Release
Drugs, The Law & Your Rights

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Release is the national centre of expertise on drugs and drugs law in the UK. The organisation, founded in 1967, is an independent and registered charity. Release provides free nonjudgmental, specialist advice and information to the public and professionals on issues related to drug use and to drug laws. The organisation campaigns directly on issues that impact on its clients - it is their experiences that drive the policy work that Release does and why Release advocates for evidence-based drug policies that are founded on principles of public health rather than a criminal justice approach. Release believes in a just and fair society where drug policies should reduce the harms associated with drugs, and where those who use drugs are treated based on principles of human rights, dignity and equality. Release is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

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Introduction

Release provides legal advice, assistance and representation on social welfare issues, including benefits, to over 1000 clients a year through outreach legal services. These services, located in drug treatment centres and homeless projects, support people experiencing, or at risk of, drug dependency, who are also facing deprivation. We also operate a community drop-in centre where people come to charge phones, access the internet, request food vouchers, and seek other forms of basic support to alleviate day-to-day pressures produced by living in deprivation. We are deeply concerned about the framing, as outlined in the Executive Summary to the Green paper, as to why reforms of health and disability benefits are necessary.

It is important to note that the effects of the announcements on benefit reforms have had a chilling effect on those potentially affected, including the people we work with and for. Clients have expressed concerns that they will lose their benefits immediately, we have had to reassure them that this is not the case, but nonetheless people have described heightened feelings of anxiety, depression and suicidal thoughts because of the Government's decision to cut benefits and reduce eligibility. The proposed reforms are having very real-life consequences right now, impacting some of the most vulnerable and marginalised in our communities.

The Green Paper creates a binary scenario whereby failure to cut disability and health benefits will mean less money for the other public services such as the NHS, the police or will impact negatively on community safety. This approach further feeds division in society and fails to acknowledge that the Government has choices as to how it saves money or raises money. The continued reluctance of this Government to fully adopt a progressive and just tax system is at the heart of these proposals, instead - once again - the most vulnerable, those with serious health conditions and disabilities will pay the price. Progressive taxation of income, property and businesses could realise billions for the Treasury and would significantly outstrip the value of the cuts proposed here.

The Green Paper touches on some of the causes of increased ill-health amongst the population but bar from improving NHS waiting times there seems to be little substance on reforms that are needed. At the heart of the problem are the social determinants of health -

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inequality, deprivation, unequal access to good quality education, housing and a basic standard of living are some of the reasons why we are seeing escalating mental and physical health conditions. Through our work, Release sees clearly that people are struggling to survive, they are often in debt without access to the basics, resulting in escalating health problems which exacerbates their experiences of drug dependency. The UK has a high rate of income inequality, with the OECD ranking the UK eight out of 38 countries listed. Rather than cut the benefits of those already struggling to meet basic needs, the UK government should be addressing the root causes, and beyond the need for a fairer economic system, affordable housing, energy, food, transport and digital access are key. It is also unclear how the Government is going to get people into employment when there is a shrinking job market.

Further to this are the very real challenges people who have a history of drug dependency have in entering employment, because of criminal convictions linked to the criminalisation of drug possession. Criminalisation of people who use drugs creates significant harms, including in relation to accessing support, as people are viewed as criminals first and foremost. If the Government is serious about providing people with opportunities, then they should end the use of criminal sanctions for possession offences. Over 30 countries worldwide have adopted this approach and, when coupled with investment in services, many have experienced better health and social outcomes than the UK, including increased employment opportunities.

In addition, the comparison to other countries' expenditure (paragraph 17) on disability benefits is disingenuous, failing to recognise the role of social security and health investment in preventing ill-health and ensuring access to basic safety nets. Of G7 countries, the UK has one of the lowest rates of social spending based on percentage of GDP (22-23%), with France and Italy spending 30 to 32%, Germany 26 to 27%, both Canada and Japan spend slightly more, the US is the only country to spend less than the UK.

Finally, much of the language speaks of not wishing to dehumanise people but implying people on universal credit as being on ‘a one-way street where people are abandoned and very unlikely to ever work again’, feeds into negative narratives of those receiving social security. At paragraph 42 of the Executive Summary the changes to actual income are outlined, the new proposed increase of £7 per week for Universal Credit (UC) from 26/27 for new claimants (although frozen for at £97 per week for existing claimants, which is a real terms cut in income), and the reduction of £47 for these claimants in the health element, will see people lose 24% of their income. People are already struggling to eat and/or heat, and these cuts are the very definition of abandonment. Furthermore, the work allowance rates are also being decreased by £8 per week for those who do not claim UC housing element and £11 per week for those who do claim the housing element. The assertion in paragraph 38 that this so-called support will ‘help reduce the risk of poverty’ is wholly inaccurate and will instead cause financial detriment to claimants as they will be unable to earn as much income outside of the benefits system. It is beyond reason that the Government is positing these proposals as financially beneficial for claimants when they are so obviously harmful and will only perpetuate poverty.

At paragraph 22 of the Executive Summary, the Department for Work and Pensions (DWP) states that ‘[w]hile recognising the scale of this challenge, fundamental reform starts with a

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firm rejection of the fatalistic idea that nothing can change'. The reality is that these proposals show that nothing does change, that it is the poor that that pay the price for an economic system that benefits a few rather than the many, and so we ask the Government to firmly reject the fatalistic idea that wealth taxes and other progressive taxation policies are not possible, but rather are the basis for fundamental reform.

We also wish to echo the concerns stated in the letter to the Secretary of State on the Green Paper's Human Rights Failings, written by the Disabled People's Organisations (DPO) Forum England, which represents a broad network of Disabled People's Organisations across the country. This letter identifies that the structure and scope of this consultation falls short of the good practice principles set out in the cabinet office guidance and in the Gunning principles (the legal principles guiding consultation) and limits the human right to participation. Only half of the changes contained in the Green Paper are addressed in this consultation, and the lack of easy read and other accessible formats of the proposals in the Green Paper excludes many disabled people from partaking in a consultation on benefits changes which will severely impact them. Fundamental changes to the welfare system such as these need to be communicated and consulted on in a clear manner with those most impacted by such changes.

Those who claim benefits are only one part of the welfare system that the Green Paper posits does not work. There is little to no detail on any appropriate changes to DWP itself and how it might be internally reformed, or adopt a different approach to how it manages claimants' and claims, and the benefits that this might bring to both operating costs and user experiences.

The House of Commons Committee of Public Accounts' Sixth Report of Session 2024-25 which considered DWP Customer Service and Accounts 2023-24, observed:

> *It is concerning that DWP is not providing a decent service to all its customers, who include some of the most vulnerable in society and some of those with the most complex needs.*

That report expanded on the impact that quality of service has and why it matters (our emphasis added):

> *The quality of service that DWP provides matters because claimants rely on the accurate and timely payment of the benefits to which they are entitled to avoid or mitigate financial hardship.* ***Poor customer service can have a range of detrimental impacts, including frustration, distress and disruption for customers, and additional cost for DWP as it, for example, has to deal with repeated calls from customers chasing progress****.*

We experience first hand how many repeat interactions are required with DWP in order for simple tasks to be completed and completed correctly.

The Public Accounts Committee also observes that 'DWP does not understand well enough the experience of vulnerable customers and customers with additional or complex needs'.

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This is not only concerning given its daily role and function but a particularly troublesome observation in the context of the Green Paper's proposed significant changes, some which are being introduced without consultation.

Overall, the Green Paper is vague and the consultation questions broad. The Green Paper does not address systematic issues within the DWP, including the cost of wrong decision-making and the appeal process, and that the DWP has one of the highest figures of average working days lost per staff across the civil service. It also ignores the proven link between poverty and ill-health, and puts the onus for managing the Government's finances on disabled people, when there are much more viable options that do not drive vulnerable people into destitution. The proposals are theoretical and steeped in stigma towards society's most vulnerable, and do not accurately reflect the real life experiences or abilities of claimants. We urge the Government to take a more person-centred and compassionate approach to any welfare reforms.

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

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

Whilst there is mention of better employment support, and the right to try guarantee, this does not go far enough. The proposed 'right to try guarantee' is fundamentally dishonest and fails to recognise that people on Personal Independence Payment (PIP) and Limited Capability for Work and Work-Related Activity (LCWRA) have always been allowed to work. It feels as though the Government is utilising a change in language to create the perception that greater support is being offered when in reality very little will change. For example, changing the Work Capability Assessment (WCA) to a "support conversation" is a change of language that is likely to confuse claimants yet it has little meaning in practice. The process is already confusing and stressful for claimants. A change like this is unnecessary and in practice is likely to create further confusion around the benefits application process.

The current assessment process is dehumanising and demonstrates the immediate feeling of scepticism that the DWP has towards disabled applicants, and particularly towards those who are using drugs or in treatment for drug use. The DWP has therefore already created a systemic feeling of distrust between benefits claimants and the DWP.

In addition to this, the paper creates a level of shame around being on benefits and the length of time that some people need to stay on them. This causes people to feel unvalued and therefore unlikely to improve their mental health and their capacity to search for a job. Given the above, the Green Paper's promise that a claimant starting work will not trigger reassessment is meaningless and is unlikely to put applicants at ease when many have been detrimentally impacted by the DWP's broken promises in the past. In order to avoid future situations in which claimants may be impacted by these broken promises, we suggest that the recording of assessments should be mandatory and accessible to claimants to ensure that decisions can be adequately reviewed and challenged if necessary.

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The DWP must recognise its often sceptical approach toward claimants, especially those with a history of drug use, and commit to treating each individual with fairness and respect. It is essential that no preconceptions or biases influence the assessment of a person's claim.

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

The proposed change to PIP, requiring claimants to score at least 4 points on one daily living activity to qualify, stands to significantly reduce entitlement for a substantial proportion of current recipients. Analysis by Benefits and Work shows that nearly 88% of people currently receiving the standard daily living component of PIP would not qualify under the new rule, potentially affecting around 800,000 claimants. This change would have far-reaching consequences, particularly for those with complex or fluctuating needs, whose conditions may not be adequately captured by a single high-scoring activity descriptor.

To mitigate this impact, the Government must introduce transitional payments for individuals who lose entitlement. Such payments, provided automatically for a defined period - such as six months - would offer a necessary buffer while claimants explore appeals or alternative support. These transitional arrangements would protect vulnerable individuals from sudden financial hardship and offer a degree of security during a time of uncertainty and distress.

Equally vital is the provision of advocacy and legal support to help claimants navigate the appeals process. Many people affected by PIP decisions face barriers to understanding or engaging with the system, and the complexity of appealing can be overwhelming, particularly for individuals with mental health conditions or cognitive impairments. Accessible, independent advocacy, modelled on existing NHS support services, would empower individuals and improve the fairness of outcomes. Fast-track appeal mechanisms should also be implemented for those with progressive or terminal conditions to prevent prolonged hardship.

The proposed changes also risk excluding individuals with cumulative but dispersed support needs. Someone who scores two points in several descriptors - such as preparing food, managing therapy, and communication - may not meet the new four-point threshold, yet still face significant barriers to independent living. A points-band approach, allowing individuals who score a combined total of eight or more across various descriptors to qualify, would better reflect real-life experience and prevent arbitrary exclusions.

Furthermore, targeted support must be extended to groups likely to be disproportionately affected. Recent reporting by The Guardian highlights that disabled women and neurodivergent individuals may face indirect discrimination under the new policy, due to the nature of their needs not being fully recognised within the current assessment model. Tailored support packages including mental health services, assistive technology grants, and social care referrals are essential to mitigate this disparity.

Beyond individual measures, a broader systemic response is necessary. Claimants losing PIP entitlement must be given streamlined access to other welfare and support systems,

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including Universal Credit, local authority support, and NHS or social care services. The risk of individuals falling through gaps in provision is significant, particularly for those with multiple or fluctuating conditions. A joined-up approach would improve efficiency and reduce the longer-term social and financial costs of unmet need.

Lastly, the government must commit to regular monitoring and transparent reporting on the impact of the policy. This includes publishing disaggregated data on who is losing support, broken down by condition type, gender, and region. Such data would enable targeted policy responses and ensure that unintended consequences, such as disproportionate exclusion of certain groups, are addressed swiftly and effectively.

We believe any proposed reforms must not come at the cost of excluding thousands of vulnerable people from vital support. Transitional payments, legal advocacy, a more inclusive points framework, targeted aid for at-risk groups, welfare system integration, and data-led reviews are essential tools to ensure that the policy remains both just and effective.

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?

Improving the experience of the health and care system for people who are claiming PIP and stand to lose entitlement under the proposed changes must begin with recognition of the profound emotional and material consequences that this loss can cause. The health and care system must be equipped to respond not just clinically, but holistically, acknowledging that PIP is not just a benefit, but a gateway to dignity, independence, and access to critical services like housing, nutrition, and social participation. Health and social care professionals should be given mandatory training to understand the wider implications of losing PIP, especially the psychological toll it takes on those who already feel marginalised.

While working on a recent PIP case, Release witnessed the devastating personal impact of these proposals. One of Release's clients, who we were representing for a PIP appeal, said, 'I think I have lost my case even before appeal. The proposed change does not seem to have any place for me, as in the eyes of the government my disabilities and complications have no place. No one cares if I die or live, eat or go hungry. I have lost all my hopes.' This statement is deeply alarming. It reflects not only the loss of financial support, but a wider collapse in trust in the legal and social justice system. When people feel unheard and unprotected, they disengage socially, politically, and emotionally. That is a serious risk we cannot afford to ignore.

Health systems must therefore ensure proper mental health support is available for those affected, and local authorities should have mechanisms to protect housing stability and access to essential services. Services must also be flexible enough to recognise fluctuating and non-visible disabilities. Without careful, compassionate reform and well-integrated support, the system risks failing those who need it most.

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?

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The Green Paper is relatively vague on the specifics of the proposed new 'Unemployment Insurance' contributory benefit. The Government should provide details on how exactly this benefit will work in practice - including the eligibility criteria, application process and how it will interact with other benefits.

We would urge that, if implemented, the Unemployment Insurance benefit is treated in the same way as UC for supplementary benefits such as housing and council tax benefits, passporting a claimant automatically to being eligible for this support. We would resist any proposal that Unemployment Insurance be treated as if it were employment income, which precludes some claimants from these supplementary support mechanisms.

We also seek further clarity on what happens if a claimant is still unable to work at the end of the time limit to receive Unemployment Insurance. The Green Paper states that a claimant would then be able to apply for UC, however this does not address any practical issues in doing so. Will there be a time period between the end of Unemployment Insurance and a UC claim beginning - which would leave people destitute and without income in the meantime? Would a claimant need to go through the bureaucracy of starting a fresh claim or would they be automatically transitioned to UC? How would the transition impact other benefits such as housing benefit, as this would then be paid by UC housing element? These are important issues that the Green Paper has totally failed to answer.

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

Greater understanding of disability is needed within the DWP and front-line staff should be required to complete mandatory disability equality training that has been developed and delivered by disabled people with lived and living experience. Our clients often experience significant stigma from DWP employees during appointments with them, and report that once they disclose that they use drugs dependently, any other health issues they have are ignored. Claimants constantly have to demonstrate how disabled they are to decision-makers who have little to no knowledge of disability, the nuanced ways it can impact their lives, and the real barriers faced by disabled people.

The DWP must adopt a person-centred approach and must be alive to the complexities of different types of vulnerabilities and the additional level of support people with complex needs may require, and adapt to this accordingly.

During the "support conversations", assessors should take note of UC claimants who exhibit vulnerabilities and advise them on their eligibility for PIP, and consequently their eligibility for the health element of UC. Work coaches should also be trained to do the same. Recording of these assessments should be mandatory to ensure that decisions can be adequately reviewed and challenged if necessary.

Additionally, the Green Paper does not address the ratio of work-coach:UC recipients in the current system, which sees case-loads of hundreds per work-coach and impersonal, ten-minute appointments. Delivering a personalised system in that context is plainly impossible

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and, again, raises the issue of whether these conversations would provide any actual improvement to the lives of disabled people or simply represent a further burden. LCWRA payments and the proposed health element of UC are designed to be awarded to the most vulnerable in our society. As a result of the very vulnerabilities that entitle them to the award in the first place, claimants may not be able to frequently attend appointments. If support conversations were to be a requirement, this would inevitably lead to these claimants being sanctioned or having their benefits removed from them for their inability to attend these proposed conversations. This would result in disabled and vulnerable people being pushed further into poverty and destitution – increasing the risk of harm and death to them.

Chapter 3: Supporting people to thrive
Our new support offer

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

Any "support conversation" must be designed to be voluntary and not a condition for the receipt of UC (see Q9). This proposal - and the welcome acknowledgement that people with disabilities should not be abandoned by state support services - must not be used to justify an extension of surveillance and coercion of that same community and of cuts to their benefits through onerous requirements. In their current proposed form, the "support conversation" risks placing greater burden on people who are disabled and, if participation becomes a requirement, serves only to strengthen the conditionality regime for people with disabilities and health conditions that already places them at risk of harm and death.

The "support conversations" are distinct from existing communication requirements for UC insofar as they are presented as being tailored for people with disabilities and not necessarily a prerequisite of a UC payment (see Q9). That said, in substance, the proposed design does not appear to be much different from meetings with work-coaches already required of those deemed 'fit to work' and those with LCW. The crucial proposed development, then, would be that this work-coach communication would *also* incorporate many people with LCWRA - a group who in the current system are subject to no requirements in relation to work, such as check-ins about training and employment, due to the impact of their health conditions and/or disabilities on their ability to work, find work, or engage consistently with the JobCentre.

Whilst there are references to signposting to other social services (see para.221), the evident focus of the proposed support conversations is training and employment. There are welcome references to a more personalised, flexible approach to these conversations and reasonable adjustments (e.g. para.226). However, notwithstanding the fact that JobCentres are already required by the Equality Act 2010 to provide reasonable adjustments, a "support conversation" that carries any risk of punishment (benefit sanctions) is antagonistic to a flexible and personalised approach and again brings into question the effectiveness of these conversations.

Furthermore, it is our view that it is not possible to hold genuinely supportive, productive conversations about employment and work goals if these conversations are a requirement of

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the receipt of a benefit, thus attracting sanctions for non-compliance. The current system of UC is based on work-related requirements, whereby failure to meet those conditions leads to sanctions in the absence of discretionary 'easements' or a finding of LCWRA. It is well-evidenced that these deepen poverty, discriminate against disabled people, and can lead to mental health crises, deaths, and suicides. This is discussed further at Q9, but we would emphasise here also the research demonstrating links between WCA and suicide, the direct impact of sanctions on homelessness and destitution, and the evidence indicating that people with disabilities are more likely to be sanctioned for other benefits (incidentally, however, DWP will not release data on how many people with LCWRA are sanctioned). The 'Deaths by Welfare' project, created by disability rights campaigners, has built a body of evidence that shows the link between a negative decision on someone's benefits and their subsequent death - or, in their words, how 'the welfare system creates life-threatening policies that lead to people's deaths'.

The use of sanctions in this or any context is grossly unethical and discriminates against people with disabilities. In this context, it would also undermine any attempt to provide effective "support conversations": it is well-documented that sanctions create extreme fear among recipients with disabilities or health conditions. A January 2025 paper by Citizens Advice reported that 'a number of claimants told us that they felt the risk of sanctions undermined trust in their relationships with their work-coaches' and a July 2024 paper from the New Economics Foundation observed recipients felt 'the tension between the work-coach's role of providing support and policing benefit rules'. A 'shared understanding' (para.221) will be difficult, if not impossible, to achieve where participants fear that they will not be able to meet their basic necessities if they do not participate properly or comply.

In terms of the delivery of a proposed "support conversation", a repeated issue raised at Release's legal clinics is the misinterpretation or outright misquoting of statements made by people undergoing health assessments (whether in the PIP assessment or WCA). Though the "support conversation" is not a health assessment, it is intended to establish ''goals and aspirations' for work (para.194) and any such conversation must be led by the individual, centre on the expert knowledge that the person with disabilities has about their own conditions, and accurately record their wishes. The proposals in the Green Paper have not ruled out the possibility that support conversations will lead to mandatory drug treatment for claimants experiencing drug dependency. Indeed, paragraph 49 of the Green Paper outlines that support conversations will address a claimant's 'wider health and independent living aspirations', which could open the door to mandatory treatment. We absolutely and outright reject any efforts to make drug treatment mandatory, in line with the recommendations made by the Black report.

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

The group who face the fewest contact requirements are those with LCWRA, which is awarded to people with disabilities and health conditions that affect their day-to-day life to such an extent that they cannot safely engage in work or work-related activity. The assumption underpinning this question is that this group should be required to have more regular communication. The reasoning underpinning this assumption is found in the Green Paper, which states that the current system is 'one based on almost no contact and no support for

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those in receipt of the UC health element' and that this is 'leading to very low employment outcomes' (para.246). We would challenge both limbs of that statement.

First, it is not correct to say that there is 'almost no contact' between JobCentres and people with LCWRA - people with LCWRA are reviewed every 6-36 months and can request support at any time with employment. This is a misrepresentation of the current system, which is being used to present more stringent burdens on people with disabilities as an improvement and increased pressure on disabled people to work, regardless of how it may negatively impact their health, as an attempt to provide greater support. We would highlight the recent ruling in *R (on the application of Ellen Clifford) v SSWP,* in which the High Court heavily criticised the proposed 2023 welfare reforms: these also misrepresented people on LCWRA as 'receiving no employment support to help them reintegrate into the labour market'. This was not only described as a 'false rationale', given that people with LCWRA 'are able voluntarily to access such support' [63], but as a clear attempt not to support people to work but to 'compel' them to do so [88]. It also observed that, whilst the overt justification for reforms was support, the covert one was 'costs savings' [42]. There are clear overlaps between the rhetoric underpinning the 2023 reforms, heavily criticised as misrepresentative, and these reforms.

Second, there is also no evidence to suggest that more contact with disabled people, who are not able to work due to their disabilities, would lead to their becoming employed; there is, however, evidence of the distress caused to people by regular contact with DWP. The presumption overlooks the multiple factors that make it challenging for people with disabilities to work, including the impact of their conditions, the discrimination they face in employment, the disabling social environment they face day-to-day, and the overlap between disabilities and poverty. The people referred to in this question are those whose lack of contact with both the employment market and the JobCentre is assessed as in the interests of their health - for example, because their disabilities or health conditions may exacerbate or trigger a physical disability, cause them serious distress if they leave the home, speak to other people, or because they may struggle to use technology or phones due to learning disabilities. Testimony from people with disabilities frequently highlights the distress caused by interaction with the JobCentre. Higher expectations of contact will not create conditions for people with disabilities to live a dignified life or, indeed, to enter employment.

An expectation of more regular contact also fails to recognise disabled people's right to a dignified and private life, where they are not subject to continual intrusion and surveillance of their life and health conditions. It also fails to recognise that the lack of contact may be caused by material circumstances in individuals' lives, such as digital exclusion from UC's 'digital-by-default' approach, lack of financial resources (making access to internet and phone credit sporadic), or in some cases the extreme demands of homelessness. We know that disabled people are over-represented in poverty statistics - 26% of people in the UK meet the Equality Act 2010 definition of disability but 48% of people experiencing food insecurity meet the definition.

In terms of delivery of communication for those who want it, the same applies to Q7 as to Q6: it is our view that conversations with people who currently have no or little contact will not be effective if participation carries the risk of benefit sanctions; effective conversations must be opt-in, voluntary, and centre the expert knowledge of people with disabilities.

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A new baseline expectation of engagement

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

Any decision to determine who is required to participate in looking for work or work preparation needs to genuinely include the claimant and their support networks. Through conversations with our client group we understand that, often, decisions about their capability to work are made based on a prescriptive form and an assessment phone call or appointment. These assessments are accepted by the government to be ineffective, and for our client group, fail to see the individual beyond their drug use.

It is our view that the process of making a 'fitness to work' determination needs to include the claimant and their support network, so that the decision maker has a complete understanding of the claimant's actual abilities and capacity for day-to-day activities. We also remind the Government that a claimant's support network may not be limited solely to health professionals such as GPs and mental health workers, but can include informal carers, social workers, drug and alcohol treatment key workers and other social support they may access. Collectively, these people will have an in-depth knowledge of the claimant's actual needs and abilities. The DWP should engage with a claimant holistically to have an accurate understanding of them before making any determinations about them. We reiterate that the Green Paper does not address how the DWP will make better decisions as it ignores the overwhelming case load for work coaches, and their subsequent inability to engage meaningfully with claimants. It is our view that the DWP should decrease the ratio of work coaches to claimants, so that claimants can genuinely be supported by their work coaches, as opposed to the tick-boxing exercises that currently occur due to the work loads.

Meaningful engagement and understanding will lead to better decisions being made by the DWP, reducing the risk of making decisions that leave disabled and vulnerable people in poverty and destitution. We urge the Government to remember that vulnerable people often struggle to navigate state support systems, so a negative decision can have seriously detrimental impacts on their lives – including leading to their deaths.

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?

We absolutely challenge the idea that most claimants should be forced to participate in support conversations as a requirement to receiving Universal Credit.

Firstly, LCWRA payments and the proposed health element of UC are designed to be awarded to the most vulnerable in our society. As a result of the very vulnerabilities that entitle them to the award in the first place, claimants may not be able to frequently attend appointments. If support conversations were to be a requirement, this would inevitably lead to these claimants being sanctioned or having their benefits removed from them for their inability to attend these proposed conversations. This would result in disabled and

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vulnerable people being pushed into poverty and destitution – increasing the risk of ill-health and death to them (as explained above in our response to Q6).

Secondly, there is extensive evidence that forced conversations lead to distrustful relationships between claimants and their work coach, and are often ineffective in reaching positive outcomes. This is because claimants simply participate in order to avoid being sanctioned, rather than actively contributing to the conversations. It also requires that the DWP use more resources to ensure that work coaches are available to routinely have conversations with claimants who are not able to work at all. The existing voluntary opt-in framework is sufficient support for those who are unable to work. The fact that claimants are able to contact the DWP for support when they need or want it also reiterates that there is already sufficient contact between claimants and the DWP, contrary to the assertions in the Green Paper.

It is for these reasons that we strongly urge the Government to ensure that participation in support conversations for disabled and vulnerable people is entirely voluntary.

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

We reiterate our points above that enforcing requirements on people in order to maintain their benefit entitlements is an ineffective, expensive and dangerous policy. We strongly recommend that the starting point for reforming the benefits system is that the new rules do not impose requirements on disabled and vulnerable people at all, and instead maintain an opt-in approach.

Delaying payment of the health element of Universal Credit

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

We believe the starting point for any benefit the state provides should be needs based. If the benefits system were truly needs based, rather than founded in attempts to reduce the scope of people eligible or restrict access for certain groups, there would be no requirement for arbitrary age, or other, thresholds.

Although not directly applicable to central Government benefits, we think the Care and support statutory guidance, updated 18 February 2025 (‘the Guidance’), is instructive when considering how the state responds to individuals’ needs, particularly those with health needs.

The Guidance identifies that its associated legislation, The Care Act 2014, signified a shift from existing duties on local authorities ‘to provide particular services, to the concept of ‘meeting needs’’.

The Guidance, in discussing the relevant legislation’s focus on ‘wellbeing’, observes (our emphasis added):

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> *Promoting* ***wellbeing involves actively seeking improvements in the aspects of wellbeing*** *set out above when carrying out a care and support function in relation to an individual at any stage of the process from the provision of information and advice to reviewing a care and support plan.* ***Wellbeing covers an intentionally broad range of the aspects of a person's life and will encompass a wide variety of specific considerations depending on the individual****.*

The Guidance also observes that a person's wellbeing can be promoted in many ways (our emphasis added);

> *How this happens will depend on the circumstances, including the person's needs, goals and wishes, and how these impact on their wellbeing. There is no set approach – a local authority should consider* ***each case on its own merits, consider what the person wants to achieve, and how the action which the local authority is taking may affect the wellbeing of the individual****.*

We would encourage central Government to adopt a similar needs-based approach, putting the individual at the centre of any system upon which they rely due to health or disabilities. This would not only benefit some of the most vulnerable individuals who rely on the state for economic support, but it would also reflect a consistent approach across Government for those with care and health-related needs.
Illness and ill-health do not discriminate by age and nor should the state.

Raising the age at which young people start claiming adult disability benefits

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

As per the above observations, we submit that state support, be it delivered via means-tested or non-means tested benefits, should be determined and awarded based on an individual's needs. The same logic applies in respect of PIP, or other non-means tested health benefits such as Disability Living Allowance, regardless of the age of the recipient. We are concerned that the Green Paper's position seems to strive to place all 16 -18 year olds who require state financial support for health needs within one of two binary boxes. This thinking is similarly reflected in PIP assessments; the needs of an individual which are as varied and non conforming as people themselves will not always fit neatly within the boxes that policy-makers seek to create.

Transitioning to PIP at the age of 16 will not be appropriate for many individuals receiving DLAc for the very reasons the Green Paper posits, but for others, depending on their circumstances, it may work much better.

For those 16 year olds who live independent lives, are responsible for their own finances and may not have traditional family or support network structures to rely on, transitioning to PIP might be much more appropriate.

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The inability to design and implement a system which properly reacts and responds to individual needs will continue to result in confusion, people being under-supported, review and challenge.

Individuals who rely on state financial support already navigate a number of different platforms, assessment regimes and organisations to obtain the support they require; they have to re-apply and re-submit information at multiple junctures to maintain access to the benefits they are entitled to, often amidst a system that is slow, non-accessible and inefficient. While some transitions to alternative benefits through an individual's lifetime will be unavoidable, the system should seek to minimise the number of these and their associated processes.

It should also try to avoid constantly shifting the goalposts and tinkering with eligibility to drive down the welfare bill. The Green Paper's own narrative identifies that the benefits bill has continued to rise and is expected to rise further in the years to come. We would observe that this is in the face of continued central government initiatives to curb it. If this government was genuinely interested in 'driving up living standards' as it claims, the thrust of these 'reforms' would look very different.

Other

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

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

19. Do you consider yourself to have a health condition or a disability?
Prefer not to say
20. Do you live in:

- England