

# Sickfluencers and AI

## How Technology is Changing the Health and Disability Benefits System

Gareth Lyon and Ticiana Alencar





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- [Welfare, Work and Young People](#) – Suggested the Government should do more to differentiate welfare support for people under 25, trialling Youth Employment Centres which would operate separately from the rest of the jobcentre, and provide specialist advice to young people.
- [Joined Up Welfare: The next steps for personalisation](#) – Called for major reforms to Jobcentres through a new structure centred around the specific needs of the individual.

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## About the Authors

**Gareth Lyon** is the Head of Health and Social Care at Policy Exchange and has over 20 years of experience in healthcare policy, with a strong track record of achieving positive outcomes through engagement on Government policy across social care, health, housing, education, engineering and digital advertising. He spent several years at Bupa leading major policy initiatives on workplace health and healthcare system design, including building a global network of companies, academics and health experts to improve health outcomes and drive innovation, and leading Bupa's engagement with the Competition and Markets Authority during its investigation into the UK private healthcare market. He later led policy and government relations for Associated Retirement Community Operators (ARCO), publishing reports that made the economic, housing and health case for a new model of housing and care for older people in the UK. At the Proprietary Association of Great Britain he helped shape the Government's self-care agenda and secured improvements in policy and regulation for over-the-counter medicines, and while at Novartis he worked to expand UK patient access to innovative medicines and treatments and led policy initiatives to tackle counterfeit medicines and animal rights extremism.

**Ticiana Alencar** joined Policy Exchange in September 2025 after completing an LLM in Public Law and Democracy at Paris Panthéon-Assas, where she was an Entente Cordiale Scholar. Previously, she spent over two years working for Rt Hon Sir Jeremy Hunt MP, including during his tenure as Chancellor of the Exchequer. She has been called to the Bar of England and Wales and holds a bachelor's degree in History and Politics from the University of Oxford.

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## Endorsements

“The ballooning benefits bill will bankrupt Britain unless the Government act. Those who’ve paid in and fallen on hard times deserve support. But as Policy Exchange’s report shows, it’s increasingly clear people are gaming the system, spurred on by social media influencers who are taking it in at the taxpayers’ expense. The authorities should be coming down on welfare scammers like a ton of bricks. And we urgently need to return to in-person assessments to root out those choosing to be on benefits.”

**Rt Hon Robert Jenrick MP**, Reform UK Shadow Chancellor

“As this excellent Policy Exchange report makes clear, there is a growing ‘grey area’ where outdated assessment frameworks, online coaching cultures, and AI-assisted applications risk distorting outcomes and undermining public confidence.

“The answer is not to stigmatise claimants, nor to turn a blind eye to abuse, but to modernise the system. Those who are genuinely unable to work must receive the support they need, and deliberate fraud must be met with firm enforcement. At the same time, we need better and more joined-up data, more robust and holistic assessments, clearer evidentiary standards, and a renewed focus on helping people participate in work wherever possible.

“At the heart of Universal Credit was a clear principle - that work should always pay, and that the system should incentivise employment rather than long-term benefit dependency. The scale of growth in incapacity claims raises serious questions about whether that founding principle is being realised in practice. If we fail to act, we risk entrenching long-term economic inactivity and placing an unsustainable burden on the public finances. Reform is therefore not only fair to taxpayers, but essential to ensure that support is properly targeted and remains sustainable for the future.”

**Baroness Finn**, Former Downing Street Deputy Chief of Staff (2021 – 2022)

“This insightful and forward-looking report from Policy Exchange makes a valuable contribution to the public debate about the sustainability of our welfare system. It is refreshing to read such a clear analysis of the challenges of getting assessment right, protecting the integrity of our safety net and encouraging

more personal responsibility.

“I hope this paper helps to move the debate on and leads to action by the Government in this area. There is an opportunity to make significant improvements which will lead to better outcomes for millions of people and for the taxpayer.”

**Lord Carter of Coles**, Member of the House of Lords Finance Committee

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# Executive Summary

The UK's health and disability benefits system was designed for a very different era. Built around static assessments, binary judgements, and paper-based assumptions about illness, work, and support, it is now operating in a radically altered social and technological environment. The rigid and tick-box nature of the current regime has left it increasingly vulnerable to exploitation by online communities, so-called "sickfluencers", and artificial intelligence tools. Together, these forces are reshaping how individuals understand eligibility, frame need, and interact with the welfare system, contributing to a sharp rise in successful claims and placing a growing and unsustainable strain on public finances.

This report focuses on the "grey area" within the health and disability benefits system, where entitlement, need, and support are most contested. To analyse interactions with the welfare system, we identify four broad groups:

- Group 1: Clearly entitled and appropriately supported
  - The first group comprises individuals who clearly require support and receive it appropriately.
- Group 2: Entitled but underserved
  - The second group comprises individuals who should be entitled to assistance but are unable to access it due to complexity, administrative barriers, or insufficient support, and who are often among the most vulnerable in society.
- Group 3: Fraudulent abuse
  - The third group comprises individuals who deliberately abuse the system through fraud, for whom enforcement and prosecution are justified.
- Group 4: The Grey Area
  - This fourth group is the most analytically challenging and occupies what we describe as a "grey area". It comprises individuals with genuine functional challenges whose circumstances do not clearly warrant the level or type of ongoing state support currently available. In some cases, their challenges may be better addressed through short-term, targeted, or non-financial interventions rather than continued entitlement to disability benefits.

To understand what is driving the rapid growth in claims, particularly in the contested “grey area”, we carried out a deep-dive investigation into the online ecosystems that now shape claimant behaviour. This included analysis of large discussion groups and platform-based creators (“sickfluencers”), and observation of emerging use of generative AI tools to interpret eligibility criteria and draft applications.

This fourth group is characterised not by dishonesty but by uncertainty. Broader societal pressures — including shifting norms around health, work, and identity, amplified by social media — may shape how individuals understand their need for support. At the same time, detailed guidance on eligibility criteria is widely available online, making it easier for some claimants to adopt the language most likely to secure an award. Those without digital access — a disproportionately large share of disabled people — are less able to do so. If left unaddressed, this grey area risks expanding in ways that are difficult to justify, target, or sustain, further eroding trust in the health and disability benefits system.

While the size of this “grey area” group is difficult to quantify precisely, available evidence suggests that it is both real and growing. 16.8 million people, or roughly one quarter of the population, considered themselves disabled in 2023-24, up from about 11.9 million (19 per cent) in 2013-14. The largest increase has happened amongst those aged 16-25 years old, where disability prevalence has more than doubled to 18% from 8%. In 1993, 15.5% of 16 to 64-year-olds had a common mental health condition, compared to 22.6% in 2023-2024. This is correlated with a rise in those who are now claiming incapacity and disability benefits. There are now over 4.2m people on Universal Credit with “no work requirements”, and it now makes up over half of those on UC. 1.5m people are now claiming PIP for mental health conditions, and that is an increase of over 100,000 in the space of a year. Economic inactivity due to ill-health costs £212 billion per year, equivalent to 7% of GDP.

The system operates within a technological landscape that has changed dramatically since its initial design. Fifteen years ago, people seeking support were mostly likely to approach established charities or welfare advisors. Today, many turn to online communities and sickfluencers to guide them through processes. Artificial intelligence is already beginning to assist claimants in understanding eligibility criteria, drafting applications, and pursuing appeals, and its influence is expected to grow quickly. While claimant behaviour and information ecosystems have evolved rapidly, the structure of the benefits system and its assessment frameworks have largely remained unchanged.

What we found:

- **Large-scale peer-to-peer coaching in online groups:** We identified multiple online communities with thousands of active members, dominated by posts asking how to describe symptoms, what to include in forms, and what people are entitled to. Advice

commonly emphasises strategic presentation, including explicit encouragement to “lay it on thick” and not understate frequency or severity.

- **Influencer-driven amplification beyond advice-seeking communities:** Unlike forums—where individuals must first self-identify and search for support—short-form video platforms use algorithms to push content to users who may not initially view themselves as eligible. We observed examples where creators promoted Access to Work and other support to large audiences, including content framed around headline figures (e.g. “up to £62k”), normalising the idea of claiming and shaping expectations about what should be funded.
- **Highly practical “walk-through” content and example answers:** We observed multiple creators publishing step-by-step guides for completing forms, including videos explicitly titled “How to fill in a PIP form” and “PIP Example Answers!!! Mental Health” (with high view counts), as well as detailed “Access to Work walk-throughs” that show applicants how to complete free-text sections and specify requests.
- **Evidence of scheme “optimisation” in Access to Work:** We observed examples of advice encouraging applicants to use open-ended boxes expansively and request particular products or services discussed online. We also documented instances of applicants describing high-cost awards, including claims of support worker funding covering tasks that resemble standard business administration, raising questions about the boundary between removing disability-related barriers and subsidising ordinary job functions.’
- **AI can be used to draft and refine claims:** We observed discussion-group users being directed to use generative AI tools such as ChatGPT to produce model answers and strengthen wording.

The assessment frameworks for Personal Independence Payment and Access to Work now require fundamental reform. They rely on rigid, binary assessments, fragmented application processes, and outdated assumptions about work and disability have produced outcomes that are simultaneously inefficient, inequitable, and increasingly difficult to defend. The framework is susceptible to coached, optimised, or automated responses rather than a genuine assessment of functional impact. Left unchanged, this misalignment does not support disabled people sufficiently to live independently and weakens employment outcomes for disabled people, entrenching long-term economic inactivity.

In this paper, we set out a package of reforms aimed at modernising

assessment, improving targeting, and restoring coherence across the system. The rapid spread of optimisation and AI-assisted applications cannot be undone; the task is therefore not to roll back these developments, but to redesign the system so that it is robust against them. Assessments must move away from simplistic snapshots towards a more holistic, evidence-based understanding of functional impact, additional cost, and potential for participation in work. This includes redesigning application forms, strengthening evidentiary requirements, prioritising face-to-face assessments, and using data to better understand emerging patterns of need. Taken together, these reforms are intended to reduce the scope for exploitation, curb the distorting influence of sickfluencer culture and automated tools, and ensure that support is directed where it is required, delivered in a way that reflects modern working lives, and structured to be both fair to claimants and sustainable for the public finances.

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# Summary of Recommendations

## 1. Applicants for Personal Independence Payment should be actively directed towards other relevant forms of support, including Access to Work, where appropriate.

- a. All PIP applicants should receive clear, tailored information about other support they may be eligible for, including Access to Work, employment support, and local or condition-specific provision.
- b. Where an applicant indicates that they are in work, about to start work, or seeking employment, they should be offered a facilitated referral to Access to Work.
- c. Information already provided during the PIP application should be reused, where relevant, to reduce duplication.

## 2. To support a more dynamic and adaptable approach to eligibility, the online application forms for Personal Independence Payment and Access to Work should be fundamentally redesigned and routinely updated.

- a. Current forms rely on overly rigid, binary questions that reflect outdated assumptions about disability, work, and daily functioning. These should be replaced with questions that better capture variation, fluctuation, and context.
- b. Application forms should be reviewed and revised on a regular cycle, aligned with the periodic review of eligibility criteria that Policy Exchange have previously called for in both “For Whose Benefit”<sup>1</sup> and “Lapse of Judgement”<sup>2</sup> to ensure they continue to reflect changing social norms, patterns of ill-health, and working practices.
- c. The widespread availability of assessment guides and example responses online has further exposed the limitations of static, predictable forms. Redesigning forms on a rolling basis would help ensure assessments test genuine need rather than familiarity with the system.

## 3. Applicants should be required to provide more detailed and robust evidence than is currently required to support more accurate and credible decision-making.

- a. As with Access to Work, applicants for Personal Independence Payment should be required to set out in greater detail the specific additional costs they incur as a result of their

1. <https://policyexchange.org.uk/publication/for-whose-benefit/>

2. <https://policyexchange.org.uk/publication/lapse-of-judgment/>

functional challenges, including what the award is intended to fund and providing verifiable evidence of likely costs. This would better align PIP with its stated purpose of meeting the extra costs of disability and improve transparency and targeting. This approach should not be framed as an open-ended assessment of “need”, but as a means of anchoring awards to demonstrable, proportionate, and bounded costs, assessed against reasonable benchmarks rather than claimant-defined expectations.

**4. Medical Evidence Should Be Required to Support All Claims.**

- a. All claims for Personal Independence Payment should be supported by robust medical evidence, appropriate to the nature of the condition being claimed. Strengthening the evidential threshold for eligibility is essential to improving the accuracy, credibility, and consistency of decision-making, particularly in areas where subjective self-reporting currently plays an outsized role. For claims based primarily on mental health conditions, a formal clinical diagnosis should normally be required. Where a diagnosis is not yet in place due to waiting times or barriers within the health system, claimants should be required to provide alternative, robust medical evidence demonstrating ongoing treatment, referral to a specialist after an initial clinical assessment, or formal clinical assessment in order to access support on a temporary basis pending formal diagnosis or lack thereof.

This approach recognises the reality of access constraints within mental health services, while ensuring that entitlement is grounded in clinical engagement rather than self-declaration alone. It strengthens the evidential basis of awards in one of the most contested areas of the system, improves public confidence, and reduces reliance on subjective assessment where objective corroboration is both possible and appropriate.

**5. Assessments should be conducted face-to-face as the default. Remote assessments should be used only in exceptional circumstances and where there is a clear justification for doing so.**

- a. Face-to-face assessments allow for a fuller, more accurate understanding of functional impact, particularly in complex or contested cases. Remote assessments should be permitted only where attendance would pose a significant barrier to the claimant and where this can be clearly evidenced. Where existing evidence is comprehensive and uncontested, decisions should be made without the need for an assessment.
- b. Clear criteria should govern the use of remote assessments to ensure they remain the exception rather than becoming an

operational choice by the DWP.

In the absence of direct observation, assessments overly rely on how well claimants express their limitations, favouring those who are better able to navigate the system. By reinstating face-to-face assessments as the default, with remote options strictly limited, this recommendation would enhance the quality and credibility of decision-making and lessen the chance for performative responses.

**6. To support more accurate targeting and longer-term reform, the system should systematically collect better data on the different costs incurred by individuals.**

- a. Over time, this would allow Personal Independence Payment to move away from a blunt, one-size-fits-all model towards more nuanced and evidence-based support. Information on the types and levels of extra costs reported by claimants, and the support ultimately provided, should be analysed to identify consistent patterns across different conditions, types of impairment, regions, and working arrangements. Carefully deployed analytical tools, including artificial intelligence, should be used to support this analysis and inform policy development.
- b. As this evidence base develops, claimants should start to receive more tailored, itemised forms of support — such as specific equipment or services — instead of all or part of the cash award, where this better reflects their needs.

## Background: The Current Landscape

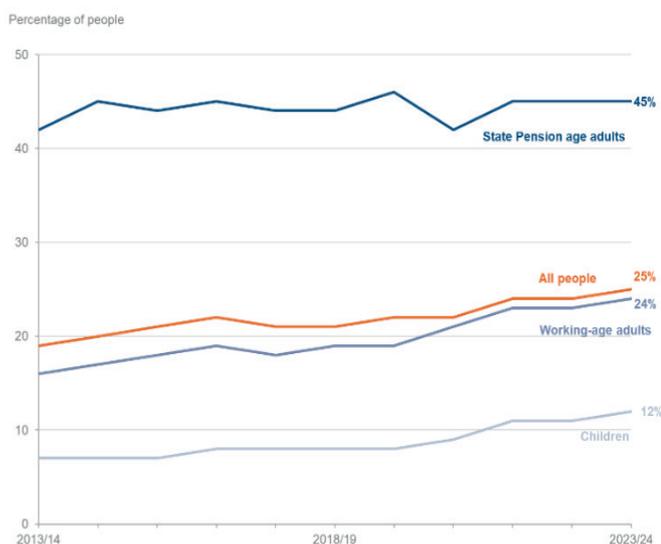
### Current Numbers

16.8 million people were classified as disabled in the UK in 2023–2024, representing around 25% of the population.<sup>3</sup> This marks an increase of 4.9 million people over the decade, meaning the proportion of people classified as disabled has risen from one in five to one in four.

It is tempting to attribute this growth primarily to the COVID-19 pandemic, particularly through the emergence of long COVID. However, the data show that the number of disabled people was already rising before the pandemic and has continued to do so since. Between 2013–14 and 2019–20, disability prevalence among working-age adults rose from 16% to 19%, before increasing further during and after the pandemic.<sup>4</sup>

The increase is starkest amongst working-age adults, for whom the proportion of disabled people increased from 16% to 24% over ten years. The largest increases were among those aged 16 to 24, from 8 to 18%, and those aged 25 to 34, from 11% to 19%.<sup>5</sup> By contrast, disability prevalence among people of State Pension age has remained consistently high but relatively stable, suggesting that recent growth is being driven primarily by changes among younger and working-age cohorts rather than population ageing.

### Disability prevalence by age group, FYE 2014 to FYE 2024, United Kingdom<sup>6 7 8</sup>



3. <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2023-to-2024/family-resources-survey-financial-year-2023-to-2024>

4. Ibid.

5. <https://commonslibrary.parliament.uk/research-briefings/cbp-9602/>

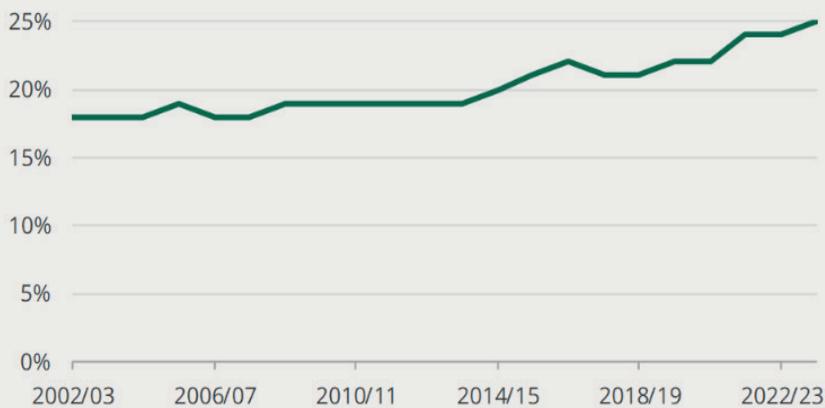
6. <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2023-to-2024/family-resources-survey-financial-year-2023-to-2024>

7. <https://commonslibrary.parliament.uk/research-briefings/cbp-9602/>

8. Ibid

### Disability prevalence in the UK has risen fairly steadily since 2002/03

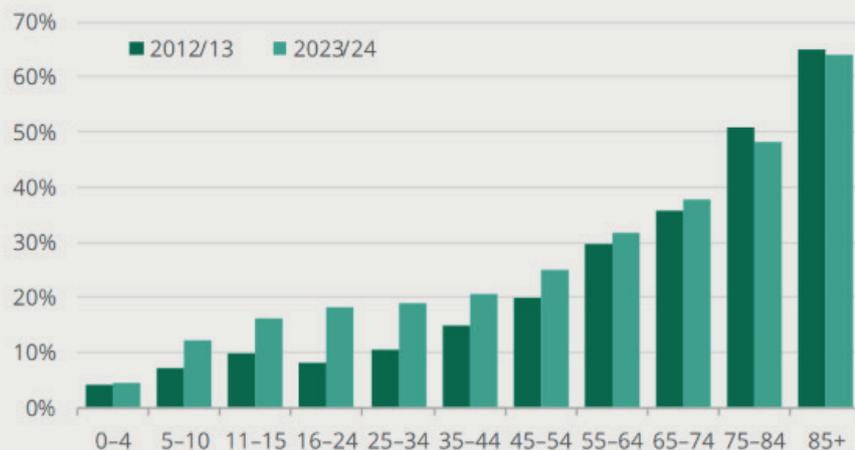
Percentage of people reporting a disability



Source: DWP, [Family Resources Survey](#) (various editions)

### Change in disability prevalence by age, 2012/13 to 2023/24

Percentage of people reporting a disability



Source: [DWP Stat-Xplore](#), Family Resources Survey individual dataset

In 2023/24, the most common disabilities amongst adults of a working age were mental health (48%) and mobility (42%).<sup>9</sup> Mental health impairments are particularly concentrated among younger disabled people, accounting for nearly half of all impairments reported by working-age adults, compared to just 12% among those of State Pension age. This contrasts with mobility impairments, which are more prevalent among older adults, affecting more than two-thirds of disabled people above State Pension age.<sup>10</sup> Between 2019 and 2024, there was a 190% increase in those claiming disability benefits with mental health issues, and awards to those under 40 have risen by 150%.<sup>11</sup> 14% of adults consider themselves

9. <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2023-to-2024/family-resources-survey-financial-year-2023-to-2024>

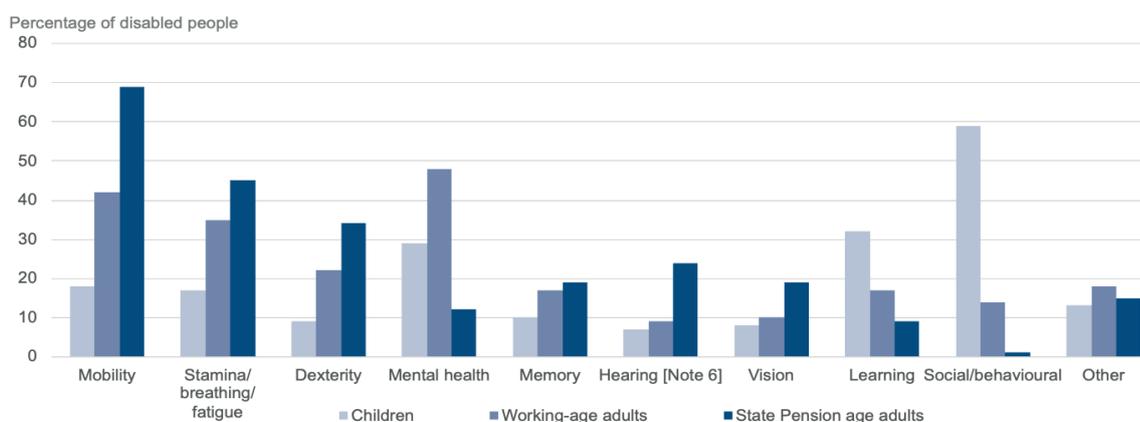
10. Ibid table 4.6

11. [https://ifs.org.uk/sites/default/files/2024-09/Health-related-benefit-claims-post-pandemic\\_2.pdf](https://ifs.org.uk/sites/default/files/2024-09/Health-related-benefit-claims-post-pandemic_2.pdf)

to have ADHD have rocketed from 8% in 2007, while experts suspect that around only 5% have a diagnosable need.<sup>12</sup> Similarly, eighty years ago, just one in 2,500 people was said to have Autism; today that has risen to one in 36 children in the UK.<sup>13</sup>

Beyond mental health and mobility, the profile of disability varies significantly by age. Among working-age disabled adults, many report impairments related to fatigue, stamina, memory, learning, and social or behavioural functioning, which are often less visible and more likely to fluctuate over time. By contrast, disabled people above State Pension age are more likely to experience physical and sensory impairments such as reduced dexterity, hearing, or vision alongside mobility limitations, which tend to be more stable and observable (as evidenced by the table below). Working-age disabled adults are also more likely to report multiple, overlapping impairments rather than a single, discrete condition, with mental health difficulties frequently occurring alongside fatigue or cognitive challenges. Taken together, these points point to a shift towards more complex and variable forms of disability among younger adults, with important implications for a system that continues to rely heavily on static and binary assessments of functional capacity.

### Percentage of disabled people by impairment type and age group 2023 to 2024<sup>14</sup>



### Models of Disability

The Equality Act 2010 defines a disabled person as someone who has “a physical or mental impairment” which has a “substantial and long-term adverse effect” on their ability to carry out normal day-to-day activities.<sup>15</sup> In Northern Ireland, disability is defined under the Disability Discrimination Act 1995.

Two broad frameworks are commonly used to conceptualise disability: the medical model and the social model. Under the medical model, disability is understood in terms of an individual’s impairment and its direct effects on functioning; assessments focus on what a person cannot do and the implications of that limitation. In contrast, the social model, which has gained prominence in recent decades, locates disability in the

12. <https://www.bbc.co.uk/news/articles/ce8q26q2r75o>

13. <https://www.theguardian.com/society/2024/mar/04/uk-increase-autism-diagnoses-neurodiversity#:~:text=Mon%204%20Mar%202024%2009.08,more%20children%20have%20the%20condition>

14. <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2023-to-2024/family-resources-survey-financial-year-2023-to-2024>

15. Equality Act 2010, s.6. <https://www.legislation.gov.uk/ukpga/2010/15/section/6>

interaction between an individual's impairment and the barriers created by society, such as inaccessible environments or inflexible systems. It emphasises that many disabling obstacles arise not from impairment alone but from the way society is organised.<sup>16</sup>

Neither model fully resolves the challenges of entitlement frameworks. A rigid impairment-focused approach offers administrative clarity but can be insufficiently responsive to context, while a barrier-focused approach risks making eligibility more subjective and harder to sustain within a rules-based benefits system. Modern welfare policy operates between these perspectives. However, as public discourse increasingly centres on individual accounts, amplified by social media, the balance between functional assessment and subjective interpretation has become more contested. This tension now sits at the centre of debates about eligibility, assessment design, and the sustainable scope of state support.

## Rise of Social Media

There is nothing wrong with the dissemination of information about available benefits. Transparency is a fundamental requirement of a fair welfare system. Citizens have a right to know what support exists and to understand their entitlement to it. To argue otherwise would be to suggest that access to benefits should depend on informal knowledge or social capital, privileging those who are already better informed. We do not argue that information should be withheld in any way.

Providing information about benefits is not new. Historically, charities and advice organisations have played a central role in raising awareness and helping people understand their entitlements. Organisations such as Scope and Citizens Advice have offered guidance through helplines, face to face advice, and written materials, assisting disabled people in navigating a complex system. Informal networks, including family members, friends, carers, and peer groups, have also long shared practical advice and personal experience about how to apply.

This support developed within a system that was designed for a very different information environment. Many elements of today's eligibility frameworks were shaped at a time when awareness was lower and navigating the process required considerable effort. Criteria were framed in relatively broad terms, while detailed forms and where different stages of the process operated in practice as a filtering mechanism. Access was therefore influenced not only by formal rules, but by the administrative complexity of applying. In effect, friction within the process acted as a constraint on volume.

Support with navigating that process has always existed. Alongside advice about entitlement, support has also long existed to help people complete benefit application forms. The Department for Work and Pensions publishes guidance for those carrying out assessments,<sup>17</sup> while charities such as Turn2us provide step-by-step advice on applying for Personal Independence Payment.<sup>18</sup> Some private companies charge for assistance with form completion, offering services that claim to help

16. [https://www.ombudsman.org.uk/sites/default/files/FDN-218144\\_Introduction\\_to\\_the\\_Social\\_and\\_Medical\\_Models\\_of\\_Disability.pdf](https://www.ombudsman.org.uk/sites/default/files/FDN-218144_Introduction_to_the_Social_and_Medical_Models_of_Disability.pdf)

17. DWP, 'PIP Assessment Guide: Part One- The Assessment Process', November 2024, [Link](#).

18. Turn2us PIP Helper, [Link](#)

applicants present their circumstances clearly and accurately to maximise the chances of a successful claim.<sup>19</sup>

What has changed is the scale and speed at which this guidance now circulates. For some people digital platforms have dramatically reduced the friction that once limited access to practical knowledge about how the system operates. Advice that was previously dispersed through charities, informal networks, or one-to-one support can now be shared instantly with large audiences. In doing so, social media has not created ambiguity within the rules but has made them easier to interpret and navigate at scale for those who have digital access, while potentially creating an information asymmetry for those without it. Structural features that were previously moderated by complexity are now exposed to optimisation in some quarters, potentially skewing access.

Helping someone to complete a form accurately and honestly is not in itself problematic. The concern arises where support moves beyond clarification into distortion. Lee Anderson MP has claimed that, during his time working with Citizens Advice, advisers would routinely complete forms on behalf of clients in ways he described as “gaming the system”, suggesting it was a “competition between the adviser and the DWP”.<sup>20</sup> During Commons scrutiny of the Public Authorities (Fraud, Error and Recovery) Bill, Dr Luke Evans MP raised the issue of individuals using “key buzzwords” to help others navigate the system to “take out of it what is not theirs”, and asked whether legislation should address those “teaching other people how to cheat the benefit system”.<sup>21</sup> Shadow Work and Pensions Secretary Helen Whately MP has similarly warned that “the internet is awash” with videos showing people how to exploit the system.<sup>22</sup>

The growth of social media over the past decade has significantly expanded the scale and reach of information sharing, allowing advice on benefit entitlement and form completion to circulate more widely and across a greater number of platforms. This information tends to appear in two main forms: forum-style discussion groups and individual content creators or “influencers”.

We found several Facebook groups, each with thousands of active members.

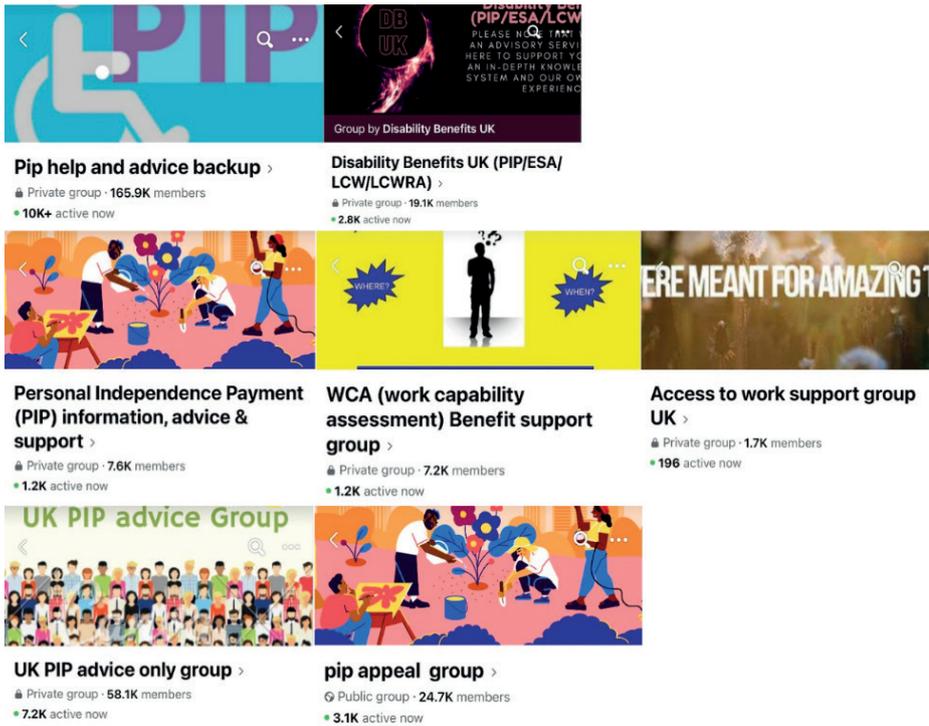
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19. <https://www.grey-matters-consultancy.com/services/pip/>

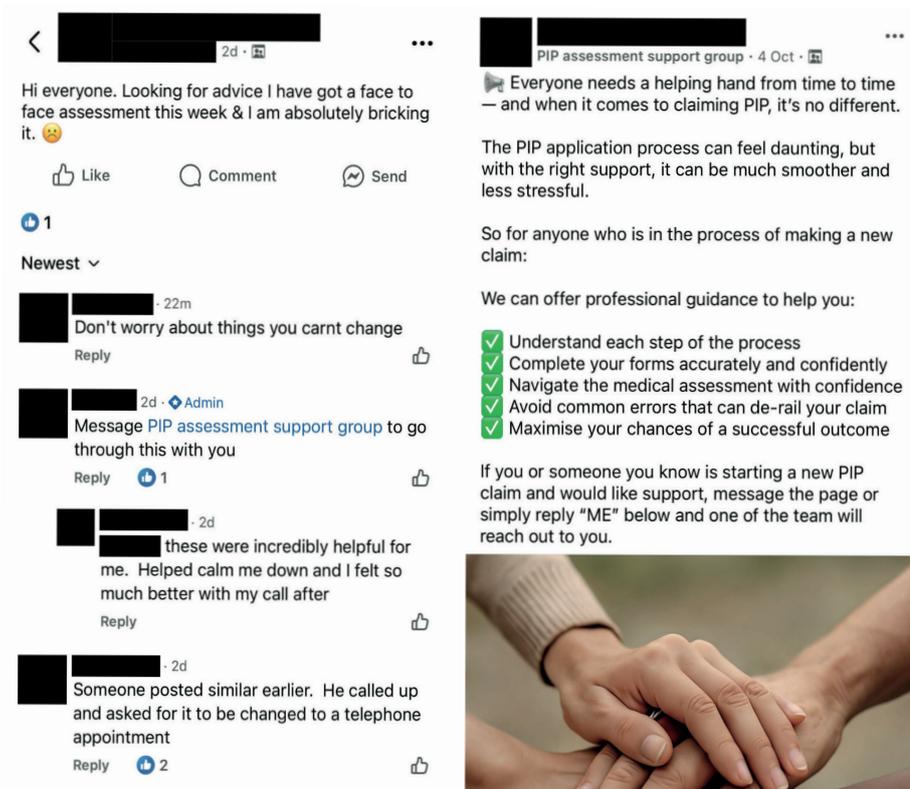
20. London Standard YouTube: <https://www.youtube.com/watch?v=JpNEKgSILL>.

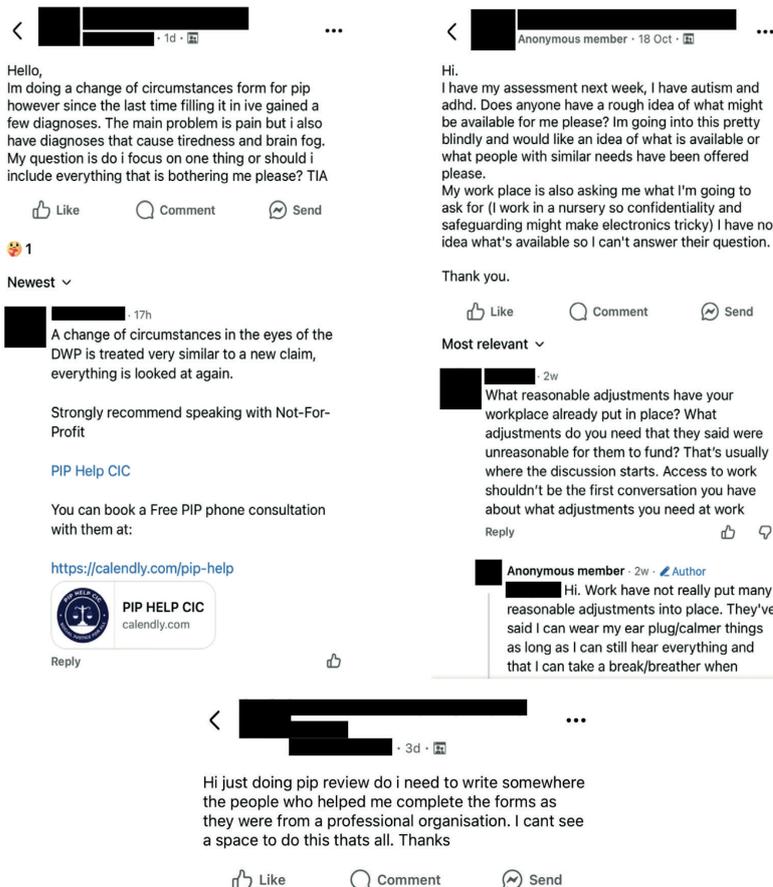
21. [https://hansard.parliament.uk/Commons/2025-04-29/debates/BC6711EE-05A0-4AAC-A766-CAEC185A706E/PublicAuthorities\(FraudErrorAndRecovery\)Bill?highlight=sickfluencers#contribution-1E5C-ADFE-ED66-4153-A974-74C6605FA2C5](https://hansard.parliament.uk/Commons/2025-04-29/debates/BC6711EE-05A0-4AAC-A766-CAEC185A706E/PublicAuthorities(FraudErrorAndRecovery)Bill?highlight=sickfluencers#contribution-1E5C-ADFE-ED66-4153-A974-74C6605FA2C5)

22. <https://www.dailymail.co.uk/news/article-14503573/Labour-challenged-tackle-rise-sickfluencers-claimants-game-benefits-system.html>

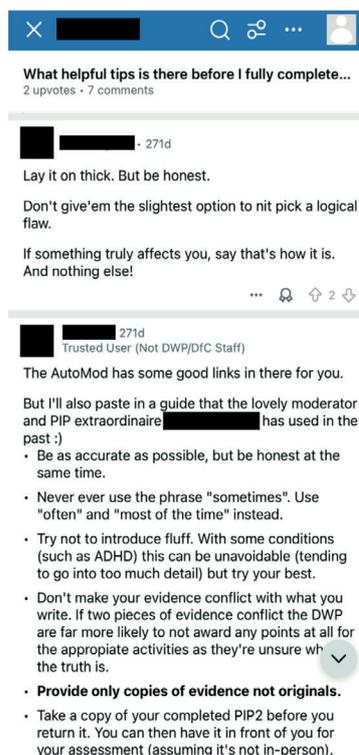


These groups consist predominantly of posts of people asking for help with filling out forms or describing their symptoms and asking for advice on what they are entitled to. Contributors are also advised to contact other organisations.



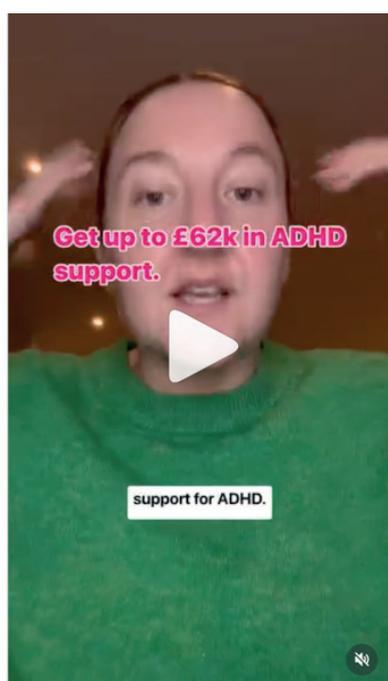


Contributors are also advised to “Lay it on thick” and not to play down the frequency of their symptoms.



There are also influencers on Instagram, TikTok, and YouTube—already dubbed ‘sickfluencers’ by the media. These individuals inform people about what benefits exist for individuals. Whilst discussion groups generally require an individual identifying themselves as having at least some symptoms and then actively searching for groups on Facebook and Reddit, influencers on video platforms benefit from algorithms which reach those who consume related content and may not, at least initially, consider themselves to have any symptoms. The effect is that individuals who might not even think very much of their characteristics or symptoms are told that they might form part of a wider diagnosis, making them eligible for government support.

Many of these speak about their experiences with conditions in general, not only focusing on welfare schemes. For example, @amandaperry on Instagram, who has 124,000 followers and posts about her experience with ADHD. However, she posted a video on 9th October 2024 which has received over 30,000 views titled ‘Get up to £62k in ADHD support’.<sup>23</sup> In it she tells viewers about Access to Work. She admits she has never come across anyone who received the full amount but gives examples of what applicants can be awarded via the scheme.



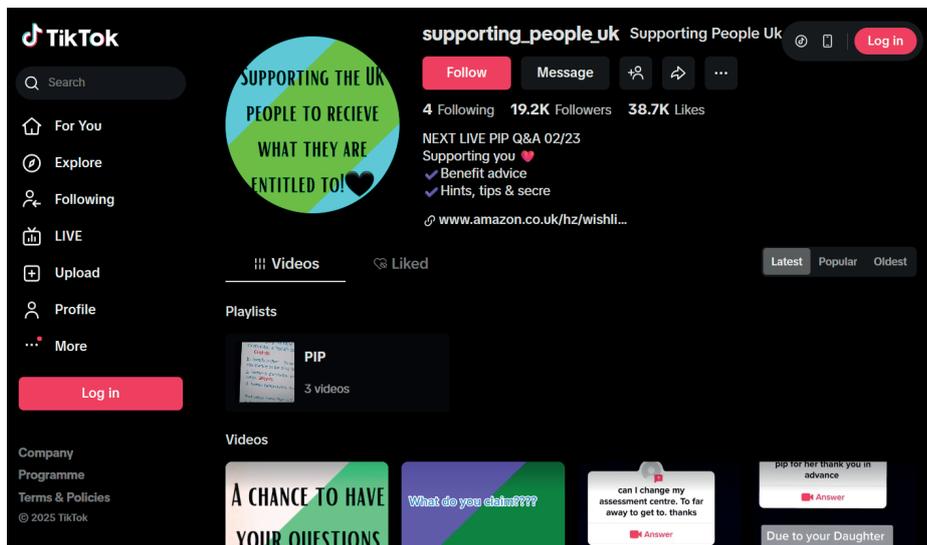
Another example is @lukeneilladhd – an ADHD coach on TikTok. In a video watched over 7000 times pinned to the top of his profile at the time of writing he shows what he has been awarded through Access to Work – including Bose headphones and a Dell screen– and tells viewers that you can also be awarded ADHD coaching through the scheme.<sup>24</sup>

Several also offer to help to fill out forms, essentially acting as consultants for those seeking to apply. They film walk-through videos, taking applicants through the forms, and post them online, thereby

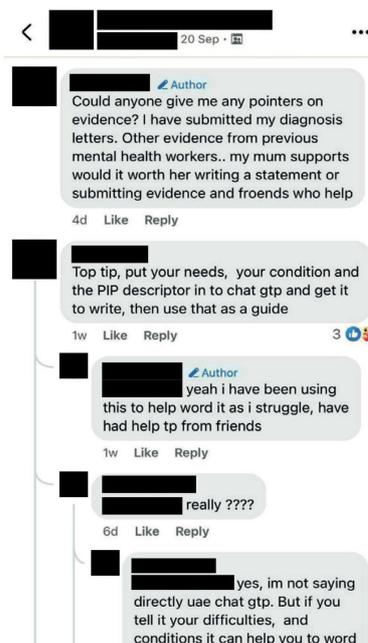
23. [https://www.instagram.com/reel/DA5Uze\\_sQ15/](https://www.instagram.com/reel/DA5Uze_sQ15/)

24. [Access to work is the single greatest asset for disabled people in wor... | Adhd brain | TikTok](#)

demonstrating how the application process should be carried out. For example, Maddy Alexander-Grout has an ‘Access to Work Walk Through’ on Youtube, in which she guides an applicant through her application.<sup>25</sup> The TikTok profile @supporting\_people\_uk has videos entitled ‘How to fill in a PIP form’ (12,200 views) and ‘PIP Example Answers!!! Mental Health’ (268,300 views).<sup>26</sup>



Even more recent than the rise of social media has been the emergence of generative artificial intelligence tools, most notably ChatGPT. Increasingly, claimants are using these tools not only to understand what support they may be entitled to, but also to generate model answers for application forms and assessments. We observed instances in online discussion groups where individuals were actively directed to use ChatGPT to draft responses, prompting us to test its outputs directly.



25. [Access To Work Walk Through - YouTube](#)

26. [Supporting People Uk \(@supporting\\_people\\_uk\) | TikTok](#)

ChatGPT ▾

Are you able to help me to write PIP form

Yes — I can absolutely help you write your PIP (Personal Independence Payment) form.

I can:

- Help you fill in each section of the “How your disability affects you” (PIP2) form
- Suggest phrasing that clearly explains your daily difficulties (without exaggerating or underplaying them)
- Help you describe your condition in the way DWP assessors understand — linking what you say to the PIP descriptors
- Help you review your draft answers before submission

To get started, could you tell me a few things?

1. Do you already have your PIP form (PIP2 “How your disability affects you”), or do you still need to request it?
2. Would you like me to help section by section, or focus on specific questions you find hard (like “Preparing food,” “Moving around,” “Engaging with other people,” etc.)?
3. What condition(s) are you applying under — and what are the main daily difficulties you experience because of it?



Once I know that, I can start helping you write strong, clear answers for your form.

+ Ask anything



I think I have adhd but do not have a formal diagnosis. However, I have trouble focussing at work, always procrastinate, am often late to things, have a messy desk. I have heard that I would be able to apply for access to work in the uk. What are the sorts of things I would be entitled to?

That’s a really good and sensible question — and yes, you *can* apply for Access to Work (AtW) in the UK even without a formal ADHD diagnosis, as long as your difficulties have a substantial, long-term effect on your ability to do your job. ADHD (diagnosed or suspected) can be treated as a disability under the Equality Act 2010 if it causes such effects.

### 🗣️ What Access to Work Is

Access to Work is a government grant that helps people with disabilities or long-term health conditions work effectively. It doesn’t affect benefits and isn’t paid to you directly — it usually goes to your employer or a supplier (like a coach or equipment provider).

You can apply online via GOV.UK: <https://www.gov.uk/access-to-work>

AI is shaped by the material it is trained on and exposed to, including highly engaged content from online discussion groups and influencers. Therefore, AI systems risk amplifying prevailing narratives about entitlement, eligibility, and how best to frame personal circumstances. The tools are designed to maximise perceived usefulness to the individual user.

Influencers operate within increasingly complex and profitable business models, which artificial intelligence can further optimise by expanding reach, engagement, and monetisation. As AI tools become more integrated into these ecosystems, there is a risk that both influencers and AI converge to maximise uptake and successful claims, regardless of whether this aligns with the spirit of the law or the original intent of the health and disability benefits system.

Taken together, these dynamics risk significantly expanding the existing “grey area” of entitlement, as increasingly effective digital

tools make it easier to frame marginal or ambiguous cases as qualifying for support. Social media is now ubiquitous. Individuals may open a platform for an unrelated purpose and be presented, through algorithmic recommendation, with content suggesting eligibility for welfare support. When the benefits system was designed and later reformed during the early Coalition period, these platforms were either far smaller or did not exist at all. Over the past fifteen years, they have become deeply embedded in everyday life for large numbers of people, fundamentally altering how information about entitlement and assessment circulates and is consumed. This challenge will only become more acute with the rise of AI.

### Reinforcing Feedback Loops

As illustrated above more information about health and disability benefits is reaching more people. More individuals come to believe that they may be eligible for support, and more applications follow. The nature of online discussion groups, influencers, and AI tools is that they are rarely designed to challenge eligibility. Instead, because they are oriented towards being helpful and responsive to the user, they tend to suggest ways in which individuals might frame their circumstances to demonstrate eligibility and secure support.

It is therefore unsurprising that costs rise. While people have a clear right to understand what support they may be entitled to, technological developments have fundamentally changed how citizens interact with systems that were designed before these platforms existed. Increased access to guidance does not simply improve navigation of the system; it also changes behaviour within it.

Crucially, this creates a reinforcing feedback loop. Greater visibility of entitlement leads to more claims, which in turn normalises broader interpretations of eligibility within online communities and AI systems. This effect has coincided with the wider adoption of the social model of disability, which places greater emphasis on lived experience and societal barriers. As awareness spreads and definitions become more flexible, eligibility expands further, reinforcing the cycle and driving continued growth in disability benefit caseloads and costs.

Recent data illustrate the scale of this shift. There are now over 4.2 million people on Universal Credit with no work requirements, accounting for more than half of all UC claimants. Similarly, around 1.5 million people now receive Personal Independence Payment for mental health conditions, an increase of over 100,000 in the past year alone.

Pressure is also evident within employment support. In the financial year ending March 2025, around 74,190 people received an Access to Work payment, up roughly 10% from 67,240 in the previous year, with increases across several support categories, especially support worker elements. Growth has been driven particularly by the Support Worker element, which remains the largest and most costly category of provision. Payments for mental health support, travel-to-work assistance and special aids and equipment have also increased. Mental health conditions now

represent the largest primary medical condition group among recipients. Overall programme spending has risen substantially in recent years, reaching over £250 million in 2023–24, with most recipients receiving funding for practical workplace adjustments rather than assessment alone. The direction of travel is clear: more people are accessing tailored, ongoing workplace support, and the fiscal footprint of the scheme continues to expand accordingly.<sup>27</sup>

### Technological change

It is not only social media that has changed over this period, but wider society as well. The core criteria for PIP was largely established in the early 2010s and for WCA in the latter part of the 2000s, at a time when many technologies that are now embedded in everyday life were far less developed or widely used. Access to Work was introduced in 1994 and, while it has evolved over time, its core eligibility framework was designed for a labour market and technological context very different from today. Smartphones, for example, were much less common and were not yet multifunctional tools that people routinely rely on to manage daily tasks.

Since then, technological change has altered how some people navigate, communicate, and access goods and services. Navigation apps, online shopping platforms, and delivery services can reduce certain practical barriers, while mainstream digital tools such as word processing software and noise-cancelling headphones have become widely available consumer products rather than specialist aids. In some cases, this has reduced the cost or increased the availability of forms of support that previously required bespoke provision.

We are not arguing that technological change makes the need for support redundant, and it does not support disabled people equally. Digital tools can introduce new barriers, require adaptation or training, or be inaccessible to some users. The effect of technology is therefore uneven: it can substitute for certain aids in some contexts, while leaving underlying needs unchanged or creating new forms of disadvantage in others.

However, what is clear, as Policy Exchange has stressed in other reports, is that a system designed around assumptions from the late 2000s and early 2010s, risks failing to reflect how technology has reshaped both the form and, in some cases, the cost of support in daily life. We need a system that is adaptable, evidence-driven and responsive to social and technological change.

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27. <https://www.gov.uk/government/statistics/access-to-work-statistics-april-2007-to-march-2025/access-to-work-statistics-april-2007-to-march-2025>

# Eligibility and Assessment Frameworks

## PIP

Personal Independence Payment (PIP) was introduced by the Coalition Government in April 2013<sup>28</sup>, replacing Disability Living Allowance (DLA) for people aged 16 to State Pension age. It is intended to support working-age adults with some of the additional costs arising from disability.

Disability Living Allowance (DLA) was introduced in 1992 and consisted of two components: a care component, paid at three different rates, and a mobility component, paid at two different rates.<sup>29</sup> Over time, a number of criticisms emerged, which ultimately led to its replacement by PIP. First, the decision-making process was widely seen as inadequate. Over half of DLA decisions were made solely on the basis of a claim form, without the use of additional medical evidence.<sup>30</sup> Second, awards could be made indefinitely. Around 71 per cent of claimants received so-called “life awards”, with limited reassessment.<sup>31</sup> Third, both the number of claimants and the overall cost of DLA increased substantially. In 1992, around one million people claimed DLA at a cost of approximately £3 billion; by 2013, this had risen to 3.3 million claimants at a cost of more than £13 billion.<sup>32</sup> Finally, DLA was increasingly regarded as outdated. After more than twenty years in operation, it was seen as poorly equipped to deal with fluctuating conditions and mental health, and as producing inconsistent and sometimes confusing outcomes.

PIP was designed to address these shortcomings. Several key changes were introduced. The assessment process moved away from a largely paper-based system towards a new norm of face-to-face assessments. Eligibility criteria were clarified through the introduction of a points-based framework, covering ten daily living activities and two mobility activities. This approach focused on the functional impact of a condition on an individual’s life rather than on diagnosis alone, with mental health explicitly included. While broader in scope in this respect, PIP was intended to be more precise and consistent than DLA. The structure of awards was also reformed. DLA’s care and mobility components were replaced with Daily Living and Mobility components, each paid at either a standard or enhanced rate. In addition, PIP moved away from indefinite awards. Awards are generally fixed-term, with reviews built in, although for some long-term conditions which are unlikely to change, these can be light-touch and infrequent every 10 years.

28. <https://commonslibrary.parliament.uk/research-briefings/sn06861/>

29. <https://www.gov.uk/dla-disability-living-allowance-benefit/DLA-rates>

30. <https://www.gov.uk/government/news/personal-independence-payment-rolls-out-to-existing-claimants>

31. Ibid

32. Ibid

There have been further developments since PIP's introduction in 2013. During the COVID-19 pandemic, face-to-face assessments were suspended and replaced by remote assessments, conducted either by telephone or on paper. It was announced in December 2025 that the proportion of PIP assessments carried out face-to-face is set to increase substantially — from approximately 6 per cent in 2024 to around 30 per cent of all assessments. The challenge with moving back to in-person assessment has long been the contracts with third-party suppliers and the need to recruit healthcare professionals. Reforms announced also include extending review periods, with those PIP awards not reviewed before three years for those over 25, and subsequent reviews generally taking place no more frequently than every five years for those who remain entitled.<sup>33</sup>

The application process for PIP has also changed significantly. Claimants are required to complete a detailed form, either on paper or online. Following a digital trial launched in July 2023 and expanded in December of the same year, an online application system was rolled out more widely.<sup>34</sup> However, paper and telephone-based routes remain available.

Early evidence suggests that this change materially affected claimant behaviour. In the first year of digital forms, the government estimated a 22 per cent increase in registrations in the test areas.<sup>35</sup> However, this rise in applications was not matched by a proportionate increase in successful awards. In the first nineteen weeks after the form moved online, the number of awarded applications was estimated to be around 7 per cent higher.<sup>36</sup> This indicates that while digitisation lowered barriers to application and increased overall volume, it also resulted in a proportionately higher number of ineligible claims. A 7 per cent increase in awards is still substantial and, if replicated nationally, would generate additional expenditure, albeit at a lower rate than the growth in applications.

The structure of the assessment itself remains unchanged. The PIP form assesses eligibility across ten Daily Living Activities: preparing food; taking nutrition; managing therapy or monitoring a health condition; washing and bathing; managing toilet needs or incontinence; dressing and undressing; communicating verbally; reading and understanding signs, symbols and words; engaging with other people face to face; and making budgeting decisions. Eligibility for the Mobility Component is determined through two additional activities: planning and following journeys, and moving around.<sup>37</sup>

For each activity, a set of descriptors is applied, each carrying a specified number of points. The greater the assessed impact of a condition on a claimant's ability to carry out the activity, the higher the score. An overall score of eight points results in an award at the standard rate, while twelve points leads to an enhanced rate award. This scoring framework applies separately to both the Daily Living and Mobility components. Below are examples of the Daily Living Activity "Preparing Food" and the Mobility Activity "Planning and following journeys".

33. <https://www.gov.uk/government/news/reforms-to-welfare-system-set-to-save-19-billion-by-the-end-of-203031>

34. <https://www.gov.uk/government/publications/health-transformation-programme-management-information-to-october-2025/health-transformation-programme-management-information-to-october-2025>

35. <https://www.gov.uk/government/publications/apply-for-pip-digital-self-serve-evaluation-summary/apply-for-pip-digital-self-serve-evaluation-summary>

36. Ibid

37. [https://assets.ctfassets.net/vm-s0u05139aw/pip\\_descriptors.pdf/93820be60d56420191292ed56e2c95f/pip\\_descriptors.pdf](https://assets.ctfassets.net/vm-s0u05139aw/pip_descriptors.pdf/93820be60d56420191292ed56e2c95f/pip_descriptors.pdf)

### Daily Living Activities

Activity	Descriptors	Points
<b>1. Preparing food</b>	a. Can prepare and cook a simple meal unaided.	0
	b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
	d. Needs prompting to be able to either prepare or cook a simple meal.	2
	e. Needs supervision or assistance to either prepare or cook a simple meal.	4
	f. Cannot prepare and cook food.	8

*Space for notes*

### Mobility Activities

Activity	Descriptors	Points
<b>1. Planning and following journeys</b>	a. Can plan and follow the route of a journey unaided.	0
	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	4
	c. Cannot plan the route of a journey.	8
	d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	10
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	10
	f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	12

The greater the functional impact of a condition on a claimant's daily life, the more points are awarded under the relevant descriptors. A score of 8 points results in entitlement to the standard rate of the relevant component, while 12 points qualifies a claimant for the enhanced rate. Weekly payment rates currently range between £29.90 and £110.40, and claimants may be entitled to either or both components, depending on their assessed needs.<sup>38</sup>

38. <https://www.gov.uk/pip/how-much-youll-get>

	Daily living component	Mobility component
Standard weekly rate	£73.90	£29.90
Higher weekly rate	£110.40	£77.40

The major challenge with any benefit is to ensure it remains relevant for the time it is operating in. In the case of PIP, the overarching problem is that awards are not sufficiently tailored to individual needs.

First, the structure of standard and enhanced rates reflects a broader weakness. PIP operates in an essentially binary manner. Once a claimant reaches the threshold for either rate within a component, they are awarded a fixed weekly amount. One of the original intentions behind PIP was to deliver a more individualised and functional assessment of need. In practice, however, once the relevant points threshold is met, entitlement collapses into a flat cash award, with little further distinction between claimants whose circumstances may differ significantly in scale, cost, or type of need.

Second, PIP provides support exclusively through cash payments. While cash can be flexible and appropriate in many cases, it is not always the most effective solution. Some needs might be better addressed through specific goods, services, or structured support rather than through an undifferentiated weekly payment. This is particularly evident given the range of activities assessed under PIP. For example, one of the ten Daily Living Activities that determines entitlement to the Daily Living Component is “managing money”. In such cases, the underlying difficulty may relate less to income and more to budgeting, decision-making, or cognitive support, raising questions about whether a cash-only award is always the most appropriate form of intervention.

This point is illustrated by the following example. It is one thing for an individual to lack the cognitive capacity to understand financial concepts, where this reflects substantial impairment affecting independent living, and therefore gives rise to an entitlement to PIP. It is another for someone whose difficulties relate more to practical financial management within an increasingly complex economic environment to receive additional cash support from the state. This highlights a broader tension: the assessment captures functional limitations in managing money, but the remedy provided is a standardised cash payment, regardless of whether the underlying need is income, guidance, supervision, or structured assistance. In this sense, social and economic conditions have evolved — including increased financial complexity and digital consumption — while the structure of disability benefits has not reacted to these changes.

### Question 12 – Managing money

This question is about your ability to make decisions about spending and managing your money. This includes being able to understand how much things cost, how much change you should get in a shop, managing your own budgets, paying bills and planning future purchases. It looks only at your decision making ability, not the physical elements such as going to a post box to send a bill payment or putting money in a purse or wallet.

Help for this activity might include someone:

- prompting or encouraging you
- reminding you to do it or how to do it
- doing it for you

**Q12a Does your condition affect you managing your money?** (Put a cross in one box below)

No **Now go to Q13**

Yes **Continue with Q12**

**Q12b Tell us about the difficulties you have with managing your money and how you manage them.**

For each difficulty, please tell us:

- how often you have this difficulty – tell us about both good and bad days
- what the difficulty is
- why you have it, or how it relates to your condition
- any help you get from another person
- any help you feel you need but do not get

**Examples**

‘Most days I have difficulty making decisions about bills and household budgets because I become very anxious and panicked. My partner helps me make financial decisions.’

‘I always have difficulty paying for things in shops because I find it difficult to calculate how much things cost. My carer helps me understand how much I need to pay.’



The individual described above may not ultimately be awarded PIP. However, the assessment criteria demonstrate how budgeting difficulties can contribute to entitlement.

Under Descriptor B (2 points), a claimant qualifies if they require prompting or assistance to make complex budgeting decisions — for example, where they can manage everyday purchases but struggle with longer-term financial planning. Under Descriptor C (4 points), points are awarded where prompting or assistance is needed even for simple budgeting decisions. Prompting includes reminding, encouraging, or explaining by another person.

For example, an individual who can show that ADHD affects their financial management and that they rely on regular assistance from a partner or parent seemingly would qualify as receiving either two or four points towards the eight required for the standard rate of the Daily Living component. That is a significant share of the qualifying threshold.

This raises a structural question: where the identified difficulty relates specifically to budgeting and financial organisation, is a flat weekly cash award the most appropriate response? If the barrier concerns executive functioning or impulse control, targeted support — such as budgeting tools or structured financial guidance — may address the functional limitation more directly than additional income.

In some cases, a weekly cash benefit may not be the most efficient or effective form of support, either for the recipient or for the taxpayer. Where a need is clearly linked to a specific barrier, direct provision of an aid or service may offer better outcomes. For example, an individual who has difficulty moving without an aid may benefit more from being provided with that aid — such as a cane, mobility scooter, or stairlift — than from receiving an undifferentiated cash payment. The existing Motability scheme, available to those receiving the enhanced rate of the mobility component, already reflects this principle by allowing claimants to exchange cash entitlement for practical support.

Technological change has also altered the context in which some support is required, even where eligibility appropriately remains based on functional impact rather than the availability of tools. Navigation apps such as Google Maps, for example, can reduce reliance on specialist equipment or paid assistance for some individuals when planning and following journeys. However, the structure of PIP awards does not distinguish between needs that require bespoke provision and those that may increasingly be met through widely available consumer technology, instead defaulting to flat cash payments.

There may therefore be scope to extend the logic of in-kind support in some ways. In large cities, some claimants may use a significant proportion of their PIP on taxis or private hire vehicles. Rather than relying solely on cash payments, the government could explore negotiated discount schemes with transport providers, with claimants given the choice to receive part of their entitlement in this form. Similar options could be considered in other areas where consistent patterns of expenditure are

identified. For example, there is a taxi card scheme in London.<sup>39</sup>

Such an approach would also help future-proof the system in a context increasingly shaped by digital optimisation. Itemised or in-kind support is less susceptible to gaming by artificial intelligence tools designed to maximise cash awards through form optimisation. By linking support more closely to demonstrable needs and actual costs, rather than to broad descriptors alone, this model could improve targeting, strengthen public confidence, and reduce the scope for unintended expansion.

For this to be workable, however, the Department for Work and Pensions would need to collect more detailed information at the application stage about the specific costs claimants incur. Better data would enable more proportionate, evidence-driven decisions.

### Access to Work

Access to Work was launched in 1994 to support disabled people and those with long-term health conditions to enter, remain in, or return to work. The scheme provides funding for practical workplace support, including specialist equipment, travel-to-work assistance, support workers, and aids or adaptations.

In 2011, a review of employment support for disabled people led by Liz Sayce concluded that Access to Work was highly effective but significantly underused, largely due to low awareness. The Coalition Government accepted the review's recommendations in full, including proposals to expand the scheme and increase funding.<sup>40</sup>

Subsequent growth in demand led the Coalition to introduce a package of reforms intended to improve sustainability. These included greater flexibility for individuals over how their allocated funding could be used, alongside the introduction of a cap on the total value of support an individual could receive. At the time, although the average award was around £3,000 per year, around 200 claimants accounted for more than 10 per cent of total expenditure, with some individual awards exceeding £100,000.<sup>41</sup> The cap was initially set at around 1.5 times the national average salary<sup>42</sup> and was later increased following concerns from individuals who required British Sign Language interpreters in the workplace.<sup>43</sup> It is now set at £69,260 per year.<sup>44</sup>

Eligibility for Access to Work is broad. Individuals can apply if they are aged 16 or over and are in paid employment, self-employed, or about to start or return to work. Access to Work can be claimed alongside Personal Independence Payment. Access to Work does not require claimants to have a formal medical diagnosis; instead, eligibility is based on whether a physical or mental health condition affects their ability to do their job and whether workplace support is required.

### Assessment: Access to Work

Claimants apply for Access to Work by completing an online form or by telephone. As with PIP, this process became available online relatively recently, with the government announcing in May 2024 that applications

39. <https://www.londoncouncils.gov.uk/services/taxicard>

40. <https://www.gov.uk/government/news/sayce-review-response-government-to-support-thousands-more-disabled-people-into-mainstream-employment>

41. <https://www.gov.uk/government/news/new-measures-to-support-more-disabled-people-into-work>

42. <https://www.gov.uk/government/news/new-measures-to-support-more-disabled-people-into-work>

43. <https://www.disabilityrightsuk.org/news/2018/march/access-work-uprating-cap-be-twice-average-earnings?srltid=AfmBOoo9MY6S7tNaYZ9hJZXd7krAlvt-DCTilHJMdCuXMBMNeAsK9DhE>

44. <https://www.gov.uk/government/publications/access-to-work-factsheet/access-to-work-factsheet-for-customers>

could be digital.<sup>45</sup> The form asks applicants to describe their health condition or disability and how it affects them in the workplace.

Applicants are then asked to outline the types of support they believe would help them to work effectively. These categories include specialist equipment, mental health support, support workers, travel to and from work, travel during work, workplace changes, vehicle adaptations, and additional information. Applicants can identify multiple areas of need and explain how each form of support would assist them at work, although final decisions rest with Access to Work assessors. While this flexibility has been seen as a strength of the scheme, it has also contributed to rapid growth in demand, particularly in specific categories such as support workers, raising questions about long-term sustainability. A relatively small number of high-cost awards now account for a disproportionate share of overall expenditure.

In the additional information section, applicants are able to describe other resources or forms of support they believe would be beneficial. Analysis of online discussion groups and influencer content suggests that some applicants are encouraged to use this section expansively, including by referencing products or services discussed online.

Following submission, applications are typically reviewed by an assessor, who may contact the claimant by phone to clarify support needs and, where appropriate, speak with the employer. In some cases, further discussion may take place via video call or other assessment formats, depending on the complexity of the support requested.

Evidence also suggests that Access to Work usage is uneven across the labour market, with larger employers and public sector organisations making greater use of the scheme than smaller firms<sup>46</sup>. This raises questions about whether Access to Work is always operating as a targeted intervention, or whether it is increasingly subsidising support that employers might otherwise be expected to provide.

Current growth trajectory for Access to Work is not fiscally sustainable. Demand has risen sharply in particular categories, most notably support workers, with a relatively small number of high-cost awards accounting for a disproportionate share of overall spending. This has renewed questions about how support is targeted, assessed, and prioritised within the scheme. The average award in 2023/24 was £6,600, but this is forecast to rise to £8,500 by 2029/30.<sup>47</sup> The overall grant expenditure was £249 million in 2023/24, which is forecast by DWP to increase to £712 million by 2029/30.<sup>48</sup>

For these reasons, there is a growing case for greater standardisation in how support is specified and delivered. Policy Exchange has previously argued for a more centrally curated system of approved aids, equipment, and services, potentially through an online marketplace. Such an approach could improve consistency, reduce delays and costs through bulk purchasing.<sup>49</sup>

Sir Stephen Timms MP, Minister of State for Social Security and Disability, has recognised some of the challenges in the Access to Work

45. <https://www.gov.uk/government/news/dwps-access-to-work-applications-go-digital>

46. <https://www.gov.uk/government/statistics/access-to-work-statistics-april-2007-to-march-2025/access-to-work-statistics-april-2007-to-march-2025#:~:text=Percentage%20of%20customers%20in%20receipt,8%25%20of%20all%20Element%20recipients>

47. <https://www.gov.uk/government/publications/access-to-work-grant-expenditure-forecasts/access-to-work-grant-expenditure-forecasts>

48. Ibid.

49. <https://policyexchange.org.uk/publication/for-whose-benefit/>



clearer guidance on cost, appropriateness, and employer responsibility, the scheme risks inconsistent outcomes and weakened value for money.

Secondly, some items funded through Access to Work are now widely available consumer products or standard business expenses, rather than specialist aids. Noise-cancelling headphones, for example, were once a relatively niche and premium form of support, but are now commonplace and routinely purchased by individuals and employers alike. Similarly, software that is either freely available or commonly treated as a normal business cost should not routinely be funded through Access to Work.

The Department for Work and Pensions was unable to provide data, in response to a parliamentary question, on how many Microsoft Office subscriptions have been funded through the scheme.<sup>57</sup> Yet, quite frankly, Access to Work should never pay for Microsoft Office. It is a standard workplace tool. Analysis of online discussion forums further suggests that a range of software products have been awarded through Access to Work, despite the availability of free or low-cost alternatives. In some cases, such as writing assistance tools, free versions already provide substantial functionality.

The screenshot shows a Reddit post from a user with a 'Join' button. The post title is 'Access to work - list of products & support' and it is categorized under 'Tips/Suggestions'. The post content includes a text introduction, a list of hardware items, a list of office equipment items, and a list of software items. The hardware list includes noise-canceling headphones, a ReMarkable 2, an ergonomic mouse and keyboard, a visual timer, a laptop, Loop Airplugs, and a SAD lamp. The office equipment list includes a standing desk, a second monitor, and an ergonomic chair. The software list includes body doubling, Brain.fm, Braininhand, Caption.Ed, Dragon, Grammarly, Evernote or Notion, Ideamapper, and Motion.

**Access to work - list of products & support**  
 Tips/Suggestions

Hey folks, I noticed many of us asking for a comprehensive list of products and support that have been awarded in the past by Access to Work.

I went through 50+ Reddit posts + talked to friends + sharing my experience as well.

Hope this is helpful, but please keep in mind that:

- This list is not exhaustive
- The awarded support highly depends on who your assessor is
- And most importantly, individual circumstances define what support you can request/receive

+++++

**Support**

1. ADHD Coaching: 6 months of coaching and anywhere between 12 and 24 hours in total
2. Virtual Assistant: 10-20 hours per week (tasks, calendar mgmt, project mgmt, etc.)

**Hardware**

1. Noise canceling headphones (e.g. Bose QC45)
2. ReMarkable 2 with Marker Plus
3. Ergonomic wireless mouse and keyboard

**Hardware**

1. Noise canceling headphones (e.g. Bose QC45)
2. ReMarkable 2 with Marker Plus
3. Ergonomic wireless mouse and keyboard

**Office Equipment**

1. Standing desk
2. Second monitor
3. Ergonomic chair (e.g. HermanMiller Mira)

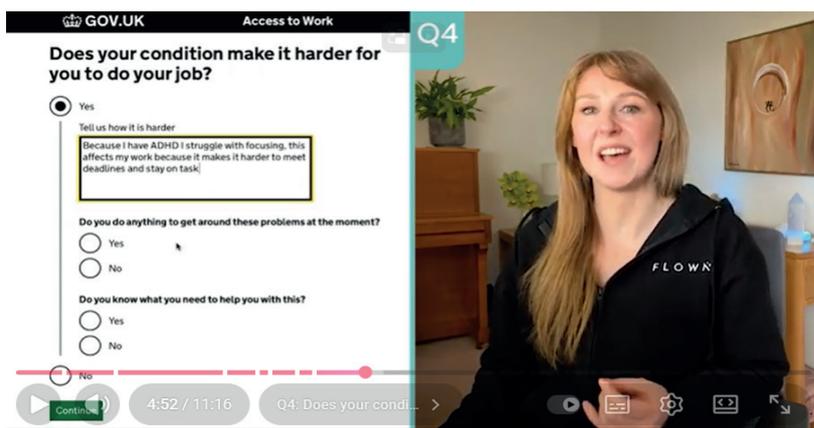
**Software**

1. Body doubling (e.g. Deepwrk)
2. Brain.fm (focus sound)
3. Braininhand (digital & human support)
4. Caption.Ed (captions)
5. Dragon (speech recognition software)
6. Grammarly (writing assistance)
7. Evernote or Notion (note-taking)
8. Ideamapper (mind mapping)
9. Motion (daily planner)

Thirdly, the support awarded through Access to Work is not always clearly linked to demonstrable effectiveness. There is no defined or publicly available list of items or services that can be funded through the scheme. As a result, assessors are required to exercise significant discretion when deciding whether a requested item is appropriate or helpful. While professional judgement is necessary, the absence of clear parameters makes decision-making inconsistent and difficult to scrutinise.

57. <https://questions-statements.parliament.uk/written-questions/detail/2025-11-26/HL12343/>

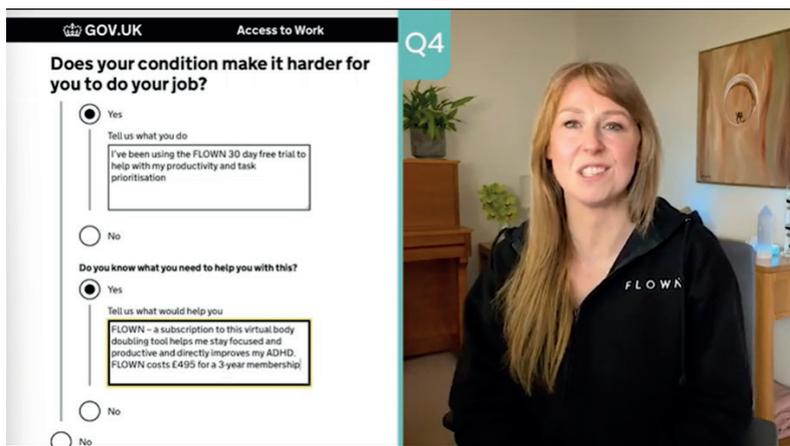
It also creates space for informal and commercial influence. We identified examples of individuals advising applicants to request specific products or services that they themselves have created or promote. For instance, FLOWN offers a video guide to Access to Work applications, which had over 4,000 views at the time of review. Within the video, example answers are provided, and it is noted that Access to Work operates with a £500 limit per individual recommendation. The video further highlights that FLOWN’s three-year membership is priced at £495, just below this threshold.<sup>58</sup>



**Access to Work Grant application guide for ADHD & neurodiverse individuals**

FLOWN 2.63k subscribers **Subscribe** 77 likes Share Save

4.3k views 2 years ago  
00:00 Introduction  
00:43 What is the Access to Work grant?  
01:25 Access to Work grant eligibility ...more



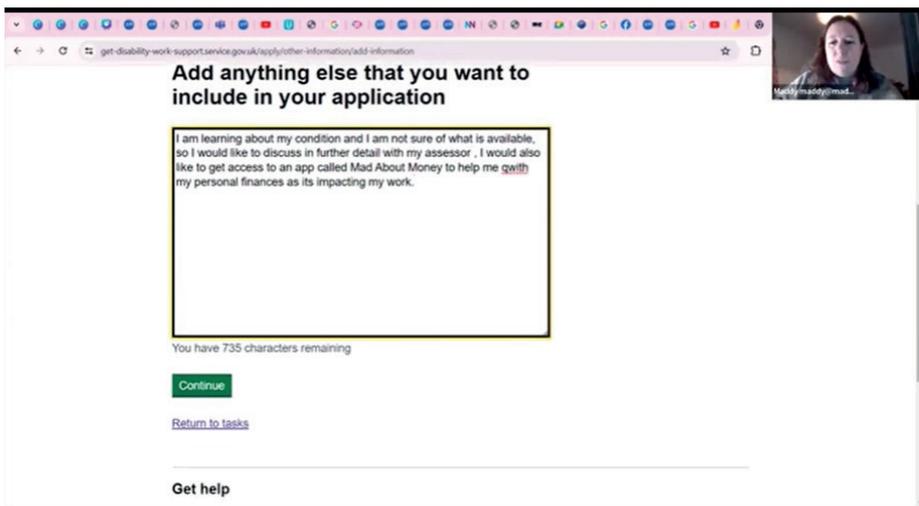
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58. [https://www.youtube.com/watch?v=v\\_WV-7fOsEGk](https://www.youtube.com/watch?v=v_WV-7fOsEGk)

Although the application form has changed since this video was produced, there remain open-ended sections where similar advice could still be used. In another example, a video with over 300 views features Maddy Alexander-Grout advising applicants to use the final free-text box to request access to an app she founded.<sup>59</sup> These cases illustrate how, in the absence of clear guidance or approved lists, Access to Work risks funding products whose selection is shaped less by independent assessment of need and effectiveness and more by online promotion or self-recommendation.



### Access To Work Walk Through



Maddy Alexander-Grout  
424 subscribers

Subscribe



Share



325 views 1 year ago #disabled #disability #accesstowork

I have created this walk through to help people to apply for Access to work which is a grant for people with disabilities to get funding to support them either in employment or self employment, to use as a body double session. ...more

Individuals and companies are, of course, entitled to produce content that promotes their own services or suggests that applicants request access to them (even though one could question if this is morally appropriate). The issue is not the existence of such material, but the incentive structure created by the current system. By relying on open-ended requests, discretionary assessment, and the absence of approved or standardised support options, Access to Work creates conditions in which self-promotion and product-specific advocacy are rational responses. In effect, the design of the scheme encourages providers to position their services as necessary forms of support, rather than requiring that necessity to be demonstrated independently.

59. Access To Work Walk Through: <https://www.youtube.com/watch?v=b8ZDF6Hu1dg>

## Proposals for Reform

1. **Applicants for Personal Independence Payment should be actively directed towards other relevant forms of support, including Access to Work, where appropriate,** without creating a presumption of eligibility.
  - a. All PIP applicants should receive clear, tailored information about other support they may be eligible for, including Access to Work, employment support, and local or condition-specific provision.
  - b. Where an applicant indicates that they are in work, about to start work, or seeking employment, they should be offered a facilitated referral to Access to Work.
  - c. Information already provided during the PIP application should be reused, where relevant, to reduce duplication.

PIP has increasingly become a tick-box and rigid system that is not enabling disabled people (to the extent it should). Many disabled people are fearful of illustrating that they actively participate in society for fear of losing access to this benefit (even though PIP is solely an extra cost benefit). This perpetuates a negative feedback loop where, while it is stated that PIP is supposed to help them lead “full, active and independent lives”<sup>60</sup>, you have to prove what activities you cannot complete. This creates a perverse incentive structure in which many disabled people feel compelled to downplay participation in work, education, or social life for fear of jeopardising their entitlement. By possibly enabling more proportionate, coordinated interventions through clearer signposting and facilitated referrals to other schemes, these recommendations help to weaken this incentive and better align participation with continued access to appropriate support.

2. **To support a more dynamic and adaptable approach to eligibility, the online application forms for Personal Independence Payment and Access to Work should be fundamentally redesigned and routinely updated.**
  - a. Current forms rely on overly rigid, binary questions that reflect outdated assumptions about disability, work, and daily functioning. These should be replaced with questions that better capture variation, fluctuation, and context.
  - b. Application forms should be reviewed and revised on a regular cycle, aligned with the periodic review of eligibility criteria that Policy Exchange have previously called for in both “For Whose Benefit” and “Lapse of Judgement” to ensure they continue to reflect changing social norms, patterns of ill-health, and working practices.
  - c. The widespread availability of assessment guides and example responses online has further exposed the limitations of static,

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60. <https://haas.capita.co.uk/en/benefit-types/pip>

predictable forms. Redesigning forms on a rolling basis would help ensure assessments test genuine need rather than familiarity with the system.

The written form stage of both the PIP and Access to Work application processes is currently a significant weakness. Department for Work and Pensions assessment guides for assessors are readily available online, enabling applicants with digital access to tailor responses to what is most likely to be accepted, thereby increasing their chances of making successful applications relative to others. While transparency and fairness are important objectives, the publication of detailed assessment criteria has not achieved these aims in practice. Instead, it has fuelled a growing ecosystem of online influencers, forums, AI tools, and commercial services that coach claimants on how to complete forms,

At the same time, the binary structure of application questions encourages applicants to present their circumstances in absolute terms, obscuring fluctuation, coping strategies, and contextual need. Rather than anticipating the specific, practical support an individual may require, the current forms encourage an overall portrayal of impairment that is easier to standardise but poorly aligned with lived experience. By introducing more dynamic, contextual questioning and regularly refreshing application forms, these recommendations would reduce the scope for gaming, improve the quality of information collected, and shift assessments away from performative responses towards a more accurate understanding of genuine need.

**3. Applicants should be required to provide more detailed and robust evidence than is currently required to support more accurate and credible decision-making.**

- a. As with Access to Work, applicants for Personal Independence Payment should be required to set out in greater detail the specific additional costs they incur as a result of their functional challenges, including what the award is intended to fund and providing verifiable evidence of likely costs. This would better align PIP with its stated purpose of meeting the extra costs of disability and improve transparency and targeting. This approach should not be framed as an open-ended assessment of “need”, but as a means of anchoring awards to demonstrable, proportionate, and bounded costs, assessed against reasonable benchmarks rather than claimant-defined expectations.

**4. Medical Evidence Should Be Required to Support All Claims.**

- a. All claims for Personal Independence Payment should be supported by robust medical evidence, appropriate to the nature of the condition being claimed. Strengthening the evidential threshold for eligibility is essential to improving

the accuracy, credibility, and consistency of decision-making, particularly in areas where subjective self-reporting currently plays an outsized role. For claims based primarily on mental health conditions, a formal clinical diagnosis should normally be required. Where a diagnosis is not yet in place due to waiting times or barriers within the health system, claimants should be required to provide alternative, robust medical evidence demonstrating ongoing treatment, referral to a specialist after an initial clinical assessment, or formal clinical assessment in order to access support on a temporary basis pending formal diagnosis or lack thereof.

This approach recognises the reality of access constraints within mental health services, while ensuring that entitlement is grounded in clinical engagement rather than self-declaration alone. It strengthens the evidential basis of awards in one of the most contested areas of the system, improves public confidence, and reduces reliance on subjective assessment where objective corroboration is both possible and appropriate.

**5. Assessments should be conducted face-to-face as the default. Remote assessments should be used only in exceptional circumstances and where there is a clear justification for doing so.**

- a. Face-to-face assessments allow for a fuller, more accurate understanding of functional impact, particularly in complex or contested cases. Remote assessments should be permitted only where attendance would pose a significant barrier to the claimant and where this can be clearly evidenced. Where existing evidence is comprehensive and uncontested, decisions should be made without the need for an assessment.
- b. Clear criteria should govern the use of remote assessments to ensure they remain the exception rather than becoming an operational choice by the DWP.

In the absence of direct observation, assessments overly rely on how well claimants express their limitations, favouring those who are better able to navigate the system. By reinstating face-to-face assessments as the default, with remote options strictly limited, this recommendation would enhance the quality and credibility of decision-making and lessen the chance for performative responses.

**6. To support more accurate targeting and longer-term reform, the system should systematically collect better data on the different costs incurred by individuals.**

- a. Over time, this would allow Personal Independence Payment to move away from a blunt, one-size-fits-all model towards more nuanced and evidence-based support. Information on

the types and levels of extra costs reported by claimants, and the support ultimately provided, should be analysed to identify consistent patterns across different conditions, types of impairment, regions, and working arrangements. Carefully deployed analytical tools, including artificial intelligence, should be used to support this analysis and inform policy development.

- b. As this evidence base develops, claimants should start to receive more tailored, itemised forms of support — such as specific equipment or services — instead of all or part of the cash award.

## Conclusion(s)

The UK's health and disability benefits system is being tested by forces it was not designed to withstand. Social media, influencer content, dedicated forums and generative AI have reduced the friction that once limited both awareness of schemes and the ability to navigate them successfully. This has not made dishonesty the norm, but it has widened the contested grey area in which functional difficulty, subjective interpretation, and coached presentation can converge. If left unaddressed, this dynamic risks continued growth in claims and costs, alongside a gradual erosion of public confidence in whether support is being targeted consistently and fairly.

The report also shows that the structure of assessment and award design has not kept pace with changing patterns of ill health or the modern information environment. In PIP, a detailed functional assessment frequently translates into blunt and binary cash awards that are insufficiently tailored to the barrier identified. In Access to Work, highly personalised support can deliver significant benefits for disabled workers, but open-ended requests and discretionary assessment create scope for inconsistency, optimisation, and funding that drifts toward standard workplace costs. Across both schemes, the gap between policy intent and operational reality is becoming harder to justify.

Reform should therefore focus on redesigning the system to be resilient in a world of widespread guidance and AI assisted applications. That means strengthening evidential requirements, improving decision making consistency, and restoring the role of observation and professional judgement where appropriate, including through face-to-face assessment as the norm. It also requires modernising forms and eligibility tests on a rolling basis so they capture variation, fluctuation, and context, rather than rewarding familiarity with a static process. Over time, it might be appropriate to move away from a one size fits all cash model toward a more cost anchored approach, with better data on the extra costs claimants face and greater scope for itemised or in kind options where these would better address the underlying barrier.

Ultimately, the goal is to restore coherence: a system that protects those who are clearly entitled, reaches those who are underserved, and narrows the space in which uncertainty and optimisation can drive unsustainable expansion. By aligning support more closely with demonstrable needs and effective interventions, government can make the system fairer to claimants and more credible to the public. Without such reform, a rigid and predictable framework will remain vulnerable to increasingly

sophisticated forms of coaching and automation, driving further caseload growth and weakening the system's financial, technical, and moral sustainability.



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Policy Exchange  
1 Old Queen Street  
Westminster  
London SW1H 9JA

[www.policyexchange.org.uk](http://www.policyexchange.org.uk)