Consultation Response

Timms Review of Personal Independence Payment

Department for Work and Pensions

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About this consultation

In 2025, the Government launched the Timms Review of Personal Independence Payment (PIP),[1] the non-means-tested benefit for people with disabilities or long-term health conditions in England and Wales. The review aims 'to ensure that [PIP] is fair and fit for the future in a changing world, and helps support disabled people to achieve better health, higher living standards and greater independence, including through employment.' The Department for Work and Pensions (DWP) is conducting a call for evidence on behalf of the Review steering group.

Key points and recommendations

1. **PIP is relevant to older people.** People aged 60-65 make up 16% of the caseload. ~660,000 people over State Pension age (SPa) receive it, having claimed it pre-SPa.
2. **We strongly support PIP's purpose to maintain people's independence.** It helps people maintain their health and stay living at home rather than go into care, and reduces financial hardship. PIP should continue to be a cash payment to help people meet the varied extra costs of disability, including higher food costs.
3. In terms of wider support, **there are important links between PIP and support for unpaid carers, including carer benefits.** There are also links to pensioner benefits and social care services, and an opportunity to improve income maximisation.
4. **We have concerns about the assessment process.** Some clients find interviews demoralising and lengthy. Appeals have a high success rate. Assessors need a good understanding of the rules on doing activities *reliably*. The requirements to provide evidence on medical conditions or living circumstances should not be so burdensome as to prevent claims. There should be a mix of channels to meet applicants' circumstances.
5. **As a principle, the system should keep reassessments to the minimum required.** This should especially be the case for people with terminal or lifelong degenerative conditions they will never recover from. We support Marie Curie's calls around ending full reassessments for people whose condition will only worsen.
6. **There is also a case for 10-year light touch reviews to be applied to PIP recipients aged 60+**, even without a lifelong or severe condition.
7. Some people miss out on additional components or higher rates of payment because they fear inaccurately having support removed. **It is vital to build trust through more accurate and transparent decisions to give people the confidence to apply for further support.**
8. There is a specific issue where **someone receives Disability Living Allowance past SPa, reports a change of circumstances, should be invited to claim PIP but is told they aren't eligible due to their age.** Staff should be trained to give the right advice in these cases.
9. The challenges clients face with claiming, assessment, reassessment, appeal, etc., show the **need for independent advice and support**.

10. Relevant changes since 2013 include the **rising SPa, stalling/falling (healthy) life expectancy** and **rising economic inactivity** among people in their 60s. As more people in their 60s are potentially eligible for PIP, many will need support to apply.
11. We are concerned that **abolishing the Work Capability Assessment will remove important exemptions from work conditionality**, including for older people.

About Age UK

Age UK believes every older person should be included and valued. We're working locally, nationally and internationally to change the way we age. Together with our partners, we're changing the day-to-day experience of getting older through essential services and local support. In the UK, the charity helps more than seven million older people each year by providing advice and support, including through our national advice line and our friendship services. It also researches and campaigns on the issues that matter most to older people, aiming to put older people at the heart of public policy and shift the way ageing is treated and represented.

Introduction

While PIP is predominantly a working-age benefit, it is also important to a significant number of pensioners. People who successfully apply for PIP before State Pension age (SPa) can retain it as they age past the SPa. Approximately 660,000 people over SPa received PIP as of January 2026.[2] The oldest recipients were 77. Any reforms must be made also with pensioners in mind, to avoid poorer outcomes for this age group.

People approaching SPa make up a significant share of PIP recipients. There were ~640,000 aged 60-65 in January 2026, around 16% of the total. Age UK is concerned about the many people of this age approaching SPa in poverty, including those who are disabled or long-term ill and their carers.

Age UK's national advice line and some local Age UKs support people of various ages with PIP applications, reassessments, appeals, etc. This gives us insight into the challenges they face. For example, PIP makes up ~10% of the benefit income that local Age UKs helped people claim in one of our benefit advice programmes.

As you go up the age range, the proportion naming musculoskeletal conditions as the primary disability increases. Among people aged 60-64, these makes up 41% of the primary disabilities. Psychiatric disorders make up 20% (of which the greatest proportion is mixed anxiety and depressive disorders at 36%), neurological diseases make up 14% and respiratory disease 6%.[3]

Some older people rely heavily on PIP for their income. Even with it, they are not fully secure; losing it would put many into severe hardship. In nationally representative polling in January 2026**,** 60% of respondents aged 60-65 and receiving disability benefits said they struggle somewhat or a lot financially.[4] In light of this, **many are anxious**

about potentially losing it – whether through reassessment or a change in Government policy. Of 28 advice managers in the Age UK network we surveyed in 2025, 11 said the original proposals to restrict eligibility were causing a lot of worry to clients, while a further 16 said it was causing some worry.

So, PIP is an important source of income for people in or approaching SPa, who face particular health problems, yet many struggle with the process of claims, review, etc. We discuss this below, responding to selected issues within each of the four key themes.

Consultation questions

1. **The role and purpose of PIP: How effectively is PIP delivering on its intended role and purpose?**
    - the role of PIP in enabling disabled people and those with long-term conditions to live independently and fully participate in society
    - what role the assessment could and should play in unlocking wider support to better achieve higher living standards and greater independence
    - what it means to live independently and what this means for PIP

Living independently

We strongly support PIP's purpose to maintain people's independence for as long as possible. **PIP helps people maintain their health and enables them to live at home for a long as possible, delaying the point at which they require social care at home or in residential care.** One client whom a local Age UK supported to claim PIP said:

> *The additional money has helped me to become little more independent and not depend on friends and family to help me out. This has definitely helped improved my mental wellbeing, I feel much happier than before.*

It is vital that PIP continues to fulfil this role, especially in the context of our ageing population and severe pressures on the NHS and social care. The cost of PIP should be viewed against the savings from reducing demand on health and social care services. Citizens Advice analysis in 2025 showed that when debt clients lost PIP 'they cut spending on health and care by an average of over £200 a month. They also spend an average of £130 less on food each month. Cutting back on these essential costs is likely to lead to worsening health outcomes.'[5]

PIP as a stable source of cash – as opposed to vouchers or nominal personal budgets – is vital. It gives people a full, meaningful sense of independence, autonomy and choice in how to spend it on the myriad costs and challenges of disability – life with a disability is generally more expensive. It helps them manage their health and have stability in their life. Through Age UK's benefit advice programmes, we know that people may spend it on things including transport to hospital or other essential places, additional home energy consumption, and various therapies. But people also often use PIP to pay for the higher costs of basics, like food. People with disabilities often struggle to prepare food, as the PIP activities reflect. PIP means they can buy easy to prepare food from more local shops, which tends to be more expensive. For some, PIP helps

make up the difference between Housing Benefit income and rent due, giving them a stable home.

Unlocking wider support

A central concern for the Government should be the links to unpaid carers. An unpaid carer can only receive financial support through Carer's Allowance (CA) or the Universal Credit Carer Element if the cared-for person receives the PIP daily living component. Over half of CA awards are tied to PIP.[6] For some pensioner carers, PIP will be the benefit that unlocks access to Pension Credit via the carer addition. Put simply, any reform to PIP that has the knock-on effect of taking people out of eligibility for carer-related benefits would –

1. Increase poverty among those who continue to provide unpaid care. This would include households where one person loses PIP and the other loses a carer benefit – a significant, double financial loss.
2. Put additional pressure on care services, as some unpaid carers can no longer maintain their caring duties at the same intensity. Already struggling local authorities (LAs) would likely be unable to cope with this additional pressure.

Some people are eligible for Pension Credit (PC) and its passported benefits because receiving PIP – which they claimed before SPa – gives them the severe disability premium. **Any PIP reforms that take people out of eligibility would have knock-on impacts for PC, which the Government must fully consider beforehand.** Many people would simply miss out.

Related to point 2 above, any reform that tightens PIP eligibility could interrupt the flow of money from people who use some of their PIP to pay for social care support, including social care charges from their LA.[7] It is vital to understand these links. The 2025 Pathways to Work Green Paper said 'DHSC are also commissioning research on the link between the adult social care system and PIP.'[8] **The DWP should not decide on reforms until this research has been completed and fully considered.**

Another element of unlocking wider support is around income maximisation. In Scotland, the Government has a duty to ensure people access their social security entitlements. Given the scale of under-claiming of benefits – among pensioners, around 1 million people are missing out on Pension Credit[9] – engagement with PIP services should 'unlock' links to income maximisation support. This could include information on other benefits available or supportive referrals to benefit claim lines and advice organisations. Longer-term, this could help overcome people's suspicions towards engaging with the system, potentially giving more people the confidence to engagement with employment support too.

2. **Eligibility, fairness and equity in the award of PIP: Does the PIP assessment, including the assessment criteria, effectively capture the impact of long-term health conditions and disability in the modern world, and provide fair access to the right support at the right level across the benefits system?**
    - the assessment criteria for both Mobility and Daily Living elements of PIP – including activities, descriptors and associated points – and whether these effectively capture the impact of long-term health conditions and disability in the modern world (from the Terms of Reference)

Assessment criteria

It is important that the DWP and PIP assessors have a good understanding of the existing rules on being able to do the activity descriptors *reliably*, over a period of time. This approach is good because it reflects how some people may be able to do an activity but not consistently or safely. For example, someone may be able to bathe themselves some of the time but not others, and when they do, they cannot do it safely.

We were concerned about the proposal in the original 2025 bill to reform eligibility such that four points would be needed in any single activity. Our specific concern was that some people qualify through an aggregation of a low relatively number of points across multiple activities. For example, we have seen numerous clients with mental health issues caused by their physical health conditions, including the impact of social isolation caused by their physical health condition. The physical health problem by itself might appear manageable but the combination of it and depression or anxiety becomes hugely disabling. **We would not support any arbitrary increase in the number of points that define eligibility thresholds.**

3. **Experience of claiming PIP: What is the experience of people claiming PIP and does this vary for different groups of people?**
    - the assessment process and experience
    - the public's perception and trust in the PIP system
    - communication and accessibility
    - use of external assessment providers
    - the award review process

Quality of assessments

We have concerns about the basic quality of the assessment process. We see cases where the assessment is done poorly, with inconsistent and surprising decisions. This can lead to anxiety and worsening health on the part of the disabled person, and avoidable appeals. Age UK West Sussex, Brighton & Hove clients have described the interviews as demoralising and lengthy. Of 27 local Age UK advice managers we surveyed in 2025, 13 said clients find the process of applying for PIP very difficult, with another 13 saying clients find it somewhat difficult. The high success rate of appeals (65%)[10] suggests that too many initial decisions are incorrect.

We see cases where people challenge a non-award decision as they are left with significant unmet needs. In some cases, the decision has been reached because they understated their needs; they reported that they can achieve various descriptors giving them only a lower score, but they are doing so in an unreliable way, i.e. unsafe, unsustainable, as discussed above. The assessment process must try to account for these kinds of circumstances.

The wording on PIP rejection letters can be vague, generic and unhelpful to the claimant in terms of understanding how that decision has been reached. This contrasts with the approach in Scotland, where Adult Disability Payment letters lay out the scoring in some detail. This helps claimants and those supporting them (including advice services) understand the decision and take an informed view on whether to appeal. A similar approach for PIP could reduce further communication with the DWP for information on the decision and/or appeals that are unlikely to be successful.

In terms of channels, we have seen cases of people forced to attend a face-to-face assessment and talk to someone about health conditions caused by trauma. This can be re-traumatising. In cases like this, people should be given other options than in-person or phone assessments. In contrast, there can be advantages to in-person assessments, where an assessor can more easily witness people's challenges. **There should be a mix of channels deployed to meet applicants' circumstances.**

Overall, an improved assessment could build people's health and trust in the process. We think there is a case for assessments being conducted in-house by trained DWP staff. Alternatively, there is a case to remove perverse incentives for decision outcomes in supplier contracts. **There should be a positive responsibility on the decision maker to consider whether a higher award is appropriate,** similar to the Scottish government guidance for Adult Disability Payment.

Evidence for assessments

We understand the need for accurate information but given that this group, by definition, faces practical challenges, **the requirements to provide evidence on their medical condition or living circumstances should not be so burdensome as to prevent people from claiming**. There should be a clear and widely shared understanding between DWP, GPs and claimants on what information is freely and easily available from GPs that will support a claim. **The principle should be that the DWP doesn't ask for something that is not easily and freely available.** The DWP should be trained regularly in the law relating to evidence from claimants.

Reassessment

As a principle, the system should keep reassessments to the minimum required. Some people's experience is that as soon as they have entitlement established, they immediately feel that they are subject to review. This can cause a feeling of deep, chronic stress and insecurity. In light of this, **we strongly welcome the recent change to increase the minimum award to three years, with a further minimum period of five years after renewal.** This is a big improvement and will give people more financial

security and peace of mind. While it is a response to operational pressures, it should be made permanent as an improvement for clients.

Ending reassessment in particular circumstances

Minimal reassessment is especially important for people with terminal or lifelong, degenerative conditions they will never recover from. Age UK West Sussex, Brighton & Hove have seen people with multiple sclerosis, Parkinsons and chronic kidney disease have to constantly go through assessments even though their condition will not improve. **We support Marie Curie's recommendations around ending full reassessments for people whose condition will only worsen over time, including those with a terminal illness.** We recently wrote to the Minister alongside Marie Curie and other charities recommending the following:

1. 'When it has been decided that someone's condition is terminal, they should have fast-tracked access to a lifetime award of the higher rate of PIP Daily Living and Mobility, enabling support with the additional costs that can come with that prognosis until the end of their life. This approach has already been adopted by Social Security Scotland, whereby an individual who receives ADP under the Special Rules route, is provided with a lifetime award that will not be reviewed unless their circumstances change.
2. Anyone who does not access PIP via the Special Rules, but who has a progressive life-limiting illness and is on the highest award rates for both Daily Living and Mobility, should also be exempt from fixed-length awards.
3. For people with progressive life-limiting conditions who are on the lower rates of PIP Daily Living and/or Mobility, compulsory reassessments should be replaced with 'light-touch' reviews to check whether they have become eligible for a higher award.'

The profile of PIP recipients over the age of 60 includes high rates of musculoskeletal diseases; osteoarthritis, inflammatory arthritis and specific back pain are common. People are unlikely to fully recover from these. Given this, **there is a case for 10-year light touch reviews to be applied to PIP recipients aged 60+, even without a lifelong or severe condition or having double enhanced components.** This is currently the case for people over SPa – with older age on average bringing additional vulnerabilities through an aggregation of health issues and a lower likelihood of recovery for common musculoskeletal diseases – and the same justifications should apply for this slightly younger group.

Change of circumstances

Another concern is that the risk of *losing* support when applying for an additional component or enhanced rate can prevent people from applying for that extra support. That means some people are missing out on their full entitlement and struggling in their lives more than they should. People don't trust the system because they are aware of wrong decisions (as evidenced by the high rate of successful appeals) and the risk of removal of payment rates with no evidence. **Remedying this requires building trust over time through better decisions. A specific improvement would**

be to only review the relevant component. For example, if someone is on standard rate daily living and mobility components but wants to apply for higher rate daily living, assessors should disregard the mobility component.

There is a specific issue where someone receives Disability Living Allowance (DLA) past SPa, reports a change of circumstances, should be invited to claim PIP but is told they aren't eligible due to their age. In some cases, Age UK advisors have had to speak to multiple PIP staff to find someone who will start a PIP claim. This is inaccurate practice that can cause stress or mean some people give up on PIP. We have seen cases where people are given the wrong advice to claim Attendance Allowance, which does not include a mobility component, which the client may have had under DLA and has the right to keep under PIP. **Staff should be trained to consistently give the right advice in these circumstances.** More broadly, we think it would be safer for people's entitlements if they could stay on DLA indefinitely, even after a change of circumstances, as happens in Scotland.

The need for advice and support

Claiming and manging PIP claims – including assessment, issues of accessibility, reassessment and appeal – is complex. Especially so given claimants are, by definition, managing health problems and disabilities. Many rely on advice and support from organisations, including Age UK(s). For example, Age UK West Sussex, Brighton & Hove support people to complete application forms. Those who have health issues or medication side-effects that affect their ability to read, understand and remember information really need this support. Without such support to translate how their difficulties specifically affect them based on the interpretation of the rules, they often overly focus on things that they struggle with but that score them no points, such as household cleaning tasks, giving insufficient attention to their very real issues with their personal care and mobility. **This illustrates the need for adequate independent advice and support to make the system function effectively.**

4. **Changing context and the impact on PIP underpinned by some specific areas the group would like to focus upon: What has changed in wider society and the workplace since 2013 (and might be expected to change in the future), how has this impacted PIP and does PIP need to change accordingly?**
    - adapting to the future abolition of the Work Capability Assessment (WCA) and other changes to benefits

Changes since 2013

Relevant and related changes since 2013 include:

1. **the rise in the SPa from 60/61 for women and 65 for men to 66 for both by 2025 (now rising further),** and
2. **stalling and in some cases falling (healthy) life expectancy.** This has been affected by the COVID-19 pandemic, an obvious, significant event that was followed by an **increase in economic inactivity** among people in their 50s and early 60s.

These changes are relevant because they result in more people in their mid-60s potentially eligible for PIP. By 2028, when the SPa is 67, people aged 66 will be potentially eligible. **Over time, it will be increasingly important that people this age are aware of PIP, understand if they may be eligible and are supported to apply.**

Abolishing the Work Capability Assessment

We are concerned about plans to abolish the Work Capability Assessment (WCA). The WCA specifically assesses capacity to work whereas the PIP assessment looks at functional disability. These are distinct things and it's hard to see how a single assessment can accurately look at both simultaneously.

With regard to older people, we are concerned that this change could mean increased requirements to look for work despite long-term health problems and very low chances of getting an appropriate and supportive job, coupled with the risk of losing PIP income. The WCA facilitates a system that recognises that some people should positively be exempted from the requirement to look for and take up. Some people who are unwell simply need to be freed from the obligation to work or look for work. Someone with schizophrenia might be an example. **However the system of assessment develops in future, it must account for these realities around incapacity to work.**

[1] DWP (2026) Timms Review of Personal Independence Payment: call for evidence - GOV.UK
[2] Age UK analysis via Stat Xplore, May 2026
[3] Age UK analysis via Stat Xplore, May 2026
[4] Polling commissioned by Age UK conducted by Opinium, fieldwork 8-23 Jan 2026, 2,700 adults, weighted to be nationally representative. Age UK analysis.
[5] Citizens Advice (2025) Pathways to Poverty: How planned cuts to disability benefits will impact the people we support - Citizens Advice
[6] UK Parliament (2024) Written questions and answers - Written questions, answers and statements - UK Parliament
[7] The Carer (2025) Welfare Reform Will Lead To "Unintended Consequences" To Social Care NCF Says - The Carer
[8] DWP (2025) Pathways to Work: Reforming Benefits and Support to Get Britain Working Green Paper - GOV.UK
[9] DWP (2025) Income-related benefits: estimates of take-up: financial year ending 2024 - GOV.UK
[10] DWP (2026) Personal Independence Payment: Official Statistics to January 2026 - GOV.UK