentially damaging proposals, inappropriate language and

framing in the Green Paper that reinforces stigma, and a lack of clarity around how certain proposals would work in Scotland. Below is a summary of our key points.

1. The third sector is a key partner in supporting people with long term conditions and disabilities to navigate the benefits system and gain paid employment, if appropriate. If the proposals in this Green Paper were to go ahead, demand for such third sector services would likely increase significantly. This comes at a time when many third sector organisations are experiencing considerable financial challenges. It is vital that the role of third sector partners in supporting current benefit claimants is recognised, and that they receive fair and sustainable funding to respond to any changes in the benefit system.
2. The framing of the Green Paper as a way to reduce social security spending in the long term will undoubtedly create fear amongst many benefit claimants and decrease the likelihood that they will feel able to positively engage in potentially beneficial proposals.
3. Much of the language used throughout the Green Paper is unhelpful and serves to reinforce common stereotypes about people with long term health conditions or disabilities who claim benefits. This is confirmed by See Me Scotland, one of our members, who are concerned about stigmatising language in related media coverage.
4. Whilst we agree with the proposal to remove Work Capability Assessments, the failure to fully clarify how the Health element of Universal Credit would work for Scottish claimants means that organisations, including many of our members, are unable to provide sufficient scrutiny of the proposals in the Paper.
5. We strongly disagree with the proposal to delay access to the Health element of Universal Credit until the age of 22. This appears arbitrary and does not reflect the reality of many young people who are unable to work or limited in the work they can do, due to a health condition or disability.

Further Information

If you require additional information about any of the points made in this response or if you would like to discuss them further, you can contact our Policy and Public Affairs Lead, Sarah Latto, by emailing sarah.latto@vhscotland.org.uk.