



G15 Residents' Group

A forum to unify and promote the resident voice to influence, reform and celebrate social housing

Raise the Views of residents - Promote Quality social housing - Advocate for the Future of social housing

G15 Residents Group Response to the Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper- June 2025

Introduction

The G15 Residents Group firmly opposes the proposals set out in the UK Government's *Pathways to Work: Reforming Benefits and Support to Get Britain Working* Green Paper.

The original plans would have resulted in a £5 billion cut to health and disability benefits, including stricter eligibility criteria for Personal Independence Payment (PIP) and the health-related component of Universal Credit (UC). These benefits are lifelines, enabling disabled people to meet essential living costs such as food, energy, and housing.

While the Government has delayed certain changes and committed to further consultation, the fundamental aim remains the same: to reduce benefit entitlement and cut spending, disproportionately affecting disabled people and those with long-term health conditions. These adjustments may soften the immediate blow, but they do not alter the underlying intent. In effect, the hardship is not avoided—only postponed.

We are deeply concerned that the Government has failed to meaningfully engage with those most affected by these reforms. Disabled people, carers, and social housing residents have been largely excluded from the conversation, despite being among the most vulnerable.

Social housing tenants are particularly at risk. They are more likely to rely on benefits, face complex health and social challenges, and experience financial insecurity. These reforms would only deepen their vulnerability, increasing the risk of rent arrears and eviction.

Housing associations—responsible for building one in four new homes in England—are essential to providing the stability people need to recover, contribute, and thrive. If benefit changes lead to rising arrears, this will directly undermine their ability to invest in new homes, exacerbating the housing and homelessness crisis.

Today, over 164,000 children are growing up in hostels, hotels, and shared rooms. This is not just housing insecurity—it is childhood trauma. The consultation could have been an opportunity to co-design policy with disabled people and those with lived experience, including residents and housing providers. Instead, it has been driven by financial motives and disconnected from the realities of those it claims to support.

Crucially, these reforms contradict their stated aim of helping disabled people into work. PIP and the health element of UC are not barriers—they are enablers. They provide the financial stability that allows people to train, attend interviews, and sustain employment.

By restricting access to these supports, the Government risks achieving the opposite of its stated goal: making it harder—not easier—for disabled people to find and keep work.

This document presents our response to the consultation questions in Chapters 2 to 4, grounded in the lived experiences, concerns, and recommendations of our diverse membership.

Chapter 2: Reforming the Structure of the Health and Disability Benefits System

1. Supporting Work Without Risk to Benefits

We do not support the current approach. The system penalises voluntary work and gradual re-entry into employment, especially when health conditions fluctuate or relapse.

- Recommendations:
 - Introduce a stepped, supported approach to employment.
 - Guarantee benefit protection during trial work periods.
 - Recognise voluntary contributions as part of recovery and readiness to work.

2. Support for Those Losing PIP Due to New Scoring Threshold

We oppose the proposed scoring changes. The current criteria are already difficult to meet, especially for people with learning difficulties or older adults.

- Recommendations:
 - Do not implement the new threshold.
 - If implemented, provide transitional financial support, independent advocacy, and access to community-based mental health services.

3. Improving Health and Care Experience for Affected PIP Claimants

The current system is traumatising and inaccessible.

- Recommendations:
 - Ensure all assessments are trauma-informed and digitally inclusive.
 - Provide independent advocates to support claimants throughout the process.

4. Introducing Unemployment Insurance

We do not support this proposal in its current form.

- Recommendations:
 - Last 6–12 months with flexible, tailored support.
 - Include mental health services, housing support, and career mentoring.
 - Ensure non-punitive transitions back into work.

5. Improving Safeguarding

We agree safeguarding must be improved, but the current proposals are incomplete and non-inclusive.

- Recommendations:
 - Link reforms to domestic abuse, child welfare, and poverty triggers.
 - Train staff in trauma-informed care.
 - Establish clear safeguarding protocols across all services.

Chapter 3: Supporting People to Thrive

6. Designing Support Conversations

We support this only if conversations are voluntary, respectful, and well-resourced.

- Recommendations:
 - Use trained peer mentors.
 - Ensure privacy, respect, and choice.
 - Tailor conversations to individual needs.

7. Reaching Those with Little or No Contact

Many vulnerable people are isolated and excluded. This would be a valuable introduction for those vulnerable and/or unable to access support. However, it should be well managed.

- Recommendations:
 - Use community outreach and trusted intermediaries.
 - Offer non-digital options.
 - Build trust before imposing expectations.

8. Determining Engagement Requirements

We oppose stronger requirements as these often harm those with fluctuating or complex conditions.

- Recommendations:
 - Use clinical input and self-assessment to determine capacity.
 - Avoid blanket policies; tailor to individual circumstances.

9. Making Support Conversations a Condition for Benefits

We are concerned this could become coercive and therefore disagree with this measure.

- Recommendations:
 - Make conversations voluntary but incentivised.
 - Ensure no loss of benefits for non-participation due to valid reasons.
 - Include independent advisors in the process.

10. Exemptions from Requirements

Many vulnerable groups must be protected and this is agreed with.

- Recommendations:
 - Exempt individuals with severe mental health conditions, learning disabilities, unresolved trauma, young carers, and homeless individuals.
 - Accept self-declaration as valid evidence of need.

11. Delaying Health Element of Universal Credit Until Age 22

We oppose this proposal. It would harm young people at a critical stage in life.

- Recommendations:
 - Do not delay access.
 - Provide early intervention and supportive transitions from age 18.

12. Age for Adult Disability Benefit Eligibility

We believe 18 is already a vulnerable age and therefore disagree with this measure.

- Recommendations:
 - Consider lowering the age to 16 for those with long-term conditions.
 - Ensure continuity of care from child to adult services.

Chapter 4: Supporting Employers and Making Work Accessible

13. Supporting Employers with Workplace Adjustments

SMEs often lack the capacity to implement adjustments and therefore we disagree with this measure.

- Recommendations:
 - Provide clear guidance, training, and financial incentives.
 - Create a centralised support hub for employers.

14. Funding Access to Work

Current schemes are underfunded and exclusionary, which should be addressed before further changes take place.

- Recommendations:
 - Fund transport, assistive technology, and mental health support.
 - Ensure fast-track access for those in crisis.
 - Expand funding to cover informal and part-time roles.

Additional Recommendations

- Halt the withdrawal of funding for community-based mental health services.
- Reform PIP and ESA assessments to reflect fluctuating and complex conditions.
- Ensure all assessments are trauma-informed, accessible, and allow for independent advocacy.
- Recognise the impact of medication, age, and neurological conditions on employability.
- Include mental health and sexual orientation in all disability-related policy language and impact assessments.
- Invest in meaningful, supported employment pathways, not punitive activation measures.
- Co-design policies with residents, housing providers, and those with lived experience.