



Consortium for the Regional Support for Women in Disadvantaged and Rural Areas

Response to: Timms Review of Personal Independence Payment: call for evidence

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Women's Regional Consortium: Working to Support Women in Rural Communities and Disadvantaged Urban Areas

1. Introduction

1.1 This response has been made by members of the Consortium for the Regional Support for Women in Disadvantaged and Rural Areas (hereafter, the Women's Regional Consortium), which is funded by the Department for Communities and the Department of Agriculture, Environment and Rural Affairs in Northern Ireland.

1.2 The Women's Regional Consortium in Northern Ireland consists of seven established women's sector organisations that are committed to working in partnership with each other, government, statutory organisations and women's organisations, centres and groups in disadvantaged and rural areas, to ensure that organisations working for women are given the best possible support in the work they do in tackling disadvantage and social exclusion. The seven groups are as follows:

- Training for Women Network (TWN)
- Women's Resource and Development Agency (WRDA)
- Women's Support Network (WSN)
- Northern Ireland Rural Women's Network (NIRWN)
- Women's TEC
- Women's Centre Derry
- Foyle Women's Information Network (FWIN)

1.3 The Women's Regional Consortium is the established link and strategic partner between government and statutory agencies and women in disadvantaged and rural areas, including all groups, centres and organisations delivering essential frontline services, advice and support.

- 1.4 The Women's Regional Consortium ensures that there is a continuous two-way flow of information between government and the sector. It also ensures that organisations/centres and groups are made aware of consultations, government planning and policy implementation. In turn, the Consortium ascertains the views, needs and aspirations of women in disadvantaged and rural areas and takes these views forward to influence policy development and future government planning, which ultimately results in the empowerment of local women in disadvantaged and rurally isolated communities.
- 1.5 In responding to this call for evidence the Women's Regional Consortium has used evidence from direct engagement with women across Northern Ireland on issues around disability and access to benefits including Personal Independence Payment (PIP). Details of Women's Regional Consortium research and policy consultations are available on the Consortium's website.¹
- 1.6 Given that the vast majority of social security in Northern Ireland maintains parity with GB we urge the DWP to consider the particular implications for Northern Ireland, where any changes to PIP will have an even bigger impact due to high rates of disability and the higher percentage of people in receipt of disability benefits.

*"That disability rates in NI are unexplainably high alongside the already poor outcomes for people living with disability in NI make the ongoing piecemeal rollout of budget cuts in NI particularly concerning. And these cuts are not happening in a vacuum but are following the COVID-19 pandemic and the ongoing cost-of-living crisis which both have had disproportionate impacts on people with disabilities."*²

¹ Research: <https://www.womensregionalconsortiumni.org.uk/research/>
Policy Consultations: <https://www.womensregionalconsortiumni.org.uk/policy/#toggle-id-3>

² Dr Anne Devlin, Economic and Social Research Institute, August 2023
<https://qpol.qub.ac.uk/disability-rates-in-northern-ireland-in-a-time-of-unprecedented-budget-cuts/>

- 1.7 We wish to endorse the response made by Disability Rights UK³. This response has backed calls from the Lived Experience Social Security Commission for an Additional Cost Disability Payment (ACDP). **We support the calls made by Disability Rights UK in their response and advocate for the ACDP which is rooted in the social model of disability and provides a realistic financial contribution to the extra costs faced by disabled people.**
- 1.8 The ACDP is a PIP replacement benefit co-produced with disabled people. The ACDP proposal:
- Comes from the perspective that we must retain a payment, exclusive of employment status, that begins to cover the costs disabled people face as a result of living in an inaccessible society.
 - Would replace adversarial, tick-box assessments with personalised support and independent advocacy.
 - Makes the case that proper financial support - paid in cash - must be linked to a wider vision of dignity, independent living and full participation in society.
- 1.9 The Women's Regional Consortium are concerned that this Review will be used as a means to justify cuts to PIP and we oppose any attempts to do this. PIP provides vital financial support that allows disabled people to maintain their independence, participate more fully in society and offset the extra costs associated with living with a disability. It is the duty of Government to remove the social, economic and environmental barriers that prevent disabled people from living with dignity, equality and independence.
- 1.10 The Women's Regional Consortium believes that it makes economic sense to invest in the social security system. Reducing support to those on the lowest incomes through the benefits system is damaging as it reduces the amount of money that people have to spend in local economies reducing demand at a time when action is needed to create jobs and support businesses.

³ <https://www.disabilityrightsuk.org/news/dr-uk-responds-timms-review-pip>

- 1.11 Cutting support through PIP could potentially negatively impact on the economy for a variety of reasons including through increased pressure on public services, loss of employment, reduced spending in the economy and increased expenditure on addressing the impacts of poverty.
- 1.12 Professionals working in the advice sector have long advocated the principles of the ‘multiplier effect’. This argues that there are economic advantages to high levels of benefit take-up as claimants spend money on goods and services in the local community. Ambrose and Stone (2003) found that a multiplier effect of 1.7 exists, meaning each pound raised in benefit entitlements for claimants should be multiplied by 1.7 to give a much greater overall financial benefit to the economy.⁴
- 1.13 The Cambridge University economist Ha Joon-Chang argues that the mainstream political narrative that welfare spending is a drain and should be reduced is illogical. He asserts that ‘a lot of welfare spending is investment’ and believes that appropriate funding in areas such as unemployment benefits can improve productivity and workforce capability.⁵ We are very much in agreement with these statements as spending on social security benefits is spent and not saved and spent in local economies. This means that investment in social security not only provides better results in terms of the individuals concerned but to the wider economy and society in general.
- 1.14 In their report on a Ground Up Community Wealth Building Approach to Target Poverty,⁶ Advice NI also highlighted an example of this multiplier effect through the Local Multiplier3 (LM3) spend analysis tool which was applied to the additional benefits achieved in two benefit take-up campaigns in Newham and Lancashire:

⁴ Four reasons why welfare reform is a delusion, London School of Economics Blog, June 2017 <https://blogs.lse.ac.uk/politicsandpolicy/four-reasons-why-welfare-reform-is-a-delusion/>

⁵ Ibid

⁶ It's the Local Economy, Stupid!, Advice NI, 2022 <https://www.adviceni.net/policy/publications/its-the-local-economy-stupid>

“They found that the additional benefit income had an economic multiplier of 1.77 as these campaigns targeted people on a low income who spent the money in local businesses. The businesses in turn used the money to purchase goods and services and employ people. The people they employed spent their wages on more goods and services which generated more spending and income for more people. This created a powerful multiplier effect in the local economy. They concluded that benefit take-up campaigns are not just about welfare they are also effective local economic development strategies.”

2.0 The Role and Purpose of PIP and Experience of Claiming

2.1 The Women’s Regional Consortium believes that everyone requires an adequate standard of living to be able to participate equally in society.

Disabled people often face significantly higher living costs and therefore PIP plays an important role in enabling disabled people and those with long-term conditions to live independently and fully participate in society.

2.2 Scope research shows that life costs a lot more for disabled people. On average, disabled households need an additional £1,010 a month to have the same standard of living as non-disabled households.⁷ The Disability Rights UK response to this call for evidence highlights that in 2025 the average disabled household needed an extra £1,095 each month on average to have the same standard of living as non-disabled households.⁸ However, because of welfare cuts and austerity policies since 2008 disabled people have already lost average benefit payments of around £1,200 a year.⁹

2.3 A report by the All Party Parliamentary Group (APPG) on Poverty and Inequality¹⁰ found that: *“disabled households face additional barriers and*

⁷ <https://www.scope.org.uk/campaigns/disability-price-tag>

⁸ <https://www.disabilityrightsuk.org/news/dr-uk-responds-timms-review-pip>

⁹ Dismantling the social safety net: social security reforms, disability and mental health conditions, Boardman J, BJPsych Bulletin, October 2020
<https://www.cambridge.org/core/journals/bjpsych-bulletin/article/dismantling-the-social-safety-net-social-security-reforms-disability-and-mental-health-conditions/B73ED8C6EBEBD1A663EE964146451705>

¹⁰ The Disproportionate Impact of Poverty and Inequality on Disabled People, APPG on Poverty and Inequality’s response to the Pathways to Work Green Paper, June 2025

costs, including higher spending on food, heating, transport and medical support, which can amount to additional costs of over £1,000 per month. These costs, combined with inaccessible public services and a punitive social security system, already push many disabled people to the brink.”

- 2.4 A report into destitution in the UK by the Joseph Rowntree Foundation¹¹ showed that there are strong links between disability and destitution. This research showed that almost two-thirds (62%) of destitute survey respondents stated that their day-to-day activities were limited because of a chronic health problem or disability. The report found inadequate social security is a driver of destitution. The most common source of income for all destitute households was social security benefits (72%).
- 2.5 Joseph Rowntree Foundation (JRF) research in Northern Ireland highlights that disabled people face a higher risk of poverty due to a range of factors partly driven the additional costs associated with disability and ill health and partly by the barriers to work that disabled people face. Their report compares the poverty rates for those with disabilities and those without – those with disabilities are significantly more likely to experience poverty than their non-disabled counterparts (37% compared with 13%).¹²
- 2.6 The JRF research details a range of areas where disabled people in Northern Ireland are likely to face further disadvantage. This includes a higher disability employment gap, higher rates of part-time working for people with a disability, greater likelihood of disabled people to be self-employed (meaning they do not receive Statutory Sick Pay when they cannot work due to illness), lower educational qualification levels among disabled people in Northern Ireland as well as significant funding pressures for voluntary, community and public sector employment support programmes to help people move towards the

<https://appgpovetyinequality.org.uk/home-page/appg-publishes-report-on-the-disproportionate-impact-of-poverty-and-inequality-on-disabled-people/>

¹¹ <https://www.jrf.org.uk/deep-poverty-and-destitution/destitution-in-the-uk-2023>

¹² <https://www.jrf.org.uk/poverty-in-northern-ireland-2025>

labour market. Section 3.0 details a range of figures in relation to Northern Ireland which must be considered by Government as part of this Review.

- 2.7 The Women’s Regional Consortium agree with JRF that *“in fully tackling the unacceptable rates of poverty experienced by people with disabilities, social security remains a crucial tool in protecting people with disabilities from hardship”* because not everyone with a disability is able to work.¹³
- 2.8 In Northern Ireland Welfare Supplementary Payments are in place which highlight the need for better financial support within the social security system. The Women’s Regional Consortium believe that what is needed is investment in the social security system to ensure that it provides the safety net of support that disabled people can rely on. In the long term this would reduce pressure on other services, including the health service, which is so impacted by inadequacies in social security support for disabled people.
- 2.9 Research and personal testimonies have shown that the PIP process is already failing disabled people. The Women’s Regional Consortium have highlighted significant concerns with the PIP process and the need for reform in our response to the Green Paper on Modernising Support for Independent Living.¹⁴
- 2.10 Public perceptions of PIP in Northern Ireland are overwhelmingly negative and characterised by significant levels of public distrust in the process, emotional distress as a result of going through the PIP process and systemic criticism. This has been highlighted by a number of reviews into PIP over the last few years. The recommendations from these Reviews must form part of Government’s considerations for the reform of PIP.

¹³ <https://www.jrf.org.uk/poverty-in-northern-ireland-2025>

¹⁴ Women’s Regional Consortium Response to Modernising Support for Independent Living: The Health and Disability Green Paper, May 2024
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2024/07/Womens-Regional-Consortium-Response-to-Modernising-Support-for-Independent-Living-The-Health-and-Disability-Green-Paper-July-2024.pdf>

2.11 The First Independent Review of the PIP assessment process in Northern Ireland was carried out by Walter Radar and published in June 2018 making 14 recommendations.¹⁵ In his overview of findings Walter Radar said about the PIP assessment process:

"It is a fragmented process that impacts negatively on both claimants and those who seek to support them. In particular the face-to-face assessment causes fear, anxiety, stress and frustration. This in turn has a knock on impact on the health and well-being of claimants, their family and wider support networks, placing even more demands on already stretched services."

2.12 The Second Independent Review of the PIP assessment process in Northern Ireland was carried out by Marie Cavanagh and published in December 2020 making 12 recommendations.¹⁶ The report found that the assessment process causes severe fear, anxiety, stress and frustration. Claimants described the assessment process as humiliating and designed to catch them out rather than understand their conditions with many believing the complex paperwork and rigid criteria were designed to put people off from claiming. The report also highlighted inaccurate reporting by assessors. In her foreword Marie Cavanagh said:

"My findings point to the need to improve claimants accessibility to the PIP journey, through the claim process, the type of Assessment carried out and the quality of further evidence used in decision making. They also include Recommendations to broaden the audit process and complaints procedure to increase confidence in the process..... This second Independent Review of PIP again highlights the need for assistance and advocacy in completing the complex PIP application journey."

¹⁵ Personal Independence Payment, An Independent Review of the Assessment Process, Walter Rader, June 2018
<https://www.communities-ni.gov.uk/sites/default/files/publications/communities/dfc-independent-review-pip-assessment-process-june-2018.pdf>

¹⁶ [Second Independent Review of the PIP Assessment Process in Northern Ireland - report and response | Department for Communities \(communities-ni.gov.uk\)](#)

2.13 The Northern Ireland Public Services Ombudsman (NIPSO), Marie Anderson, announced in 2019 that she had chosen PIP as her first area for investigation under her new 'Own Initiative' power – she can investigate if her office suspects “*systemic maladministration.*” She pointed out the high number of PIP decisions which have been overturned at appeal and the significant number of complaints made about the benefit to her office in making her decision.¹⁷ The NIPSO investigation examined the availability and application of further evidence in the administration of PIP. It made 33 detailed recommendations¹⁸ and in presenting the report, Marie Anderson said:

“Overall my investigation has made a finding of systemic maladministration having identified repeated failures which are likely to reoccur if left unremedied. It is therefore my view that there is more work to be done to improve the experience and outcomes for claimants, the robustness of decision making and public confidence in the system.”

2.13 The NIPSO investigation found that too many vulnerable people had their applications unfairly rejected. It found that the major problem is that the Department for Communities and Capita (the outsourced provider of the assessments) had systematically failed to collect and use further evidence from claimants health professionals. The Ombudsman found the system relied on claimants challenging decisions through the various stages of the appeal process but many do not challenge decisions given the nature of their health conditions and vulnerabilities.

3.0 Eligibility, fairness and equity in the award of PIP

3.1 There are particular considerations for any proposed changes to PIP in Northern Ireland because of its unique socioeconomic and historical landscape. Northern Ireland has the highest per capita rate of disability benefit claimants in the UK with figures indicating that 18.3% of the Northern Ireland

¹⁷ <https://nipso.org.uk/site/wp-content/uploads/2019/01/Own-Initiative-investigation-PIP-statement.pdf>

¹⁸ [PIP Summary.pdf \(nipso.org.uk\)](#)

population use some form of disability support. The region with the next highest uptake is Wales (14.7%).¹⁹

- 3.2 The most recent PIP claimant statistics for Northern Ireland (February 2026)²⁰ should be an important consideration for Government as part of this Review:
- 229,620 claimants were in receipt of PIP on 28 February 2026.
 - Of the total claims in payment 54% were made to women and 46% to men.
 - The average (median) clearance time, from the date a claim is registered to the initial decision being made during February 2026, was 18 weeks.
 - 42% of claims in payment are awarded the enhanced rate for both the daily living and mobility components.
 - 46% (104,910) of claims in payment have a main disabling condition recorded under the highest medical category of 'Psychiatric disorders (Mental Illness)'.
 - During February 2026, 77% of mandatory reconsiderations resulted in no change to the award.
 - 40% (112,480) of PIP claimants are 55 and older – they are likely to face greater barriers to employment particularly if they are awaiting health treatment.

“My husband is on the standard rate of PIP. He is ex-army and suffers from mental health issues, PTSD and hearing loss. He needs to get out of the house for his mental health and has a part-time job. His PIP helps to pay for his taxis to work as he doesn’t drive. If they take away his PIP it won’t help him to stay in work. It costs him £8-£10 to get there and that’s only one way.”

“If you push people back to work when they are not ready then suicide rates will go up – people will be under too much pressure.”

“There’s no funding for mental health – so many people have mental health issues and they can’t get mental health support as it is. How can they kick somebody off support when they’re waiting on an appointment or assessment – the waiting lists are so long.”

“They need to look at the root cause of the problems – they need to look at the causes of mental health issues here then maybe more people would be able to

¹⁹ <https://factcheckni.org/articles/mental-health-in-ni-does-northern-ireland-have-the-highest-rate-of-people-claiming-disability-benefits-and-the-highest-prevalence-of-mental-ill-health-in-the-uk/>

²⁰ Personal Independence Payment Statistics, Department for Communities & NISRA, February 2026 <https://datavis.nisra.gov.uk/communities/personal-independence-payment-statistics-february-2026.html>

go out to work. This comes right down to the core – what will they do for all those people suffering from mental health problems – what help will they give them? They’ll be even more depressed if they take their money away.”

“I get PIP as a single parent and I’m struggling as it is to get by. If I was to go back to work I’d only be able to go back part time with the children and my current physical and mental disabilities (cerebral palsy and mental health issues). I would need a high wage to be able to survive on part time work pro-rata.”

(Participants at a Women’s Regional Consortium focus group on the Pathways to Work Green Paper)

- 3.3 A high percentage of PIP decisions are successfully appealed in Northern Ireland pointing to problems with the assessment process. This has led to widespread calls for the assessment process to be changed. There have been more than 14,000 appeals lodged against a PIP decision between 2019 and 2024. In answer to an Assembly Question on this issue, Communities Minister Gordon Lyons stated that 65% of those who appealed a decision in relation to a PIP application in the last five years have been successful in having their original decision overturned.²¹
- 3.4 Data published by Law Centre NI shows that as of April 2026 success rates for PIP appeals are at 65.1% for in person hearings and 56.6% for remote hearings.²² This data also shows that as of April 2026 there are 2,783 outstanding PIP appeals awaiting a hearing.
- 3.5 We point the Government to the following statistics for Northern Ireland which provide important considerations around levels of disability, benefit dependency and socio-economic issues. These considerations mean that any changes to PIP will have greater impacts in Northern Ireland:
- Northern Ireland has traditionally had a much higher proportion of people claiming disability benefits than other areas of the UK. Prior to the introduction of PIP in 2016 around one in nine people in Northern Ireland (208,760 people)

²¹ <https://www.belfastlive.co.uk/news/northern-ireland/minister-reveals-how-many-pip-30738117>
<https://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=420305>

²² <https://www.lawcentreni.org/news/social-security-appeal-statistics-2025-26/>

were on DLA.²³ At that time Northern Ireland had proportionately twice as many people claiming DLA compared to the rest of the UK. *“This higher uptake in NI remains unexplained, though poorer mental health, possibly resulting from the civil unrest known as The Troubles, might be significant.”*²⁴

- Disability rates in Northern Ireland (NI) are higher than in other countries within the UK regardless of the type of measure used. The 2021 Census found that 24% of the NI population report being limited in their day-to-day activities either a little or a lot. This compares to 17% and 22% respectively in England and Wales.²⁵
- Disability prevalence varies notably by Local Government District (LGD) with Derry City and Strabane having the highest disability prevalence at 36% compared to the average across LGDs in NI at 24%.
- Research shows that the gap in DLA/PIP receipt between England and Northern Ireland, although significantly associated with observable health and labour market factors, is largely unexplained by these factors. Research offers a number of explanations such as higher levels of deprivation in NI, the legacy of conflict, and differences in benefit uptake.²⁶
- Northern Ireland has the highest uptake of disability benefits in the UK. The latest figures (April 2025) indicate that 18.3% of the Northern Ireland population use some form of disability support. The region with the next highest uptake is Wales (14.7%).²⁷
- Northern Ireland has a much higher proportional share of the most deprived areas in the UK than Scotland, Wales, or any of the nine regions of England, at 25%. Education deprivation is highest in Northern Ireland at 27% and health deprivation (using self-reported health) is particularly pronounced for Northern

²³ Northern Ireland Benefits Statistics Summary, Department for Social Development, November 2015
<https://www.communities-ni.gov.uk/sites/default/files/publications/dsd/benefit-statistics-summary-november-2015.pdf>

²⁴ https://pureadmin.qub.ac.uk/ws/portalfiles/portal/234059841/SSM_final_.pdf

²⁵ Disability rates in Northern Ireland in a time of unprecedented budget cuts, Dr Anne Devin, Economic and Social Research Institute, August 2023
<https://qpol.qub.ac.uk/disability-rates-in-northern-ireland-in-a-time-of-unprecedented-budget-cuts/>

²⁶ Why are Disability Rates for Older Working-Age Adults in Northern Ireland So High?, The Economic and Social Review, Vol 54 No 1, Spring 2023
<https://www.esr.ie/article/view/2287>

²⁷ <https://factcheckni.org/articles/mental-health-in-ni-does-northern-ireland-have-the-highest-rate-of-people-claiming-disability-benefits-and-the-highest-prevalence-of-mental-ill-health-in-the-uk/>

Ireland – nearly 28% of areas in Northern Ireland rank within the most deprived 10% by poor health across the UK.²⁸

- Over the last 15 years, economic inactivity in NI has been consistently higher than the UK average.²⁹ The latest economic inactivity rate is 26.3% compared to the UK rate of 20.9% and is the highest of the twelve UK regions.
- In January to March 2026, the most common reason for economic inactivity in Northern Ireland among the working age population was ‘long-term sick’. There were 114,000 ‘long-term sick’, accounting for 36.9% of the total economically inactive (aged 16 to 64), or 9.6% of the working age population.
- In Northern Ireland, women are more likely to be economically inactive than men with the female rate at 29.8% compared to the male rate at 22.7%.
- One in four people in Northern Ireland (24.3% or 463,000 people) had a limiting long-term health problem or disability, 40% of which were aged 65 or more (185,300 people).³⁰
- Northern Ireland has the worst hospital waiting lists with half of patients waiting over a year for treatment.³¹
- At December 2025, 527,062 people were waiting for a first consultant-led outpatient appointment, with 87.1% waiting more than 9 weeks and 55.3% waiting more than a year; 84,329 were waiting for inpatient or day case admission to hospitals, with 65.1% waiting more than 13 weeks and 38.1% waiting longer than a year; and 220,999 patients were waiting for a diagnostic test, with 63.5% waiting more than 9 weeks and 38.9% waiting over 26 weeks.³²

²⁸ A deprivation index for the UK: exploring spatial variations within and between nations, QUB, Nuffield Foundation, deprivation.org, University of Leeds, April 2025

<https://www.nuffieldfoundation.org/wp-content/uploads/2022/02/UKDI-Short-Briefing-1.pdf>

²⁹ Northern Ireland Labour Market Report, NISRA, May 2026

<https://datavis.nisra.gov.uk/economy-and-labour-market/labour-market-report-may-2026.html#>

³⁰ <https://www.nisra.gov.uk/system/files/statistics/census-2021-main-statistics-for-northern-ireland-phase-2-statistical-bulletin-health-disability-and-unpaid-care.pdf>

³¹ [Half of Northern Irish patients wait over a year for treatment \(economist.com\)](https://www.belfasttelegraph.co.uk/news/health/over-half-a-million-ni-patients-waiting-for-first-consultant-appointment/a781816013.html)

<https://www.belfasttelegraph.co.uk/news/health/over-half-a-million-ni-patients-waiting-for-first-consultant-appointment/a781816013.html>

³² <https://www.health-ni.gov.uk/news/publication-quarterly-northern-ireland-outpatient-inpatient-and-day-case-and-diagnostic-waiting-times-statistics-position-31-december-2025>

- Equivalent of 26.3% of the Northern Ireland population are on waiting lists compared to 12.4% in England and 24% in Wales.³³
- The Northern Ireland Health Survey³⁴ found that of the 18% of respondents who showed indications of possible mental health problems there were higher levels among women (20%) compared with men (15%).
- In terms of younger people, research shows that 45.4% of respondents could be considered as showing signs of having a possible mental health problem with the figures being higher for young women at 53.7% compared to 31.9% of young men.³⁵
- The Mental Health Champion for Northern Ireland reports that evidence shows how the impact of the conflict continues to be felt in Northern Ireland. In the 2023 NI Life and Times study 29.9% reported that the conflict impacted their mental health. Similarly, 30% reported a traumatic conflict-specific event in the 2024 study of trauma and childhood adversities, and almost half the population had witnessed conflict related violence (47.5%).³⁶
- A study of Adverse Childhood Experiences (ACEs) in NI shows that 60% of the NI adult population reports at least one ACE with nearly one in five experiencing four or more ACEs. 30% reported conflict-specific adversities. Adults with 4 or more ACEs were 5 times more likely to report chronic health issues, 14.8 times more likely to experience PTSD and 9.6 times more likely to have a diagnosed mental health condition. High ACE exposure was associated with higher rates of excessive alcohol consumption, drug use, smoking and reduced physical activity all contributing to long-term health burdens. These figures point to the increased likelihood of claiming disability benefits in NI and the need for increased support including community investment.³⁷

³³ Tackling Waiting Lists, NI Audit Office, October 2023

<https://www.niauditoffice.gov.uk/files/niauditoffice/documents/2023-10/NI%20Audit%20Office%20Report%20-%20Tackling%20Waiting%20Lists.pdf>

³⁴ Health Survey Northern Ireland: First Results 2023/24, Department of Health, November 2025

<https://www.health-ni.gov.uk/publications/health-survey-northern-ireland-first-results-202425>

³⁵ NI Young Life and Times Survey 2025

https://www.ark.ac.uk/ylt/2025/Health_and_Wellbeing/GHQ12CASE.html

³⁶ <https://www.pivotalppf.org/our-work/pivotal-platform/145/trauma-and-mental-health-in>

³⁷ The Prevalence and Impact of Adverse

Childhood Experiences in Northern Ireland, The Executive Programme on Paramilitarism and Organised Crime, February 2025

- Figures for December 2023 show that around 6,500 people are waiting to access a first appointment with psychological therapies. Performance against waiting time targets has also deteriorated with around three-quarters of those on psychological therapies waiting lists waiting longer than the 13-week target time.³⁸ Without timely treatment peoples' conditions will deteriorate becoming more difficult and costly to treat and impacting significantly on the health service. The Public Accounts Committee believes that addressing issues early can often result in better value for money and better solutions.³⁹
- More than 3,500 people in Northern Ireland are waiting for home care packages and some of the longest delays for full and partial care packages have been up to five years.⁴⁰
- In 2013, a report⁴¹ showed that disability benefit reform would remove £750m from the economy annually with the most deprived areas facing the largest losses. While this research is some years old we are arguably in a worse position now than in 2013 given the ongoing impacts of the Cost-of-Living Crisis, the crisis in health and social care and difficulties accessing mental health supports.
- A follow up report into the Funding and Delivery of Public Services in Northern Ireland by the Northern Ireland Affairs Committee⁴² heard that public services in Northern Ireland were under pressure with funding failing to keep pace with demand. The Committee heard that public services in Northern Ireland “*are at risk of collapse*” and that the scale of the crisis was much greater in Northern Ireland compared with Great Britain. The Committee was told that “*underperforming public services needed to improve for the sake of people’s quality of life, and their ability to work and participate in their communities*”.

https://pureadmin.qub.ac.uk/ws/portalfiles/portal/631630700/Impact_of_Adverse_Childhood_Experiences_-_Tagged.pdf

³⁸ [Report on Mental Health Services in Northern Ireland \(niassembly.gov.uk\)](https://www.niassembly.gov.uk/~/media/ni-assembly/documents/2023/03/2023-03-20-mental-health-services-report.pdf)

³⁹ Ibid

⁴⁰

<https://www.bbc.co.uk/news/articles/c722qd900v4o#:~:text=Care%20packages%20are%20designed%20to,been%20up%20to%20five%20years.>

⁴¹ The Impact of Welfare Reform on Northern Ireland, Centre for Economic Empowerment & NICVA, October 2013

<https://www.shu.ac.uk/centre-regional-economic-social-research/publications/the-impact-of-welfare-reform-on-northern-ireland>

⁴² <https://publications.parliament.uk/pa/cm5901/cmselect/cmniaf/477/report.html#heading-0>

- The Disability Employment Gap has consistently been higher in Northern Ireland than the rest of the UK. The Disability Employment Gap (January to March 2026) was 39.5 percentage points. The employment rate for people without disabilities was 83.1% and for those with disabilities was 43.6%.⁴³ In the UK, the disability employment gap is 29.5 percentage points.⁴⁴
- Disabled people are more likely to work part-time, and therefore fewer hours on average. One third of disabled people in employment work part-time in NI, compared to under one-fifth in the UK.⁴⁵ This makes it more difficult for disabled people to depend on work as a route out of poverty.
- In Northern Ireland, disabled people face a significant educational attainment gap compared to non-disabled people. They are more likely to leave school with no formal qualifications and are significantly underrepresented in degree-level or higher education, which directly contributes to higher unemployment rates and a wider disability employment gap.⁴⁶
- An ARK research paper⁴⁷ found that around 25% of households in Northern Ireland could not afford to pay an unexpected £500 bill and just over 24% of households reported having to turn the heating down or off due to costs (over half (52.1%) of respondents who described themselves as low income had turned the heating down or off because they could not afford it). Respondents who reported financial hardship were asked to identify how they have been coping and 44.6% reported borrowing from friends and family and 26.6% reported increasing credit card debt.

“If they’re going to take away that help we all need here in NI especially with mental health then they need to put something in place to help people with their mental health.”

⁴³ <https://www.nisra.gov.uk/publications/quarterly-labour-force-survey-tables-may-2026>

⁴⁴ <https://www.gov.uk/government/publications/keep-britain-working-review-updates/keep-britain-working-review-march-2026-update>

⁴⁵ Maximising potential: A review of labour market outcomes for people with disabilities in Northern Ireland, Ulster University Economic Policy Centre, 2022
<https://www.ulster.ac.uk/epc/pdf/2022/disability-and-the-labour-market/Disability-and-the-labour-market.pdf>

⁴⁶

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilityandeducationuk/2019>

⁴⁷ The Other Division in Northern Ireland: public attitudes to poverty, economic hardship and social security, ARK Research Update, May 2022
<https://www.ark.ac.uk/ARK/sites/default/files/2022-05/update146.pdf>

***“They don’t care about us here in NI that were left behind for all those years.”
“If they want us to get into work then they need to increase the wages here to
make people want to go out to work.”***

***“People will owe more money – they’re going to end up borrowing more
especially in NI and going to the wrong groups for money and getting into
debt. They will have to borrow to live and many could end up borrowing from
paramilitaries.”***

***“They don’t care about people! There’s no help here in NI especially for kids
and mental health – the CAHMS waiting list is so long. There needs to be more
mental health services in place in schools to stop mental health issues getting
worse and make children healthier minded. The fighting you have to do for
your kids – the fighting!”***

*(Participants at a Women’s Regional Consortium focus group on the proposals in the Pathways to
Work Green Paper)*

Ongoing impact of The Troubles in Northern Ireland

3.6 As outlined in the statistics above the history of the trauma as a result of the conflict in Northern Ireland continues to have an impact. The Women’s Regional Consortium stress that the UK Government must take into account place-based considerations in this Review. Any changes to PIP would undoubtedly have much greater impacts in Northern Ireland, a society still struggling to deal with the impacts of the conflict particularly in the area of mental health.

3.7 The Mental Health Champion for Northern Ireland, Professor Siobhán O’Neill, has called for Northern Ireland’s significant history of trauma to be factored in to any welfare cuts before carrying them out.⁴⁸ Professor O’Neill also called for the NI Assembly to make a very strong argument that Northern Ireland should be treated differently from other parts of the UK due to the significant history of trauma and violence that has affected the mental health of the population. She said: *“We have high rates of PTSD and they’ve gotten a lot worse, actually, over the past 20 years. They’ve changed from 5.1% to 6.1%.*

⁴⁸ <https://www.belfasttelegraph.co.uk/news/health/nis-significant-history-of-trauma-needs-to-be-factored-into-welfare-cuts-warns-mental-health-champion/a1800691745.html>

And that's higher than other places worldwide, and certainly higher than other parts of the UK. And the Troubles accounts for that difference."⁴⁹

- 3.8 Professor O'Neill raised concerns about taking money from people and that this could have implications for the rates of suicide in Northern Ireland which are double in Northern Ireland's most economically deprived areas. She said: *"the reality is that simply taking money away from someone doesn't make them go back to work and it won't."*⁵⁰
- 3.9 In discussing how to tackle the relationship between mental illness and welfare Professor O'Neill proposed providing people with the *"right kind of support"* to return to work. She stressed the need for greater emphasis on early intervention and prevention to reduce *"the transgenerational transmission of trauma"* by supporting parents in vulnerable areas. *"What we need to do is invest in programmes and support employers to employ people with poor mental health. Give them a bit extra there so that you're nearly incentivising that and providing support for people, particularly young people."*⁵¹
- 3.10 Northern Ireland is in the unenviable position of having paramilitary groups involved in illegal money lending bring additional levels of fear, secrecy and danger.⁵² Some of the most vulnerable borrowers are forced into this type of borrowing because of a more urgent need for money. Research conducted by Advice NI on behalf of the Consumer Council⁵³ in Northern Ireland has highlighted that one of the themes around illegal lending is low income and lack of access to mainstream credit. This research showed that clients who accessed illegal lending were vulnerable. Many suffered from poor health, including mental health and/or addiction issues and for most lack of access to

⁴⁹ Ibid

⁵⁰ Ibid

⁵¹ Ibid

⁵² Expensive Lending in Northern Ireland, Centre for Economic Empowerment, NICVA, May 2013 https://www.nicva.org/sites/default/files/d7content/attachments-resources/cee_expensive_lending_in_northern_ireland_2013.pdf

⁵³ Illegal Lending – The Human Story, Advice NI, September 2019 <https://www.adviceni.net/policy/publications/illegal-lending-human-story>

credit, low income or benefit dependency caused them to turn to illegal lending.

- 3.11 Research by Ulster University found that Universal Credit was repeatedly described as a driver for illegal lending⁵⁴ particularly around the harm caused by the five-week wait and issues with short-term benefits loans that were repaid from future benefits. This ensured that benefit claimants were often short of the funds they needed to support their household leading them to look to other means of getting the money they needed.
- 3.12 Women's Regional Consortium research⁵⁵ with women in Northern Ireland found examples of borrowing through loan sharks including paramilitaries. We know that welfare reform and austerity policies leading to inadequacies in social security support especially during a Cost of Living Crisis can drive more people to debt especially more dangerous forms of lending which is immediate and has less checks and paperwork.

“It is usually just done through friends or people you know saying don’t worry I can get you a loan. If you don’t pay them [paramilitary] they just keep putting it up.”

“I’ve been to a loan shark – it’s not good. The interest they put on. If you miss a payment they’re at your door – you don’t miss those payments.”

“I have a debt to a paramilitary lender. On every £100 I pay £30. I pay it back every 2 weeks. On £1,000 I pay £300 interest. I work full time but still have difficulty making ends meet on a low income. You ask these lenders can I borrow £1,000 today and they will leave it round to you that night.”

“The local paramilitary charges £40 for every £100.”

⁵⁴ Illegal Money Lending and Debt Project, Research Report of Findings, Ulster University and the Consumer Council, March 2020

[Illegal Money Lending Report.PDF \(consumercouncil.org.uk\)](https://www.consumer-council.org.uk/wp-content/uploads/2020/03/Illegal-Money-Lending-Report.pdf)

⁵⁵ Making Ends Meet: Women's Perspectives on Access to Lending, Women's Regional Consortium, February 2020

[Making-Ends-Meet-Womens-Perspectives-on-Access-to-Lending.pdf \(womensregionalconsortiumni.org.uk\)](https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2020/02/Making-Ends-Meet-Womens-Perspectives-on-Access-to-Lending.pdf)

Women Living with Debt, Women's Regional Consortium, September 2022

<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2022/09/Women-Living-with-Debt-1.pdf>

“If you can’t get a bank loan, a Credit Union loan because you have to have savings, or payday loans then after that it’s paramilitaries.”

“I’m a single parent on disability benefits. I knew there were people lending money in the area and I put the feelers out about a loan as I was short of money. A local paramilitary lender loaned me £300 the first time and once it was paid off I kept borrowing off them. I pay £40 for every £100 I borrow from them. I borrowed from these lenders because it was easy to apply and to get the money. It usually comes down to borrowing money for my kids.”

(Participants in Women Living with Debt Research, September 2022)

- 3.13 For all the reasons listed above the Women’s Regional Consortium suggests the Review must consider the importance of place in bringing forward any proposals in relation to PIP. Past learning has necessitated the NI Executive to introduce a £585m welfare reform mitigation package (negotiated with HM Treasury) in recognition that the cuts would have a disproportionate impact on people in NI.⁵⁶

Gendered Impacts in Northern Ireland

- 3.14 Women are more likely to be in receipt of social security benefits, more likely to be in low-paid, part-time and insecure work, more likely to be providing care either for children or other family members which limits their ability to carry out paid work and are more likely to have to make up for cuts to public services through unpaid work. All these factors contribute to keeping women’s incomes generally lower over their lifetimes and therefore puts them at greater risk of living on a low-income and in poverty.
- 3.15 Welfare reform and austerity policies disproportionately impact on women. Research by the House of Commons Library⁵⁷ showed that previous welfare reform and austerity policies hit women harder. In Northern Ireland an analysis of the impact of the reforms by the Northern Ireland Human Rights

⁵⁶ <https://www.lawcentreni.org/news/cliff-edge-coalition-responds-to-pathways-to-work-reforming-benefits-and-support-to-get-britain-working-green-paper/>

⁵⁷ [Estimating the gender impact of tax and benefits changes \(parliament.uk\)](#)

Commission (NIHRC)⁵⁸ showed that across most income levels the overall cash impact of the reforms is more negative for women than for men. It also found that disabled households in Northern Ireland lose more on average from the social security reforms than their counterparts elsewhere in the UK.

- 3.16 We have previously highlighted that economic inactivity levels are stubbornly high in Northern Ireland. In addition, the female rate of economic inactivity is consistently higher than the male rate with most recent figures showing the female rate at 29.8% compared to the male rate at 22.7%.⁵⁹
- 3.17 Women’s Regional Consortium research on Women, Skills & Barriers to Work⁶⁰ in Northern Ireland shows that 55% of women involved in the research were out of work due to sickness and disability. In detailing what would help them to move into education or work 50% said better supports for illness and disability. This research made a number of recommendations around support for illness/disability including the need for more Government funded training and education schemes to improve access to education and learning opportunities for people with disabilities, investment in improving access to mental health support services in Northern Ireland and for employers to do more to make it easier for workers to combine work with illness and disability including through the provision of flexible working arrangements.

“It’s the waiting lists for counselling for mental health. I’m on a waiting list and I’ve been waiting for 6 months. Counselling and support groups are underfunded for this work which could really help people to work and move on with their lives.”

“I’m disabled and you’re supposed to have things in jobs to help you but there isn’t anything especially for the mental health side of it. There’s nothing there to help with that.”

⁵⁸ [Publication - Cumulative impact assessment of tax and social security reforms in Northern Ireland | Northern Ireland Human Rights Commission \(nihrc.org\)](#)

⁵⁹ Northern Ireland Labour Market Report, NISRA, May 2026
<https://datavis.nisra.gov.uk/economy-and-labour-market/labour-market-report-may-2026.html#>

⁶⁰ Women, Skills & Barriers to Work, Women’s Regional Consortium, December 2024
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2024/12/Women-Skills-Barriers-to-Work-1.pdf>

“You don’t know how you are from one day to the next. There’s classes I’ve missed because I didn’t know if I was going to be able to get out of bed, that’s the way it is with mental health.”

“The reason I’m out of work is my mental health. I’m trying to get a part-time job but there’s no part-time jobs. I don’t want to sound lazy but because I’ve been out of work so long I couldn’t throw myself into a full-time job.”

(Participants in Women, Skills & Barriers to Work Research, December 2024)

- 3.18 Traditional gender roles including the greater likelihood for women to provide care both for children and for other family members can impact on mental health. In Northern Ireland there are over 220,000 people currently providing unpaid care for sick or disabled family members and friends with Census figures showing that almost 60% of unpaid carers are women.⁶¹ As highlighted by Carers NI *“carers can face changes in their employment status, their financial situation and experience difficulties in maintaining social connections, hobbies, and interests – with a subsequent loss of their own identity. This can all have a detrimental effect on a carer’s own health and wellbeing.”*⁶²
- 3.19 YouGov polling for Carers NI showed that two thirds (66%) of people who have provided unpaid care for sick or disabled family members or friends in Northern Ireland have suffered mental ill-health because of their caring role. The polling also showed that 25% of current or former unpaid carers said that caring for their loved one had had a very negative impact on their mental health, with a further 41% saying it had a slightly negative impact.⁶³

⁶¹ Career or care: Women, Unpaid Caring and Employment in Northern Ireland, Carers NI & Women’s Regional Consortium, February 2024
<https://www.womensregionalconsortiumni.org.uk/wp-content/uploads/2024/02/Career-or-care-Women-unpaid-caring-and-employment-in-Northern-Ireland.pdf>

⁶² The impact of unpaid caring on mental health in Northern Ireland, Carers NI, May 2024
<https://www.carersuk.org/media/4hwbpwjk/the-impact-of-unpaid-caring-on-mental-health-in-northern-ireland.pdf>

⁶³ 2 in 3 unpaid carers in Northern Ireland suffer in mental ill-health 'endemic', Carers NI Press Release, June 2024
<https://www.carersuk.org/press-releases/2-in-3-unpaid-carers-in-northern-ireland-suffer-in-mental-ill-health-endemic/>

- 3.20 The inability to take up or maintain employment can have significant effects on a carer's life course. Research undertaken by the Carer Poverty Commission NI identified the difficulty in combining paid employment with unpaid care as one of the main drivers of carer poverty in Northern Ireland. The poverty rate for carers in Northern Ireland currently stands at 28.3%, a rate which is higher than the poverty rate for carers in the rest of the UK (23.6%), and considerably higher than poverty rates amongst adults in Northern Ireland who do not have caring roles (17.4%).⁶⁴
- 3.21 Serious gaps in health and social care provision for children with mental health problems and special additional needs means that many women are being increasingly forced to fill these critical gaps in services. Latest available statistics for access to the Child and Adolescent Mental Health Service (CAMHS) shows significant waiting lists with 1,990 waiting and many (1,026) waiting for over nine weeks (March 2024).⁶⁵ Waiting times for autism assessments are severe and growing with 17,205 children waiting on a diagnostic assessment⁶⁶ and with reports of long waiting times sometimes into several years.
- 3.22 As a result, many women are being forced to act as primary caregivers, educators and advocates for their children which often means they have to reduce their working hours or leave work altogether. This leaves them increasingly isolated at home due to a lack of childcare, school places and respite services which has obvious impacts on their mental health.⁶⁷ These issues were powerfully depicted in a BBC Spotlight programme 'I Am Not Okay' in September 2024 which showed the experiences of mothers

⁶⁴ Policy measures to tackle poverty among unpaid carers in Northern Ireland, Carers NI and WPI Economics, October 2023

<https://www.carersuk.org/media/vpala4ts/policy-measures-to-tackle-poverty-among-unpaid-carers-in-northern-ireland.pdf>

⁶⁵ <https://www.health-ni.gov.uk/publications/camhs-waiting-time-statistics-northern-ireland-march-2025>

⁶⁶ <https://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=450770>

⁶⁷ <https://www.bbc.co.uk/news/articles/c70140rw1wdo>
<https://www.bbc.co.uk/news/articles/cwyl25y4vqlo>

struggling to cope with their children's complex needs as a result of failures in the health and social care system and a lack of respite care.⁶⁸

- 3.23 Any changes to PIP need to consider the impact on both the people claiming PIP as well as those who receive Carer's Allowance for caring for them. As Disability Rights UK have stated in their response the knock-on effect of cutting both PIP and therefore the income of the person supporting them has the potential to send a family into crisis. This has a further impact on local services, and the local economy. Research has found that the economic value of the support provided by unpaid carers in Northern Ireland is £5.8 billion in care costs each year.⁶⁹ This should be recognised and changes made to how Carers Allowance works and the amount carers receive.
- 3.23 Figures show that disabled women are nearly three times more likely to experience domestic abuse in comparison to non-disabled women.⁷⁰ Restricting eligibility to disability benefits increases the likelihood that women will feel unable to leave abusive relationships because of financial issues and may feel forced to stay with abusive partners as without these benefits they would find it even more difficult to be financially independent from their abuser.
- 3.24 We support the comments made by the Women's Budget Group⁷¹ in their open letter to the Chancellor which we co-signed particularly the following paragraphs:

“Women make up the majority of Disabled people. They also make up the majority of people caring for Disabled people. And it will be women who take on or increase unpaid care for their loved ones when their benefits are stripped back – often to the detriment of their own health and wellbeing. Some women

⁶⁸ <https://www.bbc.co.uk/programmes/m0023db6>

⁶⁹ <https://www.carersuk.org/reports/the-economic-value-of-unpaid-care-in-northern-ireland/>

⁷⁰ <https://www.womensaid.org.uk/impact-of-gender-based-violence-mental-health-disabled-women/>

⁷¹ Cuts to Social Security for Disabled Women, Open Letter from the Women's Budget Group, March 2025

<https://www.wbg.org.uk/article/cuts-to-social-security-for-disabled-women/>

are likely to lose the carer's allowance that is tied to the eligibility of their spouse or family member to PIP or the health element of UC. Some may have been managing to balance paid and unpaid work and used every bit of annual leave, unpaid carer's leave and emergency leave to keep a foot in the labour market. This could be the final straw, pushing women out of the labour market and having the unintended consequence of reducing women's employment rate when these reforms are intended to increase people's access to paid work.

Further, Disabled women are nearly twice as likely to experience economic abuse compared to non-disabled women, and are nearly four times more likely to have a partner or ex-partner stop them, or try to stop them, accessing benefits that they or their children are entitled to.

So while additional safeguards are welcome, removing benefits from ill and Disabled women subjected to abuse could be removing a vital lifeline – making it harder to flee abuse and harder to rebuild their lives if they do.

Funding cuts to social security and to public services will undermine efforts to tackle child poverty, close the gender pay gap, halve violence against women and girls, boost the employment rate and grow the economy.”

“Where's the childcare that allows people to get into work at a good price so that your wage allows you to pay your bills?”

“The results of going ahead with this will be dangerous. A lot more women will have to stay in bad relationships. If you take away this support it could force a lot of women to have to stay with their partner because they can't afford to leave.”

“These changes will impact more on women. Women are always left to get on with it they're left with the kids and trying to manage the money they get on benefits which doesn't even cover the basics.”

“Where are the jobs? Employers don't even have the money to make reasonable adjustments. If you go to work with a disability then you're going to need reasonable adjustments and support. There isn't the money to support that.”

“People with disabilities shouldn’t be discriminated against when they go to work but they are.”

“Employers are not going to do it unless they’re going to be compensated for it. The business needs to make money. They will not want to take on someone with a disability if they’re going to need more time off. Employers need support to employ people with disabilities.”

“My daughter has serious mental health problems and has pushed herself into college and got herself a job as a trainee hairdresser. Her employer wouldn’t work around her mental health so now doesn’t have a job. She wanted some flexibility in the job for her bad days but the employer wouldn’t have that. She’s just a trainee to them. It’s going to get to the point where if no one is going to take her on and support her she’ll end up on benefits because of this.”

(Participants at a Women’s Regional Consortium focus group on the proposals in the Pathways to Work Green Paper)

4.0 Conclusion

The Women’s Regional Consortium stresses the need for the Timms Review to consider the importance of place. Any changes to PIP will have a disproportionate impact on people in Northern Ireland given higher claimant rates for disability benefits, the ongoing impact of the conflict on levels of mental health and the highest economic inactivity levels and highest disability employment gap in the UK. We also have concerns around the gendered impacts of any changes to PIP given that women are more likely to rely on social security benefits, provide unpaid care, be economically inactive and have already been disproportionately impacted by welfare reform and austerity policies.

The Women’s Regional Consortium supports the 12 recommendations made by Disability Rights UK in their submission to the Timms Review⁷²:

1. PIP, or any replacement, must recognise the additional costs Disabled people face and help tackle the barriers that create inequality.
2. Any replacement for PIP must be rooted in the Social Model of Disability and the right to independent living, choice, control, dignity and participation.

⁷² <https://www.disabilityrightsuk.org/news/dr-uk-responds-timms-review-pip>

3. Assessment processes must be accessible by design and never create additional barriers.
4. Assessments must take a holistic view of people's lives and support needs, not reduce them to narrow activities and descriptors.
5. PIP, or any replacement, must remain a non-means-tested cash payment and must never be linked to employment status.
6. Support must make a meaningful contribution to Disabled people's real additional costs and recognise the wider barriers that create and increase them.
7. A replacement system should identify wider barriers and connect Disabled people to advocacy, support and services without making access conditional on benefit entitlement.
8. Assessment processes must work with Disabled people, not create additional harm, stress or distress.
9. Eligibility must be based on lived impact and barriers, not diagnosis alone.
10. Decisions must be transparent, collaborative and provide swift and accessible routes to appeal.
11. Any replacement system should include a separate accessible equipment and mobility scheme without requiring Disabled people to sacrifice their payment.
12. Reform must recognise that disability benefits do not operate in isolation and must be supported by wider policy change:
 - The impact of changes to PIP on unpaid carers must be recognised and the value of their contribution properly acknowledged.
 - PIP can enable Disabled people to remain in work; attempt work and maintain independence.
 - Replacing the Work Capability Assessment must not mean merging it with PIP; both serve fundamentally different purposes.