



Work and Pensions Committee

Oral evidence: Back to work plan, HC 697

Wednesday 17 April 2024

Ordered by the House of Commons to be published on 17 April 2024.

[Watch the meeting](#)

Members present: : Sir Stephen Timms (Chair); Debbie Abrahams; Marsha De Cordova; Nigel Mills; Selaine Saxby; Dr Ben Spencer; Sir Desmond Swayne.

Questions 1 - 66

Witnesses

[I](#): Kate Shoesmith, Deputy CEO, Recruitment and Employment Confederation; Ben Harrison, Director, Work Foundation; Jamie Thunder, Senior Policy Adviser, Z2K; and Gareth Parry, Programme Director for Employability, Maximus.

[II](#): Ruth Talbot, Founder, Single Parent Rights; Ken Butler, Disability Rights UK; Nil Guzelgun, Interim Head of Policy and Campaigns, Mind; and James Taylor, Executive Director of Strategy, Impact and Social Change, Scope.

Written evidence from witnesses:

[Z2K](#) (BTW0002)

[Single Parent Rights](#) (BTW0001)



Examination of witnesses

Witnesses: Kate Shoesmith, Ben Harrison, Jamie Thunder and Gareth Parry.

Q1 **Chair:** Welcome, everybody, to this meeting of the Work and Pensions Committee for our inquiry this morning. We are very grateful to the first panel who have joined us. I will ask each of you to tell us very briefly who you are, starting with Ben Harrison.

Ben Harrison: Good morning. I am Ben Harrison; I am director of the Work Foundation at Lancaster University. We are a policy unit that is focused on supporting people into well-paid, secure employment, particularly those who face structural disadvantages in the labour market.

Jamie Thunder: Good morning. My name is Jamie Thunder, I am the senior policy adviser at Z2K, an anti-poverty charity that also provides advice, support and representation on social security issues.

Kate Shoesmith: Hello, I am Kate Shoesmith. I am deputy chief executive at the Recruitment and Employment Confederation. We are the professional membership body for the UK recruitment industry.

Gareth Parry: Good morning. Gareth Parry from Maximus. We are an employment services provider and deliver employment services contracts for central, regional and local governments.

Q2 **Chair:** Thank you all very much for being with us. I have the first question and it is a question, I think, to Kate and Ben. Do you think we are right to be concerned about increased economic inactivity, even though, if you look back over 30 years, it is not particularly low at the moment compared with where it has been in the past? Higher inactivity and, indeed, also relatively high long-term unemployment at the moment, how do those affect businesses and the economy?

Ben Harrison: You are right to be concerned about it. It is right that when you just look at the headline figures, they are not dramatically higher than perhaps they have been in the past. What matters is, when you get underneath that headline figure, to understand some of the drivers of that economic inactivity, particularly with regards to ill health and the record number of people—2.8 million—who are economically inactive due to ill health. That is rising, and has been rising for a number of years. That is clearly a significant concern. Alongside that, when you think about some of the worker groups that are particularly impacted— young people, for example, coming out of education and not finding their way in the labour market, actually falling into economic inactivity at that stage of their working life—that has a whole host of significant implications.

To the second part of your question, Chair, I think the impacts for the economy, the Exchequer and for society more broadly, are equally



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significant. If one thinks back to the pre-pandemic period, we are about 1 million workers short from what you might have anticipated we would be at today, given the shifts that we have seen over the course of the last four to five years. That means businesses have faced worker shortages across a number of different sectors in recent years, particularly hospitality, logistics and social care.

Should these trends continue, there are wider implications for confidence in the UK economy as a whole, and, from a perspective of ill health, it certainly looks as if they might, particularly thinking about the pipeline of talent for the future if this continues to impact on young people.

There are clearly significant impacts for the Exchequer when it comes to the cost implications from a welfare perspective, but also from a health perspective. That is going to have very significant implications for Government spending decisions more broadly. Then obviously there is going to be a significant societal impact and impact for individuals who find themselves in these circumstances too. The headline figure may not be that much bigger than it has been in the past, but the reasons for that inactivity and the groups that are primarily experiencing it mean that it is right to focus on it.

Q3 Chair: When did the increase in ill health inactivity start? Is that a post-pandemic phenomenon or did it start before then?

Ben Harrison: Rising reporting of ill health had been happening for some time prior to the pandemic, in terms of mental health but also physical health as well. Yes, we have seen a significant jump over the course of the last five years of that then manifesting itself into economic inactivity.

Kate Shoemith: If I start from the other end of the spectrum from Ben. At the REC, we collect an awful lot of jobs data, as you would expect. One of the things that we do with Lightcast is look at job vacancy postings. In the labour market tracker—and we have done this since May 2020—for the last month, which is for the months of February and March, we saw that there were 1.9 million active job vacancy postings across the UK economy, 800,000 of which were added during the month of March. Even though the labour market has significantly slowed down from the post-pandemic highs that we had as we came out of lockdown in 2021 and 2022, we still have quite high demand for work.

Yesterday's figures were 700,000 people economically inactive, more than we had from pre-pandemic times. That is still a considerable burden in terms of employers looking to recruit. Ben is right, some of the sectors where that split is seen in particular is where we are really feeling it with that labour market activity.

From our perspective, it is a problem. It is causing a slowdown in growth that could otherwise be developed. It means that businesses don't have the ability to hire the talent they necessarily need, not in all cases but in



some of the roles that are currently available, so there is another part of the equation.

Is it different from what we saw pre-pandemic? I think some of the things are different. Perhaps I will do this more on an anecdotal basis. From a recruiter perspective, from about March 2021, they were beginning to pick up signals that there were more people over the age of 50—I am going to struggle to call them old—who were making different decisions about work and saying, “Actually, I am not going to be looking for work any more or for this foreseeable period because of different things that have happened”. They also said, “Reassess my priorities” and “Experienced burnout over the pandemic”, particularly those working in health services, “Will not be picking up extra shifts any more”, “Have to reconsider my family commitments and priorities” and “Reconsider my lifestyle”, all of those things.

Recruiters were picking that up, and they were picking up signs that people had health conditions where they might have been in existence in the past but were becoming more and more pronounced and were preventing people from taking on more work. From an anecdotal basis, we have definitely felt a shift there and it feels like a different jobs market from the one we had pre-pandemic.

Q4 Sir Desmond Swayne: Continuing with that, Kate and Ben, people in their 30s and 40s are much more likely to be economically active than younger workers and older workers. Why is that and what can we do about it?

Ben Harrison: There isn’t a single straightforward answer to that. The circumstances vary quite significantly, even within those two age demographics, either younger workers or those towards the end of their working life. We know that some workers getting towards the end of their career have taken early retirement over the course of the last few years. Kate has just described some of the circumstances that may have surrounded that.

Equally, we know that there are instances where, particularly, those older workers, who have been in quite physically demanding jobs, have reached a point within their career where they are finding that harder to sustain and may not really know what to do instead or next and may need or may have benefited from support to transition into different roles at that point of their working life but found that that support wasn’t there. They have, therefore, dropped out of the labour market as a result.

At the other end of that spectrum around young people, as I mentioned, they reported poor mental health. That is a very significant factor here. Research from the Resolution Foundation published a few weeks ago found that one in three 18 to 24 year-olds are reporting a common mental health disorder—things like anxiety, depression, bipolar disorder. That is a big increase since 2000, when that figure was around one in



four. There is a general sense that young people's mental health is getting worse. That is having a flow through to some of those numbers around inactivity that we see. It seems to be particularly pronounced when poor mental health is aligned with poor educational attainment as well. If those two things coalesce, young people are more likely to fall out of the labour market.

Kate Shoemith: There is another part of the trend around young people, whenever there is any form of downturn or there is perhaps less elasticity. One of the things that we definitely see in the jobs market is that there are fewer opportunities given to young workers. That is partly self-driven—young people choosing to stay in education. It could be that they are informed by their parents that that is the safest bet right now.

Particularly when you look at the pandemic and coming out of the pandemic, we saw that young people were staying in education longer or restudying or retraining rather than entering a jobs market where there wasn't that certainty. The longer that goes on, the more it becomes apparent that you need to build up experience and work experience and that works in tandem with the careers advice, the work experience, the services that are available. There is something there.

Ben is right, there are other factors going on. I have already mentioned older people. One of the things that we really need to be thinking about is what is the programme for career returners? It is the people in the broadest sense, including people coming into work having had childcare responsibilities. Increasingly we see a trend where grandparents are taking up some of the slack because of the lack of childcare provision. When the children are a bit older, what do they do in terms of getting back into work, given that there is a considerable amount of time left before they will be of pensionable age or could still work beyond pension age? How we have a properly devised career returner programme becomes all-important.

Q5 **Sir Desmond Swayne:** There isn't anything specific in the Back to Work programme to encourage older workers back into the market. What should there be?

Kate Shoemith: There should be specific tools that can help employers understand how they can engage with people who have myriad skillsets, but they might have a gap on their CV. We often find that when somebody presents with a period of time where they have not been in work, this can be an immediate barrier to the employer thinking, "What do we do? How do we draw out the skills and make their experience relevant to the world of work? How have they kept up to date?"

There has to be a sense of: what is the training that is available to be up to date? It could be within a particular sectoral discipline. One of the things that people lack confidence in is digital skills and the rise of AI—and we are all going to have to adapt and use those—but we also need to think about employability programmes. It is quite hard to find a job and



navigate your way through the system, so people need to be trained specifically on what to do to manage the availability of vacancies out there: how do you select, how do you apply, how do you get through the applicant tracking system? There are specific, almost technical, things that need to be part of an employability programme.

Ben Harrison: Just to add, there are also interventions that probably don't sit within the Back to Work Plan itself, but around things like support for childcare and for social care that could have a really big impact on this group of workers. There is emerging evidence that, because of things like later family formation as well as an ageing population, there is a growing number of people in that 40 to 55 age bracket who have not only work to think about but also care for young people and elderly relatives. I think they are being referred to as "sandwich carers"—I am not too sure about that term.

That clearly creates a significant pressure on those individuals. It takes a toll on their health, but it also clearly puts a big pressure on the amount of work that they are able to take on. Investment in childcare infrastructure and investment in social care could have a positive impact on this as well.

Q6 **Sir Desmond Swayne:** There are a significant number of elderly workers, or elderly people, with skillsets that we require who are economically inactive because they do not need to be and can live well enough. How do we encourage them—if indeed it is at all possible—back into the labour market?

Kate Shoemith: It has to be about personal choice, right? I do think one of the things that we perhaps need to be building up is our financial acumen and awareness, each and every one of us. One of the things that we don't do very effectively is plan for the very last stages of a retirement. This is not our data. There are figures out there that show many of us underestimate longevity, how long we actually live for and that the last stage of life when care is often required is often the most expensive. There is a big piece about: how do we build up that understanding of what a long retirement may look like?

A number of people do want to work in some capacity. That is another feature of this, but it doesn't have to be a full time, permanent Monday to Friday nine-to-five job. That flexibility is all-important. The choice that is being made is, "I need to be in a permanent job or not work". That is often the struggle that people are facing. I think we have to build up greater acceptance.

Ben makes a critically important point about the fact that there is not necessarily the full infrastructure there for everybody to benefit from childcare, and that is why we are relying on grandparents to fill in some of those gaps. That is where you could have flexibility in and around that, so that it can be managed. It is not just childcare, is it? It is caring responsibilities more broadly. Increasingly, we are finding that people are



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caring for members of their family and that is preventing them from entering work.

Ben Harrison: Very briefly, I agree with everything Kate has said. I do, however, think we probably need to be realistic about the numbers of people in the scenario that you have described, who will come back without something changing in their personal circumstances. The things that Kate has talked about mean that if somebody does want to work, there would be a better chance of that transition being possible.

I would add a further endorsement around the importance of flexibility and the quality and security of that employment, in order for that individual to feel it is worth while doing and that it is going to be a reflection of their valued experience and skills that they are bringing into a workplace. Ultimately, if somebody has opted for early retirement, if they have independent wealth and they can financially plan for the future, I think we probably have to be realistic about the number of those who will return.

Q7 **Sir Desmond Swayne:** How much difference will the Back to Work Plan make?

Kate Shoemith: Ben has already outlined the caseload in terms of mental health provision and what is going on there, so there are elements that do need to be to be worked on.

One of the things that has been pleasing in our engagement with the Department for Work and Pensions of late is how it has brought that together with the Health Department. That has long been necessary, because many of the barriers that we have are not about the jobs being available or work-finding supports, necessarily; they are about health conditions. It has to be seen as a partnership in terms of health and work-finding support.

There are fundamental pressures. How do you get the NHS waiting list down? How do you provide enough care and support for all the conditions that are being described and those barriers to work after you have thought about the employability programme? There are things that are preventing people from working and participating in employability programmes.

Ben Harrison: It is very welcome that the Government have prioritised expanding existing support programmes, with an emphasis on tailored support and deep-dive support for those who need it. There are elements of the Universal Support scheme that I think are certainly positive. Likewise, trying to expand access to mental healthcare provision is very positive.

There is a risk of focusing on the part of the problem that we can see today, which is the number of people who have already dropped out of the labour market. There is probably a bigger challenge around how we



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stem the flow in the future and enable people to remain in work who are currently in work but are suffering with a health condition.

That then speaks to a much broader range of interventions, from improving public health and investing in public health to try to take a more preventive approach to ill health, through to improving the security of work contracts and the quality of jobs so that we are not seeing so many people experience precarity at work. We have talked a lot about young people so far in the discussion. Young people are 2.2 times more likely to be in severely insecure work than other age demographics. If you put yourself in the shoes of a young person who has a mental health condition, that is clearly going to be an additional barrier to being able to think about entering and staying in the labour market.

Then there are other things around the nature of the welfare system, as well as what we have already talked about around flexibility within jobs and that being a day one right. One is extending access to occupational health at work and ensuring that there is adequate funding there. At the moment, only around half of the UK working population can access it—I think that is the DWP estimate—and given the challenges we are facing in terms of rising ill health that does not feel particularly sufficient.

Finally, as the Committee's report just a couple of weeks ago made clear, the UK statutory sick pay system does not feel fit for purpose, given the challenges that we are facing, both in terms of the level of sick pay that is on offer, but also how that system operates and when people can access it.

Some of the core tenets of that Back to Work Plan are certainly positive. There is a question about scale, longevity of funding and whatnot around some of that. I think there is a whole host of other interventions that we should also be thinking about, to make sure that fewer people drop out in the future.

Gareth Parry: Chair, would you mind if I contributed to that?

Chair: If you would.

Gareth Parry: There is lots to be positive about in the Back to Work Plan. I think the extension and expansion of Restart is helpful, but of course Restart is targeting, by and large, the economically active, not the economically inactive. There are elements in the Back to Work Plan, like Universal Support, which are looking to address the economically inactive bit. Then there are several pilots which are interesting and could provide a good evidence base.

The challenge is how you move from one suite of contracts that are in place at the moment to the new proposed suite of contracts. What happens in the fall-out of the eligibility criteria? The new programmes might meet the needs of some new participants but will not meet the



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needs of others, and there could well be a gap in the provision as you transition from one suite of contracts to a new suite of contracts.

Our view would be that there is a positive sense of overall direction, but we have some concerns about the pace at which the Back to Work Plan will come in and how the new contracts replace and supersede existing contracts in the context of the relative demand that exists at the moment.

Chair: We will pick up some of those points. Thank you very much.

Q8 **Selaine Saxby:** Good morning. Are the Government right to couple enhanced employment support with higher sanctions? I do not mind who would like to go first.

Ben Harrison: I would be happy to take that first. There is very little evidence to suggest that heightening sanctions will have a meaningful impact on the issue that we are talking about this morning, for a few reasons. There are already significant job search requirements within our welfare system, but the groups of people we are talking about are very likely to be sitting outside of that regime currently. It is not clear to me that it would have a significant impact directly on those individuals who are economically inactive.

In addition, there is evidence from Manchester Metropolitan University that the increase to conditionality and sanctions within the welfare system over the course of the last five to 10 years may be contributing to some of the challenges that we are seeing. If you make the welfare system riskier for those who have health conditions, they may feel that they are not going to be able to meet those job search requirements and choose to opt out altogether.

Likewise, if you are economically inactive, the idea of coming back into a highly punitive system, where you are going to have raised expectations placed on you in order to find work or see your benefits reduced, may be a determining factor as to why you would not come back. I think we have to be careful about imagining this as a carrot and stick exercise and be thinking much more about how we can de-risk pathways back to work for individuals.

Kate Shoemith: I would agree with that entirely. If I take it from a practical job line perspective, some of the things we see are the unintended consequences of this. Actually, it works out as a waste of everybody's time and effort.

As an example, we heard from one of our member agencies last week that a recruiter was sent a particular candidate who was apparently ready for work, for a particular job. They had been out of work for 14 years and they were not work-ready. This individual had been put in a position where, faced with sanctions, they were going to the recruiter to show that they were applying for work. It was not viable that this particular



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role was going to be for them. The recruiter in this particular instance, in a branch office in the West Midlands, did not have the skillset to support this individual, but wants to. They have actively engaged with us about what they can do and how they can they participate in things like Restart over time.

We are forcing people into situations where there is not the infrastructure to support them, all because there is a concern and a worry about the sanctions regime, so it is about: where are we best spending time on this particular area? There is a particular emphasis on, "Let's let all parts of the system do what they're good at". Is the best use of all of our resources to have people applying for jobs that they are not fit and ready for? That is frustrating on all fronts, isn't it, and it drives a lack of confidence overall.

Q9 Selaine Saxby: Thank you. Gareth, can I come to you on the Back to Work Plan? It refers to piloting or expansion of several different employment support programmes, including Restart and additional Jobcentre Plus, but it makes no mention of the Work and Health Programme. Is it your understanding that the Work and Health Programme is coming to an end?

Gareth Parry: Yes. The Work and Health Programme is a specialist disability employment support programme. That contract runs with referrals coming into the Work and Health Programme until the end of September. I think it runs a little bit longer in some of the devolved areas, but effectively by the autumn this year those contracts come to an end. They have been extended once by the Department, but my understanding is that contract will finish when it is due to finish at the moment.

That is one of the issues. Does that leave a gap in provision? The Work and Health Programme is a specialist disability support programme, whereas Restart is a larger contract, but a more mainstream employment support programme. When we look at the disability employment gap, it is good that there is an emphasis on that in the Back to Work Plan. However, in terms of practical contracts, I understand Universal Support is going to be targeted at economically inactive people with health conditions by and large, but that is a different community of people from those who currently access Work in Health Programme, so there is the risk of a gap in provision.

I think, last time I saw the numbers, something like 150,000 people per annum drop out of employment for a health-related reason or a disability-related reason. You have a lot of people dropping out of work. If the Work and Health Programme in England and Wales—and contracts like Fair Start Scotland in Scotland—are not replaced in England and Wales with Restart, that disabled person will probably have to wait for six months before they can access Restart, which is not a specialist disability contract. There is the danger that there will be some gaps in provision as a result. That goes back to my previous comments: how do you transition



from one suite of contracts and provision to another without having those gaps emerge, either timing gaps or eligibility gaps?

Q10 Selaine Saxby: In your view, within that programme, what worked and what did not work? What would be your assessment of the programme?

Gareth Parry: I have worked in the sector for probably well over 30 years, and the Work in Health Programme is one of the better contracts that we have seen. The ingredients of what works include being delivered by trained and experienced personnel who have experience of working in the arena of disability and employment and can give that very practical and pragmatic support. I think the voluntary nature of the programme means that engagement is better and participation rates are better in that programme.

It is what we call a black box programme, it is not overprescribed and therefore it can be highly personalised to the individual. Each individual can have their own personal journey through Work and Health Programme. It allows providers like Maximus to work at a macro level in the one sense, in that we get the economies of scale of a large provider working at scale, but it also allows us to integrate into local communities. In our own models, for example, across our contracts, we work with over 400 very local, community-based organisations to deliver those services. Those are the ingredients that work.

What does not work is when employment support journeys are overprescribed and over-controlled, because they cannot be personalised enough for people. I do not personally believe that mandated programmes work as well as voluntary programmes. I think you need to find that blend between what large national provision can do and what very localised specialist provision can do. It is not that one case is better than the other; I think it is the blend of the two.

Q11 Selaine Saxby: Thank you. The Back to Work Plan does not mention Intensive Personalised Employment Support either. Was that working and what has happened to it?

Gareth Parry: Again, those contracts ran out. Referrals to IPES, as it is known, finished in November. We are in the tail period of that. Over the life of the programme, I think it has supported around 9,000 people. Again, it is targeted at those people with disabilities at the more profound end of the disability spectrum. These are people with more significant learning disabilities, more profound and enduring mental health issues, or sensory impairments. It is a much more specialist provision. Again, that programme has finished and there has not been a replacement programme for that. On people who previously would have gone to IPES, I will be honest with you, I am not quite sure where they are going now.

Q12 Selaine Saxby: Thank you. When you spoke about delivering employment support, you mentioned that blend between local and national programmes. Are there any other things that you think we should be aware of that have particularly worked well in your experience?



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Particularly for those local programmes, how do you do that? Talking to local suppliers where I am, I know that they find it very hard, because the contracts and processes are very complex for what potentially are very small local employers. Any thoughts around the learnings that we should be taking forward?

Gareth Parry: Recognising that small, local, community-based organisations have a real niche and expertise that large organisations tend not to have, it is important to take advantage of that. However, at the same time, there can be a responsibility for larger providers to nurture and capacity-build with smaller organisations as well. Larger organisations are in a great place to help co-ordinate and facilitate more integrated working at a community level. I think local organisations find it quite overwhelming because the whole system is quite complex, whereas a large provider can provide some support with navigating around that system and bringing people together.

In our delivery models, we focus on how we can manage the case management journey, taking that person towards employment, but also how that person can access childcare, transport support, debt advice and housing support, using a multi-agency approach. Large providers are in quite a strong position to be able to do that.

Selaine Saxby: Thank you very much.

Q13 **Marsha De Cordova:** Good morning. It is good to see you all here. Gareth, can I just pick up very quickly on the ending of the Work in Health Programme? You mentioned that there could be gaps in support. Do you feel in your opinion that there should be specific support in place to look after those customers, ie ill and disabled people who require that additional support?

Gareth Parry: Yes. As I mentioned, I have worked in the sector for a long time. My background is with Remploy prior to Maximus, and I have possibly a bias towards that agenda, just to declare that.

Marsha De Cordova: Warranted.

Gareth Parry: I think there has been national provision in place for disabled people in the UK since about the year 2000. It has been a long time since. We have had a series of programmes, but they have tended to come on the back of one another and there has been a continuity of provision, albeit programme design and programme eligibility has changed slightly.

This is the first time for a long time that I can remember that we are getting to a point where there is no specialist disability provision in place for people who require it, from November of this year. That is a challenge, given that we still have a disability employment gap of around 28%. As we have talked about, we see the rising numbers of people who are economically inactive, who are sick and disabled. Restart is coming on board, but when I look at what the proposals are around the scale of



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Restart—which meets a slightly different eligibility criteria and different community of people—it is just not going to meet the level of need that disabled people have.

Q14 **Marsha De Cordova:** There will need to be some plan in place to support that cohort of people.

Gareth Parry: That would be my view, yes, but I cannot see that plan at the moment.

Q15 **Marsha De Cordova:** No. Well, there isn't one. Thank you for that.

Just one small point on disability employment support. Where do you see impairment-specific or disability-specific support for certain groups, ie those who are blind or partially sighted, and having specific support programmes in place for them?

Gareth Parry: This is where the benefits of something like Universal Support can come into play, because Universal Support as a programme is modelled on traditional supported employment models such as individual placement support, which is a model that grew out of the health system for people with severe and enduring mental health issues.

There are proven models out there, and Universal Support takes the principles of those and says, "Well, we are going to go for what is known as a place and train approach", where rather than train people and then place them into work, you place people into work and build a support plan around them to achieve sustainable work. That is a positive part of Universal Support.

I have a slight anxiety that the funding to do that to the required level of quality and fidelity, which those models come from, may not be what the proposed budget levels are. That is another conundrum of how we get through that. However, there are proven models of how to support people with more specific and significant impairments.

Q16 **Marsha De Cordova:** To Kate and Gareth, the Government have placed Restart at the centre of the tougher sanctions regime. How successful has the Restart programme been?

Gareth Parry: I can talk a bit more about the scheme and Kate can talk about some of the examples of maybe what has happened on the scheme.

The last DWP-published statistics said that just over 500,000 people have joined Restart. Let me check my notes. At that moment in time, 43% had started employment and 29% had been in employment long enough to be what is known as 'an outcome'. At the time the statistics were published, that 29% was tracking slightly ahead of the DWP projections. I think Restart was perceived to be broadly in line or possibly just slightly ahead of where the expectations were.



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We now have negotiations going on about the extension period as well. The fact that DWP and the Treasury have approved an extension period, to me, says that there is satisfaction that there is a return on investment and there is an economic case for it.

Kate Shoemith: REC are subcontracted via Maximus. We have found it quite a useful partnership for Restart because we are building on the deep experience that Gareth and his team bring in terms of employability and those contract supports, which are very difficult to navigate to the outside world, and bringing in the recruitment part from our members, who understand the local jobs market in quite some detail, they can see what roles are available and where the gaps are. They can see the types of clients looking for work and who would be a good fit, putting jobseekers from a Restart programme into those roles.

Our experience is that REC members have delivered 2,033 job starts via the Restart contract to Maximus. They are in a range of roles in specific regional areas where the contract is available, such as manufacturing and construction. In London, there has been a predominance of entry-level roles into the education system, which you would expect from a London-based economy where you have more of those professional services-type roles going on. Our experience has been that of those starts, after the 12-week period, 67% of them are still in work. It is significantly higher than the overall numbers. From our perspective, we have found it is a good programme.

We have worked on how we are all playing to our respective strengths. You have DWP that understands the nature of the system; you have Maximus that truly understands what is needed to deliver some of these contracts, particularly around Restart; and we have our members, the recruiters, who understand what is required to be fit for purpose for this particular role.

That is the experience that we would like to see built on. We should not expect any of those constituent parts to be doing more than they should. Particularly, one thing we experience is that when you go into Jobcentre Plus and you talk to work coaches, the portfolio of work that they have to deliver is huge. Why should it be, when there are other actors that can support some of that?

Q17 **Marsha De Cordova:** The scheme has been extended, but do you think it should be made permanent?

Kate Shoemith: Given our experience, if we can build on that—but we need to build on things in the right way. There will be learnings along the way, and one of the things that we definitely need to see is a full and structured evaluation of each of these schemes. What does this particular programme do to support people who have entry requirements into the world of work? What other gaps are there? If you look at the population of both unemployed and economically inactive, there are schemes that will be fit for purpose and appropriate, and each of those strands should



be supported. They may not all be supported by something that looks identical to Restart.

Gareth Parry: You will not be surprised to know that I would like to see longer-term commitments. There are caveats that come with that. Longer-term commitments to employment support would encourage more investment in innovation and things like technology, to start to change employment support provision over a period of time. One of the challenges at the moment is that it is difficult to make investments for the length of the contracts and to get a return on that investment to radically change. For example, taking more employment support online is an obvious thing to do.

We also need to be mindful that longer-term contracts need to have flexibility for all parties concerned, because what you are delivering on day one of year one does not necessarily reflect the external factors of what is happening on day 365 of year five. For the commissioner and the provider, there needs to be an opportunity to say, "What lessons have we learned?" Are there renegotiation points in the contract, depending on some of those external factors, which allow both parties a bit of flexibility to evolve the service over time? If that could be built in, I think moving out to longer-term contracts could reap significant benefits for participants, providers, the Government and the UK taxpayer.

Q18 **Nigel Mills:** Slightly counter-intuitively when we have an issue with lots of people who think they are not capable for work, but the Government think that they might be, the Government have announced the end of the Work Capability Assessment at some point in the future. Is that a change that you think is the right way to go, or do you think it is a slightly unusual step at the current time?

Jamie Thunder: There is not necessarily a completely straight answer to that. Like many other advice agencies we regularly see problems with the WCA as it stands at the moment, both in the process and in the decision making. However, ultimately, the plan to abolish it and replace it with a combination of relying on PIP to govern access to the additional Universal Credit and relying on work coaches to take a much greater role in setting conditionality causes more problems than it solves. Yes, it is abolishing the monolithic WCA, but in a sense it is just devolving that to work coaches within Jobcentres.

Q19 **Nigel Mills:** Does anyone else have any views on that? Just you, Jamie.

Jamie Thunder: I have plenty of views on this.

Q20 **Nigel Mills:** Isn't there a risk that you just end up with the PIP assessment being a Work Capability Assessment? Even though PIP is not meant to be a means-tested benefit, we just have to use it as that?

Jamie Thunder: PIP is not a particularly reliable proxy for ability to work. It is not designed to test that, and it does not test that.



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Aside from the criteria, we still see a lot of problems, as I know the Committee is aware of, around decision making within PIP. We have clients who are absolutely entitled to PIP but have to fight to get it, sometimes going from zero at initial decision and zero at mandatory reconsideration to double enhanced at tribunal. What this would do is place much greater importance on that PIP assessment decision and, until that decision is overturned, leave that person living on the basic rate of Universal Credit. This is someone who, by virtue of the fact they eventually got double enhanced PIP, has quite significant difficulties.

Putting all of this in one basket adds a lot of risk. For all its flaws, the current system of having two separate assessments does give a degree of insurance against one of them going wrong.

- Q21 **Nigel Mills:** I do not want to put words in the Secretary of State's mouth, but do you think the stated aim of this, that it takes out the stigma or the barrier and that people are not told, "You are not fit to work so you do not have to", is going to work? Will it help encourage people or will it just stick those barriers in a slightly different place?

Jamie Thunder: One positive about the White Paper was that it recognised that that barrier currently exists. We do not think that this is the right solution, but it is a genuine problem. The fear of losing your additional Universal Credit if you consider work, try work, want to talk to the Jobcentre about work, or volunteer, all of that is a genuine barrier to somebody who wants to consider moving back into the workforce but is afraid of that not being possible, that not being sustainable, or that they are only ready to take those very initial steps, but doing so might see that additional Universal Credit taken out from under them.

There is a genuine problem, which is identified in the White Paper, but the way the White Paper proposes solving it is not going to work, ultimately. It is going to open up a lot more problems in a lot more areas.

- Q22 **Nigel Mills:** The irony of this is that there is a cohort of people who can never work, and the best thing for everybody is for them to get whatever support we are willing to give them, not make them miserable and not waste our time and money dealing with them, in effect. We need to identify those people.

Then presumably there is another cohort of people who, with a good following wind, lots of support and a bit of luck in finding exactly the right role, might be able to work, but that is not the sort of thing you can industrialise. It is going to be individually tailored stuff. You do want to find those people but, equally, you don't want to be spending a lot of resource, a lot of work coach time, on a collection of people who are never really going to go into work. You do want to find the people you don't want to invest in, don't you?

Jamie Thunder: Yes, and that is a genuine challenge. As you say, some people move in and out of ability to work over time. What we have at the



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moment is a very binary system as to whether you receive additional Universal Credit; either you receive—I think it has gone up recently—just over £400 a month or you get nothing. That can include people who are in the middle group—the LCW, limited capability for work group, as was the WRAG in ESA.

That cohort of people is not expected to work currently, yet they receive no additional Universal Credit if they make a new claim. If they made a claim several years ago, they might still have some legacy entitlement. The binary nature of it and the size of the drop, if you go from having LCWRA status to not, is a real problem in the system as it stands.

Q23 Nigel Mills: What do you think has caused the steep rise in people in the LCWRA? I read that there will be some people who think it is just because people—advisers and social media groups—have worked out how to game the system, worked out what to say and we need to adapt the system to deal with that. Or is it that the current assessment doesn't work for new health conditions that have come along post-covid? What has caused that steep rise?

Jamie Thunder: I am not sure I have an answer to that. What I would say is our advisers are very good, but they are not miracle workers. Others on the panel may have other perspectives, but we have not seen any evidence to suggest it is driven by anything other than a genuine rising increase in ill health.

Q24 Nigel Mills: Not some magical new word your advisers have found that if you write this on the form or say this or the assessment, you will get through?

Jamie Thunder: If only it were that easy. No.

Q25 Nigel Mills: Just to sum up, do you think that this reform, which is probably genuinely designed to help, might actually just make this worse?

Jamie Thunder: I think that is our concern. At Z2K, we have a piece of work in development around how might you square these circles? What might a better overall system look like? In the coming weeks and months, we will be happy to share that as well.

Q26 Debbie Abrahams: I am going to continue these questions if that is okay. Good morning, everyone. Perhaps if I could start with Jamie. Following on from Nigel's question, I am sure everybody has seen the Health Foundation report this morning with projections around ill health and how they will be focused in particular areas of deprivation, and this is going to continue around ill health. We know that 148,000 excess deaths have been specifically driven by austerity since 2012.

Let's think about that in the context of the changes to the WCA and the plans around the changes to the activities and descriptors, including the removal of the mobility activity and others, which I think are quite awful.



Jamie, would you start: what do you think the impact of that will be?

Jamie Thunder: The immediate impact will be that at some point next year, which is when these regulations are expected to take effect according to the OBR, there will be a little over 370,000 people who will not flow on to LCWRA over the course of the next five years, who would today. Of those, 230,000 would currently get LCWRA on the basis of that mobilising descriptor. The remainder would be around the tightening of the mental health substantial risk backstop within the WCA at the moment.

Across these changes and some changes to the LCW activity and descriptors, the OBR estimates that this will mean 10,000 people move into work, additional people moving into work by 2028-29. That is a considerably smaller number than the 371,000 who would not get LCWRA status under these changes. Presumably, that means that that remaining group of 361,000 will simply remain out of work for the long term and be living on basic Universal Credit, despite the fact that they are not going to be working for some time.

Q27 **Debbie Abrahams:** I am sure that you will all be aware that the Committee is also undertaking an inquiry around safeguarding. Thinking of this in the context of amending the substantial risk regulations in relation to the LCWRA group, Government Ministers have said how committed they are on the safeguarding precautionary principle and so on. Do you see any contradictions there?

Jamie Thunder: I think there is a contradiction there. We are still waiting for the fine details of the wording of the revised substantial risk regulations, but the consultation response from Government suggested it could be limited to people receiving crisis care or with an active psychotic illness. Those are clearly important groups who need that safeguard. At Z2K we regularly see clients who fall outside of those quite narrow groups, who would undoubtedly be at risk of harm to themselves or others if they were either required to undertake various types of work-related activity on pain of sanction, or if they were not given the additional Universal Credit that LCWRA entitles you to. It does not guarantee, but it raises the risk of some really devastating outcomes for some individuals. That is quite a dangerous game to be playing.

Q28 **Debbie Abrahams:** We have asked the Government for any assessments they might have undertaken in relation to that, given the doubling of the number of people who have died in the last few years. That is doubling the number that is investigated by the Government—obviously that is not the full scale. We do not know what the full scale of deaths or serious harms are. Are you concerned about that number increasing even further?

Jamie Thunder: Yes. I think that this is raising the likelihood of that number increasing. It is important to say that the Government's logic around these substantial risk regulations seems to be that it was only



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intended to apply in exceptional circumstances. There is an important distinction to be drawn between exceptional and severe. Substantial risk is intended for however many cases it applies to, not to simply the worst five or 10 or whatever percent. That distinction between exceptional and serious is an important one that I think is a bit muddled in the thinking at the moment.

Q29 Debbie Abrahams: You have told us in your submission to the Committee that the Government conducted an internal audit of the assessors' applications of the substantial risk regulations. This has not been published. Do you know what the contents reveal? Is that a reason for it not being published?

Jamie Thunder: Unfortunately, I do not have a lot of information about it. We currently have a complaint with the Information Commissioner's Office around this. We have requested it under the Freedom of Information legislation, and we are waiting for the Information Commissioner's determination on that at the moment.

Our understanding is that it was a desk-based exercise undertaken by clinicians—I think within DWP—looking at the paper evidence around individuals who had been placed in LCWRA on the basis of substantial risk, which concluded that a large proportion of those should not have been placed in that category.

We would generally question whether such a desk-based review of a relatively small number of cases can provide a reliable conclusion in that regard, certainly reliable enough to base policy on. There is not much more we can say because, although the policy is effectively settled now, DWP is still refusing to release that.

Q30 Debbie Abrahams: Right. That is an important one for us to get hold of. Thank you so much. Does anybody want to add anything on WCA?

Ben Harrison: It is not specifically on the mechanics of WCA, but what I would say is, from our research at the Work Foundation, we know that those with disabilities and long-term health conditions are around one and a half times more likely to be in severely insecure work. We would have concerns about any reforms that essentially heightened conditionality or punitive sanctions on that group because, inevitably it would lead to more of those individuals then having to trade job security for the flexibility they need in order to manage their health condition and come back into work.

Without broader reform around security of employment, that could actually lead to worse employment outcomes for those individuals if they are able to come back into the labour market. We know that insecure work can have a detrimental impact on health, even for those who do not have underlying conditions. That would certainly be a concern we would have.

Debbie Abrahams: Very good point, Ben, thank you. Anybody else?



Thanks very much.

Chair: Thank you all. That concludes our questions to you. We are very grateful to you all for helping us this morning. If anything occurs to you afterwards, please do feel free to drop us a line and there may well be some points we will come back to you on in writing as well. Thank you all very much.

Examination of witnesses

Witnesses: Ruth Talbot, Ken Butler, Nil Guzelgun and James Taylor.

Q31 **Chair:** Welcome to our second panel who are joining us. We are grateful to all of you for being here. I will ask each of you to tell us very briefly who you are, starting with James Taylor.

James Taylor: Morning, I am James Taylor, executive director of strategy at the disability charity Scope.

Ken Butler: Ken Butler, welfare rights and policy adviser at Disability Rights UK.

Nil Guzelgun: My name is Nil Guzelgun, and I am head of policy and campaigns at Mind. We are here to support people with mental health problems.

Ruth Talbot: Hi, I am Ruth Talbot. I am a single parent and the founder of Single Parent Rights, a campaign group.

Chair: Thank you all very much.

Q32 **Nigel Mills:** I guess we can start roughly where we finished the last session. What do you all think of the plan to scrap the Work Capability Assessment? Is this a dream you have had for years, or do you think it might end up being a nightmare that we will regret? Nil, do you want to start?

Nil Guzelgun: Yes, of course. At Mind we are very concerned about the replacement of Work Capability Assessments through PIP because, as you mentioned, they do assess very different things. The Work Capability Assessment is there to determine the impact of a health condition or disability on someone's ability to work, whereas PIP aims to determine the impact of someone's health condition or disability on their everyday life, specifically on physical conditions and their mobility. Particularly for people with mental health conditions, this change is really problematic because PIP does not really capture mental health conditions and fluctuating conditions very well.

We know through our report, "Reassessing Assessments", that while people with mental health problems have a lot of issues with the Work Capability Assessment, they have even more issues with PIP assessments because of these criteria that do not capture mental health conditions and fluctuating conditions. Replacing Work Capability Assessments through



PIP is really problematic and very concerning from our perspective. Some of the consequences would be that more than 500,000 people might lose out on their LCWRA element because they would not qualify for PIP under the new proposals.

As I mentioned earlier, another element is that the assessors do not usually understand mental health very well. The personalisation that is being proposed would give more discretion to work coaches. In our experience and through our research, we have seen that they would not capture and understand the challenges that many people with mental health problems have, therefore leading to wrong assessments that would then need to be overturned. The fact that seven out of 10 decisions that go to tribunal have been overturned shows that there is a problem with assessments—both PIP and Work Capability Assessments.

Q33 Nigel Mills: Ken, do you have any views on this?

Ken Butler: I agree with everything my colleague just said. As she said, one of the problems with just having the PIP assessment as the assessment is that, on the latest figures, I think 80% of appeals are won either because the tribunal upholds a decision or the DWP changes it before it goes to tribunal. It is not a very effective test even of PIP, let alone of someone's work capability.

She also mentioned that people who are in the LCWRA group now but cannot get PIP because the qualifying criteria differ face losing about £390 a month, which is quite devastating in income terms. The other thing is that it becomes a work coach lottery. The system for determining whether somebody could undertake certain kinds of work-related activity or get a job is devolved to work coaches who are not—for want of a better word—medically trained at all. Consistency of decisions may be lost.

I think at the start of this year, the PCS union published a press release to say that there was 10% understaffing in the DWP in general, but 20% understaffing in Jobcentres, and what it described as an epidemic of poor mental health among job coaches. There is a lot of stress in the system now. It is difficult to see how job coaches are well placed to have this new role thrust upon them.

Q34 Nigel Mills: My experience of constituents is that they generally do not have a great deal of time or regard for their Work Capability Assessment medical professional. The idea that I am going to trust a work coach, share my biggest issues and concerns, seek their support and want their counselling if they have just told me I am not getting the extra benefit is extraordinarily unlikely, isn't it? It is just going to destroy the relationship between them and the claimant. I cannot imagine many work coaches are going to fancy sort of flicking through the file and going, "Yes, you do get the extra money" or "No, you don't." To me, it seems like a crazy idea.



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Ken Butler: Yes—well, you said it, really. It would be good to find out—via the PCS or somebody else—the views of work coaches on that particular issue because it would be quite important.

The issue of trust is fundamental. As you outlined, there is a lack of trust in healthcare assessors. However, with the current system there is a great deal of mistrust with work coaches as well, even to the extent of people possibly being interested in voluntary work but not wanting to discuss it with their work coach on the basis that they think, “If I say that I will get pressured to take paid employment, so I won’t do it”.

On sanctions—sorry if I am skipping ahead—there is a programme called the Work and Health Programme that is run partly by charities and partly by private contractors. What that found was that people who participated voluntarily did much better. More people who were disabled went into jobs. More people who were disabled got long-term jobs, and better-paid jobs because they are more likely to get full-time employment.

With the work coach system at the Jobcentre, where things were mandatory, there was nothing like that success. That is the problem. You have this heavy-handedness and, with the best will in the world, you have work coaches who are working under extreme pressure and do not have the time to discuss things properly and form a working relationship with a claimant.

Q35 **Nigel Mills:** It is a strange old world. I am not sure that 20 years ago we would have thought that we would have a panel of disability rights activists and people from key charities starting a “Save the Work Capability Assessment” campaign. Is it fair to say that you all fear that what might be a well-intended reform might end up making the situation worse for the people you represent, and that we should probably focus on making the assessment better rather than—

Ken Butler: I would not say it is well intended, necessarily. One of the clearest outcomes—because there has been no equality impact assessment and therefore those outcomes are not known—is to save money. It is clearly going to reduce the budget.

Scrapping the Work Capability Assessment has always been an aim of many disability organisations, but not scrapping it and having nothing else in its place and replacing it with something that isn’t intended to be a benefit and resulting in quite devastating income cuts as well.

James Taylor: We think scrapping it is a good thing. There is a huge amount of distrust. It costs around £200 million a year to run the WCA and about 20% of that is spent on appeals, which we have heard about.

The challenge is that we are bolting things on to a welfare system that was started 70 years ago. The labour force, the labour market and the world of work are very different in 2024 from the early 2000s, when



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some of the programmes we are going to be talking about came into force.

The challenge that I see is that we are trying to solve problems by bolting things on to the side of an existing system rather than having the courage and the confidence to say, "Our welfare system is not working for many people who need to use it. How can we go back to the beginning, work with people who need to interact with it and build a better system that is based on trust, dignity and respect?" All we are doing is bolting things on to the side of something that I think we all agree is fundamentally not working.

Ken Butler: One thing I find astounding is that ever since the welfare state began, there has always been some kind of work capability test. There have been different ones and, arguably, none of them were particularly good, but there was always a recognition that some people cannot work, either on a temporary basis or on a more long-term basis, because of ill health or disability, so there needs to be some assessment to assess those who need the extra support. Now, what is being proposed is to have no assessment whatsoever.

Nigel Mills: Thank you.

Q36 **Marsha De Cordova:** Good morning. It is great to see you all here. Just to pick up on the points that you were raising, Ken, I think it is important to note that, yes, we all want to see the WCA scrapped because it was flawed from the get-go, but essentially you cannot just replace it with PIP because it is a different assessment, which is also flawed but has a different function. That is the key to this.

The number of people being assessed under the WCA as having limited capability for work or work-related activity has obviously gone up over the years. Can you set out, Ken and Nil, why you think that is?

Ken Butler: When I saw that as a possible listed question and it said, "Is this due to assessors being more generous?" I thought they had missed out the cue "Laughter" at the end.

One of the problems is that what is being put over by some is that there is not an explosion of ill health. For example, "People are not depressed and suffering from anxiety, they have just got the blues", or "If you are economically inactive, it is a bad thing. You must not be economically inactive. We do not like you", or "There is a duty to become employed". I am sure my colleague will be able to speak more about mental health and the increase in mental health, but that is the reality and that is why there is an increase.

The DWP issued new guidance to assessors in 2015 to make it much stricter, so this is not a new idea it has had. Why has the DWP not gone back to say, "We need stricter guidance on it"? It hasn't. There is no justification for withdrawing it. One of my colleagues mentioned an internal report. At the meeting I was at, I am sure they said that it was



based on 100 paper case studies. Again, that has not been published and it would be interesting to see that. However, no actual assessments were observed. If someone is saying, “You do not qualify in the Work Capability Assessment, but I think as a safeguard there is a substantial risk to your health”, that has to be evidence. Even healthcare professionals do not do that on a whim. If I wandered off the subject, I apologise.

Marsha De Cordova: No, that is fine.

Nil Guzelgun: This is an important question. We think that both DWP and DHSC should look into what the underlying reasons are for this increase.

When it comes to mental health, we have seen an increasing level of mental health problems. At the moment, there are more than 2 million people trying to access mental health services and waiting to access mental health services. It is estimated that 8 million people are trying to get that support but are not able to. This is the hidden waiting list for mental health support. We know that our healthcare services are struggling to provide that support at the moment.

In addition to that, we are still in a cost-of-living crisis. We have seen poverty levels increase over the last years. We know that there is a strong relationship between poverty—and increasing levels of poverty—and ill health and mental illness. We would point to these social determinants for the increasing level of mental health problems and, maybe, for more people being unable to work.

The other side of the coin is looking at the workplace and the barriers to accessing employment. People with mental health problems often find themselves stuck in insecure and low-paid jobs, which means that they do not get the flexibility that they would need to both do work and look after their mental health. They are stuck on low pay, which means they are still struggling financially and have additional worries while they are still dealing with their mental health problems. We need to look at both of these aspects to understand what is currently preventing people from working and why these numbers are increasing.

Marsha De Cordova: Absolutely. You have highlighted some of that. To the point that you raised, Ken, the evidence base that the Government are using to base their arguments and potentially their policy on going forward is going to be crucial for us to see. Thank you.

Q37 **Debbie Abrahams:** Good morning, everyone. I am going to follow on from what Nigel and Marsha have been discussing in relation to the Work Capability Assessment. You might have heard some of the questions I asked the previous panel, which were fairly similar.

We know that in interim before scrapping the WCA, there are going to be changes in terms of the removal of the ‘mobility’ activity. Perhaps Nil and



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Ken want to start but then if anybody else wants to answer as well, please do. What do you think the impacts would be? Could you refer particularly to the contradictions that, as I say, there may be around a safeguarding approach within the Department?

Nil Guzelgun: I am happy to answer the question with regards to the changes to the substantial risk regulations because that is particularly concerning for us and for people with mental health problems. As mentioned earlier, the definition that is currently being used focuses on people in crisis and psychotic symptoms. It is quite a vague but equally narrow definition, and we would like to understand better what that means and who falls outside of those definitions.

In terms of the safeguarding issues, we know that the risk regulations were put in place for people who, through this very rigid criteria and assessment approach, would fall outside and or would not be appropriately assessed. These risk regulations are there to protect their safety and health. That is particularly important for people with mental health problems.

I want to share a case study of someone who through the Work and Capability Assessment was not deemed to be in the LCWRA group but who struggled and who then, through these safeguarding measures, was placed into the LCWRA group. This is Jonathan. He had numerous physical and mental health problems from working with asbestos and from childhood sexual abuse that took place after he was abducted from a public transport bus as a child.

As I mentioned, Jonathan was placed in the LCW group, not meeting the 15 point descriptors, and a Mind benefits adviser supported him through a mandatory reconsideration on the basis that he was not well enough to engage in work-related activity. The DWP conceded that he was too unwell to engage in the more intensive work-related activity but said that he could engage in light touch work-related activity. The suggested activity by the DWP was to research new bus routes and take them and getting public transport to new places.

The adviser supported Jonathan to take the case to the tribunal and made the point to the judge that he was being given light touch work-related activities that involved retraumatising him around the event that had led to his childhood sexual abuse. On that basis, he was granted substantial risk on the grounds of the substantial risk category. He was able then to be placed in the LCWRA group and not to engage in any work-related activity.

This case study highlights some of the challenges that we have been seeing across the board in terms of a lack of understanding of mental health problems by assessors or work coaches. These safeguards are critical for people with mental health problems, so that they will not be traumatised or hospitalised because of activities that are required by the Jobcentre or work coaches.



Q38 **Debbie Abrahams:** Thank you, Nil. Ken, as well as the substantial risk regulations, maybe we could also think about the change in descriptors and removal of the mobility component.

Ken Butler: Nil has made some good points, based on experience as well. That is why that case study is so valid.

One of the problems is that it is going to change to not affect people who have a physical health difficulty who would be at substantial risk. Now, for some reason, healthcare professionals are getting that about right. What healthcare professionals are being over-generous with, we are told, is mental health.

One of the difficulties is that from what has come out, the criteria will be very medicalised, listing certain health conditions, and also in terms of treatments. For example, you might have to have a consultant or psychiatrist treating you so that they can provide evidence. The problem is that not everybody will have that. As Nil said, there are too many people waiting for mental health treatment. If you are waiting it does not mean you do not have a substantial risk to your mental health, and with the state of the NHS there are bound to be people who are going to be missed out because they do not meet the strict criteria. That is why it is very dangerous.

Q39 **Debbie Abrahams:** Some of the changes that have been introduced are said to be because of the change in working practices with hybrid working and so on. I do not know if you want to comment on that.

Ken Butler: Again, it is a bit like healthcare professionals being very generous. One of the difficulties with the changes is that one of the DWP buzzwords is “personalisation”—you are going to see your work coach and it is going to be personalised, you might even call each other by your first names, and it is going to be personalised to you—yet there is a blanket prohibition placed on, for example, everybody who gets the LCWRA mobility descriptor. There is no personalisation there.

There could be cases where people have difficulty mobilising but that does not just apply outside of the home, it can also apply inside. They may have other conditions. They may find walking painful or very tiring. They may not have an office-type space to work in.

There is difficulty with finding a job. Disabled people are not very well represented in professional and managerial roles, which are the type of roles that you are more likely to get home working in. I think 8% of low-paid workers were mainly working remotely, and unfortunately disabled people tend to be more likely to be low paid.

For example, with people who need the support of someone else, how is that going to work? Will access to work or an employer under reasonable adjustments allow you access to somebody who can take you, for example, backwards and forwards to work? How realistic is that?



Debbie Abrahams: A very good point.

Nil Guzelgun: On the assumption, statement or claim that more people are able to work from home, as Ken said, we do not think that applies to many people with mental health problems or disabled people, who find themselves in low-paid jobs where that flexibility is not often offered. Usually these are industries such as retail, hospitality or the gig economy. They will be required to show up and they don't have that flexibility to work from home when they need to. That assumption is not true for many people with mental health problems, so removing the mobility activity is problematic.

Q40 **Debbie Abrahams:** Very briefly, in relation to the "substantial" regulations, the Government say that the substantial risk provision should only apply in exceptional circumstances. What do you think that means and what is currently happening? Then, how workable is it to specify the circumstances in which the substantial risk provision should apply?

Nil Guzelgun: First, we want to acknowledge that we are not aware of any inappropriate application of these safeguards. As I think Jamie said, we do not think that the increasing number of people who might be placed under LCWRA because of these regulations is because of a wrong interpretation. The numbers have increased, but this is not because of the wrong application of these risks.

What is important is that these safeguards must not be weakened, because there are already LCW substantial risk regulations that protect people who can engage with work-related activity. To weaken the LCWRA substantial risk regulation would mean that you would push people to engage in work-related activity that will cause their mental health to deteriorate or put them at risk.

For people with mental health problems, that risk is real. They can die. Some people have attempted suicide, and we know there have been several reports by the NAO that have looked into the increased suicides linked to benefit claims and the risk of losing their financial support. This is a real risk, and it is really dangerous to introduce these changes. We are against this.

Q41 **Debbie Abrahams:** James, do you—

James Taylor: Nothing from me.

Q42 **Debbie Abrahams:** You agree with the points that have been made about that. Ruth, I know your focus is around single parents, but there will be single parents who also may be disabled and also may have mental health conditions. Are there any points that you want to raise?

Ruth Talbot: I agree with everything that has been said. What I would say is that single parents disproportionately live with disabilities. They disproportionately suffer from mental health issues for various reasons,



and, of course, poverty. They are one group who will be significantly and disproportionately impacted. Also, these impacts will have a disproportionate impact on them because they are the sole breadwinner and if their payments are deducted of course that is more of a struggle. They will be bearing any mental health impact of these processes just with their children, not with support, necessarily.

Q43 Debbie Abrahams: Very good points. Ken, I saw you put your hand up. Can you be very brief?

Ken Butler: Sorry. There is too much stress on “exceptional”. Looking back, when that was first inserted in the regulations the kinds of health problems we have today did not exist. If you have a substantial risk to your physical or mental health if you are found to have a capability for work-related activity, you have a substantial risk. It is no use turning around to somebody and saying, “Well, yes, but you suffer from psychosis and most people with psychosis have that. You are not exceptional”. It is ludicrous.

That is the main problem—the substantial risk. I think the “exceptional” is just there to say to assessors, “Do not apply this willy-nilly. It is supposed to be a security blanket”. To get hung up on the “exceptional” is to fall into a trap of getting too abstract, as I think the Government have done by saying everybody has the blues.

Debbie Abrahams: Yes. Thank you so much.

Q44 Dr Spencer: I will just pick up on that point before I go to the main question I want to ask. Sorry, Ken, I did not quite catch what you were saying. Maybe I have this wrong, but were you suggesting that, by definition, everyone with psychosis comes under the substantial risk criteria?

Ken Butler: No. Perhaps I will use another example. There used to be a system called the Social Fund, which had community care grants, and one of the qualifying criteria was whether you were a family under exceptional pressure. When I was trying to help people with applications, decision makers were saying, “Well, they are a refugee family. All refugee families suffer from exceptional pressure. Therefore, they are not exceptional”.

The key thing is: is there a substantial risk to your physical or mental health if you are found to be fit for work and not have LCWRA? That is the significant thing. Are you going to classify people who meet that definition and say, “Well, you are not exceptional enough. Yes, there is a substantial risk to your health, mental or otherwise, but we are going to find you fit for work anyway. Sorry about that”?

Q45 Dr Spencer: Okay, fine. It is unrelated to a diagnosis of psychosis. That was very helpful. I was a bit confused.

When I worked as a consultant psychiatrist I wish I could have prescribed



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many of my patients jobs because, as we know, that is one of the best things in terms of helping people sustain recovery, particularly in the context of severe mental illness. Nil, I was interested to hear the case study that you mentioned. Before I ask slightly more specific questions about it, is that a real case that went to a tribunal?

Nil Guzelgun: Yes. It is not their real name, just to clarify that.

Q46 **Dr Spencer:** Sure, pseudo-anonymised. That is helpful. I respect the judgment of the tribunal, but what you said throws up a few questions for me. If the issue was that his work coach suggested that the individual should do a particular mitigation, which was to go on buses, which is clearly inappropriate in the context of the person's personal history, does that case not demonstrate more a poor assessment and mitigation as opposed to whether somebody should be under the substantial risk criterion or not? From what I have heard and with limited information, it sounds to me that in some circumstances Jonathan could work, but the way that he is being proposed to work is clearly inappropriate.

Nil Guzelgun: That is correct. The issue here is that, under the new regulations and under the new system, work coaches are engaging with people, and they make these kinds of decisions and calls. If in the end it is they who will say, "There is no risk, or I do not see a risk for their safety", you are left with their decision. That is the challenge.

Q47 **Dr Spencer:** Taking that back, in the abstract, in the correct environment—

Nil Guzelgun: You would leave them with the option for people to be protected under those safeguards. Currently there is this safeguard for people with mental health problems, but if we are removing that entirely, they have nothing to challenge that decision. The proposed approach will be even more rigorous and will not capture mental health problems appropriately. You take away this option for people with mental health problems, which currently protects their mental health and their safety, quite frankly.

Q48 **Dr Spencer:** Let us dissect this a bit, because I think this is helpful in terms of understanding Mind's concern. In the abstract, it sounds to me that in the right environment, taking a social model of disability, Jonathan could work.

Nil Guzelgun: Could you please repeat that?

Dr Ben Spencer: In the abstract, providing the right support and the right employment opportunity, there is nothing innate to Jonathan that means that Jonathan could not work.

Nil Guzelgun: I mean, there might be.

Q49 **Dr Ben Spencer:** There might be but, just for the purpose of this, would you concede that there is a possibility that he could be put in the correct work situation? What I am trying to say is that there is nothing involving



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Jonathan that means that, by definition, he cannot work.

Nil Guzelgun: No, of course not.

Q50 **Dr Spencer:** The question is how we get to that point, how we get to the point where he can work, and he can work in a supportive environment. If the assessment is wrong or there are problems with the assessment, we need a mechanism to challenge that, to make sure mistakes are not made. Mistakes are made all the time, and we need to make sure we have error correction.

Nil Guzelgun: Yes. It is difficult to judge or make a comment on a particular case because I do not know whether—

Q51 **Dr Spencer:** You gave the case.

Nil Guzelgun: Yes. With Jonathan, it might be possible for him to work from home, or in his case—he was deemed as not being able to work due to his mental health problems—he might not be able to do that. There might be some people who are currently in the LCWRA group who are able to do some work-related activity, but it needs to take account of their particular situation and their mental health issues, which should not be triggered by any of those work-related activities.

Q52 **Dr Spencer:** What I am trying to get to—and I am completely neutral on the substantial risk stuff, from what came out of Committee evidence. I go into it with an open mind in both directions, is what I am trying to say.

Is the concern that you have about the substantial risk regulations changing in itself, or is the concern that you have about the quality of assessments, the ability to challenge those assessments and the ability to provide essentially what is an IPS system for people who have complex needs and so on going forward?

Nil Guzelgun: We are concerned about the changes proposed to the risk regulation. They play a crucial role, as I mentioned earlier, to reduce harm to people with mental health problems and exist precisely to cover circumstances where any use of the functional criteria would not adequately capture their ability to engage in work-related activity or not.

The changes that are proposed narrow the scope of conditions that would apply. If I might add, the current proposals do not change the LCWRA substantial risk regulations for physical health. They currently focus specifically on mental health-related issues and have narrowed it down for particular mental health conditions. That is problematic because there are many cases where, on paper, people might look like they should be able to engage in certain activities and they would be deemed to be in the limited capability work group, but because of their specific circumstances—which currently, through the assessment process, would not be captured—they would not have any way to be protected, essentially, and to be able to live, if these changes are introduced.



I can give you many other case studies. We know of people who have been nearly hospitalised because of going through this assessment process, where it was deemed that they should be in the LCW group. Engaging with the DWP is very triggering for a lot of people with mental health problems. When they get letters, they are unable to open these letters. For some people, as I mentioned earlier, that can be the point where they then will attempt suicide. The risk is real. This is what we are facing, and we need to protect.

Q53 Dr Spencer: What role do you think CMHTs should have in this process? For a recovery model, if we stick with psychosis, CMHTs will put in a lot of work in trying to have return to work as a recovery aim, working with people under CPAs and stuff. The narrative is very much about patients having things done to them. What about the flipside?

Nil Guzelgun: As I mentioned earlier, there are a lot of people who are currently trying to access support through the mental health system and who are struggling to access that support. Increasing investment in our mental health system and mental health services would be a good starting point. Increasing investment in community mental health services and teams would be also a great starting point because then people would be able to get some level of support.

There are other models, by the way. IPS has plenty of evidence that shows that it helps people with severe mental illness to access employment and sustain employment for a long time.

Q54 Dr Spencer: I am evangelical about IPS.

Nil Guzelgun: There are many models that do work and there is compelling evidence that they support people with mental health problems, severe mental health problems, which could help.

Q55 Dr Spencer: Thanks, that is very helpful. I am going to run out of time. Some of my questions about sanctions I think have been covered.

What I want to talk about in the time we have are the schemes, Universal Support and WorkWell, and your perspective on how well they are targeted at people living with disabilities or health conditions, bearing in mind that, from what we have heard, it sounds like there is a real risk or likelihood that the Work in Health Programme and Intensive Personalised Employment Support Programme will cease in the near future.

The broad question is: do you think Universal Support and WorkWell are going to cut the mustard for people living with disabilities and health conditions, in terms of covering what was previously covered by those other two schemes?

Chair: James perhaps could—

James Taylor: Yes, I am happy to start. Overall, investment from Government in these schemes is a good thing. Universal Support, on the



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face of it, is a good programme, but it is quite small in terms of the numbers that we are talking about and hearing about.

It is disappointing that investment in these schemes comes with a higher risk of sanctions or threat of sanctions, which seems to suggest that the Government think the answer to rising economic inactivity is to threaten people back into work. We heard from the Health Foundation this morning, and from lots of other reports and think tanks, that this is unlikely to work. It is our crumbling NHS, rising levels of poverty, poorer working conditions and lower-quality jobs that are probably causing this economic inactivity.

On the one hand, on the face of it, these schemes are a good thing. They are voluntary for the most part; they are tailored to the individual and they are investing in people. Our concern would be that they are still quite small-scale. I am not sure how many of them have come online yet, in terms of people being able to use them. If we are committed to getting more people into work and building trust, we need to ramp up what is happening and invest more, to be honest with you.

Nil Guzelgun: We would very much second that. I agree wholeheartedly on the point that there has been some investment—we welcome particularly the investment in Talking Therapies and IPS being rolled out—but that accompanied by a toughening of sanctions is problematic because we know that people do not trust the Jobcentres and DWP, and a toughening of sanctions will only increase that mistrust.

We can only comment on the NHS Talking Therapies. NHS Talking Therapies are good and helpful, and it is important that we invest in these services, but for some groups that are currently either in the LCW group or LCWRA group, increased community mental health support and services would be more welcome.

As I said, IPS is helpful. We know that currently the issue with the implementation of IPS is that it is unevenly distributed. Given that we know about the link between poverty and mental health, it should be rolled out specifically in areas where there are higher levels of deprivation. People do not know about this. More needs to be done to communicate it to people who might benefit from this type of support.

Q56 **Selaine Saxby:** I might build slightly on that point that Dr Spencer was raising around mental health and his wish to diagnose a job. In the recess, I visited my local Jobcentre because we have seen a huge spike in people who have never taken a job, very young people with mental health issues who have been assessed by doctors as now not being able to work.

Do you think there is an opportunity to revisit entirely how we look at this space for those young people at this point in time? We talk about support in the community and all these other things. They are a group of people who have never been to work. It is a pandemic hangover in many ways



for these young folk. Dr Spencer's idea of prescribing work—the Jobcentre—everyone feels that getting these people in and working, be it community, voluntary or in a supported way, may well be the solution rather than the problem. Do you have any thoughts on how we might—

Nil Guzelgun: For young people, there are things that are outside of the DWP. We know that schools can play a key role in supporting young people's mental health and, again, we know that that mental health support is not widely available for many young people. Someone mentioned earlier the Resolution Foundation's report—it was also the Health Foundation that published it—which recommended that young people should be supported in the most deprived areas, and that young people who are not able to access university and go through that route should be targeted specifically because they are more likely to have mental health problems and less likely to be able to access that support. We would very much second that. On work and young people, this is an area where we would need to look into that more carefully and we would be able to share that in writing.

Q57 **Selaine Saxby:** That would be fascinating, thank you. Two programmes, Individual Placement and Support and NHS Talking Therapies, are targeted specifically at people with mental health problems. How effective do you feel they are?

Nil Guzelgun: A European study found that IPS clients were twice as likely to gain employment and to work significantly longer than clients of other vocational employment support programmes. They also found that the cost of IPS was lower than those other employment support programmes over a period of six months. The evidence is quite strong.

I think the reason IPS works is that it is offered on a voluntary basis, and they get support to negotiate with their employers the terms of their employment, to offer that flexibility that people with mental health problems might require. It is not delivered in a Jobcentre but in a healthcare setting.

The issue around trust, which I mentioned earlier, is then addressed because that element, in a healthcare setting, is provided, where they feel genuinely supported to talk openly about their mental health problems. We know that all too often in a Jobcentre the problem is that people are not in an environment where they can openly talk about what is going on with their mental health, or other health.

Q58 **Selaine Saxby:** Thank you. I know you have already covered a lot of this, but is there anything that you have not mentioned yet that you think the Government should be doing to support people with mental health conditions back into work?

Nil Guzelgun: From our perspective, the most important thing is to look at the employers and what businesses and employers can do. We know that there is a lack of understanding of mental health problems and that sometimes policies are not appropriate to support people. Mind has a



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Mental Health at Work commitment that we have been promoting. We would like to see more employers sign up to that commitment to create work environments where people with mental health problems are supported and where then hopefully people can sustain that employment as well.

Q59 Selaine Saxby: Thank you. To you again and also to James, was there anything missing from the Back to Work Plan in your view?

James Taylor: We just touched on employers and that feels like a missing thing that we have not talked about this morning, for obvious reasons. They do not seem to be mentioned that much in the Back to Work Plan.

What we hear, particularly from disabled young people, is that many of us are written off quite early on, not given the same opportunities as other people simply because of our condition or disability, and that plays out into adult life. It can be hard to address that when attitudes towards disabled people are so far behind where we want and need them to be.

That is particularly the case in many workplaces across the country. It is deemed too expensive. We support many disabled people who have applied for over 200 jobs and have not even had an interview. Adjustments are not being made. These quite small things could make a massive difference and could make a massive difference to the disability employment gap in this country.

For us, the Back to Work Plan has some good stuff, which we have talked about, in terms of Universal Support. It probably needs to move faster and have more investment in it. There is not very much in terms of what employers need to be doing, either carrots for employers or sticks for employers. For us, they are the real blocker to many disabled people getting a job and ultimately staying in a job that is fulfilling.

Q60 Selaine Saxby: Thank you. Nil, is there anything else you would like to add, in terms of things missing from the Back to Work Plan?

Nil Guzelgun: We know—this was also mentioned earlier—that the statutory sick pay system is outdated, and problematic for a lot of people with mental health problems. The Committee accepted a lot of recommendations that we put forward, such as a required level of flexibility or phased return. Currently the pay rate for sick pay is low and that is not enough, and we know that that has been supported by the Committee.

In addition, what we would like to see is for this to be available from day one when someone is sick, and also to be extended to 52 weeks because people can be struggling for a longer time and currently there is no way to get that support. It can then be difficult. People are then signed off and are stuck having to deal with the benefit system to get that financial support quite early on.



Selaine Saxby: Thank you.

Q61 **Chair:** James, can I ask you something? We heard earlier that the Work and Health Programme is going to end later this year. Are the people you support going to miss it, do you think?

James Taylor: To the extent that it is voluntary and has achieved better outcomes in terms of people staying in a job because it is voluntary than going into an employment support programme that is mandatory, yes.

That goes back to the point that sanctions and conditionality do very little, if anything, to get people into a job they want to be in and keep them there. If anything, they do quite the opposite. They cause a lot of distrust, anxiety and even worse, as we have heard about from my colleague from Mind. Yes, I think people will miss it to a certain extent.

Again, unfortunately, like Universal Support, that has been quite small. This is the challenge that we are facing. We have a big opportunity. Halving the disability employment gap will bring £17 billion into our economy in reduced welfare spend and increased taxation and National Insurance. Our employment support programmes, the investment Government are making in disabled people, falls far short of that. For me, that is the challenge that DWP has. How do we properly invest so that we can support as many disabled people as we can, who want to work, into a job?

Q62 **Chair:** Thank you. Ruth, can I put some points to you? We recently had the announcement of increased work requirements for parents who claim Universal Credit. Do you think those changes will achieve their aim of helping parents find a job and, if they are in work, increase their hours?

Ruth Talbot: Unfortunately, no. As people on the panel now and earlier today have shown, sanctions just do not work. They are based on a model of assuming misbehaviour, punishing that and pushing people into work. What you find is that the majority of single parents are already working, but they are also undertaking a critical caring role and they face genuine barriers to work.

This approach, essentially saying that you do not just have to meet the 15 hours administrative earnings threshold but now these 30 hours as soon as your youngest is three, brings a huge group into conditionality who were not there before. It is a grey area. What exactly are the sanctions going to be on this group, who are working but not working enough hours?

The work coach support is not there to help people increase their earnings up to the 30-hour level. There are barriers around childcare—both availability and cost—and flexible working and discrimination in employment. The majority of single parents are mothers and there is a gender element to the discrimination but also, on top of that, a “single parent-ism” is experienced. It means that those barriers are not being addressed.



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We had one single parent tell us that every time she reads the 30-hour work requirement, she feels sick. Her son is going to turn three next month. She already works 17 hours in a school and struggles with juggling everything. These are not people who are sitting around doing nothing. I am not suggesting there are people who are doing that, but we are looking specifically at single parents. They are just not. The majority are in paid employment. They are caring for their children on their own. They are often dealing with trauma or challenging situations, and they need support.

To mention the employers' perspective, which has been mentioned before, Katy Jones's work from Manchester Metropolitan University shows that employers do not support this either. It does not help them get the right candidates in for jobs if they already have someone in employment and then they are saying, "We have to go out and meet a work coach. We have to go and search for another 10-hour job on top of this job". It just does not fit.

Q63 Chair: The Department says that it will tailor the work requirements to individual circumstances and also to childcare availability. Is that reassuring?

Ruth Talbot: Unfortunately, no, not really, because even the DWP's evidence in the past shows that the flexibility that is on offer with work coaches does not follow through in reality.

So far, we have found that people are not aware of that. We have found, to be fair, that the roll-out has not gone full tilt, whether that is because work coaches just do not have the time or whether they are thinking, "Maybe we should not push this". I do not know the reason for that, but it is not being rolled out as fast and as hard as it might be, which we see as a good thing. There is a lack of certainty and a lack of knowledge of what is happening. People are not clear.

On Sunday I had a message from a single mum. She has three children, works 20 hours in a school and manages to work it around her children. Great. However, now she is being told she has to find a 10-hour job. On top of that, her claimant commitment says that she needs to spend 30 hours job searching. Yet she is working 20 hours, and they know that.

She went in yesterday and tried to talk to them about this flexibility, and they did not listen. She managed to agree that these weekly meetings she will now have to have—on top of caring for three kids and working 20 hours—will be after school hours. That was agreed in person, but then this morning she got a notification saying that the meeting was changed to 9.40 am and she has had to go through this rigmarole of requesting it to be changed.

We hear that over and over again. It is this cat and mouse, and these are people in work. There are people caring, doing important caring work, often with children on assessments or waiting for assessments linked to



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mental health issues. They do not need to be logging on online every day to try logistically to organise this. These are not people who do not want to work or are not working.

Q64 Chair: What do you think the work requirements for single parents ought to be?

Ruth Talbot: We have kind of got to a situation where work requirements are considered acceptable. Ideally, we would say that they should not be there. It should be voluntary. Even before lone parent obligations were put in place, single parents did work. What is definitely clear is that it should not be there until children are in school.

We do not believe that there is a need to have additional work requirements beyond the administrative earnings threshold. If there were to be, they should be more staggered—something around, say, 20 hours. The administrative earnings threshold is currently 15. It is likely to become 18 soon. You could have 20 hours with five to six year-olds, 25 hours once they are seven to nine, and 28 hours when they are 10 to 12.

We do think that it should be tailored down from 13 years of age onwards because the idea that having a 13 year-old—and maybe more, or multiple, twins or whatever—means that you can work exactly the same as a single person with no caring responsibilities just does not add up. As much as having a three year-old at home takes more than five hours and you are only reducing the work requirements by five hours, which does not add up, it is the same for a 13 year-old. It is a challenging age, the teenage years, and to say that someone with a child that age can work the same as someone with no caring responsibilities—we think it should be at least tailored down a little bit.

Q65 Chair: Okay. Looking at the benefit system more widely, how well does it recognise single parents' circumstances at the moment?

Ruth Talbot: We do not think it really does. With this conditionality earnings threshold, we requested the high-level impact assessment through a Freedom of Information request, and it came back to say that the majority of people might be married, which is the exact opposite. The more detailed impact assessment that was done when work requirements were introduced for parents of three year-olds in 2017 was much more thorough and said that over 75% are single parents. We believe a similar number this time are going to be impacted, but the DWP is not even monitoring who is impacted and the fact that they are single parents.

We believe that the Department is not initially even recognising the existence of single parents, but then secondly, it is not recognising those needs. You do not have a lead carer single parent status that has specific conditionality, yet you have a couples conditionality earnings threshold that in effect allows one parent to stay home. We are not against that—that is perfectly fine—but why is the fact that a single parent is both



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breadwinner and sole carer in most circumstances not taken into account?

It is not just about childcare. It is not just about, “Here is free childcare”. Yes, that would be great and that is needed, but people cannot just remove their caring responsibilities outside of that. There are appointments and there are other things that parents need to do. It is about recognising that the caring role is important in and of itself, and has a benefit for that family, that child and their outcomes.

Q66 **Chair:** Is there anything else you would like to see changed in the benefit system?

Ruth Talbot: Having that lead carer category specifically for single parents is important. Remove this threat of sanctions because people are not misbehaving. They are trying to do their best, and that—like everyone has been saying—pushes people further from the job market and creates this mistrust. We need more dedicated work coaches specifically for single parents and parents more broadly.

With childcare, we need more priority access for single parents. At the moment, the childcare system and support available is disproportionately for higher earners. Single parents who are carers and disabled are excluded in a way that couples are not. There are a lot of issues. The earnings threshold is above the administrative earnings threshold to get your free hours. Again, you have people who are working but are not able to get the free hours, which we think is madness.

Systems like the Flexible Fund, which supports people on Universal Credit with upfront costs if they are returning to work, should also be available for people returning from maternity leave. These are key times when just a little bit of help can keep people in employment. Also, we could reduce the taper rate to try to encourage more of that carrot approach—reducing it to 50p—which was the original intention when it was designed.

Overall, we think that there needs to be legislation to protect single parents so that all these kinds of things are considered, so that single parents are seen as a specific group with specific needs and responsibilities, and that is protected, both in the way Government design policy but in the way employers deal with and support single parents.

Chair: Thank you very much. Our time is up, and we have covered pretty much everything that we wanted to raise. Thank you all very much indeed for being willing to be with us and for giving us very full answers to our questions. That concludes our meeting.