**DISABILITY RIGHTS UK TEMPLATE RESPONSE TO THE PIP GREEN PAPER**

**Introduction**

There are at least 16 million Disabled people in the UK. We are not a homogenous group: we have different impairments, are different genders and sexual orientations, come from different backgrounds, and live different lives.

No matter our background, no one should be left without a financial safety net, meaning we can live independent lives. The social security system is something we should all be proud of, a piece of social infrastructure that 22 million people across the UK draw on to live the lives we all have a right to.

Yet this year, [the coroner warned work and pensions secretary Mel Stride](https://www.theguardian.com/society/2023/nov/18/minister-warned-about-mental-pressure-of-benefits-system-after-applicant-kills-himself) that the social security system could worsen symptoms of mental illness after a man whose “anxiety was exacerbated by his application for universal credit” died by suicide.

It is important to be clear about the aims of the policies proposed in the Green Paper. What the Green Paper fails to mention is that the UK already has one of the [least generous welfare systems](https://www.tuc.org.uk/research-analysis/reports/welfare-states-how-generous-are-british-benefits-compared-other-rich) in Western Europe. It fails to mention that PIP claimants are not “exploiting” the system – new [DWP figures](https://www.gov.uk/government/statistics/fraud-and-error-in-the-benefit-system-financial-year-2023-to-2024-estimates) show that by PIP claimants fell from 0.2% in 2022/23 to zero in 2023/24 (of total spending on PIP of about £21.6 billion).

The paper makes no reference to the need for social security policies to be co-produced with Disabled people, and it completely ignores the need to maintain PIP as a cash benefit which is essential for its ability to meet the extra costs of disability and maximising the choice and control of Disabled people.

The green paper takes a medical-model approach to the experience of disability and to the lives of Disabled people. Focusing on how our impairments may be “cured” or “fixed” through different interventions, ignoring the role of social security as social infrastructure, which removes barriers we face as Disabled people to participate in society. The introduction of any of the policies in this green paper would lead to even higher numbers of by attitudinal, institutional, environmental and information barriers.

The green paper frames the need for change around an “unsustainable” rise in PIP claimants. But it fails to address the clear reasons why PIP claims have increased, such as the cost-of-living crisis. A household with at least one Disabled adult or child needs an additional £975 a month to have the same standard of living as non-disabled households, according to [Scope](https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag-2023/).

Yet, even at its highest rate (of £800 a month), PIP is not paid at this level. Ultimately, this green paper is a con. Its aim is to reduce spending on PIP and not ensure that PIP payments meet the true extra costs of Disabled people. In March 2024, the Work and Pensions Committee of MPs reported in published its [report examining the level of benefits in the UK](https://www.rightsnet.org.uk/welfare-rights/news/item/mps-call-for-uprating-guarantee-for-working-age-benefits-and-local-housing-allowance).

When considering PIP, it found that “many claimants experienced a significant shortfall between the levels of support provided and the cost of additional health and disability-related costs” and that “the support provided through health and disability benefits were found to have a negative physical and mental health impact on claimants, which in turn could affect their ability to work.”

However, in its response to the committee reports, the Government said that “the DWP has 'no plans' to commission research to understand the impact of benefit levels on the health and wellbeing of claimants".

In March 2024, the Work and Pensions Committee published its [report examining the level of benefits in the UK](https://committees.parliament.uk/committee/164/work-and-pensions-committee/news/200572/benefit-levels-in-the-uk-mps-call-for-cost-of-living-benchmark-and-annual-uprating-guarantee/). The report highlighted the 'fundamental inadequacy' of social security support and recommended developing a framework of principles for setting benefit levels that link to living costs and work incentives.

However, Committee's report, the Government said that there are “no plans to commission further research to understand the impact of benefit levels on the health and wellbeing of customers and its relationship with economic productivity.”

Worse, it holds that there is “no objective way of deciding what an adequate level of benefit should be” and so has “no plans to commission independent research into the extent to which current benefit levels are meeting its objectives for what benefit levels should achieve in relation to living costs.”

**Changes to the PIP assessment (Q1 to Q8)**

The Green Paper suggests a PIP assessment that places more emphasis on the condition rather than the functional impact.

We completely reject this.

Firstly, the same condition can have a very different impact on different people.

Equally, the same condition can affect the same individual very differently at different times, especially if it is a condition that is known to deteriorate.

It could only result in a league table of qualifying conditions with fixed entitlements and not reflect the disability-related costs of individual PIP claimants.

Similarly, the notion that people receive PIP without an assessment if they have specific health conditions or a disability as evidenced by a healthcare professional.

This will bar support for those who have a disabling condition that has yet to be medically identified.

[Mind](https://www.mind.org.uk/news-campaigns/news/taking-away-crucial-support-will-make-things-worse/) reports that around two million people are sitting on waiting lists for mental health support.

Many of these people will be awaiting a formal diagnosis.

[ADHD UK](file:///C:\Users\MichaelErhardt\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\7R48F74H\Right%20to%20Choose%20(NHS%20England)%20-%20ADHD%20UK) reports that waiting times for a diagnosis can be 18 months.

Requiring a formal diagnosis by a medical practitioner would inevitably impact on the NHS.

This would be disastrous for both the NHS and for claimants.

Either medical experts would be diverted from caring for patients because they had benefit claims to deal with, or they simply wouldn’t prioritise benefits applications, and claimants would wait many months for the necessary evidence.

It would harm patients, further demoralise NHS staff and impact on waiting times and disadvantage PIP claimants.

**PIP being replaced by with other means of support. (Q83 -85)**

**Th**e Green Paper suggests –

* offering a Disabled person a list of equipment or aids to choose from providing them with vouchers to contribute towards the cost of a disability aid
* forcing them to claim back the cost of equipment by providing receipts to DWP
* offering a one-off grant for major purchases such as home adaptations or expensive equipment.

All these are completely unacceptable.

All take away the independence and autonomy for Disabled PEOPLE to decide what to spend their cash PIP benefit payments on.

With a receipt system, Disabled people would need to already have the money to buy the item they require, or they simply would not be able to get it, essentially reducing the support they get.

The DWP would also likely impose a spending limit for specified items, likely to be the cheapest available regardless of its actual suitability to the claimant.

It would likely lead to lengthy waits for reimbursement and the need for an appeal system. Any future changes to the support provided via PIP should focus solely on increasing the already meagre financial support given to claimants.

**Q9. Do you think the need for an aid or appliance is a good/bad indicator of extra ongoing costs and why**

There is no alternative being offered in this consultation. Thus we can only conclude that the goal would be to reduce the number of successful claims made on the basis of taking aids and appliances into account. We therefore state that aids and appliances are perfectly reasonable indicators, the usage of which should not change.

**Q10. Do you think the need for prompting is a good/bad indicator of extra ongoing costs and why?**

Prompting is a very good indicator and was successful used for Disability Living Allowance and then for PIP itself. It is a good indicator because it is one which has been used successfully for PIP since the benefit was introduced.

The law relating PIP, states that "prompting" means reminding, encouraging or explaining by another person.

**The term "prompt" is relevant to the following PIP activities:**

* Preparing food.
* Taking nutrition.
* Managing therapy or monitoring a health condition.
* Washing and bathing.
* Managing toilet needs or incontinence.
* Dressing and undressing.
* Reading and understanding signs, symbols and words
* Engaging with other people face to face.
* Making budgeting decisions.
* Planning and following journeys.

Without prompting and encouragement some Disabled people would be in danger of self-neglect and harm.

The need for such support has never been questioned previously by Disabled People or our organisations.

It is worrying that it is being so now as a consideration of how to reduce PIP eligibility.

**Q11. Do you think people who accumulate low points across activities have the same level of extra costs as those who score highly in one or more activities?**

This is an unanswerable question. Someone who scores low points across a range of activities may struggle with virtually every aspect of daily living and therefore have considerable costs spread over numerous activities. Someone who scores highly for just one activity may have considerable costs just for that single activity.

We fear this question is designed to provide justification for removing low scoring descriptors and so reducing the cost of PIP.

**Q12. Do you think any of the PIP activities measure similar functions and could be merged?**

No.

**Q13. Do you think any of the PIP activities should be removed or re-written and why?**

No. We believe the impetus for this consultation is aimed at reducing the cost of PP. Any meaningful or valid reforms cannot be considered in the absence of the active engagement by Disabled people and our organisations. Any future changes to the PIP system must be co-produced with Disabled people.

**Q14. Should we consider adding any new activities? If so, which activities should be added and why?**

No. The only way to add new activities would be by co-producing the entire application system with Disabled people, alongside a thorough evidenced review. This questionnaire cannot achieve those necessary goals.

**Q15. Do you think the current entitlement thresholds levels are set at the right levels to define the need for Government financial support and why?**

Yes, because they are providing additional support to millions of people and any changes are likely to be aimed at reducing that support. Any future changes to the PIP system must be co-produced with Disabled people.

**Q16.** The qualifying period works effectively as it is and does not need changing.

**Q17. What are your views on retaining, removing, or changing the length of the current nine-month prospective test which is used to determine if the functional effects of a health condition or impairment are likely to continue long-term?**

The qualifying period works effectively as it is and does not need changing.

**Q19. In relation to Question 18, please explain your answer below and tell us about any other important kinds of costs not listed above**

It is offensive for the DWP to produce a questionnaire which asks us to decide between food, medication, heating and other vital costs that Disabled people have to make. Being Disabled is not a homogenous experience – there are at least 16 million of us, and we have different impairments, backgrounds, hopes and aspirations and lead different lives. It is impossible and grotesque to choose or rank which costs are more important than others in the way outlined in question 18.

**Q24. If PIP could no longer be used to determine eligibility to passport to other benefits and services, what alternative ways could service providers use to determine disability status?**

We don’t see any reason to change to an alternative method. There no suggestions given so it is impossible to understand the goal of this question. Any future changes to the PIP system must be co-produced with Disabled people.

**Q25. If PIP could no longer be used as the eligibility criteria to additional financial support in Universal Credit, what alternative ways of determining eligibility should we use?**

Additional eligibility criteria may exist, but these would need to be the subject co-production with Disabled people.

**Q26. Are there specific groups of people whose needs are not being met by the current PIP provision and have a need for a greater level of support? What form should this support take (eg. help with specific extra costs, access to improved healthcare such as mental health provision or enhanced local authority support such as care packages and respite)?**

There are undoubtedly people whose needs are not being met, but these would need to be in addition to current provision and involve co-production with Disabled people.

**Q27. Instead of cash payment, are there some people who would benefit more from improved access to support or treatment (for example, respite care, mental health provision or physiotherapy)?**

Absolutely not. Access to support or treatment should already be available from the NHS or local authority, regardless of whether you are a PIP claimant or not. In no circumstances should such support be seen as a replacement for a cash benefit.

**Q28. Do people already receive support from local authorities or the NHS with the need/costs that come with having a disability or health condition?**

No

**Q29. In relation to Question 28, please explain your answer and provide evidence or your opinion to support further development of our approach**

There is no way to answer this question other than by saying no. The experience of a Disabled person in regard to the support they receive from local authorities and the NHS will vary from authority and health trust. We know that both bodies are already massively underfunded and require much more investment to deliver high-quality services. This questionnaire offers no route to fix those issues.

**Q30 – Q31. Which of the following do local authorities or the NHS help with?**

* **Equipment and aids**
* **Medical products**
* **Personal assistance (eg. help with household tasks)**
* **Health services**
* **Social care**
* **Respite**
* **Transport**
* **Utility costs**
* **Other**

Support levels and quality vary greatly between different NHS regions and local authorities. So, it is not possible to accurately answer.

**Q32. Which needs/costs that come with having a disability or health condition could local areas help with further?**

* **Equipment and aids**
* **Medical products**
* **Personal assistance (eg. help with household tasks)**
* **Health services**
* **Social care**
* **Respite**
* **Transport**
* **Utility costs**
* **Other**

Support levels and quality vary greatly between different NHS regions and local authorities. So, it is not possible to accurately answer.   
  
**Q33. In relation to Question 32, please explain your answer and provide evidence or your opinion to support further development of our approach.**

None. Local authorities and NHS trusts are already overwhelmed by costs and do not have the resources to take on additional provision.

They shouldn’t have any. Because individuals should be able to decide their own priorities and have the resources, via cash payments of PIP, to meet them.

**Q34. If we align the support offered by PIP into existing local authority and NHS services, how could this improve things for disabled people and people with health conditions**

We categorically oppose this proposal – it would be a dangerous total failure. There is no recent precedent that suggest that a combining of two vastly different systems of support would work – with Disabled people inevitably left worse off. Fundamentally, it would also remove our agency, choice and control as Disabled people by removing our ability to make our own decisions about our own priorities and what we want to spend our money on to maintain our personal independence.

**Q36. What disability support services in your community are the most important services or support to deliver?**

This again is another question that is impossible for us to answer. Our community is diverse, and every Disabled person has our own specific needs. There is no way to rank which services are most important, and this is a reductive framing from the DWP.

**Q37. How much flexibility should local areas have to decide their priorities in supporting people with disabilities and health conditions?**

None. The goal of PIP is to allows individuals to decide their own priorities via the cash- payments they receive. This should not change.

**Q38. What capacity and capability would be required to better align PIP with local authority and NHS services?**

We don’t believe that there should be any attempt to align PIP with local authority and NHS services as they are so variable around the country. It would, in any case, simply be an attempt to introduce cuts through the back door.  
  
**Compulsory question Q39. Are you an individual or an organisation supporting claimants applying for PIP?** We advise through our publications and provide a second-tier advice service to welfare rights advisers in doing so.