nawra

national association of welfare rights advisers

Timms Review of Personal Independence Payment: call for evidence

NAWRA Consultation Response

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The National Association of Welfare Rights Advisers

1. The National Association of Welfare Rights Advisers (NAWRA) was established in 1975 as the Welfare Rights Officers' Group, and then the National Welfare Rights Officers' Group before becoming NAWRA in 1992. It represents advisers from local authorities, the voluntary sector, trade unions, solicitors, and other organisations that provide legal advice on social security and tax credits. NAWRA currently has more than 200 member organisations.

2. We strive to challenge, influence and improve welfare rights policy and legislation, as well as identifying and sharing good practice amongst our members.

3. NAWRA holds four conferences throughout the year across the UK, attended by members from all sectors of the industry. An integral part of these events are workshops that help to develop and lead good practice.

4. Our members have much experience in providing both front line legal advice on benefits and in providing training and information as well as policy support and development. As such NAWRA is able to bring much knowledge and insight to this consultation exercise.

5. NAWRA is happy to be contacted to provide clarification on anything contained within this document. NAWRA is happy for details and contents of this response to be made public.

Executive summary

6. NAWRA's response to this inquiry was informed by on online survey responded to by more than 130 members. This report aims to bring together those views highlighting where there is strong consensus and where there are more varied views.

7. While PIP is seen as an essential and necessary support for disabled people, there was widespread recognition that it only goes a small way to meeting the very high additional costs that exist. NAWRA members felt that PIP entitlement could be used more holistically as a way to 'unlock' other services such as social care, health referrals or other support in the community, although it must be emphasised that members were very clear this joined-up support should not be a replacement for cash payments, or in any way remove other forms of support such as personal budgets

8. Going forward, members felt the government's vision should centre on dignity, trust and the social model of disability. Action should be taken to challenge the all too frequent narratives of stigma and suspicion which are not only seen as both dangerous and offensive but also, in many cases, are clear examples of disability discrimination.

9. Problems identified within the current system include a lack of understanding of certain conditions - particularly mental health and neurodiversity - and a need for more to be done to accommodate fluctuating conditions. It was also felt that there needed to be a

shift away from one-off functional assessments towards more longitudinal evidence which could be provided by a range of sources, both medical and non-medical.

10. While it was recognised that technology could play a useful role, for example in transcribing assessments or providing digital portals for evidence gathering or video diaries, it was very strongly identified that any decision-making must be carried out by humans and that AI should not be used to scrutinise social media or used in any other intrusive way.

11. In respect of experiences claiming PIP, members highlighted that it is a traumatic experience that often feels like a lottery. The mandatory reconsideration process is seen as a tick-box exercise that rarely changes the outcome and that, while appeals are fairer and balance all the available evidence in a more inquisitorial way, the excessive delays create a barrier to following through with a challenge and therefore represent an access to justice issue.

12. Finally, turning to changes in wider society that have impacted on PIP, members pointed to the impact of the Covid pandemic and the long-term mental and physical effects that have resulted alongside struggling health and social care services. Also increasing poverty and the cost of living crisis have left people unable to cope impacting on their health and making PIP a necessity for survival. The rising state pension age has also impacted on the numbers claiming. Within the workplace, failure by employers to make reasonable adjustments, and huge delays and inconsistencies in the Access to Work Scheme hinders employment prospects for disabled people.

Role and purpose of PIP

PIP is an important component in enabling independence but is a partial solution

13. While just over half of respondents to our survey felt that PIP enabled disabled people and those with long-term conditions to live independently and participate in society, a fifth felt it did not, and a quarter were unsure. In addition, almost half felt that claimants did not understand the role and purpose of the benefit

14. In order to be able to participate fully in society, disabled people need to have autonomy and control over their lives, be able to participate socially, and to be treated with dignity. While PIP does go some way towards helping with the extra costs of disability, NAWRA members point out that it is insufficient to cover real world expenses – it is a partial solution rather than a guarantee of full inclusion. And for some, the extra benefit is just absorbed into general household income to cover basic essentials. In addition, in some local authorities, a PIP award is incorporated as part of their personal budget following a care assessment of their needs.

15. Disabled people face significant barriers which PIP is inadequate to cover. For example, public transport is often inaccessible, but community transport schemes are rarely available, and even taxis are often not equipped to take someone in a wheelchair. The costs of carers, cleaners or personal assistants are prohibitive and there can be long waits for health services while the cost of private treatment puts it out of reach. Similarly

fuel and food costs can be extremely high. While NAWRA members were extremely clear that PIP must remain a non-means tested and cash benefit, more could be done to improve access to, and reduce costs of, some of the services above.

Ability to participate in meaningful activity is essential but there needs to be recognition that it can reduce functional ability at other times

16. While members were very clear that the extra money PIP provides is a lifeline and can help enable a disabled person to work - perhaps by covering extra travel costs or paying for help within the home that cannot be done on top of work - it was also highlighted that the assessment process can penalise claimants who try to carry out meaningful activity, whether employment or social/cultural. Indeed, case law from the Upper Tribunal[1] has found that reliance on a claimant's functional abilities on the days attending work has been used inappropriately as evidence that they would be able to carry tasks out on other days and at other times. In assessing people for PIP, it needs to be recognized that participating in employment or other activities can be exhausting which then impacts the person's abilities at other times. Providing clearer guidance on this to ensure consistent decision-making, and reducing the frequency of reassessments - particularly for long-term conditions - would enable disabled people to feel more secure about the support available and increase trust that carrying out other activities will not be held against them.

More could be done to integrate with other support

17. More than half of respondents believed that the assessment could do more to unlock wider support to help achieve higher living standards and greater independence. Examples included -
    - Referrals to social care, occupational therapy or mental health services;
    - Home adaptations and specialist equipment;
    - Vouchers for transport or therapy - but with the clear understanding that this is **in addition to** the cash award which is essential to maintain autonomy and dignity;
    - Effective and timely support through Access to Work and other appropriately tailored and voluntary employment support;
    - Expanded free or low cost transport schemes.

Both media coverage and political comment portray PIP claimants negatively

18. The perception of PIP in society is felt to be a very negative experience for claimants. Hostile media coverage suggesting that claimants are 'scroungers', 'lazy' or 'faking it' causes deep distress. Political rhetoric has not helped this with a portrayal that the increased number of PIP claimants is not led by a genuine need and that the benefit is an unnecessary drain on the public purse. Members commented that the social pressure and humiliating application process deters eligible people from seeking help in the first instance or from reporting a change in circumstances for the worse.

[1] For example https://caselaw.nationalarchives.gov.uk/tna.5m3fb4mq

Social inclusion, holistic integration and reducing the trauma of claimants should be key aims going forward

19. Turning to what might be a wider vision for PIP, a number of suggestions were put forward –
    - A fairer and less traumatic assessment process, possibly making great use of evidence from other sources who have known the claimant over time (more similar to the evidence used in the Scottish system for Adult Disability Payment). The assessment should be based on trust rather than suspicion;
    - More holisitic integration so that PIP acts as a gate way to wider support, **in addition to** cash support;
    - Social inclusion and de-stigmatisation - adopting the social model of disability and focus on removing the barriers created by society and promoting inclusion in all walks of life.

Eligibility, fairness and equity in the award of PIP

The daily living component

20. More than 60% of respondents felt that the daily living elements failed to capture the impact of long-term health conditions and disability in the modern world, with a further 28% being unsure whether they did. Proposed improvements include -
    - Improved recognition of fluctuating and non-visible (eg neurodiversity and mental health) conditions - it was felt that snapshot assessments were not helpful and longitudinal evidence would better reflect daily reality;
    - There was some support for updating the criteria to include things such as digital literacy, use of technology and social participation;
    - Some felt that automatic entitlement would be appropriate for those with progressive, lifelong conditions to avoid degrading and repetitive reassessments;
    - Specific adjustments such as increasing points for medication management due its high-risk nature, and also reconsidering the scoring for those who are housebound or suffer from seizures.

The mobility component

21. Similar numbers felt that the mobility elements also failed to capture the impact of long-term health conditions and disability (just over 50% with around 28% unsure) and proposed improvements include –
    - Amending the criteria to better account for fluctuating health conditions, psychological distress and the physical exhaustion caused by exertion;
    - Increasing the distances used in mobility activity 2 (distances of 50m and 100 m were suggested) as they do not reflect the distances required to navigate modern life such as walking from a car park into a work place, shops or other location. There also needs to be more recognition of real-world barriers - uneven terrain, inclines or stairs and the difference between urban and rural settings;
    - Increasing the weight of medical evidence from those that know the claimant best, and using claimant/carer testimony rather than relying on a brief functional assessment that is often inadequate or blatantly misconstrued.

Evidence needs to be more holistic and longitudinal

22. Generally, it was felt that the current assessment system relies too heavily on brief, one-time evaluations and that evidence from a wide range of sources should be considered eg social workers, occupational therapists, specialist nurses, support workers, carers, family members and the claimant themselves. Longitudinal evidence such as diaries could also be helpful.

23. It was also felt that there was a failure within the current system to take a more holistic view where claimants had fluctuating, episodic or multiple health conditions. Consideration needs to be made of the unpredictability and cumulative impact of interacting conditions and to take this into account in the assessment of the real-world limitations of those whose ability to function changes from day to day.

Interaction with other support systems is inconsistent and leaves gaps

24. NAWRA members felt that PIP's interaction with other support systems was fragmented and left gaps. For example, 10 points on Mobility activity 1 provides eligibility for the blue badge but the higher score of 12 in the same activity does not.[2] PIP on its own no longer qualifies a person as a disabled student despite it being the disability benefit - it is also necessary to pass the work capability assessment which is about capacity to work and not disability. PIP does not automatically refer claimants into other support services such as Access to Work or health and social care services. The impact of PIP on social care charging assessments and council tax reduction schemes varies according to geographical area. For some, this means that the Personal Budget following a care assessment, can be reduced by the same amount they receive from PIP resulting in no financial gain despite having gone through yet another assessment due to their disability. In addition, no support is provided to help claimants navigate what may or may not be on offer.

While there is a place for AI in streamlining processes, it should not replace human judgment

25. While NAWRA members advocated for the use of technology to modernize the PIP application process - eg through online portals, digital evidence uploads, video diaries and integrated health records between different departments - there was a significant concern about the use of AI and a clear consensus that it should support rather than replace the expertise of trained professionals. It was also stressed that systems must remain accessible to those who could not use digital methods.

Barriers to claiming persist and are multiple for some claimants

26. While many barriers were experienced by all claimants some groups faced specific barriers -
    - The assessment process can be intimidating and overwhelming for those who are neurodiverse or have mental health problems - it can also be very triggering for those who have experienced trauma;

[2] https://www.gov.uk/government/publications/blue-badge-can-i-get-one/can-i-get-a-blue-badge#people-who-automatically-get-a-blue-badge

- A lack of interpreters and failure to make reasonable adjustments make the whole application process extremely difficult for BSL users;
- Complex terminology and failure to provide letters in other languages or easy read also make it difficult for those with poor literacy or others for whom English is not their first language;
- For those with limited digital access or who are living in poverty it can be difficult to navigate the automated phone menus or to pay the prohibitive costs of travelling to assessment centres in advance;
- The difficulty accessing free advice and advocacy means that people who need those services are unable to apply.

Experience of claiming PIP

The claim process can be traumatic and professional support is often needed

27. The experience of claiming PIP can vary according to the individual and their health condition(s) but it is generally very time-consuming and is described by members as traumatic, stressful and triggering -
    - Completion of the form is a very negative experience acknowledging all the areas where there is limited functional ability - the ability to express this in writing varies enormously and can be particularly difficulty for those with mental health or neurodiverse conditions;
    - For those with limited literacy or whose first language is not English, it can be impossible to claim without support;
    - For conditions that fluctuate, it is very difficult to quantify how you are affected at different times. Many people restrict what they do to avoid flare ups, and this can be very difficult to explain;
    - Many struggle to provide supporting evidence meaning that there is a heavy reliance on the snapshot opinion of the health assessor which fails to capture the full picture;
    - There was a strong consensus that having an adviser, support worker or advocate was essential particularly for those that were more vulnerable.

The mandatory reconsideration and appeal processes are traumatic, lengthy and overly complex

28. The mandatory reconsideration process was described by members as largely ineffective - a tick-box exercise or gatekeeping hurdle that rarely changes the original decision.[3] This deters claimants from challenging further, feeling they are never going to be believed.

29. The appeal process is very lengthy - it is not unusual to wait more than a year for a tribunal hearing adding significant financial and psychological pressure. In addition, the process is complex and extremely daunting, particularly for those that are more vulnerable. Without advice and representation, many claimants feel unable to cope.

[3] Over the last 5 years, 29% of mandatory reconsiderations have led to a change in award - https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-january-2026

30. Members also point to procedural failings which are a barrier to a fair experience including poor quality 'copy and paste' decision letters, lost paperwork or duplication or irrelevant paperwork, and misleading information provided by staff.

There is a failure to provide reasonable adjustments creating additional barriers

31. On a rating of 1 to 100, members gave an average score of just 27 for communication and accessibility in the PIP claim process. A number of proposals for improvements were put forward -
    - Independent funding for advice and advocacy to ensure that claimants could access the support they needed;
    - Greater recognition of carer and family input - both facilitating evidence from them, and involving them in the process where required;
    - More flexibility and choice in assessment formats and technological support provided where necessary. Also ensuring that assessors have experience in, and a more in depth understanding of, the claimant's main health condition;
    - Providing different options for communications as standard including email, online, web chat, phone with interpreting services, and alternative formats where appropriate;
    - Flexibility in how evidence can be submitted;
    - Better data sharing with NHS and social care to reduce the need for assessments;
    - Move away from tick box formats which are difficult to use for those with fluctuating conditions.

More transparency, improved communications and a culture of support rather than disbelief would make the PIP claim process more equitable

32. Members felt there needed to be more transparency in the claim process including ensuring that people understand the assessment criteria and how they are applied. There was also strong support for recording assessments and providing transcripts to claimants as well as copies of the health assessors report.

33. There should be a regular audit of health assessor reports against the recording with action taken where they do not correlate.

34. Decisions should be better explained highlighting what evidence was used, what weight was given to it, and why.

35. The starting point for assessing should be one of belief - the claimant is the person who knows best how they are affected. Assessors should avoid making judgmental comments that are inappropriate eg on how someone is dressed or how they sound.

36. Using specialist assessors would allow greater understanding and empathy.

37. More should be done to remove procedural barriers such as long telephone response times and inflexibility in extending deadlines.

Assessments are described as stressful, adversarial and dehumanizing, and there is minimal support for them being contracted out to external providers

38. Just 14% of members felt assessments should be carried out by external providers with more than 50% feeling they should be in-house and a third unsure.

39. Many felt the reports were inaccurate with claimants feeling misrepresented and misunderstood. Treatment of claimants was also an issue with instances cited of rudeness, a lack of empathy and an over-reliance on rigid, scripted questioning.

40. Overall, the assessment process is seen as degrading, overwhelming and traumatizing with claimants feeling judged, disbelieved and interrogated, although others noted an inconsistency among assessors with some described as pleasant or professional and others as cold or dismissive.

41. Procedural barriers were also seen as an issue with arduous and long assessments, technical issues with phone calls and inaccessible assessment centres. A failure to provide required interpreters was also noted.

AI could help improve efficiency, but human oversight must remain central

42. Positive roles for AI included recording and transcription of assessments to ensure reports accurately reflect what happened.

43. There was some support for using AI to streamline administration including summarising medical evidence, but there were also substantial concerns that this could lead to bias. Overall, members felt there must be human oversight to ensure accountability and fairness and many warned of the dangers of AI, highlighting that it cannot replace human empathy, understanding, or the ability to grasp the nuance of individual pain and experience.

44. A number of members advocated for the use of technological tools such as video calls for visual assessments and automated prompts during the application process.

Changing context and the impact on PIP

While there is an increasing prevalence of disability, there are many factors that contribute to this including demographic shifts, the legacy of the Covid pandemic, the cost of living crisis, lengthy NHS waiting lists, and increased awareness and recognition

45. Almost 60% of respondents felt that there was an increasing prevalence of disability in society with a further third being unsure. There were a number of factors that led to this –

    - An aging population, and the rising upper age limit of the working-age population (particularly where jobs are very physical) have both led to increased disability overall;
    - The legacy of the Covid pandemic leaving many with long Covid and a greater prevalence of mental health conditions particularly among young people whose social development was heavily impacted by the lockdown;

- The cost of living crisis, increasing poverty, a struggling social care system, and poor quality housing have all contributed to worsening health, which is then further impacted by a lack of timely medial intervention causing treatable conditions to deteriorate into long-term disabilities;
- Better awareness and recognition of health conditions, eg neurodiversity, has helped people to understand the difficulties they face, and empowered them to seek support.

46. Overall, the increase in PIP claims in recent years needs addressing on many fronts. Concerns were expressed about politicians claiming that the rising disability benefits budget, and by implication disabled people, were to blame for the 'devastating' effect on public finances, without recognising the multiple causes for the increased demand.[4] Such views fuel negative perceptions of disabled people which in turn increase stigma and isolation.

More support is needed for both employers and employees to fully enable disabled people to reach their potential in work

47. Many disabled people can and want to work, but more needs to be done to support both employers and employees –
    - While remote and flexible working can increase accessibility, members expressed concern about social isolation, or about employers demanding a return to the office with a lack of flexibility;
    - Many members commented on the difficulty in getting employers to make reasonable adjustments and the lack of support for them in doing this[5];
    - In addition, huge delays in the Access to Work system, alongside inconsistency and inadequacy of awards, makes it much more difficult for disabled people to move into, or stay in, work[6];
    - Although increased digitalisation offers different ways of managing work and may increase options for remote working, there is also a risk that some simpler jobs are no longer required;
    - Expectations in the work place with demanding targets can also be difficult to meet for those with limited stamina or fluctuating conditions and employers may be unwilling to make adjustments.

There are mixed views on the direction PIP should take going forwards

48. Many members feel that PIP should remain independent of work-related criteria and should not become a surrogate work capability assessment. However, others feel a more

[4] https://www.lbc.co.uk/article/benfits-starmer-spending-cuts-austerity-liz-kendall-pip-5Hjd2cK_2/

[5] The Work and Pensions committee has recently called for a two-week legal deadline for employers to respond to requests for reasonable adjustments from disabled workers - https://committees.parliament.uk/committee/164/work-and-pensions-committee/news/213607/mps-call-for-twoweek-response-deadline-from-employers-to-disabled-workers-requests-for-adjustments/

[6] As highlighted during the Public Accounts Committee evidence hearing in March 2026 - https://committees.parliament.uk/oralevidence/17308/html/

unified approach to ensuring disabled people get the support they need without having to jump through different hoops was better.

49. There was significant concern that reforms were looking to reduce claimant numbers and that it was important to maintain financial support while also taking a more holistic view including other types of support.

Going forwards, disabled people should be involved in the policy-making process and there should be a move towards a more flexible and holistic assessment approach

50. There is strong support for the inclusion of people with lived experience when developing policy. Some suggested regular reviews to ensure the system remains functional in a fast-evolving world, and that these should be conducted by an independent body to avoid becoming political or weaponized.

51. There was again a call for a more holistic approach that better reflects mental health, neurodivergence and fluctuating conditions, and that also reflects needs in a changing society.

There is a fundamental tension between maintaining fiscal control and meeting the needs of disabled people

52. Many members argue that budgetary caps are inappropriate. The important issue is to ensure that disabled people are fully supported to participate in society. Reducing the financial support that benefits offer leads to increased pressure on other public services such as health and social care.

53. If savings are to be made, suggestions included that rather than cutting awards administrative savings could be made by bringing assessments in-house and/or reducing the need for assessments by using other more appropriate evidence. Further savings could be made by improving the mandatory reconsideration system so that decisions are properly reconsidered as they were in 2021[7] so that the expense and delays of appears are avoided.

Conclusion

54. Overall, there was a recognition that PIP needs reforming to reflect the changing needs and demands of society. However, this needs to be done as part of a larger, more holistic review of how to remove barriers for disabled people and enable them to lead a full and active life, including both financial and other forms of support.

55. Key themes include –
    - Developing a culture of trust and support;

[7] See https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-january-2026/personal-independence-payment-official-statistics-to-january-2026#mandatory-reconsiderations-mrs

- Widening the sources of evidence and providing greater weight to longitudinal evidence;
- A more holistic view of fluctuating conditions and recognition that carrying out activities can sometimes result in increased symptoms;
- Increasing transparency and improving communications;
- A fairer and more effective system to challenge decisions;
- Ensuring the availability of free and independent advice and advocacy;
- Focusing on appropriate support rather than budgets, recognising that cuts in one area often result in increased demand elsewhere.

56. NAWRA fully supports the involvement of people with lived experience in decisions relating to reform, but emphasises that this must be real consultation and involvement which is not then dismissed on the basis of 'budgetary parameters'.[8]

[8] Q118 and Q119 https://committees.parliament.uk/oralevidence/16762/html