

**cyngor ar  
bopeth**

**citizens  
advice**

**Abertawe Castell-nedd  
Port Talbot  
Swansea Neath  
Port Talbot**

# **Behind the Statistics: Our Evidence to the Timms Review of PIP**

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## **Introduction**

Citizens Advice Swansea Neath Port Talbot (CASNPT) provides free, independent advice to residents across Swansea and Neath Port Talbot. In 2025, CASNPT saw 4,204 clients with 20,394 issues, working to help clients achieve financial outcomes such as getting backdated benefits, writing-off debts and refunds for consumer issues.

Personal Independence Payment (PIP) is consistently the largest single issue we advise upon, accounting for 16.4% of all issues in 2025. We support clients at every stage of the PIP process - from initial application through to tribunal appeal - and it is from this frontline experience that we submit the following evidence. In 2025, 71% of our clients identified as disabled or as having a long-term health condition. Of those, 14% reported a physical health condition, 24% reported a mental health condition, and many more were captured within the 62% recorded as having multiple impairments or other conditions. This profile underscores the significant overlap between the people seeking our support/services and those most dependent on PIP to maintain an adequate standard of living.

While we have included relevant statistics throughout this submission, we have deliberately chosen to centre our evidence on the common experiences reported to us by clients and observed by our advisers in the course of supporting PIP cases day to day. We believe that the lived experiences of, and real impacts on, the vulnerable people who rely on PIP must be considered first and foremost in any review of the system. It is with that principle in mind that our response focuses primarily on Theme 3, where we have the most direct and detailed evidence to offer.

However, we also wish to briefly highlight two broader points that we consider important to the review. First, we believe PIP should be more effectively integrated into the wider benefits and support system. Claimants who receive PIP are statistically among the most vulnerable people in our communities and are frequently those who will struggle most to engage with multiple systems and processes independently. PIP should function as a passport to other relevant benefits and support, with receipt of PIP automatically triggering consideration of other entitlements. Engagement with other parts of the benefits or social care system should also create clearer pathways to PIP for those who may be eligible. Better joined-up working between DWP, local authorities and wider public services would help ensure that vulnerable people are not falling through the gaps between different forms of support.

Second, we wish to highlight that in practice PIP plays a vital role in enabling

claimants to engage more fully in wider life, including employment. PIP helps people meet the additional costs that make work possible such as funding transport to get to a workplace, covering the cost of specialist equipment or adaptations, or enabling someone to reduce their hours to a manageable level while still maintaining some level of employment and the financial, social and personal benefits that brings. It also supports people to participate in their communities, maintain relationships, and manage the practical aspects of daily life that many take for granted. We want to ensure that this enabling role remains a focus and the end goal of any reforms as the review considers how the PIP system may be changed.

### **Theme 3 - Experience of claiming PIP**

#### **Customer trust in the process, the public's perception and trust in the PIP system and the assessment process and experience.**

It is the consistent experience of CASNPT that clients have very low levels of trust in the PIP process, and that this mistrust is not unfounded. It stems directly from a pattern of inaccurate initial decisions, inadequate mandatory reconsideration decisions, and the perception - frequently reported by clients - that the system is designed to deny rather than to assess.

Clients report that the initial application form is long, complex and difficult to complete without support — not only in terms of the physical task of completing it, but in understanding what is being asked and how best to answer. Many feel that they need to use particular language or hit certain key phrases in order for their answers to be taken seriously. Having completed what is already a demanding process, claimants then face an assessment that is frequently experienced as rushed and, as discussed below, is sometimes conducted by an assessor without relevant expertise in their condition.

One person we spoke to, who has personal experience of the PIP system as well as professional experience supporting claimants, described it as one that serves only to ignore and invalidate claimants. He observed that assessment reports frequently contain inaccuracies and feel generic rather than reflective of individual circumstances, leading claimants to feel their conditions have not been genuinely considered. This undermines confidence in the system at its most fundamental level.

Clients regularly report that assessors are dismissive, rude, and unwilling to allow claimants to give nuanced or contextualised answers. Advisers at CASNPT have noted assessors cutting clients off when they attempt to explain the complexity of

their conditions, seeking only quick yes/no responses that do not adequately capture functional impact. One adviser noted an instance in which an assessor recorded that 'the client sounded happy' as a factor weighing against their claim. This speaks to a broader and troubling bias in how some assessors perceive disability; an expectation that disabled people should present in a particular way, and a failure to understand how people may adapt to and manage long-term conditions.

Where the outcome of that assessment is a decision the claimant disagrees with and they ask DWP to reconsider, the evidence suggests that DWP largely doubles down rather than taking a genuinely fresh look at the claim. At every stage, the system places the burden firmly on the claimant to prove their entitlement and provides limited support to help them do so. For many clients, the process feels less like a system designed to identify and support those with additional needs, and more like one designed to make accessing that support as difficult as possible.

Clients also tell us they are put off applying for PIP altogether, despite meeting the criteria, because they anticipate not being believed and are aware of how stressful the process will be. This means that some of the most vulnerable people in our communities are not accessing support to which they are legitimately entitled.

The inadequacy of DWP's decision-making is most starkly illustrated when you follow the journey of claims through to their outcomes at appeal. When a claimant believes that their PIP decision is incorrect and challenges it, only around 25% of awards are changed at Mandatory Reconsideration in Swansea and Neath Port Talbot, consistent with the England and Wales average.<sup>[1]</sup> If you follow these through to claimants who go on to pursue an appeal with an independent tribunal, the number of overturned decisions jumps to 67% across England and Wales.<sup>[2]</sup> These figures paint a clear picture of a system that is consistently failing to make correct decisions and in doing so denying people access to support they are legally entitled to. Our own data at CASNPT consistently failing to make correct decisions and in doing so denying people access to support they are legally entitled to. Our own data at CASNPT reinforces this picture. In an internal study of PIP appeal clients undertaken in the first half of 2025, 86% of clients who had their tribunal

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[1] Stat X-plore figures from July 2013-April 2025. NB that a change in decision does not necessarily mean the change was made in the claimants favour - awards can also be reduced or removed at MR.

[2] Department for Work and Pensions, - Accredited official statistics 'Personal Independence Payment statistics to April 2025' (Updated 9 September 2025) - s.8 Customer Journey Statistics, 'Initial Decisions through to MR and Appeal' (accessed 15th May 2025) - <https://www.gov.uk/government/statistics/personal-independence-payment-statistics-to-april-2025/personal-independence-payment-statistics-to-april-2025#review-outcomes>

hearing achieved a successful outcome — significantly higher than the general tribunal success rate and more than triple the local MR success rate. Moreover, of those successful clients, 50% were awarded PIP by the tribunal after receiving 0 points at both initial claim and MR. Behind many of these statistics is a person who was told, twice, that they did not qualify for support they were ultimately found to be entitled to. Many will have spent months, if not well over a year, facing financial hardship while attempting to manage a disability or long-term health condition after being denied support designed exactly for that purpose. Beyond this, the current rate of incorrect decisions generates substantial and needless administrative cost to DWP, HMCTS, and to the third sector organisations who support appellants through appeals that should have been prevented at the two previous opportunities to assess the claim correctly.

These concerns are not new and the failings clients and advisers describe have been raised consistently by frontline organisations for years. Locally, the issues were so persistent and widespread that three years ago we produced a standalone report dedicated to the PIP system: [‘PIP: The system and its impact on our clients’](#). The findings of that report and the findings of this submission are, troublingly, almost identical. Fundamental reform of the entire claims process is needed to make the system easier to navigate and to ensure that decisions are accurate first time, at initial claim and at MR. The process should work to remove barriers to support, not create them, and vulnerable claimants should not have to fight repeatedly for financial help they are entitled to.

## **Equity and Inclusion**

Translation and language access is a significant barrier to equitable access to PIP. Clients at CASNPT have consistently reported that language interpreters provided during assessments are unreliable and often unable to accurately convey the nuance of what claimants are communicating. This is not a minor administrative inconvenience: the inability to consistently communicate the full functional impact of a condition directly affects the accuracy of assessment outcomes and therefore the award decision.

CASNPT has also encountered cases where clients were simply informed that interpretation services were unavailable. As a public body, this is a service the DWP must provide to ensure equitable access to benefit entitlement, but many clients are often unaware of their right to an interpreter and may not query it. Advisers also note that claimants who have required an interpreter are not as informed about what to expect from the claim process and may not have been as adequately informed as their English speaking counterparts.

We recommend that the review investigates disparities in outcomes where an interpreter was required to understand to what extent claimants whose first language is not English may be negatively affected by poor interpretation services. We also call on the review to ensure that interpreters are consistently advertised and made available to claimants who need them, and that interpreters meet mandatory standards for quality and consistency in PIP assessments, with clear accountability mechanisms where interpretation failures affect award decisions.

The reliance on telephone as the only route for claimants to engage with DWP presents a further issue with equitable access to benefit entitlement. For clients with conditions such as anxiety, autism, or other communication difficulties, the telephone can be a barrier in itself, regardless of wait times. For others, for example those with chronic pain or fatigue conditions, the prolonged waiting times that are typical of DWP phone lines create a practical barrier to access: a claimant may simply be unable to remain on hold for an extended period without significant physical cost. The result is that the people who most need to engage with the system are often those least able to do so through the only channel readily available to them. A genuinely accessible PIP process must offer meaningful alternatives to telephone contact, and those alternatives must be designed with the needs of disabled people at their centre.

## **Communication and Accessibility**

The practical experience of communicating with DWP in relation to PIP claims is, in our view, unacceptably poor — both for clients and for the professional advisers supporting them. As is discussed above, clients report spending extended periods attempting to reach DWP by telephone, frequently without success. Many claimants struggle to engage with people over the phone, and many others will struggle with prolonged wait times, creating barriers to accessing the service from the beginning of the claim.

From a professional perspective, CASNPT advisers, especially our benefit caseworker, report significant difficulty reaching DWP to discuss cases. Advisers are often told that DWP representatives are unable to discuss the case with them, despite the DWP having written client authority to do so, and in one instance despite the client verbally confirming at the beginning of the call that they were present and happy for our adviser to ask questions.

Beyond this, letters sent to the DWP, whether related to ongoing issues, MRs or appeals, often go unanswered for upwards of 6 months - far longer than can be

reasonably expected. In instances where we're supporting the client to challenge or appeal a decision, the clients are often without the additional income that PIP would provide in the meantime and face prolonged financial hardship.

We understand that the DWP will deal with a high volume of enquiries that can increase response times, however we feel strongly that disabled and vulnerable claimants should not be left to suffer for these administrative issues that are outside of their control. Moreover, we feel that more accurate initial assessments and MRs would significantly decrease the enquiries and workload of the DWP PIP department, allowing more time to address the more complex issues and cases which require it.

We believe that the introduction of a secure email address or online portal through which claimants and authorised representatives can correspond with DWP regarding PIP claims could be an effective step to improve accessibility and communication. We wish to be explicit, however, that any digital route must operate alongside (not in place of) accessible non-digital options for those who lack digital literacy or access. Both routes must be meaningfully functional for claimants. Outside of this, updated internal guidance for DWP workers on how to manage third party authority is important to ensure that vulnerable clients who need additional help can be supported by third parties effectively.

### **3.4 Assessor Training, Skills and the Use of External Providers**

PIP health assessments are outsourced to Capita, whose assessors may be drawn from a range of clinical backgrounds including general practice, nursing, paramedicine, mental health nursing and occupational therapy. While PIP assessments are functional rather than medical in nature, an assessor's clinical background inevitably shapes their understanding of how a condition presents and fluctuates in daily life.

CASNPT regularly encounters cases in which there is a clear mismatch between an assessor's background and the nature of a client's condition. A physiotherapist, for example, may lack the specialist knowledge required to assess the functional impact of a complex psychological condition, and yet clients are not routinely matched to assessors with relevant expertise. This mismatch contributes directly to inaccurate assessments and, consequently, to incorrect decisions. This is an issue that we reported on three years ago in our report ['PIP: The system and its impact on our clients'](#) and remains an issue still today.

Our specialist adviser highlighted that chronic pain conditions represent a particularly significant example of this problem. Clients with chronic pain consistently report that assessors do not believe the extent of their pain, or use

factors such as not taking medication (often because strong pain relief has its own debilitating side effects) as evidence against the severity of their condition. There is also a broader cultural issue, reflected in clients' experiences with GPs as well as assessors, of chronic conditions not being taken seriously. Where clients cannot engage with treatment or have not received a formal diagnosis, this is routinely used against them in the assessment process, despite the fact that a diagnosis is not formally required for a PIP award.

We therefore believe that the review should consider whether minimum standards of condition-specific competency should be established for PIP assessors, and whether there should be a greater requirement to match assessors to claimants based on relevant expertise.

### **The Award Review Process**

It is important to acknowledge that in practice, the proportion of PIP awards reduced or removed at review is relatively small. However, this does not diminish the significant anxiety that the review process generates for claimants, and the impact of that anxiety should not be underestimated. By the time a client reaches a review, they have already navigated what is frequently a lengthy, stressful and demoralising initial claim process. Many will also have had to challenge an incorrect initial decision through MR and tribunal before securing their award at all. The prospect of having to justify their needs again, to a system they have already found dismissive and difficult, is seen by many clients as a threat or risk to their financial security and wellbeing as opposed to a more routine administrative process. Where reviews do result in an incorrect reduction or removal of an award, the consequences are severe, and clients must once again pursue MR and potentially a lengthy tribunal appeal to have their entitlement restored.

The experience of two clients supported by CASNPT illustrates this clearly. The first client was awarded PIP at enhanced rate for both components in 2021-2024, following an appeal against a 2018 refusal. At his review in 2024, his award was reduced to zero points. Among the factors used against him was the fact that he had secured employment - work he had been able to take on in part because of the support PIP provided. Our specialist caseworker notes this as a common pattern, and one that creates a deeply troubling situation where the progress that PIP is intended to enable is then used as justification for removing it. The client reported that the experience left him feeling suicidal.

The second client had their award reduced at review on the basis that their mental health medication had recently changed. The assessor treated this as grounds to doubt the client's account, failing to recognise that mental health medications are routinely changed when they become less effective, and that the process of establishing the right medication involves starting at a low dose and working

upward. A change of medication in this way is often not evidence of improvement as was claimed in this instance but is frequently evidence of the opposite. This was not a complex clinical distinction and was something the assessor should have been familiar with. The client, whose mental health was such that he was barely able to leave his home, went without PIP for ten months as a result. CASNPT supported him through an appeal, which we won, resulting in his original award being reinstated and the DWP required to backpay him £10,500.

Taken together, these cases illustrate that when review decisions go wrong, the consequences for claimants are significant, both financially and in terms of their health and wellbeing. We recommend that the review considers whether clearer guidelines and safeguards are needed to prevent factors such as employment or medication changes, both of which may reflect the positive impact of PIP support, from being used against claimants at review. In addition to this, assessor competency standards and allocation based on expertise should be prioritised to prevent avoidable errors of the kind described above.

We believe that meaningful improvement to the review process will not come from changes to the review procedure in isolation. The dread that clients associate with review is rooted in their experience of the wider system - the hostile assessments, the inaccurate decisions, the burden of proof placed on the claimant at every stage. Until those systemic issues are addressed, the review process will continue to be experienced as another opportunity for DWP to remove support rather than a fair or proportionate check on ongoing entitlement.

## **The Appeals Process**

In the internal study of PIP appeal clients undertaken in the first half of 2025 mentioned above, our PIP appeal clients waited an average of 13.8 months between opening a case with us and having their appeal heard, and received an average of £8,579 in backdated benefit following the tribunal's decision. That 13.8 month average represents over a year of financial hardship for people who, in the majority of cases, were ultimately found to be entitled to that support all along. These long waits have real impacts on claimants and their families that cannot be overlooked. For example, at CASNPT we have supported multiple claimants who unfortunately passed away while waiting for their appeals to be heard or within months of their tribunal hearings. These were not sudden and unpredictable deaths, but real people with degenerative conditions who were denied support they were entitled to and that may have provided some additional resource and comfort towards the end of their lives.

One client, who had incurable brain cancer, sadly died while waiting for their PIP appeal. Across multiple contact attempts spanning 9 months, we were able to confirm his late wife as his appointee in the appeal so that we could secure the PIP our client had been entitled to. The hearing took place 25 months after the appeal was initially made and 16 months after our client's death. At the hearing, an independent tribunal found that he had in fact been entitled to both the mobility and daily living components at the enhanced rates and awarded his late wife £9500. This client and his wife's experience of the PIP and benefits system more broadly demonstrates the real shortfalls of the system and illustrates the real world consequences of repeated incorrect decisions on the clients who rely on this support. We have attached their full case study at the end of the submission which shows how our client's late wife is still dealing with benefit entitlement related to her late husband's illness almost 3 years after his death.

For claimants whose conditions deteriorate during that wait, the situation becomes more complex still. Where a claimant's circumstances change to the point that their score and award level would be affected, those new circumstances cannot be considered as part of the ongoing appeal, which can only assess entitlement as it stood at the date of the original decision. The claimant instead has to begin an entirely new claim, facing a new assessment from the department currently denying the severity of their condition.<sup>[3]</sup> This 'double handling' of the same claimant also creates unnecessary additional administrative work and cost for the DWP who will have to simultaneously manage an appeal and active claim for the one claimant.

Moreover, if this second claim is also incorrectly decided, an entirely new MR and subsequent appeal may be lodged. This then generates further administrative cost for DWP and HMCTS who are running two simultaneous appeals, and further delay and financial and emotional distress for the claimant. CASNPT has direct experience of this scenario where we supported our client with an initial appeal and then a new claim as their condition deteriorated, an MR when that claim was denied, and then a second appeal alongside the first. Our client was successful with both appeals at tribunal. The administrative cost to DWP and HMCTS was entirely avoidable and was a direct consequence of four missed opportunities for the DWP to come to a correct decision. Beyond the administrative burden, however, the personal impact on claimants in this position should not be overlooked. Being

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[3] Claimants will have to start a new claim if they have no current award (i.e. are appealing a score of 8 or under on both daily living and mobility components). Claimants who have an ongoing award but are appealing as they believe it should be higher do not need to start a new claim as they can report a change of circumstances instead.

required to repeatedly evidence additional needs over an extended period, while facing financial hardship and the uncertainty of an unresolved appeal places a considerable and unnecessary burden on people who are already managing a disability or long-term health condition.

Our study also observed that for those clients (who were supported with a review of their evidence, instructions around additional evidence and what to expect at the hearing, and a written submission for the tribunal panel), 86% of them received a favourable decision from the tribunal. This is in comparison to a general success rate of 67% at tribunal (in England and Wales) and a 25% success rate at the MR stage locally.<sup>[4]</sup> These figures highlight that, concerning, clients who lack access to specialist support are far less likely to successfully challenge an incorrect decision, meaning the harm falls disproportionately on those who are already most vulnerable.

It is worth acknowledging that our success rates may be higher than average in part because CASNPT assesses cases on their merits and will not support appeals we consider to have no reasonable prospect of success. However, this does not diminish the broader point. The claims process, including through to the appeals process, is difficult for claimants to navigate without support despite being intended for the lay person. For example, the bundle of evidence submitted by DWP in advance of a tribunal hearing is lengthy, sometimes technical, and requires careful analysis to understand and respond to effectively. For someone managing a disability or long-term health condition, often without legal or administrative experience, the expectation that they can do this alone is unrealistic. The process can require claimants to understand their rights, interpret complex documentation and sometimes case law, prepare evidence, and present their case while managing a health condition and from a position of financial uncertainty.

Regardless of how our success rates compare to the wider average, there should not be such a significant difference in outcomes between represented and unrepresented claimants. We feel that this difference exists not because unrepresented claimants have weaker cases, but because the system is too complicated for the majority of people to navigate on their own. We believe that the review must prioritise reducing the volume of incorrect decisions at initial claim and at MR so that fewer claimants are placed in the position of having to appeal at all. Where appeals remain necessary, the process must be made simpler, faster, and more accessible, and the Government must ensure that sufficient funded advice capacity exists to support those who need it. A system that only produces fair outcomes for those able to find and access specialist help is not a fair system.

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[4] see footnote [3]

## **Maria and David's Story (CASNPT case study)**

The following case study explores the multiple but interconnected issues / cases we have supported Maria with stemming from repeated incorrect decisions from public bodies at each new stage. The result of this is a client who, while capable of building capacity to act independently, justifiably no longer trusts that decisions will be made correctly, and so seeks support even if only to verify actions taken by public bodies - let alone to challenge or question them herself. The case demonstrates the value of our services to our clients as well as the difficulty we face when seeking to empower clients to act independently and subsequently manage demand on our services.

Maria and her late husband, David, initially approached us in late 2022 for support with a PIP appeal relating to David's incurable brain cancer, epilepsy and a chronic liver condition. The DWP had recognised how these conditions impacted on David's ability to move around and had awarded him the enhanced rate of the mobility component but found that he had no entitlement to the daily living component. David and Maria, who cared for him, disagreed with this decision as he required considerable assistance with activities such as feeding himself, dressing and undressing, washing himself and using the toilet. They had already requested that the DWP reconsider their decision and the DWP had refused to do so.

The DWP's decision not to award David the daily living component meant that Maria, who was unable to work due to the full time care she provided David, was not entitled to any Carer's Allowance. This resulted in their only income being a joint UC claim to support themselves and their son and meant they often struggled to get by. While David's appeal was progressing his brain tumor deteriorated, however the 'special rules' surrounding PIP and terminal illness did not apply to David's case as he had not officially been given the relevant end-of-life diagnosis. David sadly passed away 9 months after starting his appeal while waiting for his hearing date to be set.

After David's unfortunate passing, we continued to support Maria with the appeal to access the award she was now entitled to on his behalf. To do this, we had to request that his wife was added to the appeal as an appointee. It took multiple contact attempts to HMCTS through various means (telephone, email etc) across 9 months to accomplish this. All the while Maria was struggling to care for her son with her limited income and had to continue to constantly revisit the grief associated with losing her husband.

We were eventually able to confirm Maria's appointeeship and repeatedly requested that HMCTS prioritise the appeal hearing so as to accommodate the

grief caused by the prolonged process. Despite these attempts, David's appeal was not heard until early 2025, 25 months after the appeal was initially made and 16 months after David's death. At the hearing, an independent tribunal found that David had in fact been entitled to both the mobility and daily living components at the enhanced rates and awarded Maria £9500.

This unfortunate account demonstrates how the current PIP system can negatively affect claimants and their families. Instead of spending his remaining time focusing on his death and family, David had to argue for financial support he was entitled to while watching Maria struggle due to the consequential ineligibility for income while she could not work due to his care needs. Following David's death, the lack of responsiveness and compassion from the DWP unnecessarily prolonged the appeal process for his wife, causing her an inability to begin to move on and heal.

The successful PIP appeal also entitled Maria to other benefit income, such as Carer's Allowance, for the same duration as the PIP awarded by the tribunal. This entitlement was not discretionary but based on statutory rules outlining entitlement following an appeal, which we highlighted in the Carer's Allowance application we supported Maria with. The DWP denied the Carer's Allowance claim and did not respond to our mandatory reconsideration request or the four following contact attempts (via both telephone and email) to secure a response. We therefore had to break traditional procedures and begin an appeal without the mandatory reconsideration notice. Following intervention from HMCTS the DWP finally responded 8 months after the original Carer's Allowance application, awarding £8500 in Carer's Allowance for the exact time period requested citing the exact legislation and regulations cited in our application.

Upon receiving the Carer's Allowance award, we contacted Maria and advised her that while the DWP would owe her the sum of the Carer's Allowance for that period, her Universal Credit entitlement for that period would be different (increased due to the new Carer's Element entitlement following the successful PIP appeal for David, but decreased pound for pound for Carer's Allowance income) and that we would need to notify the DWP of these changes to her UC entitlement. We calculated that when all was said and done, the DWP would still have underpaid Maria her benefit entitlement by about £3,500 and we helped Maria notify the DWP/UC of this, with all dates and legislation outlined to evidence our calculation. We requested that the DWP consider all of these factors, and pay Maria the correct amount.

Despite this, Maria has been repaid the full Carer's Allowance amount, and received an overpayment letter requesting to recover a sum equivalent to the full Carer's Allowance amount, disregarding the Carer's element entitlement we requested

they apply in the same message in which they were informed of the Carer's Allowance eligibility in December 2025.

We then submitted a mandatory reconsideration request challenging the overpayment, explaining the relevant calculations and DWP guidance on which we've based our calculations. Two months after submitting the MR, after follow-up contact from Maria, the DWP provided a MRN in her favour, however this time they had miscalculated entitlement again, failing to take into account the reduction to the Carer's Allowance altogether in a way that would leave Maria with an overpayment. We are still supporting Maria to understand her next steps and navigate the newest incorrect decision provided by the DWP.

Maria's case demonstrates the current issues within the benefits system to the extent that four consecutive decisions, only one of which was of a discretionary nature, have been incorrect and required significant and ongoing work from us in order to right them. Maria was a client who had the capacity and confidence to understand and action advice that she was given and advocate for herself. Now, however, Maria is understandably disillusioned with the benefits system, and seeks support at each new stage of her case / whenever the DWP contacts her, even if only to ensure that their actions are correct. Instances like these demonstrate how difficult it can be to work with clients to build their capacities and empower them to manage issues themselves, which in turn keeps demand for our services high.

The poor decision making (especially in instances where the decisions were simply factually incorrect, and not based on discretion) and lack of response from the DWP when challenged significantly impacts our ability to support vulnerable clients as they require that a caseworker maintains the case, and so can support one less client within their caseload. Moreover, their lack of response to our mandatory reconsiderations and subsequent follow-up contact attempts drains on courts and tribunal resources, who have to open and review an appeal that should not have to exist.

Finally, it cannot be forgotten the deep impact that this has had on Maria, who has suffered the loss of financial security and her late husband over the last 4 years, and who is now completely disillusioned with our public bodies and benefit system. Without our support on these issues, Maria would likely have lost out on a total of around £13,000 in unpaid benefit income consisting of PIP and additional income she was entitled to whilst unable to work due to her late husband's care needs. On a personal level, the DWPs inadequacy and poor administration / response has meant that Maria is unable to fully grieve and move on from the death of her late husband, as she is still dealing with benefit entitlement related to his illness almost 3 years after his death.