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Timms Review Survey:

Independent living, support needs, and the role of PIP for disabled people: Final findings report

Evidence for the Timms Review of PIP

(October 2026)

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A report of research carried out by the National Centre for Social Research on behalf of the Department for Work and Pensions.

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Executive summary

Background

The Timms Review of Personal Independence Payment (PIP) was established to ensure PIP is fair and fit for the future, and that it supports D/deaf and disabled people, and people with health conditions, to achieve greater independence and participate fully in society. While there is a substantial evidence base on disability and social security, less is known about how disabled people themselves define independence, what support they value most, and how PIP fits within the wider system of support.

To address this evidence gap, the research explored three key questions:

1. How do disabled people define independent living?
2. What types of support, whether from government or other sources, enable independence?
3. In what ways does the PIP system help or hinder independent living?

The research also looked at how prevalent fluctuating symptoms and impacts of condition(s) or illness(es) are and how they are experienced by disabled people. Throughout this report the term ‘disabled people’ is used to refer to D/deaf and disabled people, and people with health conditions, to reflect the social model of disability language.

The aim was to provide robust evidence to inform the Timms Review and support future policy decisions relating to PIP and independent living.

Methodology

The study was conducted by the National Centre for Social Research (NatCen) on behalf of the Department for Work and Pensions (DWP).

A nationally representative survey of 2,039 disabled people aged 16 to 67 living in England and Wales was conducted between 17 July and 16 August 2026 using NatCen's probability-based Opinion Panel. The survey included adults with long-term physical or mental health conditions or illnesses that reduce their ability to carry out day-to-day activities.

Data were collected online and by telephone, achieving a 48% response rate. Survey responses were weighted to account for oversampling and non-response and to ensure findings were representative of the wider disabled population. Note that despite this, the survey may not fully represent disabled people with the most severe needs. All subgroup differences reported were statistically significant at the 95% confidence level.

The language used to discuss disability influences how policy is developed, making it important to reflect disabled people's lived experiences accurately in the design and delivery of PIP. For this reason, the Review is guided by rights-based principles, including the *12 Pillars of Independent Living* and the *Social Model of Disability*.

For the survey questionnaire, the pillars were reframed as 12 outcomes, and participants were asked how often they felt able to achieve them.

Key Findings

Independent living was about much more than financial support

All 12 outcomes are shown in Table 1 below, alongside the proportion who believed they could achieve them “most of the time” or “all of the time”. Participants could also say that an outcome was “not applicable” to them, and these responses are excluded from these proportions.

Table 1: How often disabled people could access the 12 outcomes of independent living all or most of the time.

Outcome	All or most of the time (%)
Find information in a format you need	68
Afford the essentials you need	61
Feel confident that your housing supports your independent living	57
Access and use public buildings and spaces easily	56
Travel around when and how you want to	52
Access equipment and aids to support your independent living	47
Feel confident that you understand your rights and can exercise them, or that someone else can do this on your behalf	46
Find or access work in a way that supports your needs	43
Access education in a way that supports your needs	42
Receive the support or assistance you need, when you need it, to support independent living	42

Outcome	All or most of the time (%)
Access health and social care that meets your needs	38
Share experiences and knowledge with people with similar needs to you	22

Base: *All disabled people living in England and Wales for who selected "all of the time" or "some of the time", excluding "not applicable" responses. Unweighted bases: (1) 1,706, (2) 1,996, (3) 1,717, (4) 1,911, (5) 1,948 (6) 1,475, (7) 1,717 (8) 1,498 (9)1,153 (10) 1,518 (11) 1,888 (12) 1,721*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*
Question*: How often, if at all, are you able to do the following in your daily life?*

Results varied widely across the outcomes. Around seven in ten could find information in a format they needed all or most of the time (68%), and six in ten could afford the essentials they needed (61%). Fewer than four in ten could access health and social care that met their needs (38%), and just over four in ten could find or access suitable work (43%), or get the support or assistance they needed when they needed it (42%). Sharing experiences and knowledge with people with similar needs was the least common: only around one in five (22%) could do this all or most of the time, and around half (52%) rarely or never could. A quarter (26%) could rarely or never access health and social care that met their needs.

Being able to achieve an outcome did not always mean having choice and control, feeling safe and confident, or being treated with respect. Experiences were most

positive for housing, where around six in ten had choice and control (65%), felt safe and confident (63%) and felt respected (62%) all or most of the time. They were least positive for health and social care, where the equivalent figures were 42%, 48% and 45%.

Many disabled people faced unmet support needs

Among those who needed support in the previous 12 months, only around one in five (21%) received all the support they needed. Half (50%) received some of it, and 29% received none. Older working-age disabled people were more likely to have their needs fully met (26% of those aged 55 to 67, compared with 17% of those aged 35 to 54). So were those who were financially comfortable (36%, compared with 11% of those finding things quite or very difficult) and those who had never received PIP (28%, compared with 16% of current recipients).

Most disabled people (63%) did not receive any of the government support or other disability services asked about. The most commonly received services were the Blue Badge Scheme (20%) and discounted or free travel (13%).

Barriers were most often reported for health and social care, where seven in ten (70%) cited long waiting times and 58% cited long or complicated processes. For other outcomes, no single barrier dominated. Cost or lack of funding was the most common barrier to travel (41%) and to suitable housing (37%). For education, work or

volunteering, the most common barriers were a lack of suitable choices (33%) and unsupportive views and behaviour from others (33%). When people could not achieve an outcome, the most common effects were harm to their mental health or wellbeing and greater reliance on family or friends.

PIP was strongly associated with higher levels of need

PIP was more likely to reach people with the greatest need. Among those whose condition affected their day-to-day life “a lot”, 65% received PIP, compared with 14% of those affected “a little”. Compared with non-recipients, current PIP recipients were also more likely to be in financial difficulty.

Current recipients were less likely than others to achieve several outcomes of independent living. This should not be read as an effect of PIP. It reflects the greater health and financial needs of those who receive it.

Fluctuating conditions were common and often difficult to manage

More than half of disabled people (58%) had fluctuating conditions, and this was broadly similar across impairment types. For most, these fluctuations had a real impact on daily life: more than three-quarters (76%) said their symptoms reduced their ability to carry out day-to-day activities at least a fair amount. A quarter (25%) described their symptoms as not at all predictable, and nearly half (46%) said their condition had worsened over

the previous 12 months. Fluctuating conditions were less common among current PIP recipients (44%) than former recipients or unsuccessful applicants (62%) and those who had never received PIP (68%).

PIP was widely valued, alongside support from family and friends

More than four in five current recipients (82%) said PIP had helped them in the previous 12 months, and family and friends were the other main source of help (also 82%). Recipients most often used PIP to support travel and mobility (32%), to access equipment and aids (26%), and to get support or assistance for independent living (18%).

Eligibility was poorly understood by many non-applicants

Most disabled people who did not receive PIP (74%) thought they were not eligible for it, while around a quarter (26%) thought they were. Among disabled people who had never applied for PIP, 70% had not applied because they did not think they were eligible. The most common reason was believing their condition or disability would not qualify (59%). Others thought being in work or having another source of income would rule them out (50%), or that their fluctuating health would (35%). Some (14%) thought they had too much money in savings. Because PIP is not means-tested and is based on how a condition affects someone rather than the condition itself,

these answers suggest widespread misunderstanding of the eligibility criteria.

Disabled people valued PIP as a cash only benefit

Respondents valued cash support, whilst many also supported access to additional services: 41% wanted PIP to remain solely a cash benefit, while 55% favoured different combinations of cash and services. Only 4% preferred support through services alone. Preferences differed according to PIP status, with current recipients more likely to favour retaining cash support than non-recipients. Support for PIP remaining solely a cash benefit was strongest among current recipients (65%, compared with 23% of those who had never claimed PIP). Those who had never claimed PIP were more open to a mix of cash and support (38%, compared with 12% of PIP recipients). When asked about extra support that could sit alongside PIP, both groups valued healthcare referrals most (58% of recipients and 65% of non-recipients), followed by financial advice and travel support.

Four distinct groups of disabled people

A segmentation analysis identified four segments with different experiences of independent living:

- 36% were *isolated and struggling.* They were never, rarely, or only sometimes able to access all the independent living outcomes. They were especially unable to access work, education and health and

support services. They tended to have multiple health conditions which had a substantial impact on their daily lives. They also tended to be struggling financially.

- 20% were *less connected with work and education.* They had more access to many of the outcomes than the previous group. But a large majority felt that work and education were simply not applicable to them. Their health needs were slightly less extensive than the previous group, and they were slightly older.
- 32% were *broadly living independently*. They had relatively high levels of access across almost all the outcomes. Compared to the previous two groups, their health conditions affected their day-to-day lives less. They had relatively high levels of education and employment, and they were younger than the other groups.
- Lastly, 12% were *living independently with lower needs.* They had access to most of the outcomes, although felt some were not relevant to them, like accessing equipment and aids, or getting support and assistance. This was the oldest group, with the highest rate of (early) retirement, the lowest health needs, and the highest levels of financial security.

Conclusions

The findings showed that independent living is shaped by a combination of financial resources, accessible services, personal support networks and wider societal

factors. While PIP played an important role in helping disabled people manage the additional costs of disability and maintain independence, PIP is not sufficient to meet all needs.

Disabled people, especially those who already received PIP, supported retaining PIP as a cash benefit and viewed it as an effective form of support. However, they also emphasised the importance of improving access to healthcare, social care, equipment, advice and other services. The evidence highlighted ongoing challenges around unmet need, complex support systems and the experiences of people with fluctuating conditions.

Disabled people tended to view PIP as a gateway to healthcare support rather than work or education, suggesting that if PIP is to offer more than financial assistance, its strongest perceived value may be as a passport to health services. This may be particularly important in the context of wider pressures on the healthcare system such as long waiting lists and difficulties accessing GP appointments which are often barriers for disabled people accessing healthcare. Overall, disabled people who received PIP viewed it as a key enabler in their lives, alongside support from their family and friends.

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Glossary

Access to Work Grant

Publicly funded employment support programme that aims to help more disabled people start or stay in work. It can provide practical and financial support for those with a disability or physical or mental health condition.

Adult Social Care

Range of practical, personal, and social support services provided to adults aged 18 or over who need extra help due to age, disability, illness, or mental health conditions.

Blue Badge Scheme

UK scheme that provides parking concessions for eligible disabled people whose mobility is substantially affected by a disability or health condition.

Day-to-day activities

Day-to-day activities include but are not limited to: personal care, household chores, socialising, work, and studying. These activities can differ for each person and may be affected by health conditions, often needing support from other people, aids, or adaptations to manage.

Disabled people

An adult aged 16 to 67 living in England or Wales who reported having a long-term physical or mental health condition or illness that reduces their ability to carry out day-to-day activities. Throughout this report the term

‘disabled people’ is used to refer to D/deaf and disabled people, and people with health conditions, to reflect the social model of disability language.

Disabled Facilities Grant

Grant provided by local authorities to fund adaptations to the homes of disabled people, helping them live more independently and safely within their home environment.

Fluctuating condition

A fluctuating condition is an underlying condition that generates variable symptoms and functional effects across time. These may include reduced physical, cognitive and/or emotional capability. In the survey, “fluctuating conditions” were captured in the following way “Do any of your symptoms or impacts of your health conditions remain fairly constant or do they vary; that is, you can have good or bad times with them?”. Disabled people who reported their symptoms or impacts of their health conditions “vary, with good and bad times” in the survey are reported as having “fluctuating conditions”.

Stable Conditions

Disabled people who reported their symptoms or impacts of their health conditions “remain fairly constant” are reported as having “stable conditions”.

Independent living

All disabled people having the same choice, control and freedom as any other citizen – at home, at work, and as members of the community. This does not necessarily mean disabled people ‘doing everything for themselves’,

but it does mean that any practical assistance people need should be based on their own choices and aspirations.

Mental health impairment

Impairments affecting mental health, emotional wellbeing, or psychological functioning.

Neurocognitive impairment

Impairments affecting cognitive, sensory, or social functioning, including learning, memory, concentration, sensory processing, and social interaction.

NHS Continuing Health Care

NHS-funded care and support for people with substantial ongoing health needs, provided on the basis of assessed eligibility.

NHS Household Gadgets and Equipment

Assistive equipment provided through NHS services to support independent living, improve accessibility, and help individuals carry out everyday tasks within the home.

Personal Independence Payment

A tax-free, non-means-tested benefit that contributes towards the extra costs of long-term ill health or a disability for working-age people (16 to the day before State Pension age when first claiming) who need help with mobility and/or daily living costs. It replaced DLA for working-age people and is available to those both in and out of work.

Physical health impairment

Impairments affecting physical functioning, including mobility, dexterity, energy levels, pain, breathing, and immune system function.

Pillars of independent living

Foundational rights and societal supports that ensure disabled individuals have choice, control, and full participation in society without institutional dependency. They were developed by disabled people and are rooted in the Social Model of Disability (Disability Rights UK, 2014). The 12 pillars are:

1. Appropriate and accessible information
2. An adequate income
3. Appropriate and accessible health and social care provisions
4. A fully accessible transport system
5. Full access to the environment
6. Adequate technical aids and equipment
7. Accessible and adapted housing
8. Adequate personal assistance
9. Inclusive education and training
10. Equal opportunities for employment
11. Independent advocacy and self-advocacy
12. Availability of peer counselling

Vision or hearing impairment

Impairments affecting sight and/or hearing.

Abbreviations

Abbreviation	Meaning
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
NHS	National Health Service
PIP	Personal Independence Payment
NatCen	National Centre for Social Research

Main report

1. Introduction

1.1 Background to the Study

In June 2025, the Government announced that it would launch a review of Personal Independence Payment (PIP). Co-chaired by the Minister for Social Security and Disability, Sir Stephen Timms, the Timms Review was established with the aim of ensuring that PIP is fair and fit for the future and that the system supports D/deaf and disabled people and people with health conditions to achieve better health, higher living standards and greater independence, including through employment.

The Timms Review required robust, nationally representative evidence on the experiences, priorities and support needs of disabled people. By placing lived experience at the centre of the evidence-gathering process, the study provided insights that can support the Review's deliberations and help ensure that future policy recommendations reflect the realities of disabled people's lives.

Co-production was a key element of the Review.
A 12-member steering group, appointed through an open process, jointly led the Review with the co-chairs: Sharon Brennan; Dr Clenton Farquharson CBE; and Sir Stephen Timms, Minister for Social Security and Disability. The survey was developed with input from the Steering Group and DWP directing priority areas for the survey, and

was independently undertaken by NatCen. The survey findings in this report have been independently analysed by NatCen and shared back with the steering group and DWP.

1.2 Research Aims and Objectives

The primary aim of the study was to generate evidence that helps the Timms Review understand how disabled people define and achieve independent living, and the role that PIP and other forms of support play in enabling this. The research also aimed to identify barriers that restrict independent living and explore which types of support are most effective in helping people achieve their goals and aspirations. In doing so, the study aims to strengthen the evidence base available to policymakers and support informed decision-making regarding the future of PIP.

The research had three overarching objectives:

1. to understand how disabled people define independent living;
2. to identify the types of support, whether provided through government, communities, family networks or other sources, that enable independent living; and
3. to assess how the PIP system supports or inhibits independent living.

To meet these objectives, NatCen conducted a nationally representative survey of working-age disabled people in England and Wales using its probability-based panel.

The survey findings provide high-quality evidence for the Timms Review steering group, DWP policymakers and ministers, while supporting the Review's commitment to co-production by ensuring disabled people's experiences and perspectives are reflected throughout the research process.

1.3 About the research

This research was delivered by NatCen on behalf of DWP. A survey of 2,039 disabled people was conducted online and by telephone using NatCen's Opinion Panel. Panel members are recruited through established studies such as the British Social Attitudes survey, for which participants are selected at random. This means that, unlike most online panels, the NatCen Panel is not based on a convenience sample and avoids the bias introduced when building other types of panels. It allows us to properly apply common statistical tests, like confidence intervals and significance testing and means that each panellist has background information which can be used for weighting and analysis.

Limitations of the study

The study was conducted online and by telephone, which may have reduced participation among some disabled people who require alternative methods of engagement, such as British Sign Language (BSL), other accessibility support or who may prefer other forms of engagement, such as face-to-face interviews. The survey was only available in English, meaning that people who speak

other languages or have limited English proficiency may have been less able to take part.

In addition, members of the panel were recruited through the British Social Attitudes Survey and similar surveys which covered only the private household population and is unlikely to include people living in residential care settings, hospitals, or other non-residential accommodation.

As with many social surveys, response rates tend to be lower among certain groups, such as young people. While our weighting can draw on the information we hold about our panel members to adjust for many measurable differences in participation rates, it cannot fully account for any unobserved differences in views between respondents and non-respondents.

Fieldwork

The survey was conducted from 17 July 2026 to 16 August 2026 among people who reported having a long-term physical or mental health condition or illness that reduces their ability to carry out day-to-day activities. The response rate was 48%. Participants were offered a £10 shopping voucher as an incentive and to thank them for taking part. Responses have been weighted to account for oversampling, non-response, and adjusted to the population of interest. This means that the results can be considered representative of the wider population of disabled people.

Reporting

Any descriptions of differences between subgroups have been tested for statistical significance at the 95% level, and no differences between groups are reported if they are not statistically significant. Percentages may not sum to 100 due to rounding. A segmentation analysis was also conducted to group respondents according to their experiences of independent living, enabling comparison of their characteristics and experiences of PIP.

Definition of PIP status

Throughout this report, disabled people are grouped according to their current PIP status and previous experience of applying for or receiving PIP. These groups were derived from responses to questions about whether disabled people received PIP when they took the survey, whether they had ever applied for PIP if they were not receiving PIP, and, for previous applicants, the outcome or current status of their most recent application. Four groups are used:

1. **Current PIP recipients** (i.e., those who said they were receiving PIP at the time of taking part in the study)
2. **Former PIP recipients or unsuccessful applicants** (i.e., those who reported that they had applied for PIP, had previously received PIP but no longer did, or had applied but their application was unsuccessful).
3. **Other PIP applicants** e.g. awaiting outcome (i.e., those who said they were awaiting an outcome

on a current PIP application, or had withdrawn or cancelled their application before a decision was made)

4. **Never received PIP** (i.e., those who said they had started an application but not submitted it, or had never applied for PIP)

These terms are used consistently throughout the reporting when comparing experiences between groups. The term 'PIP non-recipients' is used to refer to all disabled people who were not receiving PIP at the time of the survey (i.e., by combining groups 2, 3 and 4 above which consist of former PIP recipients or unsuccessful applicants, other PIP applicants e.g. awaiting outcome or those who never receive PIP).

References to PIP also include Disability Living Allowance (DLA) for adults. The survey asked: "Do you currently receive Personal Independence Payment (PIP) or Disability Living Allowance (DLA) for adults?" In the rest of the survey, we will refer to PIP only, but this includes DLA for adults.

Condition(s) and illness(es)

Throughout the report, condition(s) and illness(es) refer to physical, mental health or cognitive conditions or illnesses lasting, or expected to last, for 12 months or more. When analysing results by type of impairment, long-term conditions or impairments were grouped according to the areas in which disabled people reported they were affected by their long-term condition(s) or

impairment(s), including those that came and went or varied over time. The groups were:

- **Vision or hearing:** this group consisted of condition(s) or impairment(s) associated with seeing or hearing.
- **Mental health:** this group consisted of consistent condition(s) or impairment(s) associated with mental health, such as managing emotions or thoughts.
- **Neurocognitive:** this group consisted of condition(s) or impairment(s) associated with learning new things, remembering or focusing, interacting with other people, or sensory processing.
- **Physical health:** this group consisted of condition(s) or impairment(s) associated with moving around, using hands or fingers, managing energy levels or breathing, pain or discomfort, or having an over- or under-active immune system.
- **None of the listed impairments:** this group consisted of disabled people who selected “None of the above” when asked about which long term condition(s) or impairment(s) affect them.

Respondents could be included in more than one of the four impairment-type groups.

2. Independent living

This chapter examines how often disabled people were able to achieve the 12 outcomes of independent living and whether they were able to do so with choice and control, safety and confidence, and respect. It also examines barriers to getting support, and the impact of not always achieving these outcomes.

For this survey, independent living was defined as being able to make choices about one's own life, have the same opportunities and rights as other people, and access services, buildings, transport and information that meet individual needs and preferences, including through assistance or support where necessary.

The survey measured independent living across 12 outcomes of independent living, such as accessing health and social care, travelling, and accessing work and education. These outcomes were developed and agreed with the Timms Review steering group, drawing on the 12 Pillars of Independent Living[1].

Key findings

- For 11 of the 12 outcomes of independent living, more than half of disabled people were able to achieve the outcome at least some of the time. Sharing experiences and knowledge with people with similar

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1 Reclaiming Our Futures Alliance [ROFA] (2019). *Independent Living for the Future: Our vision for a national independent living support system.*

needs was the exception: only 48% were able to do this at least some of the time.

- Being able to achieve an outcome most or all the time, such as accessing health and social care, did not necessarily mean being able to do so with a feeling of *choice and control*, or *safety and confidence*, or *respect*, which are all important components of independent living. Of all these outcomes, disabled people were least likely to be able to access health and social care in these ways. In contrast, most could access housing with a sense of choice and control, safety and confidence, and respect.
- Many disabled people did not have all their support needs met, with long waiting times and cost or lack of funding being the main barriers to support. Only around a fifth of those who required support received all the support they needed in the previous 12 months. Those experiencing greater financial difficulty were less likely to achieve independent living outcomes or receive all the support they needed.
- When disabled people were not always able to achieve an outcome, negative effects on mental health or wellbeing and greater reliance on family or friends were among the most common consequences.

2.1 Independent living outcomes and experiences of choice, control, safety and respect

Independent living outcomes

The survey assessed independent living across 12 areas of daily life: accessing information; affording essentials; accessing health and social care; travelling; accessing public buildings and spaces; accessing equipment and aids; suitable housing; receiving support or assistance; accessing education; accessing work; understanding and exercising rights; and sharing experiences with people with similar needs. Disabled people were asked how often, if at all, they were able to do each of these things in their daily life, based on their current circumstances. Respondents could also say that an outcome was not applicable to them. The findings below exclude these respondents for each outcome.

For 11 of the 12 outcomes of independent living, more than half of disabled people were able to achieve the outcome at least some of the time. For example, 88% were able to find information in a suitable format, and 88% were able to afford the essentials they needed at least some of the time (Table 2).

Table 2: How often disabled people were able to do the following in their daily life

How often are you able to do the following in your daily life…	All/ Most/ some of the time (%)	All of the time (%)	Most of the time (%)	Some of the time (%)	Rarely (%)	Never (%)
Find information in a format you need	88	**40**	28	20	8	4
Access and use public buildings and spaces easily	79	**30**	27	23	16	5
Feel confident that your housing supports your independent living	83	**30**	26	27	9	7
Afford the essentials you need	88	24	**37**	27	9	3
Travel around when and how you want to	80	24	**29**	28	13	7
Access education in a way that supports your needs	64	21	**22**	**22**	16	20

Base: *All disabled people living in England and Wales for whom the outcome was applicable (unweighted bases: (1) 1,706, (2) 1,911, (3) 1,717, (4) 1,996, (5) 1,948, (6) 1,153.*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question*: How often, if at all, are you able to do the following in your daily life..?*

Note: *Percentages may not sum to 100 due to rounding. "Not applicable" responses were excluded from the proportions reported in table 2. Figures in bold show the most common response(s) for each outcome and are not indicative of statistical significance.*

Although most disabled people were able to access health and social care that met their needs at least some of the time, fewer were able to do so consistently. Around three-quarters (74%) were able to access health and social care at least some of the time, but only 38% were able to do so all or most of the time. Around a quarter (26%) were rarely or never able to do so (Table 3).

Opportunities to share experiences and knowledge with people with similar needs were particularly limited. Less than half (48%) were able to do this at least some of the time, while 52% were rarely or never able to do so (Table 3).

Table 3: How often disabled people were able to do the following in their daily life

How often are you able to do the following in your daily lives…	All/ Most/ some of the time (%)	All of the time (%)	Most of the time (%)	Some of the time (%)	Rarely (%)	Never (%)
Access equipment and aids to support your independent living	74	20	**28**	27	17	9
Find or access work in a way that supports your needs	64	19	**24**	22	17	19

How often are you able to do the following in your daily lives…	All/ Most/ some of the time (%)	All of the time (%)	Most of the time (%)	Some of the time (%)	Rarely (%)	Never (%)
Feel confident that you understand your rights and can exercise them, or that someone else can do this on your behalf	77	17	29	**31**	16	7
Receive the support or assistance you need, when you need it, to support independent living	71	15	26	**30**	19	10
Access health and social care that meets your needs	74	11	27	**36**	19	7
Share experiences and knowledge with people with similar needs to you	48	9	13	26	**27**	25

Base: *All disabled people living in England and Wales for whom the outcome was applicable (unweighted bases: (1) 1,475, (2) 1,498, (3) 1,937, (4) 1,518, (5) 1,888, (6) 1,721.*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *How often, if at all, are you able to do the following in your daily life..?*

Note: *Percentages may not sum to 100 due to rounding. Figures in bold show the most common response(s) for each outcome and are not indicative of statistical significance.*

Whether disabled people were able to achieve the outcomes of independent living was most clearly related to their financial circumstances and how much their health affected their day-to-day activities. Those in better financial circumstances were more likely to achieve most of the outcomes, as were those whose health had less impact on their day-to-day activities. For example, disabled people finding things “quite or very difficult” financially were more likely to be rarely or never able to access equipment and aids that supported independent living (38%) than those “living comfortably” or “doing alright” (13%).

Disabled people whose health had a greater impact on their day-to-day activities were less likely to achieve several outcomes than those whose symptoms affected them a little or not at all. Disabled people whose symptoms affected them “a lot” were less likely to be able to access and use public buildings and spaces (67% compared with 91%), find or access work in a way that supported their needs (45% compared with 81%), and feel confident that they understood and could exercise their rights (68% compared with 86%) at least some of the time.

Age differences were more limited and were only found for access to education. Disabled people aged 16 to 34 were more likely than those aged 55 to 67 to report being able to access education in a way that supported their needs all, most or some of the time (73% compared with 52%).

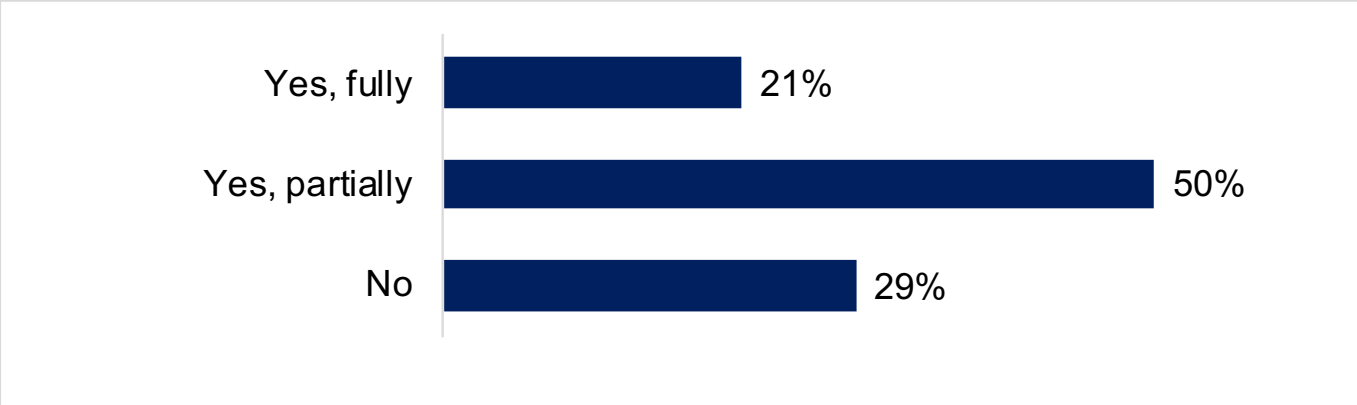
Current PIP recipients were less likely to achieve several outcomes of independent living compared to former PIP recipients or unsuccessful applicants and those who had never received PIP. This is expected given that PIP recipients tended to have more substantial health and financial needs. While PIP recipients were less likely to be able to travel around when and how they wanted than former PIP recipients or unsuccessful applicants (70% compared with 80%), they were more likely to access equipment and aids that supported independent living (74% compared with 59%). PIP recipients were also less likely to access health and social care than those who had never received PIP (68% compared with 80%) and access and use public buildings (68% compared with 91%).

Being able to achieve an outcome did not necessarily mean being able to do so with choice and control, safety and confidence, or respect. Among disabled people who were able to achieve each outcome all, most or some of the time, or rarely, experiences were more positive for housing than health and social care. Around six in ten disabled people experienced housing with choice and control (65%), safety and confidence (64%) and respect (62%) all or most of the time. The equivalent proportions for health and social care were lower, at 42%, 48% and 45% respectively (Table 12, Table 13 and Table 14 in Annex A).

2.2 Barriers to support and impact of not achieving outcomes – extent to which support needs were met

Among disabled people who said they required support in the past year, only a fifth (21%) received all the support they needed during that time (Chart 1). These results exclude those who selected “not applicable”.

Chart 1: Extent to which disabled people received the support they needed in the last 12 months



Base: *All disabled people living in England and Wales excluding those who selected “not applicable” (unweighted base: 1,704).*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *Thinking about the last 12 months, overall, did you receive the support you needed?*

Note: *Percentages may not sum to 100 due to rounding.*

The groups most likely to have received all the support they needed were older working-age disabled people, those who were more financially secure, not receiving PIP, and those whose condition(s) affected their day-to-day life “a little”.

Older disabled people were more likely than younger disabled people to have received all the support they needed. Around a quarter (26%) of those aged 55 to 67 said they had fully received the support they needed, compared with 17% of those aged 35 to 54.

Disabled people who were more financially secure were more likely to have received the support they needed. Among those “living comfortably” or “doing alright” financially, 36% said they had fully received the support they needed, compared with 11% of those who found it “quite or very difficult”.

Those who had never received PIP were more likely to say they had fully received the support they needed (28%) than current PIP recipients (16%). Former PIP recipients or unsuccessful applicants were more likely to say their needs had not been met compared with current PIP recipients (41% compared with 30%).

Lastly, disabled people with stable conditions (i.e., their symptoms or impacts remained fairly constant) were more likely to have received none of the support they needed compared with disabled people with fluctuating conditions. This pattern was similar among PIP recipients and non-recipients. Among those with fluctuating conditions, 27% of PIP recipients and 25% of non-recipients received none of the support they needed. This rose to 34% among both recipients and non-recipients with stable conditions.

2.3 Barriers to receiving support

Among disabled people who were able to achieve each outcome only some of the time, barriers were generally reported most often in relation to accessing health and social care. Long waiting times were particularly prominent: 70% identified this as a barrier to accessing health and social care, while 58% reported long or complicated processes (Table 4).

Across the other outcomes, disabled people reported a wide range of barriers, and no single barrier was consistently dominant. Cost or lack of funding was the most common barrier to travelling when and how disabled people wanted (41%) and living in housing that supported independent living (37%). Barriers to accessing education, work or volunteering were more evenly distributed, with lack of suitable choices or alternatives (33%) and unsupportive views and behaviour from others (33%) being the most reported (Table 4 and Table 5). The broad “accessibility issues” category may have been selected less often than the others because respondents could also report more specific accessibility-related barriers separately, including inaccessible information and communication (Table 5).

Table 4: Most common barriers to getting support across the six outcomes (%).

Which, if any, of the following made it difficult to get the support you needed to…	Long waiting times (%)	Cost or lack of funding (%)	Long or complicated processes (%)	Lack of suitable choices or alternatives (%)	Views and behaviour from others that are not supportive (%)	The application process or other administrative tasks (%)	Not receiving the support or assistance I need (%)
Access to health and social care that meets your needs	**70**	45	58	40	45	42	39
Travel around when and how you want to	34	**41**	29	35	31	22	24
Receive the support or assistance you need, when you need it, to support independent living	**48**	44	46	37	35	37	35
Access equipment and aids to support your independent living	**41**	**41**	37	32	27	34	32
Live in housing that supports your independent living	34	**37**	33	30	23	29	27
Access education, work, or volunteering in a way that suits you and that recognises your needs	27	29	29	**33**	**33**	26	30

Base: *All disabled people living in England and Wales who were able to access the outcome most or some of the time (unweighted base: 1,330).*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *Which, if any, of the following made it difficult to get the support you needed to… (asked separately for each of the six outcomes).*

Note: *Respondents could select more than one answer, so percentages do not sum to 100. Figures in bold show the highest percentage for each outcome and are not indicative of statistical significance.*

Table 5: Least common barriers to getting support across the six outcomes (%).

Which, if any, of the following made it difficult to get the support you needed to…	Rules, policies and practices that do not support my needs (%)	Information and communication that is not accessible (%)	Accessibility issues (e.g., poor signage, noisy environments, buildings and spaces) (%)	Other (%)	None of these (%)	I did not find it difficult to get the support I needed in this area (%)	I did not need support in this area (%)
Access to health and social care that meets your needs	**39**	25	25	1	2	1	3
Travel around when and how you want to	25	17	**28**	1	7	4	10
Receive the support or assistance you need, when you need it, to support independent living	**35**	22	19	1	4	4	11
Access equipment and aids to support your independent living	**27**	21	17	-	8	3	15
Live in housing that supports your independent living	**26**	18	16	1	12	5	19
Access education, work, or volunteering in a way that suits you and that recognises your needs	**28**	21	19	1	11	3	17

Base: *All disabled people living in England and Wales who were able to access the outcome most or some of the time (unweighted base: 1,330).*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *Which, if any, of the following made it difficult to get the support you needed to… (asked separately for each of the six outcomes).*

Note: *Respondents could select more than one answer, so percentages do not sum to 100. Figures in bold show the highest percentage for each outcome and are not indicative of statistical significance.*

When it came to barriers to accessing health and social care, younger disabled people generally reported more barriers to getting the support they needed than older disabled people. The youngest age group (16 to 34) were more likely than the oldest (55 to 67) to report long waiting times (77% compared with 64%) and unsupportive views and behaviour from others (52% compared with 36%).

2.4 Impact of not being able to achieve outcomes

Not being able to access health and social care had particularly wide-ranging consequences. Among the 57% of disabled people who were not always able to access health and social care that met their needs, 71% reported negative effects on their mental health or wellbeing and 63% reported negative effects on their physical health or wellbeing. Across the other five outcomes, negative effects on mental health or wellbeing were also common among disabled people, ranging from 59% to 68%. Negative effects on physical health or wellbeing were also common, including among those who were not always able to receive the support or assistance they needed (58%; Table 6).

The consequences of not being able to achieve these outcomes extended beyond health and wellbeing. Across the six outcomes, between 42% and 55% relied more on family or friends, while 37% to 55% found it harder to manage daily activities and 43% to 53% said they did not have the quality of life they wanted. Relatively few said

that not being able to achieve an outcome had no impact on them (between 3% and 12%; Table 6 and Table 7).

Table 6: Most common consequences of not always being able to achieve the six outcomes (%)

What impact, if any, does not always being able to achieve the *outcome* have on you?	My mental health or wellbeing are negatively affected (%)	My physical health or wellbeing are negatively affected (%)	I rely more on family or friends (%)	I find it harder to manage daily activities (%)	I do not have the quality of life I want (%)	I have less choice or control over how I live (%)	I pay for things myself with money I would not normally use (%)
Access to health and social care that meets your needs	**71**	**63**	**55**	**53**	**53**	**35**	**39**
Travel around when and how you want to	**61**	**48**	**53**	**49**	**43**	**39**	**34**
Receive the support or assistance you need, when you need it, to support independent living	**68**	**58**	**55**	**55**	**53**	**45**	**44**
Access equipment and aids to support your independent living	**61**	**53**	**49**	**50**	**49**	**40**	**42**
Live in housing that supports your independent living	**61**	**53**	**51**	**52**	**46**	**39**	**35**
Access education, work, or volunteering in a way that suits you and that recognises your needs	**59**	**44**	**42**	**37**	**44**	**38**	**30**

Base: *Disabled people who were not always able to achieve each outcome (unweighted bases: health and social care 1,111; travel 869; support or assistance 887; equipment and aids 737; housing 636; education, work or volunteering 1,003).*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *You said that you are not always able to [achieve outcome]. What impact, if any, does this have on you? (asked separately for each of the six outcomes).*

Note: *Respondents could select more than one answer, so percentages do not sum to 100. Figures in bold show the highest percentage for each outcome and are not indicative of statistical significance.*

Table 7: Least common consequences of not always being able to achieve the six outcomes (%)

What impact, if any, does not always being able to achieve the *outcome* have on you?	I cannot access the social life that I want (%)	I find it hard to afford the essentials I need (%)	I cannot access the education or work I want (%)	I go into debt (%)	Other (%)	This has no impact on me (%)
Access to health and social care that meets your needs	**40**	31	19	22	1	3
Travel around when and how you want to	**41**	29	15	16	-	5
Receive the support or assistance you need, when you need it, to support independent living	**42**	33	24	22	-	5
Access equipment and aids to support your independent living	**38**	31	21	20	-	8
Live in housing that supports your independent living	32	**36**	19	21	1	12
Access education, work, or volunteering in a way that suits you and that recognises your needs	31	27	**32**	21	-	10

Base: *Disabled people who were not always able to achieve each outcome (unweighted bases: health and social care 1,111; travel 869; support or assistance 887; equipment and aids 737; housing 636; education, work or volunteering 1,003).*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *You said that you are not always able to [achieve outcome]. What impact, if any, does this have on you? (asked separately for each of the six outcomes).*

Note: *Respondents could select more than one answer, so percentages do not sum to 100. Figures in bold show the highest percentage for each outcome and are not indicative of statistical significance.*

Younger disabled people were more likely than older adults to report social and mental health impacts and greater reliance on friends and family as consequences of not always being able to achieve the outcomes. The youngest age group (16 to 34) were more likely than the oldest (55 to 67) to report negative effects on their mental health or wellbeing (77% compared with 59%) and rely on family or friends (64% compared with 51%) when unable to access health and social care that met their needs. The oldest age group was more likely than the youngest to report negative effects on their physical health or wellbeing when unable to access education, work, or volunteering in a suitable way (50% compared with 35%).

PIP recipients experienced more negative consequences of not being able to achieve the outcomes than non-recipients. When unable to access support or assistance, 38% of adults receiving PIP reported it was harder to afford the essentials they needed compared with 20% of adults who had never received PIP. Former PIP recipients or unsuccessful applicants were more likely than current PIP recipients to experience negative effects on their physical health and wellbeing when not being able to access housing that supported their needs (70% compared with 60%).

3. Receiving and not-receiving PIP

This chapter explores who received PIP and who did not, including whether PIP non-recipients had previously applied for the benefit, their perceptions of eligibility, and the reasons some chose not to apply. It compares the experiences of current PIP recipients with former recipients, unsuccessful applicants, other applicants (such as those awaiting a decision), and people who have never applied for or received PIP. The chapter also examines how PIP supported independent living among recipients and the extent to which non-recipients believe PIP could help them.

Key findings

- PIP receipt was more common among those experiencing greater levels of need, with 65% of those whose condition(s) affected daily life “a lot” receiving PIP, compared with 14% whose condition(s) affected it “a little”. Conversely, 70% of those whose condition(s) affected them “a little” had never claimed PIP before, compared with one in five of those whose condition(s) affected daily life “a lot” (20%).
- Rates of PIP receipt were more common among disadvantaged groups, particularly those facing financial hardship (45% vs. 26% not in financial hardship) and those not in paid work (37% unemployed vs. 17% employed).
- Among PIP non-recipients, those with greater health impacts were more likely to have applied for PIP in the

past (43% affected “a lot” vs 19% affected “a little”). Those whose condition(s) affected them “a little”, were more likely to have never applied for PIP (71%) than those who were affected “a lot” (44%).

- Among disabled people who had never applied for PIP, 70% had not applied because they did not think they were eligible.

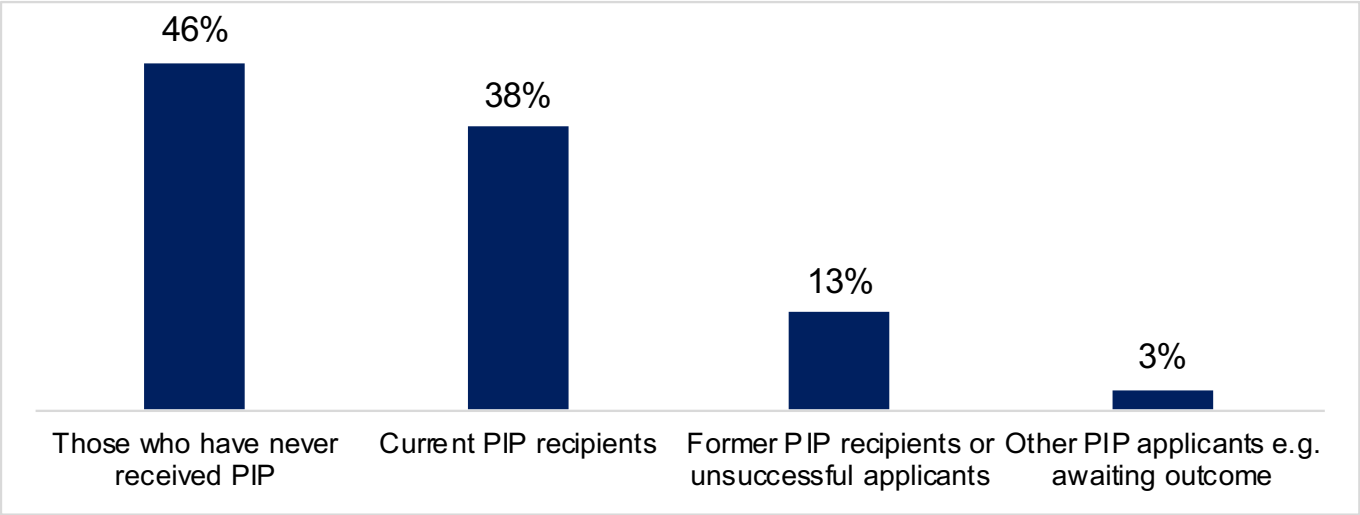
3.1 Who receives PIP and who does not receive PIP?

The survey asked disabled people if they currently receive Personal Independence Payment (PIP) or Disability Living Allowance (DLA) for adults and mentioned that the rest of the survey refers to PIP but includes DLA for adults. Overall, around two-thirds (62%) of disabled people reported that they did not receive PIP, while just over a third (38%) were current recipients.

Among those who did not receive PIP but had previously applied for it, 73% were unsuccessful in their application, 16% were awaiting an outcome on a current application, 10% said they used to receive PIP, but no longer received it and 1% withdrew or cancelled their application before a decision was made.

Of those who were not receiving PIP, nearly half (46%) had never received PIP, while 13% were previous recipients and 3% selected ‘other’ (e.g., withdrew an application or were awaiting a decision) (Chart 2).

Chart 2: Proportion of PIP recipients and PIP non-recipients including whether they had previously received PIP and application status



Base: *All respondents excluding not applicable or don't know to all questions which create this variable(unweighted base: 2,033)*

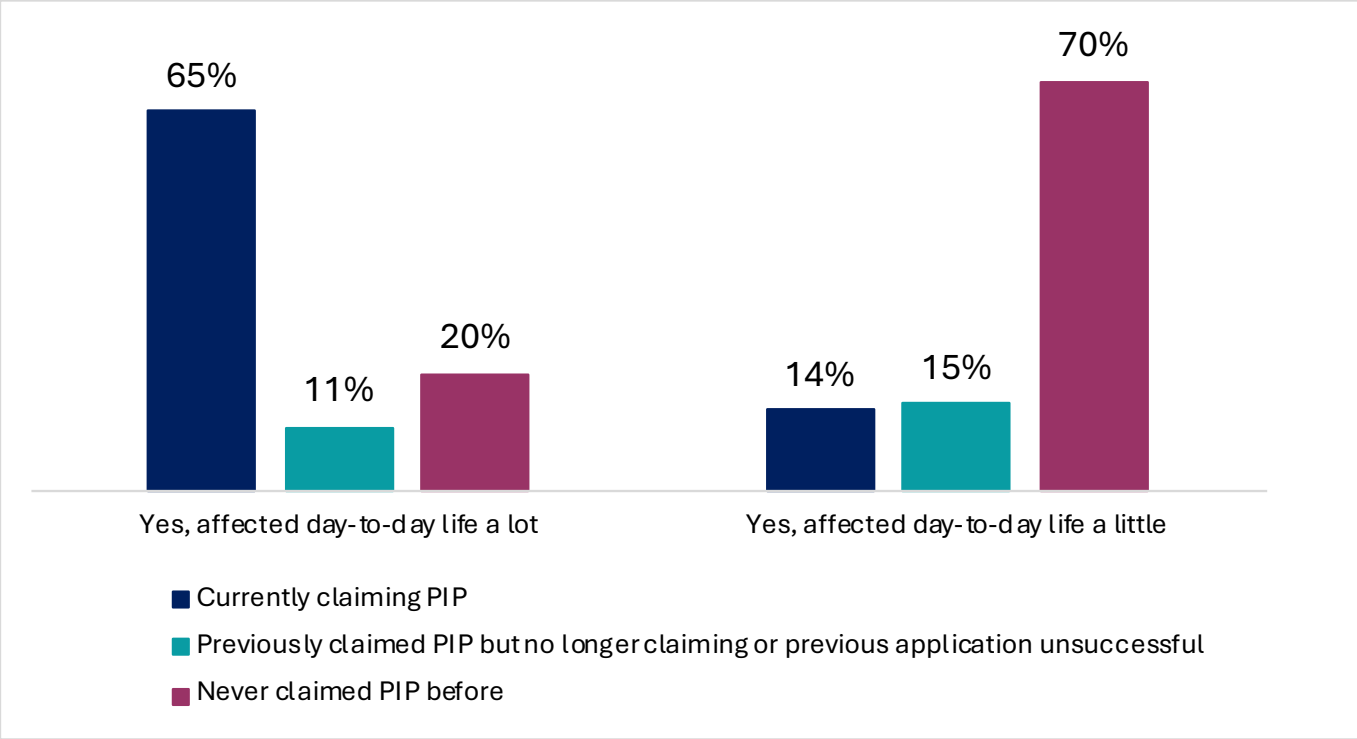
Question: *New variable created from: PIPRECEIVE: Do you currently receive PIP? Yes/No. PIPAPPLY: Have you ever applied for Personal Independence Payment (PIP)? Yes – I applied for PIP (submitted the application)/No – I started the application but did not submit it/ No – I have never applied for PIP and NOPIP: Thinking about the most recent time you applied for PIP, which of the following best describes your situation? If you have applied for PIP more than once, please think about the last time you applied. I used to receive PIP, but I no longer receive it/I applied for PIP, but my application was not successful/I am awaiting an outcome on a current PIP application/I withdrew or cancelled my application before a decision was made.*

A full breakdown of groups used in this variable is in section 1.3 of this report.

Unsurprisingly, rates of PIP receipt were higher among those with higher needs. Those whose health condition(s) affected them "a lot" were more likely to receive PIP (65% received PIP) than those whose condition(s) affected them "a little" (only 14% received PIP). In comparison, those whose condition(s) affected them "a little" were

more likely to have never received PIP (70% never received PIP) compared to those whose condition affected them “a lot” (20%). Those whose condition affected them “a little” were more likely to be former PIP recipients or unsuccessful applicants (15%), compared to those affected “a lot” (11%). This suggests that PIP does target those with higher needs.

Chart 3: Those whose conditions affected them “a lot” or “a little” by whether they are PIP recipients, previous recipients and non-recipients shown.



Base: *All respondents (2,033)*

Question: *A full breakdown of groups used in this variable is in section 1.3 of this report. Do you have any physical or mental health conditions or illnesses lasting, or expected to last, for 12 months or more? Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?*

PIP receipt was also more common among disabled people with stable conditions (50%) than among those with fluctuating conditions (29%). It was also more common among those reporting vision/ hearing impairments (45% vs 35% without this type of impairment) and neuro-cognitive impairments (42% vs 28% without this type of impairment).

PIP receipt was more common among disabled people facing financial hardship and those who were not in paid work. For example, disabled people who found it “quite” or “very difficult” financially were more likely to receive PIP (45%) than those who were “living comfortably” or “doing alright” financially (26%). PIP receipt was lower among disabled people in paid work (17%) than among those who were working-age but unemployed (37%), in the ‘Other’ economic activity category e.g. permanently sick or disabled (61%) or retired (although it is worth noting those who took part in the study were working-age adults so retirement rates were low).

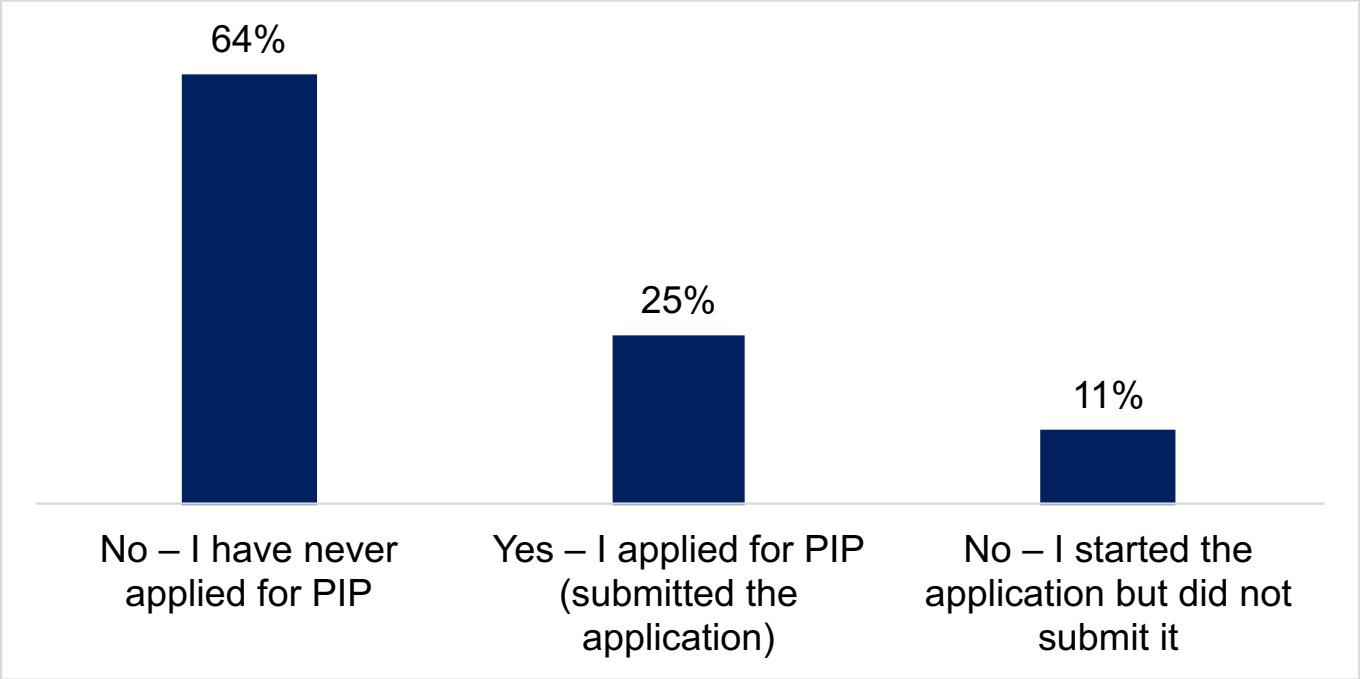
Additionally, PIP receipt was lower among disabled people who were married (31%) than among those who were single (never married and never in a civil partnership; 43%). It was also more common among older disabled people, with 42% of those aged 55 to 67 receiving PIP compared with 32% of those aged 16 to 34.

3.2 Have PIP non-recipients ever applied for PIP?

Among disabled people who were not receiving PIP, 25% had previously applied for the benefit, while 64% had

never applied for PIP. Just over one in ten (11%) started the application but did not submit it (Chart 4).

Chart 4: Whether people who did not receive PIP had ever applied for PIP



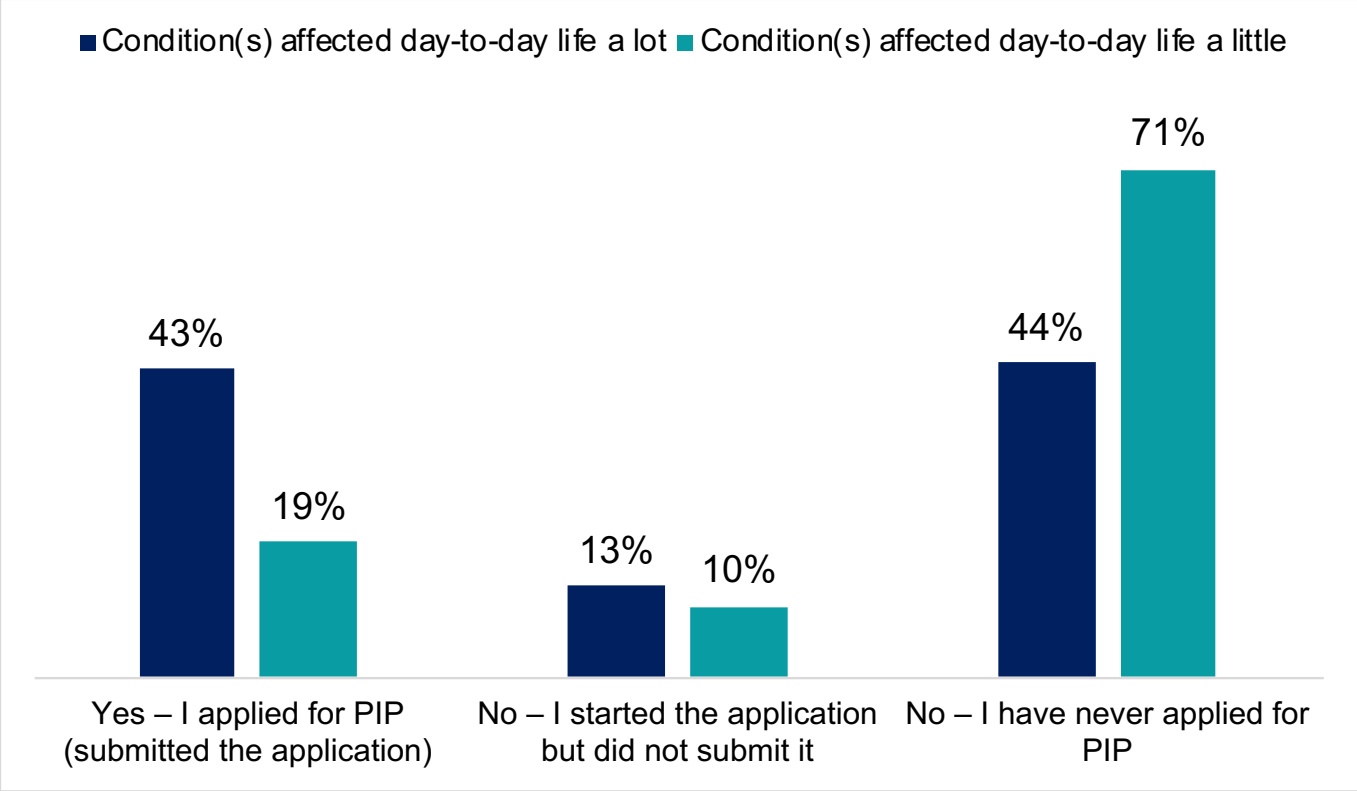
Base: *Disabled people who did not receive PIP (unweighted base: 1,297)*

Question: *Have you ever applied for Personal Independence Payment (PIP)?*

Among disabled people not receiving PIP, previous applications were more common among those experiencing greater health, financial and day-to-day challenges, while those who had never applied were more likely to be older, financially comfortable, and living with a partner. For example, those whose condition(s) affected their day-to-day life “a lot” were more likely to have previously applied for PIP (43%) than those whose condition(s) affected their day-to-day life “a little” (19%), while 71% of those whose condition(s) affected them “a

little" had never applied for PIP (vs 44% whose condition affected them "a lot") (Chart 5).

Chart 5: Whether PIP non-recipients had applied for PIP by whether their condition(s) affected them "a lot" or a "a little"



Base: *Respondents who did not receive PIP (unweighted 1297)*

Question: *Have you ever applied for Personal Independence Payment (PIP)?*

Previous applicants were also more likely than those who had never applied to report being affected by their symptoms or the impacts of their condition(s) for "more than half the time" (50% vs 28%). Similarly, previous applications were more common among those reporting mental health impairments (29%) than among those not reporting mental health impairments (20%). A similar pattern was observed among those reporting neuro-cognitive impairments (29% vs 20%). However, these

groups were not mutually exclusive, and many disabled people reported multiple impairments; e.g. many of those reporting mental health conditions in the survey also had other types of health conditions and impairments.

People who were financially comfortable, partnered, and older were less likely to have previously applied for PIP. For example, 80% of those who were “living comfortably” or “doing alright” financially had never applied for PIP, compared with 50% of those who were finding it “quite” or “very difficult” financially. Similarly, a higher proportion of disabled people who were married, in a civil partnership, or living with a partner had never applied for PIP (70%) than those who were single (never married and never in a civil partnership; 55%). Having never applied for PIP was also more common among older disabled people, at around seven in ten among those aged 55 to 64 (70%) and 65 to 67 (74%), compared with 60% of those aged 35 to 44.

PIP therefore appeared to be reaching those with greater levels of need, as disabled people whose conditions had a more substantial impact on their daily lives were considerably more likely to have applied for PIP, while those who had never applied generally reported less severe impacts from their condition.

3.3 Perceived eligibility for PIP among non-recipients

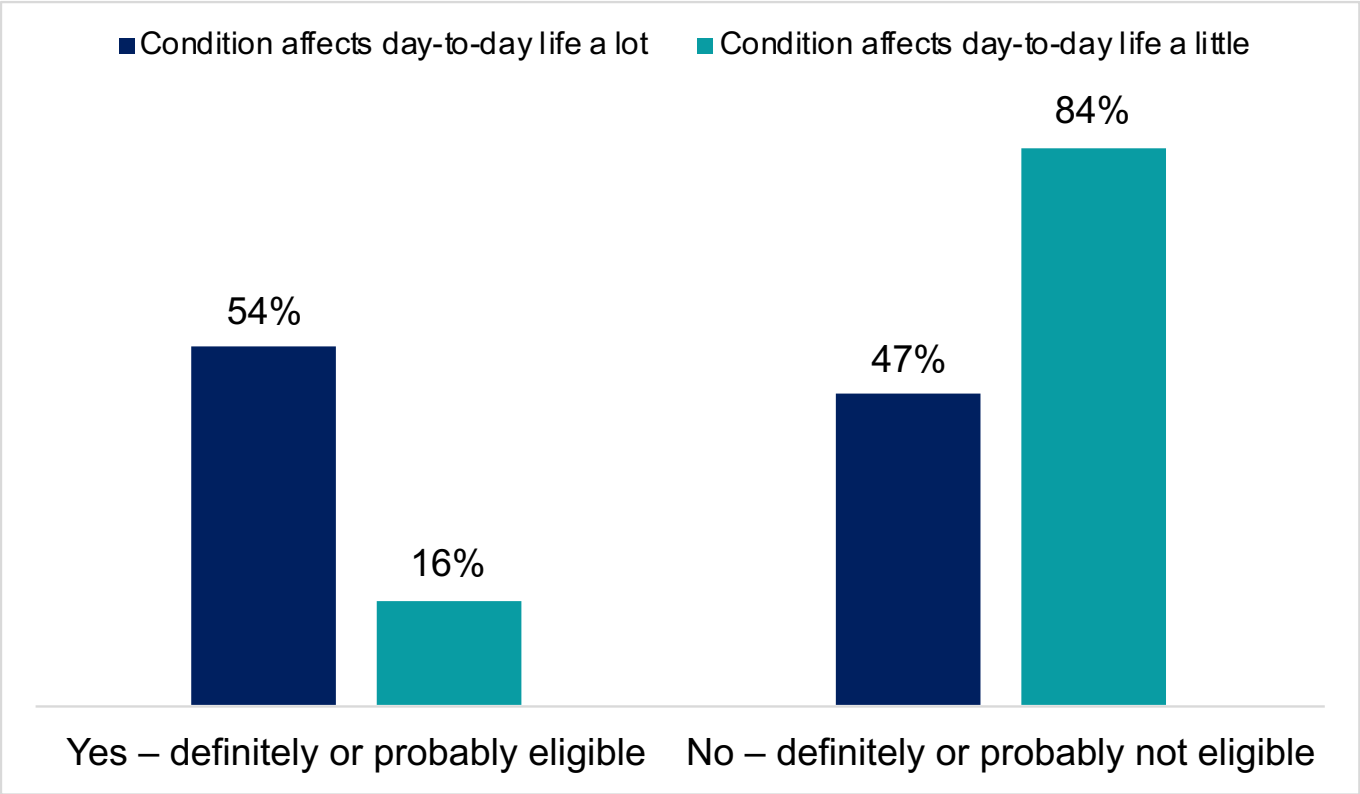
To explore perceptions of eligibility among current PIP non-recipients, participants were asked whether they believed they were eligible for the benefit, with response

options ranging from ‘definitely eligible’ to ‘definitely not eligible’. For reporting purposes, responses were grouped into ‘eligible’ (definitely/probably eligible) and ‘not eligible’ (definitely/probably not eligible). Overall, 26% of PIP non-recipients thought they were eligible for PIP, while 74% thought they were not eligible for PIP.

Perceived eligibility for PIP was higher among disabled people experiencing greater financial hardship, those more severely affected by their condition(s) and those with stable conditions, while older adults and those less affected by their condition were less likely to believe they were eligible. For example, those who found it “quite” or “very difficult” financially were more likely to think they were eligible for PIP (35%) than those who were “living comfortably” or “doing alright” financially (19%). PIP non-recipients aged 55 to 67 were less likely to think they were eligible for PIP (18%) compared to those aged 35 to 44 (27%).

Also, those whose condition(s) affected their day-to-day life “a lot” were more likely to think they were eligible for PIP (54%) than those whose condition(s) affected their day-to-day life “a little” (16%). In line with this, 84% of disabled people who were affected “a little” by their condition thought they were not eligible for PIP compared to 47% of those whose condition affected them “a lot” (Chart 6). Furthermore, those with fluctuating conditions were less likely to think they were eligible for PIP (21%) than those with stable conditions (37%).

Chart 6: Whether PIP non-recipients thought they were eligible to get PIP by whether their condition(s) affected them “a lot” or a “a little”



Base: *Respondents who did not receive PIP (unweighted 1,294)*

Question: *As far as you are aware, are you eligible to receive Personal Independence Payment (PIP). Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?*

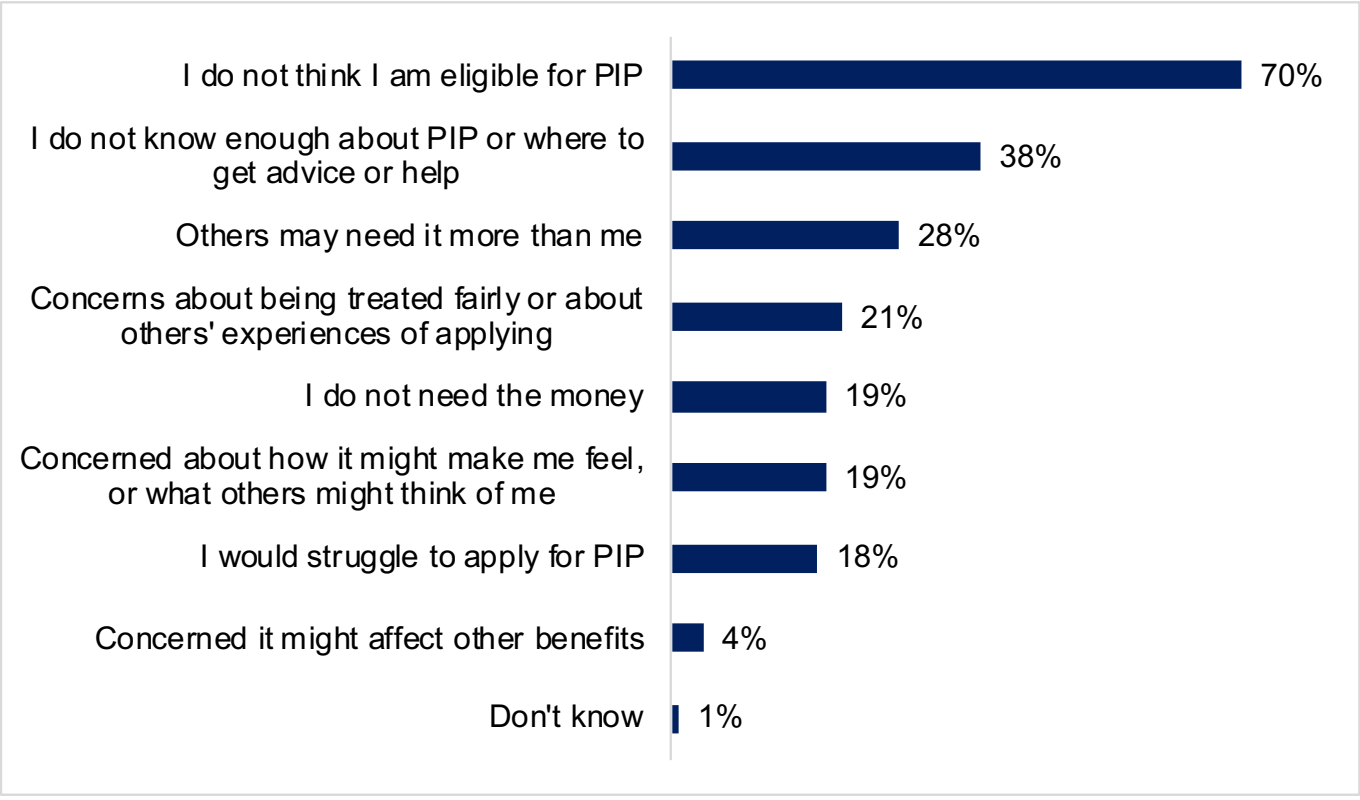
As expected, people whose condition(s) had a greater impact on their daily lives were more likely to think they were eligible for PIP. Those with fluctuating conditions were also less likely to feel that they were eligible. This is consistent with the pattern for PIP receipt, which was more common among those with stable conditions (see section 3.1 of this Chapter), and may suggest uncertainty about whether fluctuating conditions qualify for PIP. However, because perceived eligibility was measured among non-recipients, while PIP receipt was measured

across a different group, caution is needed when comparing these findings.

3.4 Reasons for not applying for PIP among non-recipients

The main reason people who did not receive PIP gave for not applying was that they did not think they were eligible, mostly due to support- and income-related factors (Chart 7).

Chart 7: Top reasons for not applying for PIP



Base: *Disabled people who did not receive PIP and had an incomplete application for PIP or had never applied for PIP (unweighted base: 1,015)*

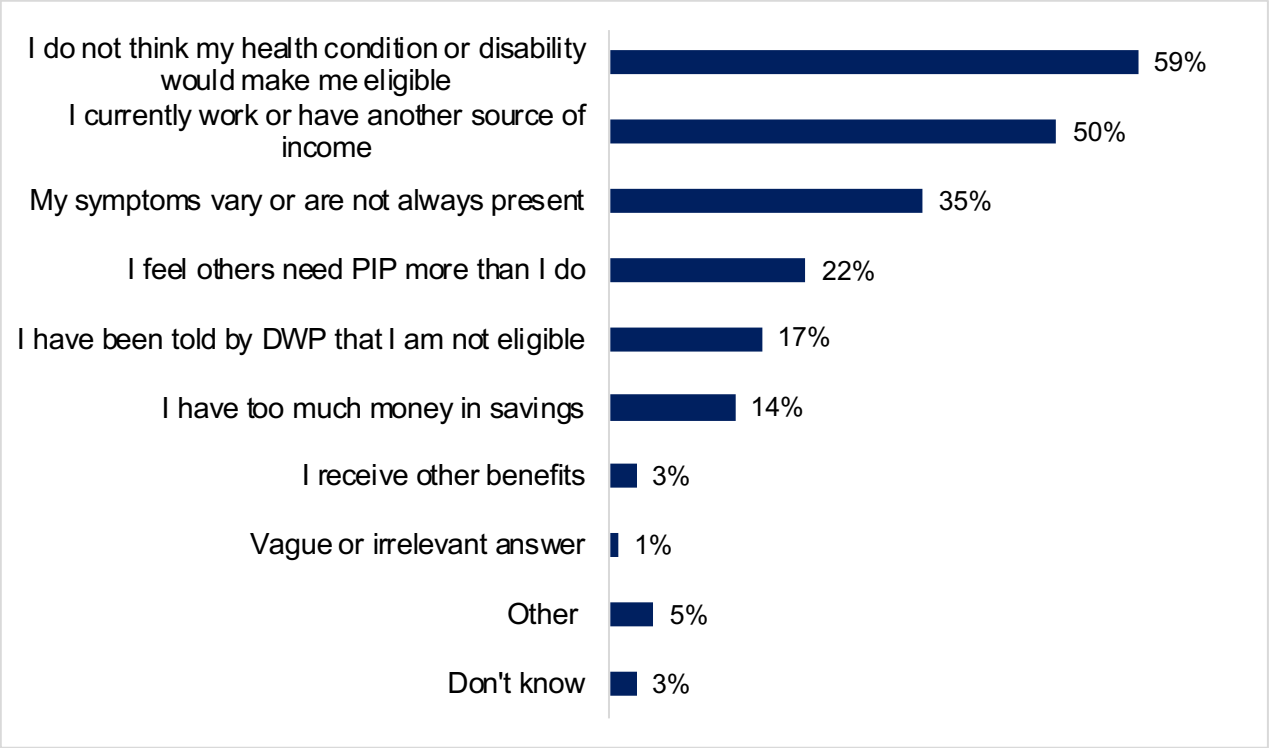
Question: *For what reasons, if any, have you not applied for PIP?*

Among disabled people who thought they were not eligible for PIP, or whose application had been unsuccessful, the most common reason was that their

health condition(s) or disability would not qualify them (59%).

Some common reasons disabled people gave for thinking they were not eligible for PIP reflected a misunderstanding of the eligibility criteria. Half (50%) said they were in work or had another source of income, over a third (35%) said their symptoms were not always present and 14% said they had too much in savings. Other reasons included feeling that others needed PIP more than they did (22%), having been told by DWP that they were not eligible (17%), and, less commonly, receiving other benefits (3%) (Chart 8).

Chart 8: Reasons disabled people gave for thinking they were not eligible for PIP



Base: *Disabled people who thought they may not have been or were not eligible for PIP, or had an unsuccessful application for PIP, excluding "don't know" and "not applicable" (unweighted base: 1,084)*

Question: *Why do you think you are not eligible for PIP?*

Younger disabled people were more likely than older disabled people to think they were not eligible because they were currently in work or had another source of income (56% of those aged 16 to 34, compared with 38% of those aged 55 to 67). This reason was also more common among those whose condition(s) affected them “a little” than “a lot” (54% vs 33%). It was also more common among those “living comfortably” or “doing alright” financially (60%) than among those finding it “quite or very difficult” (39%).

Similarly, there were differences in the reasons for not applying for PIP, particularly among those with different ages, type of condition(s) and the extent to which people said their condition(s) affected them. Younger disabled people (aged 16 to 34) were more likely to say that they did not know enough about PIP or where to get advice or help (51%) than older disabled people (32% of those aged 35 to 55, and 32% of those aged 55 to 67). Disabled people who were impacted “a little” were more likely to say they did not think they were eligible (76%) compared to those affected “a lot” (47%).

4. The impact of PIP

This chapter examines the impact of PIP and its role within the wider system of support for disabled people. It explores how PIP helped people meet their needs, the types of support that had helped recipients achieve key outcomes, what disabled people thought would help them achieve these outcomes, and how perceptions of PIP's potential benefits compared with recipients' experiences of what it had actually helped them achieve.

Key findings

- Among PIP recipients, 82% said PIP was an important source of support, in line with support from family and friends (82%).
- PIP acted as an enabler of wider support. Among those who received it, 80% said PIP had helped them access equipment and aids, and 80% said it had helped them access health and social care that met their needs.
- PIP's greatest impact was on mobility and independent living, as recipients said that PIP was most helpful in allowing them to travel when and how they wanted to (32%) and access equipment and aids that supported independent living (26%).
- However, PIP's role in employment and education was less established. While over half (54%) of recipients said PIP had helped them access education, work or volunteering, this was the outcome least strongly

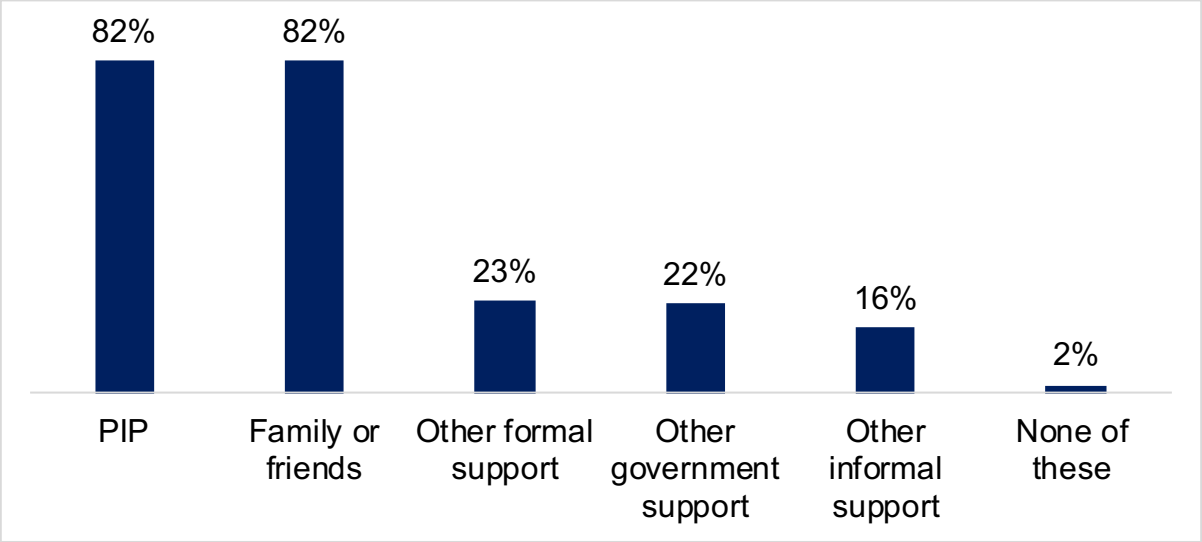
associated with PIP among both recipients and non-recipients.

4.1 Types of support that had helped PIP recipients

PIP was widely valued by those who received it. When asked what types of support had helped them in the past year, 82% of recipients cited PIP, tied only with friends and family, and much higher than other sources of formal, informal or government support.

Other services such as other formal support (23%), other government support (22%) or other informal support (16%) were cited by a much lower proportion of current PIP recipients. This suggests that PIP filled a crucial role, providing support that was not provided by other areas (Chart 9).

Chart 9: Types of support which PIP recipients said had helped them in the last 12 months

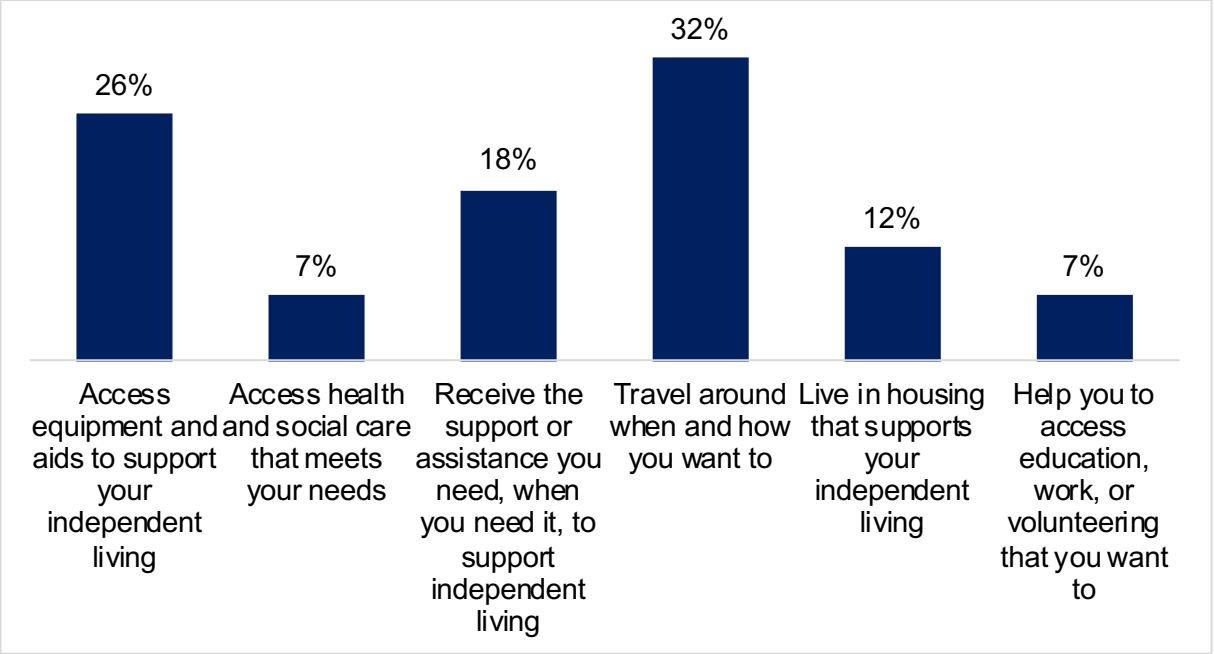


Base: *PIP recipients (unweighted base: 738)*

Question: *Over the last 12 months, what types of support, if any, have helped you?*

PIP had the greatest impact in helping disabled people travel around when and how they wanted to and access equipment and aids. When asked which, if any, of the six outcomes PIP had helped support them with the most, PIP recipients said they primarily used PIP to travel around when they wanted to (32%) and access equipment and aids to support their independent living (26%). Under one in five (18%) primarily used it to receive support or assistance they needed and 12% used it to live in housing that supported their independent living. PIP was least likely to be primarily used for access to health and social care that supported their needs (7%) or to access education, work or volunteering that suited them and that recognised their needs (7%) (Chart 10).

Chart 10: What PIP recipients mainly used PIP to help with



Base: *Asked of respondents who currently received PIP, had used PIP to support aspects of day-to-day life and stated PIP had helped them with one or more of these aspects (unweighted base: 456).*

Question: *Which of the following have you used PIP to help support you with the most?*

Respondents were only asked about the types of support they had previously stated had helped them.

4.2 What would help disabled people achieve each outcome?

Those who reported that they were able to achieve any of the six key pillars of independent living only ‘some of the time’, ‘rarely’ or ‘never’, were asked what would help them to achieve these outcomes.

For each of these, participants could choose any combination of: more money or benefits, better access to public services, facilities, and information, receiving the support or assistance I need, less discrimination from

the public, professionals, and the government, access to appropriate housing, employment, education, training, or equipment and aids, other or none of the above. In addition to these options, those who did not currently receive PIP were asked if receiving PIP would help them achieve these outcomes.

As shown in Table 8, one of the main perceived enablers among those who were not able to achieve each outcome was less discrimination from the public, professionals, and the government. Over half of disabled people felt that less discrimination from the public, professionals and the government (54%) would help them achieve better access to health and social care that met their needs and just under half (49%) said it would help them receive the support or assistance they needed to support independent living.

Similarly, over half of disabled people thought that receiving more money or benefits (52%) would help them receive the support or assistance they needed, when they needed it, to support their independent living. More money or benefits was a key enabler for most of the outcomes, for example helping disabled people to live in housing that supported their independent living (49%), access equipment and aids to support their independent living (46%) and travel around when and how they wanted to (44%).

Another key enabler was better access to public services, facilities, and information. Just under half (49%) said this would help them access health and social care that met their needs or receive the support or assistance

they needed (48%). 41% said better access to public services, facilities, and information would help them access equipment and aids to support their independent living, 38% said it would help them travel around and 37% said it would help them access education, work, or volunteering in a way that suited them and that recognised their needs.

Table 8: What disabled people who were not able to achieve each outcome said would help them

What would help you to…	More money or benefits (%)	Better access to public services, facilities, and information (%)	Receiving the support or assistance I need (%)	Less discrimination from the public, professionals, and the government (%)	Access to appropriate housing, employment, education, training, and the equipment and aids I need (%)	Receiving PIP* (%)	None of the above (%)	Don't know (%)
Access to health and social care that meets your needs	42	49	49	**54**	34	23	6	5
Travel around when and how you want to	**44**	38	32	38	24	20	10	9
Receive the support or assistance you need, when you need it, to support independent living	**52**	48	-	49	46	23	5	8
Access equipment and aids to support your independent living	46	41	**48**	37	35	22	8	7
Live in housing that supports your independent living	**49**	36	43	37	47	19	6	12
Access education, work, or volunteering in a way that suits you and that recognises your needs	35	37	42	**43**	32	18	11	12

Base: *those who reported that they were able to do the following six pillars 'some of the time', 'rarely' or 'never', were asked what would help them to achieve these pillars. *asked only of those who did not receive PIP. 1. Access to health and social care that meets your needs (base 1,111), 2. Travel around when*

and how you want to (base 869), 3. Receive the support or assistance you need, when you need it, to support independent living (base 887), 4. Access equipment and aids to support your independent living (base 737), 5. Live in housing that supports your independent living (base 636), 6. Access education, work, or volunteering in a way that suits you and that recognises your needs (base 1,003).

Question: *What would help you to <OUTCOME>?*

Note: *Figures in bold show the most common response(s) for each outcome and are not indicative of statistical significance.*

Younger disabled people and people with neuro-cognitive, vision or hearing impairments were more likely to say that reducing discrimination and improving access to services would support independent living. For example, nearly two-thirds (64%) of disabled people aged 16 to 34 said that less discrimination from the public, professionals and the government would help them to access health and social care that met their needs, compared to 39% of disabled people aged 55 to 67. Additionally, those aged 16 to 34 were more likely to report that access to appropriate housing, employment, education, training, and the equipment and aids they needed (57%) would help them to receive the support or assistance they needed to support their independent living, compared to those aged 55 to 67 (37%).

Those with neuro-cognitive impairments consistently reported that less discrimination and better access to public services, information, appropriate housing, employment and education would help them achieve almost all outcomes, compared to those without neuro-cognitive impairments. For example, the majority (60%) of those with neuro-cognitive impairments claimed that less discrimination would help them access health and social care that met their needs, compared to around a third (36%) of those with no neuro-cognitive impairments.

Those with vision or hearing impairments were also more likely to report that less discrimination (52%) and better access to public services, facilities and information (56%) would help them access equipment and aids to support

their independent living compared to those without vision or hearing impairments (30% and 33%, respectively).

4.3 What do people who can achieve each outcome say has helped them achieve each outcome?

Disabled people who said they could achieve different outcomes all of the time or most of the time were asked what helped them do so. One of the main enablers was getting the support or assistance they needed: 42% said it enabled access to health and social care, 32% said it enabled access to education, work or volunteering that met their needs, 30% said it enabled access to equipment and aids to support independent living, and 26% said it enabled access to suitable housing that supported their independence among other enablers (Table 9).

Table 9: Enablers reported by disabled people who were able to achieve each outcome

What, if anything, has helped you achieve each outcome?	Receiving support or assistance (%)	Less discrimination from the public, professionals, and the government (%)	Access to appropriate housing, employment, education, training, or equipment and aids (%)	Receiving PIP* (%)	None of the above (%)	Don't know (%)
Access to health and social care that meets your needs	**45**	20	17	25	19	12
Travel around when and how you want to	**22**	16	16	20	38	14
Receive the support or assistance you need, when you need it, to support independent living	7	22	21	**31**	28	12
Access equipment and aids to support your independent living	**32**	17	19	**31**	25	13
Live in housing that supports your independent living	**27**	12	20	21	36	11
Access education, work, or volunteering in a way that suits you and that recognises your needs	**34**	22	20	13	32	10

Base: *Disabled people who were able to achieve each outcome "all of the time" or "most of the time" were asked what had helped them to achieve these pillars*

*1. Access to health and social care that meets your needs (base 777), 2. Travel around when and how you want to (base 1,079), 3. Receive the support or assistance you need, when you need it, to support independent living (base 631), 4. Access equipment and aids to support your independent living (base 738), 5. Live in housing that supports your independent living (base 1,081), 6. Access education, work, or volunteering in a way that suits you and that recognises your needs (base 883). *asked only of those who received PIP.*

Question: *What, if anything, has helped you <OUTCOME>?*

Note: *Figures in bold show the most common response(s) for each outcome and are not indicative of statistical significance.*

Of those who could access education, work or volunteering, younger disabled people were more likely than older disabled people to cite having received support or assistance as one of the things that helped them with access: 43% of those aged 16 to 34, compared to just 24% of those aged 55 to 67.

Those with mental health conditions (48%) said that receiving the support or assistance they needed helped them to access health and social care that met their needs, compared to those without mental health conditions (36%), similarly to those with neuro-cognitive conditions (49%) compared to those without (34%).

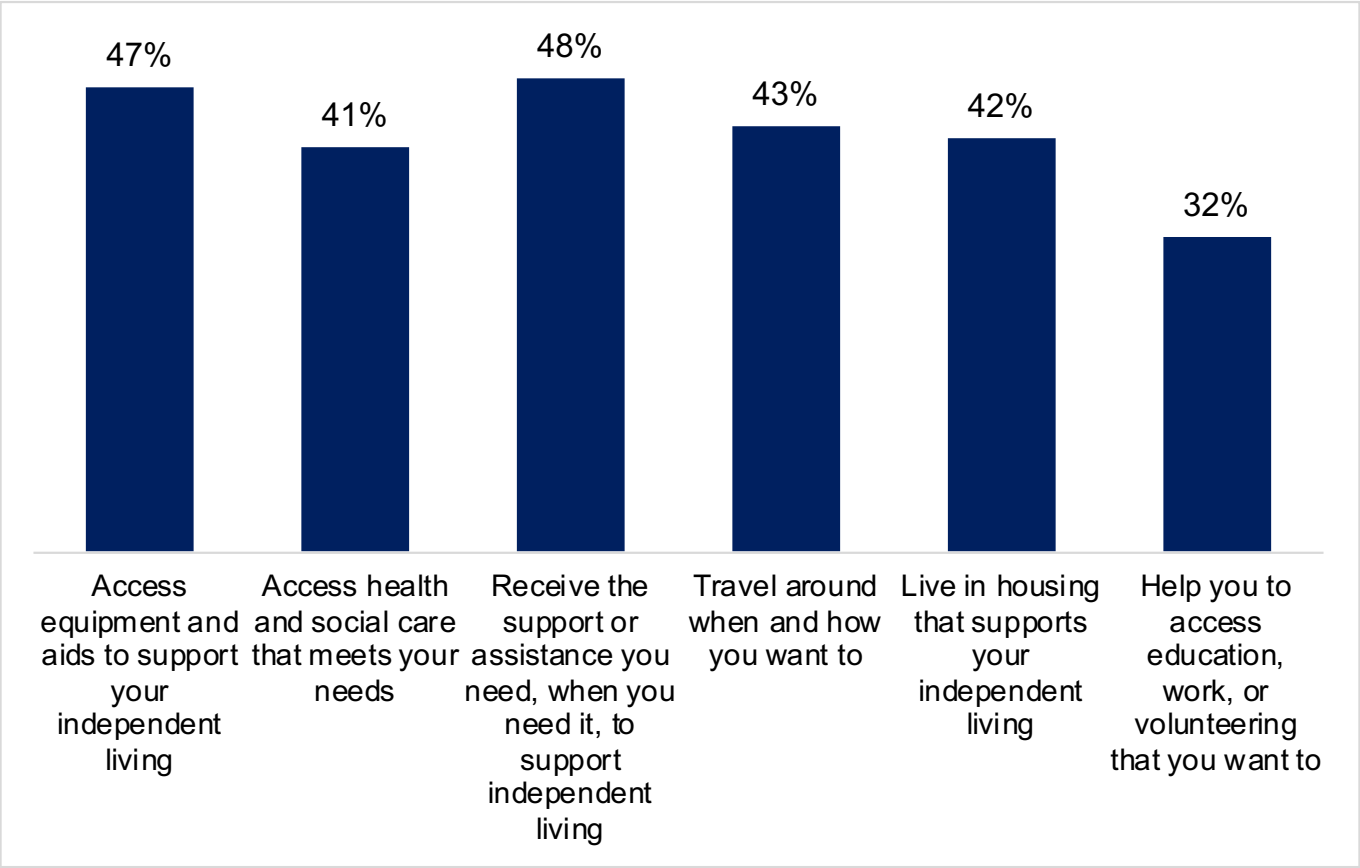
Almost six in ten (57%) disabled people who were single (never married/in a civil partnership) said receiving support or assistance helped them to access health and social care that met their needs, compared to disabled people who were married or in a civil partnership (37%).

4.4 Which outcomes do non-PIP recipients think PIP can help with vs. what do PIP recipients say PIP has actually helped them with

When looking at PIP non-recipients, almost half (48%) said PIP would help them receive the support or assistance they needed when they needed it, followed by helping them access equipment and aids to support their independent living (47%). Just over four in ten also believed PIP could help them travel around (43%), live in housing that supported independent living (42%) or

access health and social care that met their needs (41%) (Chart 11).

Chart 11: Proportion of PIP non-recipients who said PIP would help them achieve each outcome

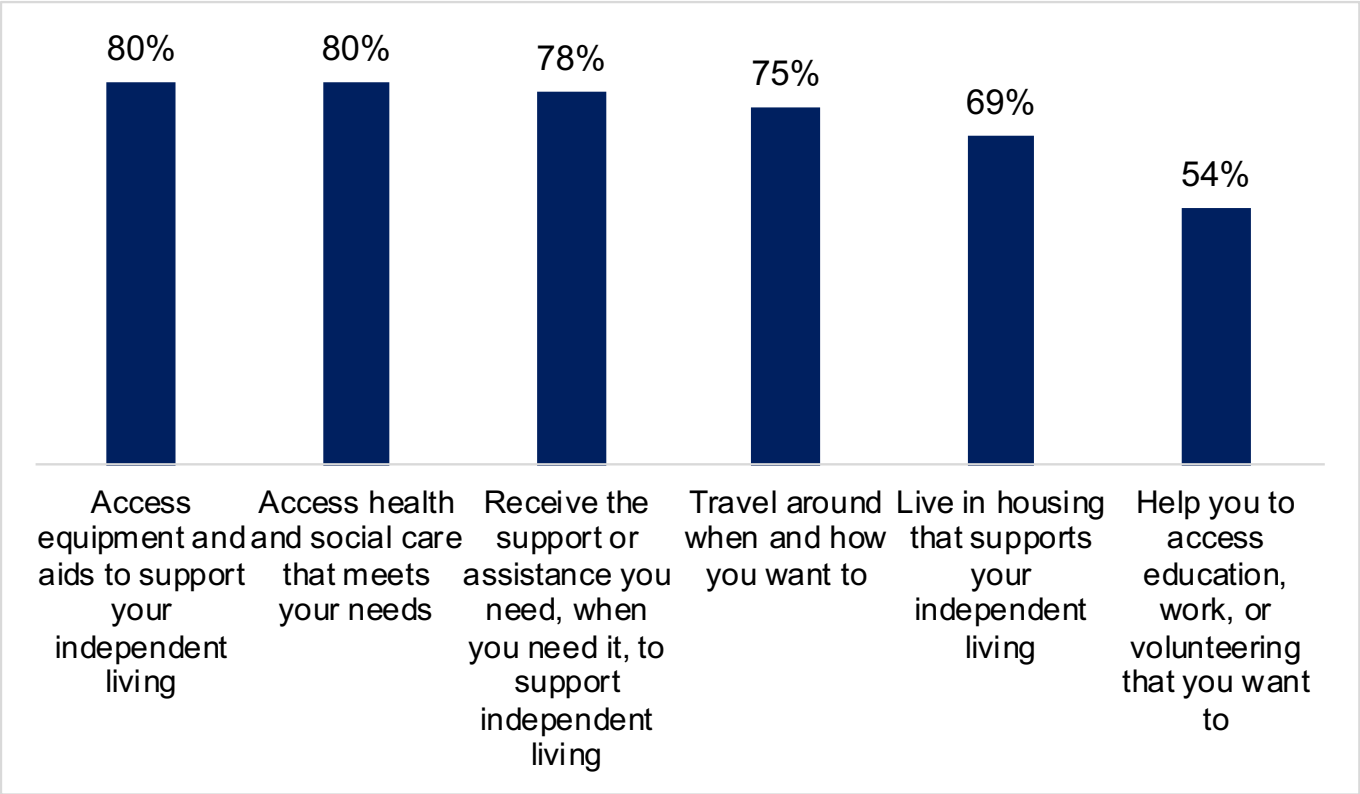


Base: Access equipment/aids: 341; Access health and social care: 616; Receive support/assistance: 438; Travel around: 383; Housing: 268; Access education, work, volunteering: 527.

Question: *What would help you to <outcome>?*

Among those who received PIP, 80% said it had helped them with accessing equipment and aids to support independent living and access to health and social care that met their needs. This was followed by 78% who said PIP had helped them receive the support or assistance they needed, 75% who said it helped them travel around and 69% who said it had helped them live in housing that supported independent living (Chart 12).

Chart 12: Proportion of PIP recipients who said receiving PIP had helped them achieve each outcome



Base: Access equipment/aids: 268; Access health and social care: 225; Receive support/assistance: 223; Travel around: 240; Housing: 323; Access education, work, volunteering: 190.

Question: *What, if anything, has helped you to <outcome>? (Chart shows the proportion selecting "Receiving PIP")*

PIP non-recipients were less likely to think PIP could help them access health and social care that met their needs than with most other outcomes. Among current recipients, however, 80% said PIP had helped them access health and social care.

How PIP could help to access education, work or volunteering was less clear among PIP non-recipients as 32% said PIP could help them with this, the lowest of all the outcomes they were asked about. Among PIP

recipients, just over half (54%) said PIP had helped access education, work or volunteering, the lowest among all the outcomes they were asked about. This shows that the link between PIP and access to education, work or volunteering is less clear compared to other outcomes, for both PIP recipients when stating what has helped them and for PIP non-recipients when thinking about what PIP could help them with.

These findings suggest that PIP is generally reaching people with higher levels of need. Those who received PIP were more likely to use it to access equipment and aids, health and social care, travel support, and other forms of assistance, while people who did not receive PIP tended to report lower levels of need.

Finally, there appeared to be some uncertainty among non-recipients about the role of PIP. While 36% said they did not know whether not receiving PIP made it harder to access services and support (as shown in section 6.4) around two in five PIP non-recipients believed PIP could help them achieve many of the outcomes tested, suggesting that at least part of the gap may reflect a lack of understanding of what PIP can provide.

5. Fluctuating health conditions

This chapter explores the prevalence of fluctuating health conditions or impairments among disabled people, when fluctuating conditions or impairments occurred, their frequency and how disruptive they were for disabled people's day-to-day life. It also looks at whether disabled people could anticipate fluctuations in their conditions and if their condition(s) or impairment(s) had improved, got worse or stayed the same over the last 12 months.

In the survey, "fluctuating conditions" were captured in the following way *"Do any of your symptoms or impacts of your health conditions remain fairly constant or do they vary; that is, you can have good or bad times with them?"* Disabled people who reported their symptoms or impacts of their health conditions "vary, with good and bad times" in the survey are reported as having "fluctuating conditions" while those who said "remain fairly constant" are reported as having "stable conditions".

Key findings

- Fluctuating symptoms or impacts were common among disabled people. 58% of disabled people reported fluctuating symptoms or impacts, whereas 40% had symptoms or impacts that were stable (i.e., their symptoms or impacts remained fairly constant).
- Among those with a fluctuating condition, 22% experienced bad days on a daily basis, which may indicate that they experienced more bad days than good days, or that their health conditions or

impairments fluctuated throughout a typical day. 37% experienced bad days on a weekly basis.

- The frequency of fluctuating symptoms or impacts did not generally differ by impairment type.
- Current PIP recipients were more likely to have stable conditions, while fluctuating conditions were more common among non-recipients (44% of current recipients, compared with 62% of former recipients or unsuccessful applicants and 68% of those who had never received PIP).
- Fluctuating symptoms or impacts often disrupted day-to-day life: 72% of those with fluctuating symptoms or impacts reported difficulties carrying out their usual activities on three or more days each week, while 76% said their ability to carry out day-to-day activities was reduced “a great deal” or “a fair amount”.
- Changes in symptoms or impacts were more often unpredictable than predictable. Forty-eight percent described them as unpredictable, compared with 20% who described them as predictable.
- Almost half (46%) said their symptoms or impacts had worsened over the previous 12 months.

5.1 Prevalence of fluctuating conditions

Fluctuating conditions or impairments were common among disabled people, with 58% saying they had fluctuating conditions, 40% saying they had stable conditions, while 2% said they did not know.

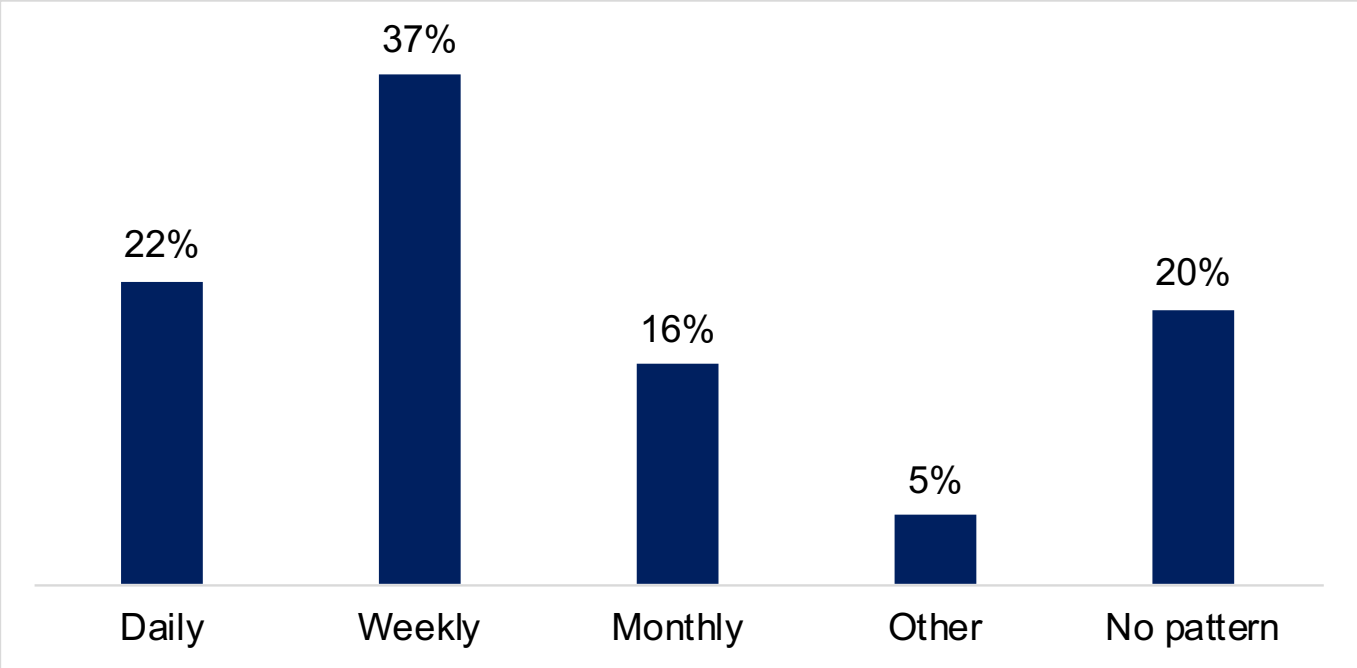
Disabled people whose condition(s) had less impact on their day-to-day life were more likely to report fluctuating symptoms or impacts. Seven in ten (70%) disabled people whose condition(s) affected their day-to-day activities “a little” reported fluctuating symptoms or impacts compared with 44% of those affected “a lot”.

Current PIP recipients were more likely to have stable conditions, while fluctuating conditions were more common among those not currently receiving PIP. Fluctuating conditions were reported by 44% of current PIP recipients, compared with 62% of former recipients or unsuccessful applicants and 68% of those who had never received PIP.

5.2 Frequency of “bad days” for disabled people

Among those who reported fluctuating conditions or impairments, the timing of bad days varied considerably with over half reporting bad days on a weekly basis or more frequently. 22% experienced bad days on a daily basis, which may indicate that they experienced more bad days than good days, or that their health conditions or impairments fluctuated throughout a typical day. Thirty-seven percent said they experienced bad days on a weekly basis, while 20% reported that there was no clear pattern to when bad days occurred (Chart 13).

Chart 13: Experiences of “bad days” in the last 12 months among those with fluctuating symptoms or impacts of your health conditions or illnesses



Base: *Disabled people who had symptoms or impacts of a condition or illness that vary with good and bad times, excluding “don’t know” and “not applicable” (unweighted base: 1,205)*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *How often, if at all, in the last 12 months have you experienced bad days because of the symptoms or impacts of your health conditions or illnesses?*

Note: *Percentages may not sum to 100 due to rounding.*

Disabled people who experienced fluctuating health conditions or impairments on a daily basis were more likely to be PIP recipients or struggling financially. The frequency of fluctuating symptoms or impacts did not generally differ by impairment type.

Current PIP recipients with fluctuating symptoms or impacts tended to experience bad days more frequently

than PIP non-recipients. Four in ten (40%) PIP recipients experienced bad days on a daily basis, compared with 22% of former recipients or unsuccessful applicants but were no longer receiving it and 11% of those who had never received PIP.

Among those whose symptoms or impacts of their health conditions or impairments fluctuated over time, those who were financially finding it “quite or very difficult” were nearly twice as likely to experience bad days on a daily basis (30%) as those who were “living comfortably or doing alright” (17%).

Bad days on a daily basis were also more common among disabled people with each of the four impairments examined. The largest difference was observed for those with a physical health impairment (24% compared with 11% without this type of impairment), followed by neurocognitive (25% compared with 15%), vision or hearing (29% compared with 20%), and mental health (25% compared with 17%) impairments.

5.3 Fluctuating symptoms or impacts of health condition and disruption to usual activities

Fluctuating conditions or impairments frequently affected disabled people’s ability to carry out their usual activities. For example, 72% said they found it difficult to participate in or carry out their usual activities on three or more days each week. Of those who experienced “bad days” on a weekly basis, 32% reported difficulties on one to two

days of the week, 40% on three to four days, 15% on five to six days and 13% on a daily basis.

PIP recipients whose symptoms fluctuated experienced more frequent impacts on their usual activities than PIP non-recipients. PIP recipients were more likely to report disruption to their usual activities every day (30%), compared with those who had never received PIP (6%). On the other hand, 43% of those who had never received PIP experienced disruption one to two days of the week compared with 6% of current PIP recipients. This suggests that among those with fluctuating symptoms or impacts, current PIP recipients may have experienced more persistent disruption in their day-to-day lives.

5.4 How disabled people's symptoms impacted their day-to-day life

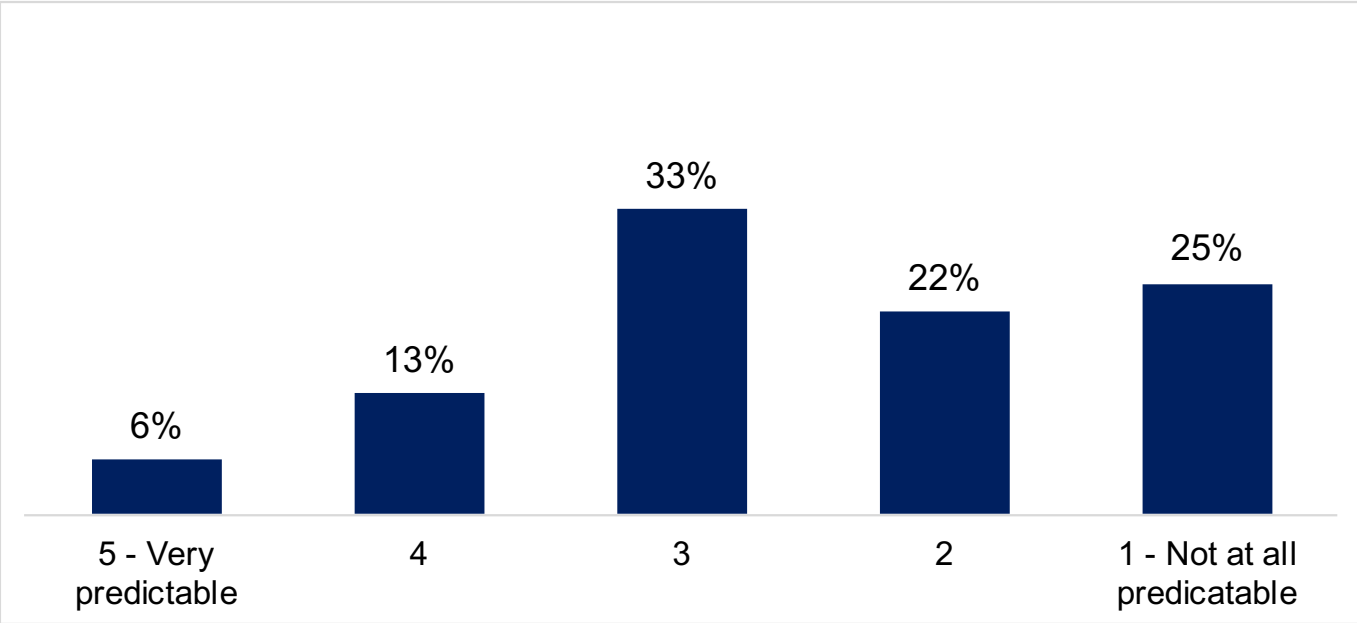
When asked if their symptoms or their impact reduced their ability to carry out day-to-day activities in the last 12 months, 76% said it reduced their ability "a great deal" (34%) or "a fair amount" (42%). In comparison, 23% said it reduced their ability "just a little" and only 1% said it reduced their ability "not at all".

Current PIP recipients with fluctuating symptoms or impacts experienced more frequent impacts on their ability to carry out day-to-day activities than PIP non-recipients. Just over three-quarters (76%) of current PIP recipients reported that their symptoms affected them "a great deal" or "a fair amount" for more than half the time, compared with a quarter (30%) of those who had never received PIP.

5.5 Predictability and worsening of changes to symptoms or impacts of health

Changes to symptoms or impacts of health conditions or illnesses were mostly unpredictable and had worsened or stayed the same over the last 12 months. Only a small proportion of disabled people, whose symptoms or impacts fluctuated over time could predict these changes. Twenty per cent reported that changes in their symptoms were predictable, 48% reported them as unpredictable (Chart 14). A further 33% selected the midpoint of the scale; this may suggest that, for these individuals, symptoms were sometimes predictable and sometimes unpredictable. Almost half (46%) also said that their symptoms or impacts had worsened over the previous 12 months.

Chart 14: Predictability of changes in the symptoms or impacts of disabled people's condition(s) or illnesses



Base: *Disabled people who had symptoms or impacts of a condition or illness that varied with good and bad times 1,201 (unweighted).*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *How predictable are the changes in the symptoms or impacts of your health conditions or illnesses?*

Older disabled people were more likely to report being at either end of the predictability scale, while younger disabled people were more likely to fall in the middle. The oldest age group (55 to 67) were more likely than the youngest (16 to 34) to describe changes in their symptoms as "very predictable" (11% compared with 3%) or "not at all predictable" (30% compared with 23%). In contrast, the youngest age group were more likely than the oldest to report that changes were neither predictable nor unpredictable (40% compared with 25%).

Disabled people currently receiving PIP were more likely to report having "not at all predictable" changes

in their symptoms (33%) than former PIP recipients or unsuccessful applicants (28%) and those who had never received PIP before (21%). Changes in symptoms were also less predictable among disabled people with a physical health impairment, with 27% reporting that changes in their symptoms were “not at all predictable”, compared with 16% of those without a physical health impairment.

6. Views on government support and disability services

This chapter describes the extent to which disabled people thought PIP should be a cash benefit, as opposed to direct support (e.g., access to disability equipment and aids, travel passes or mobility support) or a mix of both cash and direct support. It explores take-up of support and other disability services, and the extent to which disabled people believed PIP was a gateway to other benefits or had helped them access other benefits.

Key findings

- Two in five (41%) disabled people wanted PIP to stay solely a cash-based benefit to help cover the costs of disability.
- Current PIP recipients were more likely to prefer that it remained a cash benefit (65%) compared to 23% who had never received PIP. Those who had never received PIP (38%) or were former PIP recipients or unsuccessful applicants (33%) were more likely to prefer a mix of cash and support compared to current PIP recipients (12%).
- Over half (55%) of PIP recipients said receiving PIP was essential for them to access other government benefits or disability services.
- 58% of current PIP recipients said they would have found support to access healthcare referrals helpful when applying for PIP.

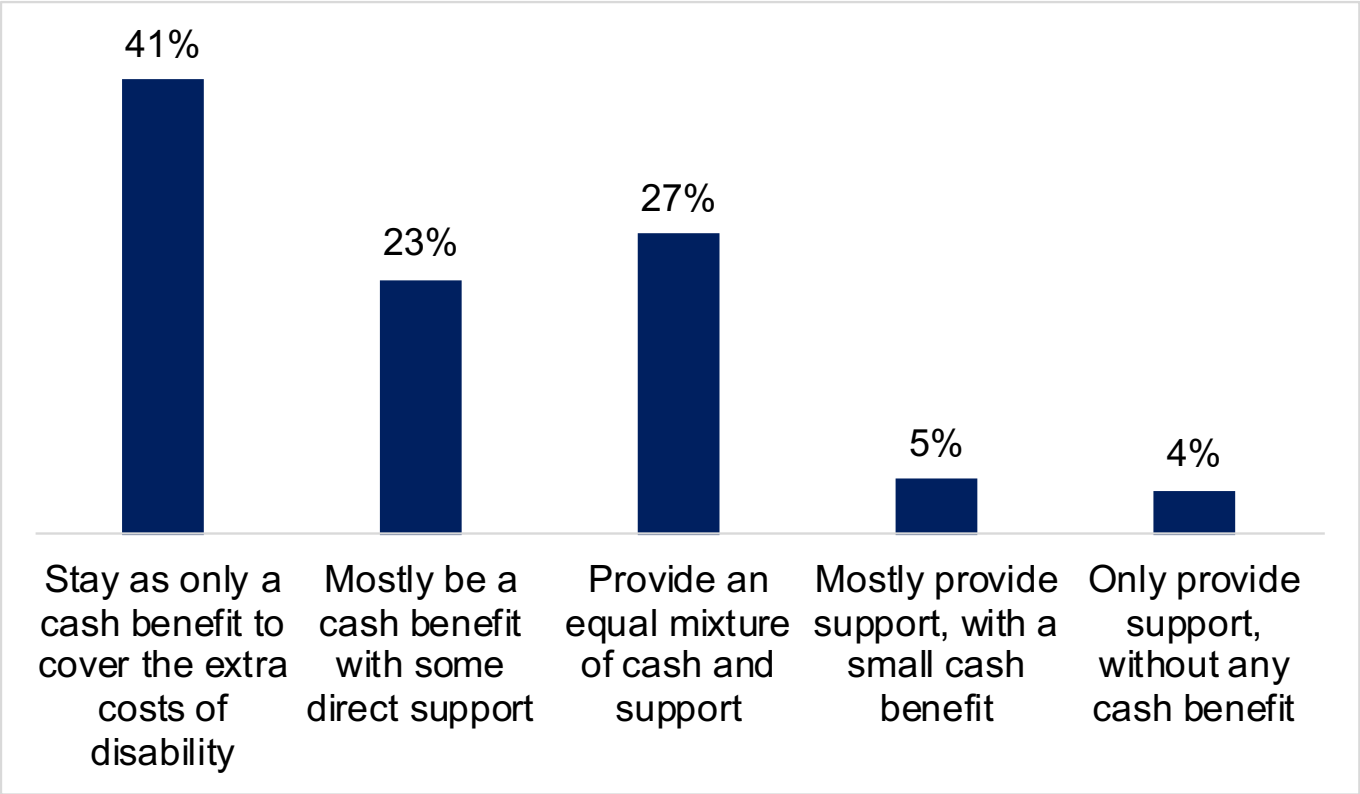
6.1 Whether PIP should be a cash benefit, direct support, or both

Among PIP non-recipients, 36% were unsure whether not getting PIP made it harder to access services or support. If they were to apply for PIP, 65% said they would want support to access healthcare referrals, while financial advice and travel support were also among the types of support they said they would find helpful.

When asked whether they thought PIP should continue to be provided as a cash benefit or whether more support should be delivered directly, such as disability equipment, travel passes, or mobility services, nearly two-thirds (64%) of disabled people preferred PIP to remain solely or predominantly cash-based.

As shown in Chart 15, 41% preferred PIP to remain entirely cash-based, while 23% favoured a mainly cash benefit supplemented by some direct support. The next most common view was for an equal balance of cash and direct support (27%) with the least popular view that support should be provided solely or predominantly through direct services (9%). Of these, 5% favoured mostly direct support with a small cash benefit and 4% who preferred support with no cash benefit at all.

Chart 15: Extent to which disabled people believed PIP should stay as only a cash benefit, provide support or a mix of both



Base: *All disabled people living in England and Wales excluding "don't know" and "not applicable" (unweighted base: 2,013).*

Question: *Thinking about Personal Independence Payment (PIP), some people think support should be given as money, while others think more help should be provided directly (for example, access to disability equipment and aids, travel passes, or services such as mobility support). Which of the following best describes your view on how support should be provided?*

Support for PIP as a cash benefit was strongest among current recipients, those with greater daily living impacts, and those facing financial hardship, while those who had never received PIP were more open to support-based alternatives:

- Preferences for PIP to remain as solely a cash-based benefit were strongest among disabled people whose

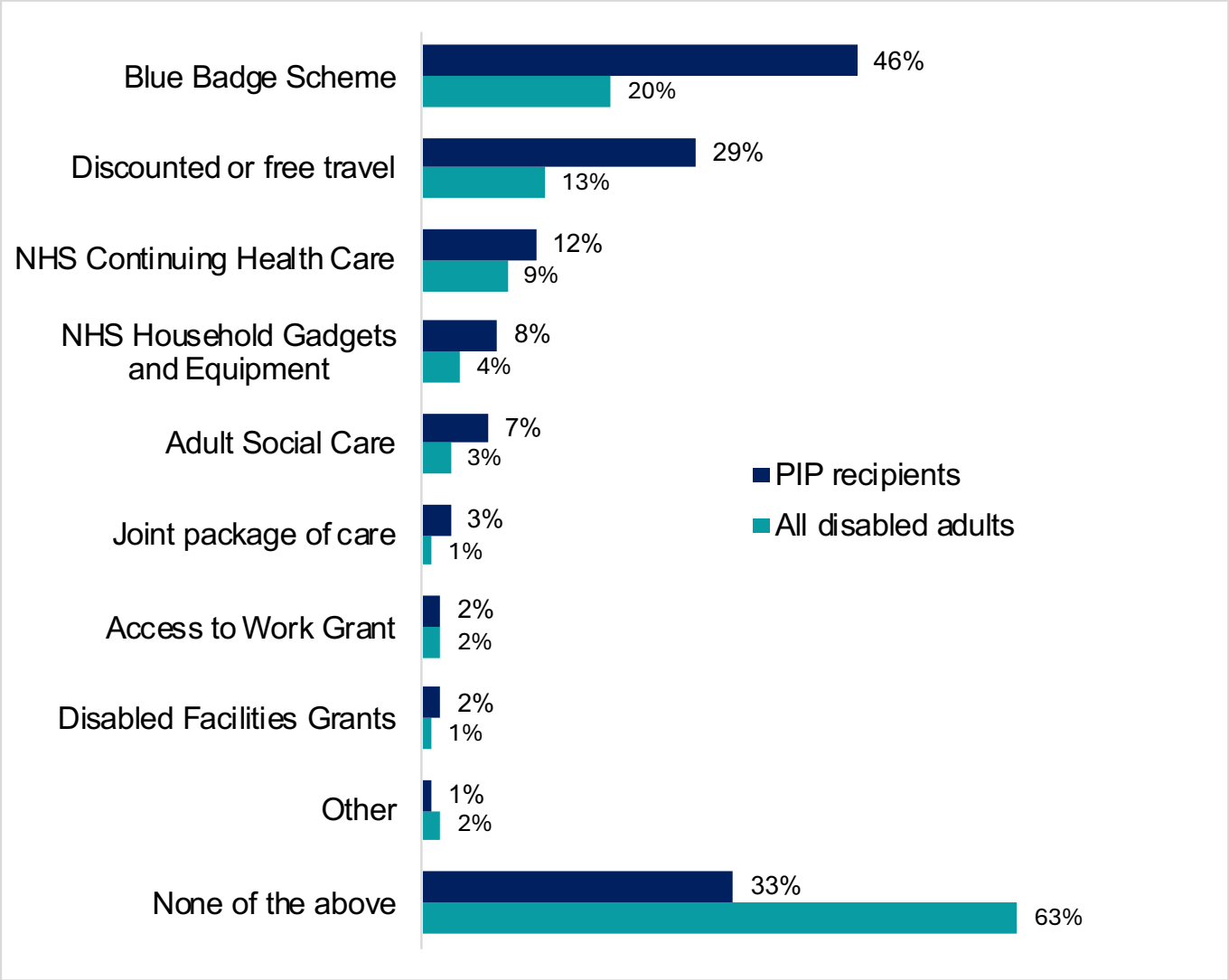
conditions affected their day-to-day life “a lot” (59%) compared with those whose condition affected them “a little” (24%).

- Those finding it financially “quite or very difficult” (45%) preferred PIP to remain as solely a cash benefit, compared to those who were “living comfortably or doing alright” (33%). Even among those “living comfortably”, one in five (22%) preferred PIP to stay as a cash only benefit.
- Finally, current PIP recipients were also more likely to favour PIP staying as solely a cash benefit (65%) compared to former PIP recipients or unsuccessful applicants (29%) and those who had never received PIP before (23%).

6.2 Take-up of government support or other disability services

When presented with a list of support and disability services and asked which of them they currently received, the most common service disabled people accessed was the Blue Badge Scheme, accessed by 20% of disabled people, followed by discounted or free travel (13%). However, most disabled people (63%) said they did not receive any of the government support or other disability services listed (Chart 16).

Chart 16: Government support or disability services currently received



Base: *Top bars – All disabled people living in England and Wales (unweighted base: 2,039).*
Bottom bars – disabled people who received PIP (unweighted base: 738).

Question: *Which, if any, of the following government support or disability services do you currently receive?*

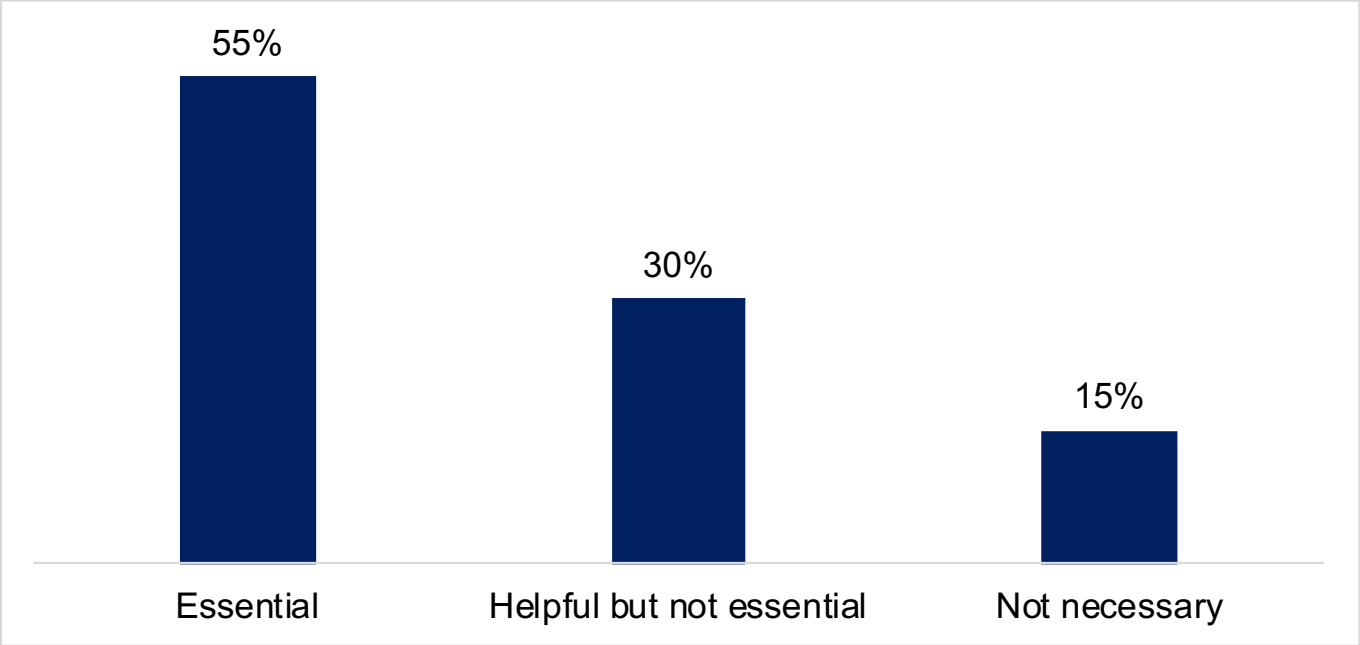
Current PIP recipients and those most affected by their condition(s) were far more likely to access other disability-related support, while those with less severe impacts or no history of receiving PIP were much more likely to receive no additional support.

- Current PIP recipients were more likely to access the Blue Badge scheme (46%) and discounted or free travel (29%) compared to those who did not currently receive PIP (4% and 3%, respectively).
- Disabled people whose condition(s) affected their day-to-day lives “a lot” were more likely than those whose condition(s) affected them “a little” to access the Blue Badge Scheme (33% vs. 8%) or discounted or free travel (20% vs. 7%). In comparison, those affected “a little” by their condition(s) were more likely not to receive any of these services as 78% compared to 47% of those affected “a lot”.

6.3 PIP recipients: Accessing other forms of support through PIP

Among current PIP recipients, over half (55%) felt that receiving PIP was essential for them to get access to other benefits or services, such as those discussed in the previous section. A further 30% said getting PIP was helpful but not essential, and 15% said PIP was not necessary for them to get access to other benefits or services (Chart 17).

Chart 17: Importance of PIP for accessing other benefits or services



Base: *Disabled people who were currently received PIP and received other forms of government support or disability services (unweighted base: 497)*

Question: *Some people find receiving PIP affects whether they are eligible and can access other benefits or services. Thinking only about whether you could access other benefits or services, which of the following best describes your experience? Getting PIP… was essential for me to get access to other benefits or services, was helpful but not essential for me to get access to other benefits or services, was not necessary for me to get access to other benefits or services.*

6.4 Disability or support services for PIP non-recipients

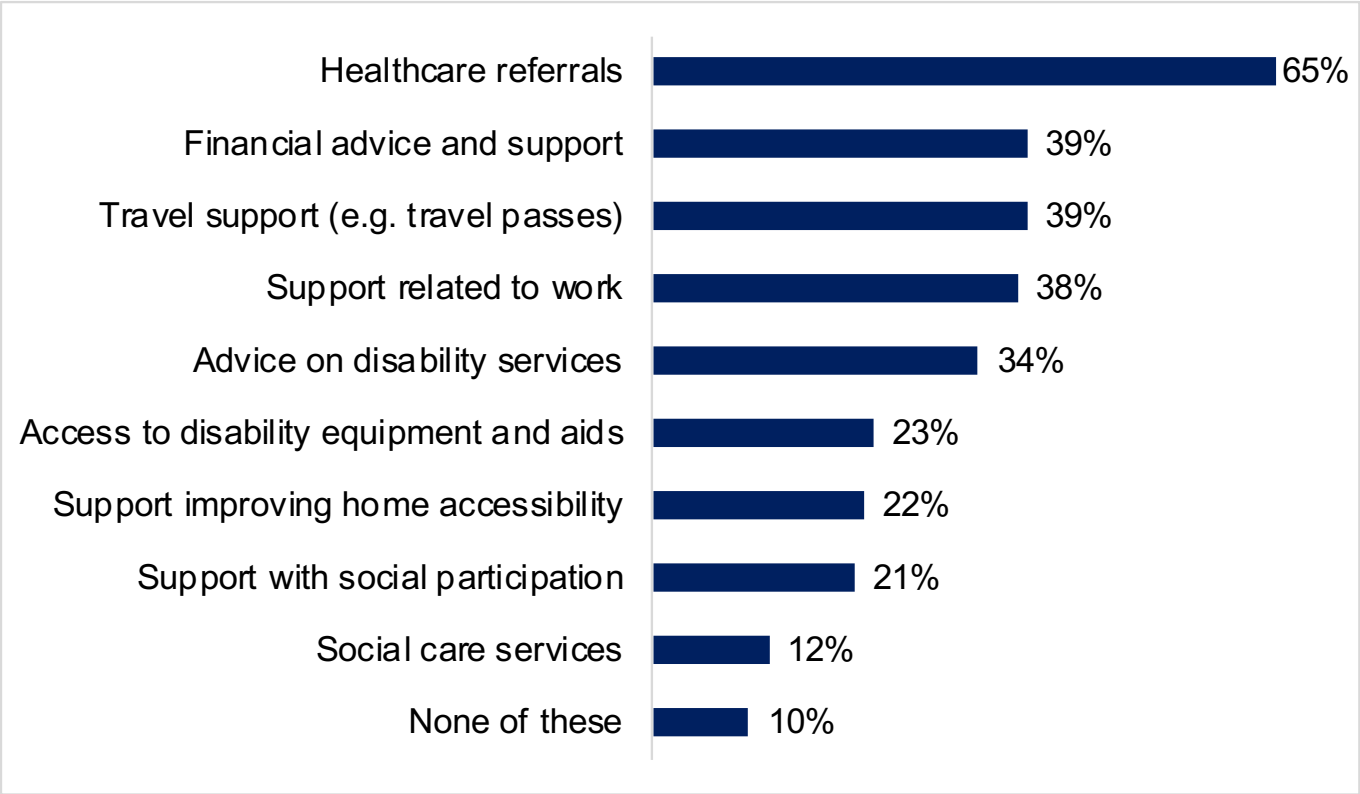
Of those who did not receive PIP, 29% felt this made it harder for them to access certain services or support (14% “a great deal”, and 15% “a fair amount”). Importantly, 36% said they did not know whether not receiving PIP made it harder for them access certain services or support, suggesting low awareness among

some groups of the ‘passporting’ nature of PIP (see the supplementary evidence pack for more information on passporting). The same proportion (36%) felt this made it harder for them to access certain services just a little (14%) or not at all (22%).

Although most PIP non-recipients reported that not receiving PIP had little or no impact on their ability to access other services, many said there were services and forms of support they would like access to if they applied for PIP in future. Healthcare referrals, such as mental health or physical therapies through the NHS, were by far the most commonly selected option.

Of those who did not receive PIP, almost two-thirds (65%) would want healthcare referrals if they applied for PIP in future, followed by travel support e.g. travel passes (39%), financial advice and support (39%), support related to work e.g. access arrangements or adjustments (38%), advice, guidance or information about disability services including local groups or charities (34%), access to disability equipment and aids (23%), support to improve the accessibility of their home e.g. adaptations (22%), support with social participation or being a part of their community (21%) or social care services (12%). One in ten (10%) said they would not want any of these if they were to apply for PIP (Chart 18).

Chart 18: Support or services PIP non-recipients would find helpful to get in future if they applied for PIP



Base: *Disabled people who did not currently receive PIP (unweighted base: 1,299)*

Question: *If you need to apply for PIP in future, which, if any, of the following disability services or support would you find helpful to get?*

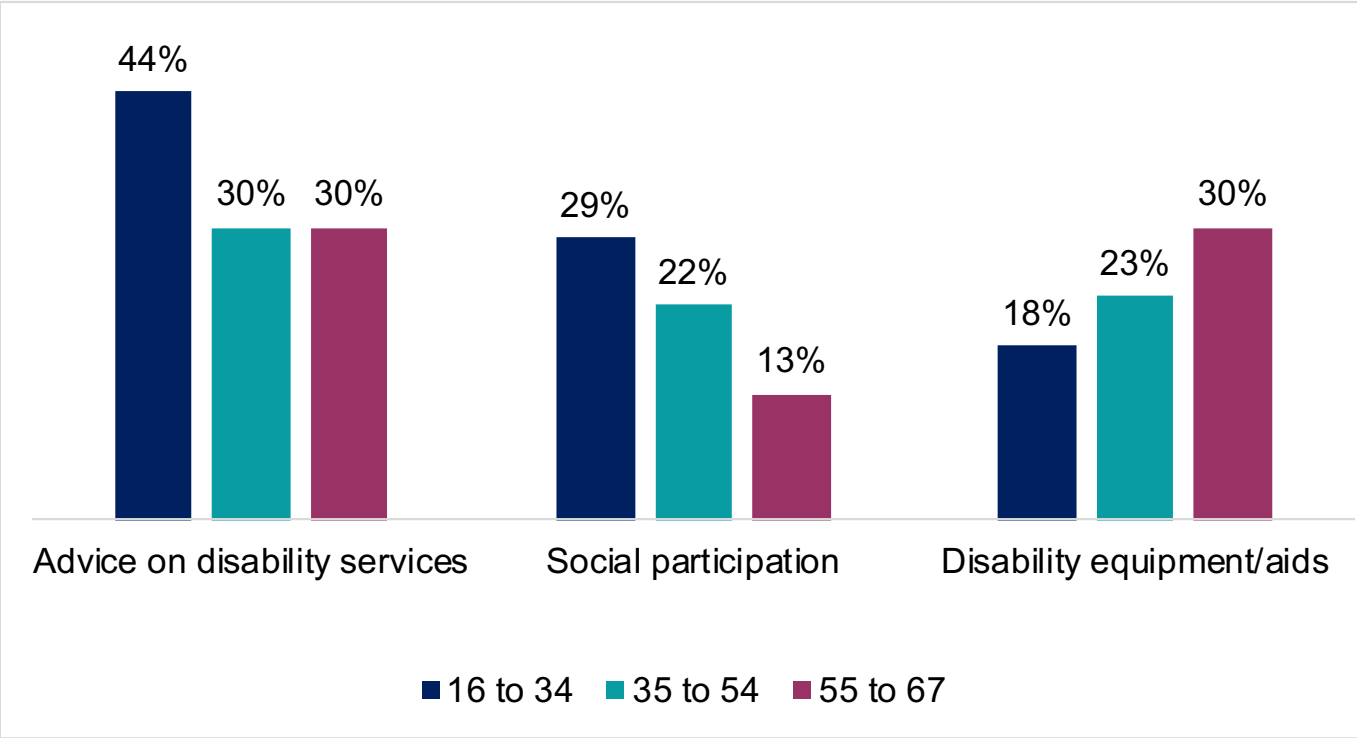
Healthcare referrals were the most commonly desired form of support among PIP non-recipients, while those more severely affected by their conditions tended to want a broader range of support, with support needs also varying by age.

- Healthcare referrals were the most desired form of support among PIP non-recipients regardless of how much their condition affected their day-to-day life. However, disabled people whose condition had a greater impact on their day-to-day life tended to

want a broader range of support than those whose conditions had less impact. In particular, those affected by their conditions “a lot” were more likely than those affected “a little” to say they would find it helpful to get travel support (49% vs. 36%), as well as support to improve the accessibility of their home (31% vs. 19%), social care services (18% vs. 10%), and financial advice and support (47% vs 36%).

- Younger disabled people were more likely to want advice about disability services, whereas older disabled people were more likely to want disability equipment and aids. For example, younger disabled people aged 16 to 34 were more likely to want advice on disability services (44% vs. 30% for those aged 35 to 54 or 55 to 67) and support related to social participation (29% vs. 13% aged 55 to 67).
- Older disabled people aged 35 to 54 (23%) and 55 to 67 (30%) were more likely to want access to disability equipment and aids (compared to 18% aged 16 to 34; see Chart 19).

Chart 19: Which disability services or support would PIP non-recipients find helpful to get if they needed to apply for PIP in future



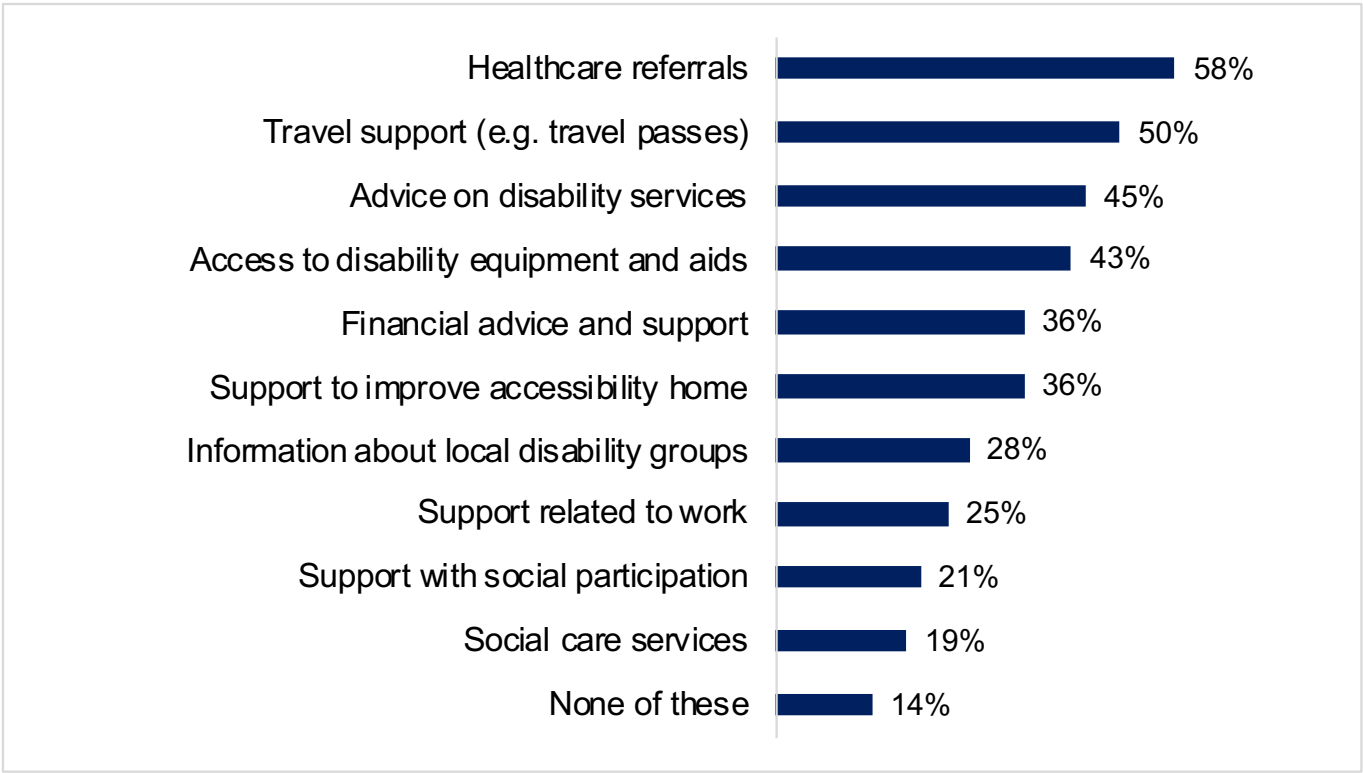
Base: *1,299 disabled people who did not receive PIP.*
Question: *If you need to apply for PIP in future, which, if any, of the following disability services or support would you find helpful to get? advice, guidance or information about disability services (including local groups or charities), support with social participation or being a part of your community, access to disability equipment and aids.*

6.5 Disability or support services for PIP recipients

PIP recipients were asked what support would have been most helpful when they first applied for PIP. Again, healthcare referrals stood out here as the most widely beneficial option (58%) followed by travel support (50%), advice on disability services (45%) and access to disability equipment and aids (43%) at the top of the list.

Support related to work (25%), support with social participation or being a part of their community (21%) or social care services (19%) were bottom of the list with 14% selecting that none of the types of support presented to them would have been most helpful when they first applied for PIP (Chart 20). Although peer support was the area of independent living that the smallest proportion of disabled people felt they could achieve, support with social participation was among the least commonly identified forms of help that PIP recipients said would have been useful when they first applied for PIP.

Chart 20: Support or services PIP recipients would have found helpful when they applied for PIP



Base: *Disabled people who currently receive PIP (unweighted base: 738)*

Question: *Thinking back to when you applied for PIP, which, if any, of the following disability services or support would you have found helpful to get?*

This reflects that whether or not disabled people received PIP, support with healthcare referrals topped the list as the main way they would prefer support if applying for PIP or when thinking back to when they applied for PIP. Other support such as with travel, advice, guidance or information, and financial support were also near the top of the list for both PIP and PIP non-recipients. While 36% of PIP non-recipients were unsure whether or not getting PIP made it harder to access services or support, they were clear about the types of support they would like if

they did receive PIP: healthcare referrals, financial advice and help with travel.

7. Experiences of independent living: four segments

Background and aims

This chapter looks at the independent living outcomes in combination rather than one at a time, to see whether the same people tended to face barriers across several of them. It identifies four distinct segments of disabled people, each with a different experience of independent living, ranging from people facing barriers on almost every outcome (the largest segment, comprising 36% of disabled people) to a small segment who rarely reported barriers and often said outcomes such as support and equipment did not apply to them. It explores how these experiences of independent living related to other characteristics, including whether people receive PIP and how much people's conditions affect them day-to-day.

The first section explains how the analysis was done. The second introduces the four segments and describes each in turn. The final section brings together some overarching reflections on the analysis.

7.1 About the Analysis

As detailed in chapter 2, participants were asked 12 questions on key aspects of independent living, including travel, affordability of essentials and access to equipment, on a scale from 'never' to 'all of the time'. For example, they were asked how often they could *find information in a format they needed,* such as Easy Read.

They could also answer ‘not applicable’, since some outcomes, such as work or education, may not apply to everyone. Unlike in chapter 2, these answers were kept in the analysis, because there were clear patterns in the ‘not applicable’ responses which were important to capture when developing the segments.

Responses were grouped using cluster analysis (k-medoids), based only on their answers to the outcome questions, so that people who answered in similar ways were in the same segment. A four-segment solution was chosen because the segments were clearly distinct, held up when the analysis was re-run, and were meaningful to interpret. Full details are in the technical appendix. Other characteristics, such as age or health, also differed between the segments. We describe these to help interpret each segment, but they are tendencies rather than defining features, and not everyone in a segment had the same characteristics.

7.2 Overview of the four segments

The four segments differed mainly in how often people could achieve the outcomes, and in whether people felt those outcomes applied to them. They also differed markedly in how much people’s conditions affected their day-to-day activities.

Isolated and struggling (36% of disabled people). The largest segment faced barriers to almost every outcome, particularly employment, education, healthcare and support services. Most (63%) could never or rarely share experiences with people with similar needs. Their barriers

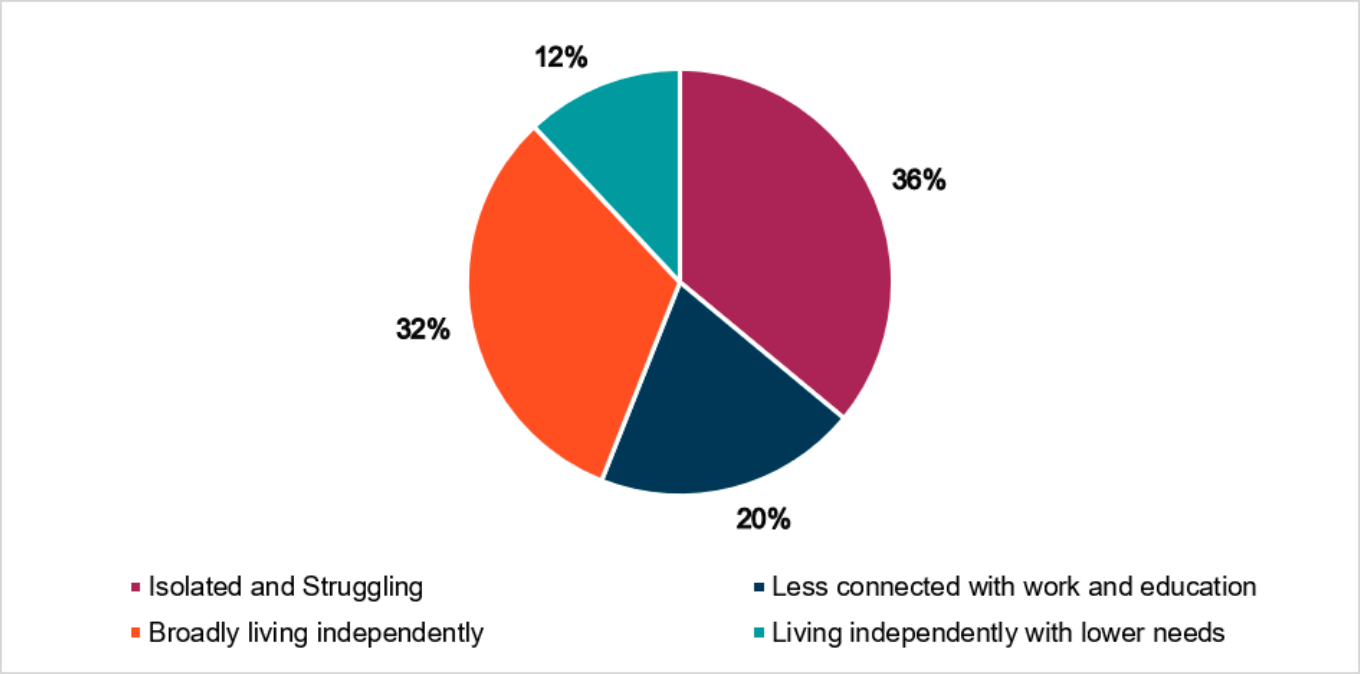
were not confined to one or two areas but ran across almost every part of daily life.

Less connected with work and education (20%). This segment showed a more mixed pattern. Most could achieve most outcomes at least some of the time, though around a quarter could never or rarely access health and social care or public buildings. Unlike the *isolated and* struggling segment, most said work and education did not apply to them, so their barriers were concentrated in everyday areas of life.

Broadly living independently (32%). By contrast, this segment could achieve most outcomes most or all the time, and the outcomes were generally relevant to their lives. For example, many needed support or equipment, but those needs were largely being met.

Living independently with lower needs (12%). Like the *broadly living independently* segment, this smallest segment rarely faced barriers. Unlike that segment, many said outcomes did not apply to them, particularly support and equipment (around four in five), which suggests fewer needs rather than needs being met.

Chart 21: Proportion of disabled people in each segment



Base: *All disabled people living in England and Wales (unweighted base: 2033) Some respondents were removed from the segmentation – see technical annex for details.*

Table 10 below shows how participants assigned to each of the four segments answered each of the 12 questions about independent living outcomes. For each segment, and for each outcome, it shows the proportion of participants who were assigned to that segment who said they could never or rarely access that outcome, who could access it some of the time, and who could access it at least most of the time. It also shows the proportion who said the outcome was not applicable to them. The table has been colour coded to help bring out the patterns more clearly.

Table 10: How often people in each segment could achieve each outcome (%)

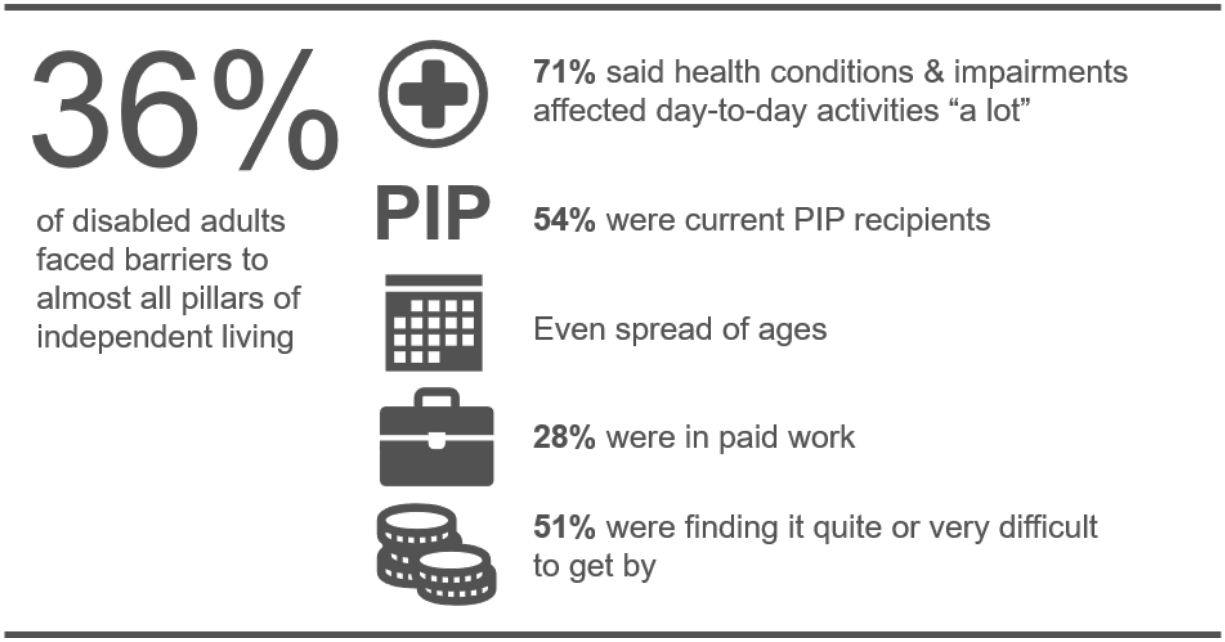
Independent Living Pillar	Isolated and struggling				Less connected with work and education				Broadly living independently				Living independently with lower needs			
	Never/ Rarely	Some of the time	At least most of the time	Not applicable	Never/ Rarely	Some of the time	At least most of the time	Not applicable	Never/ Rarely	Some of the time	At least most of the time	Not applicable	Never/ Rarely	Some of the time	At least most of the time	Not applicable
Find information in a format you need	20	35	35	10	14	14	56	16	2	5	85	8	1	2	58	39
Afford the essentials you need	26	43	30	2	7	26	64	2	4	17	79	0	2	4	86	9
Access health and social care that meets your needs	44	41	12	3	28	46	19	7	8	22	65	5	4	18	54	24
Travel around when and how you want to	37	42	19	2	21	29	46	5	4	17	77	2	1	4	77	17
Access and use public buildings and spaces easily	38	35	24	4	25	27	38	10	3	10	82	6	1	1	85	14
Access equipment and aids to support your independent living	37	33	17	13	19	27	28	26	6	9	67	18	1	2	18	79
Feel confident that your housing supports your independent living	32	38	21	9	7	24	48	21	4	12	74	11	1	1	58	40
Receive the support or assistance you need, when you need it, to support independent living (formal or informal support)	50	32	7	10	13	33	30	25	4	14	67	15	2	2	13	83

Independent Living Pillar	Isolated and struggling				Less connected with work and education				Broadly living independently				Living independently with lower needs			
	Never/ Rarely	**Some of the time**	**At least most of the time**	**Not applicable**	**Never/ Rarely**	**Some of the time**	**At least most of the time**	**Not applicable**	**Never/ Rarely**	**Some of the time**	**At least most of the time**	**Not applicable**	**Never/ Rarely**	**Some of the time**	**At least most of the time**	**Not applicable**
Access education in a way that supports your needs	49	25	7	20	7	2	7	84	7	13	62	18	4	1	16	80
Find or access work in a way that supports your needs	56	22	9	13	17	7	12	64	9	20	68	4	4	5	38	52
Feel confident that you understand your rights and can exercise them, or that someone else can do this on your behalf	47	37	14	2	10	38	46	7	8	24	67	1	3	8	70	19
Share experiences and knowledge with people with similar needs to you	63	26	6	5	49	22	11	18	31	25	40	5	19	12	15	55

Base: *2033 adults aged 18-67*

7.3 Detailed descriptions of the four segments

Isolated and struggling



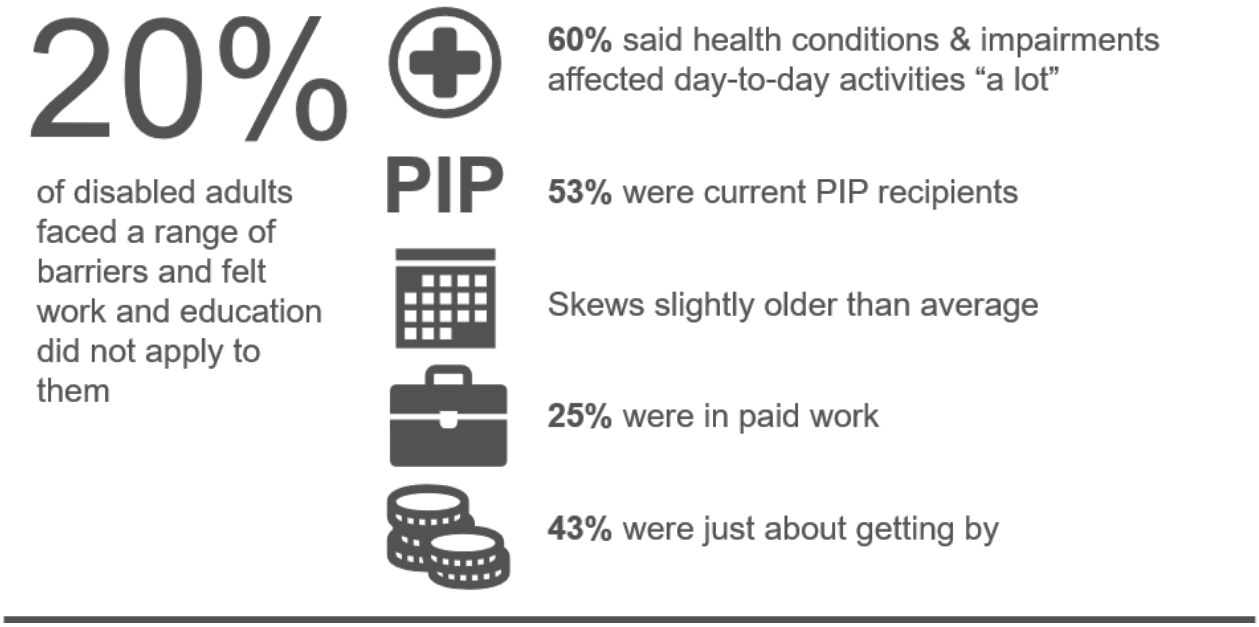
People in this segment faced barriers across many aspects of independent living. Access to work and education was particularly limited. More than half (56%) said they could never or rarely access work in a way that supported their needs, while almost half (49%) said the same about education. Difficulties accessing support and services were also common. Half (50%) said they could never or rarely receive the support or assistance they needed to live independently, and 44% said they could never or rarely access health and social care that met their needs. Confidence in understanding and exercising rights was also low, with almost half (47%) saying they could never or rarely do this. Social isolation was another defining feature of this segment: nearly two thirds (63%) said they could never or rarely share experiences and knowledge with people with similar needs.

These wider barriers were reflected in the profile of this segment. Compared with the next most affected segments, people in this segment were more likely to live alone (26%, compared with 20%), be single (40%, compared with 32%), and experience financial difficulties (26% found it very difficult financially, compared with 12%). This highlights both practical barriers to independent living and broader disadvantage.

This segment had the highest proportion of people whose health condition affected their day-to-day life a lot, at 71%. They reported a wide range of health conditions and were more likely than those in other segments to have visual or hearing impairments (37%, compared with 25% in the next-highest segment). Conditions were also more likely to remain fairly constant among people in this segment (48%), compared with 32% in the *living independently with lower needs* segment and 31% in the *broadly living independently segment*.

PIP appeared to support access to several areas of independent living for this segment. Just over half (54%) were current PIP recipients, and between 39% and 52% said PIP had helped with four of the six outcomes asked about, including accessing health and social care (44%). Fewer said it had helped with education, work or volunteering (23%) or travel (29%). 52% wanted PIP to stay as only a cash benefit to cover the extra costs of disability.

Less connected with work and education



This segment is characterised by substantial health-related difficulties, and by feeling that work and education do not apply to them. Around two-thirds (64%) said accessing work was not applicable to them, while 84% said the same of education. This may have been linked to their health, age and employment circumstances. Only 25% were in paid work, while 36% were economically inactive due to sickness or disability. They were also less likely than other segments to hold a degree or equivalent qualification (24%). In addition, 45% were aged 55 or over and 11% were retired. These explanations are tentative, however, and more work is needed to understand why this segment might not feel work and education to be applicable to them.

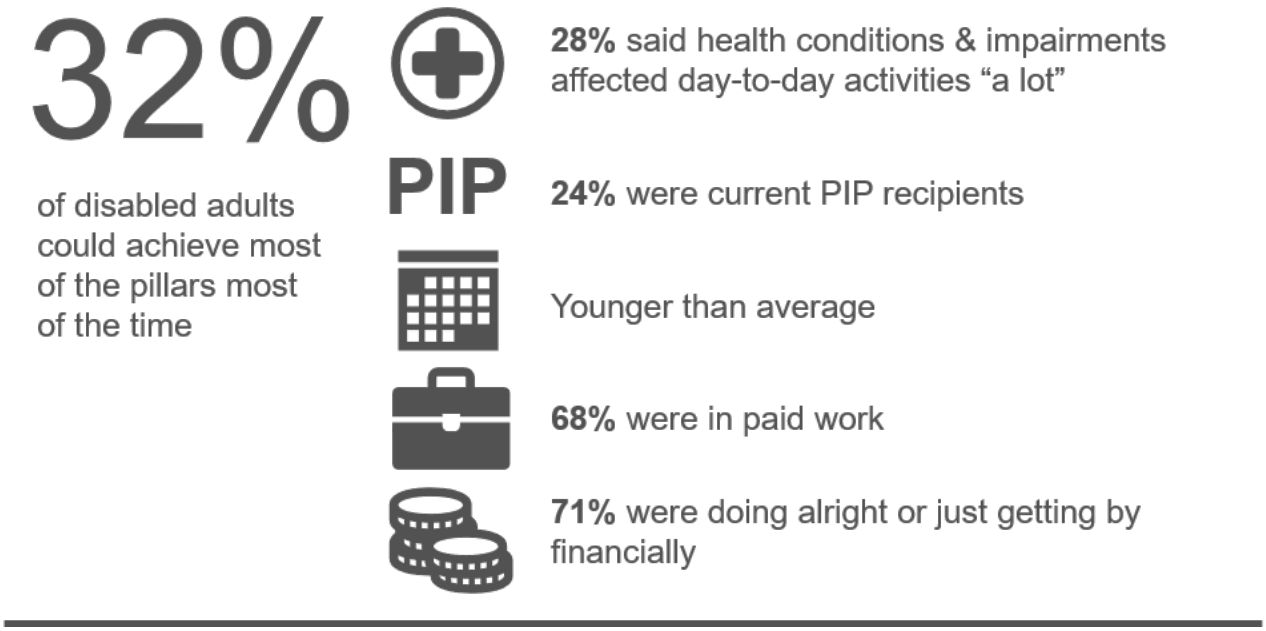
Many also struggled to access suitable health and social care. Around three-quarters said they could never, rarely or only sometimes access care that met their needs, while 19% could do so most or all the time. 60% said

their health condition(s) or illness(es) affected their day-to-day activities a lot. On each of these measures, only the *isolated and struggling* segment experienced greater difficulties. This segment also tended to have multiple different types of health conditions and half of respondents said the fluctuation of their health conditions remained constant, similar to the *isolated and struggling* segment.

The barriers experienced by this segment extended beyond health, work and education. They reported moderate difficulties across several other outcomes of independent living: for example, 25% could rarely or never access public buildings and spaces easily, while 19% could rarely or never access the equipment and aids they needed to live independently.

A higher proportion were women (64%) than in any other segment. 53% of people in this segment were currently PIP recipients, and generally reported that PIP had helped them across a range of independent living outcomes, including accessing equipment and aids to support your independent living (55% of PIP recipients in this segment) or receiving the support or assistance they need, when they need it, to support independent living (formal or informal support) (47%).

Broadly living independently



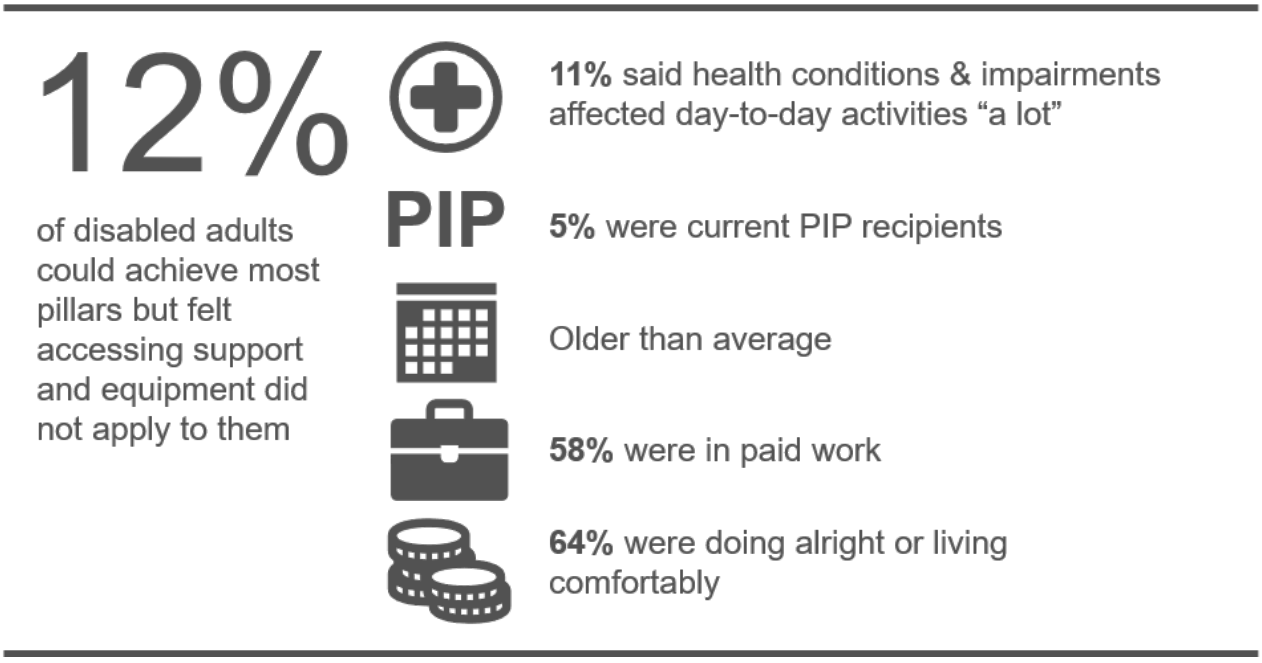
People in this segment were generally able to access the support, services and opportunities needed to live independently and participate fully in daily life. Clear majorities said they could access most outcomes of independent living all or most of the time, although access to people with similar needs with whom they could share experiences was less consistent (only 40% felt they could access this at least most of the time’. This segment also reported a relatively low impact of their health condition(s) or illnesses on day-to-day life: 72% said their condition(s) affected their daily life a little, compared with 29% of the *isolated and struggling* segment and 40% of the *less connected* segment. This segment had the highest proportion of respondents (69%) who reported their condition to fluctuate and vary more with good and bad times.

Despite relatively low levels of need, some people still faced barriers in particular areas. For example, around

three in ten (28%) could access work that supported their needs only some of the time, rarely or never.

This segment was characterised by high levels of education and employment: almost half (49%) held a degree or equivalent qualification, and 68% were in paid work, more than any other segment. They were also younger than the other segments and less likely to receive PIP (24%, compared with around half in the isolated and struggling and less connected segments). As a result, few said PIP had helped them achieve the outcomes: for most of the six outcomes asked about, at least 80% did not report that it had.

Living independently with lower needs (12% of people)



This smallest segment rarely faced barriers: people could generally achieve the outcomes most or all the time, or said the outcomes did not apply to them. For 5 of the 12 outcomes, more than 50% selected "Not

applicable”. For example, one area of support commonly not needed in this segment was support for them to live independently, which 83% felt was not applicable to their circumstances. They were the oldest segment, with the highest retirement rate, but most (57%) were in paid work, so retirement only partly explains why 52% said finding or accessing work did not apply to them.

Their needs were generally low: 89% said their health condition(s) or illness(es) affected their day-to-day life only a little. Most respondents (78%) had a physical health condition, sometimes alongside other impairments. They were also the most financially comfortable segment: 64% said they were living comfortably or doing alright. Only 5% of individuals currently received PIP, while 82% had never received it. Compared with the *isolated and struggling* and *less connected with work and education* segments, this segment was less likely to prefer PIP to remain a cash-only benefit (25%). Instead, 37% preferred an equal mixture of cash and support.

7.4 Reflections on the four segments

Looking across the four segments, barriers to independent living did tend to affect the same people. For the largest segment, the *isolated and struggling* segment (36%), they ran across almost every outcome, while the *broadly living independently* segment (32%) could achieve most outcomes most or all the time. The rest of this section looks at what distinguished the segments, what this means for PIP, and the themes that cut across them.

Health conditions, financial circumstances and independent living

The only questions used to segment participants were those about independent living. Despite this, the segments showed very large differences in health, and the impact of health conditions on day-to-day activities.

To illustrate, 63% and 56% of people in the segments *isolated and struggling* and *less connected with work and education* reported they had 3+ different types of impairment, compared to only 21% in the segment *living independently with lower needs* and 42% in the *broadly living independently* segment. Their conditions also affected them more: most said their condition affected their day-to-day activities a lot (71% and 60%), compared with around one in ten in *living independently with lower needs* (11%) and just over a quarter in *broadly living independently* (28%). Around half also said their condition stayed fairly constant, rather than fluctuating, compared with around a third in the *living independently with lower needs* and *broadly living independently* segments.

The segments also showed large differences in their financial circumstances. Around two-thirds (64%) of the *living independently with lower needs* segment said they were living comfortably or doing alright, compared with 43% of the *broadly living independently* segment, 26% of the *less connected with work and education* segment, and just 14% of the *isolated and struggling* segment.

While this data cannot conclusively establish a causal relationship, it suggests that health and personal finances

are closely linked to disabled people's ability to live independently.

PIP recipients and views on PIP

The segments facing the most barriers to independent living (the segments *isolated and struggling* and *less connected with work and education*) were the most likely to be current PIP recipients. This suggests that PIP is largely reaching those with the highest needs. However, it is also important to note that within both these segments, almost half of disabled people were *not* PIP recipients. Among the *isolated and struggling* segment, 14% had claimed or applied in the past but were no longer claiming, and 28% had never claimed. Among the *less connected with work and education* segment, 10% had claimed or applied in the past but were no longer claiming, and 34% had never claimed. This may indicate a substantial degree of unmet need.

The segments facing the most barriers were the most likely to want PIP to stay a cash-only payment: around half of the segments *isolated and struggling* and *less connected* segments (52% and 48%), compared with under a third of *broadly independent* (30%) and a quarter of *independent and low needs* (25%).

'Not applicable' answers to work and education

The *living independently with lower needs* and *less connected with work and education* segments were the most likely to answer 'not applicable' for the work and education outcomes, but their circumstances were very different. Most of the *living independently with lower*

needs segment were in paid work (57%). In the *less connected with work and education* segment, only a quarter were in work (25%), and more than a third (36%) were economically inactive due to their health.

Understanding why people felt these outcomes did not apply to them remains an outstanding challenge. Previous research on the work aspirations of health and disability benefit customers suggests some possible reasons, such as feeling that their health makes work or education impossible, having other sources of financial support, or having caring responsibilities, though the present study is not in a position to test these possible explanations.[1] It is likely that 'not applicable' responses meant different things to different (segments of) participants, and that for some participants work and education may plausibly *become* applicable in future, whereas for others they will not.

Access to peer support

In every segment, sharing experiences and knowledge with people with similar needs was the outcome people were most likely to say they could never or rarely achieve. Only 6% of the *isolated and struggling* segment could do this most or all the time, and 40% only of the *broadly living independently* segment could, even though they could access most other outcomes. Almost half of the *less connected with work and education* segment could rarely or never do so, while most of the *living independently with lower needs* segment said it did not apply to them.

8. Discussion

The stated aim of PIP is to “contribute towards the extra costs of disability and long-term health conditions, and to support independent living”. But what does it mean to live independently? To what extent are disabled people able to live independently, and how does this vary across the population? What are the main barriers to independent living, and what are the consequences for disabled people when independent living is not accessible to them? Is PIP successful in supporting disabled people to live independently? And is a cash benefit the best way of supporting independent living, or should PIP include other forms of support, such as access to equipment and aids, or travel passes?

What does it mean to live independently?

This research has defined independent living as being able to make choices about one’s own life, have the same opportunities and rights as other people, and access services, buildings, transport and information that meet individual needs, including through assistance or support where necessary. More specifically, the research has explored 12 ‘pillars’ of independent living: accessing information; affording essentials; accessing health and social care; travelling; accessing public buildings and spaces; accessing equipment and aids; suitable housing; receiving support or assistance; accessing education; accessing work; understanding and exercising rights; and sharing experiences with people with similar needs. Living independently means that disabled people can

achieve outcomes under each pillar, and can do so with choice and control, with safety and confidence, with respect, and without needing to plan support many days in advance or rely on family and friends.

Which pillars of independent living are widely accessible, and which are not?

The research explored whether disabled people could access outcomes under each of the pillars. Only five of these outcomes were accessible to more than half of disabled people “all or most of the time”: finding information in a format you need; affording essentials; accessing public buildings and spaces; having housing that supports independent living; and being able to travel when and how you want (Section 2.1).

Being able to access health and social care stood out as a clear gap. Only 38% of disabled people could access health and social care that met their needs all or most of the time, and 26% rarely or never could.

Of all the outcomes, access to peer support was the most limited. 52% of disabled people were rarely or never able to share experiences with people with similar needs.

The quality of access to the outcomes varied. Housing scored highest: excluding those who could ‘never’ access housing that met their needs, 65% could access with choice and control, 63% with safety and confidence, and 62% with respect. Health and social care scored lowest: excluding those who could ‘never’ access health and social care that met their needs, 42% could access with

choice and control, 48% safely and with confidence, and 45% with respect (22% rarely or never felt respected when accessing health and social care).

How does access to independent living vary across the disabled population?

Disabled people could be clustered into one of four groups (Chapter 7):

- 36% were *isolated and struggling*. They were never, rarely, or only sometimes able to access all the independent living outcomes. They were especially unable to access work, education and health and support services. They tended to have multiple health conditions which had a substantial impact on their daily lives. They also tended to be struggling financially.
- 20% were *less connected with work and education*. They had more access to many of the outcomes than the previous group. But a large majority felt that work and education were simply not applicable to them. Their health needs were slightly less extensive than the previous group, and they were slightly older.
- 32% were *broadly living independently*. They had relatively high levels of access across almost all the outcomes. Compared to the previous two groups, their health conditions affected their day-to-day lives less. They had relatively high levels of education and employment, and they were younger than the other groups.

- Lastly, 12% were *living independently with lower needs*. They had access to most of the outcomes, although felt some were not relevant to them, like accessing equipment and aids, or getting support and assistance. This was the oldest group, with the highest rate of (early) retirement, the lowest health needs, and the highest levels of financial security.

What prevents independent living?

The pillar with the greatest barriers to access was health and social care (Section 2.2). Disabled people emphasised long waiting times; long and complicated processes; cost; unsupportive views and behaviours from others; and a range of other barriers.

Cost was the primary barrier to travel and housing. For support and assistance, the main barriers were waiting times, complicated processes, and cost. Similarly, for accessing equipment and aids, the main barriers were waiting times and cost. For education, work and volunteering, the main barriers were a lack of suitable choices and unsupportive views from others.

What is the impact of being unable to access independent living?

The most widespread negative impacts of being unable to achieve the independent living outcomes were on mental health (Section 2.4). For example, among those not always able to access health and social care, 71% reported negative effects on their mental health or wellbeing and 63% on their physical health.

Among those unable to access the other outcomes, common impacts included: relying more on family and friends; finding daily activities harder; not having the quality of life they wanted; having less choice or control over how they lived; and paying for things with money they would not normally use. Almost no disabled people reported no impact as a result of being unable to access an independent living outcome.

Is PIP reaching those most in need of support to live independently?

Just over half (56%) of those who were *isolated and struggling* or who *were less connected with work and education* were receiving PIP, compared to a quarter (24%) of those who were *broadly living independently* and only 5% of those who were *living independently with lower needs* (Section 7.3). Relatedly, 65% of those disabled people who said their health conditions or impairments affected their ability to carry out day-to-day activities “a lot” received PIP, compared to just 14% of those who said they affected them “a little”. These findings show the extent to which PIP is successfully reaching those who face the greatest barriers to independent living.

However, there were also gaps in coverage. While over half of those who were *isolated and struggling* or who *were less connected with work and education* received PIP, this leaves a substantial proportion who did not. Similarly, 27% of non-recipients said their health conditions or impairments affected them “a lot”. Among

non-recipients, inaccurate beliefs about their own ineligibility were widespread, with many citing the fact they were in work or that they had fluctuating symptoms.

To what extent does PIP support those who receive it to live independently?

PIP was widely valued by those who received it. When asked what types of support had helped them in the past year, 82% of recipients cited PIP, tied only with friends and family, and much higher than other sources of formal, informal or government support (Section 4.1). Among those recipients who were achieving each independent living outcome, PIP helped most with accessing equipment and aids (80%), health and social care (80%), support or assistance (78%), travel (75%), and housing (68%) (Section 4.2). For those able to achieve education, work and volunteering, PIP was cited less often as a source of support but was nonetheless cited by over half (54%). More broadly, 55% of recipients felt PIP was essential for accessing other benefits or services (Section 6.3).

Nonetheless, PIP recipients remained less likely than non-recipients to feel all their support needs were met. This should not be interpreted as suggesting that PIP is failing to meet recipients' needs; rather, it reflects a higher degree of need among PIP recipients, whose health conditions and impairments tended to have a greater impact on their day-to-day activities, and who were more likely to require support of various kinds.

Is a cash benefit the best way to support independent living?

Respondents valued cash support, whilst many also supported access to additional services: 41% wanted PIP to remain solely a cash benefit, while 55% favoured different combinations of cash and services. Only 4% preferred support through services alone. Preferences differed according to PIP status, with current recipients more likely to favour retaining cash support than non-recipients. Support for PIP remaining solely a cash benefit was strongest among current recipients (65%,compared with 23% of those who had never claimed PIP).

What other support do disabled people want through PIP?

Disabled people saw most benefit in PIP acting as a gateway to health services (Sections 6.4 and 6.5). 65% of non-recipients would want support to access health services if they were to apply for PIP, and 58% of current PIP recipients said this would have helped them when they applied. Current recipients also cited travel support (50%), advice on wider services (45%), and equipment/ aids (43%). Smaller but nonetheless substantial numbers cited employment support (25%), social participation (21%) and social care (19%).

Annex A: Additional charts and tables

Table 12: How often disabled people had choice and control across six areas of independent living.

To what extent, if at all, do you feel you are able to access … with choice and a say in your care?	All of the time (%)	Most of the time (%)	Some of the time (%)	Rarely (%)	Never (%)
Housing	**38**	27	20	9	6
Travel	26	**31**	27	12	5
Education, work or volunteering	24	**28**	25	17	7
Equipment and aids	20	27	**29**	15	9
Support or assistance	19	29	**31**	14	7
Health and social care	13	29	**34**	18	7

Base: *All disabled people living in England and Wales who were able to do the pillar all, most or some of the time, or rarely (unweighted base: (1) 1,608, (2) 1,830, (3) 1,414, (4) 1,348, (5) 1,358, (6) 1,773).*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *To what extent, if at all, do you feel you are able to access … (asked separately for each of the six pillars) that meets your needs… with choice and a say in your care?*

Note: *Percentages may not sum to 100 due to rounding. Figures in bold show the most common response(s) for each outcome and are not indicative of statistical significance.*

Table 13: How often disabled people felt safe and confident across six areas of independent living

To what extent, if at all, do you feel you are able to access … safely and with confidence?	All of the time (%)	Most of the time (%)	Some of the time (%)	Rarely (%)	Never (%)
Housing	**37**	26	22	10	4
Education, work or volunteering	23	**29**	27	14	7
Travel	21	**32**	30	13	4
Equipment and aids	20	**29**	**29**	14	8
Support or assistance	19	29	**34**	13	6
Health and social care	18	30	**31**	16	5

Base: *All disabled people living in England and Wales who were able to do the pillar all, most or some of the time, or rarely (unweighted base: (1) 1,607, (2) 1,415, (3) 1,829, (4) 1,347, (5) 1355, (6) 1,772)*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *To what extent, if at all, do you feel you are able to access … (asked separately for each of the six pillars) that meets your needs… safely and with confidence?*

Note: *Percentages may not sum to 100 due to rounding. Figures in bold show the most common response(s) for each outcome and are not indicative of statistical significance.*

Table 14: How often disabled people felt treated with respect across six areas of independent living.

To what extent, if at all, do you feel you are able to access … with your thoughts, feelings and values respected	All of the time (%)	Most of the time (%)	Some of the time (%)	Rarely (%)	Never (%)
Housing	**37**	25	24	9	5
Education, work or volunteering	23	27	**29**	14	8
Travel	20	**33**	32	11	4
Equipment and aids	19	**29**	28	15	8
Support or assistance	18	**31**	30	15	6
Health and social care	15	30	**33**	16	6

Base: *All disabled people living in England and Wales who were able to do the pillar all, most or some of the time, or rarely (unweighted base: (5) 1,605, (6) 1,413, (2) 1,826, (4) 1,348, (3) 1355, (1) 1,768).*

Source: *Timms Review Survey, NatCen Opinion Panel, 2026.*

Question: *To what extent, if at all, do you feel you are able to access … (asked separately for each of the six pillars) that meets your needs… with your thoughts, feelings, and values respected?*

Note: *Percentages may not sum to 100 due to rounding. Figures in bold show the most common response(s) for each outcome and are not indicative of statistical significance.*

1 Department for Work & Pensions (2025) Work aspirations and support needs of health and disability customers: Final findings report. DWP research report no: 1102 Available at: URL: Work aspirations and support needs of health and disability customers: Final findings report – GOV.UK (Accessed: 20/10/2026)