

Making PIP work

Six reforms to build security, remove fear and reduce hardship.

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Executive Summary

Reform of PIP has been trapped between two inadequate options: cuts that would push hundreds of thousands of disabled people deeper into poverty, or a status quo that is failing disabled people and costing the public purse more than it should through expensive assessments and appeals.

This paper sets out a different path - six concrete proposals that would make PIP work better, remove the fear from the assessment process, and give disabled people the security to focus on the things that matter in their own lives.

The context for redesign of PIP

PIP was not designed to be a poverty prevention payment. It is not means-tested, it does not assess financial need, and it exists to help meet the extra costs that come with disability. But in practice, PIP has become an important part of the architecture of poverty prevention. Seven in ten PIP recipients are in the poorest half of the income distribution. Families receiving PIP already experience hunger at three times the rate of those who do not.

This has unavoidable implications for reform. The Spring Statement demonstrated what happens when that reality is ignored: a package of cuts that would have pushed 400,000 disabled people into poverty, with neither public nor political support. But the answer does not need to be the status quo. The growth in PIP claims reflects real need, driven by increasing numbers of people living with health conditions, rising deprivation, an overstretched health system, workplaces that do not have the support to retain employees, and a wider social security system whose adequacy has been eroded. Addressing that need over the long term requires action on each of those drivers. In the meantime, the question is how to make PIP itself work better, more accurately, more consistently, and in a way that genuinely supports disabled people's individual goals rather than undermining them.

Three in four people referred to food banks in the Trussell community are disabled. For disabled people in hardship PIP is often necessary to cover rent, food, utilities and other essential costs, including those which are a result of disability or ill health. But what our experience also shows is that the effectiveness of PIP in preventing hardship does not simply depend on its rates or its assessment criteria. When things go wrong it is very often because decisions are not consistent or accurate. Disabled people lose their awards at reassessment despite seeing no change to their condition and as a result spend months navigating hardship while appealing the decision, usually successfully. The

result is that too often the system fails to provide the security disabled people need to plan their lives, manage their costs, and take steps towards their own goals.

Creating a review process that builds security and reduces fear

The cumulative burden of frequent reassessment leaves many disabled people forced to focus on securing income rather than their goals for their own lives. 80% of PIP recipients regularly fear their support will be taken away. Three proposals address this directly, with the aim of building a system that treats security as a precondition for taking steps forward.

Proposal 1: Consistent minimum award lengths across the system.

The government has introduced minimum three-year award lengths for new PIP claimants over 25. We propose extending this to under-25s, where the evidence for exclusion is weak, and to WCA recipients, where there is a strong employment rationale for doing so. A clear, system-wide guarantee would give disabled people the certainty to engage with employment support, volunteering, and other steps forward without fear of penalty.

Proposal 2: A strengthened right to try.

The right to try regulations introduced in April 2026 leave significant gaps: starting work can still trigger a reassessment, and nothing prevents a scheduled reassessment from using recent employment as grounds to reduce an award. We propose primary legislation guaranteeing no reassessment for 18 months after a disabled person starts work or volunteering — in line with the Joseph Rowntree Foundation's proposed work transition guarantee. This would be backed by a specific right of appeal triggered by any reassessment decision made during the protected period, and a notification process that gives disabled people a concrete and enforceable reassurance that starting work will not put their award at risk.

Proposal 3: A more intelligent award review process

Before any reassessment is triggered, DWP should send a light-touch form asking only what has changed, seek consent to request GP evidence digitally, and use that evidence to triage cases where a decision can already be made. Where assessment remains necessary, disabled people should be told in advance what the evidence has established and where the gaps are. Emerging evidence from Scotland's Adult Disability Payment suggests comparable award outcomes are achievable with significantly less burden on disabled people and the assessment system.

Fixing the PIP assessment

Three-quarters of appealed PIP decisions are overturned. This is not primarily a problem with the PIP criteria: it is a problem with how they are applied. Tribunals apply existing legal protections around fluctuation, reliability and risk of harm more carefully and consistently than initial assessments do.

Two proposals are aimed at closing that gap, so that fewer disabled people need to navigate a lengthy and distressing appeals process to receive a decision the law already entitles them to.

Proposal 4: Embed existing protections into the PIP assessment

Regulations and Upper Tribunal caselaw provide important protections for disabled people with fluctuating conditions. These protections are applied at tribunal but rarely at initial assessment. We propose updating secondary legislation to reflect key caselaw developments, building specific prompts about fluctuation and risk of harm into PIP forms, and requiring assessors to account for these factors explicitly in their reports. Taken together these changes would prompt a stronger application of the existing rules at the point of the first PIP decision.

Proposal 5: Introduce a new accountability loop

There is currently no mechanism that reliably connects poor PIP decision-making to systemic improvement. Tribunals provide a remedy for individuals but cannot drive change through the DWP. We propose three targeted reforms: giving the Social Security Advisory Committee the remit and resources to publish an annual report on decision quality, with DWP required to respond; requiring DWP to conduct an annual analysis of overturned tribunal decisions and share its findings with SSAC; and giving the Parliamentary and Health Service Ombudsman the power to initiate its own investigations on the basis of the complaints it receives. These changes shift the burden of accountability away from individual disabled people and onto the institutions that should bear it.

Connecting PIP to wider support

PIP recipients face high levels of unmet health and care need. Many are on NHS waiting lists for specialist community services or struggling to access social care. Yet the assessment process, which brings disabled people into structured contact with the state at a moment when their needs are being documented in detail, does almost nothing with that information. Historically PIP assessors have rarely made safeguarding referrals and have no structured process for responding to the unmet needs they routinely encounter. One proposal addresses this directly.

Proposal 6: Give PIP the tools to help disabled people find the right support

We propose two connected steps. First, a statutory safeguarding duty - as recommended by the Work and Pensions Select Committee - putting existing expectations of assessors on a firm legal footing and investing in the training and time needed to act on them. Second, a structured process by which assessors can, with disabled people's consent, communicate identified unmet needs to local services, including GPs and care act assessment teams. This would not be a statutory requirement, but an expected and resourced part of an assessor's role, forming part of the DWP's audit of assessment providers. These reforms would position DWP as a genuine partner in a wider landscape of support, without requiring the costly institutional restructuring that more integrated assessment models would involve.

The future of PIP and the WCA

The government has proposed making PIP the sole gateway to the Universal Credit health element, replacing the Work Capability Assessment from 2028/29. We do not think this is the right direction. The PIP criteria were not designed with work capability in mind, and making PIP the gateway to both payments without fundamental changes to those criteria would leave significant numbers of disabled people - including those with mobility impairments, and those at risk of self-harm and suicide— falling through the gaps.

It would also increase the stakes of every PIP assessment at precisely the moment the government is trying to stop the fear of reassessment from acting as a disincentive to trying work. The proposals in this paper offer a more targeted route to the same goals: a genuine right to try guarantee directly addresses disincentives in the system while avoiding the complexity and risks of the proposed WCA reforms.

Chapter 1 – The context for redesign of PIP

Disability shouldn't lead to hardship, but additional costs, a lack of accessible jobs and inadequate support mean three quarters of the people we see in food banks are disabled. PIP is there to support people to navigate these barriers but has also become part of the architecture of poverty prevention in the UK.

A rise in ill-health has led to an increase in the number of people needing support from PIP. Addressing this will rely on long-term coordinated action across the health system, the labour market and employment support to remove the barriers people are facing. However, right now, there is an opportunity to redesign PIP to ensure it supports people to overcome those barriers, rather than creating more.

The evidence about PIP, poverty and hardship

PIP was designed to support people with the extra costs associated with being disabled or having a long-term health condition. It is not a means-tested benefit, it does not assess work capacity, and it is awarded to disabled people regardless of whether they are in or out of work. These facts are important to its design.

However, in practice, PIP has become part of the architecture of poverty prevention in the UK. It is highly targeted towards families living in poverty. Seven in ten people who receive PIP are in the poorest half of the income distribution.¹ Families who receive PIP already experience hunger at three times the rate of those who do not. This means that payments from PIP are playing a material role in avoiding hardship for some families and preventing even deeper hardship for others. Research from the Joseph Rowntree Foundation found that newly disabled people who start to receive disability payments are almost 50% more likely to exit very deep poverty when compared to disabled people who do not.²

The fact that PIP is preventing poverty on a large scale does not mean that the people claiming it are not *also* experiencing significant functional impairment related to disability. The rate of fraud in PIP claims is low, sitting at 1.4%, almost all of which is driven by people who in the view of the DWP, have failed to report an improvement in their condition.³

The growth in PIP claims

While the number of people claiming PIP has increased since the pandemic, there is no evidence that the assessment process itself has become more generous. Since 2015, the proportion of successful claims to PIP has largely either stayed static or fallen⁴. Instead, two things have happened at once. The number of people experiencing long-term health problems has grown, and the proportion of people with health problems living in poverty has increased.

Analysis from the Health Foundation found that 9.1 million people in England alone are projected to be living with major illness by 2040. This is 2.5 million more than in 2019, representing an increase of 37%. While much of this is driven by an ageing population, we also see an increase among working-age adults. Over the past decade the number of working-age adults in employment but reporting a work-limiting health condition has risen by 1.4 million. The rise in ill health also does not fall evenly. The Health Foundation projects that 80% of the increase in working-age people living with major illness between 2019 and 2040 will be concentrated in more deprived areas.⁵

These developments directly map on to the need for PIP. Evidence from the New Economics Foundation shows that, regionally, the number of PIP claims is highly correlated with rising rates of deprivation. This is supported by evidence from the Office for Budget Responsibility and Institute for Fiscal Studies which show that prior to the Iran war, as cost of living pressures in the UK began to ease, the rate of new PIP claims fell.⁶

Part of this story has been squeezed to the wider social security system, increasing financial pressure on disabled people. Analysis from the IFS has found that social security cuts throughout the 2010s drove an increase in claims to health and disability benefits, even if these prior cuts do not fully account for the post pandemic growth in claims.⁷ Our own research with YouGov found that even before the cuts to Universal Credit health payments, one in five people receiving UC and disability payments have been forced to turn to a food bank in the last month.⁸

The consequences for reform

Preventing hardship was never the intended role for PIP. But the fact that PIP does prevent hardship has unavoidable consequences for attempts to reform it. This was demonstrated following the announcement of the Spring Statement reforms in 2025. In the weeks and months that followed, it became clear that there was neither the public nor political support for a package of cuts that would push 400,000 disabled people into poverty and reduce the incomes of 700,000 families who were already in poverty.⁹

One response to this is to argue that if PIP is propping up inadequacies elsewhere in the social security system, then those inadequacies need fixing. The Spring Statement reforms gestured towards this rationale, by introducing a small increase to the standard allowance of Universal Credit while cutting health and disability benefits. The government stated that, beyond direct cost-saving,

its reforms aimed to rebalance the system by increasing the baseline level of income Universal Credit provides and so reducing the need for people to claim health-related payments. However, in practice these reforms did not involve a rebalancing of the system. They would have squeezed disabled people's income in two places - restrictions to PIP and cuts to the Universal Credit health element. For a person receiving the UC health element and standard daily living support from PIP, the net effect of these reforms would be a loss of over £6,000 a year, even factoring in the increase to the standard allowance.¹⁰

In a system where Universal Credit provided a sufficient level of income to prevent disabled people experiencing poverty and hardship, there might be a more defensible case to focus PIP differently. However, reforms need to start from the position we are in, not from an imagined future scenario. PIP claims have increased in response to a real need connected to a growing number of people living with ill health, and a growing number of disabled people facing financial hardship. As it stands, three in four people referred to food banks are disabled.¹¹ Restricting PIP without other interventions at a scale large enough to effectively tackle this need, will simply drive-up hunger and hardship, and undermine any positive effects of other reforms.

The alternatives

While not an aim of the Timms review, the government has made clear that through wider policy it wants to reduce the amount it spends on health-related social security. It has also made commitments to reduce child poverty and end the need for emergency food, neither of which are compatible with restricting entitlement to a payment so heavily concentrated towards disabled families living in poverty. Finally, it has repeatedly ruled out proposals to means-test PIP.

This last commitment is an important one. Given the high proportion of PIP recipients who are already facing poverty and hardship, for a means-test to have a meaningful effect in reducing spending it would need to be very broadly applied across the PIP caseload. Currently 67% of people receiving PIP are awarded either the higher rate for daily living, the higher rate for mobility, or both. A means-test would require removing support from disabled people who face the highest levels of impairment and who accrue very significant costs including those related to personal care, specialised aids, and transport. The government is right to have recognised that this would be a backwards step in its commitments to disabled people's rights and independence.

If government is to avoid means-testing, avoid increasing hardship, and meet the intention set out in the Timms review's terms of reference to avoid increasing spend on PIP from current levels, this leaves open two types of reform. The first are proposals aimed at tackling the drivers of the PIP caseload. The second are improvements to PIP itself - aimed at improving disabled people's experiences, making decisions more accurate and removing perverse incentives within the system.

The PIP caseload and tackling unmet need– the need for a long view

The focus of this paper is putting forward proposals to improve PIP itself. However, given the government's broader aims to reduce social security spend, it is important to set out that there are interventions that would make a difference to the number of people needing to seek support from PIP.

Social security adequacy: The evidence set out above on the relationship between deprivation and PIP claims, this points to a need to address the adequacy of Universal Credit so that fewer people are reliant on disability benefits to cover the cost of rent, food, utilities and other essentials.

Employers and workplaces: What happens within workplaces is also a key driver of health-related inactivity. The Mayfield 'Keep Britain Working' review sets out that without further action we are on track to see an additional 600,000 people out of work due to health problems by 2030 – a fact which has implications for social security spending.¹² Currently the proportion of people returning to work after health-related inactivity is around 2% per quarter and has remained at that level despite successive attempts at reforming back-to-work support.¹³ This is not a reason to avoid reform or investment, but it points to the need for upstream intervention at the point people are most at risk of falling out of work.

The health system: Evidence from the DWP's research with NatCen found widespread unmet health and care needs among people claiming PIP – particularly for people claiming because of the impact of a mental health problem.¹⁴ In England alone, mental health waiting lists stand at an estimated 1.7 million people.¹⁵ Average new referrals to secondary mental health services ran at 453,930 per month during 2024/25 – a 15% increase from 2022/23.¹⁶ While the IFS has previously found only weak evidence of a relationship between NHS waiting lists and disability benefit claims, it is notable that their analysis was constrained to NHS talking therapy and elective hospital care, and so does not include the impact of difficulties accessing primary care or community services – where the majority of healthcare for long-term and chronic conditions takes place.¹⁷

Employment support: PIP is not a work-related benefit, but hardship associated with unemployment or loss of employment is a common trigger for making a claim to PIP.¹⁸ The IFS, using OBR estimates, has modelled that if 400,000 people moved from health-related inactivity into employment, this would generate £10bn of savings, including nearly £2bn from reduced PIP spending.¹⁹ We are, however, a long way from that scenario, with estimates from Learning & Work Institute suggesting that an investment of £1.8bn over four years is likely to help 70,000 people into work.²⁰ The government has set out a promising direction of travel in employment support, designing and integrating programmes more closely with local government and the health system – and following the evidence from approaches like Individual Placement and Support which have shown positive results.²¹ However as the OBR noted in its 2025 fiscal outlook, investment in employment support has remained steady at around 0.1% of GDP over the past ten years. Government action so far has not increased this overall level of investment, although it has changed the shape of how it is spent.²²

Tackling each of these drivers requires long-term investment. For example, the Mayfield 'Keep Britain Working' review itself sets out its proposed reforms against a seven-year timeline. To make meaningful progress the government needs to take a long view and be prepared to invest in interventions that will show returns over a 5–10-year period. This approach will avoid making counterproductive and short-term cuts which generate costs of their own – both for disabled people and the public services which are required to pick up the consequences of hardship.

Improvements to PIP itself

While reducing PIP caseloads requires long-term coordinated action, there are immediate steps the government could take to improve PIP's ability to tackle hardship and support disabled people's dignity and aspirations.

Our proposals are driven by Trussell's experience as a community of food banks operating across the UK. One of the central insights this work gives us is that the ability for PIP to prevent hardship is not simply a function of the rates at which it is paid or the generosity (or otherwise) of the assessment criteria. For many disabled people who are forced to turn to food banks, a cycle of inconsistent decision-making and short-term awards mean that PIP does not provide a dependable source of income, even when their needs have not fundamentally changed.

The inconsistency of PIP decision-making and the fear of reassessment also has consequences when disabled people weigh up choices which might put their PIP entitlement at risk, especially decisions about work and volunteering. When disabled people do not trust they will be assessed fairly, every incentive points to avoiding putting an award in jeopardy, because it is not a given the system will be there if it is needed in the future. Tackling that means building a system which places far more weight on providing security and clarity for disabled people.

Chapter 2 – Creating a review process which builds security and reduces fear

Frequent time-consuming reassessments mean that many disabled people describe living in a near constant fear of their life-enabling support being taken away – forced to prioritise filling in forms and appealing decisions over progressing their wider life aims including employment or volunteering. That is not enabling disabled people to work, have independence and live their lives – that is holding them back.

The case to reform award reviews and reassessments

Between February 2025 and January 2026, more than three in five PIP awards in England and Wales were scheduled to expire within two years.²³ The fact that such a high proportion of awards are short term causes problems both for disabled people and for the administration of the social security system.

The average wait for a PIP review to be completed is 38 weeks. Many people in this process are facing multiple high-stakes decisions about their payments. One in five new PIP decisions are challenged through mandatory reconsideration – a process of internal review which as of January 2026 took around 11 weeks. A third of those decisions subsequently go to a tribunal appeal, adding a further 39 weeks on average.^{24 25} And the two-thirds of working-age PIP recipients who also receive incapacity benefits, such as the Universal Credit health element are subject to a parallel process of reassessments, mandatory reconsiderations and appeals.²⁶

The impact of repeated assessment

The mental health impact of assessments is well-documented. The DWP's own research notes the significant 'anticipatory anxiety' that claimants experience at each stage.²⁷ In response, the policy debate has focused on ways of reducing the stress of assessments, whether through improved assessor training, better identification of vulnerability and work to introduce a trauma-informed

approach to DWP processes. This work is important, but it is also important to recognise there likely is a limit to how far any disability assessment can be experienced as a supportive intervention. As the DWP's research sets out, some of the causes of distress are built into the nature of disability assessment:

Given many people apply for PIP due to financial insecurity, there can be a significant weight placed on the outcome, as well as more of an emotional significance in validating someone's experience of a particular health condition. Applicants may initiate a claim with negative preconceptions of the process and distrust in DWP (due to what they have heard online or been told by others) and may self-stigmatise for seeking welfare benefits in the first place. As such the PIP application naturally provokes a level of uncertainty and 'anticipatory' anxiety among applicants as they await what they consider to be a 'judgement'.

Source: Understanding PIP Applicant Experiences: the experience of applicants with anxiety. DWP, 2025.

For the disabled people supported by food banks in the Trussell community, the outcome of a PIP assessment is often what determines whether a person can continue to afford essentials like rent, food and utilities. Each stage involved in the PIP process often ranks as a top priority– above volunteering, seeking mental health support, and other positive steps disabled people could be taking towards their wider goals.

“ I'm dreading the next one [PIP review], because the next one is coming next year. What if I don't get lucky? How is that going to change it? I have spent since I got it worrying about the next one, because you think, 'Oh God, got to go through that again, but next time it could be worse'... I've heard about brown envelope syndrome, a jokey sort of term that people say about when the brown envelope lands on your mat. Oh God! Yes, I felt myself getting really anxious and almost like meltdown territory the other day because we had a brown envelope from DWP. It's about my bloody change in tax code. ”

Trussell/ScotCen research participant.²⁸

This fear is particularly acute around employment. Research from the Joseph Rowntree Foundation and Scope has found that nearly three-quarters of people receiving an incapacity-benefit identified fear of losing benefits as a significant or very significant barrier to work. The fear of losing PIP was a frequent element of these concerns. 70% of those who were concerned about engaging with employment support cited fear of losing PIP as a barrier.²⁹

For people with terminal, life-limiting, or lifelong conditions where it is very unlikely that their support needs will change or reduce – this stress is particularly unjustified and harmful.

Effective reform of PIP must involve addressing the tension between two policy aims which pull in different directions. The first is relying on frequent award review as a mechanism to control costs,

and the second is the aim of providing disabled people with the time, energy and security needed to take steps towards their wider goals.

The costs of reassessment

A relatively small proportion of PIP recipients lose eligibility following an award review, with IFS analysis finding that in 2025 nearly nine in ten review decisions led to a continuing award.³⁰ This is reinforced by DWP's analysis of 'unfulfilled eligibility' which finds that 10% of PIP claims would be awarded at a higher rate if reassessed, resulting in effective underpayments of £950m in 2025-26.³¹

The case for avoiding unnecessary reassessment is particularly stark for people with progressive conditions. Marie Curie's analysis of Stat-Xplore found that in the year to January 2026, substantial proportions of people with conditions like Parkinson's, dementia and motor neurone disease were placed on fixed-term awards -despite only 2% of awards for these conditions being decreased at review.³²

Carrying out assessments also comes at a direct cost. The latest contracts for assessment providers represent a spend of £560m per year across the health and disability assessment system. PIP reviews currently represent around a quarter of those assessments. In the twelve months to January 2026, they also generated 43,000 mandatory reconsiderations and 17,000 appeals. The latter are particularly costly to run – and require a panel constituted by a judge, a medical professional and a disability expert.

In recent years the growth of PIP claims means that maintaining the system of frequent reassessment has become an administrative challenge for government. In March 2026, DWP officials told the Social Security Advisory Committee:

There has been a significant growth in PIP claims, changes of circumstances and award reviews, which has created substantial pressure on the limited pool of health professionals available to undertake assessments. In parallel, there are major pressures in the wider health assessment system, including a backlog of WCAs and reassessments. If no action is taken, the system would struggle to sustain current levels of award review activity.

Source: Minutes of SSAC meeting of March 4th, 2026, 33

These considerations do not mitigate against having a process in place to review PIP awards. However, they do make clear the current system requires a growing investment both of public resources, and of the time of health professionals who are drawn into the system as assessors, as tribunal panel members, and through supporting their patients to provide medical evidence.

The alternatives to frequent reassessment

The case to reconsider reassessments is strengthened by the emerging evidence from Adult Disability Payments in Scotland. ADP takes a light touch approach to award review with heavy use of existing evidence, and a presumption against assessment. However, analysis from the Resolution Foundation has found that as of summer 2025, ADP's rate of awards reduced or removed at review had nearly converged with PIP's.³⁴ This leaves open the possibility that in the rest of the UK, the same award outcomes can be achieved with significantly less distress for disabled people and use of public resources.

Backlogs in the assessment have also meant the government has already had to take action to reduce the frequency of assessments. In the 2025 autumn budget, the government introduced a minimum award length of three years for people making a new PIP claim over the age of 25. For people going through reassessment this increases to five years. This reform was introduced as part of a package of changes, including increasing the proportion of PIP face-to-face assessments from 6% to 30% and ramping up Work Capability reassessments. The government anticipate the package will save a total of £1.9bn over the course of this parliament. Which aspects of the reforms drive the anticipated saving is not made explicit.³⁵

Three proposals to build a review process which prioritises security and freedom from fear

The cumulative impact of frequent award reviews across multiple benefits is a system which leaves disabled people forced to prioritise securing financial support over wider life aims, including employment and volunteering. It is also disempowering – forcing disabled people to demonstrate incapacity and then creating a fear that any improvement or change will be penalised. The first three proposals in this paper are aimed at tackling this problem. Underpinning all of them is a recognition that award reviews come with costs, and that a system which can reduce their frequency is one which can create the security needed for disabled people to focus on their own goals and aspirations.

Proposal 1: Implement consistent minimum award lengths for all health and disability benefit claims. This would give disabled people certainty to know they can experiment, take risks and try new challenges ahead of their next review.

Proposal 2: Provide a strengthened 'right to try' guarantee. This should defer any health and disability reassessment for the first 18 months of a new employment or volunteering opportunity, underpinned by clear appeal rights.

Proposal 3: Create a more intelligent award review process prior to initiating a PIP reassessment. This should include a structured review of medical evidence and a chance for disabled people to supply additional evidence before needing to complete a review form or attend a reassessment.

Proposal 1: Implement consistent minimum award lengths

The move to implement standard minimum award lengths in PIP is a significant step forward for disabled people and will provide clarity and certainty for many people going through the process. The government could strengthen the impact of this policy by expanding it to create a consistent guarantee across the health and disability benefits system. In practice this means two extensions: applying the same minimum award length to under-25s and applying the same principle to the Work Capability Assessment.

A guaranteed minimum is not a ceiling. The same logic that supports consistent minimum awards points towards the DWP making fuller use of longer and indefinite awards where conditions are stable or progressive - as the evidence on conditions including Parkinson's, dementia, motor neurone disease and learning disabilities makes clear.

The central benefit of making these changes is that it would allow government to communicate a clear and easily understood message across the system. Disabled people would know that once their entitlement for a benefit is decided, they will have three years in which they will not be penalised for living their lives, whether through volunteering, employment, physical activity or attending community groups. Existing safeguards would remain intact. For example, recent reforms to PIP award lengths preserve the DWP's powers to make a shorter award if there is a clinical reason for doing so. And all health and disability benefit recipients would remain subject to the usual requirement to report any improvements in their health.

Under-25s

In their scrutiny of the regulations introducing the PIP award review reforms, the Social Security Advisory Committee expressed concerns that the evidence for excluding under-25s from the policy is unclear. In the scrutiny session, DWP officials pointed to younger adults having their awards decreased or disallowed at higher rates during award reviews. They also set out a need to avoid a 'scarring effect' for younger adults spending a prolonged period out of the labour market.

DWP data does show that disallowance rates are higher among younger age bands. However, it is not obvious that this data makes a case for a strict cut-off at age 25. The difference in overall disallowance rates fall steadily across the entire cohort and the fall at each age band is relatively small. For example, in the 12 months leading up to January 2026, those aged 20-24 had a disallowance rate of 16.6%. That fell to 16.2% for those aged 25-29, and 14.8% for those aged 30-34.³⁶ Within these caseloads there will be young people with a range of conditions include those with lifelong conditions and others who will be able to clearly demonstrate a long-term impact. A more proportionate approach would be to make use of the exemptions the DWP has already built into the award review process and provide shorter or longer awards when there is a clear clinical case for doing so.

The government has rightly targeted employment support programmes towards younger adults as part of its £2.5bn investment in the Youth Guarantee.³⁷ Yet the findings of JRF and Scope's research are clear that for disabled people who are worried about engaging with employment support, the fear of losing PIP is a major concern. 70% of those concerned about engaging in support cite it as a barrier.³⁸ Extending the presumption of three-year awards would ensure that the government's reassessment regime does not undermine the goals of its investment in youth employment support.

Work Capability Assessment

Since spring 2025, WCA reassessments have prioritised specific groups of disabled people who the DWP believes are more likely to see improvements in their condition. However, as part of the autumn 2025 budget changes, the DWP has committed to increasing the number of reassessments. In their evidence to the Social Security Advisory Committee, officials explained that this additional investment will allow them to clear the current backlog.³⁹

As with PIP, WCA reassessments leave most awards unchanged. In the 12 months ending in November 2025, only 13% of WCA reassessments cases led to a finding of fit-for-work.⁴⁰ Given that reassessments are focused on people with short-term prognoses, this is likely to be a higher rate than if reassessments were happening across the entire cohort.⁴¹

The long-term approach to reassessments will be affected by any decisions related to the 2025 green paper proposals to scrap the WCA. In the interim, the government can provide clarity and certainty to Universal Credit recipients by replicating the provisions they have for PIP. This would mean creating a standard expectation of three years between assessments for new claims, and five years following a reassessment. The argument for doing so holds even more strongly for WCA given that it is an employment-related benefit, and so the advantage of disabled people being able to engage with employment support without fear of penalty is even more relevant to its aims. This would also not require primary legislation given that awards of the Universal Credit health element do not have fixed end points and reassessment timeframes are already within the DWP's discretion.

Proposal 2: Create a strengthened 'right to try'

The 'right to try' regulations introduced in April 2026 are intended to strengthen protections for disabled people against the fear that experimenting with work will be penalised. But currently there are two significant gaps in the protection they offer.

Starting work can still trigger a PIP reassessment

The first gap is that the regulations only clarify that starting work or volunteering will not trigger an award review. They still preserve the ability for the DWP to decide that the nature of the employment may require decision-makers to decide to initiate an award review – if it suggests a person's health has improved. This is made clear in the department's guidance for decision-makers, which provides the following example:

Mark was awarded the standard rate mobility component of PIP due to their mental health and anxiety leading to the satisfaction of mobility descriptor 1d Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. Mark reports they have started work in a job that involves frequent business travel. The DM decides an award review will be instigated by this information.

Source: ADM Memo 06-26: The 'Right to Try' Regulations. DWP, 2026 ⁴²

This does not address the core problem that many disabled people face. For many people, particularly with fluctuating conditions, one's own work capacity can be unknown. For a person in Mark's situation, it might be unclear whether a job that involves travel will be sustainable for only a short period of time or whether it will prove manageable in the long-term. Currently the right to try regulations do not take account of this uncertainty and the need for disabled people to be able to trial a new arrangement without fear of losing vital support and being left unable to meet their essential costs. This need for experimentation and trial is a finding of the DWP's own research into the work aspirations of disabled people:

Customers, especially those with cognitive impairments and those with mobility impairments, wanted opportunities to trial roles through work experience, volunteering, or trial periods. It was felt that this would help customers try out roles and gain confidence in a work environment. Customers stressed the importance of doing so without the risk of losing their benefits, should they choose not to accept the position. This would not only prevent financial challenges but also help build confidence as they explored different roles.

Source: Work Aspirations and Support Needs of Health and Disability Customers, DWP, 2025. ⁴³

The regulations do not protect against what will happen during a reassessment

If a disabled person happens to have a scheduled PIP or WCA reassessment after they have recently started work, nothing in the current regulations will prevent their employment from harming their chance of receiving an award.

PIP decisions are required to consider a person's function over a twelve-month period. In practice people with fluctuating conditions commonly report that a short period of improvement or recovery can prejudice their award.⁴⁴ And while PIP is not a work-related payment, in practice it is widespread for PIP decisions to reference employment as a reason for doubting a person's claims about their functional impairment.⁴⁵ This is common enough to form one of the template paragraphs provided to DWP officials who draft appeal submissions on behalf of the department:

Although working isn't an entitlement criterion for PIP, the Decision Maker considers the nature of the work [name] described to the Health Professional is inconsistent with the level of mobility and daily living needs claimed.

Source: Standard Template for PIP Appeal Response [FOI response]. DWP, 2023. ⁴⁶

Given this context, it is not unreasonable for disabled people to fear the prospect of starting employment and shortly afterwards losing their award during a routine reassessment. This is consistent with Z2K's casework evidence which found a number of cases where this has happened in practice:

Alejandro is 50 years old and lives with his wife, who is his carer. Alejandro developed serious sight loss and mobility problems following a workplace injury and had been receiving PIP. Alejandro's PIP was entirely stopped following a reassessment, with DWP repeatedly suggesting that Alejandro taking up employment during the period in question showed that he was capable of carrying out day-to-day activities unassisted. This was despite the fact that Alejandro's employer had made extensive adjustments to allow him to be able to perform the role, and even with those adjustments the employment in question had only lasted for one month before Alejandro had to give it up as a result of his health conditions.

Source: Ending the Culture of Fear: Reforming the PIP Assessment System to Get Decisions Right First Time. Z2K, 2025 ⁴⁷

The trust gap and the case for watertight protections

The DWP's own research has consistently found that disabled people have low levels of trust in the department and experience disability assessment as an adversarial process.⁴⁸ Recent research by

Turn2us and the University of Bristol's Personal Finance Research Centre, has put numbers to how depleted this trust has become. Drawing on a nationally representative YouGov survey of 4,000 UK adults, they found that 80% of PIP recipients regularly fear their support will be taken away, and nearly two-thirds of current social security recipients say they feel the system is trying to catch them out. This fear is not unfounded. More than a quarter of claimants reported the DWP making errors in handling their claim.⁴⁹

This mistrust is more acute for people who have been in receipt of disability benefits for many years and may well have previous experiences of poor benefit decisions. It can be compounded by negative experiences with other parts of the social security system such as resolving payment issues with Universal Credit.⁵⁰ Poor experiences across different public services compound each other and affect people's expectations of their future interactions with the state.⁵¹ In other words, disabled people's expectations about how they will be treated by the DWP will both be shaped by their previous experiences with the benefits system, but also with local authorities, mental health services and a range of other institutions.

As a result, reassuring disabled people that work is genuinely safe faces a high bar. It is not the same as providing advice to a person who has had no prior relationship to the system and who could take official reassurances at face value. Any ambiguity risks leaving a hole which people receiving PIP will fill based on their previous experiences of the system.

The risks to being bold are low

In February 2025, the journalist and commentator Fraser Nelson set out a proposal for what it would take to provide concrete reassurances that work would be safe for disabled people:

There could be an easy DWP online tool where you get advice and allow you to print out the verdict which is legally binding. "Are you claiming LCWRA? Do you wish to start training for a job? Your benefits are not under threat while you train. This advice is reference 76SH7 and we will stand by it in any later discussion, as long as the info you give is accurate.

Source: 'Sickness benefit: ten quick fixes'. Fraser Nelson's Notebook, Substack, 14 February 2025.⁵²

It is open to the government to be able to provide this level of reassurance to disabled people, through using primary legislation and bold and creative policymaking.

In their scrutiny of the regulations, the Social Security Advisory Committee have already made five recommendations. The most significant effects of these recommendations would be:

- Providing a guaranteed period of six months after starting a job or volunteering opportunity in which a disabled person could not be reassessed for PIP or the WCA

- Specifying that evidence from the first six months of employment should not be used to determine that a person has shown sustained improved functioning, for the purpose of PIP or WCA assessments

The DWP largely accepted these recommendations with the caveat that it needed to do more work to scope the feasibility of primary legislation in this area. One of the challenges officials highlighted was the trade-off between providing reassurances to disabled people and avoiding a scenario where some people may continue to receive payments for several months after a functional improvement. SSAC concluded that the downside risk is very limited, given that currently the proportion of people who receive PIP and attempt to return to work is low, and that the potential benefits of disabled people being able to try work are significant. In its letter to the Secretary of State, it says:

The Committee's view is that, if the policy is to achieve its stated intent, the pro-employment objective must take precedence. This necessarily involves a limited policy trade-off: for a short period (we suggest six months), some claimants may continue to receive benefit even where their circumstances have begun to change. Stakeholders expressed this directly: if the Government genuinely wants disabled people and people with health conditions to try work, it must be willing to absorb a degree of risk and ensure people are not penalised for taking the steps it seeks to encourage.

Source: Letter to the Minister for Social Security and Disability. SSAC, 19 February 2026.⁵³

Fixing the gap in the right to try regulations

The government should bring forward primary legislation to implement the SSAC's recommended guarantee that no assessment is triggered for a defined period after a disabled person starts employment or volunteering. However, we believe there is scope to go further in three ways. Underlying each of these recommendations is a recognition that the solutions to this problem need to match the size of the trust deficit with disabled people. To feel genuinely confident that starting work will not lead to a penalty, people will need to see reassurances that are concrete, unambiguous and enforceable.

The first is to extend the protected period to 18 months if the recipient continues the employment or volunteering opportunity throughout. This is in line with the Joseph Rowntree Foundation's previous recommendation for an 18 month 'work transition guarantee'. It would allow for people with conditions which fluctuate on a longer cycle to have been working for long enough to know that is genuinely sustainable before they face any future reassessments.

The second is to create a specific right of appeal that allows a disabled person to challenge any reassessment decision made during the protected period on the basis that the protection has been

breached. This would give disabled people reassurance that their protections during this period are enforceable, without requiring them to relitigate the substance of their PIP or WCA award.

The third is to develop a notification process by which PIP and UC health recipients can provide evidence of taking up employment or volunteering to the DWP - and in return receive a letter setting out when their protected period will take effect and explaining their protection from reassessment during this period. Creating such a system would be a significant operational undertaking but would be a direct and unambiguous way of tackling the trust gap. This is especially true given that the DWP's Health Transformation Programme is already creating a single case management system for health and disability assessments and testing opportunities for more sophisticated digital communication with disabled people throughout the process of claiming.

Proposal 3: Make award reviews more intelligent

The emerging evidence from Scotland shows that it is possible to create a system which both reduces the pressure disabled people face from reassessment, while achieving similar cost controls to the system we have now. Analysis from the Resolution Foundation has found that as of summer 2025 there was just a 2-percentage point gap in the proportion of ADP and PIP awards reduced or removed following review.⁵⁴

As of September 2024, only 5% of ADP decisions involve an assessment.⁵⁵ Its design also includes an explicit commitment to taking a 'light-touch and person-centred approach to reviewing awards—only gathering any additional information needed to make an informed decision'. This is reflected in the ADP review forms which only ask a recipient to describe what has changed rather than requiring a full explanation of how their condition affects them.⁵⁶ This contrasts with the default approach in PIP in which for most people the review process closely mirrors the initial application.

The idea of creating a light-touch or fast-track process for reviewing awards or making decisions is not new within the PIP system. There are several ways in which this already happens, including:

- **Light-touch reviews for recipients with long-term awards:** People nearing the end of a ten-year award receive a significantly shorter version of the PIP review form which focuses on whether their condition has changed.
- **Special Rules for End of Life (SREL):** At initial claim people with less than 12 months to live are not required to fill out the PIP questionnaire or attend an assessment. Instead, a fast-track process establishes their eligibility via a form completed by a clinician involved in their care.
- **Severe Disability Group:** In 2021, the DWP carried out small-scale testing with clinicians with a view to developing a fast-track PIP application process for people with irreversible progressive

conditions. This would have allowed for fast-track referrals from clinicians along similar lines to the process for people with a terminal illness. However, by the time of the 2025 green paper it had dropped these plans, citing challenges in getting enough quality referrals from clinicians to allow for testing. The DWP suggested one of the reasons the trial did not succeed is because clinicians making referrals did not always understand the rules of the welfare system.⁵⁷

- **'Intelligent routing'**: Through its Health Transformation Programme, the DWP is putting in place the infrastructure to more easily carry out award reviews without the need for a health assessment, through a process it calls 'intelligent routing':

Intelligent routing (IR) will use the appropriate data and evidence to identify new PIP claims that do not require a Healthcare Professional-led health assessment and will forward these cases onto a Case Manager who will perform a paper-based review (PBR) of the application. As a result, the time claimants spend being assessed is reduced.

Source: Health Transformation Programme Business Case Summary, DWP, 2025.⁵⁸

The risks and opportunities of using technology to make more decisions without assessment

The findings from the DWP's trial of the Severe Disability Group highlight the challenge involved in shifting the substance of PIP decisions away from the DWP and towards the NHS. Gaining information about diagnoses and dates may be relatively straightforward. However, any more general medical evidence about the nature and impact of a person's condition needs to be interpreted and applied to the relevant benefits criteria – something that the health system rarely has the capacity to do.

Instead, changes to the DWP's systems and technology have the potential to significantly improve its ability to make decisions without the need for assessment. At the same time these changes have implications for disabled people's rights over their own sensitive health information.

Proactively collecting medical evidence

The DWP's own research found that people applying for PIP routinely believe that the department will request medical evidence from their health professionals if it is needed.⁵⁹ However, the department does not proactively request medical evidence in most cases. Instead, disabled people who wish to provide medical evidence must source it themselves and send copies to the department. Often this means disabled people sorting through hundreds of pages of detailed GP records to choose a manageable amount of material to copy or scan, and in the process risking missing key pieces of evidence.

The 2025 green paper announced plans to develop a digital system to make it easier to, with consent, share medical evidence between the DWP and NHS:

In addition, we plan to explore how the process of transferring supporting medical evidence from the NHS to the department could be digitalised, where people have already consented to the NHS sharing that with us. This could reduce the administrative burden on both PIP applicants and the NHS as well as speed up the overall claim journey.

Source: Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper. DWP, 2025.⁶⁰

Previous attempts to develop a GP information sharing portal in 2019 were controversial, with significant concerns from disabled people's organisations about the risk that information will be shared without meaningful consent. The DWP would need to address these concerns squarely if its new system is to command trust. This includes making clear that deciding not to share medical evidence will not prejudice a disabled person's assessment and building explicit limits on onward information sharing with other parts of government.

However, against a backdrop where many disabled people already consent to contact with their GP via the paper PIP form and are often surprised that the DWP have not done this, there is an opportunity to improve the process. If this new system were implemented with strong protections against inappropriate and unwanted data-sharing, it could help remove the administrative burden on disabled people and allow for better decision making.

Using medical evidence to make better award review decisions

Even with stronger mechanisms for sharing medical evidence, there is still a real challenge in making sure that this evidence is used. Research published by Citizens Advice in 2025 found widespread evidence of medical evidence not being acknowledged within the assessment process. Based on data from advisers supporting over 230,000 people with PIP, they found frequent basic errors. For example, the DWP listing in a decision letter that a person was not taking medication for their condition, despite having GP notes which demonstrated otherwise.⁶¹

While detailed evidence from secondary healthcare services is particularly useful, it is more common for people to have access to, and choose to share, their GP records. However, these can be extensive and run to hundreds of pages. Often the evidence most relevant to a particular PIP descriptor may be contained in a short line within a specific appointment summary.

Through 'intelligent routing', the DWP is already using technology to address this problem by flagging cases where the evidence may allow for a case manager to make a decision without assessment. However, as with medical evidence-sharing, there is real controversy about the role of technology in DWP decision-making. Disabled people's organisations and civil liberties groups have highlighted the risk that automation would compromise disabled people's rights to a fair hearing and 'bake in' stereotypes about disability within the assessment process. They have also pointed to a

consistent lack of transparency from DWP about how algorithmic tools already function within the social security system – particularly in decisions about fraud and access to advance payments.⁶²

It is a real problem that currently disabled people carry the administrative burden of providing often significant amounts of relevant material to support their assessments, and in many cases, it is not seriously taken into account until the tribunal stage. However, it is also important that the DWP takes a more cautious and transparent approach to this use of technology than it has done previously. One clear minimum standard is to make sure that a human makes any final decision. Another is to commit to publishing algorithmic impact assessments that make transparent how the technology works and any evidence of bias. This needs to go alongside meaningful engagement with disabled people and their organisations about the aims of these tools.

The way forward – creating a better award review process

Allowing for an effective form of triage would reduce the burden of reassessments on disabled people, while freeing up assessment capacity. We propose that in a reformed system, a light touch award review process would include the following steps:

- **Light-touch form:** The DWP sends a light touch review form only asking if a person's function has changed since the last assessment. As part of this form, it asks for consent to request GP evidence. If that consent is provided, the department requests that evidence through a digital process, with minimal burden on primary care services.
- **Pre-assessment triage:** Decision-makers use the form and medical evidence to establish if it is likely a person's condition remains unchanged. If a decision can be made, the award review process ends.
- **Assessment:** If the DWP does not have enough information to decide, they proceed to assessment. Ahead of the assessment they communicate any initial conclusions they have already drawn on the basis of medical evidence, so that disabled people can provide any additional relevant evidence.

Unlike the current system, disabled people would be told, before any assessment, what the evidence has already established and where the gaps are. This provides reassurance that the DWP have read the relevant medical evidence. It also avoids treating a reassessment as a fresh examination of a person's entire condition history.

There are also clear ways in which a process like this can be developed further. With consent-based information sharing from secondary health services, the same triage process could extend to hospital discharge letters, psychiatrist reports and specialist assessments. A similar process of pre-assessment triage could also be extended to new PIP claims.

The department is already developing much of the infrastructure that could make a process like this possible. However, for this to be a trusted process, it would need to do more to involve disabled people and their organisations in its developing thinking about contentious questions on information sharing and the role of technology in decision-making. This should involve participatory and co-design work with a range of disabled people. Building trust requires transparency: publishing the design of any trials, sharing interim findings with disabled people's organisations, and committing to co-design before any new process goes live.

The combined impact of these proposals

All three of these proposals address the central insight that the fear of losing PIP has costs for disabled people and the wider system. It is a fear that prevents people from experimenting with their own capabilities and consumes time and energy that disabled people could be spending on taking positive steps forward in their own lives. Minimum award lengths, a genuine right to try, and a more intelligent award review process will not eliminate that fear overnight. But they would shift the system's message: from one that treats signs of improvement as a reason to reduce support, to one that promotes security and autonomy.

Chapter 3– Fixing the PIP assessment

The PIP assessment has repeatedly been found to be one of the most traumatic interactions in our social security system. It is then shocking that its decisions are then too often found to be wrong. Assessment decisions should be right first time and there needs to be greater accountability for repeated mistakes.

The problem with assessment decisions

There are gaps in the PIP criteria

Disabled people are assessed for PIP based on their difficulties with twelve activities. Underpinning the assessment is a complex set of criteria or 'descriptors', written into secondary legislation and interpreted through a growing body of caselaw. There are some established problems with these descriptors. For example:

- In the 'moving around' activity, the threshold for some of the higher scoring descriptors involves struggling to walk more than 20 metres. This is a far shorter distance than the 50-metre threshold used under the predecessor benefit, Disability Living Allowance, and there is evidence that people who can walk between 20 and 50 metres face comparable extra costs to those who cannot manage 20. There is no clear rationale for the current threshold.⁶³
- In the 'preparing and cooking food' activity, recipients are not scored against tasks like bending to reach an oven or carrying food from one part of a kitchen to another.⁶⁴
- The 'reading and understanding' activity contains a gap in the criteria for disabled people who are unable to read basic written information, even with prompting, but who can read some signs or symbols.⁶⁵

As well as these gaps, disabled people's organisations have long made the case for activities which are missing from the current framework. In 2022, the Commission on Social Security led by experts by experience put forward a framework which included activities including 'staying healthy', 'working and learning', and 'making decisions and staying safe'. These are more complex and

multifaceted than the existing PIP activities, but more closely reflect the values and priorities people have for their own lives.⁶⁶

The Commission's proposal sets out a vision which is very different to the design philosophy underpinning PIP. During the initial consultations, officials considered including additional activities such as shopping or cleaning. The view of the DWP at the time was that these are complex, composite activities which assess functional impairment already captured elsewhere in the assessment.

We have not introduced an additional activity on maintaining a safe and clean home environment. We believe such an activity would be difficult to assess and is not needed. The assessment is not designed to take into account every area of daily life, but to look at a range of activities which, as a whole, act as a proxy for overall level of need. We are confident that the activities included in the final assessment will provide an accurate indication of levels of need and will award appropriate priority in the benefit as a result.

Source: Government Response to the Consultation on the Personal Independence Payment Assessment Criteria and Regulations. DWP, 2012.⁶⁷

It is plausible that this is the feature of PIP's design which drives the disconnect which disabled people experience throughout the assessment process. It is not obvious to people applying for PIP why they are not being asked about important limitations they face in their daily lives – whether related to cleaning, shopping, employment or exercising. However, establishing the precise role the criteria is playing is made harder by the frequency of inaccurate decisions.

Poor decision-making makes it harder to assess the suitability of the criteria

In 2025, of the 104,000 cases which reached tribunal, 75% were either withdrawn by the DWP or overturned following a hearing.⁶⁸ The latter happens because tribunals reach different views on the same evidence available to the DWP. New written evidence is responsible for just 1% of overturned decisions.⁶⁹ Against this backdrop it is hard to know if the descriptors are really the driver of disabled people's poor experiences with PIP, or if the problem is how they are applied.

The department has its own methods for estimating the overall error rate across PIP decisions. On the face of it the proportion of PIP decisions it classes as underpaid is very low, sitting at less than 1%. However, there are two significant limitations to this figure. The first is that it only looks at cases where PIP is in payment. There is no DWP estimate for how many people have been erroneously denied PIP.⁷⁰

The second is that it excludes the 10% of PIP claims where the department estimates there is 'unfulfilled eligibility'. These are cases where a person is receiving a lower award than they are

entitled to, but the department believes this is because the recipient did not provide them with the right level of information. This is not a clear-cut judgement to make in the context of disability assessment where the department holds at least some responsibility for eliciting the appropriate information through the assessment process.⁷¹

Disabled people's own reports also provide evidence of widespread errors in decision-making. People applying for PIP routinely say that forms and assessments do not feel personalised or suited to assessing their conditions. For example, DWP research with people who scored zero points on the assessment found that:

One of the main reasons for a more negative experience related to issues with the way in which a health and disability benefits assessor was felt to have conducted the interview, ranging from being rushed through the interview to reported unprofessional behaviour (e.g., asking leading questions, seeming disinterested, belittling impact of a condition). Participants reported feeling like the assessor did not understand them or their case.

Source: Experiences of PIP Applicants Who Received Zero Points at Assessment. DWP, 2024.⁷²

The experience of not being understood throughout the process is common and has been reported throughout PIP's history. But this result could have multiple underlying causes. Is the problem an issue of assessor skills and attitudes? Or the criteria which underpin the questions they ask? Or the practical processes and operational constraints which determine *how* those questions are asked?

Tribunals show us that the PIP criteria are capable of being applied in a fairer way

Z2K's research into disabled people's experiences of tribunal appeals is instructive. Their analysis and case studies point to a few ways in which tribunal panels make decisions differently to the DWP.

According to their findings, tribunal panels are more likely to accurately apply legislative provisions around fluctuating conditions. Practically this means things like giving weight to whether a person experiences pain while carrying out an activity or can only do that activity very slowly. Their questioning is more detailed and thorough. They are also more likely to give explicit reasons to substantiate a finding that a disabled person's testimony is not reliable or consistent, rather than simply discounting the evidence.

Roy is in his mid-60s and has gout and arthritis. The DWP suggested in their assessment report that because Roy took daily showers and managed to dress every day that he could bathe and dress unaided. However, Roy faces significant pain when getting into the shower, and as a result has to be helped into the shower by his partner. Similarly, he is only able to dress by

doing so extremely slowly, with fastening buttons on a shirt taking 5-10 minutes. The tribunal overturned the DWP's decision and awarded points in both categories.

Source: Ending the Culture of Fear. Z2K, 2025.⁷³

Not all disabled people have positive experiences at tribunal, and lodging an appeal often involves a significant level of anxiety and distress. However, the DWP's own research suggests that tribunals produce decisions which are often perceived as fair. In its 2018 research into the experience of PIP recipients, 73% of those who attended tribunal agreed they were asked relevant and appropriate questions for their condition. 71% agreed they were asked questions which allowed them to fully explain the impact of their condition. The same proportion agreed they had enough time to explain how their condition affects them.⁷⁴ This points to the possibility of creating a better PIP assessment within the existing framework.

Two proposals to fix the PIP assessment

The PIP criteria are not perfect. There are both sensible changes that could be made within descriptors, and a wider case for including activities which map more closely onto the domains of life in which disabled people can experience impairment. For example, Commission on Social Security have put forward a proposal for an Additional Costs Disability Payment that is grounded in the social model of disability.⁷⁵

It is not clear that attempting a form of 'rebalancing' within the existing PIP criteria would be effective. There is no evidence to suggest that changes in modern life or technology have left areas where the PIP criteria are now too generous or permissive. The opposite has often been the case. For example, the increasing need to use technology to access banking, supermarket discounts, benefit claims and a range of other services, means that some disabled people can be impaired by society in a way which the existing PIP descriptors do not fully capture. And the ease of online shopping and buy now pay later arrangements both create additional risks for managing budgets (one of the activities PIP considers) which did not previously exist.

Instead of focusing on changes to the activities and descriptors, this paper puts forward two proposals on fixing the PIP assessment. The first is to embed into the assessment existing protections for disabled people which are considered at tribunal but are rarely applied in initial decision-making. This would involve changing secondary legislation to write these protections into the PIP criteria, as well as making changes to assessment guidance and processes. The second is to introduce an accountability loop which would incentivise DWP to make more careful and considered decisions first-time round.

Proposal 4: Embed existing protections into the PIP assessment

It is not surprising that PIP decision-making appears stronger at tribunal. Tribunal panels possess considerably more resources than the initial assessment and decision-making process. They are constituted by a judge, a doctor, and a disability expert - often a disabled person. They have more time for questioning; it is not uncommon for a hearing to last more than an hour. And they are more confident in weighting that questioning towards specific areas of uncertainty rather than mechanically asking questions across the whole PIP criteria. They can also refer to a comprehensive bundle which contains the history of a person's PIP claim, including evidence from previous decisions.

Some of these features could be replicated at the initial assessment. As the DWP reforms its IT systems, it should be possible for assessors to refer to previous PIP claims to understand the history of a person's condition. The proposal for an initial light touch review that we set out in chapter 2 would allow assessors to focus on areas that are not already covered by the medical evidence. And a system which carries out fewer assessments overall can afford to have more expert staff, taking more time to deliver each one. However, there is still likely to be a gap in skills and expertise between tribunals and initial decisions. One of the areas where this is most acute is in the understanding of social security law.

The DWP's own research into the experiences of claimants with fluctuating conditions found that many felt their assessment was focused on how they were at a particular moment in time.⁷⁶ This is reinforced by research from the Administrative Justice Council - looking at 50 consecutive PIP appeals and comparing assessment reports with tribunal decision notices. They found that mental health problems were the primary disabling condition in 60% of assessments classed as substandard (defined as a difference of more than 12 points between assessor and tribunal). One of their central insights is that these assessment reports relied heavily on how a person presented on the day- without considering fluctuation.

How the PIP regulations and caselaw protect disabled people

There are two broad ways in which the secondary legislation surrounding PIP is intended to take fluctuation into account.

Majority of days: The first is the 'majority of days' provisions. These specify that a person should be considered unable to carry out an activity if they cannot do so on most days across a twelve-month period. This reference period includes the three months before the date of the decision, and the nine months after it. So, for example, a person with bipolar disorder might experience periods of reduced function for months at a time. If those periods likely cover more than half of the year, then they should score points accordingly.

Reliability: The second are a set of provisions sometimes colloquially known as the ‘reliability’ criteria. These require that for a person to satisfy a PIP descriptor they need to be able to carry out the relevant activity safely, to a reasonable standard, within a reasonable time, and as often as that activity needs to be carried out. So, a person who experiences very significant problems with memory and focus might be able to do some cooking. But if they frequently leave the stove on or abandon the meal partway through, they are not cooking safely or to a reasonable standard.

Beyond these provisions there is also a substantial body of caselaw handed down from the Upper Tribunal and higher courts. These judgements provide clarity about how tribunals, and DWP decision-makers should apply the PIP criteria. Below are three examples of judgments which protect disabled people whose conditions either fluctuate, or manifest in ways which a surface level application of the PIP criteria might miss.

- **What standard is ‘good enough’ to be considered able to carry out an activity?** PM experiences health problems including chronic lupus, coronary heart disease, arthritis, and depression. At the time of the case, she could speak with family and some very close friends but struggled to meet unfamiliar people because of distress around lesions and scars on her face. Her arthritis caused her significant pain while walking and she could only do so to pick up essentials from a nearby convenience store. The lesions on her hands meant that she could only dress in loose, pull-on clothing without any zips or fastenings. Judge Gray ruled that even though PM could to some extent carry out each of these activities, she should not be understood as being able to do them to a reasonable standard. Drawing on previous caselaw from Disability Living Allowance, the ruling reaffirmed the principle that a disabled person’s functional impairment should be judged against ‘the yardstick of a normal life’. The ability to move around should be judged against a standard which might include walking to meet a friend or reach a nearby park – not solely to pick up essential groceries.⁷⁷
- **How likely does harm need to be for an activity to be unsafe?** RJ had epilepsy and would experience seizures which come on quickly and without warning. As a result, she avoided activities like cooking, bathing and going out alone because of the fear of being seriously hurt if she had a sudden seizure. However, her seizures would not happen every day or even on most days. A three-judge panel ruled that RJ and others in similar circumstances do not need to experience harm on most days to score points in the relevant activities. Instead, tribunals and DWP need to decide if there is ‘a real possibility that could not be ignored of harm occurring’. Both the likelihood and gravity of the harm are relevant. So, a person who might be at risk of falling in the shower, or getting lost on a journey should have the likelihood of that event properly weighed against the consequences for their safety if it were to occur.⁷⁸
- **What happens if someone can carry out an activity in exceptional circumstances?** AC, an autistic man, struggled to travel independently or cope with unfamiliar people and new situations. As a result, he experienced regular panic attacks in social situations. However, he enjoyed playing Warhammer and regularly attended activities at his local Warhammer shop.

This included taking part in tournaments which would involve engaging with people he did not know. Judge Church ruled that the DWP and tribunals should be cautious about the inferences they draw from the ability to perform an activity in a very specific or unusual set of circumstances. Being able to socialise while doing a familiar activity, with others who share the same interest, is not the same as being able to make small talk with a colleague, or cope during a GP appointment. The test remained whether AC could generally engage with other people, including those unfamiliar to him, in a range of contexts.⁷⁹

These rulings require significant time from experienced senior judges, advice agencies and DWP lawyers. They also involve people like PM, RJ and AC experiencing lengthy waits as their cases make their way through the tribunal system. However, the impact of these rulings on the practice of PIP assessments can be very limited. Some rulings are translated to DWP decision-makers through a lengthy guidance document. Evidence from the Social Security Advisory Committee's 2016 report into decision-making found that many decision-makers found the guidance too complex to navigate and instead relied on advice from more experienced colleagues⁸⁰. A smaller subset of cases is passed through to guidance for the healthcare professionals carrying out assessments. In both cases the system relies on complex judgements being applied by non-legal specialists, with significant caseloads.

As Z2K's analysis and case studies demonstrate, in practice the level and quality of questioning happening within PIP assessments does not surface the kind of detail that would allow for these rulings to be applied:

“ They said, I can cook. And I thought, well, yeah, I can cook, but I could cut my fingers off, which nearly happened the last time I tried it. But you know, they don't really see that. ”

Z2K focus group participant⁸¹

Building these protections into the mainstream PIP assessment

It would be possible for the DWP to build existing protections from secondary legislation and caselaw directly into the assessment process. Doing this effectively would mean taking several steps concurrently.

- **Update the reliability criteria:** The government should commission experts in social security law to produce an independent analysis of key developments in PIP caselaw. This analysis should recommend ways in which the reliability criteria set out in secondary legislation could

be updated to reflect these rulings. The three cases above represent a starting point for this process. The aim should be that assessors, decision-makers, and first-tier tribunals can all make confident decisions based on one set of protections -rather than needing to have reference to a complex interlocking network of cases. The starting point should be the aim of strengthening and reinforcing existing protections.

- **Include specific prompts in the design of PIP forms:** The DWP have been rolling out an online version of the PIP form. At the same time, it has committed to protect the paper route for those who need it. The online version of the form could be adapted to include specific prompt questions around fluctuation and risk of harm. This would help make sure the system is getting the right information to make more nuanced decisions, but, as with medical evidence, needs to be accompanied by action to increase the accountability on assessors and decision-makers.
- **Requiring assessors to account for their findings on fluctuation:** Currently the template report from assessors includes space for a condition history and social history followed by notes and recommendations for each PIP activity. This should be updated to include an additional section asking assessors to note whether each of the reliability criteria were engaged, and for which activity. This would prompt a focus on these issues at assessment and provide accountability if a decision based on that report is subsequently challenged.

Taken together, these actions would embed protections that already exist and are being applied, but only unevenly, and only after disabled people have navigated a lengthy and often distressing appeals process. Updating the secondary legislation sends a clear signal about the principles that assessors and decision-makers must be prepared to apply. Updating the forms and report templates ensures the system is gathering the right information and acting on it at the point of first decision. If implemented effectively, this proposal would mean that fewer disabled people need to reach tribunal to receive a decision the law already entitles them to. This would reduce costs to the system while improving outcomes for those who rely on it.

Proposal 5: Introduce a new accountability loop

One structural problem of the PIP process is that there is little incentive for the DWP to prioritise investment in careful and accurate decision-making. The time, energy and stress involved in the appeals process mean that a relatively small proportion of PIP decisions make it to appeal. Many disabled people do not challenge decisions because they lack the support to do so. The DWP's own research into claimants' experiences of challenging decisions found that 'emotional fatigue following the application process also prevented some customers from pursuing a mandatory reconsideration even when they disagreed with the decision'.⁸²

“ I'm not going to lie to you, I was scared to appeal it in case it had been a mistake, and I shouldn't have got it. I was scared to appeal it in case it was removed because we need it. I can't go to work 9 to 4 anymore. [...] The

thought of appealing was there, but it left very, very quickly at the thought of losing it... from the very, very beginning of the whole process itself, it was rigged against you, and to have got some award, I just thought, no, that's it, I've got to just take it. ”

Trussell/ScotCen research participant⁸³

The barriers to appealing social security decisions are also greater than they once were. The 2012 reforms to legal aid removed welfare benefits cases from its scope in all but exceptional circumstances. And the introduction of the mandatory reconsideration process in 2013 has created an additional hurdle, with seven in ten decisions remaining unchanged at this stage, almost the inverse of the proportion of decisions which change at tribunal.⁸⁴ In practice many disabled people who have their claims rejected at both initial decision and mandatory reconsideration assume their chances of success at appeal are very low and do not proceed. This is even though in 2023-24 alone, 7,000 people went from no award at initial decision to an award at the highest rate of both components following an appeal.⁸⁵

The result of this is that the first-tier tribunal functions as a very limited form of accountability. It provides an important corrective for the disabled people who can access it but does not prompt wider improvement in the way the DWP makes decisions. Until 2015, there was a statutory requirement for the Senior President of Tribunals to produce an annual report on the quality of DWP decision-making. However, as Judge Robert Martin told the Work and Pensions Committee five years prior:

“ For the past decade the President of Appeal Tribunals has produced a report on the standards of decision making and the message that has been put in it by me and my predecessor has been largely consistent. To my mind, I can see no real evidence of improvements in the quality of decision making. ”

Judge Robert Martin

Oral evidence to the Work and Pensions Committee in 2010.⁸⁶

This history suggests that for accountability on decision-making to be meaningful, the analysis of what is going wrong needs to be paired with some mechanism for prompting action from the system.

There are several other mechanisms for accountability within our current system, though all have significant limitations to their mandates:

The Independent Complaints Examiner (ICE)

The ICE provides an independent complaints review service for DWP and its contracted services, investigating whether DWP has handled cases as its own procedures and processes say it should. The role of the ICE is different to that of the tribunal service, in that it is concerned with maladministration rather than the accuracy or legality of decisions. For a person to bring a complaint to ICE, they must first have exhausted the DWP's complaints process. In the year to April 2025, it

investigated more than 1,500 complaints and upheld or partially upheld 59% of them.⁸⁷ A key part of its remit is to provide feedback and recommendations back to the DWP through its annual reports and through working directly with officials. However, the recommendations it makes are advisory.

The Parliamentary and Health Service Ombudsman (PHSO)

The PHSO investigates complaints of maladministration or service failure by UK government departments including DWP, as well as the NHS in England. If a person has been through the DWP's complaints process and then the ICE process and still not found redress, they can ask their MP to refer their complaint to the PHSO. Like ICE, the PHSO has a remit focused on maladministration rather than investigating the substantive quality of decisions. However, while ICE works closely with DWP officials to make process recommendations, the PHSO has historically had less access to the department.⁸⁸ The PHSO does not currently have the power to launch proactive investigations on its own initiative, or to investigate complaints about government departments — including DWP — that have not been referred by an MP.

The work programme of the Social Security Advisory Committee

The SSAC is an independent statutory body operating at arm's length from DWP, established by Parliament. Its functions include giving advice and assistance to the Secretary of State on social security matters and considering and reporting on draft regulations referred to it, though it can also select issues to investigate on its own initiative under its independent work programme.

In practice the independent work programme has produced substantive scrutiny of DWP decision-making. This has been underpinned by direct access to the DWP's people and processes. Often SSAC has often surfaced insights about problems with the decision-making process that are not available anywhere else in the system. For example, in its 2016 report into decision-making and mandatory reconsideration it found that:

Tribunal feedback plays a limited role in the development of individual decision-makers. Speaking to decision-makers conducting mandatory reconsideration, they were not routinely notified if their decisions were overturned and there was no way for them to find out the reasons why. There is currently no understanding of performance in relation to tribunal outcomes.

Source: Decision Making and Mandatory Reconsideration. SSAC, 2016.⁸⁹

The same has been true of the two independent reviews of PIP, led by Paul Gray, former Chair of SSAC. For example, the second review in 2017 found that the DWP's process for auditing the quality of assessments looked only at the written assessment reports and so could not consider factors including 'the quality of the questioning relating to the descriptors' or 'the overall level of empathy and respect with which the assessment was conducted'. As of 2024, the department's guidance for assessors confirms that audit is still based on written assessment reports.⁹⁰

The gap in the accountability loop

There is a clear gap in the accountability arrangements for PIP. The tribunal system is broadly perceived as providing a mostly effective and fair remedy for those who can access it. But the process is lengthy and costly – disabled people often will need to endure more than a year of inadequate income while they wait for a decision. ICE and the PHSO focus on maladministration. They can provide a remedy in individual cases where the department has not followed its own procedures, but they cannot intervene when the department follows its own rules but still makes the wrong decision. SSAC has the access and expertise to provide substantive analysis of why decision-making is going wrong, but its findings are advisory and it does not have the resources or the remit to carry out these investigations as a matter of course.

SSAC has itself pointed to the lack of effective independent scrutiny of benefit decisions. In its 2016 report, it pointed to a series of developments throughout the 2010s which have made such arrangements especially important. These include a winding down of several previous oversight bodies, the removal of welfare benefits from legal aid, the introduction of mandatory reconsideration as a compulsory step before appeal, and the reduction in the capacity of the advice sector.⁹¹ The call for stronger independent regulation has since been echoed by the Administrative Justice Council, the Equality and Human Rights Commission, and the Work and Pensions Committee.⁹² It is a common feature of discussion about safeguarding failures within the DWP.⁹³

Alternative models of accountability

Northern Ireland, where PIP is overseen by the Department for Communities provides a useful example of how stronger accountability mechanisms can improve decision-making in the disability benefits system.

The NI Public Services Ombudsman has the power to launch its own investigations. In January 2019, following an increase in complaints about PIP, it opened an investigation into its administration. It concluded in 2021, making 33 recommendations to the department. By the time of its follow-up report in 2023 it judged that the department had implemented 10, with 18 partly implemented. Progress included the department introducing a new policy on when assessors should request further evidence, as well as proactively auditing cases to monitor compliance. In her report, the ombudsman also describes a relationship of accountability between officials and her office as they worked to implement her findings:

Following provision of the Department's initial action plan, as requested 6 months after the conclusion of my investigation, my Investigators and Department Officials met on a regular basis to discuss the action taken, and work streams planned. This was further supported by the Department sharing written updates, including evidence of implementation and details of alternative options explored where difficulties in implementing were

reported. This engagement also provided the opportunity for my Office to provide early feedback and at times challenge where the action taken had not adequately addressed the issue of concern or where progress was slow.

Source: PIP and the Value of Further Evidence — Follow-Up Report. Northern Ireland Public Services Ombudsman, 2023:94

Northern Ireland also retains a mechanism for independent scrutiny of PIP decision-making. A small independent committee known as the 'Joint Standards Committee' scrutinise a sample of decisions across benefit types and produce an annual report on the quality of decision-making. Their published minutes show that they do this work in dialogue with officials at the Department for Communities and can request further information and explanation of emerging trends.⁹⁵

Introducing a new accountability loop for the DWP

Our proposal is that the current accountability arrangements should be strengthened in three ways.

The first is to provide the Social Security Advisory Committee with the resources and remit to carry out independent scrutiny of DWP decision-making. This should include involving SSAC in the design and review of DWP's statistics on fraud, error and unfulfilled eligibility. Under this model SSAC would publish an annual report into the quality of DWP decision-making, with targeted recommendations for improvement. The department would then be required to respond to these recommendations and provide a mid-year update on progress towards them. This part of the proposal would represent a shift from the committee's current primary focus of scrutinising legislation. However, this move would significantly strengthen independent accountability for PIP, while making use of SSAC's existing expertise in providing expert scrutiny of technically and operationally complex aspects of the system. It would also increase the transparency of DWP decision-making so that parliamentarians, disabled people's organisations, and others could have a clearer picture of how decisions are being made and what action the department is taking to get decisions right before they reach appeal.

The second is a commitment from the DWP to conduct an annual exercise to examine a sample of PIP tribunal decisions and identify trends in overturned decisions. Where possible this should involve tracing decisions back to the assessor and original decision-maker to understand what drove the initial decision. This evidence should be provided in advance to SSAC and published alongside the annual report set out above.

The third is expanding the powers of the PHSO – removing the requirement for referrals to be made via Members of Parliament and giving it the power to initiate its own investigations so that there is a body capable of investigating systemic causes of poor practice within the administration of PIP, and elsewhere in the social security system. This model of investigation is not unusual. As the PHSO itself points out, internationally it is the norm for public service ombudsmen to have the power to initiate their own investigations.⁹⁶ There is widespread support for the PHSO to be granted these powers, including from the Public Administration and Constitutional Affairs Committee, and the Joint Committee on Human Rights.⁹⁷ Modelling conducted by Social Finance found that implementing a

package of three reforms including removing the MP filter for complaints and enabling own initiative investigations would come with an upfront cost of £1.35m but lead to nominal saving of £7.7m over five years through improvements in the quality of public services.⁹⁸

These three changes would create a new accountability loop for PIP. These changes would both shed light on why tribunals and DWP make decisions differently, and prompt practical action to close the gap. They would also move us away from a situation in which the job of holding the system accountable for its decisions falls squarely on disabled people, and towards one in which the DWP has a strong incentive to tackle inconsistent decision-making at the source.

Chapter 4– Connecting PIP to wider support

Ideas that suggest replacing PIP payments with state provision of standardised services or products fail to acknowledge the PIP's existence as a cash benefit is critical for its ability to support people with the wide array of additional costs that they face. However, the current system misses many opportunities to use assessments to help connect disabled people with wider support.

PIP and wider services

The Timms review's terms of reference asks what role the assessment should play in unlocking wider support for disabled people. This builds on a longstanding interest from successive governments about the relationship between PIP and wider services for disabled people.

Often this interest is motivated by an instinct among policymakers that PIP payments are not the most effective investment of state support and that there must be more effective ways of supporting disabled people's autonomy.⁹⁹ This leads to two kinds of proposal:

- Proposals which suggest removing or reducing PIP payments and **substituting them for other kinds of help**, for example vouchers or services
- Proposals which look to **create a better join-up** between PIP and wider support or services for disabled people on a voluntary basis

PIP has a distinctive and important role as a cash payment

PIP's existence as a cash benefit reflects the complex way in which disabled people accrue extra costs. Some costs can be quantified directly. These include taxis, mobility aids and adaptive software, or self-funded personal care. Others are more diffuse. For example, the need to spend more on heating by virtue of spending more time at home, or the need to adjust one's working hours to avoid travelling at peak times. And others still are specific to individuals in ways that would be difficult to anticipate or replicate through a standardised service. DWP's own research into how health and disability benefits are used found that among people with mental health problems, the

ability to fund social participation like attending community groups and places of worship was as significant to wellbeing and independence as more formally recognised forms of support.¹⁰⁰

As we set out in Chapter 1, PIP is also highly concentrated among families living in poverty and plays a significant role in preventing hardship among disabled people. In many cases the practical consequences of substituting those payments for in-kind support would be to deepen hardship. This has costs for the state whether through crisis payments, housing support, and emergency health treatment. It also undermines the purpose of supporting disabled people's autonomy, as it diverts more time and energy into dealing with the effects of financial hardship, whether through finding ways to access emergency food, attempting to challenge benefit decisions or applying for hardship grants.

There is clear evidence that PIP recipients have unmet health and care needs

The importance of PIP as a cash benefit does not mean the government could not be doing more to connect PIP recipients to relevant support. In the DWP's own research into barriers to accessing health support, none of the 76 participants in receipt of health and disability benefits reported receiving all the help they need. Often this was down to delays and difficulties in accessing NHS treatment. The research also found many instances where disabled people had struggled to sustain the process of securing help from wider services due to fatigue, stress and overwhelm:

Adam is a PIP claimant who has recently suffered a spinal injury that has forced him to reduce his work hours. This has left him feeling financially stressed, especially with two autistic children who require a lot of support. He is worried about his ability to physically care for them and feels guilty for putting his own needs first. The lack of support for childcare and the need to advocate for his children's needs is taking a toll on his mental and physical health. Adam currently relies on his mum to help with childcare when she can but knows this is not sustainable. Currently he feels too overwhelmed with his day-to-day responsibilities to find the time to contact health services. Getting more help with childcare would allow him to focus more on his own health management.

Source: Barriers to Accessing Health Support for PIP, NS ESA, and UC Claimants. DWP Research Report No. 1058. DWP, 2024¹⁰¹

In the case of mental health, the research surfaced both people who were stuck on waiting lists, and others who had not yet felt able to seek support due to stigma or a lack of expectation that appropriate help exists.¹⁰²

When the IFS explored this issue, they found only weak evidence connecting NHS waiting lists and disability benefit receipt. However, that research was limited to considering waiting lists for elective

hospital treatment and NHS talking therapy. The latter is designed as a short-term intervention with common exclusions for people with conditions ranging from bipolar disorder to complex post-traumatic stress disorder. Most healthcare for people with long-term and chronic conditions sits either within primary care or specialist community services.¹⁰³

The international comparators suggest that integration is not straightforward.

A plausible response to the challenge of unmet need is that we should use the PIP assessment to both determine eligibility for cash support and provide a more direct link to other kinds of help. This in theory would address one of the common criticisms of the current assessment – that it requires disabled people to talk extensively about the ways in which their independence is restricted, without then offering any specific help to address those problems. However, the relevant international comparators show that more integrated systems require extensive institutional reform and can bring problems of their own.

France - Maisons Départementales des Personnes Handicapées (MDPH)

In France, the MDPH system consists of 101 local disability centres that act as a single entry point for disability-related applications. Multidisciplinary teams assess eligibility for both income support and personalised in-kind support, including personal care, equipment, home adaptations, and transport, using the same evidence. These packages are then funded at the level of the departmental council (an upper tier local authority.) This system is broadly subject to similar pressures as support for disabled people in the UK – with rising costs and annual growth rate of 5%, particularly linked to an increase in claims related to mental health problems.¹⁰⁴ It also exists within a context where disabled people in France face increasing barriers to accessing services. In 2023 the Council of Europe concluded that France had violated the European Social Charter – including by failing to make sure that disabled people had sufficient access to financial support and social support services.¹⁰⁵

Netherlands

The Dutch Social Support Act (Wmo, 2015) devolved disability support to 342 municipalities, each of which assesses individual needs and then decides whether to meet them through general services, tailored provision, or a personal budget that people can use to purchase care. In principle this is a genuine integration of cash and services through a single assessment. In practice the Dutch government's own evidence found that decentralisation has generated a significant postcode lottery: personal budget rules differ between municipalities, criteria are inconsistent, and there are indications from advocacy groups that some municipalities make using a personal budget practically impossible.¹⁰⁶ These reforms were explicitly introduced with the aim of reducing costs – however overall municipal social service spending has continued to rise at 7.6% per year.¹⁰⁷

These cases illustrate how other nations face the same trade-offs and tensions as the UK's own disability benefit and social care systems. Introducing a single assessment which can provide a

route to financial and other kinds of support may bring its own benefits. It will not however resolve the difficulties which stem from postcode lotteries and other barriers in the availability of social care services. It would also require a level of institutional coordination and reform which would be lengthy and costly without bringing clear or quick improvements for the people going through it. A better starting point would be to consider opportunities to improve how our existing landscape of support services work with one another in the interests of disabled people.

The PIP system could do more to act on unmet needs

The unmet needs that have been raised most consistently within DWP's research include:

- Mental health support and treatment
- NHS treatment for chronic health conditions
- Personal care and support within the home
- Support to travel and access community
- Help with housing and benefits issues

Delivering a PIP assessment that could meaningfully secure support across these areas would be institutionally complex and require close integration between DWP, local authorities and the NHS. Facilitating direct access to NHS health services necessarily requires a level of diagnostic screening and relevant medical expertise which many PIP assessors will not currently possess. It would also require assessors asking detailed additional questions which risk compromising the quality of the assessment for financial support. And the landscape of how these services are designed and commissioned varies widely across the UK, meaning that referral arrangements would need to be negotiated on the basis of individual local authorities and integrated commissioning boards.

However, it would be possible to adapt the PIP assessment so that assessors and decision-makers could more easily and consistently communicate concerns and findings with wider services. There are already two situations in which a PIP assessor is expected to communicate their findings beyond the DWP:¹⁰⁸

- If the assessor identifies a 'significant' undiagnosed health condition, they should seek consent to share this information with the applicant's GP or other health professional.
- If there is a concern about the person being assessed or someone in their care, there is a safeguarding duty to contact wider services.

There is no publicly available data about how often PIP assessors make use of these provisions, and they are both framed as a response to exceptional circumstances rather than a routine part of the assessment process.

Research based on freedom of information requests to local authorities found that the previous PIP providers rarely made safeguarding referrals, with Capita and Atos making just two referrals each

over a three-year period.¹⁰⁹ In 2025, in response to this and wider evidence of safeguarding failures within the system, the Work and Pensions Committee called on government to put these provisions on a statutory footing, saying that 'DWP should also have a specified duty to refer vulnerable claimants to other agencies, including those which have a duty of care, to ensure their additional needs are supported'. The government has since said that it is open to considering a statutory duty as it works through improvements to its safeguarding approach.

It is hard to untangle the question of introducing a safeguarding duty from the wider question of how the PIP assessment can more effectively help disabled people access different forms of support. The evidence clearly shows that many people applying for PIP have a range of needs for support which will not meet the threshold for a safeguarding referral. However, it is also clear that as a question of sequencing, the government should prioritise making sure that PIP assessors are equipped to act in cases where a disabled person is at risk of harm.

Proposal 6: Give PIP the tools to help disabled people find the right support

Our proposal both strengthens safeguarding and improves the way PIP connects disabled people to support.

The first step would be to introduce a statutory safeguarding duty, as recommended by the Work and Pensions Committee. This would put the existing requirements on PIP assessors on a statutory footing. It would be underpinned by an investment in assessor time and training so that they could do this effectively.

The second step would be to give assessors a process by which they could, with the consent of disabled people, communicate with local services about unmet needs. Depending on the needs identified this would include writing to the applicant's GP or making a third-party referral for a local authority care act assessment. Unlike the safeguarding duty, this process would not be a statutory requirement. It would, however, be an expected and resourced part of an assessor's work, with the department collecting data about these referrals and it forming part of the quality audit for assessment providers.

This reform would squarely position DWP as part of a landscape of services expected to work together to support disabled people. It resists the urge to make sweeping changes to commissioning arrangements and instead focuses on how those involved in delivering PIP can become more effective partners to disabled people, and to the forms of service and support which already exist. Earlier in this chapter we referenced Adam – a participant in DWP's research who had not managed to contact his health professionals because of how overwhelmed he was with wider responsibilities. This reform would allow the assessor who saw Adam to help play a role in starting to untangle that

set of problems – without displacing their primary responsibility of carrying out an accurate assessment for financial support.

Pooling resources

These two reforms could share common infrastructure. For example, the DWP or assessment providers could create a dedicated internal team to support assessors in their engagement with local services. These teams would be staffed by experienced social workers and safeguarding experts. This would to some extent mirror the role of the current Advanced Customer Support Senior Leaders (ACSSLs) who act as safeguarding specialists within the Jobcentre system.

Seeking consent to share information

A potential barrier to this work is the need for DWP to build the trust to share sensitive information with the NHS and local authorities. Safeguarding referrals can be made without consent if doing so would avoid a person coming to harm. However, it is an important principle that consent is obtained wherever possible. And consent is a necessary condition to sharing information about concerns which do not involve a risk of harm.

One way to implement this process in a way which maximises disabled people's control over their information, is to develop an alternative to the assessment report which can be used as a vehicle for information sharing. PIP reports are highly contested and will often contain findings and recommendations about a disabled person's function that they would dispute. This is often with good reasons, given the inconsistencies in the decision-making process. Instead, the DWP could create a template report for local referrals which only includes the functional limitations and needs that assessors have been able to identify – remaining silent on any areas where assessors did not identify barriers. This would be shared with the person being assessed, and only then passed on to specific agencies who they have consented to see it.

Introducing these changes would be a proportionate way to improve PIP's ability to make a difference in the lives of disabled people. They avoid the need for costly and uncertain institutional reform, while still giving assessors the capability and structure to make the most of the information they receive.

Chapter 5 – The future of PIP and the WCA

The proposals in this paper are focused on improving PIP so that it does a better job of meeting disabled people's needs and protecting people from hardship. However, the priorities for reforming PIP will depend on what action the government chooses to take with reform of the Work Capability Assessment.

In the 2025 green paper, the government set out an intention to remove the WCA and instead make the PIP assessment the gateway to receiving support from the Universal Credit health element. To receive the health element, a sick or disabled person would need to be in receipt of the daily living component of PIP and meet the wider conditions for UC entitlement. On the timeline set out in the green paper, these reforms would take effect from 2028/29.

The rationale for these reforms

The rationale for these reforms is split into two parts. The first is that the fear of being reassessed or found fit-for-work is preventing disabled people from trying work or engaging with employment support. The second is that the current WCA incorrectly signals to disabled people that 'capacity to work is objective, fixed and knowable' and 'that people can be split into those who can work and those who cannot'.¹¹⁰

This rationale does not seem to hold up. The fear of trying work for many disabled people is real. But as we set out in Chapter 2 of this paper, and as the government has itself recognised, this fear extends to PIP as much as it does the Work Capability Assessment. The evidence we set out also shows why this fear is often justified. The DWP does routinely use evidence from work to cast doubt on a person's eligibility for PIP. The most effective way to tackle this problem is to do so through a strengthened right-to-try guarantee, which directly addresses the core problem.

The idea that the Work Capability Assessment generates incapacity rather than recognises the existence of real barriers to work is also one that does not sit easily with the available evidence. As we set out in Chapter 1 and 4, disabled people and people with health conditions face high levels of unmet need in the health and social care system. The DWP's own research into the work aspirations of disabled people found that two in five of respondents were on a waiting list.¹¹¹

This unmet need extends to both the labour market and employment support. The Joseph Rowntree Foundation's analysis of job vacancy data found that nationally there is just one vacancy for every seven people receiving incapacity benefits. This rises to one disability confident vacancy for every 121 people receiving incapacity benefits. And despite welcome recent investment, there is still a limited offer of specialist employment support for disabled people receiving incapacity benefits who would like to work – with overall levels of investment in these programmes remaining flat.¹¹²

The 2025 green paper may well be right that the WCA *itself* does not play a role in facilitating disabled people's employment. However, as a high stakes assessment which determines eligibility for financial support, it is unlikely that it would ever be able to fulfil that role. The best evidence from promising models of employment support for disabled people point to the need to build a relationship of trust. That is a relationship which is very difficult to build at the precise moment a person is concentrating on the fear of losing income.¹¹³

The consequences of making PIP the sole gateway to support

PIP and the WCA were designed to fulfil different purposes. The PIP criteria were not developed with work capability in mind. As of 2022 there were 516,000 people receiving the UC health element but not in receipt of PIP. Making it the gateway to the Universal Credit health element without making corresponding changes would likely lead to significant numbers of disabled people falling through the gaps between the two criteria.

Examples of groups who would be affected include:

- **Disabled people with mobility issues:** Linking eligibility solely to the daily living component of PIP means that any difficulties with making journeys or walking even short distances would no longer be in scope. However, the most recent data shows that only 3.2% of new jobs are advertised with the option of hybrid working, and only 0.2% are advertised as fully remote. Remote work vacancies are also more likely to be concentrated in professional occupations at the top end of the pay distribution, while disabled people are overrepresented in industries with a lower prevalence of hybrid working.¹¹⁴
- **People at risk from self-harm or suicide:** The current 'substantial risk' provisions in the WCA allow for an award of the UC health element to a person who would be at substantial risk of harm if they were required to engage in work or employment support. In practice this most commonly involves a mental health risk – either of self-harm, suicide or broader mental health crisis. There is currently no equivalent provision in PIP, and we set out in Chapter 3 risk and fluctuation are often not adequately captured in the PIP assessment more generally.¹¹⁵
- **People with chronic pain or fatigue:** The WCA contains provisions for people who cannot sit or stand at a workstation for extended periods of time. There are no equivalent provisions within PIP which only considers daily tasks like washing, dressing and managing toilet needs. These

tasks do not require a person to stay in one position for an extended period (though some disabled people will need to approach them slowly).

There is also a broader problem that moving to make PIP the single gateway to both payments increases the stakes of each assessment. For some people, a 2-point score difference in a single activity will result in a loss or a gain of more than £6,000 per year.¹¹⁶ This risks compounding the problems addressed through this paper. When 75% of appealed PIP decisions are decided in a claimant's favour, and when disabled people widely report that the fear of reassessment is a major barrier to engaging with work, the potential consequence is building a health and disability assessment system which is even more fraught with risk than the one that preceded it.

We recommend that the government does not go ahead with these proposals. The kind of ambitious right to try guarantee we set out in Chapter 2 would be a more targeted way to tackle disincentives within the social security system.

References

- ¹ [Brewer, M., Clegg, A. and Murphy, L. \(2025\) *A Dangerous Road? Examining the 'Pathways to Work' Green Paper*. Resolution Foundation, March 2025.](#)
- ² [Schmuecker, K. \(2023\) *What Protects People from Very Deep Poverty, and What Makes it More Likely?* Joseph Rowntree Foundation.](#)
- ³ [Department for Work and Pensions \(2026\) *Fraud and Error in the Benefit System: Financial Year Ending \(FYE\) 2026 Estimates*.](#)
- ⁴ [Judge, L. and Murphy, L. \(2024\) *Under Strain: Investigating Trends in Working-Age Disability and Incapacity Benefits*. Resolution Foundation, June 2024.](#)
- ⁵ [Raymond, A. et al. \(2024\) *Health Inequalities in 2040: Current and Projected Patterns of Illness by Deprivation in England*. The Health Foundation](#)
- ⁶ [Latimer, E. and Ray-Chaudhuri, S. \(2026\) 'New disability benefit awards continue to fall but remain well above pre-pandemic levels', *Institute for Fiscal Studies*, 17 March 2026.](#)
- ⁷ [Cribb, J. et al. \(2025\) *Do Disability Benefit Claims Rise When Other Benefits Are Cut?* Institute for Fiscal Studies.](#)
- ⁸ [Trussell and YouGov \(2025\) 'Almost one in five people receiving Universal Credit and disability benefits used a food bank in the last month.' Trussell press release, 7 March 2025. Based on a YouGov online survey of 1,209 UC claimants \(aged 16+\), fieldwork 21 January – 3 February 2025; disability benefits subsample n=545.](#)
- ⁹ [Farnworth, J. \(2025\) *Where Will Cuts to Sickness and Disability Benefits Fall Hardest?* Joseph Rowntree Foundation.](#)
- ¹⁰ [Tims, S. and Matejic, P. \(2025\) *How health-related benefit cuts add up*. Joseph Rowntree Foundation.](#)
- ¹¹ [Weekes, T. et al. \(2025\) *Hunger in the UK 2025 \(Wave 2\)*. Trussell.](#)
- ¹² [Mayfield, C. \(2025\) *Keep Britain Working: Final Report*. Independent review commissioned by the Department for Work and Pensions, November 2025.](#)
- ¹³ [Latimer, E. \(2024\) 'Three challenges for getting people on incapacity benefits into work', *Institute for Fiscal Studies*.](#)
- [Office for Budget Responsibility \(2024\) *Welfare Trends Report, October 2024*.](#)
- ¹⁴ [NatCen Social Research \(2023\) *The Uses of Health and Disability Benefits*. DWP Research Report No. 998. Department for Work and Pensions.](#)

-
- ¹⁵ [British Medical Association \(2025\) *Mental Health Pressures Data Analysis*.](#)
- ¹⁶ [Care Quality Commission \(2025\) *State of Care 2024/25: Mental Health*](#)
- ¹⁷ [Warner, M and Zaranko, B. \(2025\). *The relationship between NHS waiting lists and health-related benefit claims* Institute for Fiscal Studies.](#)
- ¹⁸ [Department for Work and Pensions \(2025\) *Triggers to Claiming Personal Independence Payment*.](#)
- ¹⁹ [Latimer, E. \(2024\). *The government's 80% employment rate target: lessons from history and abroad \[Comment\]* Institute for Fiscal Studies.](#)
- ²⁰ [Learning and Work Institute \(2025\) *Estimating the impacts of extra employment support for disabled people*.](#)
- ²¹ [Whitworth, A., Baxter, S., Cullingworth, J. and Clowes, M. \(2024\) *Individual Placement and Support \(IPS\) beyond severe mental health: An overview review and meta-analysis of evidence around vocational outcomes*. *Social Science & Medicine*.](#)
- ²² [Office for Budget Responsibility \(2025\) *Economic and fiscal outlook – November 2025*.](#)
- ²³ DWP Stat-Xplore — PIP Clearances by Award Type, month by month
- ²⁴ [Department for Work and Pensions \(2026\), *Personal Independence Payment: Official Statistics to January 2026*. Table 4A: PIP MR Clearance Time \(median calendar days\), Normal Rules, by month of clearance.](#)
- ²⁵ [Ministry of Justice \(2026\), *Tribunal Statistics Quarterly: October to December 2025*. Table T_3 in: Main Tables \(October to December 2025\)](#)
- ²⁶ [Department for Work and Pensions \(2026\), *Benefit Combinations: Official Statistics to August 2025*.](#)
- ²⁷ [Clay, D., Lemmon, D. and Ramanathan, D. \(2025\) *Understanding PIP Applicant Experiences: the experience of applicants with anxiety*. DWP Research Report No. 1099. Department for Work and Pensions.](#)
- ²⁸ [Biggs, H., Wildman, J., Hamid, A. and MacGregor, A. \(2023\) *Disability and Financial Hardship: How Disability Benefits Contribute to the Need for Food Banks in the UK*. Scottish Centre for Social Research.](#)
- ²⁹ [Porter, I. \(2024\) *Unlocking Benefits: Tackling Barriers for Disabled People Wanting to Work*. Joseph Rowntree Foundation](#)
- ³⁰ [E. Latimer and S. Ray-Chaudhuri \(2026\) *New disability benefit awards continue to fall but remain well above pre-pandemic levels* \[Comment\] Institute for Fiscal Studies.](#)
- ³¹ [Department for Work and Pensions \(2026\) *Unfulfilled Eligibility in the Benefit System: Financial Year Ending \(FYE\) 2026*.](#)
- ³² [Marie Curie and others \(2026\) Joint letter to Sir Stephen Timms MP on the Timms Review of PIP, 28 May 2026. Marie Curie.](#)
- ³³ [Social Security Advisory Committee \(2026\) *Minutes of the Meeting Held on 4 March 2026*. Published 14 May 2026.](#)
- ³⁴ [Murphy, L. et al. \(2025\) *Delivering Dignity? Early Lessons from the Introduction of Adult Disability Payment in Scotland*. Resolution Foundation, December 2025.](#)
- ³⁵ [Social Security Advisory Committee \(2026\) *Minutes of the Meeting Held on 4 March 2026*. Published 14 May 2026.](#)
- ³⁶ [Department for Work and Pensions \(2026\) PIP Award Review Outcomes by Age Band. Stat-Xplore database, data covering 12 months to January 2026.](#)

-
- ³⁷ [House of Commons Library \(2026\) *Youth Guarantee*. CBP-10827](#)
- ³⁸ [Porter, I. \(2024\) *Unlocking Benefits: Tackling Barriers for Disabled People Wanting to Work*. Joseph Rowntree Foundation](#)
- ³⁹ [Social Security Advisory Committee \(2026\) *Minutes of the Meeting Held on 4 March 2026*. Published 14 May 2026.](#)
- ⁴⁰ Department for Work and Pensions (2026) UC WCA Decision Outcomes by Decision Month by Type of Assessment (Repeat). Stat-Xplore database, data covering December 2024 to November 2025.
- ⁴¹ [Department for Work and Pensions \(2025\) *Spring Statement 2025 Health and Disability Benefit Reforms – Equality Analysis*.](#)
- ⁴² [Department for Work and Pensions \(2026\) *ADM Memo 06-26: The ‘Right to Try’ Regulations*. April 2026.](#)
- ⁴³ [National Centre for Social Research and Department for Work and Pensions \(2025\) *Work Aspirations and Support Needs of Health and Disability Customers: Final Findings Report*. DWP Research Report No. 1102.](#)
- ⁴⁴ [Basis Social, Open Inclusion and Department for Work and Pensions \(2024\) *The Impact of Fluctuating Health Conditions on Assessment*. DWP Research Report No. RR1057. October 2024.](#)
- ⁴⁵ [Social Security Advisory Committee \(2026\) *The Universal Credit, Personal Independence Payment and Employment and Support Allowance \(Amendment\) Regulations 2026: Letter to the Minister for Social Security and Disability*. Published 19 February 2026.](#)
- ⁴⁶ [Department for Work and Pensions \(2023\) *Standard Template for PIP Appeal Response* \[Freedom of Information response\]. Published on WhatDoTheyKnow, September 2023.](#)
- ⁴⁷ [Thomas, S. \(2025\) *Ending the Culture of Fear: Reforming the PIP Assessment System to Get Decisions Right First Time*. Z2K.](#)
- ⁴⁸ [Ipsos MORI and Department for Work and Pensions \(2018\) *Personal Independence Payment Claimant Research: Final Report*. DWP Research Report No. 963. September 2018.](#)
- ⁴⁹ [Davies, S., Evans, J. and Cross, K. \(2025\) *Stigma in the System*. Personal Finance Research Centre, University of Bristol & Turn2Us. Findings drawn from a nationally representative YouGov survey of 4,000 UK adults \(June 2025\). Current claimant figures are based on a sub-sample of 744-905 current claimants; the PIP-specific finding is based on a sub-sample of 440 current PIP claimants.](#)
- ⁵⁰ [Basis Social, Open Inclusion and Department for Work and Pensions \(2024\) *Barriers to Accessing Health Support for PIP, NS ESA, and UC Claimants*. DWP Research Report No. 1058. October 2024.](#)
- ⁵¹ [Herd, P. and Moynihan, D. \(2025\) ‘Administrative burdens in the social safety net’, *Journal of Economic Perspectives*, 39\(1\), pp. 129–150.](#)
- ⁵² [Nelson, F. \(2025\) ‘Sickness benefit: ten quick fixes’, *Fraser Nelson’s Notebook*, Substack, 14 February 2025.](#)
- ⁵³ [Social Security Advisory Committee \(2026\) *The Universal Credit, Personal Independence Payment and Employment and Support Allowance \(Amendment\) Regulations 2026*. Report under Sections 172\(1\) and 174\(1\) of the Social Security Administration Act 1992.](#)
- ⁵⁴ [Murphy, L. et al. \(2025\) *Delivering Dignity? Early Lessons from the Introduction of Adult Disability Payment in Scotland*. Resolution Foundation, December 2025.](#)

-
- ⁵⁵ Scottish Parliament Information Centre (2025) *SPICe Issues Paper*, SJSS/S6/25/2/2, Social Justice and Social Security Committee
- ⁵⁶ Scottish Government (2022) *Adult Disability Payment: Policy Position Paper*.
- ⁵⁷ Department for Work and Pensions (2025) *SDG Lines to Take* [obtained via Freedom of Information request by Z2K].
- ⁵⁸ Department for Work and Pensions (2025) *Health Transformation Programme Business Case Summary*
- ⁵⁹ Basis Social (2024) *Experiences of PIP Applicants Who Received Zero Points at Assessment*. DWP Research Report No. 1070. Department for Work and Pensions.
- ⁶⁰ Department for Work and Pensions (2025) *Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper*.
- ⁶¹ Collerton, S. and Rose, M. (2025) *Burdens of Proof: How Difficulties Providing Medical Evidence Make PIP Harder to Claim*. Citizens Advice, March 2025.
- ⁶² Amnesty International (2025) *'Too Much Technology, Not Enough Empathy': How the UK's Push to Digitalise Social Security Harms Human Rights*.
- ⁶³ Department for Work and Pensions (2013) *Government Response to the Consultation on the PIP Assessment Moving Around Activity*. October 2013.
- ⁶⁴ MP v SSWP (PIP) [2025] UKUT 240 (AAC)
- ⁶⁵ SE v SSWP (PIP) [2021] UKUT 1 (AAC) (interim) and [2021] UKUT 79
- ⁶⁶ Commission on Social Security (2022) *The Plan: For a Decent Social Security System*. January 2022.
- ⁶⁷ Department for Work and Pensions (2012) *Government Response to the Consultation on the Personal Independence Payment Assessment Criteria and Regulations*, para 1.4.
- ⁶⁸ Department for Work and Pensions (2026) *Personal Independence Payment: Official Statistics to January 2026*.
- ⁶⁹ Davies, M. (Minister for Disabled People) (2024) Written parliamentary answer to a question by De Cordova, M. January 2024, covering PIP tribunal overturn reasons 2021 to September 2023.
- ⁷⁰ Department for Work and Pensions (2026) *Fraud and Error in the Benefit System: Financial Year Ending (FYE) 2026 Estimates*.
- ⁷¹ Department for Work and Pensions (2026) *Unfulfilled Eligibility in the Benefit System: Financial Year Ending (FYE) 2026*.
- ⁷² Basis Social (2024) *Experiences of PIP Applicants Who Received Zero Points at Assessment*. DWP Research Report No. 1070. Department for Work and Pensions.
- ⁷³ Thomas, S. (2025) *Ending the Culture of Fear: Reforming the PIP Assessment System to Get Decisions Right First Time*. Z2K.
- ⁷⁴ Barry, J. et al. (2018) *Personal Independence Payment Claimant Research – Final Report*. DWP Research Report No. 963. Ipsos MORI on behalf of the Department for Work and Pensions.
- ⁷⁵ Commission on Social Security (2025) *Additional Costs Disability Payment*.

⁷⁶ Department for Work and Pensions (2024) *The Impact of Fluctuating Health Conditions on Assessment*. DWP Research Report No. 1057.

⁷⁷ PM v Secretary of State for Work and Pensions (PIP) [2017] UKUT 154 (AAC)

⁷⁸ RJ, GMcL and CS v Secretary of State for Work and Pensions [2017] UKUT 105 (AAC); [2017] AACR 32

⁷⁹ AC v Secretary of State for Work and Pensions (PIP): [2021] UKUT 216 (AAC)

⁸⁰ Social Security Advisory Committee (2016) *Decision Making and Mandatory Reconsideration*. Occasional Paper No. 18, July 2016.

⁸¹ Thomas, S. (2025) *Ending the Culture of Fear: Reforming the PIP Assessment System to Get Decisions Right First Time*. Z2K.

⁸² Department for Work and Pensions (2026) *PIP Mandatory Reconsiderations: Customer Research Findings*. DWP Research Report No. 125

⁸³ Biggs, H., Wildman, J., Hamid, A. and MacGregor, A. (2023) *Disability and Financial Hardship: How Disability Benefits Contribute to the Need for Food Banks in the UK*. Scottish Centre for Social Research.

⁸⁴ Department for Work and Pensions (2025) *Personal Independence Payment: Official Statistics to July 2025*. Published 16 September 2025.

⁸⁵ Timms, S. (Minister for Social Security and Disability) (2024) Written parliamentary answer to a question by Johnson, K. 14 October 2024

⁸⁶ Work and Pensions Committee (2010) *Decision Making and Appeals in the Benefits System*. HC 313, Session 2009–10, para 46.

⁸⁷ Independent Case Examiner (2025) *Annual Report 1 April 2024 to 31 March 2025*. Published September 2025.

⁸⁸ Work and Pensions Committee (2025) *Safeguarding Vulnerable Claimants*. HC 402, Session 2024–25. Published May 2025.

⁸⁹ Social Security Advisory Committee (2016) *Decision Making and Mandatory Reconsideration*. Occasional Paper No. 18, July 2016.

⁹⁰ Department for Work and Pensions (2024) *PIP Assessment Guide Part 3: Health Professional Performance*

⁹¹ Social Security Advisory Committee (2016) *Decision Making and Mandatory Reconsideration*. Occasional Paper No. 18, July 2016.

⁹² Jarman, J. (Principal for the Living Standards programme, Equality and Human Rights Commission) (2019) Oral evidence to the Work and Pensions Committee, *Welfare Safety Net: Follow-Up*;
JUSTICE and the Administrative Justice Council, *Reforming Benefits Decision-Making*, July 2021, chaired by Lord Low of Dalston CBE.

⁹³ Work and Pensions Committee (2025) *Safeguarding Vulnerable Claimants*. HC 402, Session 2024–25. Published May 2025.

-
- ⁹⁴ Northern Ireland Public Services Ombudsman (2023) *PIP and the Value of Further Evidence — Follow-Up Report*.
- ⁹⁵ Department for Communities (Northern Ireland) (2025) *Annual Report on Decision Making and Financial Accuracy: 1 January – 31 December 2024*.
- ⁹⁶ Parliamentary and Health Service Ombudsman (2023) *Written Evidence to Work and Pensions Select Committee (SVC0078)*.
- ⁹⁷ Public Administration and Constitutional Affairs Committee (2024) *Parliamentary and Health Service Ombudsman Scrutiny 2022–23*. HC 198, Session 2022–23.
- Joint Committee on Human Rights (2023) *Human Rights Ombudsperson*. HC 222/HL Paper 175, Session 2022–23. Published 28 March 2023.
- ⁹⁸ Social Finance (2023) *PHSO: The Value of Reform*. March 2023.
- ⁹⁹ Department for Work and Pensions (2024) *Modernising Support for Independent Living: The Health and Disability Green Paper*.
- ¹⁰⁰ Faulkner, R. and Harkness, V. (Basis Social) (2024) *Barriers to Accessing Health Support for PIP, NS ESA, and UC Claimants*. DWP Research Report No. 1058. Department for Work and Pensions
- ¹⁰¹ Faulkner, R. and Harkness, V. (Basis Social) (2024) *Barriers to Accessing Health Support for PIP, NS ESA, and UC Claimants*. DWP Research Report No. 1058. Department for Work and Pensions
- ¹⁰² Beck, A. et al. (NatCen Social Research) (2023) *Use of Health and Disability Benefits*. DWP Research Report No. 998. Department for Work and Pensions, March 2023.
- ¹⁰³ Warner, M and Zaranko, B. (2025). *The relationship between NHS waiting lists and health-related benefit claims* Institute for Fiscal Studies.
- ¹⁰⁴ Cour des comptes (2025) *La prestation de compensation du handicap* [The Disability Compensation Benefit].
- ¹⁰⁵ European Committee of Social Rights, Council of Europe (2018) *Collective Complaint No. 168/2018 — European Disability Forum (EDF) and Inclusion Europe v. France*.
- ¹⁰⁶ Oosterhoff, M. et al. (2025) *Practical Implementation of the Social Support Act: Differences in Organisation and Spending of Municipalities*. RIVM report 2025-0083.;
- Eurocarers (2023) *Netherlands Country Profile*. <https://eurocarers.org/country-profiles/netherlands>
- ¹⁰⁷ NL Times (2026) 'Dutch municipalities plan 6% higher spending in 2026 despite looming funding shortfall', *NL Times*, 25 March 2026
- ¹⁰⁸ Department for Work and Pensions (2024) *PIP Assessment Guide Part 1: The Assessment Process*.
- ¹⁰⁹ Pring, J. (2019) 'DWP and assessors fail to refer claimants at risk of harm to social services', *Disability News Service*, 2 May 2019.
- ¹¹⁰ Department for Work and Pensions (2025) *Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper*.

¹¹¹ Tims, S., Åhlberg, M. and Ladouch, F. (2025) Health-Related Benefit Cuts Will Deliver Higher Poverty, Not Employment. Joseph Rowntree Foundation

¹¹² Office for Budget Responsibility (2025) *Economic and fiscal outlook – November 2025*.

¹¹³ Pollard, T., Beddow, R. and Tyndall, Z. (2025) *Increasing Voluntary Engagement with Employment Support*. New Economics Foundation.

¹¹⁴ Holland, P., Carson, C., Florisson, R., Collins, A., Martin, A. and Winstanley, J. (2026) *Breaking Down Barriers: How Remote and Hybrid Work Can Support Disabled Workers*. Lancaster University / Work Foundation.

¹¹⁵ Swann, C. (2023) 'The future of the work capability assessment'. CPAG, March 2023

¹¹⁶ Latimer, E. et al. (2025) *The Government's Proposed Reforms to Health-Related Benefits: Incomes, Insurance and Incentives*. Institute for Fiscal Studies. Published November 2025.

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