

Factsheet 74

Challenging welfare benefit decisions

June 2025

About this factsheet

This factsheet explains who makes benefit decisions, how a decision can be challenged, and how to make complaints.

The information in this factsheet applies to England and Wales. The process for challenging devolved benefit decisions in Scotland is different. See the Age Scotland guide: *Challenging benefit decisions*, or contact Age Scotland for more information. Contact Age NI for information applicable there. Contact details can be found at the end of this factsheet.

Challenging a benefit decision can be complicated and you may need more detailed advice or representation from a local service. Age UK Advice can give you contact details for a local Age UK, or you can contact one of the independent organisations listed at the back of this factsheet. In **Wales**, contact Age Cymru Advice.

The information in this factsheet is correct for the period June 2025 to May 2026.

Contact details for any organisation mentioned in this factsheet can be found in the *Useful organisations* section.

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Glossary

AA – Attendance Allowance

DLA – Disability Living Allowance

DWP – Department for Work and Pensions

ESA – Employment and Support Allowance

HMCTS – HM Courts and Tribunals Service

HMRC – HM Revenue and Customs

PIP – Personal Independence Payment

UC – Universal Credit

1 Claims

In most cases, to be entitled to a benefit, you must make a claim. If you cannot make a claim yourself, an appointee might be able to claim on your behalf. Each benefit has its own rules. Depending on the benefit, you may be able to claim on a paper claim form, by telephone or online.

To claim, you must prove your identity and complete a valid claim. If you do not have a National Insurance number, you can apply for one when you make the benefit claim. The date of your claim is usually the date that a valid claim is received, although you can ask for backdating in some circumstances.

Once a claim is decided, you are given an '*award*' of the relevant benefit, if you satisfy the specific conditions of entitlement.

1.1 When further information is needed

The decision maker may need further information from you before making a decision on your claim. They may ask for more evidence if they are not fully satisfied by an answer you have given.

Failure to provide this information may result in your claim being disallowed or your benefit award being suspended or terminated. If a decision maker decides your claim is not valid because you have not provided enough information, you should be notified of that decision and you have the right of appeal against it.

2 Decisions

2.1 Who makes decisions on claims

Decisions on most benefit claims are made by Department for Work and Pensions (DWP) staff called decision makers. They make decisions on behalf of the Secretary of State for Work and Pensions.

Decisions about Child Benefit and Guardian's Allowance are made by Her Majesty's Revenue and Customs (HMRC) officers.

Decisions about Housing Benefit and Council Tax Reduction/Support are made by local authorities.

Decisions about Statutory Sick Pay, Statutory Maternity Pay, Statutory Paternity Pay and Statutory Adoption Pay are made by employers and are not covered in this factsheet.

2.2 Who to contact

For DWP and HMRC benefits, you must usually ask for a revision ('*mandatory reconsideration*') of the decision and only then can you make an appeal to an independent tribunal.

Local authority benefits can be reviewed by the local authority or appealed directly. Your decision letter tells you what your options are.

2.3 Delays in decision making

If you claim a benefit and do not receive a decision, contact the DWP, HMRC or your local authority to find out the reason for the delay. If they say they have not received your claim, send a copy or fill out another form, explaining when and how the first claim form was sent. Ask for your claim to be backdated, so you do not lose out on benefit you are entitled to. If there is a long delay in making a decision on your claim, you can:

- make a complaint about the delay
- request advance or interim payments
- see if there is another benefit you can claim
- in **England**, contact your local authority for help from their local welfare provision scheme, in **Wales**, the national Discretionary Assistance Fund.

For more information, see factsheet 49, *The Social Fund, Advances of Benefit and Local Welfare Provision*.

2.4 Decision notices

You should be notified in writing of a decision made on your claim. The decision notice should set out your appeal rights. You can ask for written reasons for the decision if none are given in the decision notice. You must ask for these within one month of the date on the original decision notice. UC decisions are usually posted in your online journal.

There are three ways of challenging a decision:

- revision/review (see section 3)
- supersession (see section 4), and
- appeal (see section 5).

3 Revisions and reviews

A '*revision*' is where a decision maker looks at a decision again to see if it can be changed. Following this, your benefit award can increase, reduce, stop altogether, or carry on at the same amount. A revised decision replaces the original decision and takes effect from the date of the original decision. If your award increases because of this, you are paid backdated benefit. If your award is reduced or stopped, there may be an overpayment - see section 8.

There are two types of revision: '*any grounds*' revision, often known as a '*mandatory reconsideration*' or '*redetermination*' and an '*any time*' revision. **A revision can lead to a reduction or removal of your award, so it is important to consider this before making a request.**

You may wish to seek specialist advice about the strength of your case and the possible outcomes, particularly if it is about a disability benefit such as AA, PIP, or DLA.

3.1 Mandatory reconsiderations

For DWP and local authority benefits, if you disagree with a decision for any reason (i.e. on any grounds), you can ask for a revision within one month of the date of the original decision. For HMRC benefits, you should ask for a review within 30 days of the date of the decision.

You must usually take this step, called '*mandatory reconsideration*' (MR), before you can appeal. The MR stage may not be required in some decisions involving Employment and Support Allowance. The decision letter should tell you, but if in doubt, get advice. For local authority benefits, you can choose to ask for an MR or go straight to appeal.

It is important to act within the time limits, but it is possible to make a late application for an MR, see section 3.1.1. You can ask for the MR over the telephone, but you should confirm your request in writing and keep a copy of it. If you claim UC, you can make this request via your online journal. It is a good idea to copy or take a screen shot of your online journal if you can, to keep a record.

Explain why you think the decision is wrong and send any extra evidence you have. You should be given up to one month to send extra evidence. This time limit can be extended at the decision maker's discretion.

Written statement of reasons

If the decision letter does not include reasons for the decision made, you can ask for a '*written statement of reasons*'. You must do this within one month of the date of the decision. If you ask for the written statement and it is provided within the one-month period, the dispute period is extended by 14 days. If it is provided afterwards, the dispute period is extended to 14 days from the date it is provided.

It might not be clear that reasons are included in the decision letter. The statement you are sent might not explain the decision fully, so try to ask for the MR within the time limit, even if you also ask for written reasons.

Getting a new decision

Send your MR request to the address of the office on the decision letter (or for UC, via your online journal). In the letter or request, explain that you want an MR decision, not just an explanation of the decision. The decision maker should send a new decision detailing whether they have changed their original decision.

If the decision is revised because of an MR, the revised decision takes effect from the date of the earlier decision, so increased benefit payments can be backdated to that date.

If the decision maker does not think there are grounds to change the decision wholly in your favour, they may telephone you to discuss the matter. During this call, you should receive an explanation of the decision and be given the opportunity to provide further evidence or information.

If this happens, it is important to insist they send you a new written decision. Be clear you do not want to withdraw your MR request. If you agree to do so, you may not be able to challenge the original decision through an appeal.

When a decision has been reconsidered, you should be sent a copy of a '*Mandatory Reconsideration Notice*' informing you of the outcome. Keep this letter or notice as you will need the date it was issued if you wish to appeal (for more information about appeals, see section 5).

3.1.1 Late requests

An application for a late MR may be accepted if:

- the decision maker thinks it reasonable to grant the application, and
- there are special circumstances for the delay – you must show it was not practicable for you to apply in time. The longer the delay, the better the reason must be.

Apply for a late MR in writing or via your UC online journal; include the name of the benefit, the date of the decision, why you think it should be revised, and the reasons for the delay. You cannot have a late MR more than 13 months (plus any extension because you asked for a written statement of reasons) after the date on the original decision notice. If the decision maker refuses an application for a late MR, you can appeal directly to the First-tier Tribunal.

3.2 '*Any time*' revisions

An '*any time*' revision can be made at any time after a DWP, HMRC or local authority decision, but only in the following limited circumstances:

- a decision maker made an official error when making the original decision and you did not contribute to the error.
- you appealed against a decision and a decision maker decides a new decision is justified (this might be because you have produced new or additional evidence in connection with an appeal)
- an appeal on an earlier, related decision has been decided and the decision maker decides a new decision is now justified
- another benefit (called a '*qualifying benefit*') is awarded to you or a family member and you are entitled to an increase in the benefit being reconsidered
- you have been paid too much benefit because of a mistake about, or ignorance of, relevant facts
- your benefit has been sanctioned and you disagree with the decision.

There is no time limit for seeking an '*any time*' revision. If your request is refused, there is no right of appeal against this decision. If a request results in a new decision and you disagree with it, you can appeal.

4 Supersessions

A supersession is when a new decision about an existing award is made, but unlike a revision, it does not replace the original decision. The original decision remains unchanged, and the supersession decision comes into effect at a later date. Following a supersession, your award can increase, reduce, stop altogether, or continue at the same amount.

You cannot ask for a supersession if the original decision was to refuse you benefit. In this case, ask for a mandatory reconsideration or submit a new claim.

A request for a revision can be treated as a request for a supersession and vice versa, so do not worry about using the correct term. The most important thing is to challenge a decision if you think it is wrong.

4.1 The grounds for a supersession

The most common reason for requesting a supersession is a change in your circumstances since the original decision was made. For example, you receive a disability benefit but now your needs have increased. As supersession decisions are not usually backdated, you must report any changes in your circumstances as soon as you can.

If you report a change in your circumstances more than one month after a change occurs, explain why you could not report it before. If there is a good reason for the delay, you may get a back payment if you are due more benefit because of the change.

If you report a change in your circumstances, you may be asked to complete a form or supply other evidence. Give as much detail as you can and supply any evidence that might help. Keep a copy of any forms, letters, or other evidence you send.

Other circumstances where a supersession is possible include when:

- a decision was legally wrong – usually this applies when a test case is heard and clarifies the law on a matter relevant to your claim
- a qualifying benefit has been awarded but an ‘*any-time*’ revision (see section 3.2) is not appropriate.

4.2 The decision on the supersession

You should receive a written decision notice about your supersession request stating whether your benefit award has been changed or not, as well as what steps you can take next. If you are unhappy with the decision made, you can ask for an explanation or a mandatory reconsideration.

You cannot appeal against a refusal of a supersession request without asking for a revision first.

5 Appeals

You have one month to ask for an appeal from the date on the decision letter, for example, the Mandatory Reconsideration (MR) Notice.

Note

Some decisions have no right of appeal (although you have the right to ask for a revision or supersession). In some circumstances, you may be able to challenge these decisions by judicial review. Your decision letter should state whether you have a right of appeal.

Appeals for DWP and HMRC benefits are made directly to HM Courts and Tribunals Service (HMCTS). Housing Benefit appeals are made to the local authority and Council Tax Reduction/Support appeals to the Valuation Tribunal (contact your local authority).

An MR decision notice has details how to appeal. For DWP appeals, use form SSCS1 or appeal online at www.gov.uk/appeal-benefit-decision. For HMRC appeals, use form SSCS5. Forms are available from HMCTS or at www.gov.uk/government/collections/social-security-and-child-support-forms.

You must give your name, address and the details of your representative if you have one. Give the name of the benefit and the date of the decision being appealed. There is a box for you to give grounds for your appeal. You can add further information later on so explain briefly why you disagree with the decision for now.

If you have them, include a copy of the MR Notice and a statement of reasons for the decision. You can include evidence if you have it, for example, a letter from your doctor, or you can send extra evidence later.

An appeal can overturn a negative decision, but it can also lead to a reduction or removal of your award, so it is important to consider this or seek advice before making an appeal.

Online appeals

For most DWP benefits you can submit your appeal and evidence online at www.gov.uk/appeal-benefit-decision.

Late Mandatory Reconsideration requests

If you made an application for Mandatory Reconsideration (MR) outside the one-month time limit, you retain the right of appeal whatever happens to your request. The DWP can either accept the late MR and uphold their original decision or refuse to accept the reasons for the late MR and not look at the original decision. In either case, you retain the right to make an appeal against the original decision as set out above.

5.1 Late appeals

If you miss the one-month deadline, you may be able to make a late appeal. You must give reasons for being late as well as grounds for your appeal. The later your appeal, the better your reasons need to be. No appeal can be accepted more than 13 months after the notification date of the decision being appealed.

If you make a late appeal, a tribunal judge decides whether the appeal should be heard. Factors like postal problems, vulnerability, illness, bereavement, poor advice, the merits of your appeal, and the amount of money at stake are all relevant, as well as how late the appeal is.

5.2 After you submit your appeal

When your appeal is lodged, you should get an acknowledgement letter or email. For DWP and HMRC appeals, a copy of your appeal is sent to them. They write a response and send it to HMCTS with other documents relevant to the decision. You should be sent copies of these.

For Housing Benefit decisions, the local authority send your appeal to HMCTS, together with a copy of its response and the documents relevant to the decision. You should be sent copies of these.

Check the appeal papers carefully to ensure all relevant documents have been included, for example, claim forms or letters you have sent.

5.3 If your circumstances change

If your circumstances change after you make an appeal, you may need to make a new claim, or apply for a supersession, as an appeal tribunal cannot consider changes that occur between the relevant decision being made and the appeal being heard.

For example, if you appeal against a refusal of AA and your care needs increase while waiting for your appeal to be heard, it is a good idea to make a new claim (as well as continuing the appeal). If you do not agree with the decision on your second claim, appeal again and ask for both appeals to be heard at the same time.

5.4 Arranging a tribunal hearing

HMCTS is part of the Ministry of Justice and is independent of the DWP and other benefit authorities. When they receive your appeal, they send you a form about arrangements for your appeal. You must complete and return this within 14 days.

You are asked if you want to attend an appeal hearing in person (*'oral hearing'*), or if you would prefer the tribunal to decide the appeal without you (*'paper hearing'*). It is usually better to ask for an oral hearing as your appeal is more likely to be successful.

You can take a representative and a friend or companion with you to the hearing. A paper hearing is only held if all parties agree to it and the tribunal think an oral hearing is unnecessary.

If attending a tribunal will be difficult, for example because you have a significant mobility problem, special arrangements should be made for you. Contact HMCTS before the hearing and send them evidence about your difficulties. If you cannot use public transport, HMCTS can pay your taxi fare providing you get permission from them before the hearing.

You may be able to attend the hearing by phone or video call. In limited circumstances, the hearing can be held in person in your home.

5.5 Preparing your case

Send extra information or evidence in support of your appeal to HMCTS. They will send copies to all parties. It is a good idea to read the official response to your appeal to check for:

- mistakes in the facts
- missing evidence
- incorrect interpretation of the law.

You may want to provide additional evidence. This could be a medical report, witness statements, bank statements, or any case law that helps your case. If you have a representative, they should be able to help you, and may prepare a written reply or submission for you.

If you write a reply, include a clear statement of the outcome you want and the reasons you think you are entitled, highlight any evidence supporting your case, and include the appeal reference number.

You do not have to send a written reply, but it is a good idea as it helps the tribunal to understand your point of view. If possible, send your reply to HMCTS within one month of the date you are sent the decision maker's response and at least seven days before the hearing date.

5.6 The tribunal hearing

Appeal tribunals are independent of DWP, local authorities and HMRC. Their role is to deal with appeals '*fairly and justly*'. The tribunal consists of one, two, or three members depending on the type of benefit. A legally qualified tribunal judge is always present and in charge of the hearing.

There may be a doctor or disability member (someone who is a carer, disabled, or works with disabled people) if the appeal is about a disability benefit. There may be an accountant if an appeal involves difficult financial matters.

There is a clerk to help with administrative matters and to pay your expenses. The clerk introduces themselves before the hearing, explains what will happen and takes you into the tribunal room for your appeal hearing.

DWP and HMRC sometimes send a presenting officer to put their case to the tribunal.

The tribunal need not consider any issues not covered by the appeal, so you should include full details on your appeal form and the other documents you send into the tribunal.

There is no set procedure for tribunal hearings. Tribunal members should read the papers before the hearing so they understand your case. The judge should introduce everyone, explain the tribunal's role, set out the issues to be decided and usually explains how the hearing will be run.

The tribunal must investigate the facts, look at what the law says and consider the evidence in making a decision. What you say at the hearing counts as evidence, alongside the paper evidence.

Members of the tribunal ask you questions, which you are expected to answer as best you can. You and your representative should be given a chance to raise any other points you wish to make. If a presenting officer attends, they may be asked to explain the decision. You may be given an opportunity to ask them questions. If you forget to tell the tribunal something when it is your turn to speak, do not hesitate to tell them at the end of the hearing.

You are not given a physical medical examination at a hearing (unless your appeal is about Industrial Injuries Disablement Benefit, in which case the doctor examines you in private at the end of the hearing). The tribunal can, however, take into account observations of you in making their decision, for example, how you walk into the room or sit on a chair.

Once the tribunal feel they have all the information they need, they ask you to leave the room while they make their decision. Usually, you are called back in to be told what their decision is. Sometimes, they may more time to reach a decision and will send it in the post.

The tribunal can postpone or adjourn a hearing in some circumstances, for example, if they need extra evidence or clarification about the law. If you decide to withdraw your appeal, you need the permission of the tribunal judge to do so.

5.7 The tribunal's decision

The tribunal's decision is given in writing and handed to you after an oral hearing or sent by post. It is usually brief but you can ask for a full '*statement of reasons*' and a '*record of proceedings*'. You must ask for these within one month of the decision being made. You need these documents if you want to pursue an appeal further.

HMCTS sends a copy of the decision to the benefit authority so it can take necessary action and pay any benefit you are owed. You may want to send in a copy of the decision yourself, as this might speed up payment.

5.8 Further appeal stages

If your appeal is unsuccessful, you may be able to appeal further, but only on specific legal grounds, to the Upper Tribunal. It is also possible for the DWP, HMRC or local authority to appeal against the tribunal's decision. This factsheet does not cover these further appeal stages so seek specialist legal advice if you want to pursue this action.

Note

If you cannot challenge a decision yourself, a power of attorney or appointee may be able to, see factsheet 22, *Arranging for someone to make decisions on your behalf*, for more information.

6 Social Fund reviews

You can challenge a Social Fund decision (Funeral Expenses Payment, Cold Weather Payment, or Winter Fuel Payment) by requesting a revision, supersession, or appeal as described above.

7 Budgeting Advances and Loans - reviews

If you want to challenge a decision on a Budgeting Advance (for Universal Credit) or a Budgeting Loan (for other benefits), there is no right of appeal. Instead, there is a two-stage review process.

You can request a review of a Budgeting Advance or Loan decision by writing to the office where the decision was made or via your Universal Credit online journal within 28 days of date of the decision, explaining why you think the decision is wrong.

If you miss this deadline, you can make a late review request if you have special reasons or for a discretionary review. Reviewing officers can review a decision at any time if they think there is a good reason.

Sometimes you are asked to provide additional information by phone or in person. You can ask someone to help you with this. You receive a written decision on your review request. There is no legal time limit for internal reviews but guidelines suggest a target time of 10 days.

7.1 Second stage review

If you are not happy with the first review decision, you can request a second review by the Independent Case Examiner.

You should make your request within 28 days of the first review decision, although the time limit may be extended if there are special reasons for your delay.

More information about this second stage review can be found at www.gov.uk/government/organisations/independent-case-examiner

8 Overpayments of benefit

An overpayment is when you are paid more benefit than you are entitled to. A common example is failing to report a change of circumstances, for example, someone moving in with you, which reduces benefit entitlement. You may have to pay an overpayment back, even if there was no fault on your part. The rules on when overpayments must be repaid are different depending on what benefit it concerns.

The letter notifying you of an overpayment should include a breakdown of the amounts and dates during which the overpayment is said to have occurred and an explanation of how the total has been calculated. You should also receive a decision about whether the overpayment is recoverable and about your new entitlement, if applicable. If not, you should ask for these details. You may wish to seek specialist advice to:

- check the overpayment has been calculated correctly
- check whether you have to pay the money back
- negotiate repayment terms if you have to repay it
- ask the benefit authority to exercise its discretion not to recover the overpayment if, for example, repaying it would cause you hardship.

You may be able to challenge a decision if you disagree:

- that an overpayment has occurred, or
- that an overpayment can be recovered, or
- with the amount to be recovered.

To challenge a decision, you must first apply for a mandatory reconsideration (see section 3.1) before you can appeal (see section 5). Note, all Universal Credit overpayments are usually recoverable, regardless of the cause of the overpayment. The DWP do have discretion to not recover a UC payment if it was due to official error or if recovery would cause exceptional hardship.

You can ask for recovery of any overpayment to be waived if you are experiencing hardship or the recovery is affecting your health or the health of someone in your family.

You may have a stronger case for waiver if it was reasonable for you to believe that you were entitled to the benefit that has been overpaid, for example, if you queried the payments with the DWP and they confirmed that they were correct.

Waiver requests must be made in writing to DWP Debt Management and clearly marked '*Waiver Request*', see *Useful Organisations*.

If you do have to repay the overpayment, the DWP usually make deductions from your ongoing benefit payments. If you are finding it hard to manage the level of deductions, you can ask for the rate of recovery to be reduced. To renegotiate repayment of an overpayment, contact DWP Debt Management on 0800 916 0647.

For more information, see www.gov.uk/government/publications/benefit-overpayment-recovery-staff-guide

9 Complaints and compensation

You may want to complain about a benefit authority if:

- it delays dealing with your claim
- it gives you poor or negligent advice
- staff are rude or badly behaved when dealing with you
- the administration of your case is poor.

You should first send your complaint to the office that caused your complaint, including your name, address and National Insurance number, as well as details of your complaint and the outcome you would like.

If you are unhappy with the response, you can ask for your complaint to be looked at by a dedicated complaints team or, for HMRC, a different customer service adviser. Local authorities are required to have an effective complaints policy.

If you have lost money because of official delays, mistakes or wrong advice, you can request extra-statutory compensation or an ex-gratia payment.

Depending on the outcome, you can escalate a DWP complaint to the Independent Case Examiner (DWP), the Adjudicator's Office (HMRC) or the Local Government and Social Care Ombudsman or Public Services Ombudsman in Wales (local authorities).

The Parliamentary and Health Service Ombudsman can also investigate complaints about DWP and HMRC and HMCTS. For details, see *Useful Organisations*.

You can also raise your complaint with your MP.

Useful organisations

Adjudicator's Office

www.gov.uk/government/organisations/the-adjudicator-s-office

The Adjudicator's Office

PO Box 11222

Nottingham

NG2 9AD

Telephone 0300 057 1111

Investigates complaints about HMRC and the Valuation Office Agency.

Citizens Advice

In **England**, go to www.citizensadvice.org.uk

Telephone 0800 144 8848

In **Wales**, go to www.citizensadvice.org.uk/wales

Telephone 0800 702 2020

National network of advice centres offering free, confidential, independent advice, face to face or by telephone.

Disability Service Centre

www.gov.uk/disability-benefits-helpline

Provides advice or information about claims for Disability Living Allowance, Personal Independence Payment or Attendance Allowance.

- **Attendance Allowance (AA)**
Telephone 0800 731 0122
- **Disability Living Allowance (DLA)**
If you were born on or before 8 April 1948
Telephone 0800 731 0122

If you were born after 8 April 1948
Telephone 0800 121 4600
- **Personal Independence Payment helpline**
Telephone 0800 121 4433

DWP Debt Management

Telephone: 0800 916 0647

Textphone: 0800 916 0651

Address for Waiver Requests:

Debt Management (C)

Mail Handling Site A

Wolverhampton

WV98 2DF

Gov.uk

www.gov.uk

The official government website providing information for citizens.

HM Courts and Tribunals Service (HMCTS)

www.gov.uk/government/organisations/hm-courts-and-tribunals-service

England and Wales: HMCTS Benefit Appeals, PO Box 12626, Harlow, CM20 9QF.

Independent Case Examiner

www.gov.uk/government/organisations/independent-case-examiner

Telephone 0800 414 8529

Law Centres Network

www.lawcentres.org.uk

Not-for-profit service providing free and independent legal advice and representation to disadvantaged people.

Local Government and Social Care Ombudsman

www.lgo.org.uk

Telephone 0300 061 0614

Parliamentary and Health Service Ombudsman

www.ombudsman.org.uk

Telephone 0345 015 4033

Pension Service (The)

www.gov.uk/browse/working/state-pension

Telephone 0800 731 0469

State Pension Forecasting Team 0800 731 0175

For details of Pension Credit and State Pensions, including forecasts and how to claim your pension.

Public Services Ombudsman for Wales

www.ombudsman.wales

Telephone 0300 790 0203

Shelter

www.shelter.org.uk

Telephone 0808 800 4444

A national charity providing telephone advice to people with housing problems on tenancy rights, homelessness, repairs and housing benefit.

Shelter Cymru

www.sheltercymru.org.uk

Telephone 08000 495 495

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice

www.ageuk.org.uk

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice

www.agecymru.wales

0300 303 4498

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 7575

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 4222

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Next update June 2026

The evidence sources used to create this factsheet are available on request. Contact resources@ageuk.org.uk

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