The Timms Review of Personal Independence Payment (PIP): Workshop in a Box Findings Report

The Workshop in a Box findings report was drafted by The Public Service Consultants (The PSC), with support from the DWP, as a summary of findings for the Timms Review steering group.

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1. Executive summary

The Timms Review used the Workshop in a Box as part of their evidence gathering and engagement. The Timms Review steering group invited organisations to run their own workshops discussing Personal Independence Payment (PIP) and submit the views of participants using publicly available, adaptable materials. This was inspired by the work of the Department of Health and Social Care, who ran a Workshop in a Box to capture the views of communities on the NHS 10 Year Health Plan through the Change NHS programme.

The Timms Review received 126 submissions from 109 organisations capturing discussions from 138 workshops across the country, with approximately 1240 participants. Workshops were run by a variety of organisations, including d/Deaf and Disabled People's Organisations (DDPOs), offices of Members of Parliament and organisations providing advice or support to people claiming or applying for PIP.

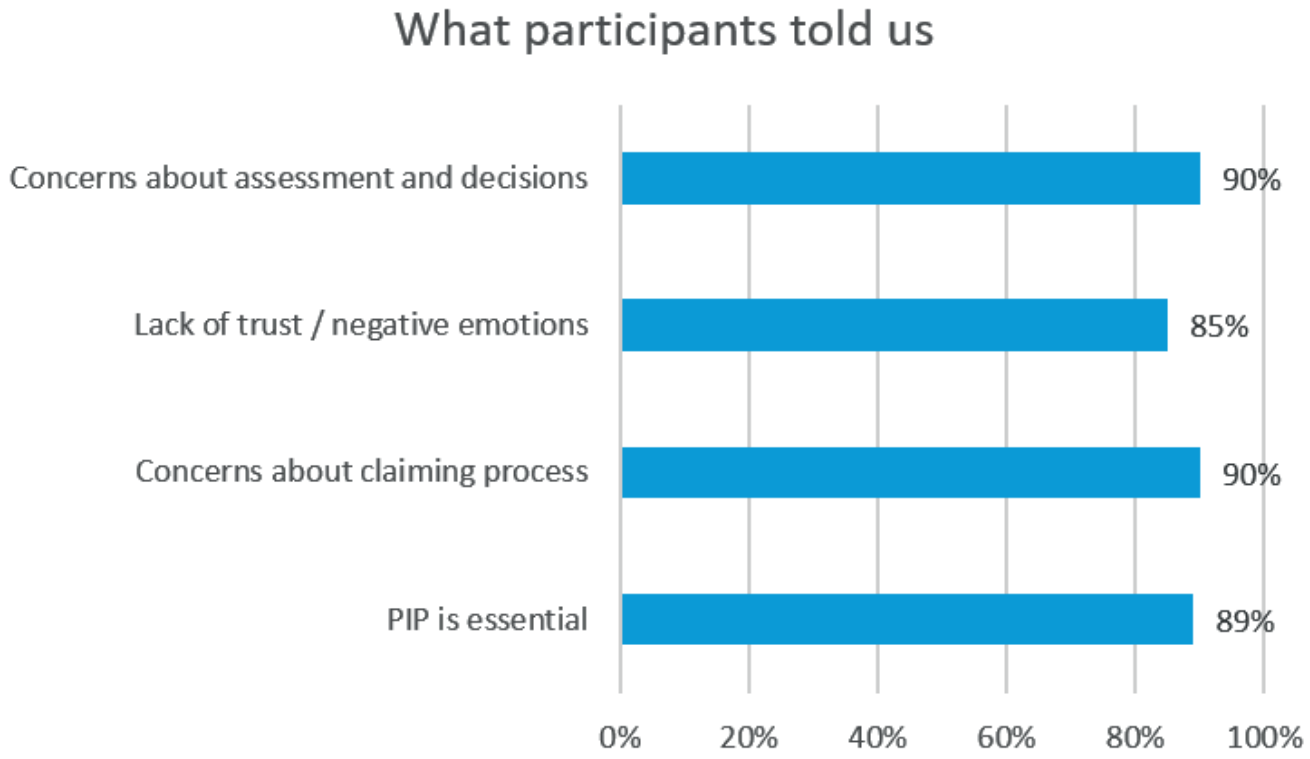
Workshops covered 3 key areas:

1. What PIP is for
2. What it is like to apply for PIP
3. How decisions are made about PIP

Responses were then analysed using a human-led, AI-assisted process to draw out themes from each workshop, which was independently validated.

1.1 Headline findings from the Workshop in a Box

Workshop participants described that while PIP is essential and a ‘lifeline’, the process of claiming it requires substantial improvements to meet the needs of applicants.



Approximately 89% of submissions described PIP as essential, a lifeline or critical to independence

Submissions widely described:

- The importance of a benefit that recognises the additional costs associated with disability and long-term health conditions.
- PIP as enabling mobility, employment, education, community participation and social inclusion.

- PIP as supporting dignity, autonomy and quality of life.
- That the importance of PIP to individuals has been increasing, with people increasingly using it to meet rising costs of living.

Approximately 90% of submissions expressed concerns about the process of claiming PIP

- Participants frequently described applications, evidence gathering, communication and administrative requirements as difficult to navigate and burdensome to manage.
- Many participants required support from family members, carers, and support organisations to apply for PIP.

Approximately 85% of submissions highlighted negative emotions and a lack of trust in DWP and the process

- Participants frequently described experiences of stress, anxiety, uncertainty and feeling disbelieved when navigating the PIP process.
- Submissions covered the emotional toll of navigating the process. This was largely due to the questions asked and interactions with DWP in which people feel disbelieved or like people are trying to catch them out.
- Discussions also highlighted concerns relating to low trust, dignity and a lack of confidence in the system and its ability to deliver a fair or consistent outcome.

Approximately 90% of submissions expressed concerns with what is assessed and decision-making

- Participants frequently questioned whether assessments captured the realities of living with a disability and long-term health conditions.
- Workshops raised concerns about fluctuating conditions, less visible conditions (such as mental health conditions and neurodivergence) and complex, interacting needs.
- Concerns relating to evidence, expertise of assessors on specific conditions and the inconsistency of decision-making frequently accompanied these discussions.

Many of the issues raised reflect broader system-level challenges rather than concerns specific to communities or locations. However, some groups shared specific issues they faced. For example:

Cohort	Key issue raised
Neurodivergent people	Forms, communication, administration
Mental health conditions	Anxiety, emotional impact
Fluctuating conditions	Snapshot assessments
Learning disabilities	Complexity and accessibility
Carers	Transfer of burden onto support networks
Rural communities	Travel and access issues

1.2 Improvements suggested through Workshop in a Box

Approximately 90% of submissions identified improvements to the process. Recommendations that were heard most consistently across workshops include:

Recommendation	Approximate Occurrence
Better use of medical evidence (GPs, consultants, existing records, NHS evidence)	~78%
Specialist or better trained assessors	~77%
Reduce reassessments for lifelong, permanent or progressive conditions	~70%
Improve accessibility and reasonable adjustments	~65%
Better communication and transparency	~55%
Better recognition of fluctuating conditions	~55%
Simpler forms and application process	~50%
Person-centred assessments (aligned with the social model of disability)	~45%
Face-to-face assessment option	~40%
Online or digital application process	~40%

Other recommendations that were raised less frequently included:

Recommendation	Approximate Occurrence
Flexible award structures and additional support tiers	~7%
Automatic entitlement for specific conditions	~6%
Reform of the Mandatory Reconsideration process	~5%
Greater inclusion of lived experience in assessments	~5%

Recommendation	Approximate Occurrence
Alternative routes for delivering disability support (e.g. travel vouchers, or equipment purchasing)	~3%
Community-based assessment and support models	~3%
Enhanced integration of financial and non-financial support	~2%
Targeted financial support (means tested model)	~2%

Examples of other ideas that participants felt could be capable of delivering significant change included:

Recommendation	Summary
Disability passport	A single verified disability record or identifier that could reduce repeated evidence gathering and reassessment.
Holistic whole-life assessment	Assessments considering the full impact of a condition on a person's life, rather than focusing only on individual activities or descriptors.
Universal online applications	A fully accessible online application and review process available to all claimants alongside existing channels.
AI-assisted application support	The use of AI tools to support claimants in understanding and completing application forms.
Social model assessments	An assessment approach focused on barriers to participation and independence, rather than solely on impairment or incapacity.
Specialist assessment pathways	Separate assessment routes for different disability groups, supported by assessors with relevant expertise.
Integrated disability support system	Greater data sharing and coordination across government and public services to reduce duplication and repeated evidence requests.

Recommendation	Summary
Human-in-the-loop AI model	Using AI to support decision-making processes while retaining meaningful human oversight and final judgement.
Healthcare initiated claim system	A model where healthcare professionals could help initiate or trigger the PIP process for eligible individuals, reducing claimant burden.

2. Introduction

The Workshop in a Box forms an integral part of the steering group's approach to evidence gathering and wider engagement for the Timms Review. The steering group selected this method to increase the reach of the Review to individuals who may not have engaged in other strands of work such as the Call for Evidence. The Workshop in a Box was intended to leverage the networks and expertise of organisations that know their communities best. It provided them with a flexible offer that could be adapted to the needs and experiences of different groups.

The Workshop in a Box was open from Monday 8 June to Friday 17 July, with a small number of responses being accepted up to Friday 31 July. In this time, the Review received 126 submissions from 109 organisations capturing discussions from 138 workshops across the country, with approximately 1240 participants. This included people with experience of applying for and receiving Personal Independence Payment (PIP), family members and carers and those providing formal advice

or support to those navigating the PIP system. Several MPs also ran sessions with their constituents.

The Workshop in a Box findings report was drafted by The Public Service Consultants (The PSC), with support from the DWP, as a summary of findings for the Timms Review's Workshop in a Box working group. It describes the methodology used and key findings from Workshop in a Box. It was shared with the steering group alongside other sources of evidence to help design recommendations to be taken to the Secretary of State in Autumn 2026. In addition to this document, the group had access to every submission (with any personally identifiable information redacted) and a list of suggestions for change or improvement made in each submission. The steering group also attended a meeting where the team who analysed the responses presented key findings and answered questions. Following the workshops, the Steering Group sent an email to participating organisations thanking them for their involvement, setting out the next steps for the review, and seeking feedback on the Workshop in a Box approach to identify learning and inform the design of any future engagement exercises of this kind.

3. Workshop in a Box methodology

3.1 The Workshop in a Box resources and financial support

A small group of Timms Review steering group members led the design and oversaw delivery of the Workshop in a Box. This working group was supported by The Public Service Consultants (The PSC), West of England Centre for Inclusive Living (WECIL), and DWP officials.

Workshops could include up to three sessions, each focused on how PIP currently works and participants' ideas for change:

1. What is PIP for
2. What it is like to apply for PIP
3. How decisions are made about PIP

As well as editable workshop materials, the Workshop in a Box included guidance for facilitators and forms to capture information about participants, organisations' submissions and their feedback. Materials were created in English, Welsh and a variety of accessible formats. The PSC ran two information sessions for organisations and one for MPs.

While Workshop in a Box was open to any organisation taking part, the Timms Review directly approached a small number of organisations to offer £1000 of financial

support. This was mainly to cover venue and workshop accessibility costs, supporting them to deliver accessible workshops with local groups and communities in their networks. These organisations were identified by the steering group for their ability to reach individuals and groups less likely to engage with government research or public consultations, including those from marginalised or underrepresented communities.

Further information about how the materials were designed and the approach to financial support can be found in annex A.

3.2 How workshop responses were analysed

Given the complexity of evidence generated through the Workshop in a Box and flexibility given to organisations to submit in a way that works best for them, The PSC and DWP used an AI-assisted, human-led approach to support analysis at scale. The methodology was designed to enable consistent and transparent analysis across the evidence while ensuring findings remained grounded in the views and experiences shared by participants.

3.2.1 AI analysis of responses

The analytical approach built on methods previously developed and deployed within DWP and the Timms Review, primarily used to support large-scale Call for Evidence analysis. This model was adapted specifically to the structure, needs and objectives of the Workshop

in a Box programme. AI was used to support evidence processing, and synthesis at scale, while human reviewers retained responsibility for interpretation, challenge, quality assurance, validation, and final judgement throughout.

Analysis followed a structured four-stage process:

- **Stage 1: Identifying themes:** Evidence from workshop submissions was reviewed and organised into a consistent format. Key themes, issues, and insights were then extracted directly from participant contributions.
- **Stage 2: Bringing themes together:** Related themes were grouped and synthesised into common issues, recurring messages, and patterns across submissions.
- **Stage 3: Understanding what the evidence was telling us:** The analysis explored how different issues related to one another, where participants shared similar experiences, where views differed, and which issues appeared to represent wider system challenges rather than isolated concerns. This stage also explored quantification of messages and ensured that lesser expressed views were not discarded.
- **Stage 4: Identifying strategic insights:** Findings were brought together to identify significant and emerging messages across the evidence base, helping to highlight key issues, pressures, and opportunities for improvement.

The framework was designed to move systematically from individual submission inputs towards broader insights while maintaining a clear link back to original contributions. This ensured that analysis remained evidence-led and that findings could be traced back to themes and experiences raised by workshop participants.

3.2.2 Human led analysis

All responses were reviewed by at least two of the authors of this report, ensuring alignment between the raw responses and insights synthesised.

A manual thematic analysis of 10% of submissions (13) was undertaken in parallel and independently by The PSC to ensure the quality and validity of the findings, without the use of AI. Results from this analysis were discussed and compared with the DWP officials supporting the Timms Review to validate stage 1 of the analysis. Stages 2, 3 and 4 were also independently reviewed by The PSC to ensure preservation of the raw submissions from Workshop in a Box. Further detail on the methodology, assurance processes, and full governance structure is provided in Annex B.

3.3 Considerations for interpreting the findings

Workshop in a Box gathered qualitative evidence and lived experience rather than a statistically representative sample of all PIP claimants. Participation was voluntary and findings should therefore be interpreted as reflecting

the experiences and perspectives raised by workshop participants rather than all claimants.

Workshop delivery and submission formats varied between organisations to maximise accessibility. Findings therefore reflect information captured and submitted through workshops rather than verbatim records of every discussion. The AI-assisted, human-led methodology enabled large-scale analysis of the evidence, but as with all qualitative analysis, theme development and synthesis required analytical judgement. Human review, quality assurance and independent validation were used throughout to support the robustness of findings.

References to the prevalence of themes indicate how widely issues were discussed across submitted workshop evidence and should not be interpreted as representative measures of public opinion.

Further information about considerations for interpreting the findings can be found in Annex A.

4. The reach of Workshop in a Box

Workshop in a Box generated evidence from 126 submissions from 109 organisations capturing discussions from 138 workshops across the country, with approximately 1240 participants.

Figure 1: Geographic reach of Workshop in a Box engagement

Workshop in a Box Engagement

138	126	109	~1,240
Workshops	Submissions	Organisations	Participants

Geographic Distribution

England:
110 submissions

Scotland:
22 submissions

Wales:
40 submissions

Northern Ireland:
33 submissions

Geographic Breakdown

Local:
63 submissions

Regional:
12 submissions

National:
47 submissions

Community Interaction

Urban: 116

Rural: 80

Costal: 58

Unsure: 2

Communities represented include

- Neurodivergent people
- Physical disabilities
- d/Deaf people
- Visual impairments
- Ethnic minority communities
- Mental health conditions
- Carers



Participating organisations included condition-specific charities, Deaf and Disabled Peoples's Organisations (DDPOs), Citizens Advice offices, Members of Parliament's offices and lived-experience groups. Workshops were delivered by organisations operating at local, regional and national levels, providing insight from a broad range of communities and experiences. Organisations offered multiple modes of joining workshops including in-person, online, and hybrid.

Responses reflect a broad range of experiences and perspectives relating to disability, participation, support needs and interaction with the PIP system.

Participants included people with physical disabilities, mental health conditions, learning disabilities, autism, ADHD and other neurodivergent conditions, sensory impairments, and fluctuating, long-term or multiple health conditions. Submissions also included the experiences of carers, younger people, women, people from ethnic minority backgrounds, and people experiencing financial and housing insecurity.

Across workshops, participants rarely experienced a single disadvantage. Instead, workshop discussions frequently reflected on overlapping experiences of disability, poverty, caring responsibilities, housing insecurity, digital exclusion and multiple health conditions. Many participants described these factors as interconnected, highlighting how different forms of disadvantage can combine and reinforce one another to shape daily life, access to opportunities, and experiences of engaging with support systems.

Across many workshops, disability-related challenges were discussed within the wider contextual lens of social and economic circumstances, rather than standalone issues. This pattern emerged across a range of organisations, participant groups, and geographic contexts, suggesting that many experiences raised through the workshops are best understood within the context of multiple interacting pressures, instead of a single characteristic or circumstance in isolation.

Further information about the reach of the Workshop in a Box is set out in Annex C.

5. Findings by Workshop in a Box session

There were 3 sessions that organisations could run, covering:

1. What PIP is for
2. What it is like to apply for PIP
3. How decisions are made about PIP

This section captures the key findings from each of the sessions, noting that not every submission provided a response to each session.

5.1 What is PIP for?

This session covered:

- What do people use PIP for?
- Why is PIP important for them?
- Are there parts of your life or circumstances that affect the extra costs of Disability? How do they affect how you use PIP?
- What do you think PIP should help people to do?

Key themes from workshops were that:

- It is important to have a benefit that recognises the unavoidable costs associated with disability and long-term health conditions,
- Disability-related costs are cumulative but highly individual,
- Financial pressures can be particularly significant for people experiencing multiple forms of disadvantage,
- PIP is more than a financial benefit. It enables people to participate in society,
- PIP is helping compensate for shortcomings in other services.

5.1.1 Purpose and value of PIP

Across workshops, participants viewed PIP as an important and valued source of support. Participants often described that:

- PIP recognises and helps people manage the diverse, cumulative costs associated with their disabilities and long-term health conditions,
- Costs are unavoidable and necessary, rather than discretionary,
- Disability-related costs vary significantly between individuals,
- Support must be flexible enough to accommodate differing circumstances and needs.

Groups with sensory impairments highlighted the importance of technology and adapted domestic equipment, while groups with learning disabilities and long-term conditions emphasised their use of PIP for support workers.

Participants across groups described PIP as contributing to dignity, autonomy and quality of life. Participants often discussed PIP in terms of what it enables people to do rather than simply what it provides financially.

5.1.2 Poverty, financial hardship and disability-related costs

Financial security was a recurring theme throughout discussions relating to the purpose of PIP.

Participants described facing higher costs for essential goods and services as well as support related to their disability. For example, some participants referenced not being able to travel longer distances to access cheaper groceries due to their disability. Organisations reiterated

the message that rather than arising from a single source, these additional costs often overlapped and included a range of costs such as:

- Transport
- Food
- Energy
- Housing
- Care
- Specialist equipment
- Digital access
- Home adaptations
- Access to services

Discussions often described disability-related costs as cumulative. They also linked disability-related costs to wider economic circumstances, including rising living costs, higher household expenditure and financial insecurity.

Participants often suggested that financial pressures can be particularly significant for those experiencing multiple forms of disadvantage. Discussions frequently linked disability with poverty, caring responsibilities, housing insecurity and wider financial challenges. Workshops commonly suggested that disability-related costs are highly individual and often difficult to generalise across different groups.

Across some workshops, participants also described concerns about the extent to which support reflects the diverse and changing nature of disability-related costs over time.

5.1.3 Participation, opportunity and independence

Participants across the workshops saw PIP as not just a financial benefit, but as a means of enabling disabled people to participate equitably in society. Participants described what participation means to them in broad terms, encompassing:

- Employment
- Volunteering
- Education
- Community involvement
- Family life
- Social activities
- Everyday engagement with society.

Participants frequently highlighted the relationship between PIP as giving people the ability to maintain autonomy and equitably participate in society by managing the practical consequences of disability and long-term health conditions.

Participants often referred to PIP as supporting:

- Mobility and travel

- Attendance at healthcare appointments
- Participation in employment and education
- Community engagement
- Social interaction
- Independent living

Many participants felt that PIP was helping to compensate for shortcomings in other parts of the system. This included:

- Funding therapies, treatments, and equipment that were difficult to access through healthcare services,
- Paying for support that was not available through social care provisions,
- Helping people to manage the financial impact of barriers to employment,
- Compensating for inaccessible transport.

PIP was also often described as supporting needs that participants felt were not being fully met elsewhere.

5.1.4 What do workshop participants want to see change?

Participants discussed a range of ideas relating to how the role and purpose of PIP could be strengthened in the future.

- **Flexible support**: Many participants, especially those who received PIP themselves, emphasised the importance of maintaining PIP as flexible support

that can be used according to individual needs and circumstances. Discussions frequently highlighted the diversity of disability-related costs and the importance of preserving individual choice over a more prescriptive system. Some workshops raised the idea of introducing additional award rates to reflect the wide range of needs of PIP recipients.

- **Recognising wider disability-related costs**: Participants frequently highlighted the importance of ensuring that support reflects the range of costs experienced by disabled people and people with long-term health conditions. Discussions often focused on the cumulative nature of disability-related costs and how costs can change over time.
- **Supporting independence and participation**: Participants commonly described the importance of ensuring that future arrangements continue to support independence, participation in society and quality of life. Discussions frequently referred to employment, education, mobility, social participation and community engagement.
- **Greater coordination with wider support systems**: Many participants, especially amongst carers and advocacy groups, discussed opportunities for stronger connections between PIP and wider systems of support, including health, care, employment and community services, to improve the long-term outcomes of recipients. Participants often described PIP as operating within a broader ecosystem of support rather than in isolation, with a desire for

greater signposting and automatic referrals during the PIP process to other means of support.

5.2 What it is like to apply for PIP

The second Workshop in a Box session explored participants' experiences of applying for PIP.

Key themes from workshops were that:

- The experience of applying for PIP creates substantial administrative burden for the individual.
- Family members, carers, advocacy organisations and support workshops play an essential role in helping people navigate the process.
- The experience is often stressful, creates anxiety and carries significant emotional weight,
- The process is adversarial, with some applicants feeling they were not listened to or believed.

5.2.1 Claimant journey, accessibility and administrative burden

Across workshops, participants frequently described the claimant journey as requiring substantial administrative effort. Discussions commonly referenced challenges with:

- Completing forms
- Gathering evidence
- Understanding requirements
- Managing deadlines

- Communicating with services
- Navigating multiple stages of the process.

Discussions frequently highlighted the challenge of managing administrative requirements alongside health conditions, disabilities, treatment, caring responsibilities or wider pressures in daily life. Submissions also described how multiple interactions throughout the journey combine to create an overall difficult experience of PIP.

Discussions frequently suggested that different groups encounter different access barriers in the process. Participants described a wide range of needs relating to communication, information provision, administrative flexibility and methods of engagement. Participants with learning disabilities and sensory impairments emphasised the need for more accessible information throughout the process, such as BSL videos and increased use of Easy Read documents.

Across many workshops, participants highlighted the role played by family members, carers, advocacy organisations and support workers in helping people complete applications, understand requirements and engage with different stages of the process. Many participants stated that they would be unable to engage with the PIP process without their advocates helping them to navigate it.

5.2.2 Emotional impact, trust and negative perceptions of DWP attitudes

Participants frequently referred to the emotional impact of engaging with the PIP system. Discussions commonly described:

- Stress, uncertainty and anxiety across the process, particularly where entitlement to support was linked to independence, stability and managing disability-related costs,
- Interactions with the system carrying significant emotional weight.

This was emphasised by participants with long-term and mental health conditions.

Discussions often described a lack of trust in DWP and the process. Participants felt they were not listened to or believed and that the process was adversarial in nature. There were also reflections of not feeling understood or accurately represented. Discussions commonly linked levels of trust to communication, transparency and consistency in decision-making.

Several workshops described how previous experiences influenced future engagement. Participants who had positive experiences with the PIP process largely felt this due to individual assessors, DWP officials or advocates involved with their case. This was associated with feeling reassured and more confident in the process. More challenging experiences were frequently described as

affecting expectations of future interactions with the system.

5.2.3 Reviews, reassessments and award duration

Workshops repeatedly covered the practical and emotional impacts of reviews and reassessments. Discussions often referred to concerns about future outcomes, continuity of support and the possibility of needing to repeat aspects of the claimant journey that participants felt had already been completed.

Many participants questioned repeated reassessment where conditions were described as lifelong, permanent or progressive. Discussions often focused on the requirement to repeatedly provide information, demonstrate ongoing need or re-engage with administrative processes.

Several workshops also highlighted the impact of repeated reassessment on individuals with complex support needs, fluctuating conditions and long-term disabilities or health conditions. Participants noted feelings of exhaustion and anxiety with repeated reassessments. They also described a high administrative burden with needing to provide evidence for the same condition over multiple assessments.

5.2.4 What do workshop participants want to see change?

- **Improving accessibility:** Participants frequently suggested simplifying forms, improving communication and increasing flexibility in how individuals engage with the system. Discussions often focused on ensuring that processes are responsive to different needs and circumstances. Specific examples include BSL videos of information and the wider availability of Easy Read and large-print documents throughout the journey.
- **Reducing administrative burden:** Many participants proposed reducing duplication, streamlining processes and limiting the amount of repeated information required throughout the journey. Suggestions frequently aimed to reduce the overall effort associated with engagement. Some workshops suggested ideas like automated entitlement on diagnosis of certain conditions, linkage between DWP and NHS records and holding medical evidence on file for future assessments.
- **Improving communication and transparency:** Participants often highlighted the importance of clear communication, timely information and greater transparency throughout the process. Discussions frequently linked communication to trust, confidence and understanding.
- **Reforming reviews and reassessments:** Participants across many workshops referred to

opportunities to reduce reassessment requirements for long-term, lifelong and progressive conditions. Discussions also highlighted the importance of proportionality and certainty within review processes.

- **Increasing access to support and advocacy:** Many participants highlighted the important role played by carers, advocacy groups and support organisations. Discussions frequently suggested that ensuring access to support can improve understanding, accessibility and engagement across the journey. Several workshops recommended that funding is put in place for independent advocates, and that applicants are signposted to support with the PIP process from the start.

5.3 How decisions are made about PIP

The final session focused on what is assessed and how eligibility should be assessed. This included considering how effectively the current criteria and assessment reflect lived experience of disability or impairments.

Key themes from workshops were that:

- The current assessment does not recognise the realities of living with disability and long-term health conditions, especially for people with hidden or fluctuating conditions,
- There is frustration with the variability of decisions and a request for greater transparency,

- Assessors' backgrounds, understanding and training are perceived to play a significant role in the outcome.

5.3.1 Assessment and decision-making quality

Many participants described challenges when attempting to translate nuanced lived experiences into structured assessment processes. Submissions highlighted the difficulty of capturing experiences that:

- Vary between individuals,
- Fluctuate over time, or
- Are influenced by wider environmental and social circumstances.

Discussions often focused on the extent to which assessments reflected day to day experiences, changing circumstances and the practical realities of managing support needs. Many disabled participants emphasised the importance of being able to explain their circumstances fully and of having this accurately reflected within decisions.

Participants often highlighted the importance of clear, transparent and consistent decision-making processes. They felt that similar circumstances should lead to similar outcomes across different assessors.

Many discussions also noted the significance of communication and explanation. Participants frequently suggested that understanding how decisions have

been reached can influence confidence in the system, regardless of the outcome.

5.3.2 Hidden, fluctuating and complex needs

Workshops consistently described the challenge of representing experiences that change over time, noting that the ‘snapshot’ nature of the current assessment cannot do this justice. Participants commonly referred to:

- Variations in symptoms,
- Changes in functional impact, and
- Differences in how conditions affect them from day to day.

Discussions frequently suggested that these experiences can be difficult to communicate and difficult to reflect within standard assessment approaches.

Participants frequently discussed how hidden and less visible conditions are understood, evidenced and assessed, including:

- Mental health conditions,
- Neurodivergent conditions,
- Chronic health conditions where impacts may not be immediately apparent.

Many participants highlighted the cumulative impact of multiple conditions. Rather than experiencing a single disability or health condition, participants frequently described combinations of physical, cognitive, mental health and sensory needs. Discussions commonly

suggested that the interaction between conditions can be as significant as the impact of any individual condition considered in isolation.

Participants discussed their experience that assessments ask if one can undertake an action but not the impact or consequences of it. Participants often noted that the current assessment process does not adequately capture:

- Pain,
- Fatigue,
- Cognitive effort,
- The cumulative impact of undertaking activities.

5.3.3 Evidence, expertise and confidence

Across many submissions, participants highlighted the importance of ensuring that evidence from different sources contributes effectively to decision-making, particularly the need to give medical evidence greater weight in decision-making.

Participants often discussed the value of condition-specific understanding and frequently highlighted the importance of recognising how disabilities and health conditions affect people in different ways.

Many participants linked evidence and expertise to their confidence in decisions. Discussions frequently suggested that confidence in decisions is influenced by:

- Perceptions of how evidence is considered,

- How circumstances are understood,
- How conclusions are explained.

Participants also frequently emphasised that lived experience forms an important part of understanding disability and support needs. Discussions commonly suggested that evidence should be considered within the broader context of individuals' day to day lives and circumstances.

5.3.4 What do workshop participants want to see change?

Suggestions mentioned across multiple workshops included:

- **Better use of existing evidence:** Participants frequently suggested greater use of information that already exists within health, care and support systems. Discussions commonly focused on reducing duplication and making more effective use of available evidence. Submissions also explored what types of evidence should be considered, emphasising more weight should be given to medical evidence (where this is available), especially amongst participants with fluctuating conditions. Other suggestions included welcoming input from people who know someone best, like a carer or loved one.
- **Greater specialist understanding:** Many participants highlighted the importance of condition-specific knowledge and expertise. Discussions often focused on improving understanding of fluctuating, hidden

and complex conditions. Participants suggested that assessors should have stronger training and qualifications in specific areas. This was suggested across numerous long-term conditions and impairments.

- **Specialist pathways for different needs:** Some workshops supported the idea of ‘specialist pathways’ for the PIP process tailored to specific conditions. Suggestions included fast-tracked approvals for PIP following diagnoses of certain conditions and impairments, assessors with specialist expertise or lived experience, and customising parts of the process for different conditions and impairments. Examples of disabilities and conditions specified include congenital conditions, sensory impairments, mental health conditions, neurodivergence and progressive conditions.
- **Improved recognition of complexity and fluctuation:** Participants frequently proposed approaches that better recognise changing needs, cumulative impacts and the nuanced reality of living with multiple conditions. Several workshops suggested asking applicants about the nuances of function rather than using binary yes/no questions. Participants suggested this should account for the cumulative impact of multiple activities, post-exertion malaise and the repeatability of tasks.
- **Improving transparency and confidence:** Discussions often wanted greater clarity about how evidence is considered and how decisions are

reached. Several workshops supported more detail and justification of points awarded in letters, supported by clearer guidance from the outset about thresholds. Several workshops wanted more accountability of PIP assessors, with greater use of audits and stronger consequences for organisations repeatedly making assessment decisions later reversed at tribunals. Participants frequently linked transparency to trust and confidence in the wider system.

6. Findings from specific groups and experiences

The reach of Workshop in a Box presented a unique opportunity to understand the views and experiences of specific population cohorts. This included the suggestion of changes that could directly benefit different groups. This section sets out insights specific to different groups, split into the following categories:

- By condition or impairment type (e.g. people with a learning disability)
- By individual characteristic (e.g. age or ethnic background)
- By environment or contextual factors (e.g. geographic location)

This section focuses on summarising insights for groups that were explicitly represented or covered in discussion in workshops.

6.1 By condition or impairment type

6.1.1 People with a learning disability

Workshops discussed how PIP is often used by people with learning disabilities to support social participation including attending social opportunities paid for by PIP. On the PIP process, the main consideration raised for people with a learning disability was around accessibility. Workshops highlighted that forms, guidance and supporting information were often complex, inaccessible and difficult to navigate independently, with most individuals requiring support to navigate the process. Workshops also suggested that assessments did not always fully reflect the full picture of a learning disability and the day-to-day support required, referencing decision-making, safety awareness, communication, social interaction, or the prompting, supervision and day-to-day support required. It was also felt that evidence from non-medical sources which could help articulate someone's need, such as carers, support workers, education professionals and social care providers, was not given sufficient weight. Many also described repeat reassessments as unnecessary and distressing for people with lifelong conditions, whose needs were unlikely to change.

Changes suggested by participants:

- Have Easy Read versions of materials including the form and guidance
- Simplify the questions asked
- Allow more time and assistance to complete the application
- Provide more flexibility around how assessments can be completed
- Increase training for assessors on learning disabilities
- Give greater weighting to evidence from family members, carers, support workers, education providers and social-care professionals
- Allow family members and carers to support individuals in the assessment
- Increase recognition of existing diagnoses and evidence from services already supporting an individual
- Remove or reduce the number of reassessments or consider introducing more light-touch reviews for lifelong conditions

6.1.2 Neurodivergent people

For neurodivergent people, including people with autism and ADHD, workshops largely explored the inaccessibility of the PIP process. For example, it was explored how executive function difficulties may make it difficult to complete forms within set deadlines and

gather the evidence required for an application, meaning individuals spend considerably more time and mental load navigating the process than neurotypical individuals. It was also felt that the questions were too complex, with neurodivergent people taking questions literally and providing brief answers without understanding the need for wider context. Workshops also expressed that the current assessment does not capture the full picture of neurodiversity. For ADHD, participants discussed the hidden costs of ADHD, such as replacing lost items, convenience food and coaching and for Autism, participants noted that assessments did not always capture the planning, support, prompting and recovery associated with activities in daily life. It was also felt that there is not enough recognition of masking in current assessments. Participants also noted that long wait times for ADHD and autism assessments may limit the availability of medical evidence, which should not go against them during the application process.

Changes suggested by participants:

- Provide further guidance on the process and information required
- Introduce greater flexibility around deadlines and increase use of reminders
- Improve recognition of functional evidence where a person is waiting for a diagnosis or unable to obtain specialist medical evidence

- Provide greater choice around communication and assessment methods, to recognise different communication needs during assessments
- Increase recognition of masking and executive-functioning difficulties
- Increase assessor understanding of neurodiversity
- Introduce more neurodiversity-aware questions

6.1.3 People with sensory impairments

With regards to extra costs of disability, workshops discussed a wide range of additional costs associated with sensory impairments such as technology and specialist equipment, interpretation, personal support and accessible transport. Workshops emphasised that the current process does not work well for deaf, blind and deafblind people for several reasons including inaccessible written documents, reliance on telephone contact and inconsistent access to BSL interpreters. Participants also noted that the assessment process does not always reflect the realities of living with sensory loss or the cumulative impact of deafblindness as opposed to single-sensory impairments. Participants also noted that long-established coping strategies and adaptations can lead to support needs being underestimated in the current assessment. Others questioned the need for repeated reassessment where a permanent sensory impairment was formally established.

Changes suggested by participants:

- Produce materials in BSL, Braille, large-print, audio and Easy Read versions
- Ensure flexible methods of communication, with individuals' preferences recorded and consistently used
- Improve access to qualified BSL interpreters
- Increase understanding of sensory loss, Deaf culture and deafblindness
- Give longer awards or fewer reassessments for permanent impairments
- Introduce specific descriptors recognising deafblindness
- Introduce streamlined or automatic PIP entitlements for applicants with clear evidence of significant sensory impairment (e.g. those registered blind)

6.1.4 People with energy limiting and fluctuating conditions

Conditions referenced explicitly in workshops included Myalgic Encephalomyelitis /Chronic Fatigue Syndrome, Long Covid and other fluctuating conditions, with participants reflecting that the current assessment does not effectively capture the realities of fluctuating conditions. Participants emphasised a lack of nuance in the current assessment of function, noting how completing a task once does not demonstrate an ability to do so safely, repeatedly or without significant after-

effects. They also expressed how fatigue, post-exertional malaise and fluctuations in function are not adequately captured by a snapshot assessment. Workshops also highlighted difficulties obtaining evidence that reflected the full impact of a fluctuating condition. The process itself was described as draining, with lengthy forms, telephone queues and repeated reviews and evidence requests exacerbating fatigue.

Changes suggested by participants:

- Increase questions around the impact and consequences of doing an activity
- Explore the use of symptom diaries and longitudinal evidence
- Use the safely, reliably and repeatedly criteria more consistently
- Allow for shorter or more flexible interactions with the PIP process
- Increase flexibility around deadlines
- Have specific assessor training on energy limiting and fluctuating conditions

6.1.5 People with mental health conditions

The key areas of consideration for people with mental health conditions surrounded the ability of the process to effectively assess their conditions and the impact of the process itself on mental health. Workshops discussed a disconnect between the assessment of function and mental health symptoms, especially when symptoms

were less visible, fluctuating or linked to trauma. Participants described appearing calm, articulate or engaged during the process being taken as evidence of their everyday functioning. Participants also discussed challenges around obtaining medical evidence when clinical engagement is limited. For people with mental health conditions, the process was described as anxiety-inducing and distressing, with a repeated focus on the most difficult aspects of one's life exacerbating poor mental health. Workshops also discussed difficulties completing aspects of the assessment process due to their poor mental health, such as attending appointments, gathering evidence and corresponding with the DWP.

Changes suggested by participants:

- Make the process more supportive and less adversarial
- Provide clearer information on what to expect in the process
- Provide greater flexibility in assessment method (e.g. telephone, face-to-face)
- Include the option for an advocate, carer or trusted person to support someone through an assessment
- Increase assessor understanding of mental health and offer trauma informed training for assessors
- Create dedicated pathways for PIP applicants with mental health conditions
- Increase use of longitudinal professional evidence

6.1.6 People with long term health conditions

For long term health conditions, workshops discussed higher costs associated with treatment, bills, equipment, transport and household support alongside a reduced income or employment capacity, with cancer being provided as a notable example. Workshops also explored challenges with evidence, including gathering evidence and how effectively it is used. Participants discussed repeatedly having to share the same information and being subjected to reviews despite no changes to their underlying condition. Others noted difficulties obtaining medical evidence when they have limited contact with their specialist team. They also expressed concern that an absence of ongoing treatment could indicate lower levels of need, rather than a lack of available interventions.

Changes suggested by participants:

- Introduce longer award periods, with light-touch reviews focussed on material changes in condition
- Improve information sharing between assessment, review and appeal stages to avoid having to repeatedly share information
- Improve recognition of treatment burden, symptom-management activities and the ongoing impact of long-term conditions that are often less visible during assessments

6.1.7 People with multiple conditions

Workshops explored the higher costs associated for people with multiple conditions including treatment, transport, equipment and specialist support. Workshops explored a strong cumulative impact of multiple conditions which could sometimes be overlooked by the current assessment, with participants feeling that it focussed on the most visible condition, without holistically considering the interactions between conditions, coping mechanisms and cumulative effort in activities. Workshops also identified the challenge of obtaining evidence when this is held by different healthcare teams.

Changes suggested by participants:

- Introduce a more holistic assessment, with less reliance on a single appointment or evidence source
- Increase consideration of the combined impact of conditions.
- Increase assessor understanding of complex and interacting conditions

6.2 By individual characteristic

6.2.1 Young people

A small number of workshops captured the experiences and views of young people and their parents and carers. The main challenge raised for this cohort was around the transition from DLA to PIP, with participants discussing the most appropriate age to move between the two

benefits. Participants also covered the extra costs faced by those still in long-term education. For navigating the PIP process, workshops covered how young people often required support to complete the administration required and answer the questions. The process was described as demoralising for both the individual and their loved ones due to its focus on limitations rather than potential. Evidence was often split across multiple setting including healthcare, education and social care, making the process more difficult for this group.

Changes suggested by participants:

- Change the age for transition from DLA to PIP (some said 18, some 21)
- Make better use of existing evidence such as EHCPs
- Ensure meaningful involvement of parents in the process

6.2.2 People from ethnic minority backgrounds

Only a small number of workshops covered the views of specific ethnic minorities in detail. However, more workshops included reflections on barriers that may be experienced by people from ethnic minority backgrounds in general. Participants reflected on the increased extra costs and travel associated with of accessing culturally appropriate food, services and community networks

Changes suggested by participants:

- More culturally appropriate information and support available
- Having more culturally informed assessments
- Work through trusted community and faith organisations
- Increase EDI training to reduce bias in the assessment process
- Improve data collection and monitoring of demographic information

6.2.3 People for whom English is not their first language

Considerations for this cohort were largely captured from workshops conducted by advocacy, support or advice organisations. The main concerns raised included the complexity of communications and availability of interpretation services. Workshops reflected on the substantial support required to understand complex forms and language used. For interpretation services, workshops reported long wait times for interpreters, interpreter calls being disconnected and the interpreter for the wrong language being provided. The challenges with interpreter service can leave individuals reliant on family members, raising concerns about independence, accuracy and privacy. An additional barrier for some people was medical evidence not being available in English.

Changes suggested by participants:

- Simpler language throughout the process
- Access to translated forms, guidance and decision letters
- Improve access to qualified professional interpreters

6.2.4 People with caring responsibilities

Insights on people with caring responsibilities cover both those on PIP who also have caring responsibilities and the experiences of those caring for someone who has experienced the PIP process. For those on PIP who also have caring responsibilities, workshops talked about additional costs associated with this and concerns around how changes to PIP could impact Carer's Allowance. For those supporting people claiming or applying for PIP, the largest frustrations raised were around process, noting the substantial practical, administrative and emotional load of supporting someone through the application and assessment process. It was also noted that some activities are not possible without support, but this is not adequately captured in the current assessment. Furthermore, evidence provided by carers, who have the most interaction with an individual, is not given appropriate weighting in assessments.

Changes suggested by participants:

- Increase recognition of support provided by unpaid carers
- Greater use of carer and family evidence

6.2.5 People with children

People claiming or applying for PIP who have children talked about the value of PIP in helping them maintain their ability to care for and participate in family life. They also noted additional extra costs to those without children, which included additional childcare, transport and household support costs.

There were no explicit recommendations made by participants in relation to this group.

6.2.6 People in employment

PIP was frequently described as enabling employment by helping people meet the additional costs required to be in work, particularly filling in the gaps in other offers like Access to Work. Participants expressed having to reduce their hours or stop working if their PIP was to be stopped. Participants discussed using PIP for transport to work, equipment and other support (e.g. household support) that helped preserve their capacity to work. However, there was a concern amongst some participants that employment is sometimes interpreted as evidence of limited disability-related needs, when being able to work should not be considered evidence of someone's ability to perform day-to-day activities.

Changes suggested by participants:

- Avoid assumptions that employment demonstrates wider functional capability

6.3 By environmental or contextual factors

6.3.1 People living in rural areas

Many workshops raised the levels of extra costs faced by people claiming or applying for PIP in rural areas. The main points raised included the infrequency, inaccessibility and limited availability of public transport, with increased spend on driving and taxis. Those living in rural areas specifically talked about having to travel further to attend healthcare appointments or access specialist services. Some participants also talked about having to shop locally at more expensive stores or do online deliveries instead of having larger supermarkets, impacting their costs. A smaller number of workshops covered challenges around less access to local advice and support services, not having face-to-face assessments available or having to travel further to assessment centres.

Changes suggested by participants:

- Greater recognition of location related transport costs
- Increase local, remote and face-to-face assessment options
- Increase access to local advice and support

6.3.2 People experiencing financial hardship

Whilst several workshops covered participants experiencing increasing financial pressures because of

rising costs of living, with PIP being increasingly used as an income supplement rather than covering extra costs of disability, some workshops reflected on challenges by people experiencing financial hardship. Workshops discussed having to choose between disability-related living support and immediate living expenses, using arrears payments to repay debt accumulated while waiting for an award or appeal, and challenges associated with inequity in the process such as the cost of obtaining private medical evidence.

Changes suggested by participants:

- Faster and more accurate initial decisions
- Removing costs for obtaining private medical evidence
- Review of whether payment levels reflect disability-related costs
- Consideration how PIP interacts with wider benefits and means-testing rules

6.3.3 People living alone or with smaller support networks

Some submissions explored how the costs of disability are likely to be higher for those who have a smaller support network or live alone. People living alone must pay for cleaning, household meals and personal assistance which may otherwise be picked up by family or friends. Another area of costs included using PIP to support social participation and reduce isolation or

loneliness. With regards to the process, people without family or advocacy support could find it harder to complete forms, gather evidence or challenge decisions, impacting their ability to navigate the process.

Changes suggested by participants:

- Recognise the importance of social participation in independence and wellbeing
- Increase access to independent advice and advocacy
- Avoid assumptions that living alone demonstrates an absence of need

7. Learnings from the Workshop in a Box

As the Workshop in a Box approach was a new model for evidence gathering and engagement, drawing on learning from the Department of Health and Social Care's Change NHS programme, the working group sought to capture lessons learned both to assess its effectiveness in gathering views for the Review and to inform future use of similar approaches. Feedback from participating organisations was gathered through an anonymous survey and reviewed by the working group, which also held a dedicated lessons learned session. The reflections set out below represent the working group's assessment of the approach, informed by both organisation feedback

and the group's own experience of designing and delivering the exercise.

The working group reflected positively on the Workshop in a Box approach and considered it to be a valuable way of gathering evidence and engaging a broad range of stakeholders. The approach enabled the Review to capture views from across the UK (including organisations representing views across Scotland, Northern Ireland and Wales) and reach groups whose voices are less often reflected in formal government engagement activities. The group also felt the approach allowed organisations to facilitate discussions within trusted and accessible environments. The group also felt the provision of adaptable resources helped organisations engage effectively with the communities they represent and the offer of financial support to a small number of organisations enabled some smaller and grassroots organisations to take part.

Building on these positive reflections, the working group identified several opportunities to strengthen future delivery. These included allowing more time for organisations to plan and deliver workshops, aligning the approach more closely with other engagement activities to maximise participation, enhancing safeguarding support for participants and facilitators, and developing a more formal process for allocating financial support. The working group also reflected on opportunities to use funding in ways that further recognise and support the contribution of participants with lived experience. The group considered that these changes would help build on

the success of the approach and further strengthen the effectiveness of future exercises.

8. Annex A: Further information on the Workshop in a Box methodology

8.1 Design of workshop materials

A small group of Timms Review steering group members led the design and delivery of the Workshop in a Box. This working group was supported by The Public Service Consultants (The PSC) and West of England Centre for Inclusive Living (WECIL), alongside DWP officials.

The workshop design was informed by:

- What the working group wanted Workshop in a Box to achieve, what findings they wanted to capture and who they wanted to engage with,
- Findings expected from other forms of evidence and engagement, such as the Call for Evidence and The Timms Review Survey,
- Priority areas of interest for the steering group.

Workshops were structured around three sessions:

1. What is PIP for
2. What it is like to apply for PIP

3. How decisions are made about PIP

Each session included 3 – 4 questions to prompt group discussion, with an explicit focus on including questions centred around solutions.

The PSC developed the following workshop materials, which were available in Audio, British Sign Language, Easy Read and Large Print, Welsh and Welsh accessible formats:

- Editable workshop materials,
- Participant information sheet, setting out the context for participants,
- Facilitator guidance (including guidance on informed consent and advise for organisations to utilise their own safeguarding policies and procedures) and suggested prompts for Workshop in a Box questions,
- An ‘About you’ form to capture information on session participants such as demographics and experience with PIP,
- A Microsoft form to capture anonymous submissions,
- Microsoft forms to capture participant and facilitator feedback.

Several organisations were contacted directly by the DWP and the steering group to invite them to run a session and share the materials with others in their networks. The PSC team ran 2 information sessions for interested organisations and a dedicated session for

MPs who were interested in running a session with their constituents.

8.2 Offer of financial support to selected organisations

The steering group wanted to ensure that a wide range of voices and views were captured through the Workshop in a Box, especially from individuals and groups that may have not engaged with the Review previously.

While the Workshop in a Box was open to any interested organisation, the Timms Review directly approached a small number of organisations to offer financial support to deliver accessible workshops with local groups and communities in their networks. These organisations were identified by the steering group for their ability to reach individuals and groups less likely to engage with government research or public consultations, including those from marginalised or underrepresented communities.

The working group shortlisted an initial 50 organisations to offer financial support to, based on the following characteristics:

- Location and geography (including ensuring organisations across the Wales and Northern Ireland[1] were in this list).
- A wide range of health conditions and disabilities were represented, focusing on those who may have been less likely to engage via the Call for Evidence

- Ethnic minorities and other demographic groups
- Intersectional perspectives from people with a range of overlapping identities and experiences, for example disabled people experiencing homelessness and/or poverty
- Perspectives from carers and families of disabled people, as well as others working closely with them (such as advice and support groups)

The selected organisations were contacted by DWP through a dedicated mailbox and offered £1000 to support with delivery of the workshops, paid as an advance, so that organisations could use the money immediately. These funds were intended to mainly cover venue and workshop accessibility costs. The route of direct selection was chosen as part of the steering group's commitment to keep the funding process as simple as possible, recognising the resources required for smaller organisations to complete a lengthy application process.

Offers of funding were also made to organisations that had proactively asked for financial support to deliver workshops. Over 70 organisations were approached in total with an offer of funding.

8.3 Considerations for interpreting the findings

Workshop in a Box gathered qualitative evidence and lived experience rather than producing a statistically

representative sample of all PIP claimants or disabled people. Participation was voluntary and largely facilitated through organisations and networks choosing to take part. Findings should therefore be interpreted as reflecting the experiences, perspectives and priorities raised by workshop participants rather than as representative of the views of all PIP claimants.

Workshop in a Box was designed as a flexible engagement model to maximise accessibility and enable organisations to adapt delivery to the needs of their communities. As a result, workshop format, facilitation approaches, participant mix and the level of detail captured in submissions varied between organisations. While common themes emerged across workshops, this variation should be considered when interpreting the findings.

The primary evidence base comprised workshop-level submissions provided by participating organisations. These varied in format and included facilitator summaries, discussion notes, structured responses submitted through Microsoft Forms and other written submissions. Findings therefore reflect the information captured and submitted by organisations rather than verbatim records of every workshop discussion.

The AI-assisted, human-led methodology enabled consistent analysis of a large volume of qualitative evidence while maintaining traceability and structured quality assurance. However, as with any qualitative analytical approach, findings remain dependent on the quality, completeness and level of detail contained

within source submissions. The process of grouping and synthesising themes also requires analytical judgement, particularly where experiences overlap, diverge or are described in different ways. Although structured controls were applied to theme development and synthesis, decisions relating to theme grouping, interpretation and presentation inevitably involve a degree of analytical judgement. Where evidence supported multiple interpretations or reflected differing perspectives, efforts were made to preserve nuance rather than force consensus. Human review, quality assurance and independent validation were used throughout to mitigate these limitations.

References to the prevalence of themes across workshops should be interpreted as an indication of how widely issues were discussed within submitted workshop evidence. These figures should not be interpreted as estimates of prevalence amongst all PIP claimants, nor as statistically representative measures of public opinion.

9. Annex B: Workshop in a Box AI Analysis Methodology and use of Artificial Intelligence (AI)

9.1 Overview

Given the complexity, and structure of workshop evidence, DWP and The PSC used an AI-assisted, human-led analytical model to support the synthesis of findings. The methodology was designed to enable systematic, high-rigour analysis of evidence while maintaining traceability, consistency, and analytical discipline.

The model builds on the Analytic Vertical Intelligence System (AVIS) which was deployed for use on the Milburn Review and the Timms Review Call for Evidence analysis and was adapted specifically for the Workshop in a Box (WIAB) structure. It incorporates an enhanced four-stage analytical framework designed to move progressively from robust evidence extraction through to system-level diagnosis and strategic prioritisation.

AI was used to support structured evidence processing at scale, while human reviewers retained responsibility for interpretation, contextual judgement, and assurance throughout.

9.2 Analytical Framework

Analysis was conducted using a structured, multi-stage framework. Each stage was deliberately separated to preserve analytical integrity and ensure that synthesis, interpretation, and judgement were not conflated.

9.2.1 Stage 1 – Structured Thematic Extraction

Workshop data was first standardised and analysed using a controlled thematic extraction process. Themes were identified in direct alignment with the WIAB question framework, ensuring that all outputs remained anchored to the structure of engagement.

Extraction followed strict evidential rules:

- themes reflected verbatim meaning and preserved tone, including emotive and lived experience content
- each analytically distinct signal was extracted separately (multi-signal capture)
- themes were maintained at a consistent level of granularity
- no merging, prioritisation, or interpretation was applied at this stage

Each theme was categorised by response type (descriptive, experiential, evaluative, aspirational) and mapped directly to its source evidence, ensuring full traceability and auditability.

9.2.2 Stage 2 – Thematic System Construction and Synthesis

Extracted themes were then integrated into a structured thematic system using a controlled synthesis process.

This stage applied a formalised merge and grouping protocol:

- identical themes were merged
- linked themes were grouped hierarchically
- contextually similar but distinct themes were retained

All synthesis decisions were recorded through a traceable merge log to preserve transparency and ensure defensibility.

Quantitative structuring was introduced at this stage, including:

- frequency (number of mentions)
- distribution (spread across workshops and stakeholder groups)

This separation prevented over-weighting of clustered responses.

The analysis also incorporated structured segmentation across stakeholder groups, enabling comparison of perspectives and identification of concentration, divergence, and gaps in representation.

Additional outputs included:

- convergence and divergence mapping (agreement vs contested views)
- classification of themes as systemic or localised based on recurrence and distribution
- co-occurrence mapping to identify recurring theme interactions and compound issue patterns
- identification of low-frequency but high-impact signals to ensure critical issues were retained

This stage produced a fully traceable thematic system that acted as the analytical foundation for subsequent diagnostic work.

9.2.3 Stage 3 – Diagnostic Interrogation and System Analysis

The third stage moved beyond thematic synthesis into structured interrogation.

Analysis focused on identifying how and where the system described in workshop summary breaks down, using a disciplined evidence-to-pattern-to-interpretation model to avoid unsupported inference.

Each issue identified was classified using a formal failure mode framework, including:

- structural failures (design-level issues)
- process failures (delivery and implementation issues)

- interpretive failures (misunderstanding or misapplication)
- access barriers
- behavioural responses to the system

Themes were also assessed against a “system fit” lens, examining whether existing processes accurately capture claimant circumstances or lead to partial or misrepresentation.

A structured risk framework was applied to evaluate:

- potential for claimant harm
- risks to accuracy and fairness
- trust and confidence impacts
- access barriers and efficiency constraints

The analysis further explored:

- interaction pathways between themes (e.g. reinforcing loops, dependency chains)
- compounding failures across different parts of the system
- contradictions and tensions within the evidence
- “silent gaps” where perspectives were underrepresented (lesser heard voices)

Interpretation at this stage was tightly controlled, proportionate to evidential strength, and explicitly distinguished from observed patterns.

9.2.4 Stage 4 – Strategic Signals and Prioritisation

The final stage translated diagnostic findings into usable outputs.

Insights were structured as strategic signals, defined as patterns with clear system relevance and demonstrable impact.

A signal classification framework was applied to distinguish between:

- strategic signals (high relevance and impact)
- emerging signals (credible but still developing)
- background information

Each strategic signal was assessed using a structured prioritisation framework, considering:

- scale (extent of impact)
- severity (degree of harm or consequence)
- systemic depth (surface vs structural issue)
- trajectory (stable, emerging, or worsening)
- cross-system impact (extent across the user journey)
- stakeholder breadth (range of affected groups)

This enabled consistent classification into priority levels (Critical, Significant, Emerging).

A controlled quantitative layer was incorporated, combining:

- frequency
- distribution
- signal strength
- moderated weighting factors (e.g. cross-stakeholder reinforcement, severity indicators, expert evidence)

This ensured that high-impact but lower-frequency issues were appropriately recognised without distorting the underlying evidence.

Final outputs included:

- prioritised strategic signals
- system pressure points
- risk landscape
- super-themes with supporting quantitative context
- explicit statements of analytical confidence and known limitations

9.3 Approach to responses coordinated externally by organisations

A small number of organisations coordinated campaigns or conducted their own surveys, inviting members of the public to submit responses on PIP. These included large-

scale structured submissions and public surveys which were aligned to, but not identical with, the Workshop in a Box questions.

Where these responses addressed similar themes to Workshop in a Box, they were included as part of the overall evidence base. However, as the questions and formats used differed from those in Workshop in a Box, these datasets were treated as separate evidence strands within the analytical framework.

To ensure robustness and comparability, a similar analytical approach was applied across all evidence strands, allowing themes and patterns to be identified consistently, while still recognising differences in question design and purpose.

Workshop in a Box submissions (including responses submitted via email and Microsoft Forms) were treated as the primary evidence base, as they directly addressed the Review questions and provided detailed qualitative insight into claimant experience.

Externally coordinated datasets were used as supporting evidence, with distinct but complementary roles:

- Large-scale submission datasets were used to assess the consistency and frequency of themes, and to test whether findings observed in Workshop in a Box were replicated at greater scale
- Public survey datasets were used to provide a directional view of opinion on specific policy questions, including levels of support or opposition to proposals

Due to differences in structure and framing, including the use of closed or policy-led questions, these datasets were not weighted equivalently to Workshop in a Box responses in the synthesis of findings.

Where specific questions were considered likely to introduce bias or elicit leading responses, they were interpreted with caution. This ensured that the overall findings remained grounded in evidence of lived experience and aligned to the scope of the Review.

9.4 Approach to non-standard and individually submitted responses

In addition to standard Workshop in a Box (WIAB) workshop responses and externally coordinated surveys, the Review received a small number of responses that did not follow the WIAB workshop format. These included submissions from individuals, partial responses to the WIAB Microsoft Form, and other submissions that did not align directly with the Workshop in a Box question framework. While these submissions provided potentially valuable insights, they were not directly comparable with standard WIAB workshop evidence.

These responses were analysed separately using the same staged AI-assisted methodology and were incorporated within the secondary evidence base. A triangulation approach was adopted, whereby this evidence was used to provide contextual, supporting and directional insight alongside findings emerging from the primary Workshop in a Box evidence base.

9.5 Assurance and safeguards

The methodology aligns with established AI governance frameworks and DWP analytical standards, including responsible AI principles and structured assurance practices.

Key safeguards embedded throughout the model include:

Strict evidential grounding

All outputs are anchored exclusively in submitted workshop evidence. Speculative interpretation, external assumptions, and unsupported inference are explicitly prohibited.

Separation of analytical stages

Extraction, synthesis, diagnosis, and strategic interpretation are deliberately separated to prevent analytical conflation and maintain methodological discipline.

Traceability and auditability

All themes, merges, and analytical decisions are traceable back to source evidence through structured outputs and logging mechanisms.

Language sensitivity and inclusion

All contributions are treated as analytically equal regardless of format, tone, or fluency. Lived experience, including emotive and non-linear accounts, is preserved

and interpreted without bias toward formally structured submissions.

Theme integrity and nuance preservation

Clear rules govern theme merging and retention, ensuring that nuance, condition-specific insight, and minority perspectives are not lost during synthesis.

Quantitative control and interpretation discipline

Frequency, distribution, and weighting are applied in a controlled manner and do not override qualitative meaning or evidential context.

Uncertainty and confidence transparency

Outputs explicitly reflect evidential strength, stakeholder distribution, and data limitations, avoiding false precision.

9.6 Governance

The analytical model (AVIS) and prompt infrastructure were developed in alignment with established AI governance, assurance, and risk management frameworks. These frameworks informed both the design of the analytical stages and the embedded safeguards governing their application.

The integration of these frameworks ensures that the WIAB methodology meets emerging best practice for AI-assisted analysis in public policy, supporting transparency, auditability, and defensibility under external scrutiny.

The model draws on the following standards and principles:

- **DWP AI Security and Responsible Use Principles**
  Ensuring appropriate use of AI within a policy-sensitive environment, with clear accountability and human oversight.
- **ISO/IEC 24028 – Artificial Intelligence Trustworthiness**
  Providing the foundational framework for ensuring reliability, traceability, transparency, and robustness across all analytical outputs.
- **ISO/IEC 42001 – Artificial Intelligence Management Systems**
  Informing structured process design, governance controls, and lifecycle management of the AI-assisted analytical system.
- **Microsoft Responsible AI Principles (Fairness, Reliability & Safety, Privacy & Security, Inclusiveness, Transparency, Accountability)**
  Guiding the development of prompt architecture to ensure equitable treatment of evidence, clear traceability, and accountable outputs.

These frameworks were operationalised within the WIAB model through the design of:

- constrained, stage-separated analytical processes
- structured output schemas ensuring traceability
- explicit evidential grounding rules

- controlled synthesis and prioritisation mechanisms
- mandatory human quality assurance and override capability

Together, these ensure that the analytical system is not only methodologically rigorous, but also compliant with recognised standards for trustworthy and responsible AI deployment in an analytical context.

Human Quality Assurance

A structured human QA process is applied between all stages, including:

- validation of thematic extraction
- review of synthesis decisions and merge logic
- verification of quantitative outputs
- challenge and stress-testing of diagnostic and strategic conclusions

Analysis is iteratively refined where required, and no stage is progressed without validation. Human analysts retain full authority to override or adjust outputs at all points.

9.7 Assurance summary

Risk area	Control mechanism
Hallucination or unsupported findings	Strict evidential grounding rules prohibit external assumptions, speculative interpretation, or evidence generation.

Risk area	Control mechanism
Analytical bias	Language sensitivity safeguards ensure equal treatment of lived experience, informal, emotive, and professionally drafted submissions.
Theme drift	Structured coding framework, instrument-aligned extraction, and controlled synthesis protocols maintain consistency throughout analysis.
Loss of nuance	Theme integrity rules preserve condition-specific, stakeholder-specific, minority, and low-frequency perspectives.
Over-consolidation	Formal merge protocols require justification, traceability, and meaning-preservation checks for all synthesis decisions.
Overemphasis on volume	Frequency is assessed alongside stakeholder distribution, spread, severity, and system relevance to prevent dominance by high-volume themes alone.
Quantification bias	Controlled weighting mechanisms supplement rather than replace raw evidence and frequency patterns.
False precision	Findings are presented with explicit acknowledgement of evidential limitations, uncertainty, and confidence levels.
Misinterpretation of lived experience	Verbatim meaning, emotional intensity, and contextual nuance are retained throughout extraction and synthesis.
Systematic analytical error	Multi-stage analytical design separates extraction, synthesis, diagnosis, and prioritisation to reduce methodological contamination.
Overreliance on AI outputs	Human reviewers retain responsibility for interpretation, challenge, validation, and final judgement at every stage.
Lack of transparency	Structured outputs, audit trails, merge logs, traceability records, and evidential mapping support full scrutiny and review.

9.8 Validation framework

A structured validation process is applied between each stage of analysis.

This includes:

- validation of extraction consistency and coding decisions (Stage 1)
- review of theme integration, grouping, and merge rationales (Stage 2)
- challenge and validation of diagnostic classifications, failure modes, and system interaction analysis (Stage 3)
- review of strategic signal identification, prioritisation decisions, and risk assessments (Stage 4)

Where discrepancies, ambiguity, or inconsistency are identified:

- outputs are refined before progression
- analytical decisions are revisited and re-tested against source evidence
- additional review is undertaken where findings are assessed as high-impact or high-risk

No analytical stage is considered complete without human QA and validation.

Human reviewers retain full authority to challenge, amend, refine, or override AI-assisted outputs where required.

This assurance framework supports:

- analytical robustness
- methodological integrity
- transparency and traceability
- auditability and defensibility
- alignment with recognised AI governance and assurance standards

Independently of the DWP analysis, The PSC analysed a 10% sample of Workshop in a Box response manually to quality assure the analysis process. 13 Workshop in a Box submissions were selected at random, read and manually coded inductively, following the same methods described in Stage 1 of the analysis to allow for direct validation of any AI-derived outputs. Any discrepancies between the two separate analyses were to be identified and discussed by the two teams, with corrections made to the final report if any discrepancies were found.

All the original responses were reviewed in depth by at least two members of the Timms Review team to ensure consistency between the Workshop in a Box responses and the findings report.

9.9 Summary

The WIAB analysis methodology is an AI-assisted, human-led analytical model designed to handle complex evidence at scale while maintaining rigour, transparency, and defensibility.

By combining structured thematic processing, system-level diagnostic interrogation, and disciplined strategic prioritisation, the model enables the translation of large-scale stakeholder evidence into clear, evidence-based insights for policy and decision-making, while preserving the integrity and voice of the original responses.

10. Annex C: Reach of Workshop in a Box

Overall, the Workshop in a Box programme generated evidence from a large and diverse participant group, with contributions from organisations operating across all four nations of the United Kingdom and across urban, rural and coastal communities. The evidence includes perspectives from a broad range of disability groups, carers and support organisations, alongside participants experiencing multiple and intersecting forms of disadvantage.

While the workshops were not designed to provide a statistically representative sample of all disabled people or all PIP recipients, they achieved substantial geographic, organisational and lived-experience diversity. The breadth of participation provides a strong foundation for understanding the experiences, perspectives and priorities raised through the Workshop in a Box.

10.1 Reach at a glance:

- 109 organisations
- 126 submissions
- 138 workshops
- Approximately 1,240 participants
- 110 submissions covering England
- 40 submissions covering Wales
- 33 submissions covering Northern Ireland
- 22 submissions covering Scotland
- 116 urban communities
- 80 rural communities
- 47 coastal communities
- Online format: 42
- In-person format: 57
- Hybrid format: 23

10.2 Why this reach is significant

The strength of the Workshop in a Box programme derives not only from the number of participants involved, but from the diversity of organisations, communities and experiences represented within the evidence base. Workshops were delivered by independent organisations operating across different geographies and serving a wide range of communities. Despite these differences,

similar themes frequently emerged across workshops. This consistency provides greater confidence that the principal findings reflect experiences shared across multiple communities rather than isolated or localised concerns.

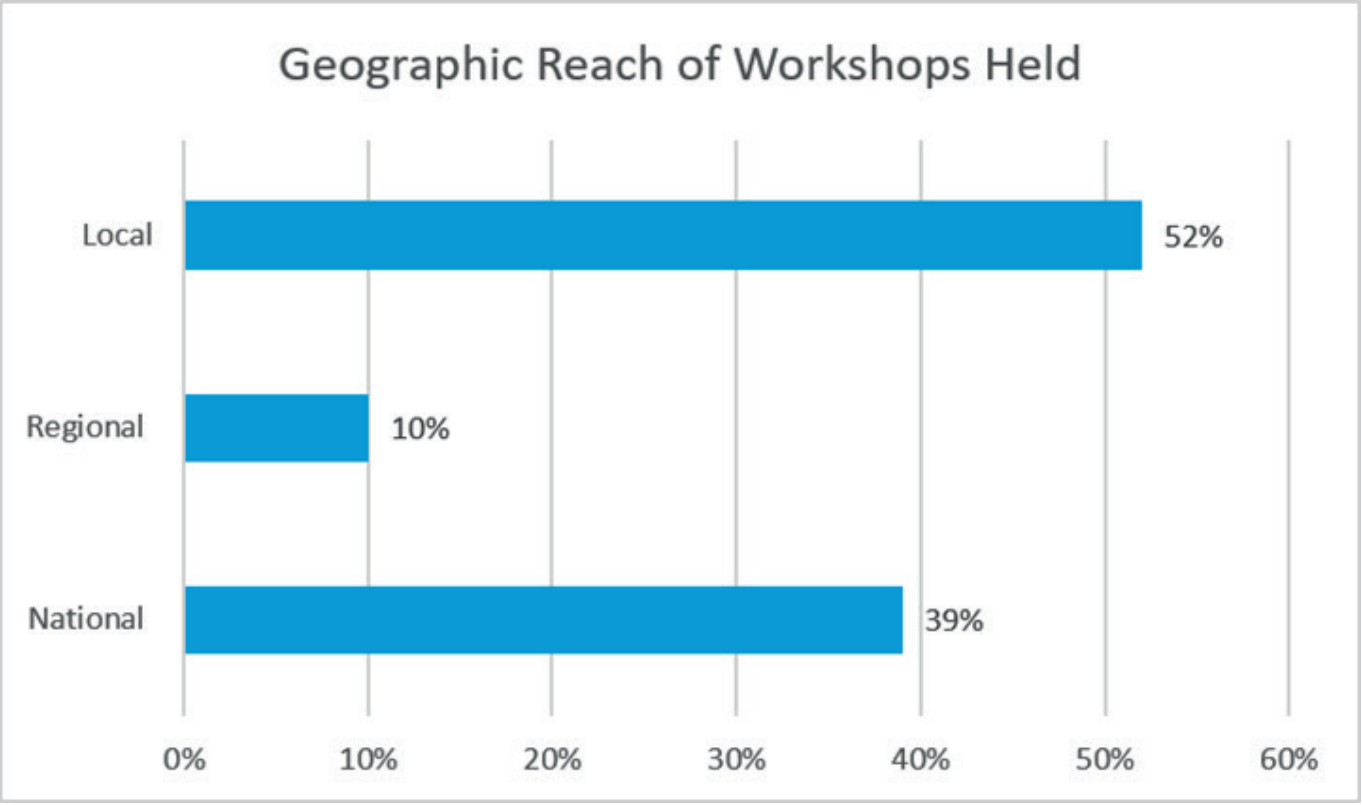
10.3 Summary of participation

The programme achieved substantial reach across the United Kingdom.

Measure	Total
Workshops completed	138
Participants engaged	Approximately 1,240
Average workshop size	Approximately 9 participants

Workshops were delivered by organisations operating at different scales, including local community organisations, regional bodies and national organisations. Most workshops were delivered through organisations embedded within local communities, providing opportunities to capture experiences and perspectives from people with direct experience of disability, long-term health conditions and the PIP system.

Figure 2. Summary of workshop participation by area



10.4 Organisational reach

Workshop delivery involved a diverse range of organisations supporting different communities and population groups.

The largest proportion of workshops were delivered by disability-led organisations, condition-specific organisations, advice providers and advocacy groups. Additional workshops were facilitated by carer organisations, community and housing organisations, and a smaller number of public sector organisations.

Organisation Type	Approximate Number
Disability-led and condition-specific organisations	41

Organisation Type	Approximate Number
Advice and advocacy organisations	39
Carer organisations	8
Community and housing organisations	8
Public sector organisations	1
Elected official led (MP)	9
Other organisations	6

A strength of the programme was that evidence was not generated solely through national stakeholder bodies. Most participating organisations operated within local communities, helping to ensure that findings reflected a wide range of lived experiences and local contexts.

10.4.1 Geographic reach

The programme achieved broad coverage across all four nations of the United Kingdom.

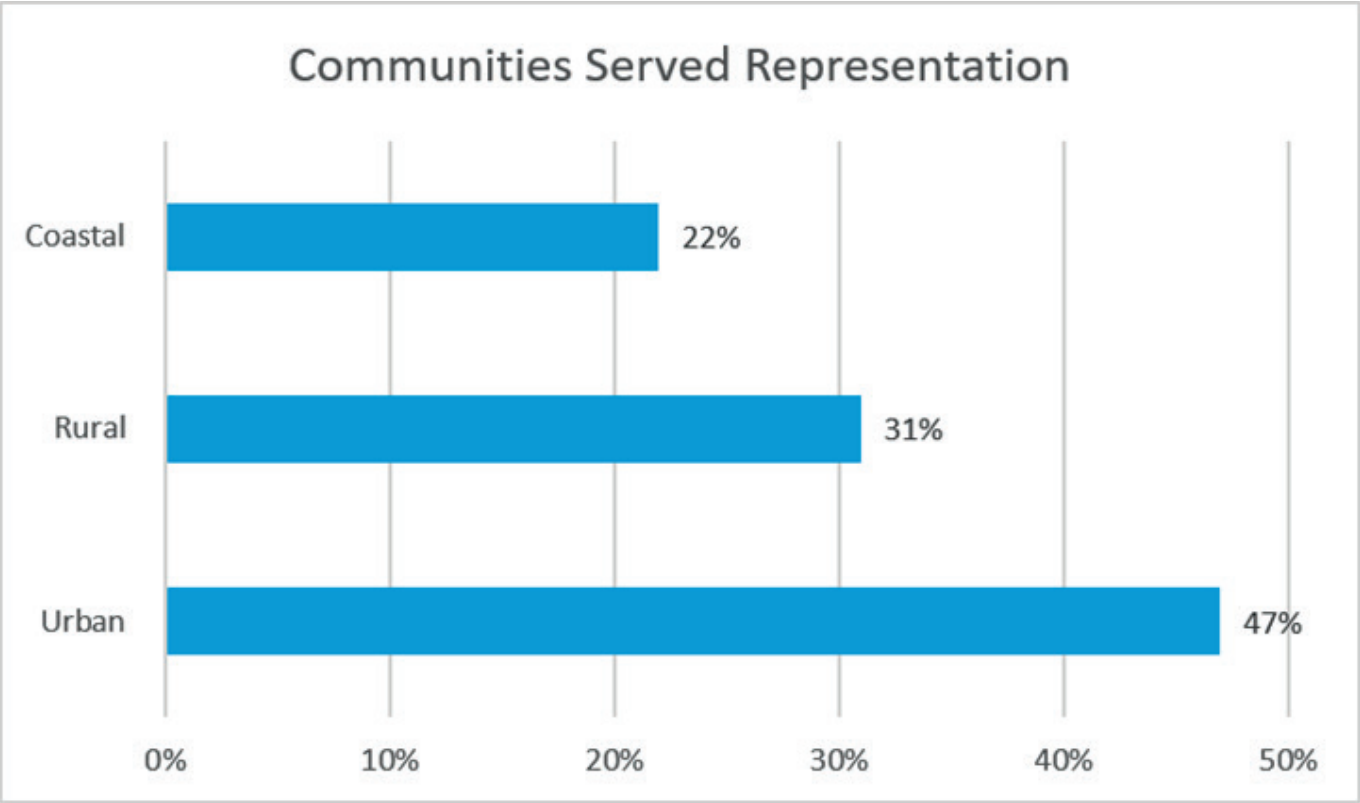
Workshop submissions included evidence from England, Wales, Scotland and Northern Ireland, alongside representation from urban, rural and coastal communities. This provided opportunities to explore both common experiences and geographic variation across different parts of the country.

Nation	Count
England	110
Wales	40
Northern Ireland	33
Scotland	22

Participating organisations also identified the communities they served as urban, rural or coastal.

Some organisations identified more than one category, reflecting the fact that organisations often work across multiple geographic settings. Evidence therefore includes perspectives from metropolitan areas, smaller towns, rural communities and coastal locations.

Figure 3. Summary of workshop participation by urban, rural and coastal communities



Area Type	Count
Urban	116
Rural	80
Coastal	47

10.5 Population cohorts and experiences represented

Workshop evidence was gathered from a broad range of people with lived experience of disability and long-term health conditions.

Participants included people with:

- physical disabilities
- mental health conditions
- learning disabilities
- autism
- ADHD and other neurodivergent conditions
- sensory impairments
- hearing impairments
- visual impairments
- fluctuating conditions
- long-term health conditions
- multiple health conditions

The programme also captured experiences from:

- carers
- older people
- younger people
- women

- people from ethnic minority backgrounds
- people experiencing financial insecurity
- people experiencing housing insecurity

The responses therefore reflect a broad range of experiences and perspectives relating to disability, participation, support needs and interaction with the PIP system.

10.5.1 Intersectionality, inequalities and protected characteristics

Across workshops, participants rarely experienced a single disadvantage. Instead, workshop discussions frequently reflected on overlapping experiences of disability, poverty, caring responsibilities, housing insecurity, digital exclusion and multiple health conditions. Many participants described these factors as interconnected, highlighting how different forms of disadvantage can combine and reinforce one another to shape daily life, access to opportunities, and experiences of engaging with support systems.

Across many workshops, disability-related challenges were discussed within the wider contextual lens of social and economic circumstances, rather than standalone issues.

This pattern emerged across a range of organisations, participant groups, and geographic contexts, suggesting that many experiences raised through the workshops are best understood within the context of multiple

interacting pressures, instead of a single characteristic or circumstance in isolation.

Commonly discussed combinations of circumstances included:

- disability and poverty
- disability and caring responsibilities
- disability and poor housing
- disability and digital exclusion
- neurodivergence and mental health conditions
- disability and ethnicity
- disability and age
- multiple and interacting health conditions

11. Annex D: Names of organisations who contributed

The steering group is grateful to all the organisations and participants who contributed their time, expertise and reflections to this work. The organisations listed below kindly consented to being named in this report; however, this is not a comprehensive list of all participating organisations, and we extend our thanks to all those who took part in and supported the work.

Action on Disability (AoD)
Advice NI
Aphasia Support
Bedworth Rugby and Nuneaton Citizens Advice Bureau
Bexley Mencap
Bournemouth Gateway Club
Caia Park Partnership
Caribbean & African Health Network (CAHN)
Central Dorset Citizens Advice
Chapeltown Citizens Advice
Charlie's Journey
Choice in Hackney
Church of England's Disability Task Group and Deaf Ministry Task Group
Citizens Advice Cardiff and Vale
Citizens Advice Eastleigh
Citizens Advice Hull and East Riding
Citizens Advice in East Dorset and Purbeck
Citizens Advice Liverpool City Region
Citizens Advice Middlesbrough
Citizens Advice North Lancashire
Citizens Advice Somerset
Citizens Advice Wirral
Citizens Advice Wokingham
Citizens Advice Wrexham
Contact Cymru
Co-operative Party dis(Ability) Network
Coventry Citizens Advice
Croydon Mencap
Deafblind UK
Disability Action

Disability Action Haringey
Disability Stockport
Disability Wales
Down's Syndrome Association
Family Fund
Good Company (Surrey)
Headway – the brain injury association
Headway Gloucestershire
Hft
KeyRing Living Support Networks
Learning Disability England working with Cloverleaf
Long Covid UK[2]
Luton Irish Forum
Mencap – Northern Ireland
Mencap – Power and Influence Group
Mencap – Voices Council
Mission Remission
MS Society
ND Hub Gloucestershire
Northamptonshire Disabled Resistance
Nottinghamshire Deaf Society
Our Space Youth Club
Pennine Mencap
Royal National Institute of Blind People (RNIB)
Ryedale Special Families
Scarborough Disability Action Group (DAG)
Sense
Shaping the Future Self-Advocacy Group, part of the Lancashire Peer Advocacy Network, supported by People First
Sickle Cell Society

Solihull Action Through Advocacy
Spinal Injuries Association
Stepping Stones Learning and Leisure
Stockton Citizens Advice
The Delicate Mind C.I.C
The office of Andrew Ranger MP
The office of Dr Ellie Chowns MP
UNISON
West Cheshire Poverty Truth Advisory Board, West Cheshire Foodbank and Cheshire West Voluntary Action
Wrexham Salvation Army
Z2K

[1] No Scotland-based organisations were selected for Workshop in a Box funding to target financial support to areas where the workshop materials and content would be most relevant across the UK. The Timms Review continued to hear from perspectives in Scotland through other strands of evidence and engagement in the Review during this time.

[2] Working name of Long Covid Support, charity number 1198938