# The Timms Review of Personal Independence Payment (PIP): Shaping Recommendations Workshops insights

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# 1. Executive Summary

This report presents the findings of the 15 Shaping Recommendations Workshops held across the UK, seven in person and eight online, between 15th September and 7th October 2026 as part of the Timms Review. The SRW work was governed and overseen by a working group made of 5 steering group members. They led the design and strategic direction and The PSC, WECIL and DWP led the delivery and the subsequent analysis.

224 people attended, including disabled people, people with long-term health conditions, and their carers, families and supporters, many with experience of PIP. In each workshop, participants scored 14 recommendations for improving the current benefit and rated 24 principles for a reformed benefit, then discussed them. Facilitator notes and transcripts were anonymised and analysed thematically for each workshop and compared across the whole programme. The analysis findings were shared with all steering group members for them to consider alongside other evidence.

## Headline Findings Session 1: Improving the current benefit

**Between 81% and 97% of participants scored each of the 14 recommendations between 8 and 10 out of 10.**

- Support was highest for recommendations about access to advocacy (recommendation 5, 97%), the PIP2 form (recommendation 2, 96%), fluctuating

conditions (recommendation 11, 95%) and fewer reviews for lifelong conditions (recommendation 1, 95%).

- Even the least supported recommendations, digital services (recommendation 13, 81%), reasonable adjustments (recommendation 4, 83%) and data on inequalities (recommendation 14, 83%) were scored above 8 by more than four in five participants.
- Every recommendation averaged 8.6 or higher out of 10.

**Despite general support, participants doubted the recommendations would be delivered without a change in funding, capacity, and DWP's culture.**

- Participants noted that a framework for decisions already exists but is often not followed, and that agreed reasonable adjustments are often not made in practice (recommendations 4 and 7).
- They considered that better wording and new rules will not succeed without a change in DWP's culture and staff training (recommendations 3, 6 and 7).
- They questioned where the funding and trained advocates (recommendation 5) would come from given that services are already overstretched, especially GPs, which causes difficulties when it comes to providing evidence (recommendation 9).

**Participants want assessments that understand the person's whole condition over time, rather than a snapshot.**

- Participants reported requiring a process that doesn't treat a single day, good or bad, as the whole picture and assessors who understand the conditions they assess (recommendations 7 and 11).
- They called for the impact of a condition to be assessed over time including effort, recovery, pain and cumulative effects (recommendation 11).
- They want assessors trained in specific conditions and for questions that fit fluctuating, mental health, neurodivergent and hidden conditions (recommendations 2, 7 and 11).

**Participants reported that the burden of obtaining evidence falls on claimants and many cannot obtain what they are asked for.**

- Long NHS waits, limited contact with services and stable lifelong conditions all leave gaps in evidence; many reported that evidence is ignored or overruled (recommendation 9).
- Participants want DWP to gather and pay for any evidence it needs, with consent, and for evidence from carers, family and support workers to carry weight (recommendation 9).
- They also called for people to give information only once rather than repeating their story to different people and services (recommendations 1, 6 and 9).

**Participants want to choose how they take part, with secure digital services as an option rather than the default.**

- Participants proposed that claimants have choice over how they are assessed and for that choice to be honoured (recommendation 12).
- They welcomed an online portal but insisted paper, phone and in-person routes to remain and raised concerns about exclusion and the security of personal data (recommendation 13).
- They emphasised the need accessible formats and a choice of ways to respond to be standard from the beginning of the process (recommendations 3 and 4).

# Headline Findings Session 2: A reformed benefit

**Support for the 24 principles was more varied ranging from 97% green for a non-means-tested award to 18% for cost categories.**

- The strongest support was for a non-means-tested award (principle 19, 97% green), a non-means-tested contribution to extra costs (principle 4, 87%), fluctuating and cumulative impacts (principle 12, 85%) and a range of evidence (principle 16, 82%).
- The principles on cost categories (principle 23, 18% green), services and non-cash support (principle 21, 24%), participation (principle 3, 41%) and the initial assessment (principle 9, 48%) drew the most concern.

## Principles with the strongest support and the most concern:

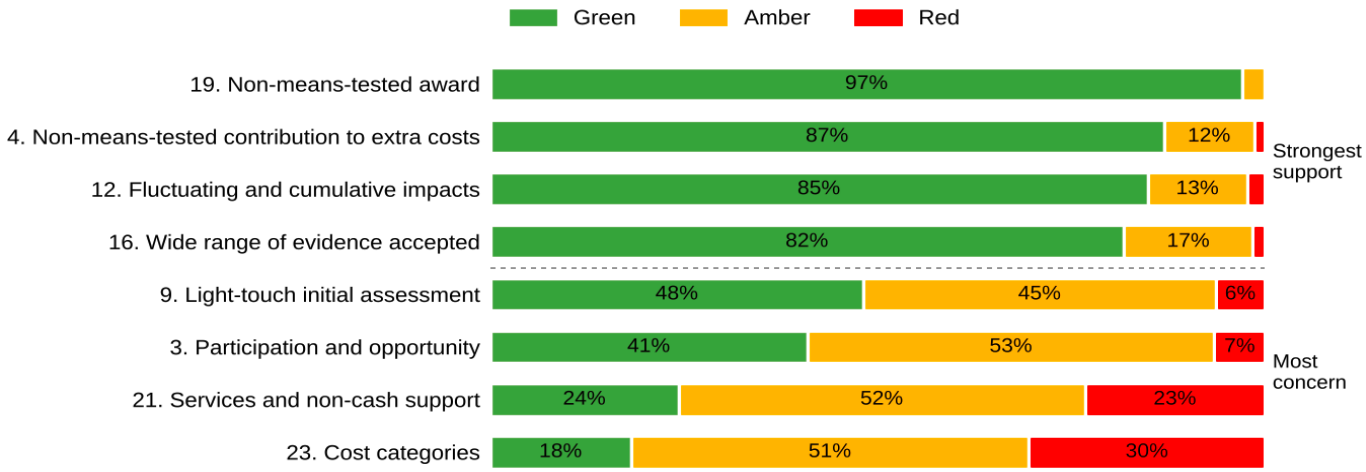



**Fig. 1: Excerpt from Fig. 6 showing horizontal bar chart containing principles with highest and lowest percentage of green rankings. A table with the data is available in Annex A.**

## Participants regarded a cash award without a means test as the basis of choice, control and dignity.

- Participants opposed prescribed spending and would accept services only as an optional addition to the full cash award with no penalty for declining them (principles 2, 20 and 21).
- There were concerns that cost categories could not reflect individual needs that change over time and could become a route to vouchers, cuts or means-testing (principle 23).
- A minority suggested that very high earners might receive a reduced award or pay tax on it but in most of these workshops the majority disagreed (principle 19).

**Participants were wary of wording that could attach conditions or reduce support.**

- Only 41% rated participation and opportunity green. Their main concern was that naming work and activities could make PIP conditional and they wanted a commitment that working, volunteering or caring will never count against a claimant (principle 3).
- Participants were concerned that the initial assessment could misjudge people or become a gate to refuse them (principle 9) and that services and signposting could be used to reduce the cash award or replace support (principles 21 and 24).

**Participants considered that trust in the process must be earned and doubted that the principles would be delivered.**

- A trusted, supportive process received 56% green. Participants considered that trust cannot be declared and will follow only once the process is shown to work through fewer mistakes and overturned decisions (principle 6).
- They pressed for claimants to be believed and for openness about the evidence considered and how decisions are reached (principles 6 and 16).
- They doubted delivery given past promises, low trust in DWP and services that are already overstretched (principles 5, 6, 13, 14, 15, 21 and 24).

**Participants supported wider evidence and sharing information provided the burden moves to DWP and claimants stay in control.**

- It was proposed DWP be responsible for filling evidence gaps and for evidence from carers, family and non-medical professionals to carry equal weight (principles 6, 16 and 17).
- Participants supported ‘Tell Us Once’ but only if claimants can see, correct and control what is held, with strong data security and a non-digital route (principle 14).
- Support for using existing records was lower, at 58% green. Participants reported that records are often inaccurate and called for specific consent (principle 15).

# New Ideas

Beyond the recommendations and principles, participants most often suggested a public information campaign to counter nationwide stigma about PIP and for assessors to have expertise in the person’s condition. Other proposals included DWP meeting the costs of claiming, service standards for DWP and independent oversight involving disabled people. Views on artificial intelligence were divided.

# Regional Differences

Participants in Scotland compared PIP with Adult Disability Payment, describing a more humane culture

but not a perfect model. Participants in Northern Ireland highlighted different equality law and greater difficulty obtaining medical evidence, and participants in Wales raised concerns about advocacy provision and the possibility for devolution.

# 2. Introduction

The Shaping Recommendation Workshops were designed as part of the Timms Review to test and refine the steering group's emerging recommendations (covering 14 recommendations to improve the current benefit and 24 principles for a reformed benefit) with D/deaf and disabled people, people with long-term health conditions, and carers, families and supporters. This report provides an evidence-led synthesis of insights we heard from workshop discussions.

The work was governed and overseen by a dedicated working group made up of five steering group members, supported by The PSC, WECIL and the DWP. Between July and October, the working group held 12 meetings and discussed a wide range of strategic questions and topics. Important decisions were then brough to the whole steering group for discussion and vote.

The programme delivered 15 workshops across the UK from 15th September to 7th October 2026, attended by 224 participants with seven workshops in-person and eight online. Originally nine workshops were planned in-person but two were moved online due to venue cancellation. Participants included disabled people and people with long-term health conditions, as well as their carers, families and others in a support role, often with experience of interacting with Personal Independence Payment (PIP). Participants were renumerated for their valuable insights and time they kindly volunteered in addition to reasonable expenses.

Workshops were facilitated by The PSC and WECIL with the WECIL facilitator bringing lived experience to support delivery. It was decided DWP should not attend the workshops to provide a neutral space for participant reflection, but steering group members were present to listen and engage with participants. Where possible, workshops also had support from local co-hosts, organisations that represent disabled people and people with long term health conditions, to enable an open and safe environment for sharing. Effort was made to invite co-hosts to each of the workshops and eight workshops had co-hosts. Each workshop also involved a graphic facilitator to provide a visual account for the discussion, palantypists and other accessibility support personnel as well as arrangement for security and a safeguarding lead to be present or on call for emergencies.

This report draws upon qualitative and quantitative analysis undertaken by DWP and The PSC for each workshop (individual summaries were produced separately) and consolidates findings into a summary of feedback for each recommendation and principle. All data was anonymised and kept separate from any other DWP records. The analysis identifies areas of agreement, divergence, emerging themes, tensions and specific conditions attached to support across the 14 recommendations to improve the current benefit and 24 principles for a reformed benefit. The findings should be understood as evidence arising from workshop discussion, reflecting the views of those who attended rather than prevalence amongst the wider population.

The evidence considered here forms part of the steering group's wider programme of engagement for the Timms Review and should be interpreted alongside other workshop outputs and additional evidence. In addition to this report, the steering group will be provided with anonymised transcripts and individual workshop summaries from all 15 workshops (with all personally identifiable information removed).

# 3. Workshop participants

## Participant selection

Over 300 participants from across the UK were recruited for the SRWs through a public exercise. The ‘call for participation’ saw nearly 4000 applications, and these were sifted by geographical location, before 20 participants were randomly selected for each workshop totalling 300 participants invited. There were a range of in-person and online workshops across the UK and potential attendees were advised to choose workshops based on their own geographic location

Workshop size was limited to a maximum of 20 attendees per workshop to balance depth and breadth of discussion with psychological safety and participant comfort.

The Review team analysed the selected participant list to ensure that a wide range of characteristics were included in each workshop cohort, across demographic parameters such as age, gender, disability or condition type, ethnicity and PIP experience. This sample was reviewed for suitability and approved by the steering group. Where a particular characteristic was under-represented, all applicants with the characteristic were identified from the wider applicant pool and random selection was used to fill any gaps.

For the workshops, this provided an overall total of invitations to:

- **238 disabled people and people with long-term health conditions (79%)**
- **62 family members, carers and supporters of disabled people (21%)**

Where participants dropped out of the workshops ahead of time, their seat was offered to other participants shortlisted for each workshop to maintain maximum attendance and align similar characteristics wherever possible.

# Participation at the Workshops

The Shaping Recommendations Workshops were attended by 224 participants across the country providing insight form a broad range of communities and experiences. The proportion of workshop participants from devolved nations was higher than the nations' UK population percentages.

Of those who attended, 27.7% were men, 68.8% were women and 3.5% identified as another gender. Attendees spanned all age groups though the majority were between 31-64 (78.1%). 86.2% of participants who attended the workshops identified as being from a White background and 13.8% were from an ethnic minority background or preferred not to say.




**Fig. 2: Map of the UK showing proportion of participants from each nation who attended the Shaping Recommendations Workshops (England: 58.9%, Northern Ireland: 12.5%, Scotland: 13.8%, Wales: 13.8%)**

More than 75% of participants who attended described themselves as a “disabled person or person with long-term health conditions”. 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.

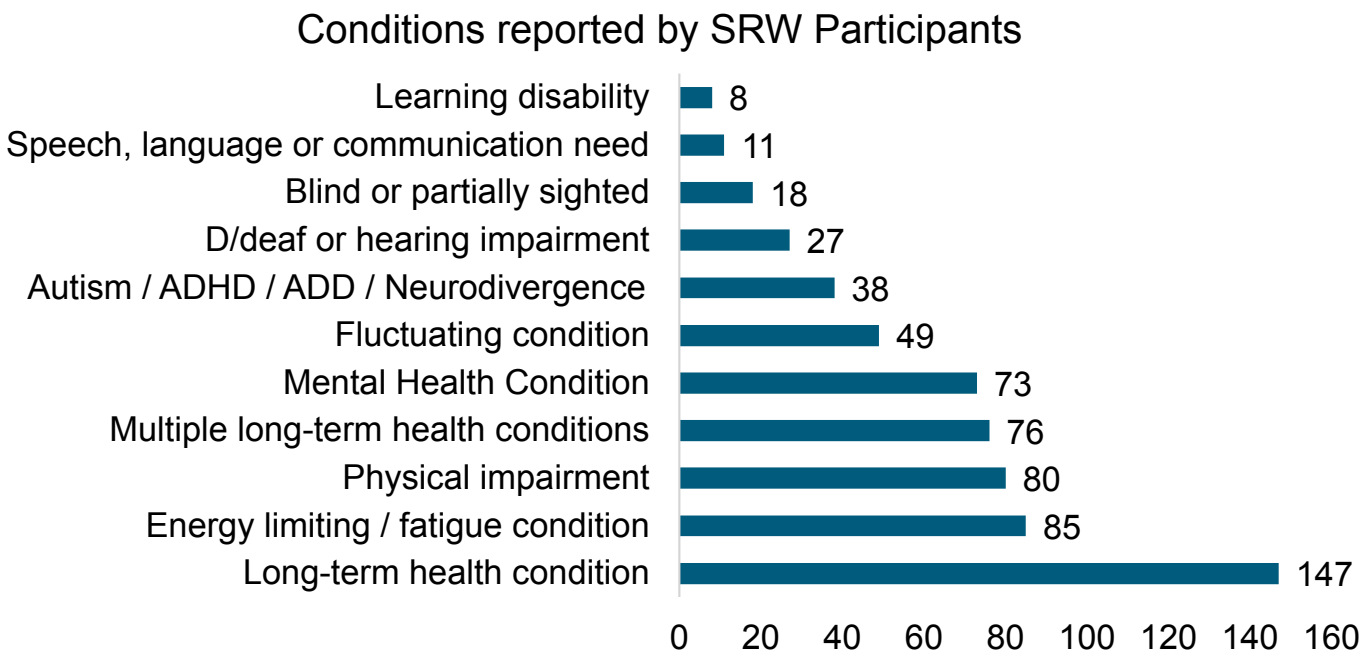



**Fig. 3: Horizontal bar chart showing the wide diversity of conditions self-reported by attending participants. Chart shows number of attending participants who selected each condition. Note: participants were able to select more than one answer. There are 11 options: Long-term health condition (147), Energy limiting / fatigue condition (85), Physical impairment (80), Multiple long-term health conditions (76), Mental Health Condition (73), Fluctuating condition (49), Autism / ADHD / ADD / Neurodivergence (38), D/deaf or hearing impairment (27), Blind or partially sighted (18), Speech, language or communication need (11), Learning disability (8).**

72.8% of workshop participants had applied for PIP or Adult Disability Payment (ADP, in Scotland) at some point themselves, including at least 22.8% with experience of appeals and mandatory reconsideration (MR). Family members, carers and supporters (24.1%) had further experience of PIP/ADP applications. Fewer than 7%

of participants had no experience of PIP, ADP or DLA applications.

The majority of participants (74.5%) had not engaged with the Timms Review previously.

A full breakdown of all participant characteristics is provided in Annex C.

# Analysis of Workshop Evidence

Each workshop had two sessions, held in small breakout groups led by a facilitator. In Session 1, participants discussed 14 recommendations to improve the current benefit and scored each one. In Session 2, they discussed 24 principles for a reformed benefit and rated each one. Scoring encouraged individual reflection, gave a measure of support for each item and helped facilitators guide discussion where views differed.

Across the 15 workshops, the facilitator notes and palantypist transcripts of these discussions run to around 750,000 words. Scores were analysed separately and are presented alongside the discussion. This report and the workshop summaries are fully anonymised. No participant is named, and details that could identify them are not included.

All 15 workshops were also attended by a graphic facilitator who created images based on the discussion themes in each workshop such as the example below. All 15 images can be found in Annex B.

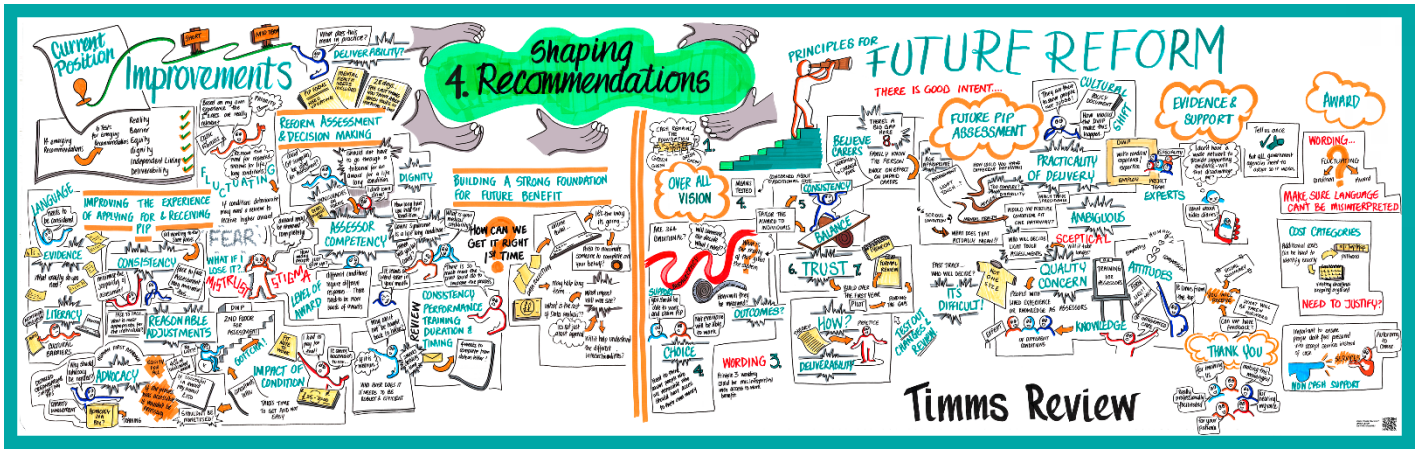



**Fig. 4: Graphic recording from one of the Shaping Recommendation Workshops showing discussion points from both workshop sessions.**

## Two independent analyses

Two teams analysed the evidence separately, using different methods:

- The PSC, who facilitated the workshops, produced an evidence log and a summary for each workshop, drawing only on that workshop's notes and transcripts.
- DWP's analytical team used the Analytic Vertical Intelligence System – Shaping Recommendations Workshops Edition (AVIS-SRW). It analysed each workshop separately, then grouped the workshops into four batches and compared themes across them.

## Bringing the analyses together

This report brings both analyses together. Its findings are based on The PSC's evidence logs, which show which workshops raised each point. DWP's analysis was then used to check these findings and to add any points they had missed.

## Use of AI and human checks

Both analyses were human-led and AI-assisted. The PSC and DWP's analytical team designed the approach, set the rules for the analysis and quality assured the work between each stage, with AI used as a tool to process the volume of evidence robustly within the time available.

A full breakdown of all methodology is provided in Annex E & F.

# 4. Findings from the Shaping Recommendations Workshops

## 4.1 Session 1: Improving the Current Benefit

The first half of each workshop explored a range of proposals intended to improve the operation of the current benefit. Participants were asked to score each recommendation individually from 1 to 10 (increasing level of support, 10 highest) based on their support as currently written, before discussing each recommendation in small groups.

Across all workshops, participants generally supported the recommendations, though often had questions and clarifications. Participants often supported the direction of travel but attached important safeguards, caveats or amendments. This section therefore reports both support and the conditions that shaped that support.

Several recurring themes were present throughout the discussions. These included the recognition of fluctuating and cumulative impacts, concerns regarding reassessment burden, the use of evidence, communication quality, accessibility, advocacy and institutional distrust. Participants frequently linked these issues together, describing them as interconnected features of PIP benefit claimant experience rather than

separate problems. Many discussions focused less on whether support should exist and more on how it could be delivered in ways that reduce burden, improve confidence, better reflect lived experience and support fairer outcomes.

## Key Insights

All 14 recommendations were generally supported. Between 81% and 97% of participants scored every recommendation between 8 and 10, and every recommendation averaged 8.6 or higher, see chart below.

## Support for each recommendation

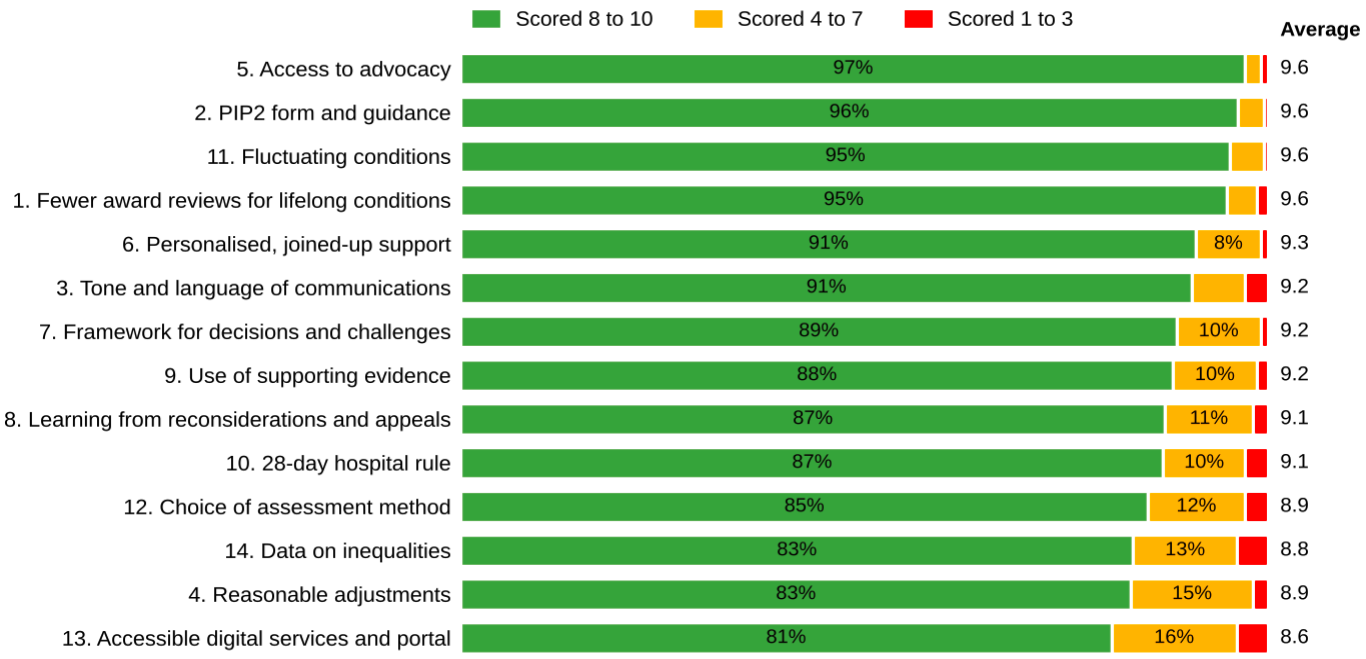



**Fig. 5: Bar chart showing support for each recommendation, in order of highest percentage of scores between 8 and 10. A table of these results is also available in Annex A.**

# Overall themes from discussion

- **Doubts about delivery.** Despite strong support for the recommendations, participants doubted they would be delivered, noting that existing frameworks and agreed adjustments are often not followed in practice. They considered that changes to recommendation wording or proposed frameworks will not succeed without a change in DWP's culture and staff training and questioned where the funding and capacity would come from (recommendations 3, 4, 5, 6, 7 and 9). Participants said, "everything looks good on paper".
- **Choice and autonomy are key.** Participants called for people to choose how they are assessed, contacted and complete forms, with digital services as an option to widen access rather than the default, which may be restrictive. They considered that accessible formats, alternatives and advocacy should be standard from the start, not something people must ask for (recommendations 2, 3, 4, 5, 12 and 13).
- **A culture of suspicion.** Participants described communications and assessments that feel designed to "catch people out", in which everyday activities are used as evidence against them. They also feared that information about them could be used against them (recommendations 3, 7, 12 and 14). Participants consistently treated the quality of interaction with DWP as substantive to their experience, alongside transparency to reduce anxiety and increase trust in the system.

- **Assessment and assessors that understand the condition and its impact.** Participants reported assessors who do not understand the conditions they assess, and a process that only takes a snapshot as the whole picture. One participant said, “In one day… I can be ten different people”. They asked for assessors trained in specific conditions, and for questions that fit fluctuating, mental health, neurodivergent and hidden conditions (recommendations 2, 7, 9 and 11). Participants wanted clearer forms, guidance and communications, but did not equate simplification with removing detail needed to describe complex impacts.
- **Accountability and openness in decisions.** Participants requested decisions that explain the reasons and the evidence weighed, a chance to see and correct assessment reports, and independent checks on assessors and decision makers. They also sought openness about why decisions are overturned with the lessons fed back to the individuals who made them (recommendations 3, 7, 8 and 9).
- **The burden of evidence on claimants.** Participants reported that many people cannot obtain the evidence they are asked for and must repeat the same information at every stage. Participants strongly supported reducing unnecessary reviews and repeated requests to prove established needs. They called for DWP to gather and pay for evidence itself, with consent, and for people to tell their story only once (recommendations 1, 6 and 9) to ensure lower cognitive and administrative burden on claimants.

# Recommendation 1: Fewer award reviews for lifelong conditions

Reduce unnecessary award reviews for people with lifelong or degenerative conditions and amend processes and communications to reduce anxiety about award reviews

## What participants said

Participants strongly supported this recommendation. They considered repeated reviews of conditions that will not improve to be unnecessary and called for them to stop (13 workshops; clear agreement in 11).

Participants described the distress reviews cause including anxiety that builds for months beforehand and fear of losing an award they depend on (13 workshops; clear agreement in nine). Many also regarded such reviews as a poor use of public money (eight workshops; clear agreement in four). In the words of one participant: “Nothing is going to change until they find a cure.”

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 213 | **9.6** | **202 (95%)** | 8 (4%) | 3 (1%) | 8.9 to 10.0 |

## Conditions of support

- **Longer or lifetime awards for conditions that will not improve.** Some participants recommended

indefinite awards for permanent conditions (eight workshops; clear agreement in five).

- **A simple and safe route for an award to increase when needs grow.** Participants were concerned that fewer reviews could otherwise leave people on a lower award than is required if their condition worsens (seven workshops; clear agreement in four).
- **Protection of the existing award when a person asks for more support.** Participants proposed that a review of a lifelong condition should only be able to increase an award, not reduce it (seven workshops).
- **The option for claimants to report changes themselves.** A light-touch check on what has changed was suggested in place of routine reviews (seven workshops).
- **Use of evidence from the person's own doctors or specialists in place of a review.** Participants considered a consultant's confirmation that a condition will not improve to be sufficient (seven workshops; clear agreement in three).
- **No repetition of the same information at each review.** Participants suggested forms be pre-filled with the information given previously (six workshops).

## Risks to implementation

- **Fear of reporting a deterioration.** Participants reported that reviews so frequently lead to reductions that claimants avoid asking for more support even

when they need it (six workshops; clear agreement in four).

## Wording and clarifications

- **Define ‘lifelong’ and ‘degenerative’, and who decides.** Participants asked for hidden, mental health and neurodivergent conditions to be included (10 workshops).
- **‘Eliminate’ rather than ‘reduce’ unnecessary reviews.** Participants also asked for ‘unnecessary’ to be defined more clearly (six workshops).
- **Separation into two recommendations.** Participants regarded reducing reviews and reducing anxiety as distinct aims (four workshops).

# Recommendation 2: PIP2 form and guidance

Improve the PIP2 form and guidance to ensure it is easier to complete and better captures fluctuating conditions

## What participants said

Participants felt strongly about improving the form. They described the current form as long, complex and demanding, difficult even for confident applicants, and daunting enough that some delay claiming (10 workshops; clear agreement in four).

Two problems were raised repeatedly. The form does not capture conditions that change from day to day and leads applicants to describe only their worst days (12 workshops; clear agreement in eight). Success also depends on knowing particular wording and how points are scored which favours applicants who receive advice (nine workshops; clear agreement in five).

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 212 | **9.6** | **204 (96%)** | 7 (3%) | 1 (0%) | 9.2 to 10.0 |

## Conditions of support

- **Questions that reflect mental health, neurodivergent, hidden and multiple conditions.** Participants considered the current form to be

designed around physical conditions (11 workshops; clear agreement in six).

- **Questions about effort, after-effects and recovery, not only whether a task can be done.** Participants noted that completing a task once can require days of recovery (nine workshops; clear agreement in six).
- **Plain questions, with examples in the form itself.** Participants asked for guidance that states what DWP is looking for, noting that many applicants never read a separate booklet (10 workshops; clear agreement in three).
- **A choice of ways to complete the form.** Participants called for online and paper versions, typed or spoken answers, video, and the option to complete it in stages (nine workshops; clear agreement in four).
- **Questions about what people can do, not only what they cannot.** Participants described the requirement to present themselves at their worst as distressing (nine workshops; clear agreement in three).
- **Clear guidance on describing changing conditions.** Participants reported conflicting advice on whether to describe their worst, average or typical day (six workshops).
- **Questions about aids, adaptations and everyday life.** Participants noted that a ‘yes’ can conceal the aids a person relies on and that the form omits tasks

such as running a home or caring for others (eight workshops).

## Wording and clarifications

- **More detail on how the change would work.** Two workshops considered the recommendation too general.
- **‘Create a new PIP2 form’ rather than ‘improve’ it.** One workshop proposed this change of wording.
- **Separate treatment of the two aims.** One workshop regarded simplifying the form and capturing changing conditions as distinct tasks.

# Recommendation 3: Tone and language of communications

Improve the tone and language of DWP communications to be more respectful and easier to understand

## What participants said

Participants supported this recommendation, reporting that letters, calls and assessments often feel suspicious and accusatory, as though claimants are presumed to be lying (10 workshops; clear agreement in six). One participant described is as, “You have to keep proving it [like] you’re in a criminal court.”

However, several participants placed clarity above tone. Some find neutral, factual language easier to follow than a gentler style that may still conceal a harsh decision (five workshops).

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 212 | **9.2** | **192 (91%)** | 14 (7%) | 6 (3%) | 8.2 to 9.9 |

## Conditions of support

- **Plain language, without jargon or legal terms.** Even highly educated participants reported difficulty understanding DWP letters (10 workshops; clear agreement in five).

- **A choice of how claimants are contacted.** Participants wanted accessible formats, other languages and a spoken option with preferences recorded once (seven workshops).
- **Coverage of all contact, not only letters.** Participants considered that phone calls and assessments require the same change of tone (six workshops; clear agreement in three).
- **Decision letters that explain the decision.** Participants asked to be told how points were reached and what evidence was considered (six workshops; clear agreement in four).
- **Communications designed and tested with disabled people.** Participants called for those who receive letters to be involved in writing them (five workshops).
- **Lessons from Social Security Scotland.** Participants in Scotland cited its charter of dignity and respect and staff they regarded as trauma-informed (one workshop).

## Risks to implementation

- **Limited effect without a change of culture.** Participants considered that more respectful letters would achieve little if staff training and attitudes remain unchanged (five workshops; one person mentioned in each).

## Wording and clarifications

- **Reference to the Department for Communities in Northern Ireland.** PIP is administered there by the Department for Communities, so the recommendation should not refer only to DWP.

# Recommendation 4: Reasonable adjustments

Improve the identification, implementation and monitoring of reasonable adjustments to ensure individual needs are consistently met

## What participants said

Participants supported the recommendation but many reported that agreed adjustments often do not happen in practice. Examples ranged from wheelchair users being sent to upstairs rooms without a lift to requests that were not acted upon (10 workshops; clear agreement in three).

Many claimants are unaware of what adjustments exist or that they can request them so those with more knowledge or support benefit most (eight workshops). One participant noted, “we shouldn’t have a system that is so inaccessible by design.”

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 212 | **8.9** | **176 (83%)** | 32 (15%) | 4 (2%) | 8.1 to 10.0 |

## Conditions of support

- **Accessible formats and a choice of ways to respond as standard.** Participants called for typed, spoken and online options, and for large print to arrive on time (nine workshops; clear agreement in four).

- **Needs identified at the start.** Participants proposed examples or a checklist of available adjustments, with needs recorded once on the claimant's file (seven workshops).
- **Adjustments decided by the person, not by DWP.** Participants asked that adjustments be agreed with the claimant rather than chosen for them (six workshops).
- **Monitoring of whether adjustments work.** Participants asked for a way to report failures and for reasons to be given when a request is refused (six workshops).
- **Fully accessible assessment venues.** Participants described steps, broken lifts and lifts too small for wheelchairs (five workshops; mentioned by one or two participants).
- **Coverage of hidden and mental health conditions, not only physical access.** Participants considered extra time, breaks and alternative ways to respond as important as ramps (five workshops).

## Wording and clarifications

- **Clarity on who decides what is 'reasonable'.** Some participants considered that the word gives DWP the power to decide what a person needs (four workshops). One participant disagreed, noting that it is the legal term.
- **Simpler wording.** Participants found the recommendation wordy and asked for it to be broken

down, including how to request an adjustment during the process.

- **A statement of what will change.** Two workshops noted that adjustments should already be provided, in line with the Equality Act.

# Recommendation 5: Access to advocacy

Ensure that people who need help to navigate the PIP process can access advocacy services

## What participants said

Participants strongly supported this as the process is too complicated for most people to manage alone and that those with someone to help them achieve better outcomes (seven workshops; clear agreement in six). However, existing help was described as stretched, underfunded and difficult to find with availability depending on where a person lives (12 workshops; clear agreement in five). As one participant explained, “It shouldn’t be a fight.”

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 213 | **9.6** | **207 (97%)** | 4 (2%) | 2 (1%) | 9.2 to 10.0 |

## Conditions of support

- **Early information about the help available.** Participants proposed a list of local organisations sent with the claim form or first letter (10 workshops; agreement in three).
- **Free, properly funded advocacy consistent across the UK.** Participants considered that no one should pay for help and that provision should not depend on location (nine workshops; clear agreement in four).

- **Advocacy independent of DWP.** Participants called for advocates whose only role is to support the claimant (eight workshops; clear agreement in three). Participants regarded community groups and local services as the right route (five workshops).
- **Advocacy from the start of a claim and throughout.** Participants want support from before an application starts through to any appeal, ideally offered by default (eight workshops; clear agreement in four).
- **Properly trained advocates.** Participants considered that advocates need to understand both the system and the person's condition (six workshops).
- **A choice of who provides support.** Participants asked that a trusted family member, friend or carer be recognised and listened to (six workshops). Participants in four workshops added that family carers who act as advocates need support themselves, rather than being assumed to manage alone.

## Risks to implementation

- **Advocacy as a substitute for simplifying the process.** Many participants considered that the process should be simple enough for fewer people to need help (eight workshops; clear agreement in three).
- **Insufficient funding and capacity.** Participants questioned source of funding and trained advocates

as services are already overstretched (five workshops).

## Wording and clarifications

- **‘Independent’ advocacy.** Two workshops asked for the word to be included in the recommendation.
- **A wider meaning for ‘navigate’.** One workshop proposed that it cover understanding of what PIP is, not only completing the process.
- **Clarity on the overlap with recommendation 6.** One workshop found the two difficult to distinguish.

# Recommendation 6: Personalised, joined-up support

Introduce a more personalised and joined-up approach to managing the applications of people who need additional support

## What participants said

Participants generally supported the intent. Many described having to repeat their circumstances to different people and services which they found exhausting (10 workshops) reportedly, “fighting three different battles when they should be helping me.”

However, some participants found the recommendation vague and were unclear what it would change in practice.

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 213 | **9.3** | **194 (91%)** | 17 (8%) | 2 (1%) | 8.2 to 10.0 |

## Conditions of support

- **Information given once and reused.** Participants proposed that, with consent, information already held by DWP and health services be shared rather than requested again (11 workshops mentioned; often one person).
- **Joined-up disability support schemes with a single point of entry.** Participants called for PIP,

Access to Work, the Blue Badge scheme and similar schemes to stop asking the same questions (five workshops; clear agreement in three).

- **A named caseworker or single point of contact.** Participants considered that someone familiar with the claimant's history would avoid the need to start again each time (five workshops; clear agreement in three).
- **Support transitioning between benefits.** Participants described the move from DLA to PIP at 16 as slow and stressful, leaving families without clarity for months, and noted that a young person's history from children's services is often lost and not carried over (nine workshops; but often only one person). Similar points were raised less frequently for state pension aged adults and between nations.

## Risks to implementation

- **Added complexity if poorly implemented.** Some participants questioned whether DWP could achieve the change in culture required (five workshops).

## Wording and clarifications

- **A clear statement of what 'personalised' and 'joined up' mean in practice.** Some participants considered the current wording too abstract to convey a specific commitment (three workshops).
- **Removal of 'who need additional support'.** Participants proposed a personalised approach for all claimants and questioned who would decide who needs extra support (two workshops).

# Recommendation 7: Framework for decisions and challenges

Introduce a framework across the PIP assessment and decision making to govern how decisions are made, reconsidered, appealed, and corrected to improve the quality, consistency and transparency of assessments.

## What participants said

Participants agreed with the aim of consistent and transparent decisions. Many described assessors who did not understand the conditions they assessed (nine workshops; clear agreement in five), and reports that did not reflect what had been said (eight workshops; clear agreement in five). Participants regarded decisions as inconsistent and dependent on the individual assessor (seven workshops).

Participants also reported that assessments appear designed to catch claimants out with everyday activities such as using public transport or working treated as evidence against them (nine workshops; clear agreement in four). One participant described the experience as “an interrogation.”

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 212 | **9.2** | **188 (89%)** | 22 (10%) | 2 (1%) | 8.2 to 9.9 |

## Conditions of support

- **Independent scrutiny of assessors, decisions and assessment providers.** Participants called for independent audits, quality checks and clear accountability rather than self-assessment by DWP (10 workshops; clear agreement in five).
- **Condition-specific training, with assessors matched to the person.** Participants described assessors from unrelated specialisms who needed to look up a condition during the assessment (seven workshops; clear agreement in three).
- **Decisions that set out the reasons and supporting evidence.** Participants reported that refusal letters often give no explanation (seven workshops; agreement in four).
- **Access to the assessment report before a decision is made.** Participants asked for the opportunity to correct errors before they affect the outcome (six workshops).
- **Record assessments and provided a copy to the claimant.** Participants considered that a recording would protect both parties and improve accountability (five workshops).

## Risks to implementation

- **A framework too rigid for some conditions.** Participants were concerned that complex, fluctuating, and newly recognised conditions may not fit a fixed set of rules (five workshops).

- **Limited effect if rules are not followed.** Several participants noted that a framework already exists and considered that training and guidance alone would not change practice (five workshops).

## Wording and clarifications

- **‘Reform’ or ‘a better framework’ rather than ‘introduce’.** Participants noted that a framework already exists and asked what would change (five workshops).
- **Clarity of the framework.** Participants found the recommendation wordy and asked what it covered, who would run it and who would receive the feedback (six workshops).
- **An aim of getting decisions right first time.** Two workshops considered that ‘reconsidered, appealed and corrected’ assumes decisions will be wrong.

# Recommendation 8: Learning from MRs and appeals

Strengthen feedback mechanisms to apply learning from Mandatory Reconsiderations (MRs) and appeals across the PIP process to improve consistency in decision-making and accountability for assessors.

## What participants said

Many participants expressed surprise that this is not already standard practice (10 workshops; clear agreement in seven). As one participant noted, “I was staggered you needed to say it.”

Participants regarded the number of decisions overturned on appeal as evidence that too many are wrong at first at a cost to claimants and to the public purse (eight workshops; clear agreement in three).

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 211 | **9.1** | **184 (87%)** | 23 (11%) | 4 (2%) | 7.2 to 9.8 |

## Conditions of support

- **Outcomes fed back to the people who made the original decision.** Participants proposed that learning reach individual assessors and decision makers through training and supervision (11 workshops; clear agreement in eight).

- **Accountability for assessors.** Participants suggested tracking how often each assessor's refusals are overturned and acting on the results (eight workshops).
- **Openness about why decisions are overturned.** Participants called for patterns to be published by condition and area, with measurable targets for improvement (six workshops; clear agreement in four).
- **Reform of mandatory reconsideration.** Many participants reported that MR rarely changes decisions and recommended a genuinely independent second review or automatic referral if you're initial claim is denied (six workshops).
- **A safe route for claimants to give feedback on their assessment.** Participants asked that this be available whatever the outcome, without risk to the award (five workshops).

## Wording and clarifications

- **Shorter wording that makes clear who learns what.** Participants found the recommendation hard to follow, and some were unfamiliar with the term 'mandatory reconsideration' (four workshops).
- **Explicit reference to accountability.** Two workshops asked for stronger language on accountability.
- **Care with the word 'consistency'.** One participant was concerned it could be read as rigidity rather than individual treatment.

# Recommendation 9: Use of supporting evidence

Review how supporting evidence is used and strengthen processes for gathering, sharing and considering relevant evidence.

## What participants said

Participants identified the main problems as obtaining evidence and having it considered once submitted. Many reported that evidence they had sent was ignored, misread or overruled by the assessor (12 workshops mentioned, but often only one person). In the words of one participant: “Because we live with a condition, it doesn’t make us neurologists.”

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 212 | **9.2** | **187 (88%)** | 22 (10%) | 3 (1%) | 8.3 to 10.0 |

## Conditions of support

- **DWP to pay for the evidence it requests.** Some GPs charge for letters, placing evidence out of reach for some claimants (11 workshops; clear agreement in three).
- **Weight given to evidence from those who see a person’s daily life.** Carers, family, support workers and therapists often understand needs better than a doctor (nine workshops; clear agreement in five).

- **Significant weight for evidence from a specialist who knows the person.** Some participants outlined that strong specialist evidence could remove the need for an assessment (seven workshops; clear agreement in four).
- **Clear information on the evidence required.** Participants also asked for decisions to explain how evidence was weighed (nine workshops; clear agreement in three).
- **Evidence gathered by DWP rather than the claimant.** Participants proposed that, with consent, DWP contact the professionals named on the form (nine workshops; clear agreement in three).
- **No penalty for gaps in evidence.** This matters most for lifelong conditions and for people unable to obtain NHS appointments (eight workshops; clear agreement in five).
- **Use of records DWP can already access.** With consent, claimants would then provide information only once (seven workshops; clear agreement in four).
- **A standard form or guidance for health professionals' letters.** Participants reported that letters tend to list diagnoses rather than describe daily life (seven workshops).
- **Online submission of evidence by claimants and professionals.** Participants asked that an offline route remain available (seven workshops).

## Risks to implementation

- **Exclusion of people without access to medical evidence.** Long NHS waits, limited contact with services and lifelong conditions with nothing new to report all leave gaps (15 workshops; clear agreement in eight).
- **Disadvantage from giving greater weight to medical evidence.** People with little medical contact or no diagnosis could lose out (six workshops; agreement in four).
- **Deadlines too short to gather evidence.** Participants noted that GP letters and specialist reports can take weeks or months (six workshops; clear agreement in three).
- **Errors in records shared between services.** Sharing requires consent, safeguards and the person's control over what is sent (five workshops).
- **Delays from greater reliance on GPs.** GPs are already stretched, and slow letters already delay claims (five workshops).

## Wording and clarifications

- **Clarity on what the 'review' would change.** One workshop considered that 'review' gives no direction, and another asked whether it covers lifelong conditions with no new evidence.

## Outside the scope of the Timms Review

- **NHS waiting times and limited GP access.** Both Northern Ireland workshops reported longer waits there, and one noted the absence of a rare disease register (five workshops; clear agreement in three).

# Recommendation 10: 28-day hospital rule

Review the 28-day hospitalisation rule to reduce stress and ensure that people receive the support they need

## What participants said

Participants supported this recommendation and many regarded it as a straightforward change (six workshops). Almost every workshop reported that the costs PIP meets continue, and can rise, during a hospital stay, from rent and paid care to travel for visiting family (14 workshops; clear agreement in nine). One participant summarised by saying, “Being in hospital does not stop the world.”

Participants noted that losing PIP can also mean losing a Motability vehicle, Carer’s Allowance and other linked support (five workshops). Some described people leaving hospital early or avoiding treatment to protect their award (three workshops).

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 208 | **9.1** | **181 (87%)** | 21 (10%) | 6 (3%) | 8.2 to 10.0 |

## Conditions of support

- **Continued payment of PIP during a hospital stay.** Most participants called for the rule to be abolished rather than reviewed (10 workshops; clear agreement in four).

- **A longer and more flexible limit if one is retained.** Proposals included reducing payments rather than stopping them, or a longer period such as Universal Credit's six months (seven workshops; clear agreement in four).
- **Awareness of the rule and a simple way to report a stay.** Participants reported that many claimants only learn of the rule during a stay, and some proposed that the NHS notify DWP directly (seven workshops).

## Wording and clarifications

- **'End' or 'change' the rule rather than 'review' it.** Participants considered 'review' insufficient and asked what change is intended (five workshops).

## Outside the scope of the Timms Review

- **Delays in care packages and home adaptations.** Participants noted that waiting for social care can extend a stay beyond 28 days through no fault of the claimant (five workshops).

# Recommendation 11: Fluctuating conditions

Improve how PIP assesses and accounts for fluctuating conditions.

## What participants said

Participants strongly supported this recommendation. Most reported that the current process does not account for conditions that change, treating a snapshot or a single good day as the whole picture (12 workshops; clear agreement in nine). One participant explained: “When someone is more stable, it doesn’t mean they are able.”

Some described claimants avoiding activity, or understating what they manage, for fear that a good day would be used against them (four workshops; clear agreement in three).

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 211 | **9.6** | **201 (95%)** | 9 (4%) | 1 (0%) | 8.9 to 10.0 |

## Conditions of support

- **Assessment of a condition’s impact over time.** Participants called for effort, recovery time, pain and cumulative effects to be considered, rather than a count of good and bad days (11 workshops; clear agreement in six).

- **Assessor training in fluctuating and hidden conditions.** Participants described assessors who did not understand that a person can be well one day and in severe pain the next (six workshops).
- **A broad definition of ‘fluctuating’ and a review of the 50% rule.** Participants noted that conditions can change hour by hour or over months, and that a narrow definition would exclude people (six workshops; often one person).
- **Ways to show change over time.** Proposals included diaries, an online journal, and a way to report a flare-up without starting a new claim (five workshops; often one person).
- **No penalty for what a person manages on a good day.** Participants considered that work, sport or driving should not count against a claimant (five workshops; clear agreement in four).

## Wording and clarifications

- **Clarity on how this differs from recommendation 2.** Three workshops were unsure what it adds, or how fluctuating conditions would be assessed in practice.

# Recommendation 12: Choice of assessment method

Ensure that people have access to the right assessment method to meet their needs, including increased capacity for face-to-face assessments.

## What participants said

Participants supported choice, but views on face-to-face assessments were divided. Some considered that meeting in person reveals difficulties a phone call can miss (six workshops; clear agreement in four). Others reported that face-to-face assessments feel like being watched and judged and are traumatic for some (eight workshops; clear agreement in four).

There was broad agreement that the method should be the claimant's choice, as opposed to a universal preference. One participant stressed, "It should be about choice [...] it's our assessment, it's not their assessment."

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 208 | **8.9** | **177 (85%)** | 25 (12%) | 6 (3%) | 7.6 to 9.7 |

## Conditions of support

- **Choice of assessment method, with that choice honoured.** Participants reported that requests for a particular method are often disregarded (14 workshops; clear agreement in eight).

- **Options beyond phone and face to face.** Participants noted that home visits, video and written options suit some people better (six workshops).
- **Decisions without an assessment where evidence is strong.** Some participants questioned why people with clear medical evidence need to be assessed at all (five workshops).
- **Accessible venues, with travel costs covered.** Participants described venues without working lifts, and long, costly journeys in rural areas (five workshops; often one person).
- **Lessons from Adult Disability Payment in Scotland.** Participants there described home visits, a range of options and some decisions made without an assessment, although views on the last differed (two workshops).

## Wording and clarifications

- **Removal of 'increased capacity for face-to-face assessments'.** Many participants read this as a preference for face-to-face assessment, implying that claimants must be seen to be believed (four workshops).
- **Clarity on who decides the method.** Two workshops asked that the recommendation state that the claimant decides, making the right method an entitlement.
- **'Support interview' as the term for the assessment.** One workshop in Scotland proposed this, following Social Security Scotland, and objected

to wording implying that limited evidence is the claimant’s fault.

# Recommendation 13: Accessible digital services and online portal

Increase the availability of accessible digital services across the PIP journey to streamline the process and improve accessibility, including the development of an online portal

## What participants said

Many participants welcomed a portal to track a claim, send documents and confirm what has been received (13 workshops; clear agreement in seven). As one participant put it, “digital is not good just because it’s digital.”

Every workshop was clear that digital services should sit alongside other routes, not replace them, and that clear safeguards would need to be in-place to ensure personal information is not misused.

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 206 | **8.6** | **166 (81%)** | 32 (16%) | 8 (4%) | 7.5 to 9.4 |

## Conditions of support

- **Digital as a choice, not the default.** Participants wanted paper, phone and in-person routes to remain, with no disadvantage for using them (15 workshops; clear agreement in 13).

- **A portal for tracking a claim and submitting information.** Participants proposed functions to upload evidence, report changes, confirm receipt and check the assessment report (seven workshops; clear agreement in five).
- **Genuinely accessible design.** Participants asked that the portal work with screen readers and speech, allow progress to be saved, and not time out (seven workshops; clear agreement in four).
- **Access for advocates, appointees and carers.** Participants recommended that, with consent, those supporting a claimant should be able to view progress and provide updates (five workshops).
- **Online applications available across the UK.** Participants reported that access to the digital PIP pilot programme currently depends on where a person lives (five workshops mentioned, but often only one person).

## Risks to implementation

- **Risks to personal information held online.** Participants were concerned about hacking, leaks and wide access by staff, and asked for clear safeguards (nine workshops; clear agreement in four).
- **Exclusion of people who are not online.** Participants noted that many older people, people on low incomes and people in rural areas lack reliable internet access (eight workshops; clear agreement in five).

## Wording and clarifications

- **Clearer wording.** One workshop found recommendations 13 and 14 difficult to understand.
- **Reference to secure services.** Participants proposed adding ‘secure’ to the recommendation, for example ‘secure and accessible digital services’, so that is commits to protecting the personal information held online.

# Recommendation 14: Data on inequalities

Improve data collection and reporting on people applying for PIP, to understand and address inequities in the experience and outcomes for different groups

## What participants said

Participants supported using data to understand inequality, but trust in how it would be used was low. Many were concerned that data could be used against disabled people and asked who would see it and for what purpose. In the words of one participant: “it’s not what’s collected, it’s where that’s going.”

Once the purpose was explained, for example reporting more than a person’s main condition, several participants were reassured.

## Scores

| Number who scored | Average score | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Workshop averages |
|---|---|---|---|---|---|
| 209 | **8.8** | **174 (83%)** | 27 (13%) | 8 (4%) | 7.7 to 9.7 |

## Conditions of support

- **Use of data to identify who is not applying, followed by targeted outreach.** Participants proposed using it to find groups and areas that miss out (nine workshops).
- **Protection of the data.** Participants called for data to be held securely, anonymised where possible

and collected with consent (eight workshops; clear agreement in five).

- **Reporting of secondary and multiple conditions.** Many participants were surprised that DWP only report a person's main condition (six workshops).
- **Use of existing equality duties in Northern Ireland.** Participants there noted that section 75 of the Northern Ireland Act already requires equality monitoring (two workshops).

## Risks to implementation

- **Use of data against disabled people.** Participants had reservations that it could be used to single out groups for cuts or to support hostile media coverage (11 workshops; clear agreement in seven).

## Wording and clarifications

- **Plainer wording that states what the recommendation means in practice.** Participants found 'data collection' and 'reporting on people' alarming; some proposed leading with identifying inequalities and stating that data will be held securely (seven workshops; clear agreement in three).

# 4.2 Session 2: A Reformed Benefit

The second session in the workshops explored a set of principles intended to guide any future, long-term reform of the benefit. Participants were asked to categorise each proposed principle by a traffic light system (Green was “in favour”, Amber was “broadly happy, but some concerns”, and Red was “causing real concerns”), as well as contribute any new ideas they thought the current principles missed.

Participants often supported the underlying aim behind each principle but expressed a lack of confidence that the principles could be effectively implemented in practice. Across many principles, participants appeared to assess proposals through the lens of their experience of the current system, particularly around trust, evidence, entitlement decisions and claimant control.

## Key Insights

Support for the principles varied widely, from 97% green for non-means-tested award (principle 19) to 18% green for cost categories (principle 23). The principles on participation, the initial assessment, services and cost categories drew the most concern.

# Support for each principle

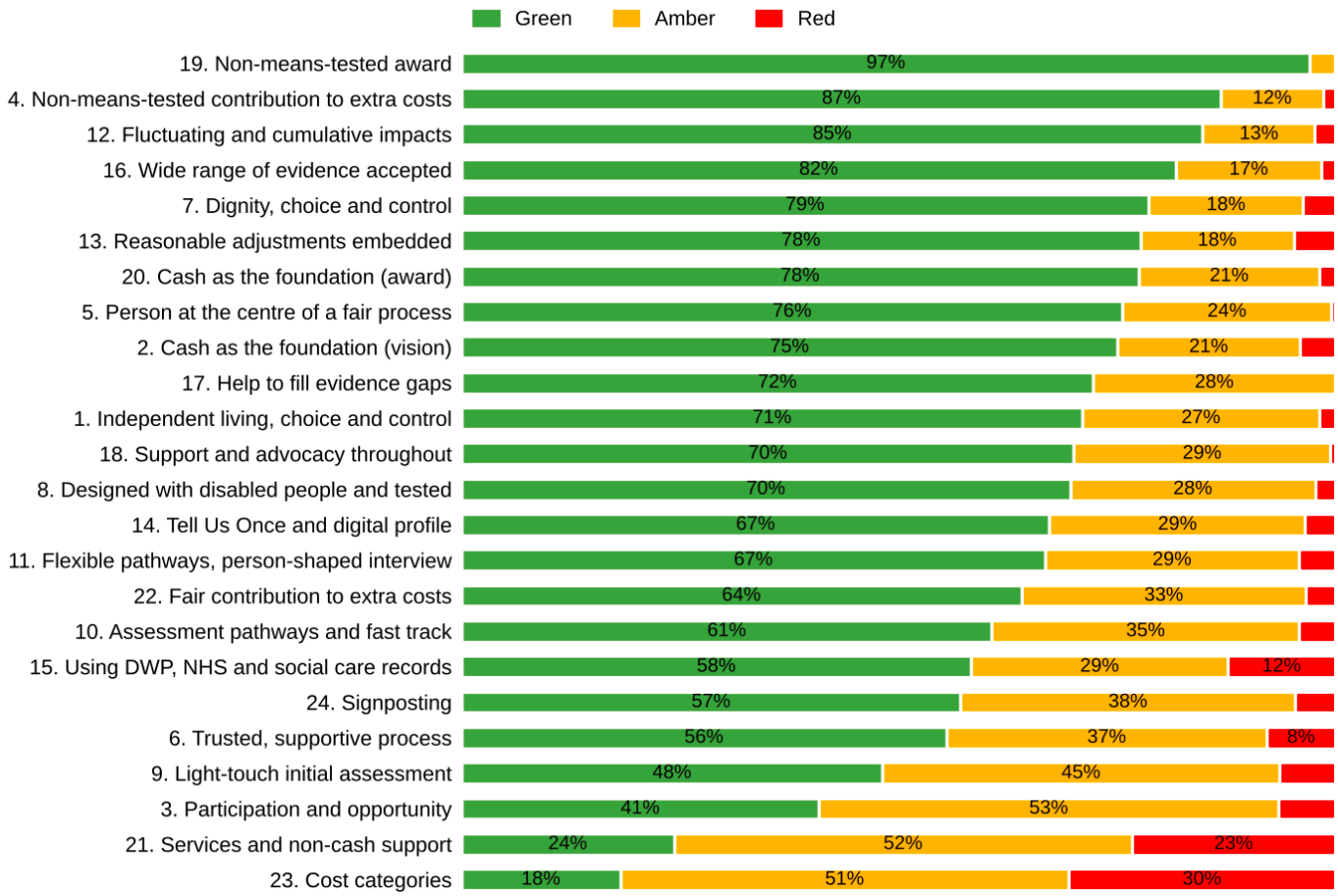



**Fig. 6: Horizontal bar chart showing support for each recommendation, in order of highest percentage of green responses. A table of these results is available in Annex A.**

## Overall themes from discussion

- **Cash, without a means test.** Participants strongly supported cash without a means test as the basis of the award, regarding it as giving claimants choice, control and dignity saying, “I think cash allows people to make the choices about disability-related expenses”. They opposed prescribed spending as “disabilities don’t fit in a box” and only accepted services as optional additions that never reduce the cash award (principles 2, 4, 7, 19, 20, 21 and 23).

Principle 23 (cost categories) was the least supported principle.

- **Wording that could be used to restrict support.** Participants were worried that principles on participation, the first assessment, records, services, cost categories and signposting could be used to attach conditions, turn people away or reduce awards. They highlighted the need for explicit commitments that taking part, declining a service, refusing consent to share records or being signposted will never count against a claimant (principles 1, 3, 9, 15, 21, 23 and 24).
- **Doubts about delivery.** Similarly to the recommendations, participants doubted that the principles would be delivered given past promises, low trust in DWP, currently disjointed services and support that is already overstretched. They considered that trust will only be earned once the process is shown to work (principles 5, 6, 13, 14, 15, 21 and 24). Positive language alone was not seen as enough. Transparency, record accuracy and accountability are therefore central features of any reform.
- **Evidence and the burden of proof.** Participants called for responsibility for filling evidence gaps to move from claimants to DWP and for evidence from carers, family and non-medical professionals to carry equal weight. They emphasised that claimants' own accounts should be believed, that people without a diagnosis or extra evidence must not be disadvantaged, and that medical records are often

inaccurate (principles 6, 10, 15, 16 and 17). One participant said: “I would prefer the people on the other end to trust what I say.”

- **Control over personal information.** Participants supported sharing information to avoid repetition but only if claimants can see and correct what is held, give specific consent and control how it is used. They were concerned that errors would be carried forward and that sensitive information could be leaked or misused (principles 14, 15 and 16).

# Principle 1: Independent living, choice and control

The reformed benefit will support independent living, choice and control, helping disabled people and those with long-term health conditions participate fully in society.

## What participants said

Participants broadly supported this principle and welcomed its emphasis on choice and control (nine workshops; clear agreement in five).

The main concern was the phrase ‘participate fully in society’. Many participants read it as implying that disabled people must give something back, or do not already participate.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 218 | **155 (71%)** | 59 (27%) | 4 (2%) |

## Conditions of support

- **Participation that is voluntary and defined by the individual.** Participants asked that taking part in society remain an aim for the person, not a condition of receiving PIP (eight workshops; clear agreement in four).

## Risks to implementation

- **Use of the wording to push people into work or volunteering.** Participants were concerned that the principle could be used to justify pressure to work or to reduce support (five workshops).

## Wording and clarifications

- **Removal or replacement of 'participate fully in society'.** Suggested alternatives included 'live the life they want', 'participate meaningfully' and 'participate in a full life and society' (eight workshops; clear agreement in five).
- **A definition of 'independent living'.** Participants proposed linking it to the pillars of independent living or to the UN Convention on the Rights of Persons with Disabilities (three workshops).
- **More detail on how the principle would be achieved.** Three workshops considered that it restates what PIP should already do.

# Principle 2: Cash as the foundation (vision)

Cash will remain the foundation of the award.

## What participants said

Participants strongly supported cash as the basis of the award. They regarded cash as the only way to give claimants choice, autonomy and control because extra costs vary widely between people and from week to week (11 workshops; clear agreement in 11). One participant commented, “Cash should be the whole of the award, not just the foundation of it.”

The main concern was the word ‘foundation’, which many read as leaving room for part of the award to be replaced.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 221 | **166 (75%)** | 46 (21%) | 9 (4%) |

## Conditions of support

- **No vouchers, prescribed spending or reduction in cash to fund services.** Participants regarded vouchers as costly, restrictive and degrading (nine workshops; clear agreement in six).
- **Optional help for people who find managing money difficult.** Some participants proposed alternative ways of receiving the award, or help with budgeting, but only at the person’s own choice (five workshops).

## Wording and clarifications

- **A firmer word than ‘foundation’.** Participants read ‘foundation’ as implying that part of the award could stop being cash; suggestions included ‘cash will remain the award’ and ‘basis’ (nine workshops; clear agreement in four).

# Principle 3: Participation and opportunity

The award will support participation and opportunity across everyday life, including work, volunteering, care and other meaningful activities.

## What participants said

Participants supported the aim of helping disabled people take part in everyday life, but the principle drew more concern than most. Their main concern was that naming work and other activities could turn PIP into a conditional, work-related benefit (15 workshops; clear agreement in 13).

Views on naming work were divided. Some participants welcomed it as recognising that PIP helps people stay in work, while others considered that work should not appear in the principle at all (four workshops; clear agreement in three).

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 215 | 88 (41%) | **113 (53%)** | 14 (7%) |

## Conditions of support

- **The principle should state that taking part never counts against a claimant.** Participants pressed for an explicit commitment that working, volunteering, caring or keeping active will not be used to refuse or reduce an award (10 workshops; clear agreement in seven).

- **Quality of life, rest and leisure should be included.** Participants considered that the principle should cover living well, not only productive activity (seven workshops; clear agreement in six).

## Risks to implementation

- **Participation could become a condition of the award.** Participants expressed concern that the wording could be used to attach conditions, apply pressure or push people into work (15 workshops; clear agreement in 13).

## Wording and clarifications

- **‘Meaningful’ should mean meaningful to the person.** Participants questioned who decides what is meaningful and suggested wording such as ‘activities the person considers meaningful’ (10 workshops; clear agreement in seven).
- **The principle repeats principle 1.** Participants proposed ending the sentence after ‘everyday life’, removing the list of activities or merging the two principles (four workshops).
- **‘Can support’ rather than ‘will support’.** Participants suggested this wording change and called for participation to be stated as optional (four workshops; clear agreement in four).
- **Consistent use of ‘award’.** One participant considered that ‘award’ suggests a prize and noted that the principles move between ‘benefit’ and ‘award’.

- **Education and transport in the list of activities.** One workshop put forward adding both to the list of activities.
- **‘Thrive’ or ‘flourish’ alongside ‘participate’.** One participant proposed this wording.

# Principle 4: Non-means-tested contribution to extra costs

A reformed benefit will provide a non-means-tested contribution towards the additional costs arising from disability or a long-term health condition.

## What participants said

Participants strongly supported keeping the award free of a means test (12 workshops; clear agreement in 10). They considered that the extra costs of disability arise whatever a person's income, and that means-testing would cost more to run, create cliff edges and complicate access to passported support such as the Blue Badge.

Discussion focused on the word 'contribution' and on what counts as an extra cost. Several participants reported that PIP often pays for essentials rather than extras. One participant warned, "It is bread and butter money."

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 215 | **187 (87%)** | 25 (12%) | 3 (1%) |

## Conditions of support

- **The definition of extra costs should be broad and personal.** Participants wanted it to cover essentials, lost opportunity and the costs of staying well, since these differ widely between people (five workshops; clear agreement in four).

## Wording and clarifications

- **Greater clarity on ‘contribution towards’.** Participants considered the phrase vague, questioned whether it could mean a small amount and asked who would decide which costs count (six workshops; clear agreement in three).
- **‘Contribution’ as an honest description.** One participant welcomed the word, since PIP does not cover the full cost.
- **Two principles rather than one.** One participant put forward separating non-means-testing from the purpose of the award, especially as non-means tested has its own separate principle.
- **A shorter principle.** One workshop proposed removing the second line, for example ‘a non means tested benefit to live your life’.
- **The addition of ‘non-taxable’.** One workshop suggested this addition.
- **‘Essential and additional costs’.** One workshop put forward this wording.

# Principle 5: Person at the centre of a fair process

The person will be central to a fair and equitable process, with consistent rights but support tailored to individual needs.

## What participants said

Participants supported the principle of a person-centred process with consistent rights for everyone (10 workshops; clear agreement in seven). One workshop proposed that it should be the first principle of the whole process. One participant was clear, “That’s how it should be… fair, equal, consistent rights for everybody, individual needs.”

Most of the discussion concerned whether the principle could be delivered, and what ‘tailored’ support would mean in practice.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 222 | **168 (76%)** | 53 (24%) | 1 (0%) |

## Risks to implementation

- **The principle may not be delivered in practice.** Participants questioned how it would be achieved, given past promises of person-centred services and the inconsistency they experience now (nine workshops; clear agreement in four).

- **Fairness depends on the people who make decisions.** Participants considered that a fair process needs assessors and decision makers who are trained, consistent, accountable and familiar with the conditions they assess (six workshops; clear agreement in three).

## Wording and clarifications

- **Clarity on 'tailored'.** Participants asked how support would be tailored, by whom and whether to the process or the award, and some were concerned it could allow DWP to decide what a person needs; one workshop proposed 'centred around' the person (six workshops; clear agreement in four).
- **'And' rather than 'but'.** Participants considered that consistent rights and tailored support are not opposites and recommended including 'and' or 'with' (four workshops; clear agreement in three).
- **Simpler wording.** Participants found the principle hard to follow and some considered it said little; one workshop suggested ending it at 'The person will be central' (four workshops; clear agreement in three).
- **Definitions of 'fair' and 'consistent rights'.** Participants asked what these mean, and one workshop noted that consistent rights could be consistently poor (three workshops).
- **'Requirements' rather than 'needs'.** One workshop proposed this to reflect the social model of disability, and the addition of 'transparent'.

# Principle 6: Trusted, supportive process

The process will be trusted and supportive, helping people explain their needs and fill evidence gaps where needed.

## What participants said

Participants supported the principle as an aspiration (four workshops; clear agreement in four), but most of the discussion concerned trust. Participants considered that trust cannot be declared and must be earned, and that many disabled people have lost trust in DWP through experience. One participant reflected that, “It will only be trusted and supportive after the Review has shown it can be.” A second topic of discussion concerned evidence gaps and who would be responsible for filling them.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 218 | **121 (56%)** | 80 (37%) | 17 (8%) |

## Conditions of support

- **Responsibility for filling evidence gaps should rest with DWP.** Participants called for the process to identify and fill gaps itself, and for gaps never to count against the claimant (seven workshops).
- **The principle should commit to transparency and accountability.** Participants sought openness about what evidence was considered and how each decision was reached (six workshops; clear agreement in four).

- **Trust should run in both directions.** Participants emphasised that claimants need to be believed, and for assessment to be a two-way conversation rather than a test (five workshops; clear agreement in four).

## Risks to implementation

- **Existing distrust will persist until the process is shown to work.** Participants considered that trust will follow only from results, such as fewer mistakes and lower overturn rates at reconsideration and appeal (10 workshops; clear agreement in four).
- **Trust depends on the quality of assessors.** Participants supported assessors who are qualified, consistent and well trained, and who do not approach claimants with suspicion (six workshops).

## Wording and clarifications

- **Alternatives to 'will be trusted'.** Participants regarded the phrase as presumptuous and proposed 'trustworthy', 'will build trust', 'can be trusted' or 'clear and honest' (10 workshops; clear agreement in nine).
- **An explanation of 'fill evidence gaps'.** Participants were unsure whether claimants would have to find what is missing themselves, and some saw a conflict with the aim of telling DWP only once (six workshops; clear agreement in four).
- **Clarity on who should trust the process.** Participants asked whether the principle means disabled people trusting DWP or DWP trusting

claimants (five workshops; clear agreement in three). Suggested changing to “trusted by disabled people”.

- **‘Listen carefully’ rather than ‘supportive’.** One workshop suggested this wording.
- **Separation of the two messages.** One workshop considered that the principle combines two ideas, and that ‘evidence gaps’ repeats principle 17.

# Principle 7: Dignity, choice and control

The reformed benefit will promote dignity, choice and control for disabled people and those with long-term health conditions.

## What participants said

Participants strongly supported dignity, choice and control as the standard the benefit should meet (eight workshops; clear agreement in eight). Several regarded the principle as difficult to disagree with. One participant stated: “Reformed benefit does not need to promote dignity it needs to be dignified.”

Some participants questioned whether the principle overlaps with principle 1.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 220 | **173 (79%)** | 39 (18%) | 8 (4%) |

## Wording and clarifications

- **A stronger verb than ‘promote’.** Two workshops proposed that the benefit should itself be dignified or should ‘enhance’ dignity.
- **Overlap with principle 1.** Two workshops suggested adding dignity to principle 1 and removing principle 7.
- **A definition of ‘control’.** Two workshops asked what claimants would be able to control.

- **‘Aim to’ promote.** One workshop recommended this since the aim may not be fully achievable.
- **Reference to Article 3 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).** One workshop proposed this, perhaps in a footnote.
- **A definition of ‘long-term health conditions’.** One workshop asked how the term would be defined.

# Principle 8: Designed with disabled people and tested

The reformed benefit will be designed with disabled people and those with long-term health conditions and tested to make sure it works before it is rolled out.

## What participants said

Participants supported designing the benefit with disabled people and testing it before rollout (nine workshops; clear agreement in six). They emphasised that testing should take place early enough to shape the design and that disabled people should not bear the risk of finding out what does not work. One participant added, “We’re not the guinea pigs; we’ve been through enough.”

The main lines of discussion concerned how representative testing would be, who would be involved, and what would happen after rollout.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 221 | **154 (70%)** | 62 (28%) | 5 (2%) |

## Conditions of support

- **Testing should involve a large and representative range of people.** Participants backed testing across many conditions, including people with learning disabilities and invisible conditions, rather than a small or single pilot (nine workshops; clear agreement in three).

- **Carers, parents and advocates should be involved.** Participants considered that the people who support disabled people should take part in design and testing (six workshops).
- **Monitoring and improvement should continue after rollout.** Participants raised the need for the benefit to be reviewed and improved continuously, not only tested at the start (six workshops).
- **Co-production should be genuine and continuous.** Participants want disabled people to share control over design, implementation and review, rather than being consulted after decisions are made (five workshops).
- **People taking part in pilots should be protected.** Participants called for safeguards so that no one is worse off for taking part, including keeping their award during any transition (five workshops).

## Wording and clarifications

- **Definitions of 'tested' and 'works'.** Participants asked who would be tested, how, against what measures, and whether 'works' means 'works for disabled people' (10 workshops; clear agreement in five).
- **'Co-designed' rather than 'designed with'.** One workshop proposed this wording.
- **'Tested and improved' before rollout.** One workshop considered including this wording or the word 'reviewed' before rollout.

- **‘Fit for purpose’ or ‘effective’ rather than ‘works’.** One workshop suggested this wording.
- **‘Designed, implemented and reviewed in co-production with disabled people’.** One workshop recommended this wording to be clearer about involvement.

# Principle 9: Light-touch initial assessment

There will be a light-touch initial assessment to begin understanding a person's circumstances and direct them to the most appropriate assessment pathway. This will be as simple as possible to reduce the administrative burden.

## What participants said

Participants supported, in principle, a simple first step that directs people to the right assessment (11 workshops; clear agreement in four). Their support depended on who would carry it out and how much weight it would carry. Most of the discussion concerned risks such as the first check could misjudge people, turn them away or simply add another stage.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 220 | **106 (48%)** | 100 (45%) | 14 (6%) |

## Conditions of support

- **The initial assessment should be carried out by someone with relevant knowledge.** Participants called for trained staff with clinical or condition knowledge, ideally with lived experience, and some wanted the check to be independent of DWP (eight workshops; clear agreement in three).
- **Claimants should be able to challenge the outcome of the initial assessment.** Participants

asked for the right to change pathway, add evidence or request a face-to-face assessment (five workshops).

## Risks to implementation

- **The initial assessment could place people on the wrong pathway.** Participants were concerned that a brief check could misjudge people with several conditions, or people who present well on the day (10 workshops; clear agreement in three).
- **An additional stage could increase waiting and stress.** There was concern that this would increase the number of assessments and lengthen the process (10 workshops; clear agreement in four).
- **The first step could become a gate.** Participants were adamant that it should not be used to refuse people or divert them to other, cheaper services (six workshops; clear agreement in three).

## Wording and clarifications

- **An explanation of the 'pathways'.** Participants asked what the pathways would be, who would decide allocation and wanted an example included (nine workshops; clear agreement in four).
- **Clarity on whose 'administrative burden' is reduced.** The phrase was read as referring to DWP's burden and so participants recommended stating that it means the claimant's or removing it (five workshops).

- **A definition of ‘light touch’.** Questions arose whether it means less burden on the claimant or a less thorough assessment (four workshops).
- **An alternative to ‘assessment’.** Participants saw the word as leading and that the applicant had the potential to be declined and therefore suggested ‘application’, ‘initial application’, ‘triage’ or ‘pre-assessment’ instead (three workshops).
- **Whether it applies to new claims or reviews.** One workshop asked to state this.

# Principle 10: Assessment pathways and fast track

There will be different assessment pathways for different groups of people, reducing unnecessary assessments where evidence is clear while providing more detailed conversations where needed to better understand the individual's circumstances. People with well-evidenced, serious conditions, including those receiving end-of-life care, could benefit from a fast-track pathway

## What participants said

Participants supported a fast-track pathway and fewer unnecessary assessments where evidence is clear (seven workshops; clear agreement in three). However, they expressed concern about allocation to pathways and the phrase 'well-evidenced, serious conditions'. Participants questioned who would decide on "serious" or "well-evidenced" and whether separate pathways would treat people equally. As one participant said, "I wouldn't like somebody else to make [the] decision for them of what they need."

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 219 | **133 (61%)** | 77 (35%) | 9 (4%) |

## Conditions of support

- **The fast track should extend beyond end of life.** Participants wanted to include lifelong and progressive

conditions with clear evidence and that will not improve to lead to a lasting award (six workshops).

- **Claimants should have a say in their pathway.** Participants stipulated people be involved in their decision and able to move from an incorrect pathway (five workshops).

## Risks to implementation

- **Separate pathways could create a hierarchy of conditions.** Participants voiced concern about a two-tier system with inconsistent outcomes between pathways (eight workshops; clear agreement in six).
- **People whose conditions are hard to diagnose or evidence could lose out.** Participants called for pathways to follow needs rather than diagnosis. In Northern Ireland, participants reported that evidence is particularly hard to obtain (seven workshops; agreement in three).
- **People with several or fluctuating conditions may not fit a single pathway.** Participants questioned how such cases would be handled (five workshops).

## Wording and clarifications

- **A definition of 'serious', or its removal.** Participants regarded the word as subjective and questioned whether it may invite ranking and hierarchy of conditions (nine workshops; clear agreement in five).
- **Define 'well-evidenced'.** Participants asked who would decide what counts as enough evidence (five workshops).

- **Clarify ‘different groups of people’.** Participants read as separate pathways for different types of condition, such as physical or mental health, but wanted clarification (four workshops).
- **The overlap and relationship with principle 9.** Participants suggested merging the two principles or distinguishing more clearly (three workshops). One workshop also considered that end-of-life care is important enough to warrant its own principle.

# Principle 11: Flexible pathways, person-shaped interview

Assessment pathways will be flexible, for example by providing access to a person-shaped interview where complexity, evidence gaps or additional support are identified.

## What participants said

Participants supported flexible pathways, which they considered could make assessment less rigid and more human (eight workshops; clear agreement in four). One participant argued, “They’re there to provide a service, not to… judge people or punish people.”

Much of the discussion concerned the term ‘person-shaped interview’, which many participants did not understand, and what the interview would involve.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 217 | **145 (67%)** | 63 (29%) | 9 (4%) |

## Conditions of support

- **Lessons from Adult Disability Payment in Scotland.** Participants there reported that it strikes a better balance on person-centred assessment, with the same form online or in person and better guidance for assessors (one workshop; often one person).

## Wording and clarifications

- **A clearer term than ‘person-shaped’.** Participants regarded it as unclear jargon and proposed ‘person-centred’, ‘personal’ or ‘person-led’ (eight workshops; clear agreement in seven).
- **Support for ‘person-shaped’.** However, two workshops included participants who preferred the term as more human.
- **An explanation of the interview.** Participants asked what it involves, whether it is face-to-face and where it sits in the process (four workshops).
- **An alternative to ‘interview’.** Participants considered that it suggests a job interview and suggested ‘conversation’, ‘appointment’ or ‘support meeting’ instead (three workshops; clear agreement in three).
- **Care with ‘support conversation’ as an alternative.** One workshop noted that the term carries stigma from Universal Credit.
- **A shorter principle.** One workshop proposed ending the sentence at ‘Assessment pathways will be flexible’.
- **‘Can be’ flexible.** One workshop suggested including this, to show the interview is available to those who need it.
- **‘Where appropriate’, at the request of either party.** One workshop put forward that either the applicant or the Department could ask for the interview.

- **Overlap with principle 10.** One workshop could not see the difference and proposed merging the two.

# Principle 12: Fluctuating and cumulative impacts

All assessment pathways will consider fluctuating cumulative impacts, rather than relying on a snapshot of the person's circumstances.

## What participants said

Participants strongly supported assessing fluctuating and cumulative impacts rather than relying on a snapshot (11 workshops; clear agreement in nine). They described how a single activity can leave people unwell for days afterwards, and how a short observation cannot show a progressive condition. As one participant described, "Disabled people just aren't exactly the same every day."

Other points were each raised in fewer workshops. These included how fluctuation would be evidenced, and whether good days would be used as evidence to reduce an award.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 218 | **185 (85%)** | 28 (13%) | 5 (2%) |

## Wording and clarifications

- **Plainer wording.** Two workshops considered that 'fluctuating cumulative impacts' is not plain English, and one proposed stating that the assessment reflects how a condition affects someone across the whole year.

- **‘Multiple, fluctuating and cumulative’.** Two workshops suggested this wording, so that fluctuating conditions and multiple conditions are not conflated.

# Principle 13: Reasonable adjustments embedded

Reasonable adjustments will be embedded across the whole journey, in line with the 2010 Equality Act.

## What participants said

Participants supported the aim, but many considered that reasonable adjustments are already a legal duty and should already be in place (six workshops; clear agreement in three). In the words of one participant: “I wish for you to follow the law.”

Discussion focused on why adjustments are not made now, and on the reference to the Equality Act 2010, which does not apply in Northern Ireland.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 211 | **164 (78%)** | 37 (18%) | 10 (5%) |

## Risks to implementation

- **Adjustments are often not made in practice.** Participants reported that requested adjustments are ignored and asked how staff and assessors would be held to account (five workshops; clear agreement in three).

## Wording and clarifications

- **Northern Ireland: wording that applies across the UK.** Participants in Northern Ireland noted that

the Equality Act 2010 does not apply there, where the Disability Discrimination Act 1995 and section 75 of the Northern Ireland Act apply instead (two workshops).

- **Clarity on who decides what is 'reasonable'.** Participants questioned the word and some suggested removing it (three workshops).
- **A higher standard than the Equality Act.** Participants considered that compliance with the Act is not the same as removing barriers (three workshops).
- **Reference to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).** Two workshops suggested this as the higher standard.
- **Clarity on which adjustments are meant.** Two workshops asked whether the principle refers to workplace adjustments and what 'across the whole journey' covers, consider changing to "end-to-end".
- **Accessibility first.** One workshop proposed rewording with accessibility first: 'Embed accessibility across the journey, with reasonable adjustments where that isn't possible'.

# Principle 14: Tell Us Once and digital profile

The process will follow a “Tell Us Once” principle. With their permission, each person will have a single digital profile that records relevant evidence about their circumstances, beginning with the initial assessment and developed throughout the process. This information will be reused so people are not repeatedly asked to provide the same information.

## What participants said

Participants supported ‘Tell Us Once’ (14 workshops; clear agreement in eight). They considered that not having to repeat painful and intimate details to each new person would reduce stress and bring dignity. Concerns were raised by participants on how the digital profile would be controlled, kept accurate and protected. As one participant warned, “You just don’t know where that ends up.”

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 205 | **138 (67%)** | 60 (29%) | 7 (3%) |

## Conditions of support

- **Claimants should be able to see and correct their information.** Participants wanted access to everything held about them and a straightforward way to correct mistakes (eight workshops).

- **The profile should remain open to updates.** Participants suggested people should be able to add evidence and update the profile as their condition changes, rather than being held to earlier answers (six workshops).
- **Claimants should own and control the profile.** Participants argued for consent that can be withdrawn, limits on how information is used and shared, and a record of who has viewed it (six workshops).
- **Non-digital routes should always be available.** Participants insisted the digital profile never mean digital-only access given the extent of digital exclusion (four workshops).

## Risks to implementation

- **A data breach could cause lasting harm.** Participants were concerned about hacking, misuse and information spreading beyond PIP, noting that a breach cannot be undone (nine workshops; clear agreement in five).
- **Errors could follow people for years.** Participants were worried that a single profile would carry mistakes forward and reuse them (six workshops).
- **Services may not join up in practice.** Participants doubted that departments would share information effectively, and noted that health services differ across the nations, including in Scotland and Northern Ireland (six workshops).

## Wording and clarifications

- **A different name.** One workshop noted that ‘Tell Us Once’ is already the name of the service for reporting a death (which this principle is trying to emulate) which might cause confusion as well as negative association.
- **‘Revisit’ or ‘review’ rather than ‘reused’.** One workshop proposed this, so that it’s clear in the principle that people can update information before it is used again.
- **Clarity on which claims it covers.** One workshop asked whether it applies to renewals, reconsiderations and existing claims.

# Principle 15: Using DWP, NHS and social care records

With the person's permission, relevant evidence already held by DWP, the NHS or social care services will be utilised to inform the decision.

## What participants said

Participants supported using existing records, with consent, which they considered would end the chasing of reports and the cost of paying for letters (seven workshops; clear agreement in five). However, the principle drew substantial concern about the accuracy of records and about control over what is shared.

Participants emphasised that records rarely show how a condition affects someone day to day, and that consent must be meaningful. One participant stated, "[DWP] do not need carte blanche access to our medical data."

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 204 | **119 (58%)** | 60 (29%) | 25 (12%) |

## Conditions of support

- **Claimants should be able to see and correct their records.** Participants pushed for the ability to see what is held and correct errors before it is used in a decision (eight workshops; clear agreement in four).
- **Consent should be specific and limited.** Participants wanted to consent item by item, covering

only relevant information rather than whole records (seven workshops; clear agreement in six).

- **Refusing permission should never count against claimants.** Participants were worried that people who decline would appear to be hiding something which could harm their claim (five workshops; clear agreement in three).

## Risks to implementation

- **Records are often inaccurate, out of date or biased.** Participants reported errors in medical and social care records, are often recorded for a different purpose and noted that records rarely describe day-to-day impact (12 workshops; clear agreement in eight).
- **Sensitive information could be exposed or misused.** Participants were concerned that irrelevant details, including past trauma, could be leaked or used against people in other settings (seven workshops; clear agreement in five).
- **Records may not be joined up in practice.** Participants reported that services do not share records now and that some GPs decline to share, including for people moving between Scotland and England (seven workshops; clear agreement in five).

## Wording and clarifications

- **Clarity on who decides what is 'relevant'.** Participants asked who would make this judgement (three workshops).

- **Northern Ireland: the bodies that hold records there.** Participants noted that health and social care is a single service in Northern Ireland, and that the Department for Communities, not DWP, runs PIP (one workshop).
- **Overlap with principle 14.** Two workshops proposed combining the principles or clarifying the difference.

# Principle 16: Wide range of evidence accepted

A wide range of evidence will be accepted, including specialist reports by mental health professionals or social workers and testimony from carers, family, friends and other people who know the person.

## What participants said

Participants supported accepting a wider range of evidence, particularly from the people who know the claimant best (seven workshops; clear agreement in six). Some considered that this already happens in principle, and that the real issue is how such evidence is weighed. One participant remarked that “It is almost like you’re disbelieved sometimes.”

Views on weighting differed. Most wanted equal weight with evidence from healthcare professionals, but in some workshops, participants considered that medical evidence should carry most weight (three workshops).

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 192 | **157 (82%)** | 32 (17%) | 3 (2%) |

## Conditions of support

- **Claimants without extra evidence must not be disadvantaged.** Participants called for fair treatment of people who have no recent clinical

contact, no family to vouch for them or no diagnosis (10 workshops; clear agreement in six).

- **Non-medical evidence should carry equal weight.** Participants asked for evidence from carers, family and non-medical professionals to count as much as medical evidence (nine workshops; clear agreement in four).
- **Evidence should be read and considered, and the weighting made transparent.** Participants reported that evidence has been ignored in the past and asked how it would be weighed with transparent standards provided (nine workshops; clear agreement in five).
- **The claimant's own account should be central.** Participants demanded people's own descriptions of their needs to be believed (six workshops; clear agreement in five).
- **Claimants should control what evidence is provided.** Participants stressed other sources would be the person's choice, not a requirement (five workshops; clear agreement in four).

## Risks to implementation

- **Testimony could be unreliable without guidance.** Participants were concerned that family and friends could overstate or misunderstand a condition, or that testimony could be coerced, and asked for guidance for those giving it (five workshops).

## Wording and clarifications

- **‘Considered and accepted’ rather than ‘accepted’.** Two workshops proposed this, so that evidence is read as well as received.
- **Care with ‘specialist reports’.** One workshop considered that the phrase creates a hierarchy and asked who decides what is specialist.

# Principle 17: Help to fill evidence gaps

Entitlement will not depend on knowing what to ask for or providing all the evidence unaided; the process will help address evidence gaps and identify what support an individual needs.

## What participants said

Participants supported the aim that entitlement should not depend on knowing what to ask for (eight workshops; clear agreement in six). They reported that people are refused for lacking evidence they did not know they needed.

However, many found the wording difficult to follow, with one participant commenting, “I am struggling with this, I don’t even understand what you’re trying to say.” Discussion focused on who would be responsible for filling evidence gaps.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 177 | **128 (72%)** | 49 (28%) | 0 (0%) |

## Conditions of support

- **Claimants should be told at the start what evidence is needed.** Participants proposed introducing clear guidance, examples or templates, and for people to be told what is missing (nine workshops; clear agreement in three).

- **The burden of filling evidence gaps – along with the cost – should rest with DWP not shift back to the claimant.** Participants called for the process to identify gaps and contact professionals itself, as well as pay for the cost of evidence (e.g. GP letters); in Northern Ireland, participants noted that this responsibility would sit with the Department for Communities (six workshops).

## Wording and clarifications

- **Clearer wording.** Participants found the principle hard to understand and asked who would fill the gaps, and whether 'support' means support through the process or in daily life (six workshops; clear agreement in four).
- **'Requires' rather than 'needs'.** One workshop recommended this change to align with Social Model of Disability language.
- **An earlier place in the list.** One workshop suggested moving the principle forward.

# Principle 18: Support and advocacy throughout

Individuals who may have difficulty articulating their needs, for example people with learning disabilities, will be able to access support and advocacy throughout the process.

## What participants said

Participants supported access to support and advocacy throughout the process (three workshops). Their main concern was that the principle is too narrow, and that help should not be limited to particular groups. As one participant said: “Everybody should be able do that whether they’ve got [learning] difficulties or not.”

Participants also emphasised that advocacy must be independent, and some doubted that enough funded advocacy exists to deliver the principle.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 174 | **122 (70%)** | 51 (29%) | 1 (1%) |

## Conditions of support

- **Support and advocacy should be available to everyone who wants them.** Participants pressed for help to be open to all claimants by default, since the process is difficult for anyone to manage (seven workshops; clear agreement in four).

- **Advocacy should be independent of DWP.** Participants called for advocates chosen by the person and independent of anyone involved in the decision (eight workshops; clear agreement in three).
- **Carers, family and representatives should be able to help.** Participants supported people who know the claimant best to be able to support them in explaining their needs (five workshops).
- **Lessons from Adult Disability Payment in Scotland.** Participants there reported that advocacy is already part of the process, and that people can bring a partner to assessments (one workshop).
- **Northern Ireland: extension of existing representation.** Participants proposed extending an arrangement that represents non-verbal young people to adults (one workshop).

## Risks to implementation

- **Northern Ireland: limited access to advocacy.** Participants reported that advocacy there is currently limited to people known to certain services (one workshop; often one person).

## Wording and clarifications

- **A wider example than learning disabilities.** Participants considered that the example narrows who is covered and recommended removing ‘for example’ or adding cognitive impairment, autism and brain injury (five workshops).

- **‘Independent’ advocacy.** Two workshops suggested adding the word.
- **‘Communicating’ rather than ‘articulating’.** One workshop proposed this, since ‘articulating’ focuses on speech.
- **Reference to specialist or peer support.** One workshop suggested naming these.

# Principle 19: Non-means tested award

The award should be non-means tested.

## What participants said

Participants strongly supported keeping the award free of a means test (12 workshops; clear agreement in 10). They considered that the extra costs of disability arise whatever a person's income, that means-testing would cost more to run and create cliff edges that discourage people from seeking promotion, and that it would complicate access to passported support such as the Blue Badge. Drawing on their own experience, one participant emphasised that "Disabled people can be professional people and taxpayers."

A minority view was that very high earners might receive a reduced award or pay tax on it. In most of these workshops, other participants disagreed, warning that any set threshold would affect more people over time due to inflation. (six workshops; clear agreement in five).

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 175 | **170 (97%)** | 5 (3%) | 0 (0%) |

## Wording and clarifications

- **Reference to the award being tax-free.** One workshop proposed adding this.

- **Overlap with principle 2.** One workshop noted that the two principles say the same thing, could remove one to avoid duplication.

# Principle 20: Cash as the foundation (award)

Cash will remain the foundation of the award.

## What participants said

Participants supported cash as the basis of the award, which they regarded as the only way to give claimants choice and control (seven workshops; clear agreement in six). As one participant stressed, “If you want me to be independent, I’ll decide where my money goes.”

Discussion largely repeated that on principle 2. Participants focused on the word ‘foundation’ and on the risk that services could replace part of the cash award.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 169 | **131 (78%)** | 35 (21%) | 3 (2%) |

## Conditions of support

- **Services should only ever be in addition to cash.** Participants demanded services and non-cash support to be optional and never to replace or reduce the cash award (eight workshops; clear agreement in seven).

## Wording and clarifications

- **A firmer word than ‘foundation’.** Participants considered that the word leaves room for less cash and suggested instead ‘cash will remain the award’ or ‘basis’ (five workshops).

- **Overlap with principle 2.** One workshop noted that the two principles say the same thing, could remove one to avoid duplication.

# Principle 21: Services and non-cash support

Some awards will also include services and offer other non-cash support.

## What participants said

Most participants did not oppose additional help, but many read the principle as a way to replace part of the cash award and rated it amber or red for that reason. Participants considered that cash gives choice, control and dignity which vouchers and limited suppliers would reduce (13 workshops; agreement in nine). One participant said: “if you give someone vouchers, you tell them you don’t trust them to spend their money properly.”

Some participants saw value in optional extras such as counselling, help to find support, sourcing specific equipment, or assistance with budgeting (nine workshops; clear agreement in five). Views on Motability as a model were mixed (six workshops).

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 185 | 45 (24%) | **97 (52%)** | 43 (23%) |

## Conditions of support

- **Services should only ever be in addition to the full cash award and by choice.** This was the clearest message on the principle (13 workshops; clear agreement in 11).

- **Declining a service should never count against a claimant.** Participants also called for people not to be tied to a service until their next review (seven workshops).

## Risks to implementation

- **Services could be used to reduce the cash award.** Some participants regarded the principle as a first step towards vouchers (10 workshops; clear agreement in six).
- **PIP could end up funding services that the NHS or social care should provide.** Participants were concerned that this would blur accountability and let those services withdraw (10 workshops; clear agreement in four).
- **Services are overstretched and vary by area.** Participants raised that services offered may not yet exist, may not last or may depend on location (nine workshops; clear agreement in four). They did not want entitlement to be linked to availability.
- **Providers chosen by others could profit at claimants' expense.** Participants had reservations that prices would rise and that services would suit people less well than their own choices (five workshops; clear agreement in three).
- **Northern Ireland: a possible conflict with disabled people's rights.** Participants in both workshops considered that replacing any part of the cash award

with services would conflict with the UNCRPD (two workshops).

## Wording and clarifications

- **A clear statement that services are additional to cash and by choice.** Participants thought the principle should state that services come on top of cash, would never replace it and only by choice; one wanted this “in big bold letters.” (eight workshops; agreement in four)
- **Examples of ‘services’ and ‘non-cash support’.** Participants could not judge the principle without knowing what these would include (seven workshops; clear agreement in three).
- **‘May’ or ‘could’ rather than ‘will’.** Participants proposed this so that services do not read as part of every award (three workshops).

# Principle 22: Fair contribution to extra costs

The award will contribute fairly to the extra costs that arise from disability and long-term health conditions and reflect fluctuating and cumulative impacts.

## What participants said

Participants supported the principle of a fair contribution that reflects fluctuating and cumulative impacts (eight workshops; clear agreement in six). Their main concern was the word ‘fairly’, which many regarded as undefined. As one participant put it, “fairly is doing a lot of work in that sentence.”

Participants also questioned how extra costs would be measured, given how much they differ between people, and whether the current award reflects them.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 181 | **116 (64%)** | 59 (33%) | 6 (3%) |

## Conditions of support

- **The contribution should reflect real costs.** Participants considered that the current award falls short of the extra costs of disability, particularly for people with the highest costs (five workshops).

## Risks to implementation

- **Extra costs are individual and difficult to measure.** Participants were concerned that standard amounts would not reflect costs that vary widely, particularly

for fluctuating and mental health conditions (six workshops; clear agreement in three), or lead to intrusive monitoring of costs.

## Wording and clarifications

- **A definition of ‘fairly’, or a stronger alternative.** Participants asked who would decide what is fair, and suggested ‘adequately’, in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), or ‘the majority of’ extra costs (10 workshops; clear agreement in four).
- **Clarity on ‘reflect fluctuating’.** Two workshops considered that the phrase suggests the award will rise and fall, and one proposed wording that covers several conditions adding up.

# Principle 23: Cost categories

Cost categories used to discuss the person's circumstances, and therefore determine their award, could include: equipment and aids; mobility and transport; clothing and bedding.

## What participants said

This was the least supported of the 24 principles. Many participants opposed cost categories, considering that they would take away choice and control and tell people how to spend their money (five workshops; clear agreement in four). In one participant's view, "If you want to provide me with sheets, I want to buy my own sheets."

Some participants saw potential value: categories could help people describe their needs, be less intrusive than a functional assessment or support a top-up for people with higher costs (eight workshops; clear agreement in three). However, this view was usually conditional on the cash award remaining unchanged.

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 187 | 34 (18%) | **96 (51%)** | 57 (30%) |

## Conditions of support

- **Categories should never set conditions on how money is spent or replace or reduce the cash award.** Participants who saw value in categories considered that, at most, they should inform an

additional payment (five workshops; agreement in three).

## Risks to implementation

- **Categories cannot reflect individual and changing needs.** Participants considered that costs differ between people with the same condition and change over time, so fixed categories is too rigid, restrictive and would leave people out (nine workshops; clear agreement in six).
- **Categories could lead to vouchers, cuts or means-testing.** Participants were worried that categories would be used to reduce awards or restrict how money is spent (nine workshops; clear agreement in eight).
- **Itemising costs would be intrusive and costly.** Participants raised that proving costs would add complexity and administration and noted that many people do not know their own costs (eight workshops; clear agreement in six).

## Wording and clarifications

- **Broader and open-ended examples.** Participants considered the examples too narrow and recommended adding mental health and psychological support, care and cleaning, energy, safety, therapy and social participation (10 workshops; clear agreement in three).

- **Clearer wording.** Participants found it difficult to understand what the principle means (six workshops; clear agreement in three).

# Principle 24: Signposting

People will be signposted to further relevant information and support.

## What participants said

Participants supported signposting as an addition to the award (seven workshops; clear agreement in four). They emphasised that many people do not know where to find help and that a refusal without any further information can be damaging.

However, participants questioned whether the services exist to signpost to and were concerned that signposting could replace real support and may be inaccessible. As one participant explained, “Being told where to go is all well and good, but if you can’t get there then it doesn’t really do anything.”

## Ratings

| Number who rated | Green | Amber | Red |
|---|---|---|---|
| 175 | **100 (57%)** | 67 (38%) | 8 (5%) |

## Conditions of support

- **Signposting should never replace support or the award.** Participants called for a clear statement that signposting is additional, and that it will not be used to argue that people need less (eight workshops; clear agreement in three).
- **Signposting should be active and personal.** Participants sought specific information and referrals

where needed, rather than generic links, and for checks that people receive help (six workshops). Flexibility, choice and control over support were generally valued.

- **People who are turned down should still receive help.** Participants want refusal letters to point to other support and explain how to challenge the decision (five workshops).

## Risks to implementation

- **The services may not be available.** Participants reported that services are overstretched, that some no longer exist and that provision varies by area (eight workshops; clear agreement in three).
- **Northern Ireland: limited arrangements with disabled people's organisations.** Participants reported that the local contracts with these organisations found elsewhere do not exist there (one workshop).

## Wording and clarifications

- **An alternative to 'signposting'.** Participants regarded the word as jargon that sounds passive, and suggested 'informed', 'given contact details' or 'referred' (three workshops).
- **More detail on what is offered.** Participants asked what information and support would be provided, by whom, and who would keep it up to date (three workshops; often one person).

# 5. New Ideas

Participants proposed ideas that sit outside the 14 recommendations and 24 principles. Those raised in multiple workshops independently, as well as those with clear agreement or crucial topics, are set out below, grouped by theme and in order of reach within each theme. A full list of new ideas can be found in Annex B.

## Public understanding and outreach

- **Public information about PIP.** Participants proposed a public campaign using real case studies, a rapid response to misinformation and more careful language from government to counter stigma and make clear that PIP is not an out-of-work benefit (nine workshops; clear agreement in five).
- **Proactive outreach.** Participants suggested telling people what they can claim when they are diagnosed or become disabled, as advisers in Scotland do through GPs and community settings, and using data to reach groups who do not claim (five workshops).

## Assessment design and delivery

- **Assessors matched to the condition.** Participants recommended that assessors have expertise in the person's condition, and one workshop proposed a UK-wide expert panel on rare conditions that assessors could consult (eight workshops; clear agreement in four).

- **Assessments brought in house.** Participants sought to end contracted-out assessments, suggesting assessments are carried out by DWP, the NHS or community organisations already working with disabled people (five workshops; clear agreement in four).
- **Disabled people in DWP and assessment roles.** Participants proposed employing disabled people and carers as assessors, decision makers and advocates so that lived experience shapes the process (five workshops; clear agreement in four).
- **Assessing what PIP can help someone do.** Participants suggested changing the questions to ask what support would enable, as the Disabled Students' Allowance needs assessment does, rather than only what people cannot do (four workshops).
- **A better appointee system.** Participants wanted appointees and carers who act for someone to be able to complete the form in the third person and take part in the assessment (three workshops). One participant suggested an arrangement similar to a power of attorney when a young person who lacks capacity reaches adulthood

# The cost and speed of claiming

- **DWP to meet the costs of claiming.** Participants proposed that DWP pay for the evidence it needs, such as GP letters, and for the costs of travelling

to assessments and of advice or advocacy (six workshops; clear agreement in three).

- **Service standards for DWP.** Participants suggested outlining maximum times for decisions and replies, receiving confirmation when evidence arrives and regular updates and holding DWP to deadlines as claimants are (six workshops).

# Artificial intelligence

- **Artificial intelligence, with safeguards.** Participants suggested that AI could help claimants complete forms, support administration and check decisions for consistency, provided a person signs off every decision and its use is open and audited (six workshops). However, participants in five workshops opposed AI in assessments and decisions, citing errors, bias, data security and chatbots replacing people.

# The award and passported help

- **Passported help kept secure.** Participants called for Motability and other passported help to stay linked to PIP, and for an award to lead automatically to a Blue Badge or bus pass (five workshops). One participant considered that Motability should not be a model for other services, since choice is limited.
- **Lump sums for one-off costs.** Participants proposed a discretionary fund or advance payment for major

items, such as equipment, alongside the regular award (four workshops).

- **Bulk buying and VAT relief.** Participants suggested using government buying power, discounts or VAT relief to make the award go further, provided any scheme is optional and the cash award is not reduced (four workshops). In one further workshop, a participant opposed giving up any cash for such a scheme.

# Oversight and rights

- **Independent oversight involving disabled people.** Participants proposed an independent panel or lay group, including disabled people, to sample assessments and oversee implementation of the review (four workshops).
- **The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) as the standard.** Participants, mainly in Northern Ireland, wanted to embed the UN Convention on the Rights of Persons with Disabilities in law and aligning equality law across the four nations (three workshops).
- **Safeguarding throughout the process.** Participants want stronger safeguarding for people in vulnerable circumstances, including a wellbeing or safeguarding check when an award is about to stop or a deadline is missed. One workshop also asked DWP to be open about harm linked to the process, including deaths, to show that safeguarding works (one workshop each).

# 6. Regional Differences

Scotland, Northern Ireland and Wales each hosted two of the 15 workshops. Brackets show whether a point came from one or both of that nation's workshops.

## Scotland

Participants in Scotland mostly described Adult Disability Payment (ADP), the Scottish benefit delivered by Social Security Scotland, and compared it with PIP.

- **A more humane culture.** Participants trusted Social Security Scotland in a way they do not trust DWP, citing respectful interviews, trauma-informed staff and a charter of dignity and respect (both workshops).
- **Different assessment practice.** ADP assessors often visit people at home, and some decisions are made without a face-to-face assessment, though views on this differed (both workshops).
- **Advocacy built in.** Participants valued bringing an advocate or partner to assessments, and one had their form completed by hospital staff (both workshops).
- **Impact rather than diagnosis.** ADP does not require a diagnosis where the impact can be shown; one participant noted that the assessor then had more responsibility, and claims are sometimes refused rather than evidence requested (one workshop).

- **A form with mixed reviews.** Steps and visuals make the ADP form easier to follow and more detailed, but some found it longer and no better on fluctuating conditions (one workshop).
- **Not a perfect model.** Some felt little had changed, and individual participants reported heavy workloads, harder reviews and reconsideration requests not always acted on (both workshops).
- **Access in rural and island areas.** Participants valued ADP's offline options, given that island communities can lose power for weeks, and called for travel costs to assessments to be reimbursed (both workshops).

# Northern Ireland

In Northern Ireland, the Department for Communities runs PIP, and health and social care is a single service.

- **Different equality law.** The Equality Act 2010 does not apply in Northern Ireland, where the Disability Discrimination Act 1995 offers weaker protection; participants wanted UK-wide wording, with the UNCRPD as the standard (both workshops).
- **Recommendations written for Great Britain.** Participants want the recommendations to name the Department for Communities, reflect Northern Ireland's systems and be tested there (both workshops).

- **Medical evidence is harder to obtain.** Participants reported longer waits than elsewhere in the UK, few specialists and no rare disease register and asked that recommendations relying on medical evidence allow for this (both workshops).
- **Health and social care under strain.** Participants described minimal social care or mental health support available, so additional support could be scarce and costly (both workshops).
- **Existing section 75 duties.** Participants proposed using section 75 duties to monitor who claims and target outreach, noting claimant data is not recorded now (both workshops).
- **Gaps in advocacy and advice.** Participants reported advice deserts, advocacy limited to people known to certain services and underfunded disabled people's organisations (both workshops).
- **Missing out on provision elsewhere.** Participants reported that assessments are not yet recorded automatically, and that free public transport offered elsewhere in the UK is not available (both workshops).

# Wales

Participants in Wales raised points specific to their nation.

- **Welsh terminology and context.** DWP uses English terms, such as EHCP and SEN, rather than Welsh ones, such as IDP and additional learning needs;

participants asked for the Welsh context to be recognised (one workshop).

- **Weak advocacy provision.** One workshop described advocacy in Wales as poor; the other noted that Wales lacks England's statutory list of services for disabled children and their families (both workshops).
- **Welsh models and devolution.** Participants cited the Welsh Government's Disability Rights Taskforce and Disability Wales's social model training as models and suggested investigating devolving disability benefits to Wales (one workshop).

# ANNEX

## Annex A: Key Insights Data tables

These tables give the figures shown in the two charts on the key insights pages. Each cell gives the number of participants, with the percentage in brackets. Percentages are rounded, so they may not add up to 100.

### Table A1. Session 1: Scores for each recommendation to improve the current benefit

| Recommendation | Number who scored | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Average score | Range of workshop averages |
|---|---|---|---|---|---|---|
| 1. Fewer award reviews for lifelong conditions | 213 | 202 (95%) | 8 (4%) | 3 (1%) | 9.6 | 8.9 to 10.0 |
| 2. PIP2 form and guidance | 212 | 204 (96%) | 7 (3%) | 1 (0%) | 9.6 | 9.2 to 10.0 |
| 3. Tone and language of communications | 212 | 192 (91%) | 14 (7%) | 6 (3%) | 9.2 | 8.2 to 9.9 |
| 4. Reasonable adjustments | 212 | 176 (83%) | 32 (15%) | 4 (2%) | 8.9 | 8.1 to 10.0 |
| 5. Access to advocacy | 213 | 207 (97%) | 4 (2%) | 2 (1%) | 9.6 | 9.2 to 10.0 |
| 6. Personalised, joined-up support | 213 | 194 (91%) | 17 (8%) | 2 (1%) | 9.3 | 8.2 to 10.0 |
| 7. Framework for decisions and challenges | 212 | 188 (89%) | 22 (10%) | 2 (1%) | 9.2 | 8.2 to 9.9 |
| 8. Learning from reconsiderations and appeals | 211 | 184 (87%) | 23 (11%) | 4 (2%) | 9.1 | 7.2 to 9.8 |
| 9. Use of supporting evidence | 212 | 187 (88%) | 22 (10%) | 3 (1%) | 9.2 | 8.3 to 10.0 |
| 10. 28-day hospital rule | 208 | 181 (87%) | 21 (10%) | 6 (3%) | 9.1 | 8.2 to 10.0 |
| 11. Fluctuating conditions | 211 | 201 (95%) | 9 (4%) | 1 (0%) | 9.6 | 8.9 to 10.0 |
| 12. Choice of assessment method | 208 | 177 (85%) | 25 (12%) | 6 (3%) | 8.9 | 7.6 to 9.7 |

| Recommendation | Number who scored | Scored 8 to 10 | Scored 4 to 7 | Scored 1 to 3 | Average score | Range of workshop averages |
|---|---|---|---|---|---|---|
| 13. Accessible digital services and portal | 206 | 166 (81%) | 32 (16%) | 8 (4%) | 8.6 | 7.5 to 9.4 |
| 14. Data on inequalities | 209 | 174 (83%) | 27 (13%) | 8 (4%) | 8.8 | 7.7 to 9.7 |

# Table A2. Session 2: Ratings for each principle for a reformed benefit

| Principle | Number who rated | Green | Amber | Red |
|---|---|---|---|---|
| 1. Independent living, choice and control | 218 | 155 (71%) | 59 (27%) | 4 (2%) |
| 2. Cash as the foundation (vision) | 221 | 166 (75%) | 46 (21%) | 9 (4%) |
| 3. Participation and opportunity | 215 | 88 (41%) | 113 (53%) | 14 (7%) |
| 4. Non-means-tested contribution to extra costs | 215 | 187 (87%) | 25 (12%) | 3 (1%) |
| 5. Person at the centre of a fair process | 222 | 168 (76%) | 53 (24%) | 1 (0%) |
| 6. Trusted, supportive process | 218 | 121 (56%) | 80 (37%) | 17 (8%) |
| 7. Dignity, choice and control | 220 | 173 (79%) | 39 (18%) | 8 (4%) |
| 8. Designed with disabled people and tested | 221 | 154 (70%) | 62 (28%) | 5 (2%) |
| 9. Light-touch initial assessment | 220 | 106 (48%) | 100 (45%) | 14 (6%) |
| 10. Assessment pathways and fast track | 219 | 133 (61%) | 77 (35%) | 9 (4%) |
| 11. Flexible pathways, person-shaped interview | 217 | 145 (67%) | 63 (29%) | 9 (4%) |
| 12. Fluctuating and cumulative impacts | 218 | 185 (85%) | 28 (13%) | 5 (2%) |
| 13. Reasonable adjustments embedded | 211 | 164 (78%) | 37 (18%) | 10 (5%) |
| 14. Tell Us Once and digital profile | 205 | 138 (67%) | 60 (29%) | 7 (3%) |
| 15. Using DWP, NHS and social care records | 204 | 119 (58%) | 60 (29%) | 25 (12%) |
| 16. Wide range of evidence accepted | 192 | 157 (82%) | 32 (17%) | 3 (2%) |
| 17. Help to fill evidence gaps | 177 | 128 (72%) | 49 (28%) | 0 (0%) |
| 18. Support and advocacy throughout | 174 | 122 (70%) | 51 (29%) | 1 (1%) |
| 19. Non-means-tested award | 175 | 170 (97%) | 5 (3%) | 0 (0%) |
| 20. Cash as the foundation (award) | 169 | 131 (78%) | 35 (21%) | 3 (2%) |
| 21. Services and non-cash support | 185 | 45 (24%) | 97 (52%) | 43 (23%) |
| 22. Fair contribution to extra costs | 181 | 116 (64%) | 59 (33%) | 6 (3%) |
| 23. Cost categories | 187 | 34 (18%) | 96 (51%) | 57 (30%) |
| 24. Signposting | 175 | 100 (57%) | 67 (38%) | 8 (5%) |

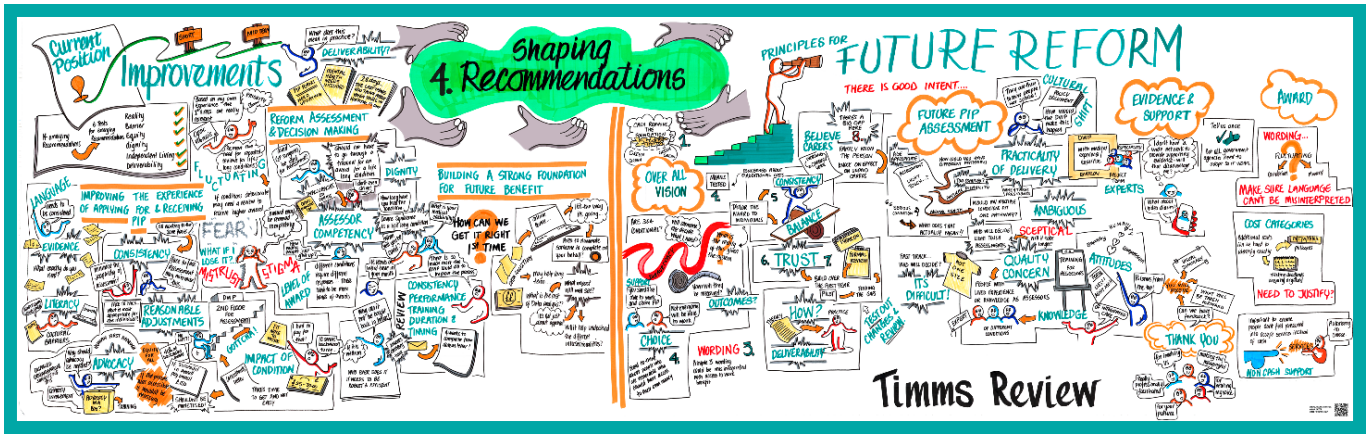
# Annex B: Graphic Recordings

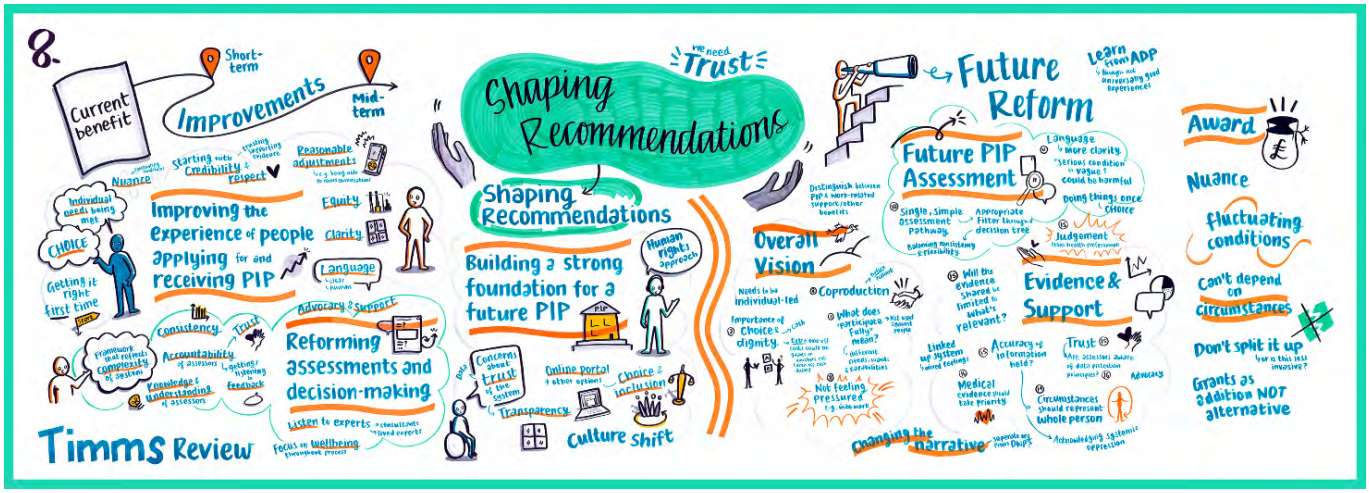






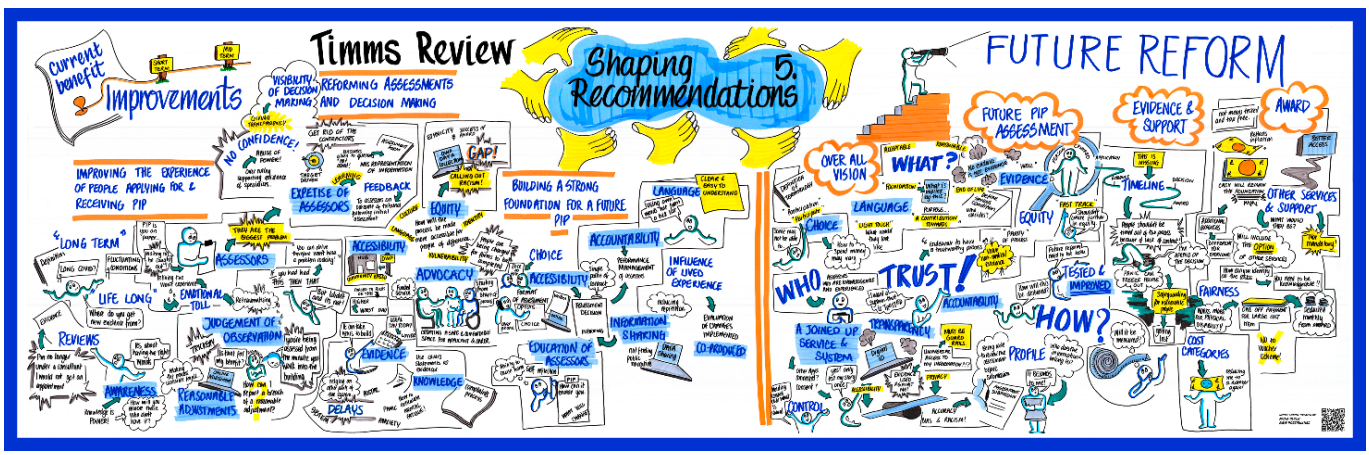



8.
Shaping Recommendations
Current benefit
Improvements
Short-term
Mid-term
Improving the experience of people applying for and receiving PIP
Reforming assessments and decision-making
Building a strong foundation for a future PIP
Future Reform
Future PIP Assessment
Overall Vision
Evidence & Support
Award
Nuance
fluctuating conditions
Can't depend on circumstances
Don't split it up
Grants as addition NOT alternative
Timms Review
Culture shift
Changing the narrative

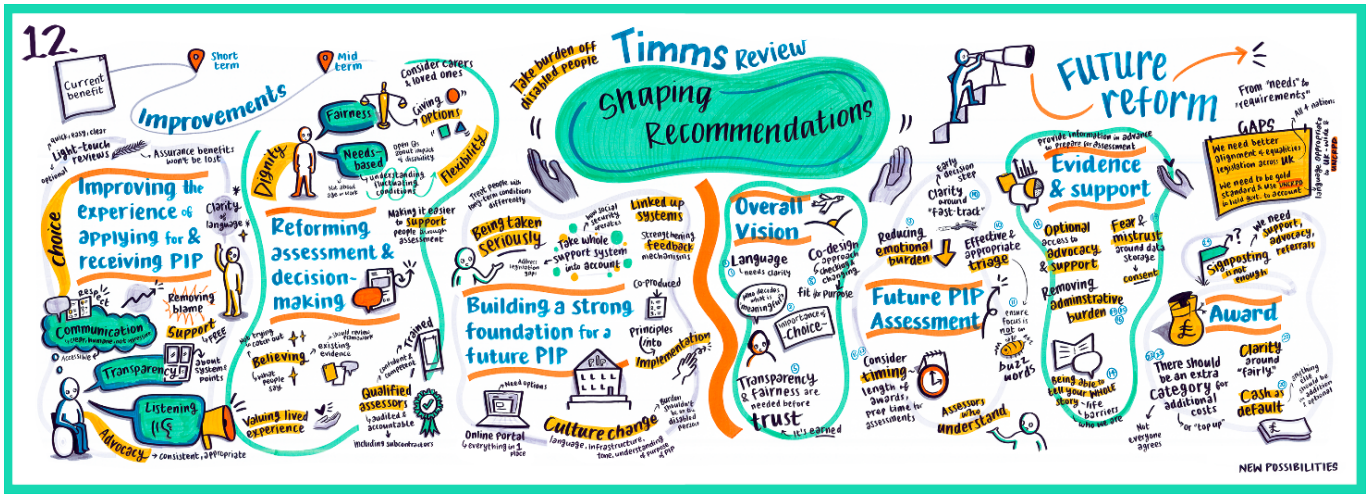

7. Shaping Recommendations
6 test framework
Improvements
Improving the experience
Building a strong foundation for the future of PIP
A Reformed benefit
Reforming assessments & decision making
Timms Review
A full review of P.I.P
Gathering a wide range of voices
Simplify the whole process
Worries or Concerns
Better Clarity
More consistency
More accountability
www.newpossibilities.co.uk | Drawn by Carrie Lewis MIOL

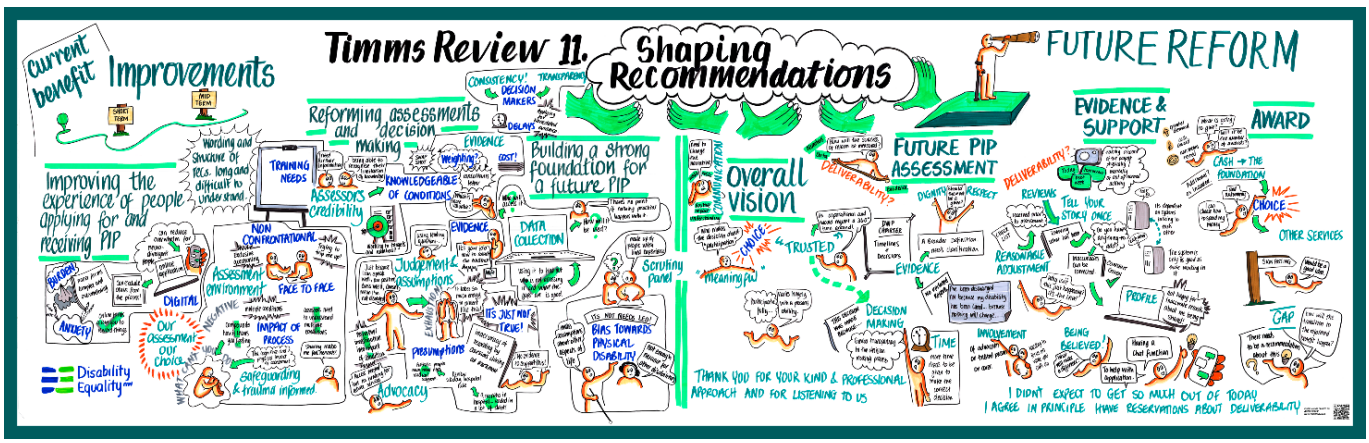

6. Shaping Recommendations
6 test framework
Improvements to the current benefit
Improving the experience of people applying for & receiving PIP
A Reformed Benefit
Building a strong foundation for a future PIP
Reforming assessments & decision making
Simplify the process
Timms Review
A full review of PIP
Gathering a wide range of views & voices
Things need to change to fit the modern world we live in
www.newpossibilities.co.uk | Drawn by Carrie Lewis MIOL


Timms Review
Shaping Recommendations
5.
FUTURE REFORM
Current benefit
Improvements
Reforming assessments and decision making
Building a strong foundation for a future PIP
Future PIP Assessment
Evidence & Support
Award
Trust!
Who
How?


Improvements & Timms Review
Shaping Recommendations
FUTURE REFORM
CURRENT BENEFIT
FEAR
IMMORAL
FRIGHTENING
WICKED
CRIMINAL
INTIMIDATED
ABUSE
ANXIETY
STIGMA
HOSTILITY
"FOCUS ON US NOT THE FRAUDSTERS!"
IMPROVE THE EXPERIENCE OF PEOPLE APPLYING FOR OR RECEIVING PIP
I AGREE IN PRINCIPLE BUT...
REFORM ASSESSMENT & DECISION MAKING
FEEDBACK FRAMEWORK
APPEAL PROCESS
STRESS!
REASONABLE ADJUSTMENTS
TRAINING
ASSESSMENTS
EVIDENCE
ACCESS
EMPLOYMENT
LANGUAGE
TIMESCALES
ADVOCACY
DATA COLLECTION
BUILDING A STRONG FOUNDATION FOR FUTURE BENEFIT
ONLINE PORTAL
DISTRUST
PAUSE - DON'T STOP
PAIN RECOGNITION
ACCESSIBLE ASSESSMENT
EXCLUSIVE!
HARD TO GET PROOF!
"IT'S BEEN AFFIRMING HEARING FROM OTHERS"
OVERALL VISION
SNAP SHOT
FUTURE PIP ASSESSMENT
A REASONABLE ADJUSTMENT
FAST TRACK
EVIDENCE & SUPPORT
VAGUE!
NON CASH SUPPORT
IN ADDITION
CHOICE
CASH AWARD
NOTABILITY
TRIED AND TESTED SERVICES
TOUCHLESS
AWARD
CONTROL!
CUMULATIVE IMPACTS
FLUCTUATION
WORDING
FAIRLY
WORK
DECISION MAKERS
WIDE RANGING NEEDS
MORE SUPPORTIVE
HAVING A DISABILITY IS NOT SIMPLE
A BIG NO!
COST CATEGORIES
"OUR PURPOSE NEEDS TO BE RECOGNISED"
• WHEN WILL WE BE SEEN AS HUMAN BEINGS?
• I HOPE THIS IS USED PROPERLY
• THANK YOU FOR GIVING ME A VOICE
• ANYONE CAN BECOME DISABLED!
• DWP NEED TO LISTEN TO US


10. Shaping Recommendations
Barriers
Equity
Delivery
Reality
6 test framework
Independent Living
Dignity
PIP is widely valued by has many challenges
Current design creates barriers for people
Setting strategic direction
Oversee the programme of evidence
Developing recommendations
Improvements to the current benefit
A Consistent Process
More transparency
Steering Group
PIP is no longer fit for purpose!
A full review of PIP Personal Independence Payment
Timms Review
Gathering a wide range of views & voices
What do you think?
What PIP Shouldn't do...
Improving the experience
The form needs to be simplified
The process needs to be softer REMOVE THE FEAR
Assessor needs training on disabilities & lifelong conditions
We want assessors to understand us
Worries & concerns
Wording & language to be easier to navigate
A Reformed Benefit
long term & Future
No judgments or assumptions
Services to be more joined up
What PIP Should do...
Other Suggestions that we have missed
Better assessor accountability
CHOICE
The bills don't Stop when you are in hospital
Building a Strong foundation for the future
A reason should be given for decisions
Reforming assessments & decision making
We need support filling the forms
Ideas & changes that would make a difference
More clarity
Increased accessibility
Build trust
www.newpossibilities.co.uk | Drawn by Carrie Lewis MIoL


12.
Current benefit
Short term
Mid term
Improvements
Improving the experience of applying for & receiving PIP
Choice
Communication
Transparency
Listening
Advocacy
Clarity & language
Removing blame
Support
Reforming assessment & decision-making
Dignity
Fairness
Needs-based
Consider carers & loved ones
Giving options
Flexibility
Believing
Valuing lived experience
Qualified assessors
Timms Review
Shaping Recommendations
Take burden off disabled people
Being taken seriously
Take whole support system into account
Linked up systems
Building a strong foundation for a future PIP
Online Portal
Culture change
Overall Vision
Language needs clarity
Co-design
Fit for Purpose
Transparency & fairness are needed before trust
Future reform
From "needs" to "requirements"
GAPS
Future PIP Assessment
Reducing emotional burden
Effective & appropriate triage
Evidence & support
Optional Access to advocacy & support
Fear & mistrust around data storage & consent
Removing administrative burden
Award
There should be an extra category for additional costs
Clarity around "fairly"
Cash as default
Signposting is not enough
We need support, advocacy, referrals
NEW POSSIBILITIES


Timms Review 11.
Shaping Recommendations
FUTURE REFORM
Current benefit
Improvements
Improving the experience of people applying for and receiving PIP
Reforming assessments and decision making
Building a strong foundation for a future PIP
Overall VISION
FUTURE PIP ASSESSMENT
EVIDENCE & SUPPORT
AWARD
Disability Equality
THANK YOU FOR YOUR KIND & PROFESSIONAL APPROACH AND FOR LISTENING TO US
I DIDN'T EXPECT TO GET SO MUCH OUT OF TODAY
I AGREE IN PRINCIPLE HAVE RESERVATIONS ABOUT DELIVERABILITY


Timms Review 15
Shaping Recommendations
Improvements
FUTURE REFORM
Current benefit
Additional Support
Reforming assessments and decision making
Improving the experience of Applying for and Receiving PIP
Reviews
Assessor dependent
Evidence
Building a Strong Foundation for a Future PIP
Data Collection
Digital Exclusion
Online Portal
Face to Face
Outcomes
Equity
Future PIP Assessment
Overall Vision
Framework
Light Touch
Evidence & Support
Award
Other Non Cash Award
Tell us once
Reasonable Adjustments
Reality Test
Information Sharing
Cost Categories
Equity Test
Fast Track
Advocacy for All
Funding?
Missing...
Trust
Choice
Control
Dignity
Person Shaped
Life Long Conditions
Fluctuating Conditions
Timeframe
Capacity to Support
Advocacy
Communication
Transparency
Consistently
Predictable?


Timms Reviews 14.
Shaping Recommendations
Improvements
FUTURE REFORM
Current benefit
Consistency vs Individuality
Reforming Assessments & Decision Making
Improving the experience of people applying for and receiving PIP
Building a Strong Foundation for a future PIP
Overall Vision
Future PIP Assessment
Evidence & Support
Award
Individual Profile
Services & Other Non Cash Award
Cost Categories
Choice
Sign Posting
Capacity?
Trust
Light Touch
Fast Track
Different Pathways
Overlap
What's Missing?
Support
Language
Use of AI
Life Long
Long Term Work
Fluctuating Conditions
Pain
Assessment Methods
Individual Impact
Feedback
Appeal
Evidence
Cost?
Data Collection
Confidentiality
Risks
Digital Services
Reasonable Adjustments
Tell us once
Pip → App
Hacks
Be Assurance
Award Jumping


13.Timms Review
Shaping Recommendations
Improvements
FUTURE REFORM
Current benefit
Improving the experience of people applying for and receiving PIP
Reforming assessments & decision making
Building a strong foundation for a future PIP
Future PIP Assessment
Evidence & Support
Award
Overall Vision
Deliverability
Person & their family are the experts
Other Services
Cost Categories
Flexibility
Advocacy
Person Centred
Trusted
So much mistrust of DWP
Choice
Means Tested
Data Security
Accountability
Framework
Feedback
Penalised!
Unpaid Carer
Assessors
28 days Hospital Rule
Transfer
Evidence
Long Term
Fluctuating Conditions
Translators
Reasonable Adjustments
DWP needs to be more trusting
Engagements
Full Age
Cost of Evidence
Fear
"We have appreciated your time for us today whose voices are we hearing - the applicants voice"

# Annex C: New Ideas from SRWs

All 45 new ideas are listed below, in order of number of workshops it was raised. Agreement within those workshops is also indicated.

1. **Public information and challenging the negative narrative about PIP.** Participants proposed a public campaign using real case studies, rapid response to misinformation and more careful language from government to counter stigma and make clear that PIP is not an out-of-work benefit (9 workshops; agreement in 5).
2. **Specialist assessment for the person's condition.** Participants proposed that assessors have expertise in the person's condition, and one workshop proposed a UK-wide expert panel on rare conditions that assessors could consult (8 workshops; agreement in 4).
3. **Timescales and service standards for DWP.** Participants proposed maximum times for decisions and replies, confirmation when evidence arrives and regular updates, so that DWP is held to deadlines as claimants are (6 workshops).
4. **Use of AI in PIP: possible uses and safeguards.** Participants suggested that AI could help claimants complete forms, support administration and check decisions for consistency, provided a person signs off every decision and its use is open and audited. Others opposed AI in assessments and decisions citing

errors, bias, data security and chatbots replacing people (6 workshops; wider agreement in one and clear disagreement in other five).

5. **DWP pays for the evidence it needs and the costs of claiming.** Participants proposed that DWP pay for the evidence it needs, such as GP letters, the costs of travelling to assessments and advice or advocacy (6 workshops; agreement in 3).
6. **Assessments run in house or by public or community bodies, not contracted-out companies.** Participants proposed ending contracted-out assessments, with assessments carried out by DWP, the NHS or community organisations already working with disabled people (raised in 5 workshops; agreement in 4).
7. **Tell people what they can claim: proactive outreach.** Participants proposed telling people what they can claim when they are diagnosed or their circumstances change, as advisers in Scotland do through GPs and community settings, and using data to reach groups who do not claim (5 workshops; agreement in 2).
8. **Employ disabled people and carers in DWP and PIP roles.** Participants proposed employing disabled people and carers as assessors, decision makers and advocates so lived experience shapes the process (5 workshops; agreement in 4).
9. **Protect passported entitlements, especially Motability.** Participants called for Motability and other

passported help to stay linked to PIP and for an award to lead automatically to a Blue Badge or bus pass. One participant considered that Motability should not be a model for other services since choice is limited (5 workshops; agreement in 2).

10. **Bulk buying and VAT relief to make the award go further.** Participants proposed using government buying power, discounts or VAT relief to make the award go further, provided any scheme is optional and the cash award is not reduced. In one further workshop, a participant clearly opposed giving up any cash for such a scheme (4 workshops; agreement in 1).

11. **Independent oversight of PIP involving disabled people.** Participants proposed an independent panel or lay group, including disabled people, to oversee implementation of the review and ongoing accountability of the benefit (raised in 4 workshops; agreement in 2).

12. **Discretionary or lump-sum payments for large one-off costs.** Participants proposed a discretionary fund or advance payment for major items such as equipment, alongside the regular award (4 workshops; agreement in 1).

13. **Assess what PIP can help someone do.** Participants proposed including questions about what support would enable, like the Disabled Students' Allowance needs assessment, rather than only what people cannot do (4 workshops; with agreement in 1).

14. **Ground the review in the UNCRPD and align equality law across the UK.** Participants, mainly in Northern Ireland workshops, proposed embedding the UN Convention on the Rights of Persons with Disabilities in the wording of the Review and aligning equality law across the four nations (3 workshops; agreement in 1).

15. **Recognise PIP's role in reducing disability poverty.** Participants asked for PIP to be recognised as protecting disabled people from poverty and financial insecurity, not only as meeting a list of extra costs (2 workshops; agreement in 1).

16. **Support in proportion to need.** Participants proposed receiving support in proportion to each person's level of need, on a sliding scale rather than fixed bands with cliff edges. They were clear need, not income, should decide and this was not a call for means-testing (2 workshops).

17. **Know and have a say in who assesses you.** Participants proposed informing claimants who their assessor is and why they were matched including their experience. People could also state a preference, for example for a woman, or choose their assessor (2 workshops).

18. **Reform the appointee system.** Participants called for appointee arrangements that work better including at the move to adulthood when a young person may lack capacity to manage a claim. Suggestions included an arrangement like power of attorney and online

access (with consent) for appointees and advisers (2 workshops).

19. **Say what happens to the points system.** Participants noted that no recommendation or principle states whether the points system stays or changes (2 workshops).

20. **Condition knowledge resources for assessors.** Participants proposed that assessors be required to use resources on specific conditions before an assessment such as charities' materials, condition reports written with people who have the condition, or a searchable knowledge base (2 workshops).

21. **Restore an Independent Living Fund or independent living services.** Participants proposed bringing back the Independent Living Fund, or similar dedicated funding for independent living, alongside PIP. Scotland's Independent Living Fund was cited as a model in which people are reviewed without feeling judged (raised in 2 workshops).

22. **Allow new PIP claims after State Pension age.** Participants proposed removing the bar on new PIP claims after State Pension age (2 workshops).

23. **PIP as a passport to local services rather than services in place of cash.** Participants suggested that PIP could act as a passport to local services, as it already does for other support, rather than a service being given in place of cash. One proposed local services, funded through health and wellbeing

partnerships, alongside a national cash award (2 workshops).

24. **Measure the value of disability benefits.** Participants proposed calculating the social and economic value of disability benefits for the final report so that support for disabled people is presented as an investment rather than a cost (1 workshop with wider agreement).

25. **Rename the benefit to reduce stigma.** Participants proposed renaming PIP, because the word ‘benefit’ carries stigma. Suggestions included ‘enablement’ or ‘equity’ (1 workshop).

26. **A PIP contact in GP surgeries.** Participants proposed a PIP contact based in GP surgeries, such as a social prescriber, to help people apply and to confirm evidence directly with doctors (1 workshop).

27. **A separate agency, not DWP, to run PIP.** Participants proposed that a separate agency, rather than DWP, run PIP, as Social Security Scotland does for Adult Disability Payment. They considered this would change the culture and build trust, and that DWP’s tone cannot be fixed under its current branding (1 workshop with whole group agreement).

28. **One joined-up system of disability support through life.** Participants proposed a single system of disability support from childhood to old age, asking what a person needs to thrive at each stage, in place of separate schemes such as DLA, PIP, Access

to Work and education plans (1 workshop, wider agreement).

29. **Bring Attendance Allowance and PIP together.** Participants proposed merging Attendance Allowance and PIP into one benefit run by one department, to cut administration and make claiming clearer (1 workshop).

30. **National disability access card linked to PIP.** Participants proposed a nationally recognised disability access card linked to PIP, even where no cash is paid, so that people can show what support they need without buying several cards (1 workshop, wider agreement).

31. **Safety net check before an award stops.** Participants proposed a safety net for people in vulnerable circumstances: if an award is about to stop or a deadline is missed, a wellbeing or safeguarding check would be triggered (1 workshop).

32. **Explore devolving disability benefits to Wales.** Participants proposed exploring what devolving disability benefits to Wales would allow and how it would interact with Welsh entitlements that use PIP such as concessionary travel with Scotland as a precedent (1 workshop).

33. **Carry awards across UK nations.** Participants proposed that awards carry over when people move between UK nations without having to go through the whole PIP process again (1 workshop).

34. **Equality impact assessment of every PIP change.** Participants proposed that every change to PIP have an equality impact assessment (1 workshop).

35. **Separate, specialist end-of-life support.** Participants proposed separate, specialist support for people approaching the end of life, with its own pathway and a contact with specialist knowledge, rather than a faster standard assessment (1 workshop with wider agreement).

36. **Social model of disability training for ministers.** Participants proposed training on the social model of disability for government ministers, as Disability Wales provides in Wales (1 workshop).

37. **Government pushes businesses to make products accessible and affordable.** Participants proposed that government incentivise businesses to make the products disabled people need accessible and affordable as disabled people often pay extra for the right item. (1 workshop with agreement).

38. **Workplace buddy scheme for disabled staff (outside PIP).** Participants proposed a workplace buddy scheme with trained colleagues giving disabled staff practical help during the working day (1 workshop).

39. **A top-up rate for people with the highest costs.** Participants proposed keeping the standard and enhanced rates but adding an ‘enhanced plus’ top-up for people with the highest costs based on the pillars of independent living (1 workshop).

40. **A protected savings account for infrequent costs.** Participants proposed being able to invest the award into a protected savings account that does not affect eligibility for means-tested benefits and used for equipment and other infrequent purchases. They offered this as an alternative to non-cash support (1 workshop).

41. **Payments while a claim is decided.** Participants proposed payments while a claim is decided, such as a repayable advance as with Universal Credit, as people have to use their savings in the meantime (1 workshop with clear agreement).

42. **Compensation or interest when payments are late.** Participants proposed compensation or interest when PIP payments are late (1 workshop).

43. **Equipment and opportunity library.** Participants proposed an equipment and opportunity library, through which people could borrow and try aids rather than buy them (1 workshop).

44. **Raise the age of moving from DLA to PIP from 16 to 18.** Participants proposed raising the age of transitioning from DLA to PIP from 16 to 18 considering that putting 16-year-olds through the process is at odds with dignity (1 workshop).

45. **An option to receive passported help without the cash award.** Participants asked whether people who claim mainly for passported help, such as a Blue Badge, could choose to receive that help without the

cash award. They considered this would be simpler and fairer (1 workshop).

# Annex D: Participant Characteristics

These tables give the full breakdown of characteristics for originally selected participants and participants who attended the Shaping Recommendations Workshops. Each row gives the number of participants, followed by the percentage. Percentages are rounded, so they may not add up to 100.

| Age Group | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| 18 to 30 | 16 | 7.1% | 22 | 7.3% |
| 31 to 54 | 103 | 46.0% | 151 | 50.3% |
| 55 to 64 | 72 | 32.1% | 87 | 29.0% |
| 65 or over | 33 | 14.7% | 39 | 13.0% |
| Prefer not to say | 0 | 0.0% | 1 | 0.3% |
| **Total** | **224** | **100.0%** | **300** | **100.0%** |

| Ethnicity | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background) | 8 | 3.6% | 10 | 3.3% |
| Black, African, Caribbean or Black British (African, Caribbean, Any other Black/African/ Caribbean background) | 12 | 5.4% | 6 | 2.0% |

| Ethnicity | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed/ Multiple ethnic background) | 8 | 3.6% | 13 | 4.3% |
| Other | 2 | 0.9% | 2 | 0.7% |
| Prefer not to say | 1 | 0.4% | 3 | 1.0% |
| White (English/Welsh/Scottish/ Northern Irish, Irish, Gypsy Traveller or Irish Traveller, Any other White background) | 193 | 86.2% | 266 | 88.7% |
| **Total** | **224** | **100.0%** | **300** | **100.0%** |

| Gender | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| Agender | 0 | 0.0% | 0 | 0.0% |
| Gender non-conforming | 1 | 0.4% | 0 | 0.0% |
| Genderfluid | 0 | 0.0% | 0 | 0.0% |
| Man | 62 | 27.7% | 91 | 30.3% |
| No Gender Identity | 0 | 0.0% | 0 | 0.0% |
| Non-Binary | 6 | 2.7% | 5 | 1.7% |
| Prefer not to say | 1 | 0.4% | 5 | 1.7% |
| Questioning | 0 | 0.0% | 0 | 0.0% |
| Transgender | 0 | 0.0% | 1 | 0.3% |
| Woman | 154 | 68.8% | 198 | 66.0% |
| **Total** | **224** | **100.0%** | **300** | **100.0%** |

| Area Type | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| I live in an urban area | 131 | 58.5% | 173 | 57.7% |
| I live in a rural area | 64 | 28.6% | 94 | 31.3% |
| I live in a coastal area (near the sea) | 37 | 16.5% | 47 | 15.7% |
| *Ticked more than one* | *11* | *4.9%* | *19* | *6.3%* |
| *Ticked none* | *3* | *1.3%* | *5* | *1.7%* |
| **Total** | **224** | **100.0%** | **300** | **100.0%** |

| Previous engagement with Timms Review | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| No | 169 | 75.4% | 239 | 79.7% |
| Not sure | 13 | 5.8% | 18 | 6.0% |
| Prefer not to say | 2 | 0.9% | 4 | 1.3% |
| Yes | 40 | 17.9% | 39 | 13.0% |
| **Total** | **224** | **100.0%** | **300** | **100.0%** |

| Experience of PIP | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| I am a family member, carer or supporter for a disabled person or person with long term health conditions who does not receive PIP, DLA or ADP | 5 | 2.2% | 9 | 3.0% |
| I am a family member, carer or supporter for a disabled person or person with long term health conditions who receives ADP | 0 | 0.0% | 2 | 0.7% |
| I am a family member, carer or supporter for a disabled person or person with long term health conditions who receives DLA | 5 | 2.2% | 5 | 1.7% |

| Experience of PIP | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| I am a family member, carer or supporter for a disabled person or person with long term health conditions who receives PIP | 41 | 18.3% | 42 | 14.0% |
| I do not receive PIP or ADP and have not applied before | 10 | 4.5% | 14 | 4.7% |
| I do not receive PIP or ADP, but I applied and was rejected | 11 | 4.9% | 16 | 5.3% |
| I no longer receive PIP but had PIP or DLA in the past | 3 | 1.3% | 5 | 1.7% |
| I receive ADP and have only ever received ADP (Scotland) | 5 | 2.2% | 7 | 2.3% |
| I receive Adult Disability Payment (ADP) after transferring from PIP (Scotland) | 17 | 7.6% | 21 | 7.0% |
| I receive Disability Living Allowance (DLA) | 2 | 0.9% | 2 | 0.7% |
| I receive PIP and I did not go through the appeal process, including mandatory reconsideration, to receive it | 74 | 33.0% | 110 | 36.7% |
| I receive PIP, but I went through the appeal process, including mandatory reconsideration, to receive it | 51 | 22.8% | 66 | 22.0% |
| *Not recorded* | *0* | *0.0%* | *1* | *0.3%* |
| **Total** | **224** | **100.0%** | **300** | **100.0%** |

| | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| Has one or more conditions or impairments | 193 | 86.2% | 271 | 90.3% |
| No conditions or impairments | 27 | 12.1% | 25 | 8.3% |
| Not answered | 4 | 1.8% | 4 | 1.3% |
| **Total** | **224** | **100.0%** | **300** | **100.0%** |

| **Conditions & Impairments** | **Attended Participants** | | **Selected Participants** | |
|---|---|---|---|---|
| Learning disability | 8 | 3.6% | 22 | 7.3% |
| Autism / ADHD / ADD / Neurodivergence | 39 | 17.4% | 66 | 22.0% |
| Mental Health Condition | 73 | 32.6% | 112 | 37.3% |
| Physical impairment | 81 | 36.2% | 119 | 39.7% |
| D/deaf or hearing impairment | 27 | 12.1% | 31 | 10.3% |
| Blind or partially sighted | 18 | 8.0% | 20 | 6.7% |
| Long-term health condition | 148 | 66.1% | 199 | 66.3% |
| Multiple long-term health conditions | 77 | 34.4% | 110 | 36.7% |
| Fluctuating condition | 50 | 22.3% | 57 | 19.0% |
| Energy limiting / fatigue condition | 85 | 37.9% | 111 | 37.0% |
| Speech, language or communication need | 11 | 4.9% | 16 | 5.3% |
| *Ticked two or more* | *146* | *65.2%* | *211* | *70.3%* |
| **Total** | **224** | **100.0%** | **300** | **100.0%** |

| Which best describes you (disabled person or carer) | Attended Participants | | Selected Participants | |
|---|---|---|---|---|
| I provide formal advice or support (e.g. an advisor or advocate) | 0 | 0.0% | 0 | 0.0% |
| I am a disabled person or person with long-term health conditions | 170 | 75.9% | 238 | 79.3% |
| I am a family member, carer or supporter for a disabled person or person with long term health conditions | 54 | 24.1% | 61 | 20.3% |
| I am not disabled or have long-term health conditions and do not meet any of the above criteria | 0 | 0.0% | 1 | 0.3% |
| Prefer not to say | 0 | 0.0% | 0 | 0.0% |
| **Total** | **224** | **100.0%** | **300** | **100.0%** |

# Annex E: The PSC – analytical approach

## Evidence used

Each workshop had two sessions, held in small breakout groups led by a facilitator. In Session 1, participants discussed and scored 14 recommendations to improve the current benefit. In Session 2, they discussed and rated 24 principles for a reformed benefit. The analysis used three sources from each workshop:

- facilitator notes from each breakout group
- palantypist transcripts covering the whole workshop
- participants' scores and ratings.

Together, the notes and transcripts run to around 750,000 words.

## Stage 1: Workshop evidence logs and summaries

For each workshop, every relevant point from the notes and transcripts was anonymised and recorded in an evidence log. Each entry showed which recommendation or principle the point related to and where it came from. Scores were entered exactly as recorded. A summary of each workshop was then written from its evidence log.

*Human check:* At least two members of The PSC team that delivered the workshops reviewed each summary to check it was accurate and fair. Summaries and evidence logs were corrected where needed. Steering group members who attended each workshop were also asked to confirm that its summary reflected the discussion. [For this draft: this review is under way, and not all feedback has been received yet.]

## Stage 2: Bringing the workshops together

The evidence logs from all 15 workshops were combined into one, so each point could be traced across workshops. The report's findings were drawn from this combined log using three rules:

- A point was counted once per workshop, however many times it came up. This stopped any one workshop or person skewing the findings.

- A point was reported if it came up in five or more of the 15 workshops. A few points raised in fewer workshops were also included where they were serious, or specific to Scotland or Northern Ireland.
- Where views differed, both sides were reported.

New ideas raised in three or more workshops, and points specific to Scotland, Northern Ireland and Wales, are reported in their own sections. A member of The PSC team also read every new idea in full, including those raised in fewer than three workshops, to make sure nothing important was missed.

*Human check:* Human check: The PSC team set these rules. Where applying them needed a judgement, such as whether a point should be included or left out, the team made the decision.

## Stage 3: Final checks

The findings were compared with DWP's analysis. Any point DWP had identified that the findings had missed was checked against the original notes and transcripts before being added.

*Human check:* At least two members of The PSC team that delivered the workshops reviewed the full report before it was shared.

## Use of AI

The PSC used AI to process the volume of evidence robustly and consistently within the time available, in line with The PSC's policy on the use of AI. AI supported:

- producing the evidence logs from the notes and transcripts
- drafting the workshop summaries and report sections
- applying the reporting rules the same way across all 15 workshops
- a separate check that each finding is backed up by the evidence log.

## Data security and anonymisation

The PSC is certified to ISO/IEC 27001:2022, the international standard for information security, and holds Cyber Essentials Plus across the whole organisation.

Under The PSC's policy on the use of AI, client data can only be used in AI tools that The PSC has approved and licensed. Before approving a tool, The PSC's AI Steering Group checks how it protects data. The group also reviews each approved tool's terms and data policies every six months. This work was carried out through The PSC's approved business account, under which data is not used to train AI models.

No participant is named in the evidence logs, workshop summaries or this report, and details that could identify them are not included.

# Annex F: DWP AVIS Analytical Approach

Analytic Vertical Intelligence System – Shaping Recommendations Workshops Edition (AVIS-SRW) – Full Analytical Framework

## Stage 1 – Evidence Preparation

- Workshop transcripts and facilitator notes for session 1 and session 2 were standardised and prepared for analysis.
- Recommendation scoring and principle-rating datasets were extracted and validated separately.
- Evidence sources were linked to their originating workshop, recommendation and principle.
- Source coverage, traceability and data quality checks were undertaken prior to analysis.

## Stage 2 – Qualitative Workshop Analysis

- Each workshop was analysed independently using facilitator notes covering session 1 and 2, and palantypist transcripts.
- Themes, issues, concerns, conditions attached to support and areas of disagreement were identified.
- Findings were mapped to the recommendations and future-benefit principles discussed.
- Workshop-specific perspectives, minority viewpoints and unique findings were retained.

- Individual workshop outputs were quality assured prior to consolidation.

## Stage 3 – Quantitative Analysis

- Recommendation scores and principle-rating exercises were analysed separately from workshop discussions.
- Response patterns, support levels, variation and distribution were examined.
- Areas of stronger support, weaker support and contested proposals were identified.
- Statistical validation and denominator checks were undertaken.
- Quantitative outputs were independently verified through bespoke Python-based validation routines designed to test calculation accuracy, completeness and consistency.
- All quantitative findings were subject to human analytical review and challenge prior to progression, combining computational verification with human oversight.

## Stage 4 – Cross-Workshop Analysis and Consolidation

- Findings from individual workshops were consolidated.
- Evidence was compared across workshops to identify recurring themes and patterns.

- Areas of convergence, divergence and workshop-specific variation were examined.
- Qualitative and quantitative findings were reconciled and compared.
- Reinforcing, contradictory and complementary evidence was identified.
- A consolidated evidence base was produced for strategic review.

## Stage 5 – Strategic Insight Development

- The consolidated evidence base was interrogated to identify higher-order findings.
- Strategic Key Findings were developed from recurring patterns across the evidence.
- Emerging Tensions and Design Trade-Offs were identified.
- Relationships between current-benefit discussions and future-benefit discussions were explored.
- Cross-cutting findings were developed to understand how different areas of evidence interacted.

## Assurances 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.

## Governance

The AVIS-SRW analytical model 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 AVIS-SRW 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 AVIS-SRW 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
- Human developed and overseen python code was utilised as an additional quality check.

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.

## Assurance Summary

| Risk Area | Control Mechanism |
|---|---|
| Hallucination / Unsupported Findings | Strict evidential grounding rules prohibit external assumptions, speculative interpretation, or evidence generation. |
| 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. |

| Risk Area | Control Mechanism |
|---|---|
| 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. |

## Validation Framework

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

This includes:

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

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

## Summary

The AVIS-SRW methodology is a human-led, AI-assisted 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 submissions.