# Personal Independence Payment (PIP) Review: call for evidence

## Response by WinVisible (women with visible & invisible disabilities)

https://winvisible.org/

### Who we are

WinVisible (women with visible and invisible disabilities), started in 1984, is a multiracial organisation with a UK-wide network: enabling asylum-seeking, refugee, immigrant and UK-born disabled women to have a voice, and focussing on financial independence – that coping with disability and ill-health in an inaccessible and prejudiced world is hard work which entitles us to income, support services, access and other resources. We provide self-help information, advocacy, and campaign for our rights on many issues, including our Disabled Mothers' Rights Campaign. We produce self-help information on benefit rights and our casework helps women secure benefits and continuity of income. We believe all sick and disabled people in the UK should be entitled to disability benefits regardless of immigration status.

### Background to the PIP Review

Last year, widespread and strong opposition by the disability movement, family carers, friends and communities lobbying MPs forced the government to drop PIP cuts from the Universal Credit and PIP Bill -- it set up this PIP review instead. (Disability cuts 'will lead to deaths'**,** *Camden New Journal* 27 March 2025).

**Underclaiming.** While government and media propaganda stirs up hate against us, at least £24 billion across all benefits every year go unclaimed (read more here).

As regards PIP, DWP figures on "unfulfilled eligibility" show that 400,000 PIP claimants are losing £1 billion from underclaiming our needs (which does not include those of us completely refused PIP). This is due to the hostile benefits system and the effort it takes us to claim, the personal intrusion, as well as lack of access to rights information. Women describe losing out on getting PIP because we are too ill to apply or appeal against refusals, as we are in pain, exhausted and demoralised by the constant pressure to prove our entitlement. There is a lack of local user-friendly advice and support, so people can't access help.

Research by Marie Curie cancer charity shows that one third of terminally ill people, including in deprived areas, do not claim non-means-tested disability benefits they are entitled to in their final year of life, PIP being one of the most helpful fast-tracked benefits.

PIP fraud is less than half of one percent (0.4%), but the government and media portray us as exaggerating or lying about having disabilities while enjoying a luxury lifestyle. This is having a devastating effect on us as we are suffering more disability hate crime on the street, and hostile targeting on social media.

**The government has cut off at least 23,000 sick and disabled people** in the forced move from ESA to Universal Credit (Disability News Service), a policy accelerated by the Labour government and Minister Stephen Timms. And from April, the health element of UC for new claimants has been cut by half (with limited exemptions), pushing people with disabilities into deeper poverty.  For families, especially disabled single mothers, that also means children being pushed deeper into poverty early on in life, as disability benefits are often needed to meet basic household expenses (JRF).  These two policies – ESA to UC, and cutting UC health element to new claimants – demonstrate that the government's real intention is the opposite of recognising disabled people's rights to supportive benefits -- including PIP for daily living and mobility needs across unwaged and waged disabled people.

Alongside this, disabled people in waged work are having our Access to Work support cut.  More than 60,000 people are awaiting decisions, we are facing delays of up to a year and losing our jobs: Access to Work in Crisis as Delays and Cuts Push Disabled Workers Out of Jobs, New Evidence Warns | Disability Rights UK

**The PIP review continues the cuts agenda**:

- "*the Review will operate within the Office for Budget Responsibility's (OBR) projections for future PIP expenditure*", and targets young people/people with mental distress who should not get PIP.
- It is unaccountable in many ways, including whose recommendations will be chosen and used.
- Most frightening, "*the PIP assessment will become the single gateway for health-related and disability benefits*". Terms of reference.

While Ministers regularly and untruthfully accuse people of being able to get disability benefits easily for minor conditions, MPs get a lot of benefits on top of their basic salary of over £98,000. Ministers get £67,000 more.  MPs' housing and heating bills are covered and food and drinks in Parliament subsidised – yet they are attacking us!  They get benefits despite the fact they can afford household expenses and regular priced food.

## *Call for evidence themes*

### · The role and purpose of PIP

**PIP is an essential contribution to our daily living and mobility expenses**, especially for disabled women (women are the majority of disabled people in the UK), and for mothers/family carers of disabled people (majority women) who are low-income, including women of colour who because of racism and health inequality are often even more likely to be on low incomes and/or disabled.  PIP helps with heating and other essential household expenses.

According to the annual Disability Price Tag report:

- ***For 2024 to 2025, disabled households need on average, an additional £1,095 a month to have the same standard of living as non-disabled households.*** *This is 8% higher than our previous Disability Price Tag.*

*The estimated average shortfall in disabled household income between extra costs and PIP benefit payments is* ***£630***

Disability Price Tag 2025 | Disability charity Scope UK

There is a social care crisis which successive governments have refused to tackle and fund despite multiple commissions. There is a dire lack of independent living support in our own homes, lack of accessible transport and housing, and for many people the NHS won't provide powerchairs and other equipment and supplies. We use PIP to substitute for what councils, the NHS and government should fund but don't. We should not have to use our PIP for basic needs such as wheelchairs but we are forced to. (But PIP daily living component is taken by councils if we get social care – see below.)

Women cancer patients in our network have used PIP for immediate needs: different-sized clothes, special diet, cupboards we can easily pull open after surgery, use of cabs as we are ill and our immune system is low and we can't use public transport. Children cancer patients rightly receive free taxis to hospital for cancer treatment due to their low immunity while adults who have the same issues are not eligible.

PIP must keep pace with the **cost of living**, such as energy and water bills, food, but also energy and water bills must be controlled against profiteering and environmental pollution.

We want PIP kept **non-means tested** in recognition of our disability needs, expenses and disadvantages, regardless of income and savings. By offsetting our disability costs, PIP puts us on a more equal footing with non-disabled people who don't incur added disability costs or barriers in day-to-day activities.

**Violence against women.** Women in our group, especially disabled mothers, describe PIP as a lifeline -- the only money of our own in an abusive relationship where he (and it is usually a he) controlled the joint income. Disabled women are two to three times more likely to suffer domestic abuse than non-disabled women (Office for National Statistics). Any cut to our benefits accelerates violence against women as it undermines our financial independence and choices. As disabled women, we face added barriers to be able to escape violence, when leaving requires giving up accessible housing, if we rely on an abusive person for daily care, there is a lack of accessible refuge spaces and no personal care in a refuge, delays with setting up support in a new area, and so on -- especially when we are mothers and have disabled children whose own support is tied to the local area.

## · Eligibility, fairness and equity in the award of PIP

Even before PIP was introduced in 2013, we protested that the government aimed to cut entitlement compared to the previous Disability Living Allowance, by abolishing the lowest rate and lifetime award, and through the notorious PIP test.

We also protested against privatisation of PIP assessments and Work Capability Assessments.

In 2016, we co-organised a joint day of action against the “abusive and humiliating” PIP assessment system: Protesters bring ‘rotten PIP’ message to the core of Westminster

For PIP, we face assessment by any type of “health professional” such as a paramedic or physio who doesn’t know about or understand our disability or mental health needs. **Applications and assessments should be provided in various different ways according to the needs of different people, such as self-assessment or medical evidence on paper.** If this is checked or verified, the assessor needs to have a public service approach, not be target-driven, and be fully qualified, such as our own specialist or a relevant specialist in that condition.

Women are conditioned to minimise our needs, sometimes for the sake of our children, and this would be eliminated if our own specialists are the ones assessing us and if it’s paper-based we would be spared the interview.

**Sexism and racism.** Disabled women facing the PIP test are expected, as women, to just get on with housework and daily living tasks even if we struggle, unlike disabled men who don’t face the same assumptions. Last year’s PIP campaign highlighted how women’s needs, such as period care, are downgraded. Washing above the waist scores 4 points but below the waist only 2. (Guardian).

**Women face sexist dismissal of our pain, symptoms and needs** by doctors, of invisible disabilities like endometriosis, Sickle Cell Anaemia, chronic fatigue/ME, and EDS. This is replicated in disability benefit assessments where women are disbelieved and our needs are only accepted if we have medical evidence which proves these needs. As women of colour, we face racism and even more disbelief, including about pain. As our needs have to be proved by medical evidence, the lack of recognition from biased NHS staff and lack of treatment or therapy, including for mental distress, is used to deny us our entitlements (see our evidence to the Work and Pensions Committee on Safeguarding vulnerable claimants, 2023).

**Working class women in deprived areas are likely to become ill, 20 years earlier than women living in wealthy areas**. But we are being blamed for needing sickness and disability benefits more and earlier. Women’s retirement age has been raised from 60 to 67, without taking any account of the fact that, overwhelmingly, we are the primary carers whatever else we are doing, and that this double and triple workload increases the stresses on our bodies and minds.

**Disabled mothers.** When DLA was replaced by PIP in 2013, help with keeping a clean home and help with supervision of children (such as for a blind mum) was wiped out when the PIP test focussed on individual functions. Our caring for children is used to discount our personal needs in the PIP assessment. As we are already labelled as unfit mothers due to our disabilities, we downplay our needs in order to keep our children but then don’t get PIP, so it is harder to manage tasks and it’s a vicious cycle. Councils use poverty and hygiene against disabled mothers to remove our children, despite their Care Act s12 duties to assess (and meet) the needs of the family. PIP assessments and care assessments are actually held against us – if we say we need help, then it is used as proof we are unfit mothers, not that PIP would enhance and help us look after our children. See our Disabled Mothers' Rights Charter on what we want.

If we are mothers, we should get benefits and practical support to be able to look after our children in the way we choose (including at home rather than in forced nursery placements). That is best not only for us but especially for our children so they are not deprived of the love, care and presence of their mother.

## Eligibility.

**Abolish "No Recourse to Public Funds"** which denies PIP and other benefits to those of us who are seeking asylum/immigrant, including traumatised rape survivors. All sick and disabled people living in the UK should be entitled to benefits – our needs are there regardless of our immigration status. **We oppose Home Office plans** to limit access to benefits even more -- and penalise people applying for settlement if we have been claimants for more than 12 months.

We oppose any two-tier system where people with similar disabilities or ill-health get less because of an unfair law change. We oppose government proposals to deny disability benefits to young people under 22.

**Restore the lowest rate** which enabled some people with moderate needs to get cash help.

Other benefits, including for children, should not be allowed to drop in value and other basic benefits should be increased so that people are not forced to use PIP to contribute to general household and living costs.

**Add a mobility component to Attendance Allowance, to allow pensioners to get similar cash help with mobility expenses** – which Attendance Allowance excludes.

## · Experience of claiming PIP

**Some issues affecting women are under the previous section on** eligibility, fairness and equity in the award of PIP. In addition:

**Women in our network say:**

The PIP form set-up and assessment intentionally disincentivises people and is difficult to complete. It is extremely long and women can struggle just to fill in the basics. There are very few community organisations available to help, especially as it takes time and sensitivity to discover personal needs, and because of how long each form takes to fill in. The questions themselves do not take into account disabilities that fluctuate, and you have to be advised how to answer accurately.

We have to answer questions about our bodily functions on the form and in interview – going to the toilet, washing and dressing – which is very intrusive and shameful to talk about. Talking to someone who does not understand the condition or someone of the opposite gender makes us feel worthless and is very intrusive even if you are used to this as the official agencies all expect you to share intimate information routinely.

Having to prove you're ill makes you even more ill and aggravates it especially if you have mental distress, are neurodivergent (where it is known that stress makes matters worse) but it is also true of gastro conditions such as Crohn's, EDS and ME.

We have constant assessments which make us more ill, there's a suicide risk. Especially when we are treated from the start as if we are lying rather than getting a fair hearing of what we are going through. People are terrified of getting cut off benefits and being made homeless due to rent arrears when our income drops or is stopped.

Successive governments have given contracts to private companies who profiteer – Capita, Ingeus, Maximus and Serco, previously Atos – who work to refusal targets and time targets which operate against us if we need more time: PIP whistleblowers expose 'horrific' target system used to decide benefit claims

These assessments are skewed and unnecessary for people who already have evidence, where testing should not be needed, saving spending on testing and stress for the claimants. Frequent reassessments are used to deny or reduce our PIP while adding to bureaucracy and costs of administration.

Assessments are not conducted openly. At the assessment centres, claimants are surveilled walking from the car park, climbing stairs or are judged for the time sitting down while waiting. This is therefore not a fair assessment and what we have to do to attend it, can cause us pain and hurt, but if we don't attend, we are cut off. Questions are designed to trick rather than understand and support the claimant. Assessors can pick out details to contradict the overall picture of needs to refuse benefit. Where the claimant has recorded the interview, they can show that the information they gave was misused.

**The medical evidence we have, should be accepted as proof of our needs without having to be assessed, but even getting that has become much harder.**

- Getting to see the doctor is a fight: due to cuts in NHS services; not being able to see the same GP; difficulty getting evidence and having to pay for support letters as benefit matters are seen as separate from medicine, despite their being key to patient welfare.
- The new government initiative to stop waiting lists by enforcing "Advice and Guidance" three times over weeks or months, will delay us even more from getting specialist treatment, and could make our disabilities worse. See: https://www.bmj.com/content/392/bmj.s492
- If we are refused treatment, we have to complain. If we can't complain, we end up with no treatment or evidence of disability. If we manage to complain, we can be barred from the register of that surgery.

- As survivors of abuse, or due to bad experiences in the past, we avoid going to doctors, for all kinds of reasons. This must not be used against us when we don't feel we can talk about certain topics.
- Waiting times for autism assessments, lack of reasonable adjustments by doctors, no continuity with GPs, they treat autism like a learning disability. Women in particular can wait 10 years for an autism assessment but we still have needs dismissed.
- Trans women and intersex people are discriminated against in access to treatment. Under the new regulations, if you have sought private treatment about your gender, which people turn to due to long waiting lists, you are then barred from going to the NHS.
- **Autistic women** describe being refused PIP, scored 0 for everything. Assessors not contacting specialists. A stressful unadapted application process. Communication style being used against us. Being scored 0 for communication needs, despite dealing with verbal shutdown (see appendix ).

## · Changing context and the impact on PIP underpinned by some specific areas the group would like to focus upon

- **We are totally opposed to making PIP the single test across PIP and Universal Credit – more than half a million people would lose out** (DRUK figures). Under this draconian proposal, we could only get the disability payment of UC if we qualify for PIP, which is much harder to get than being recognised as "unfit for work". With the separate PIP test and Work Capability Assessment (WCA), we can at least get some money for disability and survival needs if refused one or the other. We have at least one benefit while we challenge the denial or wrongful cut of the other benefit.
- **Hands off "substantial risk to health".** Wiping out the WCA also threatens the "substantial risk to health" rule which guarantees disability benefit to sick or severely disabled people, such as, with heart conditions or traumatised women survivors, without a gruelling assessment and interview. But no one should have to undertake these types of gruelling assessments.
  - **Family carers.** Caring is essential to survival and wellbeing, and family carers are essential to the survival of many sick and disabled people. So-called "informal" carers, majority women, save the government £184b every year. Carers allowance (CA) should be a proper income in its own right not the derisory amount it is. On top of this, impoverished family carers are persecuted and even prosecuted if any mistake has been made, including by the DWP (earnings limit scandal). Disabled mothers still have to look after our children, on top of coping with our own disability, and this caring work should not be used against us in dismissing our daily living needs and entitlement to PIP. Pay disability AND carer element to disabled carers on UC, not one element only as now. CA must not be seen as "earnings" to be deducted from

our UC. CA being tied to the disabled person's PIP, stressfully leads to the whole household income collapsing when reassessments go wrong, or teenagers move from DLA to PIP. In 2025, the PIP cuts would have stopped CA for 150,000 unwaged family carers (Carers UK).

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**We say:**

- **Keep, increase and expand PIP as a non-means-tested benefit**, across unwaged and waged people, which recognises our disability needs and costs regardless of income and savings, for all who need it, as a cash payment we can spend as we see fit, to meet some of the extra costs of disability and be able to afford things that make our lives easier and more enjoyable, such as being able to afford a hot drink and something to eat when out using public transport, instead of waiting until we get home and feeling unwell. From age 18 as in Scotland. No to other benefit cuts.
- **Coping with disability and ill-health in an inaccessible and prejudiced society is hard work,** whether or not we do waged work on top**.** We support the call for a **Care Income**, including for self-care by disabled people, plus disability benefits for our extra costs (call by Global Women's Strike and also Universal Care Income Roadmap by the UN Rapporteur on Extreme Poverty and Human Rights, forthcoming in summer 2026).
- **Scrap care charges** where councils take our PIP daily living component and more money from ESA/Universal Credit health element, down to the Minimum Income Guarantee amount. This forces people to cut heating and food or drop out of homecare, leaving women living in squalid conditions and/or reliant on family or random people who often turn abusive. See also, the film about 10 years of free homecare in Hammersmith & Fulham: "£12.40 an hour for a Shower: The Story of Disabled People's Struggle to Abolish Home Care Charging in Hammersmith & Fulham".
- **Invest in caring not killing.** The Tories, Reform, Tony Blair and the current Labour government, all attack benefits and immigrant and disabled people. It is the UK government's military spending which is spiralling, not benefits – from April 2025- March 2026 it was predicted to be £62.2 billion, and that was before Britain's involvement in the US war with Iran. In February, Keir Starmer pledged to increase military spending to 2.6% of GDP. Asked whether welfare spending should go on defence, Streeting told LBC: "Well, it's got to come from somewhere." (The Times, 16 April 2026). Depriving young people of benefits is intended to drive young people into the military.

**We're determined to defend all our benefit rights and demand: welfare not warfare, invest in caring not killing.**

Appendix

## PIP -- some women's experiences from our casework and campaigning

**"Rita", a disabled woman of colour, was cruelly cut off PIP** when Capita reported her "failure to attend" their assessment. She had told them she was unable to attend because she had recently been diagnosed with cancer, was ill and her health appointments clashed with assessment times. She contacted WinVisible because when her PIP was stopped, Motability threatened to take her car away, which she needed to get to hospital for her radiotherapy in another town, and she was in debt. WinVisible helped her to retain her car and then to get over £11,000 in disability benefits restored. Read her story in full here

**C** was 17 when her mother applied for PIP on her behalf after it was suggested by Great Ormond St Hospital. She was asked to travel to a face-to-face assessment by IAS (Atos) despite her PTSD, physical disabilities and having COVID three times due to low immunity. IAS eventually agreed to a paper-based assessment in November 2021. However, the DWP decision-maker (DM) seemed to seize on minor improvements against a background of C being severely incapacitated by her immune system illness and after being hospitalised. She was refused PIP, the DM scoring her only a handful of points, saying there was no evidence of need. The doctors treating C were horrified and said they had not been contacted for their opinion. C's mother put in for mandatory reconsideration and meanwhile was skipping meals and using her own PIP to pay for her daughter's disability expenses. She said: *". . . the whole year that passed after an application was made has been a nightmare for us*". With WinVisible's support, C eventually won full PIP and was able to lease a car, enabling her to go to university.

C's case was part of our evidence to the Work and Pensions inquiry into the assessment of disability benefits (2021).

**We remember disabled mum Philippa Day** and the appalling way she was treated in the handling of her PIP claim, which led to her death and Capita having to pay compensation to her young son.

A disabled mother reports that her son was scored 0 for mobility despite being prescribed a medical bed and electric wheelchair by the NHS. They were forced to go to benefit tribunal. Though he won PIP, the process was tiring and he needed the help of his mother as he was too sick to appeal himself.

**The collective thoughts of four autistic women:**

"Several of us have been awarded zero points across all PIP categories, despite formal diagnoses and documented specialist support. Our assessment reports described people we did not recognise — conditions we demonstrably have were listed as absent, and our own accounts of our difficulties were contradicted or ignored. Assessors did not contact our GPs or specialist services, even where we were under tertiary-level care — a level of referral that itself indicates high support needs.

Assessors repeatedly used the ability to perform complex, well-practised tasks as proof of general capability. Driving a car after thirty years, or riding a horse, are automatic skills — they say nothing about a person's ability to manage novel situations, explain a process step by step, or cope with unexpected demands. One of us was scored zero for communication: the very area identified as her greatest challenge in a formal autism assessment. This is a direct and documented contradiction that the system entirely ignored.

The process of claiming is itself harmful. One of us received a text at 12:13 saying an assessor would call between 12:15 and 12:30. She was in an appointment and unable to speak freely. Her ability to answer and confirm her name was recorded as evidence of good communication. The distress this caused — and everything she could not say — was invisible to the assessor. This is typical: the exhaustion and overwhelm that follow an assessment happen afterwards, alone, and are never captured. Several of us are now awaiting tribunals, having been refused twice. One of us has never claimed at all — not because she has no needs, but because she appears capable on paper and has learned there is no point.

For me personally, PIP has been a lifeline. My mental health has deteriorated significantly over the last decade as a result of trauma, and I am now at the point where I can no longer work. PIP has been subsidising my Statutory Sick Pay — without it, I would not be able to meet basic living costs. Workplace discrimination and bullying have repeatedly driven me into autistic burnout, and I no longer have the capacity to sustain employment. I have been failed by employers, and now I am being failed by the very system designed to catch people like me. Removing or restricting PIP would not be an administrative adjustment — for people in my situation, it would be a crisis.

On PIP and waged work: part-time employment does not mean PIP is unnecessary. For autistic and neurodivergent people, maintaining even part-time work often requires significant additional effort, recovery time, and careful management of energy. The additional costs PIP is meant to offset do not disappear because someone is in work.

On abolishing the Work Capability Assessment: if entitlement to the UC disability element were made dependent on receiving PIP, many people who are wrongly refused PIP — as several of us have been — would lose their only remaining route to support. This would be a significant cut affecting some of the most vulnerable people. Any such reform must follow, not precede, a fundamental fix to PIP assessment itself.

Basically, because it is an invisible disability, no-one feels or sees our difficulties in every area of our lives.”

--------------------------------------------------------------------------- 28 May 2026