The Royal College of Occupational Therapists response to the Timms Review of Personal Independence Payment: call for evidence

The Royal College of Occupational Therapists

The Royal College of Occupational Therapists (RCOT) welcomes the opportunity to respond to this call for evidence.

Occupational therapists specialise in understanding how a person's health, environment and daily activities interact to shape their ability to participate in life. As the professional body for over 36,000 occupational therapy staff across the UK, we represent a workforce uniquely positioned at the intersection of health, work, and social care.

This response draws on:

- Input from occupational therapists working across health, social care and employment settings, including occupational therapists who undertake Personal Independence Payment (PIP) assessments as clinicians.
- Insights from the Able OT Network, a collection of occupational therapists with lived experience of PIP and living with long-term health conditions.

This response focuses on how PIP can better:

- Reflect real work functional impact
- Support sustainable participation in work and daily life
- Reduce unnecessary assessment burden
- Improve consistency and fairness
- Remain fit for a changing disability landscape

At its core, PIP should be understood not only as financial support, but as an enabling mechanism that helps disabled people participate in society, maintain wellbeing and, where possible, sustain employment.

Theme 1: The role and purpose of PIP

PIP should remain a non means tested contribution to the extra costs of disability, but its purpose should more clearly include enabling participation and interdependence, not just compensating for the impact of living with a long-term condition.

1. **Redefining the purpose: participation and interdependence**

PIP should remain a non-means-tested contribution towards the additional costs associated with being disabled or living with a long-term condition. However, the purpose of PIP should more clearly recognise its role in enabling participation in everyday life. The current focus on 'meeting extra costs' is important. However, this does not capture the role the benefit plays in enabling people to:

- Sustain employment
- Participate in their communities
- Maintain mental health and wellbeing.

PIP should be explicitly framed as enabling participation in work, community and meaningful activity, rather than solely compensation for impairment.

The current emphasis on independence can be limiting. While this is often a goal. Many disabled people and those living with long-term conditions, positive outcomes are not considered doing everything alone or having the right support in place to engage with the world. PIP should be viewed as the resource that helps individuals to navigate environmental and societal barriers to participate in the occupations that matter to them.

PIP should recognise interdependence and define success as access to appropriate support, not absence of support.

2. PIP as a foundational work enabler

This review should clarify the relationship between PIP and employment. PIP must remain non-means-tested and not conditional on employment. However, the review should recognise the important role PIP plays in enabling many disabled people and those with long-term health conditions to enter, remain in and sustain work.

For many people, employment creates additional costs rather than reducing them. Individuals may require support with transport, domestic tasks, meal preparation or fatigue management in order to balance work with other essential daily activities[1]. PIP helps offset this by funding the support that allows an individual to remain in work without their health deteriorating as a result.

3. The 'Functional Trade-off' and increased costs in work

Although PIP is not a work-related benefit, assessments should recognise when a person can sustain employment only at the expense of other essential daily activities. This 'functional trade-off' is relevant because it reflects the real-world impact of disability, including cumulative fatigue, reduced capacity for self-care, and the need for additional support to participate safely and sustainably in everyday life.

RCOT recommends that PIP assessments recognise:

- The additional costs associated with sustaining employment
- The impact of work on a person's overall functional capacity
- The need for higher support to prevent burnout and workforce drop-out.

[1] Somerville, S., Codd, Y. and Gowran, R.J. (2025) 'The role of occupational therapy in providing vocational rehabilitation for people living with inflammatory arthritis: A scoping review', Musculoskeletal Care. DOI: 10.1111/1440-1630.13014.

When PIP is difficult to access or inadequate, it can directly lead to occupational deprivation. This is when individuals are excluded from the activities that give life meaning and structure[2]. A more preventative approach to PIP would help reduce avoidable deterioration in health, support labour market participation and reduce longer term pressure on health and social care services.

Theme 2: Eligibility, fairness, and equity

Eligibility should be based on real-world functional impact, not diagnosis alone, and should reflect how people live their lives.

1. Shifting from medical diagnosis to occupational performance

The current system places too much emphasis on medical diagnosis, impairment-based descriptors and medication. This does not accurately reflect the complexities and functional and occupational impact of living with a disability.

In practice, this issue is further reinforced by how assessments are conducted. Although the guidance emphasises functional impact, assessments are commonly undertaken by medically trained professionals whose clinical framing can inadvertently prioritise diagnosis, symptoms and medication over real-world functional performance. This can result in an over-reliance on medical narratives and a less consistent exploration of how a person actually manages daily activities across different environments and over time.

Fairness in eligibility depends on assessing the interaction between the person, their environment and their occupations, rather than relying on diagnosis alone.

RCOT recommends that eligibility should place a greater emphasis on:

- Functional performance in real-world contexts
- Sustainability over time
- The cumulative impact of fatigue and cognitive demands
- The interaction between work, self care and participation.

This requires assessing the interaction between health, environment and activities and the variation between individuals with the same diagnosis.

2. Better reflecting the reality of fluctuating conditions and neurodivergence

The current assessment is a static 'snapshot' that fails to capture fluctuating conditions, fatigue or cognitive load[3]. Current assessments focus on whether a task can be done safely, to an acceptable

[2] Whiteford, G. E. (2000). Occupational Deprivation: Global Challenge in the New Millennium. *British Journal of Occupational Therapy*, *63*(5), 200–204. https://doi.org/10.1177/030802260006300503

[3] AbleOTUK. (2024). *Lived experience insights on disability and professional practice*. [Online]. Available at: https://affinot.co.uk/ableotuk/ (Accessed: 13/05/2026)

standard, repeatedly and in a reasonable time period. However, it fails to properly capture whether it can be done without negative impact on their ability to carry out other essential activities. This misses key realities, like fatigue and cumulative effort; impact on other activities and fluctuating conditions.

Since the inception of PIP in 2013, there has been a significant increase in neurodivergent diagnoses4. Occupational therapists working in PIP assessment services report that current systems, which often involves long, high-stakes interviews, is often inaccessible and traumatic. For people with neurodivergent symptoms, assessments must account for sensory processing, executive functioning, and the cognitive fatigue associated with neurodivergence such as 'masking' in social or work environments.

RCOT recommends that assessments must improve how it evaluates whether activities can be carried out safely, repeatedly, within a reasonable time limit and without negative impact on other essential activities or overall health. This should recognise trade-offs between work, self-care and participation.

The DWP should strengthen assessor capability by embedding occupational therapy expertise in training and professional development. This would support assessors to better understand fluctuating conditions and recognise the impact of cognitive fatigue and executive functioning. It would also more consistently identify the real-world impact of disability on daily life. Factors around accessibility and inclusivity of the assessment that are also applicable to this point are explored in further detail in Theme 3.

This approach reflects established occupational therapy models of system-level practice, such as the “Experts at Hand” model set out in the recent Schools White Paper. This demonstrates how occupational therapy expertise can be effectively scaled through training and supporting teachers and school staff to embed inclusive practice.

3. Maximising existing professional evidence

Many people applying for PIP already have high-quality evidence gathered from healthcare professionals (HCPs) involved in their care and support. For example, occupational therapists frequently produce comprehensive functional reports for NHS rehabilitation, social care adaptations and Blue Badge applications. However, it is not consistently used within the PIP process.

RCOT recommends that DWP:

- Makes greater use of existing evidence from professionals with an ongoing relationship with the claimant and uses this evidence as a primary source where possible.
- Removes the need for repeat assessments where needs are already established, particularly for long-term or degenerative conditions.

4. Moving beyond ADLs to meaningful activities

Eligibility is currently too narrowly focused on Activities of Daily Living (ADLs). Many disabled people can meet basic needs only by limiting participation elsewhere.

[4] Ray-Chaudhuri, S. and Waters, T. (2024). *The rise in health-related benefit claims*. Institute for Fiscal Statistics (IFS).

A more accurate understanding of functional impact should include the ability to:

- sustain employment or education.
- maintain social relationships.
- carry out parenting or caring responsibilities.
- manage a household.
- participate in community life

RCOT recommends that the assessment framework better reflects the realities of everyday participation and the broader impact of disability on daily life.

5. Redefining the purpose: participation and interdependence

Variation in assessor understanding can lead to inconsistent claimant experiences and outcomes, particularly for people with fluctuating, complex or less visible conditions.

While assessments will remain a core part of the system, occupational therapist expertise could be better utilised by being positioned as strategic leads within the assessment process. Their role should include:

- Providing clinical supervision and training for both clinical and non-clinical assessment staff. This ensures that frontline staff, regardless of their background, are equipped to deliver an OT-informed, functional assessment.
- Embedding occupational therapy expertise to so that assessments properly capture for cognitive fatigue, sensory processing, and the global functional impact of those attempting to balance health and work[5].

Theme 3: The experience of claiming PIP

1. The assessment process

The claiming process should be proportionate, accessible and evidence-led, reducing unnecessary burden and psychological harm.

Occupational therapists regularly hear from people who describe the current PIP process as distressing, exhausting and psychologically harmful. The requirement to repeatedly ‘prove’ disability by focusing on the most difficult moments creates a significant emotional strain on claimants and can worsen existing health conditions.

RCOT recommends that assessment:

- focus on understanding functional impact in the round, using existing evidence where possible and reducing the need for people to repeatedly recount distressing experiences.
- be person-centred, proportionate and designed to understand how a condition affects daily life over time, including the impact of fatigue, fluctuation and the effort required to manage basic activities.
- reduce repeated retelling of distressing experiences.
- adopt a neutral, evidence-based approach.

[5] Somerville, S., et al. (2025) ‘Applying the PEOP model to vocational rehabilitation for inflammatory arthritis: A qualitative study’, *Musculoskeletal Care*.

2. Moving from deficit to function:

To improve the claimant experience, the assessment must shift to a standardised functional assessment that looks at a person's life in its entirety, including their goals and their ability to participate in their community.

In practice, measuring participation requires moving away from arbitrary physical metrics (such as the ability to walk a fixed distance) and instead evaluating the frequency, autonomy, and sustainability with which a person engages in life roles. A meaningful assessment would utilise validated occupational therapy principles, such as the Person-Environment-Occupation (PEO) model, to measure how a health condition interacts with environmental barriers and specific task demands over a longer period.

For instance, rather than asking “can you prepare and cook a simple meal unaided?”, a functional assessment would evaluate whether that person can plan, shop for, cook and clear away a meal that is socially and culturally appropriate. It will measure if this limits their ability to work or do social activities the following day.

Occupational therapists often observe that assessment staff often lack a nuanced understanding of complex, fluctuating, or ‘invisible’ conditions. The experience of the claim is often dictated by the specific background of the individual assessor.

To ensure a high-quality, consistent experience for all claimants, occupational therapists should be positioned as strategic leads to supervise and train both clinical and non-clinical staff. This clinical supervision would ensure that every assessor is equipped to:

- understand a person’s functional abilities in the context of their environment and occupations.
- identify the subtle barriers to participation that a medical diagnosis alone does not reveal.

3. Accessibility and inclusivity

The current PIP assessment process is often inaccessible for people with disabilities, long-term conditions and neurodivergence. Long forms, rigid interview structures and high-pressure environments can make it harder for claimants to communicate their needs accurately. For some people, particularly those with fluctuating conditions or neurodivergence, the assessment itself can create additional fatigue, distress or other negative functional impacts.

RCOT recommends that the assessment process:

- offers flexible assessment formats, including telephone, virtual, shorter modular assessments and, where appropriate, observation in a person’s usual environment, when attending or completing an assessment would itself cause significant functional impact.
- ensures assessment environments are physically and sensory accessible, with reasonable adjustments identified and offered proactively rather than relying on claimants to request them.
- makes better use of existing high-quality clinical and functional evidence so that claimants are not required to repeat their history unnecessarily.
- uses a flexible interview approach that takes account of sensory processing, communication needs and cognitive fatigue, rather than relying on a rigid one-size-fits-all assessment model.
- empowers assessment staff to end or shorten an assessment once functional impact has been clearly established, avoiding unnecessary burden on the claimant.

- embeds occupational therapy expertise within the assessment system to improve consistency, through:
  - functional supervision of assessors.
  - training in functional assessment and occupational performance.
  - input into assessment design and quality assurance.

Theme 4: Changing context and future-proofing

PIP must adapt to a changing disability landscape while remaining a stable, non-means-tested foundation for participation.

1. Adapting to the modern disability landscape

We have seen a significant increase in the diagnosis of neurodivergent conditions and mental health challenges. The original assessment model, designed primarily around physical descriptors, is no longer fit for purpose in a world where invisible disabilities are prevalent.

This requires a shift in how we understand environmental impact. For many, including neurodivergent claimants, the "environment" is not just physical (ramps and rails) but cultural, sensory and social.

RCOT recommends the assessment criteria:

- better reflects cognitive, sensory and psychological factors
- explicitly considers fatigue, executive functioning and other invisible symptoms.
- captures environmental and social barriers, not just physical ones.

2. Navigating the "Work is Good for Health" Narrative

Good quality, well-supported work can have positive health outcomes. However, this must not be used to justify reducing support for people who cannot work or introducing conditionality into PIP. Work is only beneficial when it is meaningful and appropriately balanced with a person's functional capacity. If someone is pushed into work without the support of PIP, the resulting stress and negative functional impact may lead to a rapid decline in health.

3. Future-Proofing through integration

As the government seeks to integrate work and health services more closely (for example, through the abolition of the Work Capability Assessment), it has been proposed that PIP will become a gateway for support. To future-proof this, PIP should be integrated with local community offers where occupational therapists provide functional support and can offer vocational rehabilitation if appropriate. This might include in job centres, social care service and primary care services.

The system must be designed to support over the long term. This means ensuring PIP remains a stable, non -means-tested foundation that stays with a person as they move in and out of the workforce.

Future-proofing is only possible if the voices of those with lived experience are at the heart of the redesign. The current system's lack of trust stems from it being designed for disabled people, rather than with them. A future-proofed PIP must be co-produced with disabled people and the health professionals and carers who support them.

Summary of RCOT recommendations

RCOT recommends that government:

- Retains PIP as a non-means-tested benefit that recognises the additional costs associated with disability and long-term health conditions.
- Reframes PIP as a support that enables participation in work, community life and daily activities, not solely compensation for impairment.
- Ensures assessments better reflect fluctuating conditions, fatigue, cognitive demands and cumulative functional impact.
- Places greater emphasis on real-world functional performance and sustainability over time.
- Makes better use of existing evidence from professionals involved in a claimant's care and support.
- Reduces unnecessary repeat assessments, particularly for long-term or degenerative conditions.
- Improves accessibility and flexibility within the assessment process, including for neurodivergent claimants.
- Strengthens assessor capability in functional assessment, including drawing on occupational therapy expertise.
- Recognises the relationship between PIP, sustainable employment and prevention of longer-term health deterioration.
- Ensures future reforms are co-produced with disabled people and informed by lived experience.