The Timms Review of Personal Independence Payment (PIP): Evidence from Experts Findings Report

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1. Executive summary

The Evidence from Experts work strand brought together over 80 participants from a wide range of backgrounds to consider what PIP should look like in the future and what outcomes it should seek to achieve. Experts included D/deaf and Disabled People's Organisations (DDPOs), charities, think tanks, healthcare professionals, academics, assessment providers, appeals specialists, political representatives and experts from the devolved nations and overseas administrations.

Experts agreed that PIP should remain a non-means-tested cash benefit that contributes towards the extra costs associated with disability and supports participation and autonomy. This view was shared across DDPOs, charities, think tanks and political stakeholders. No participants advocated means-testing PIP or replacing cash support altogether, although some think tanks and the Conservative spokesperson raised questions about the long-term sustainability of rising caseloads and expenditure.

There was also wide agreement that the claimant experience needs to improve. Across stakeholder groups, the current process was seen as overly complex, stressful and often adversarial. DDPOs, charities, healthcare professionals and devolved administrations all supported simplifying the application process, reducing unnecessary reassessments, improving accessibility and making better use of existing evidence. There was also widespread support for more person-centred

assessments that better reflect fluctuating conditions, cumulative impacts and real-world barriers.

Trust, dignity and co-production were recurring themes. DDPOs, devolved administrations, charities and academics argued for a shift away from a culture of suspicion towards one based on respect, transparency and partnership with disabled people.

Views differed most on the future design of the award. While many charities, DDPOs and think tanks saw value in offering services alongside financial support, there was concern about what this would mean for the cash award and whether this would be mandatory. Some experts favoured more targeted or finely graded awards, while others prioritised avoiding additional complexity. A tension was raised about how to ensure that flexible, person-centred assessments resulted in consistent decision-making.

Experts consistently stressed that PIP does not operate in isolation. Many argued that reform should be accompanied by improvements in health, social care, employment support and advice services so that costs and pressures are not simply shifted elsewhere.

Taken together, there was a clear consensus on retaining the core purpose and flexibility of PIP, while making the process simpler, more accessible, more respectful and better integrated into the wider support system.

2. Introduction

The Evidence from Experts work strand was one of six evidence and engagement strands established by the Timms Review. Its purpose was to gather detailed evidence and ideas from people with professional expertise, specialist knowledge and lived experience of disability, health and social security. This evidence informed the steering group's consideration of recommendations.

Between July and September 2026, the Review held 26 oral sessions involving 83 participants. Representatives from all major UK political parties were invited, alongside a broad range of organisations and individual experts. Not everyone approached was able to take part, but the sessions brought together a wide range of perspectives. Annex A lists the sessions and participants.

The sessions explored the changes experts would like to see to PIP, why they were needed and how they should be achieved. This report brings together the main themes from those discussions. It identifies areas of agreement, explains caveats and different views and sets out the changes suggested by participants.

3. Approach to gathering evidence from experts

The work strand was overseen by a working group chaired by Jean Andre Prager, with Mark Brookes as deputy chair. The other working group members were Dr Lucy Reynolds, Phil Stevens, Dharshana Sridhar and the Minister for Social Security and Disability.

The 26 sessions featured between one and eight experts and were chaired by different members of the steering group. Most discussions were structured around a core question:

> If you could redesign PIP, what would it look like and what outcomes would it seek to achieve?

Further questions explored particular issues, including the assessment process, fluctuating conditions, appeals and connections to wider support.

Notes and recordings were made available to steering group members. This allowed members who could not attend a session to consider the evidence as they developed their thinking.

To enable open discussions, participants were informed that comments would not be attributed to individuals without their explicit permission. The report therefore focuses on themes across the discussions. It notes the types of organisations or experts who raised particular points, so readers can understand the range

of perspectives. These notes are illustrative and not exhaustive.

A small number of points are attributed to named political representatives or other individuals, with their permission. This is where the content would make anonymisation impossible or where their role is important to understanding the point.

4. Approach to writing this report

DWP officials drafted this report and the Evidence from Experts working group reviewed and shaped it. An artificial intelligence tool, Microsoft Copilot, was used to help identify recurring themes across the 26 sessions. Officials reviewed and refined those themes, examined the session notes in detail and manually extracted the insights and suggested changes. Artificial intelligence was not used to summarise the source material or draw conclusions.

Frequency framework

This is qualitative evidence. The terms used in the report describe how often a view arose across the sessions, not the proportion of all participants who supported it.

Term	Use
One / two	Identifies the precise number of experts that raised a point.
Several / some	Means a view arose among more than two participants in more than two sessions but was not raised consistently.
Many / broad agreement	Means a view arose repeatedly across a substantial range of sessions and stakeholder groups.
Consensus	Used where many experts raised the issue and there was no material disagreement among them.

5. Key themes and suggested changes

For each key theme, the summary is organised around three points:

- what experts agreed on,
- caveats and different views, and
- suggested changes.

Suggested changes are presented first as an overarching recommendation, followed by examples of how experts proposed achieving it.

5.1 The purpose of PIP

Experts agreed on PIP's core purpose – to contribute towards extra costs and support independence –

and warned that gaps elsewhere in the system were stretching PIP.

What experts agreed on

There was broad agreement that PIP should continue to contribute towards the extra costs associated with disability. This view was shared by think tanks, charities and DDPOs. Experts also emphasised that PIP supports independence, autonomy and participation in society, with this point raised particularly often by DDPOs and charities.

Several experts said disabled people increasingly use PIP to manage pressures that arise elsewhere, including long waits for NHS treatment and wider cost-of-living pressures. They argued that PIP was not designed to replace health, social care or other public services and that wider reform was needed if PIP is to remain targeted and effective.

Caveats and different views

Whilst views on the purpose of PIP were similar, experts had different perspectives on the wider context in which it was operating and the factors affecting demand. They noted that the PIP caseload was growing but offered different explanations for this. Reasons cited included rising disability prevalence, changing patterns of ill health, improved recognition and diagnosis, cost-of-living pressures and gaps in public services.

A healthcare professional warned against trying to calculate each person’s exact extra costs. Evidence

from the Netherlands, where disabled people can deduct certain costs from income tax, was used to illustrate how systems designed around precise costs can become complex. Nevertheless, several other experts wanted a closer relationship between individual need, costs and the level of award, which they felt would be fairer and more effective.

Suggested changes

Overarching recommendation: Keep PIP as a benefit that contributes towards the extra costs disabled people face because of the barriers they experience.

5.2 The PIP award

Experts strongly supported retaining cash as the foundation of PIP. Views differed on targeting, the number of award levels and the place of services alongside cash.

What experts agreed on

There was broad support for maintaining a cash award because it gives people flexibility, supports individual choice and can respond to different circumstances. Several DDPOs and welfare charities warned that reducing the cash award could increase poverty and homelessness, reduce employment, leave support needs unmet and place greater pressure on other public services.

Experts also broadly agreed that eligibility should remain independent of employment status. DDPOs and the Liberal Democrats spokesperson were explicit on this point. In terms of the award, however, many thought that PIP should open up better employment support. Several experts, including the Green Party spokesperson, Conservative spokesperson and a DDPO, suggested that PIP should be part of a multi-pronged approach to help people to get into work. To do this, they suggested better links to Access to Work and offering employment support as part of the award.

Caveats and different views

Several experts supported services alongside cash, including politicians, DDPOs, think tanks and charities. Suggested services included support with housing, healthcare, social care, employment, education and transport. However, the Liberal Democrats spokesperson stressed that any support should not be mandatory and two DDPOs explicitly stated that additional support should not come at the expense of a reduced cash offer.

There was some support for more targeted or finely graded awards based on need, the severity of a condition and individual circumstances. This came from the Green Party spokesperson, the Conservative spokesperson, a DDPO and two think tanks. Other experts placed greater weight on avoiding additional complexity.

Several think tanks raised the growth in claims among young people. They asked whether under-25s might

benefit from a different offer, with more intensive early intervention and employment support.

Some experts described rising PIP caseloads and spending as unsustainable, although they did not explicitly recommend reducing the cash award.

Suggested changes

Overarching recommendation: Retain a non-means-tested cash award as the foundation of PIP.

Specific suggestions from experts:

- Maintain the cash award at its current level, ensuring PIP eligibility is not linked to employment status (Liberal Democrats spokesperson, Deputy First Minister of Wales, DDPOs and welfare charities).
- Explore one-off payments for one-off costs, without replacing ongoing support where needs continue (a DDPO and think tanks).

Overarching recommendation: Offer wider support alongside cash where it is useful and chosen by the individual.

Specific suggestions from experts:

- Provide support with healthcare, social care, housing, education and transport (charities, DDPOs and think tanks).

- Strengthen links with employment support (Green Party spokesperson and a DDPO).
- Ensure services are optional and do not reduce the cash award (Liberal Democrats spokesperson and DDPOs).

Overarching recommendation: Consider whether greater targeting of the award structure could improve outcomes.

Specific suggestions from experts:

- Explore more levels of award, targeted at severity of a condition and an individual's circumstances (Green Party spokesperson, DDPOs and think tanks).
- Consider a distinct support offer for under-25s focused on early intervention and employment support (think tanks).

5.3 Trust, dignity and legitimacy

Experts repeatedly linked trust in PIP to the way people are treated, the public narrative around the benefit and the extent to which disabled people shape reform.

What experts agreed on

Many experts described low levels of trust in PIP and DWP. DDPOs and think tanks often characterised DWP as a gatekeeper rather than an enabler. One commented that "the assessment process feels designed to catch people out", rather than understand their circumstances.

A healthcare professional and a welfare charity said that this adversarial culture could increase stress, worsen health and make people afraid to work, in case it was taken as evidence that they did not need PIP. Several DDPOs called for a culture based on belief rather than suspicion. Assessment providers said assessors begin from the position of believing claimants but must gather detail and test information against the criteria. They acknowledged that this can feel challenging to claimants.

The Cabinet Secretary for Social Justice and Housing in Scotland stated that robustness and respectful treatment are not competing aims. She cited Adult Disability Payment (the equivalent of PIP in Scotland) as evidence that a system can place dignity, fairness and respect at its heart. Several experts, including a welfare charity and a DDPO, supported learning from Scotland's rights-based approach and Social Security Charter. The Deputy First Minister of Wales also highlighted the Wales Benefits Charter which requires organisations delivering benefits to adopt a person-centred approach, treat people with dignity, reduce stigma and increase take-up.

Beyond the PIP process, many experts, including the Cabinet Secretary in Scotland, the Liberal Democrats spokesperson and DDPOs, considered political and media narratives about PIP harmful. They referred to the emphasis on cost, stigma towards claimants, links drawn between PIP and employment and a strong focus on fraud. The Conservative spokesperson stressed the need to include all taxpayers in these conversations in order to ensure broad public consensus.

Many experts also supported continued co-production to "design a system that is genuinely trying to get the best results for people" (Cabinet Secretary for Social Justice and Housing).

In a session with Welsh experts on co-production, the following were set out as pre-conditions for embedding co-production successfully:

- Work with disabled people and DDPOs throughout policy design, implementation and evaluation.
- Resource DDPOs to support claimants to participate in co-production.
- Invest time, resources, training and leadership commitment for all those engaged with the process (including officials) to support co-production and trust-building.
- Set clear expectations about the nature and extent of co-production.
- Establish independent advisory and scrutiny mechanisms involving disabled people.

Caveats and different views

Several experts noted that the uncertainty about the future of PIP, in light of previous proposals and the current Review, is leading to apprehension and rumours (Liberal Democrats spokesperson, DDPOs). They highlighted the need for any reforms to be accompanied by clear messaging – setting out the rationale for changes, the vision, transition arrangements, sensible

lead-in times and alternative support if eligibility changes (DDPOs, a welfare charity).

Suggested changes

Overarching recommendation: Build trust by treating people with dignity, reducing stigma and explaining changes clearly.

Specific suggestions from experts:

- Operate on a presumption that claimants are giving an honest account (DDPOs and think tanks).
- Learn from rights-based approaches in Scotland and Wales, including charters, take-up work and anti-stigma activity (devolved ministers in Wales and Scotland, co-production experts and charities).
- Ensure information about PIP in the public domain is accurate, transparent and addresses misinformation (Cabinet Secretary for Social Justice and Housing in Scotland, Liberal Democrats spokesperson, academics and DDPOs).
- Communicate future reforms clearly (Liberal Democrats spokesperson, DDPOs and a welfare charity).

Overarching recommendation: Embed co-production throughout ongoing PIP reform.

Specific suggestions from experts:

- Set up mechanisms to embed disabled people and DDPOs in policy design, implementation and ongoing scrutiny, including disabled people from minoritised and seldom-heard groups (devolved ministers, DDPOs and co-production experts).
- Pay disabled people and DDPOs for their expertise (DDPOs and co-production experts).

5.4 The experience of claiming and receiving PIP

Across stakeholder groups, experts agreed that the process to claim PIP is too difficult to navigate. They suggested changes to simplify the form, reduce the burden of evidence gathering and avoid unnecessary reassessments.

What experts agreed on

Many participants, including DDPOs, the Green Party spokesperson and the Deputy First Minister of Wales, described the application process as complex and intimidating. One expert from a DDPO said, “people have a breakdown when they even see the form”. Experts also noted that many claimants need substantial help to navigate the process, but independent advice services

are facing funding pressures and do not always have the capacity to support them.

Accessibility concerns were raised across several sessions with DDPOs, particularly for people with learning difficulties, neurodivergent conditions and mental health conditions. Experts wanted clearer information throughout the claim, including guidance on what evidence is useful. One DDPO asked for assessment questions to be explained in advance. Several experts, including the Cabinet Secretary for Social Justice and Housing in Scotland, welcomed the increasingly digital process but stressed that non-digital routes must remain to prevent exclusion.

The burden of gathering evidence was another recurring concern. Healthcare professionals and DDPOs said claimants must repeatedly provide information already held elsewhere in the public sector. Edel Harris explained that in Scotland, claimants can request that Social Security Scotland contacts GPs and other medical professionals for supporting information on their behalf, which helps to reduce the burden. Another expert warned that some PIP claimants already assume DWP does this and may therefore omit important evidence.

Many experts also raised the stress caused by assessments and award reviews. A DDPO described a case where a woman ignored all communications about her award review, because she was so concerned about what engaging in the process would do to her mental health, and subsequently lost her PIP. Suggested

improvements focused on reducing unnecessary assessments and reassessments.

Caveats and different views

The Conservative spokesperson noted that it may not be possible to remove all stress from assessments, given the financial implications for claimants if they are not awarded PIP. Some experts suggested transitional protection where eligibility ended or the award was reduced, to allow claimants time to adjust to the lower income.

Suggested changes

Overarching recommendation: Make the application process shorter, clearer and more accessible.

Specific suggestions from experts:

- Shorten the PIP2 form (DDPOs and disability charities).
- Improve guidance and accessible information throughout the process, including clearer explanations of what evidence is relevant (DDPOs and disability charities).

Overarching recommendation: Make support available throughout the claims process for people who need it.

Specific suggestions from experts:

- Embed access to independent advice or advocacy from the start of the claim (DDPOs).

Overarching recommendation: Reduce the burden of finding and submitting evidence.

Specific suggestions from experts:

- Improve consent-based information sharing with the NHS and other parts of government so people do not have to provide the same information repeatedly (healthcare professionals, charities, local government representatives).
- Consider DWP gathering evidence on a claimant's behalf, while making responsibilities clear (an appeals expert).

Overarching recommendation: Make assessments and reviews proportionate to the evidence and the likelihood that needs will change.

Specific suggestions from experts:

- Introduce lifetime awards where there is no likelihood of improvement (DDPOs, academics and disability charities).
- Use longer awards and lighter-touch reviews where appropriate (charities and healthcare professionals).
- Make greater use of paper-based decisions and end assessments once there is enough evidence (healthcare professionals and academics).
- Use trauma-informed principles (charities and healthcare professionals).
- Consider a separate route for severe conditions where entitlement is clear (healthcare professionals).

5.5 Assessments, including fluctuating conditions

Experts agreed that the current approach to assessments can miss how conditions fluctuate over time and how several conditions or barriers combine. They highlighted the need to make assessments more responsive to individual lives and circumstances.

What experts agreed on

There was broad agreement that assessments focus too heavily on what people cannot do. The Conservative spokesperson, Green Party spokesperson and DDPOs all raised this concern. The Deputy First Minister of Wales and several DDPOs argued that assessment should take better account of the social model of disability, including barriers and the support needed to overcome them.

There was a consensus amongst healthcare professionals, DDPOs and charities that the current approach to assessments does not work well for fluctuating conditions. They described it as rigid and based on a snapshot. In the session on fluctuating conditions, experts raised particular concerns about the inflexibility of the 50% rule and inconsistent application of the reliability criteria.[1]

Experts wanted assessments to examine the pattern and effects of a condition over time. Academics, DDPOs and disability charities suggested asking systematically about

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1 The PIP 50% rule means that for a difficulty or disability descriptor to count towards your points score, it must affect your ability to carry out an activity on more than 50% of the days across a 12-month period. Under the PIP Assessment Guide, you can only be considered able to complete a daily living or mobility activity if you can perform it meeting four reliability criteria: safely, to an acceptable standard, repeatedly and within a reasonable time period.

better days, typical days, flare-ups and recovery periods. Disability charities suggested inviting claimants to submit diaries. Academics and charities also suggested condition-specific prompts.

Experts also wanted the process to reflect cumulative impacts. Academics and DDPOs highlighted pacing, recovery time, mental distress, executive functioning, burnout and the combined effect of multiple conditions. Healthcare professionals said occupational therapy and social prescribing offered useful examples of understanding people in the context of their whole lives.

Caveats and different views

One expert valued the use of points and descriptors because they are relatively easy to understand. However, there was broad agreement among the other experts who discussed them that they are too reductionist and do not capture real-life circumstances. Some proposed more conversational or semi-structured interviews using a question bank.

In terms of improving the assessment of fluctuating conditions, some experts favoured specialist assessors and more condition-specific prompts. Others focused on strengthening the skills of all assessors through ongoing training and clearer professional development.

On personalisation of the assessment, evidence from France illustrated a trade-off. Its more tailored approach provides more person-centred support, but has also led to greater complexity, longer processing times and more administration.

Several experts agreed that functional impact should remain central and warned against relying on diagnosis alone. Several healthcare professionals supported inviting evidence from a wider range of sources, including occupational therapists, physiotherapists, mental health services, allied health professionals, social workers, carers and family members, because this can describe functional impact more clearly than diagnostic evidence alone. Another healthcare expert, however, suggested focusing on improving the quality of GP evidence, which currently often focuses on diagnosis and treatment rather than day-to-day function.

Suggested changes

Overarching recommendation: Focus assessment on the barriers people face and the support they need.

Specific suggestions from experts:

- Frame questions around barriers, support needs and individuals' goals (academics, Green Party spokesperson and DDPOs).
- Take account of care arrangements and the wider household (charities and healthcare professionals).

Overarching recommendation: Assess the effects of disability over time, including fluctuation, recovery and cumulative impact.

Specific suggestions from experts:

- Ask consistently about better, typical, flare and recovery days, including frequency, duration and after-effects (academics, DDPOs and disability charities). Draw on claimant diaries where useful (disability charities).
- Make it easier for claimants to report changes and receive a timely response (disability charities).
- Actively invite evidence from a wider range of professionals and from carers and family members where relevant (healthcare professionals and DDPOs).

Overarching recommendation: Introduce a more flexible, personalised assessment while retaining clear and consistent decision-making.

Specific suggestions from experts:

- Approach the assessment as a structured conversation, supported by a question bank and condition-specific prompts (academics and a healthcare professional).

- Draw on occupational therapy and social prescribing approaches that consider the person in the context of their whole life (healthcare professionals).
- Modernise descriptors to better reflect real-world experiences and the cumulative impacts of disability, rather than “arbitrary metrics” like being able to walk a fixed distance (a healthcare professional and Edel Harris).
- Improve specialist and ongoing assessor training, creating clearer professional development routes (DDPOs, Deputy First Minister of Wales and a healthcare professional).
- Provide GPs with clearer guidance, training and forms focused on functional impact (a healthcare professional).

5.6 Decision-making and appeals

Experts linked the number of appeals to the quality, consistency and transparency of earlier decisions. They wanted better explanations of decisions for claimants and for DWP to learn more systematically from appeals which overturn decisions.

What experts agreed on

Several welfare charities described decision-making as inconsistent and sometimes poor quality. They supported improved training, monitoring and feedback to decision makers. One charity stressed that training would only

help if learning became part of everyday culture and practice.

Several experts argued that clearer explanations could improve both decision quality and trust. One expert described Mandatory Reconsideration letters as “one size fits all”. Another explained that tribunal letters only cite the evidence supporting the decision, which can make claimants feel that other evidence they have submitted has been ignored.

Disability charities wanted decision letters to show how evidence had been considered, including on fluctuating conditions. Adult Disability Payment letters were cited as a useful example because they provide a fuller explanation of what was decided and why. Another suggestion was to share a provisional summary or decision with the claimant so they could clarify information or submit further evidence. This was supported by appeals experts, healthcare professionals and DDPOs but was not discussed across all sessions.

Experts described the process as administratively demanding and complex, which puts many claimants off. Several experts noted that advice and support is often needed to navigate the process, but access to advice can be constrained by where they live, their digital capability or the capacity of services. Appeals experts said many claimants represent themselves and may submit large amounts of evidence, due to a lack of clear guidance about what is relevant. This places a burden on claimants and can delay tribunal hearings, particularly where the evidence is submitted late in the process.

Several experts supported stronger feedback loops from appeal outcomes into assessment and decision-making. Appeals experts said this depended on better data. They described the current recording of tribunal outcomes as too broad and inconsistent for detailed analysis, with IT limitations preventing more granular analysis, including by demographic group.

Caveats and different views

Assessment providers said there was already an intensive audit regime. They noted the importance of allowing assessors to exercise autonomy and judgment, responding to the person in front of them. This highlighted a tension between standardisation and professional autonomy.

Suggested changes

Overarching recommendation: Improve the quality and consistency of assessments and decisions while preserving appropriate professional judgement.

Specific suggestions from experts:

- Strengthen training for health assessors and decision-makers and check that learning is reflected in practice (think tanks, welfare charities and academics).

Overarching recommendation: Explain decisions and appeal requirements clearly.

Specific suggestions from experts:

- Make decision and appeal letters clearer and more personalised, showing why the decision was reached and how evidence was used (appeals experts and disability charities).
- Improve online information about appeals and the evidence most likely to be relevant, particularly for people representing themselves (disability charities and appeals experts).
- Consider sharing a provisional decision so claimants can correct misunderstandings or provide further evidence before a final decision (appeals experts, healthcare professionals and DDPOs).

Overarching recommendation: Use Mandatory Reconsideration and appeal outcomes to improve earlier decisions.

Specific suggestions from experts:

- Record the reasons decisions are changed more accurately and consistently (appeals experts).
- Reinvest savings from avoiding unnecessary appeals in advice, advocacy and claimant support (a welfare charity).

5.7 The wider system and support

Experts agreed that PIP reform cannot succeed in isolation. The main questions were how far PIP should connect people to other support and how to avoid new gaps, cliff edges or local variation.

What experts agreed on

Many DDPOs described disability support as fragmented and difficult to navigate. One said the closure of some DDPOs and independent living centres had made it harder to find help outside already stretched statutory services. Some experts suggested defining a shared set of outcomes across health, social care and welfare, to ensure services were aligned and joined up.

Experts also highlighted wider pressures, including long waits for treatment, limited workplace support and crisis-based thresholds in other services. Many said benefit reform alone could not resolve these problems. Several experts, including DDPOs, said better PIP data could help DWP show other parts of government where unmet needs and costs arise. The Green Party spokesperson suggested gathering data on disabled people's needs and costs to create a feedback loop to drive change at the root of the issue.

Several experts supported better signposting or referrals from the PIP process to health, employment and community support. Healthcare professionals and the Liberal Democrats spokesperson said this would make assessments a more positive interaction, rather than

simply an eligibility exercise, and would provide access to support for those who did not qualify for PIP.

In terms of passporting, a key example was Motability. Representatives of Motability felt that the eligibility for the scheme (the enhanced rate mobility component) functioned well in identifying those who would benefit most, with about 30% of this group choosing to use their qualifying allowance to lease a Motability vehicle. They stressed the advantages of maintaining Motability as the sole provider under the scheme for three reasons:

1. This ensures Motability operates for purpose and not for profit.
2. The scale improves the deals Motability can access, with Motability cars working out as around 40% cheaper than those available on the open market.
3. The scale ensures that Motability can cross-subsidise, enabling customers who would not otherwise be able to access insurance or an adapted vehicle to do so. The cross-subsidy for Wheelchair Accessible Vehicles was worth around £150m last year.

Motability said more up-to-date, detailed DWP data on the conditions experienced by PIP claimants could support better public understanding of who receives PIP and help address misinformation and stigma.

Caveats and different views

One DDPO suggested local delivery could improve coordination. However, most experts who discussed local administration were concerned it could create delay and

variation. Evidence from France and the Netherlands, which both use a local delivery system, highlighted similar risks. However, the use of disability centres (MDPHs) in France, which act as a single point of access and coordinate multiple services and benefits, goes some way to reducing the complexity of the system.

Some experts supported automatic passporting from PIP to other benefits and services because it reduces repeated applications. But charities warned that aligning eligibility across schemes with different purposes could exclude people or create a cliff edge if PIP entitlement ended. Several experts pointed out the complex interactions with Carer's Allowance, for example. Motability's transitional arrangements were cited as one safeguard: when their customers lose the enhanced mobility rate of PIP, they provide at least 8 weeks of transitional support where the customer can retain the vehicle (longer where an MR is in progress).

Many experts raised the possibility of cost-shunting and unintended consequences resulting from reforms to PIP. The Deputy First Minister of Wales sought assurance that a robust impact assessment would be undertaken and Cabinet Secretary for Social Justice and Housing in Scotland emphasised that PIP reforms should not negatively impact ADP. Several experts similarly highlighted the need to assess PIP reform alongside other changes planned in the wider disability support system, to avoid costs simply being shifted elsewhere.

Suggested changes

Overarching recommendation: Set PIP reform within a wider approach to disability support, with clearer shared outcomes across services.

Specific suggestions from experts:

- Improve coordination across the disability support landscape to reduce the burden for individuals and align intended outcomes (DDPOs, Green Party spokesperson, charities)
- Influence the wider disability support system to prioritise early intervention and prevention, including through collecting data on disabled people's needs and costs (disability charities, DDPOs, Green Party spokesperson).

Overarching recommendation: Use the PIP process to connect and passport people to useful support.

Specific suggestions from experts:

- Increase signposting offered in the PIP assessment process (healthcare professionals, Liberal Democrats spokesperson).
- Increase integration and proportionate passporting where schemes have compatible purposes (charities and DDPOs, local government representatives).

- Assess carefully the effects on Carer's Allowance, families and carers before changing PIP eligibility or passporting arrangements (carers' organisations).

Overarching recommendation: Assess the full effects of reform before implementation.

Specific suggestions from experts:

- Conduct a comprehensive impact assessment of any proposed PIP reforms on the wider disability support system and devolved nations (Deputy First Minister of Wales and charities).
- Consider reforms alongside other planned changes to disability support to identify cost-shunting, delivery risks and unintended consequences (local government representatives).

Annex A – Sessions and participants

The list below records the sessions held through the Evidence from Experts strand and the participants. Where we did not receive permission from participants to name them, they have not been included.

Changing Context of Health and Disability – part 1

- Charlotte Pickles, Re:State
- Eduin Latimer, Institute for Fiscal Studies
- David Finch, The Health Foundation
- Caroline Collier, Inclusion Barnet
- Ian Greaves, Disability Rights UK
- Clive Gilbert, Policy Connect

Changing Context of Health and Disability – part 2

- Ryan Wain, Tony Blair Institute
- Louise Murphy, Resolution Foundation
- Samuel Thomas, Z2K
- Keith Moore, Disability North
- Jules Dymond, Welfare Benefits Unit

Shadow Secretary of State for Work and Pensions (Conservative)

- Helen Whately MP

Liberal Democrats spokesperson for Work and Pensions

- Steve Darling MP

Green Party spokesperson for Work and Pensions

- Siân Berry MP

Devolved government minister – Scotland

- Shirley-Anne Somerville MSP, Cabinet Secretary for Social Justice and Housing (Scottish National Party)

Devolved government minister – Wales

- Sioned Williams MS, Deputy First Minister of Wales and Cabinet Minister for Social Justice and Equality (Plaid Cymru)

Devolved contexts – Edel Harris

- Edel Harris OBE, Chair, Independent Review of Adult Disability Payment

Devolved contexts – Welsh Disability Rights Taskforce

- Jane Hutt CBE, former Cabinet Secretary for Social Justice

- Professor Debbie Foster, Cardiff Business School, Cardiff University (co-chair of the Welsh Government's Disability Rights Taskforce)

Regional D/deaf and Disabled People's Organisations – part 1

- Rick Burgess, Greater Manchester Coalition of Disabled People
- Charlotte Hall, Difference North East

Regional D/deaf and Disabled People's Organisations – part 2

- Chelsea Smith, Disability Resource Centre
- Sophie Fournel, Disability Assist
- Rhian Davies, Disability Wales

Regional D/deaf and Disabled People's Organisations – part 3

- Mark Baggley, Choices and Rights Disability Coalition Hull
- Aileen Hughes, Action on Disability
- David Redgewell, South Gloucestershire Disability Equality Network

Regional D/deaf and Disabled People's Organisations – part 4

- Arianne Brown, Equal Lives Norfolk

- Jayne McCann, Access Dorset

Fluctuating conditions

- Sangeeta Enright, Cystic Fibrosis Trust
- Aidan Rylatt, Sickle Cell Society
- Dr Alex Murray, Institute for Crime and Justice Policy Research at Birkbeck, University of London
- Mark Randall, Society of Occupational Medicine/ Ingeus
- Rhiannon Finnie, Shine Cancer Support

Passporting

- Councillor Sarah Rouse, Local Government Association
- Shelley Hopkinson, Turn2us
- Phil Holmes, Association of Directors of Adult Social Services

Mental health and neurodivergence

- Dr Aimee Grant, School of Health and Social Care at Swansea University
- Jess Thom, Touretteshero
- Maddy Rose, Mencap
- Tanya Marwaha, Taraki
- George Lankester, Help for Heroes

Alternative PIP assessment

- Professor Kamila Hawthorne MBE, GP and Chair of NASP
- Professor Tom Sensky, Faculty of Medicine at Imperial College London

International approaches – Australia

- Official from the Department of Health, Disability and Ageing
- Two officials from the Department of Social Services

International approaches – Netherlands

- Two officials from the Ministry of Health, Welfare and Sport

Clinical policy – DWP

- Three Clinical Policy Educators
- Deputy Clinical Professional Lead

Clinical leads for PIP assessment providers

- Dr Shah Faisal and Annalise Edwards, Capita
- Sharon Brown, Laura Kew and Dr Mark Randall, Ingeus
- Joel Booth and Sam Atherton, Maximus
- Dr Barrie McKillop and Joe Griffiths, Serco

Motability

- Nigel Fletcher, Motability Foundation
- Andrew Miller, Motability Operations

Appeals – Citizens Advice

- Alice Buchanan, Welfare Benefits Expert at Citizens Advice

Appeals – DWP

- Mandatory Reconsideration Official
- Appeal Writer
- Presenting Officer

Appeals – HM Courts and Tribunals Service

- Social Security and Child Support Tribunal official

Written evidence

- The French Government