

Adult Disability Payment: Learning from a values-based approach - Citizens Advice Scotland's Response to the Timms Review

May 2026

Key insights

- **A four nations approach** to social security is crucial; **changes to reserved social security will have a significant impact in Scotland**, and Scotland's experience of devolving Personal Independence Payment (PIP), and developing Adult Disability Payment (ADP) provides valuable learning for the Timms Review.
- ADP in Scotland was co-produced with disabled people, resulting in a design rooted in **dignity, fairness and respect**, supported by in-house medical expertise, and a broader approach to gathering supporting information. This approach is transformative, with people describing interactions with Social Security Scotland as humanising and promoting self-worth.
- An early **independent review of ADP highlights a strong commitment to continuous learning**, offering valuable insights for the Timms Review by showing how pro-active evaluation, grounded in lived experience, can shape fairer, more effective reform.
- Scotland's ADP Review was thorough, transparent and grounded in lived experience, identifying the need for rigorous decision-making and a simpler application process. It concluded that modernised **criteria that are holistic, wellbeing, and quality of life-based** would **empower** both individuals and decision makers to correctly identify aspirations and break down barriers.
- Well-resourced, trusted advice services are essential to making any reform of PIP effective in practice, they **play a pivotal role** in supporting people to **navigate and realise the benefit of changes to the social security landscape**, while helping social security to **achieve more** by bridging fragmented service provision.

The reserved and Scotland's devolved social security system are inextricably linked- a four nations approach is essential

While the process of replacing PIP with ADP in Scotland was complete by August of 2025, UK Government led changes to social security for sick and disabled people have significant implications for people living in Scotland.

Reserved and devolved social security are inextricably linked. Of the four nations, Scotland has the highest proportion of its Universal Credit (UC) claimants on the UC health journey, with 51% of Scotland's UC claimants in December 2025 (352,079 people) navigating this process¹. This means

¹ [Stat-Xplore - Log in](#)

that decisions about reserved benefits directly shape the experiences and outcomes of hundreds of thousands of people in Scotland who access devolved disability support. Furthermore, ADP is currently recognised by the UK Government as equivalent to PIP for the purpose of passporting, which ensures carers of disabled people in Scotland can continue to access support such as the Carers Element of UC.

If PIP and ADP diverge streamlined passporting may no longer be possible, creating new barriers for people who rely on both systems. This means that people in vulnerable circumstances could face a heavier administrative burden at a time when they need clarity, or they could miss out on essential support for independent living or caring. These risks make alignment between PIP and ADP a critical consideration for the Timms Review as it examines the future of PIP and its interaction with devolved systems.

While the process of replacing PIP with ADP in Scotland has now been completed, the functional criteria and core design were kept broadly aligned to ensure a safe and secure transition for people moving between the two systems. However, **because ADP was co-produced with disabled people, it delivers a different experience in practice.** ADP uses in-house medical expertise, relies far less on face-to-face assessments, and takes a broader approach to supporting information. When an assessment (referred to as a consultation in Scotland) is needed, it is recorded by default unless the person opts out. This approach reduces stigma, avoids intrusive informal observations and often traumatic assessment-centre experiences, and instead draws on the insights of carers, friends and family who know the disabled person best. These changes have generated a **process widely experienced as kinder and more respectful**².

"I felt violated [after applying for PIP before the introduction of ADP]. Social Security Scotland (SSS) were amazing. I probably gave PIP more information, and put more effort in, but SSS saw [my health challenges] anyway. You realise how much you depend on others. It's hard to admit you are not who you used to be, but SSS." (Individual supported by CAS, January 2024)

The experience of ADP in Scotland: what we have learned to date

- **ADP is an enabler**

Adult Disability Payment (ADP) acts as an **enabler, helping people to meet essential costs, stay-in work and live healthier, more independent lives.** A quarter of the people our network supports with advice about ADP are in work. Our advisers speak of how daily living awards are used to heat homes adequately, charge equipment, purchase appropriate foods, fund private physiotherapy or counselling, access household cleaning services, maintain social networks and engage with support groups.

"I've faced serious hurdles over the years — growing up with abusive parents, experiencing periods without secure housing, and struggling to find consistent work. I was working crazy full-time hours and hitting such a huge wall of burn out. I felt like I was working in a supportive environment, but attitudes suddenly shifted when I revealed my diagnosis. The support wasn't there, and my contract was not renewed after three years' service. [After this] I was bedbound for a long time and experienced severe depression. ADP helped me

² Acknowledged for example here [Adult Disability Payment | Audit Scotland](#)

through and has provided stability in my life. I now work part time without risking my wellbeing. I am able to put a bit away and get by from month to month.” (Glasgow Disability Alliance member, interviewed by CAS June 2025)

- **Advice services have a key role in the delivery of social security reforms**

The whole person advice delivered by the CAS network enables social security to achieve more by promoting financial stability, addressing multiple challenges, and connecting people to a range of national and local services. SSS’s most recent client satisfaction survey covering additional costs of disability payments indicates that almost one in two (46%) of ADP applicants and almost seven in ten (67%) of PADP applicants require support to progress their applications³. Citizens Advice Scotland is the third largest source of this support, behind only the applicant’s friends and family and SSS itself. Insight from advice services is essential to the Timms Review, offering evidence on how PIP reforms can be most effectively designed and introduced.

- **Social Security Scotland is working towards a more accessible application process**

The evidence of our network shows that people applying for ADP are typically **living with multiple, interacting conditions rather than a single diagnosis**. For people in crisis applying for ADP, the impact of health is often treated as a “footnote” within a wider struggle to stay afloat. Immediate pressures such as housing, income, or energy costs can overshadow the health conditions the system is meant to recognise, making it harder for needs to be fully understood. People’s circumstances can be complex and difficult to capture by exploring functional restrictions alone.

Our evidence shows that applying for ADP could be made more accessible, particularly for those who face communication barriers (including dyslexia, or English as a second language), or who struggle to convey their experiences in writing. The application process asks people to confront and articulate painful aspects of their lives and identities. Certain ADP application questions can come across as binary, which can elicit incomplete responses. This offers an important learning point for the PIP application form: simplifying the form within the narrow functional criteria has proved difficult. The ADP application form reflects co-production but is still evolving. Evidence from both CAS network and the ADP Review indicates that open questions, supported by appropriate prompts, can be particularly effective.

Ruth’s experience - *Ruth sought support from her local CAB to challenge a decision to refuse her an award of ADP. Ruth experiences chronic pain; her mobility is limited. She uses grab rails and other aids and only leaves home with the support of family. Ruth had been confused by the ADP application process; she struggled to understand what information was being sought and defaulted to simply selecting “no” in response to the application questions, indicating no need for help. She confided to the CAB adviser that “pride” prevents her from acknowledging the help that she needs.*

In research conducted by the Scottish Government, decision makers observed that the **use of open questions supports person centered decision** making⁴. Our advisers are clear- better **criteria**

³ [Client Survey: Disability Payments \(April 2025 - September 2025\) - Social Security Scotland](#)

⁴ [Executive Summary - Devolved disability benefits: decision making evaluation - gov.scot](#)

that are holistic, wellbeing and quality of life-based would empower both individuals and agency to correctly identify and address barriers⁵.

- **Ensuring effective communication and going beyond narrow functional criteria would improve identification of barriers to participation**

During October to December 2025, redeterminations and appeals combined represented more than a fifth (22%) of all ADP advice. Advice on redeterminations has remained consistent over the last year, representing the third highest demand area of ADP advice; appeals grew substantially as a proportion of all ADP advice, up by 12% relative to the same time the previous year. This is an indicator of how difficult decision making based on the current criteria can be, and how important it is to introduce modernised criteria⁶.

When decision-making is unpredictable, people can feel disbelieved and dismissed.

***Julie's experience:** Julie approached her local CAB for support to challenge an ADP refusal. Julie experiences severe mental ill health and is under the care of her local Drug and Alcohol Support service and psychiatry. The refusal of an award was primarily because Julie has been sober for around 3 months and is motivated to recover, but she continues to struggle with significant mental ill health and grief following a recent bereavement. The stress of challenging the ADP decision triggered a severe flare up of a painful skin condition.*

Consistent decision-making fosters trust and a sense of fairness; it can nurture a sense of having been heard and support planning for the future. Appropriate communication with applicants is key to building trust and ensuring accuracy. For **some applicants, having the option of a consultation in their preferred format provides a valuable opportunity to convey the impact of their condition.**

Getting the balance right between removing the harms in the current PIP assessment process and preserving the value of in-depth interactions with the agency will be key to the success of future changes to PIP. Scotland's experience highlights that person-centred engagement can support accurate, fair decision making.

The functional criteria used by ADP, which replicate those used by PIP, can be hard for people to relate to their everyday experience. The criteria, reflecting how points are allocated, focus on what a person cannot do. This can disempower and devalue people, while making it difficult for people and assessors to unpick the interaction between health-related impairments, barriers to activity related to living conditions, and individual circumstances. For example, the criteria do not effectively distinguish between a wheelchair user with strong social networks and excellent access to resources, and a wheelchair user struggling to afford the essentials, with experience of trauma and limited connectivity.

- **Eating disorders**

Eating disorders are one example of how narrow criteria struggle to capture the complex barriers people face to staying well and thriving.

⁵ [Response to the Adult Disability Payment \(ADP\) Call for Evidence | Citizens Advice Scotland](#)

⁶ [Adult Disability Payment \(ADP\) Insights March 2026 | Citizens Advice Scotland](#)

Nicole's experience: *Nicole lives with anorexia; to facilitate her discharge from hospital, she was referred to an outreach CAB adviser by her clinical team to review her eligibility for financial support. Dressing and bathing can both have a significant relationship to Nicole's health. Nicole's ability to engage socially is shaped by the role of food in social life. Her ability to move around in a healthy way is impacted by her compulsion to exercise. These impacts do not constitute functional restriction as defined by the current ADP criteria, preventing Nicole from accessing support that could help her recover.*

- **Fluctuating conditions**

There is emerging evidence that the application process can disadvantage people with invisible and fluctuating conditions. For example, diseases of the Musculoskeletal System and Connective Tissue represent 25% of the ADP caseload, yet 72% of people with these conditions score fewer than 4 points across all activities⁷. This suggests a structural mismatch between functional criteria and people's lived experience of, for example, pain and fatigue.

Experiences of fluctuating conditions vary widely depending on how often symptoms change, how long those changes last, how severe the changes are, and the circumstances in which changes occur. The current application process for both ADP and PIP does not capture this unpredictable variability, making it difficult for many people with fluctuating conditions to convey the real impact of their symptoms. SSS, as part of a continuous learning approach, is undertaking work to ensure that a robust application of the "reliability" criteria can contribute to an improved approach to fluctuating conditions.

Ashley's experience: *Ashley attended her local CAB to help challenge an ADP decision. Ashley has lived with bipolar disorder for over two decades. During a manic episode she advised SSS in response to a scheduled review process that she was "completely fine" and had no ongoing struggles. When she subsequently suffered a period of depression, she could not face correcting and elaborating upon her submission to the review, and her ADP award ended.*

- **Mobility**

"Almost every client I have seen with regard to claiming ADP has had mobility issues and they often overestimate how far they can walk without pain, breathlessness, stumbling and falling."
(CAB adviser, August 2024)

Our advisers report that the Mobility criteria do not account for the distance a person might have to travel to access their network and essential services, nor do they reflect factors that affect walking, such as terrain. The implications of walking for subsequent functionality were felt to be poorly understood and insufficiently addressed by decision makers⁸.

People often think of their care needs and mobility needs as separate. This can make it harder for people to recognise that the same health conditions that are driving their care needs can also limit their ability to get around. Someone with arthritis may focus on the help they need with dressing or meals, without realising that the same symptoms make walking difficult. By contrast, people generally find it easier to understand that mobility restrictions can increase care needs. This is

⁷ Regardless of whether they were receiving a standard (94% vs 87%) or enhanced (33% vs 19%) award [Adult-Disability-Payment-Daily-Living-scoring-Management-Information-as-at-24-March-2025.xlsx](#)

⁸ [ADP: Mobility Component Consultation | Citizens Advice Scotland](#)

reflected in our data⁹. During 2025-2026, 65% of those receiving advice about the Daily Living component were also receiving advice about the Mobility component; in contrast 93% of those advised on the Mobility component were also being advised on the Daily Living component.

As with PIP, these limitations in the ADP mobility criteria are compromising the ability of this component to deliver the support needed for independent living, participation and employment.

- **Understanding health-related barriers**

ADP is being delivered in the context of significant pressure on household incomes, which is restricting its capacity to enable people to fully meet their additional living costs associated with disability. Instead, our evidence shows that **ADP is frequently diverted to deal with high living costs**, meeting increasing energy prices for example. Furthermore, it is recognised that people living in more deprived areas are at greater risk of ill health in working age relative to their peers living in less deprived areas¹⁰- and experience worse outcomes while living with a condition. These dynamics are the critical context which must inform the evolution of both ADP and PIP. Both payments currently have as their stated aim supporting disabled people to meet the additional costs of living with health conditions. However, current payment rates are not grounded in evidence of the real-world additional costs being faced by disabled people and are not keeping pace with them. The **adequacy of social security payments must be reviewed to reflect life today and the cost of the essentials**. At the same time, the criteria do not adequately explore the root causes of individual functional restrictions.

As our data indicates, the **link between inadequate income, ill health and deprivation is complex and can be self-reinforcing**. Many who seek ADP advice from us also require advice related to low incomes; the majority (57%) are living in Scotland's most deprived areas. During October to December 2025, where other advice was given alongside advice about ADP, that other advice concerned Universal Credit (46%), Council Tax (15%) and energy (11%)¹¹. There is evidence that people living in the most deprived areas are more likely to experience severe limitations in carrying out everyday tasks compared with people in less deprived areas living with the same condition, profoundly affecting quality of life¹². **Underlying this inequality** is that financial insecurity and a lack of access to high quality, flexible employment and appropriate housing make managing and promoting health much more challenging¹³. The **current functional criteria are unable to capture this** -more effective criteria has the potential to deepen individual and population level understanding of how dignified cash support can be linked to other sources of support while promoting individual aspirations.

⁹ Considering Social Security Scotland [data](#), it is noteworthy that just 6% of the ADP caseload by January 2026 was Mobility component only awards, whereas 41% of awards were Daily Living component only. Of those in receipt of a Mobility award by January 2026, just 13% were accessing the Motability scheme.

¹⁰ [Healthy life expectancy trends in the UK: a watershed moment - The Health Foundation](#) and [Taken to heart: Inequalities in heart disease in Scotland | IPPR](#)

¹¹ This is reflected in abundant analysis of the financial position of disabled people e.g. [Learning Disabilities and Financial Security | FAI](#)

¹² [Socioeconomic disadvantage and self-reported health - The Health Foundation](#) and [What would it take to halve the gap in healthy life expectancy? - The Health Foundation](#)

¹³ [Health inequalities | Oxford Open Economics | Oxford Academic](#)

The experience of ADP in Scotland: the next steps for the development and delivery of reforms

As part of its commitment to the continuous improvement of social security in Scotland, an Independent Review of ADP was conducted between February 2024 - July 2025. The Review considered people's experiences of the delivery of ADP and the eligibility criteria. The Review was co-produced, with CAS contributing as a member of an Advisory Group and resulted in fifty-eight recommendations¹⁴. The Scottish Government has since published its response¹⁵, accepting many of the recommendations and setting out a programme of short and longer-term actions to drive ongoing improvement.

In our work as part of the Advisory Group to the Independent Review of ADP, CAS explored ways in which the **ADP criteria and points system could be reframed to better integrate medical and functional information with information about personal circumstances and social barriers**. This would involve a **shift from the current deficit-based approach toward an outcomes-based approach, which would consider what the person would be empowered to do if appropriate support were in place, or barriers were removed**.

A useful illustration of how such a decision-making process could work is provided by the legislative framework governing assessments of social care needs in England under the Care Act 2014¹⁶. Under this framework, social workers use active listening to explore the individual's skills and capabilities, and to identify what support would enable people to achieve their desired outcomes and promote their wellbeing¹⁷. Building on this, the Independent Review of ADP modelled how the criteria could be reframed to better capture the context in which ill health is being experienced, reflect the requirements of modern living, and focus on outcomes, while maintaining objectivity, transparency and fairness.

As part of the review were called for a **"substantial risk" provision should be added to the ADP eligibility criteria**. This approach would be modelled on the precedent used to determine if additional financial support can be awarded on grounds of limited capability for work. Rather than focussing on risk associated with finding someone capable of work, decision-makers would consider the foreseeable consequences of finding that a claimant is not limited or severely limited. For example, how this might affect their ability to avoid social isolation. This proposal could "future proof" the ADP assessment should it become a "gateway" to a new UC health element, while introducing a robust safeguarding tool.

Reviewing PIP is an unmissable opportunity to draw on the insights gained through ADP and strengthen how we empower disabled people

From maintaining equipment, to additional energy, transport and dietary requirements, living with ill health and disability in Scotland and indeed across the UK comes at a significant cost. These costs present a structural barrier to disabled people attaining a quality of life equal to that of nondisabled people; they increase the risk that disabled people become trapped in a cycle of falling income and deteriorating health. Understanding this in a holistic way that reflects the reality of modern

¹⁴ [A Better Future - Independent Review of Adult Disability Payment: final report - gov.scot](https://www.gov.scot/publications/independent-review-adult-disability-payment-final-report/)

¹⁵ <https://www.gov.scot/publications/scottish-government-response-independent-review-adult-disability-payment-final-report/>

¹⁶ [Care Act 2014](#) Section 1

¹⁷ The approach taken is analogous to how multidisciplinary teams develop a "projet de vie" with disabled people in France [Prestation de compensation du handicap \(PCH\) | Service Public](#)

life, promotes autonomy and equity, and is focused on unlocking potential, is essential. This is the opportunity before the Timm's review.

The cost of inaction and poverty of vision is grave. That cost will be felt in our health services, by our crisis support systems, by our advice services, in levels of public debt, in our communities, and inadequately realised human potential. Strengthening support in this way aligns with the ambition of the Timms review to construct a system that removes structural barriers and enables people to thrive.

About Citizens Advice Scotland

Citizens Advice Scotland (CAS) is the membership body that represents The Citizens Advice network, Scotland's leading advice charity. Advisers across all corners of the country work in Citizens Advice Bureaux (CAB) to provide free, impartial and confidential advice. [The Extra Help Unit](#) (EHU) is a statutory service supporting people and small businesses in vulnerable circumstances with energy and postal complaints across Great Britain. They also support heat network customers in Scotland. Each year our network helps hundreds of thousands of people, putting millions of pounds back in people's pockets. By looking at a person's complete circumstances, CAS has an unparalleled insight into the scale and complexity of what's happening in communities throughout Scotland.

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