



Homecare Association

Homecare Association Response to the Pathways to Work Green Paper

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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?

46% of staff in homecare are part-time¹. Many of these staff members combine working in care with unpaid caring responsibilities or childcare. Given wages in the sector are often at, or close to, the statutory minimum; many of these staff members are also in receipt of benefits. This can affect people's earnings because of:

- **Cliff-edges** – Care providers often report that care workers say they could be available to work more hours (either in the long term or as a one-off, for example, to cover a colleagues' absence) but are unwilling to because doing so would affect their benefits.

While there may be some lack of understanding of the tapering of Universal Credit, there are also genuine 'cliff edge' effects within the system that can affect part-time workers.

- **Fluctuating earnings** - Many homecare workers are currently on zero-hours contracts (38%) or guaranteed hours contracts and their hours fluctuate.

Sometimes, this is due to personal choice because people are trying to balance work with other responsibilities. Many need to be able to turn down work if they have care responsibilities to fulfil, for example.

¹[Summary of domiciliary care services 2024](#)

In other cases, people may prefer more stable work with less fluctuating hours, but employers cannot often offer these arrangements. This is usually driven by local authority and NHS commissioning arrangements that purchase care by the minute or hour and offer no guaranteed work to care employers. Care providers often find commissioning arrangements force them to pass this uncertainty on to their staff to remain sustainable to deliver care, and financially viable.

We continue to urge the Government to consider using block-purchasing and patch-based commissioning to reduce unnecessary working hours fluctuation.

An example of benefits which covers both fluctuation and cliff-edges is Carer's Allowance (many paid carers have unpaid caring responsibilities). The earnings limit is £196 per week. Recipients who have fluctuating earnings can request the assessment take an average over a working period (e.g. 5 weeks); but the claimant has to specifically agree this with the assessor on a discretionary basis². This can mean many workers on this Allowance are reluctant to cross the weekly threshold even if available to work more during that week.

While earnings above any work allowance reduce Universal Credit in a tapered way (ensuring there are no 'cliffs' in support being withdrawn), there can be issues for people who have irregular work income, including:

- Work assessment periods – the system may adjust universal credit rates down if a person earns more in a work assessment period; or more payments received than normal; however, this may leave the claimant in a difficult situation if their earnings fall in the following period and there's a delay in benefits being adjusted upwards.
- Passported benefit cut-offs - free school meals or free NHS prescriptions can depend on Universal Benefit receipt, so if the person earns too much in one period a family could come off UC and suddenly face significant additional costs for medicines and food.
- Council Tax reductions could also be impacted.

We would urge DWP to give further consideration to whether the benefit arrangements disincentivise taking on more work. Including, due to "benefit traps", "cliff edges", or lack of understanding of, or confidence in, the benefits systems' ability to adapt to fluctuating working hours.

² [Carer's Allowance and the earnings limit | Carers UK](#)

Proposals such as delayed termination for free NHS prescriptions³ and reconsideration of the management of fluctuating incomes might assist (see, for example, the work of the [Financial Fairness Trust](#)).

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?

It is vital the DWP understands how people currently in receipt of PIP use funds now in order to provide alternative support in all of these areas. We look forward to seeing the outcome of current research on this topic, as well as the research into the links between PIP and social care.

Someone who fails to score 4 points on any one daily living activity could still need all the below:

- Assistance to wash either their hair or body below the waist.
- Supervision or prompting to manage toilet needs.
- Prompting or assistance to select appropriate clothing.
- Need prompting, supervision or assistance to manage therapy.
- Need prompting to prepare or cook a simple meal.

There is an obvious overlap with people's social care needs, and it is vital the DWP properly understand and examine this ahead of implementation. It is possible that local authorities could provide some additional support through the social care system, although not without additional funding. People who need prompting to prepare food, for example, may be assisted through technology to do this. Other tasks, such as assistance with washing, require in-person personal care. There are already extensive waiting lists and funding deficits⁴ so this would require additional funding for NHS and local Councils.

It is important to note that while the PIP assessment for daily living elements looks at functional ability, PIP may in fact be used to cover increased costs associated with disability that are not part of the assessment. Households with one or more disabled people frequently incur higher living costs (beyond care and support) because of specific dietary needs, greater energy consumption, increased transport expenses, and extra costs associated with medicine and

³ [Report: Cheques and imbalances, How income varies throughout the year for Universal Credit households. March 2025](#)

⁴ [20250209-ADASS-Spending-review-submission-2025-FINAL.pdf](#)

equipment. They are also less likely to be able to compensate for these costs by increasing their earnings.

We would urge the DWP to note the research from the Trussell Trust that these changes could place an additional 250,000 people in relative poverty by 2029/2030 and increase food insecurity. We also strongly urge DWP to consider research from the Health Foundation, which shows there can be direct negative impacts on people's health due to, for example, heightened levels of stress and inability to afford food⁵. It is difficult to see how mitigating support measures can make up for lost income to meet the kinds of needs related to increased living costs we have outlined above.

Nutritious food, assistive technology, transport or key medical equipment and aids may all actually increase disabled people's ability to access work, and, therefore, loss of PIP may generate benefits costs for the Government in some cases.

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?

On healthcare – prevention from conditions deteriorating is key, as well as timely access to effective treatments.

As outlined above, assistive technology can assist with some social care needs, like prompting people to take medication or eat, for example. However, some of the people with this level of need will require in-person personal care. It is not clear whether they are using PIP to fund that at present, or if they also have social care arranged via the Council or NHS (which may or may not need to be increased if the Government reduces access to PIP).

ADASS report “there were 418,029 people waiting for an assessment of their needs, for care and support or a direct payment to begin, or for a review of their care needs as of 31 March 2024.”⁶ The Casey Commission should review whether there are alternative ways to speed up assessment processes. For example, the use of Trusted Assessors may reduce the need for social worker input in certain cases and reduce waiting times. In Trusted Assessor roles, careworkers undertake regular needs assessments of the people they care for. Careworkers can adjust a person's care plan, ensuring a rapid response to changing needs. It means where someone becomes more

⁵ [Welfare reforms risk damaging health and efforts to boost employment - The Health Foundation](#)

⁶ [20250209-ADASS-Spending-review-submission-2025-FINAL.pdf](#)

independent, they can reduce their care or increase care when the opposite is true. This reduces the need for social worker intervention.

Maintaining the social care workforce is also key to managing waiting times; and we are concerned that the Government's closure of the Skilled Worker route to new careworkers from abroad will create staffing shortages in the homecare sector - vacancies far outstrip the number of displaced workers available via the regional hubs for work and there are questions about how well the hubs are functioning. Care staff shortages can have a devastating impact on people supported, including extended hospital stays, lack of support with essential daily tasks and long waits for support. It can also affect others in the community - who may face increased care responsibilities and a shortage of hospital capacity in their local areas.

For people who need support, access to care is an increasing challenge. There is severe underfunding in the social care sector. ADASS report that in 2023/24 95% of Councils were using reserves to cover overspends. Increasing numbers of people report having unmet needs – Age UK now estimates 2 million older adults have unmet care needs⁷; Healthwatch estimates that 1.5 million working-age adults have unmet care needs. Behind each of these figures is a person struggling to undertake essential daily tasks.

The Health Foundation estimate that by 2028/29, social care would need the following additional funding to:

- Meet growing demand and cover rising costs - £3.4bn
- Meet growing demand, cover rising costs and improve access – £6.4bn
- Meet demand, cover rising costs, improve access and improve pay - £8.7bn

Alongside this there are existing funding deficits in the sector. Despite a £3.7 billion allocation for local authorities commissioning adult social care, most homecare contracts fail to meet the basic cost of providing care, legal minimum wage increases, changes to employers' National Insurance Contributions and rising inflation. In 2025–26:

- Only 1% of contracts for which we received details met the Minimum Price for Homecare, our benchmark for the legal and operational cost of safe, regulated care.
- Just two local authorities offered uplifts aligned with the 10% rise in provider costs, though neither are meeting the Minimum Price for Homecare.

⁷ [2 million older people now have some unmet need for social care](#)

- We estimate a funding gap of at least £1.6 billion in England alone.

[See our fee rate research for further information.](#)

It is vital that the Government understands how reducing PIP access will impact social care costs before implementing changes.

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?

[no comment]

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

The Work and Pensions Committee has recently looked at this⁸ in depth and, for the most part, we have nothing further to add.

From the perspective of a care provider, we suggest DWP considers if there are clear and appropriate routes for care providers, or other agencies involved with vulnerable individuals, to raise concerns when they feel DWP activity is causing an avoidable deterioration in a situation.

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?

No comment

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

No comment

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.

⁸ [Safeguarding Vulnerable Claimants](#)

We are an organisation representing employers, and so will not comment on the details of work requirements. However, we do currently hear frustration from employers who receive applications from candidates who are not genuinely ready, able or interested in taking up a role, but only applying in order to meet work requirements.

We would value any work search regimes being integrated into support for the candidate to understand the job roles and sector that they are applying for jobs in. This could include:

- Specific pre-employment training or screening processes that support candidates to explore whether a social care career might be for them
- Sector-specific job matching and support, in line with the needs of local employers
- Clear support and communication around realistic job role requirements and expectations

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?

No comment

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

No comment

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?

Many young people with disabilities have additional living costs (as described above) or care and support needs. This means they have higher living expenses. We are concerned that delaying access to the health element of Universal Credit may mean young disabled people do not have key needs met, and will, therefore, find it harder to participate in education, work or training.

We urge DWP to consider the following questions:

- Does DWP fully understand how claimants in this age group use the additional health element of Universal Credit?
- Is it, for example, used for care and support or respite/short-break care?
- Will this impact social care?

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?

[No comment]

Chapter 4: Supporting employers and making work accessible

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

- Improve access to occupational health advice for small employers.
- Provide free training on having conversations with employees to explore what adjustments might help them.
- Provide an online chat service for employers to get advice on adjustments for people with particular conditions in different kinds of work; with telephone advice for more complex cases.
- Produce sector specific case examples of successful adjustments in social care and run communication campaigns to employers in this sector, so there is a better understanding of what is possible.

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?

It is vital DWP target Access to Work at those who need a level of support that reasonable adjustments in the workplace cannot meet.

As well as core funding for transport, equipment and support adjustments, DWP could consider:

- **Graduated employer contributions** - reducing employer cost-sharing based on business size and adjustment complexity
- **Multi-year funding certainty** - guaranteeing support for 5+ years for stable conditions
- **Sector-specific adjustment toolkits** - pre-approved packages for common scenarios in social care, retail, hospitality, etc.
- **Regional equipment libraries** - pre-positioned assistive technology that can reach people within days, not weeks
- **Upfront payment schemes** - eliminating the requirement for individuals or employers to pay and wait for reimbursement

- **Job interview support** - extending communication support and reasonable adjustments to all interview processes, not just for deaf applicants
- **Flexible adjustment packages** - dynamic support that scales up/down based on condition severity for fluctuating health conditions
- **Preventive workplace health** - occupational health assessments to prevent deterioration
- **Assistive technology maintenance** - ongoing support, insurance, and replacement programs

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

We would like to see:

- **Faster processing and decision times** - Social care has high staff turnover and urgent recruitment needs, but currently Access to Work applications can take weeks or months to process. This discourages employers from participating in the scheme.
- **Health and Social Care engagement** – social care employers should be able to work with local authorities and NHS employers as equal partners to identify better opportunities to support disabled workers in local health and social care sectors.
- **Simplified application processes** – small employers may not have HR resources to support the scheme and applications should be as simple as possible.
- **Mobile solutions** – ideally, the homecare sector needs technology, support and transport solutions that support disabled workers who are mobile and not desk-based.

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?

While these organisations have quite distinct roles in terms of enforcement and funding; there is an overlap when it comes to navigating guidance for employers.

We would like to see these agencies work together to provide social care sector specific updates on good practice and also to highlight compliance issues around workplace adjustments that have actually arisen. Ideally, we would like to see unified guidance that covers the perspectives of HSE, ACAS and EHRC in one place.

We would also like to see clear cross referrals – for example:

- HSE inspectors identifying adjustment opportunities during routine visits
- ACAS advisors directing employers to Access to Work funding
- EHRC investigations trigger HSE workplace culture reviews
- Access to Work assessors flag systemic employer issues to EHRC

We would like to see the four agencies working together to create a single touchpoint for employer engagement that is sector specific. This could include jointly hosting an ongoing engagement forum, or one-off business roundtables or workshops.

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

DWP could consider:

- **Greater use of AI and intelligence** - to adopt an approach that uses data to predict what responses to common issues might be so that responses can be faster and more proactive.
- **Developing condition-specific expertise** - dedicated support workers with deep knowledge of particular disabilities or mental health conditions so that where assessments need more in-depth specialist knowledge, this is available (even if not local)
- **Peer mentoring schemes** - connecting disabled people with experienced disabled workers

Other

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

- as a member of the public
- as or on behalf of an individual business
- as or on behalf of an employer/ business representative organisation
- as or on behalf of an interested charity or other representative organisation
- other