The Timms Review of Personal Independence Payment (PIP): Language and Glossary

1. **Accessible**
   When environments, services, systems, information, and opportunities are designed or adapted so that D/deaf and disabled people and people with long-term health conditions can participate fully, independently, safely, and with dignity, without facing avoidable barriers or disadvantage.

2. **Activity (in relation to a PIP claim)**
   A daily living or mobility task that a person applying for PIP is assessed against to determine how their health condition or disability affects them. There are currently 12 activities assessed under PIP.

   Daily living activities:

   - preparing food
   - taking nutrition
   - managing therapy or monitoring a health condition
   - washing and bathing
   - managing toilet needs or incontinence
   - dressing and undressing
   - communicating verbally
   - reading and understanding signs, symbols and words
   - engaging with other people face to face
   - making budgeting decisions

Mobility activities:

- planning and following journeys
- moving around

Each activity contains a series of descriptors which describe increasing levels of difficulty with carrying out the activity.

3. **Activity (physical)**
Activity may also be used to refer to physical activity, defined by the World Health Organisation as any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all forms of movement at both moderate and vigorous intensity. It can be done at any skill level and for enjoyment by anybody.

4. **Adult Disability Payment (ADP)**
A benefit for working-age adults living in Scotland to help with the extra costs of having a long-term health condition or disability. It is administered by Social Security Scotland and has replaced PIP for those living in Scotland.

5. **Advocacy**
Independent support that helps people understand their options, communicate their needs, views and preferences, and participate fully in decisions that affect them. Advocacy should strengthen choice, control, dignity, and independence by ensuring a person's voice is heard, understood and respected.

6. **Affirmative model of disability**
   A way of understanding disability which recognises disability as a positive and valued part of human diversity and concentrates on the benefits of disabled people's lived experiences. It affirms disabled people's identities and experiences, challenges negative assumptions, and promotes the right to dignity, choice, independence and participation in society.

7. **Agency**
   The ability for an individual to act independently and make their own choices.

8. **Aids and Appliances**
   Any device which helps a person carry out an activity or reduces the impacts of an impairment, such as grab rails, a prosthesis, walking sticks or adapted cutlery.

9. **Artificial intelligence**
   In this context, the use of technology to support evidence gathering and administrative processes linked to PIP applications and decision-making, while ensuring people remain responsible for final decisions.

10. **Assessment**
    The process of gathering and considering information about an individual's circumstances, needs, and the impact of their health condition or impairment on their everyday life to inform decisions about support, eligibility, and appropriate outcomes.

Assessments should be fair, accessible, and responsive to individual needs.

11. **Assessment criteria**
    To determine PIP entitlement, an individual's needs and functional capability are assessed against specific activities and descriptors. The assessment considers the extent to which someone can manage the PIP activities, as defined in legislation, safely, to an acceptable standard, repeatedly, and in a timely manner.

12. **Assessment pathway**
    Different routes through the proposed reformed benefit that an individual may be directed to depending on their needs and circumstances.

13. **Assessment Providers**
    Companies contracted to carry out the Functional Assessment Service. They conduct PIP functional assessments, along with other benefit assessments, on behalf of DWP. The current Assessment Providers are Ingeus, Capita, Serco and Maximus.

14. **Assessment report**
    All new claims to PIP are assessed by a Health Professional. Having considered all the information and evidence of a claim, they produce an assessment report, which contains information on the claimant's circumstances and recommendations on the assessment criteria. This is used to support DWP's decision on a PIP award.

15. **Assistance**

The help, aid or support provided by another person to make a task or situation easier or possible. This can apply to both the process of claiming PIP, where one person may receive help from another to fill out their application, and to situations in daily life, where a person may receive help to complete an activity. This help can include doing some, but not necessarily all, of the activity for the person receiving assistance.

16. **Award(s)**

The decision made by the DWP about whether a claimant qualifies for PIP and at which rate.

The current components a claimant could qualify for are:

i. **Daily Living** - support with everyday activities;
ii. **Mobility** - support with getting around.

The duration of an award may be:

iii. **Fixed-term** – based on the likelihood of change in a claimant's condition;
iv. **Ongoing** – in exceptional cases where the condition is unlikely to improve.

The rate of payment for each component can be made at either:

v. **Standard rate** – for limited ability;
vi. **Enhanced rate** – for severely limited ability.

Components, durations and rates for the proposed reformed benefit have not yet been decided.

17. **Award review**
    All awards are subject to review, either periodically or if the claimant reports a change in their condition or circumstances. An award review is an assessment to check if the health condition or impairment still affects a person in the same way or if their needs have changed, and if the individual is receiving the correct award.

18. **Barriers**
    Challenges or obstacles that can limit a person's ability to participate, be independent, or access support. Under the social model of disability, barriers are created by inaccessible systems, environments, services, policies, and attitudes, rather than by an individual's impairment or health condition.

19. **Carers**
    Anyone who provides paid or unpaid help and support to a family member, partner, friend, neighbour, or other individual who requires assistance to carry out daily activities, participate in society, or live independently.

20. **Case Managers**
    DWP staff who assess claims and determine health related benefit eligibility and award decisions based on the assessment report, the 'How your Disability Affects You' form, and any supporting information that has been provided.

21. **Choice and control**
    The recognition of individuals as experts in their own lives, supporting them to have greater agency in decisions about their assessment, support, and outcomes. It should be enabled through accessible information, flexible processes, and approaches that reflect individual circumstances, preferences, and goals.

22. **Claimant/customer**
    An individual applying for or receiving PIP or another DWP benefit. The term ‘applicant’ can also be used to refer to an individual applying for PIP or another DWP benefit.

23. **Clinician**
    A qualified healthcare professional who provides care, diagnosis and treatment to patients. Examples include doctors, nurses, physiotherapists, occupational therapists, pharmacists, and paramedics.

24. **Co-chairs**
    The three individuals responsible for supporting the co-production process, providing strategic direction, shared decision-making and overall leadership and final recommendations for the Review. Co-chairs also have additional facilitation responsibilities, including co-ordination of meetings, liaison between the steering group, co-production facilitators and secretariat and supporting participation of other group members.

25. **Co-design**
    Co-design is a specific form of co-production that focusses on collaboratively developing, testing and refining proposals, services or processes with the people who will use or be affected by them.

26. **Cognitive impairment**
    An impairment that impacts a person's mental processes, affecting the ability to think, learn, understand, remember, use judgement, and make decisions.

27. **Complex needs/conditions**
    Individuals whose experiences are shaped by multiple, overlapping factors that can affect their access to opportunities, services and support. These may include impairments, health conditions, age, gender, ethnicity, faith, sexual orientation, socioeconomic circumstances, caring responsibilities, housing insecurity, or other personal and social factors. The interaction of these factors can create distinct experiences and may require more joined-up, and personalised and holistic approaches to support.

    In the context of PIP, this may include people whose needs arise from complex or multiple health impairments or long-term health conditions, particularly where these result in significant, fluctuating or interconnected impacts on daily living, mobility, independence and participation.

28. **Conditionality**
When the access, or continued entitlement to, a benefit depends on undertaking or participating in an activity or engaging with support.

29. **Co-production**
A way of working in which people with lived and living experience, practitioners, policymakers, and commissioners and other stakeholders work together as equal partners to shape decisions, recommendations and solutions. Co-production is based on shared power, mutual respect, and recognition that the knowledge gained through lived and living experience is as valuable as professional and technical expertise. It is rooted in rights, dignity, equity and recognises that those most affected by a policy or service are best placed to help design, test and improve it.

30. **Daily living activities**
A set of functional activities related to the activities of daily living, assessed to determine eligibility for the daily living component of PIP.

31. **D/deaf person**
A person who identifies as being deaf (lowercase d) typically refers to the audiological experience of hearing loss. They may have been born deaf or become deaf later in life and may communicate in a variety of ways, including spoken English, lipreading, sign language or a combination of methods.

A person who identifies as being Deaf (uppercase D) typically refers to membership of the Deaf community and a shared cultural and linguistic identity. Many Deaf people use British Sign Language (BSL) as their first or preferred language and may identify with Deaf culture, history and community networks.

32. Descriptors

Each activity contains a series of descriptors which describe increasing levels of difficulty with carrying out the activity.

33. DDPOs (D/deaf and Disabled People's Organisations) / DPOs (Disabled People's Organisations)

Organisations led, directed, and governed by D/deaf and disabled people themselves, advocating for the rights, interests, needs and lived experiences of disabled people, based on the social model of disability. They play an important role in advocacy, peer support, policy development, service design, and challenging barriers that disable people in society. To be recognised as a DDPO, at least 75% of an organisation's governing body and 50% of its staff are typically D/deaf or disabled people, and the organisation must provide services for or work on behalf of D/deaf and disabled people.

34. Digital profile

In a reformed PIP system, a digital profile would be developed at the beginning of someone's claim and updated throughout the process. It would embody a

‘tell us once’ approach where the profile is intended to give individuals greater control over how their information is used and shared, reduce unnecessary repetition, and support more combined interactions across services and systems.

35. Dignity

The experience of being recognised and treated as an equal person with inherent worth, autonomy and rights. Dignity is supported when people are listened to, have choice and control over decisions that affect their lives, and can participate fully in society without facing unnecessary barriers, discrimination or prejudice.

36. Disability/disabled and impairment

i. **Disability**

Under the social model, disability is the experience of disadvantage, exclusion or restricted participation that arises when people with impairments and health conditions encounter barriers in society. A person may describe themselves as disabled when these barriers, which may be physical, organisational, attitudinal, communication-related or systemic, affect their ability to participate fully and equally in society.

For legal purposes, disability is defined in the Equality Act 2010 (applicable in England, Scotland and Wales) as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. Similar protections are provided in

Northern Ireland through the disability Discrimination Act 1995.

ii. **Impairment**

Under the social model, an impairment is a physical, sensory, cognitive, neurodivergent or mental health condition which impacts a person's ability to carry out day-to-day activities, while disability refers to the barriers created by society that restrict participation and inclusion. People are disabled by inaccessible environments, services, systems and attitudes, rather than by their impairment alone.

37. Disability Justice

Disability justice is an approach that builds on the foundations of disability rights legislation by recognising that disability intersects with other characteristics, identities and life experiences. While disability rights has worked primarily on legal protections and equal treatment, disability justice emphasises shared responsibility and cross-disability solidarity. It aims to create inclusive and accessible systems and communities which meaningfully involve those most affected by barriers in shaping decisions. In the context of the Review, disability justice means designing PIP with disabled people to ensure the system fairly recognises the additional costs and barriers they experience, respects dignity, and strengthens choice, control and participation in everyday life. It also requires particular attention to people whose circumstances

and needs may be less well understood or otherwise overlooked.

38. **Eligibility criteria**
The criteria used to determine whether a person can qualify for PIP. These include statutory requirements as well as assessment criteria.

39. **Equity**
Ensuring that systems, services, and support are designed and provided in ways that account for differing needs, circumstances and barriers, enabling all individuals to participate equally, maintain independence, exercise choice and control, and be treated with dignity, while recognising that some people may require more support in order to access the same opportunities as others.

40. **Evidence (for a PIP claim)**
The information, experiences, and insights that help build a fair and accurate understanding of an individual's circumstances, needs, and outcomes. Evidence can come from a range of sources, including the individual, those who know them best, healthcare professionals, support services, carers, employers, and other relevant records.

41. **Extra costs**
The additional and often unavoidable financial costs that a disabled person or household may face to achieve the same standard of living and level of participation in society as a non-disabled person or household. These costs can arise directly

from a person's impairment or health condition, or as a result of barriers created by inaccessible environments, services and systems.

42. Fast-track pathway

In the proposed reformed benefit this would be a quicker route through the PIP benefit system for people with serious, well evidenced conditions whose impact on their daily life is clear. This includes for people receiving end-of-life care. The aim is to provide timely access to support with fewer assessment requirements and less administrative burden.

43. Fluctuating conditions

Mental or physical health conditions that are chronic, long-term and that do not follow a stable pattern. They are characterised by significant, unpredictable variations in symptom severity, frequency, and functional impact over time.

44. Framework

A structured approach used in the Review to guide analysis, assessment, and decision-making in a consistent and systematic way. Frameworks informing this Review include the social model of disability, UNCRPD, disability justice and the 12 pillars of independent living.

45. Functional assessment or health assessment

The evaluation of how a person's health condition(s) or disability affects their ability to carry out everyday activities. These are carried out by a Health Professional and are either conducted in person, by

video or telephone, or are paper based. The decision on the claim is made by a DWP case manager.

46. Health Professional

A registered clinician trained in functional assessments (e.g. nurse, physiotherapist, occupational therapist, doctor) employed by one of the Assessment Providers to conduct PIP assessments and produce evidence-based assessment reports for use by DWP case managers.

47. Impact assessment

In the proposed reformed benefit, an impact assessment would evaluate the real-world effects of a health condition or disability on an individual's daily living, mobility, independence and wellbeing, including the extra costs they may face as a result of their disability or health condition.

48. Independence

A person's ability to exercise choice and control over their life, make decisions, and pursue personal goals with appropriate support where needed, in a way that maximises autonomy, participation and wellbeing. It does not mean living alone or without assistance, but rather with the support, opportunities and access needed to participate fully in society and live in a way that reflects a person's preferences and circumstances.

49. Independent living

Disabled people's ability to have freedom, dignity, choice and control over their lives. It reflects the

principle that disabled people should have genuine opportunities to participate in society and the ability to make decisions about their own lives and pursue personal goals on an equal basis as non-disabled people. Independent living is not defined by whether a person lives alone or by the presence or absence of support. Instead, it depends on having access to the resources and support required to exercise choice and control and to participate fully in society, which will look different for different people according to their circumstances, preferences and aspirations.

50. Initial PIP gateway

In a proposed reformed benefit this is a light-touch stage at the start of the PIP claim process, using a simple form available digitally, by telephone and on paper. It would begin to understand a person's circumstances, gather evidence to inform their journey through the process (including whether they meet basic eligibility criteria) and identify the most appropriate assessment pathway.

51. Intersectional (Intersectionality)

The way in which a person's multiple characteristics can combine and interact, resulting in overlapping forms of disadvantage or privilege.

52. Learning difficulty

A reduced ability for a specific form of learning, including conditions such as dyslexia, dyscalculia, dyspraxia and ADHD. This is different to a learning disability, and a person with a learning disability may also have one or more learning difficulties.

53. Learning disability

A lifelong condition that affects how a person learns, understands and processes information. Learning disabilities vary between individuals and can be classed as mild, moderate, severe or profound. People with learning disabilities may need additional time, support, accessible information or reasonable adjustments to participate fully in education, employment, public life and other aspects of society. The barriers they experience often arise from the way services, systems and environments are designed rather than from their learning disability alone. The term intellectual disability or intellectual impairment can also be used and is the preferred terminology in some parts of the world.

54. Less visible conditions

A physical, mental, neurological or other health condition or impairment that may not be immediately apparent to others. People with less visible conditions can face barriers, misunderstanding or a lack of appropriate support because their experiences and needs are not always recognised or understood. The terms hidden disabilities and hidden conditions are also commonly used. The sunflower lanyard was introduced to support less visible conditions to be more commonly recognised.

55. Lifelong and/or degenerative conditions

Conditions that are permanent or progressive and are unlikely to improve over time.

56. Lived and living experience

The knowledge, insight and expertise gained through direct personal experience of disability, impairment, long-term health conditions, caring responsibilities, or related support systems. This may include experiences that are current and ongoing (living experience) or from the past (lived experience). The perspectives provided by lived and living experience give essential evidence and unique insight into needs, barriers, additional costs, opportunities, independence and participation, and the real-world impact of policies, services, and decision-making.

57. Long-term health condition/chronic condition

A long-term health condition (also known as a chronic condition) is a physical or mental health condition that lasts, or is expected to last, for an extended period, often years or decades. While some conditions may improve, go into remission or be successfully treated, others may be lifelong, and they can affect a person's daily life to varying degrees. Long-term health conditions may require ongoing management, such as medication, therapies (e.g. physiotherapy, cognitive behavioural therapy), rehabilitation, lifestyle changes, assistive technology, or other forms of support.

58. Mandatory Reconsideration (MR)

The first step in challenging a decision made by the DWP about a PIP claim.

59. Mental health

A person's emotional, psychological and social wellbeing, which influences how they think, feel, build and maintain relationships and make decisions. Everyone has mental health, which can fluctuate over time and be influenced by their personal experiences, circumstances and environment.

60. Mental health condition

A health condition that affects a person's emotional, psychological or mental wellbeing, including their thoughts, feelings, behaviour and ability to manage their daily life. Mental health conditions can affect people in different ways and to differing degrees and may be temporary, recurring or long-term.

61. Mobility activities

Activities related to following a journey and physically moving around, assessed to determine eligibility for the mobility component of PIP.

62. Multiple conditions

The presence of two or more health conditions experienced by the same person at the same time. These may include physical health conditions, mental health conditions, neurological conditions, neurodivergence, or other impairments, and can interact in ways that affect a person's health, daily life, support needs and experience of services. Multiple conditions can also be referred to as comorbidities.

63. Need

The requirement for support, assistance, adaptations, services, or resources that enable a person to participate fully in everyday life, exercise choice and control, maintain independence, and manage the impacts of their long-term health condition or disability.

Unmet need occurs when those requirements are not fully met, whether because support is unavailable, inaccessible, insufficient, inappropriate, unaffordable, or dependent on eligibility criteria that do not reflect the person's circumstances.

64. Neurodivergence

A non-medical term which describes when someone's brain works and processes information in a different way from what is considered "typical". There is no agreed list of neurodivergent conditions, but the term commonly includes conditions like autism, ADHD, dyslexia, dyspraxia, dyscalculia and others. The term neurodivergent can be used to refer to an individual's experience of neurodivergence, and the term neurodiverse can be used to describe a group of people who experience neurodivergence.

65. Non-means-tested benefit

A state benefit where eligibility is not determined by a person's income, savings, or capital. PIP is a non-means-tested benefit.

66. **Non-taxable benefit**
A state benefit in which payments are not considered taxable income. PIP is considered a non-taxable benefit.

67. **Participation**
Having the freedom, resources, accessible opportunities and support to take part in everyday life in the ways which matter to an individual, including independent living, education, relationships, community life, physical activity and employment. Participation may look different for different people and should be considered in the context of an individual's circumstances, preferences and needs.

68. **Person-centred**
An approach that places the individual, their experiences, and the impact of their condition at the centre of discussions, decisions and support.

69. **Personal Independence Payment (PIP)**
A government benefit covering England and Wales, intended to help with the extra costs associated with a long-term health condition or disability for those who qualify and who are aged between 16 and the state pension age.

70. **Primary condition**
The main physical or mental health condition, disability, or impairment identified as having the greatest impact on the claimant's ability to carry out the daily living and/or mobility activities considered

as part of a PIP assessment. Where a person has multiple conditions or impairments, the primary condition is the one considered to have the most significant overall impact, although the combined effects of all conditions and impairments should be taken into account.

71. Principles

The core values, standards, and objectives that guided how the Timms Review recommendations were developed, assessed, and agreed.

72. Purple pound

The collective spending power of disabled people and their households. It represents the wider economic contribution that disabled consumers make through their spending on goods, services, travel, leisure, housing, and other aspects of everyday life.

73. Reasonable adjustments

Adaptations and support provided to remove or reduce barriers experienced by disabled people, enabling them to access services, opportunities and activities on an equal basis with others. DWP has a legal duty to make reasonable adjustments to ensure services are accessible.

74. Recommendation

A proposed change or action arising from The Review's evidence and findings intended to inform the design and provision of a reformed disability benefit that improves outcomes, experiences and

opportunities for disabled people and builds trust in the system.

Recommendations in this report are those of the steering group and do not constitute government policy.

75. Referral

A process of taking active steps to direct and connect individuals to the services, support or organisations that can help meet their needs, including helping them access and engage with those services where appropriate.

76. Regular payments

Financial support paid at predictable intervals to contribute towards the continuing extra costs associated with a disability or long-term health condition.

77. Sensory impairment

An impairment affecting one or more of the body's senses, including sight, hearing, smell, touch, taste or spatial awareness. Sensory impairments can vary in type and severity and may impact how a person accesses information, communicates, navigates their environment, or participates in daily life.

78. Signposting

Providing information about relevant services, organisations, or sources of support that may help a person. Signposting helps people understand what support is available and how they can access it,

while leaving the decision to contact those services with the individual.

79. Six-test framework

A set of six tests developed by the steering group and used to check whether a recommendation is likely to improve outcomes for disabled people. The tests help ensure recommendations are fair, practical, evidence-based, and can be provided and sustained over time. They are intended to guide the design, implementation and monitoring of the recommendations.

80. Social Model of disability

A way of understanding disability developed by disabled people and their representative organisations. The social model distinguishes between impairment and disability and argues that people are disabled by barriers in society rather than by their impairment alone. These barriers may be physical, practical, attitudinal, communication-related, or systemic, and can limit participation, inclusion and independence. The social model concentrates on identifying and removing these barriers so that disabled people can participate fully and equally in society.

81. Special Rules for End of Life (SREL)

Claimants who identify themselves as nearing the end of their life on the initial claim form can seek to claim PIP via the fast-track process known as SREL. The SREL provisions are met if end of life is reasonably expected within 12 months.

82. Steering group

A group of 12 members and three co-chairs who led the co-production process, providing strategic direction, shared decision-making, and overall leadership and final recommendations for the Review. The steering group brings together a diverse range of experiences and expertise – the vast majority of the group had lived experience of disability.

83. Supportive conversation

In the proposed reformed benefit, a person-centred discussion with a claimant about how a disability and/or long-term health condition affects everyday life, going beyond the impact assessment questions, and considering wider barriers someone may be facing. The purpose is to identify additional support and services that an individual may be able to access.

84. Tailored support

Support that is customised to meet a person's specific needs and preferences and is based around what matters most to them as an individual.

85. Terms of Reference

The document that defines the purpose, scope, objectives and guiding principles of the Timms Review and how this should be undertaken through a co-produced approach.

86. Timms Review

A government-led review of the PIP assessment, co-chaired by Sir Stephen Timms, Dr Clenton Farquharson and Sharon Brennan, co-produced with the steering group.

The Review refers to the Timms Review.

87. Trust

The confidence that disabled people and those with long term health conditions, as well as those who support them, have that the system will listen to them, act fairly, communicate clearly, and make decisions that reflect their individual circumstances, experiences and needs.

88. UNCRPD

The United Nations Convention on the Rights of Persons with Disabilities entered into force in 2008 and was the first comprehensive human rights treaty of the 21st century. It adopted a broad categorisation of disability, which aligns with the social model of disability, and reaffirmed that all disabled people are entitled to all human rights and fundamental freedoms. It identified where adaptations have to be made to allow disabled people to exercise their rights effectively and identified areas where rights have been violated and where the protection of disabled people's rights must be reinforced. The UK government ratified the UNCRPD in 2009 and so agreed to protect and promote the human rights of disabled people.

89. 12 pillars of independent living

The 12 pillars of independent living were developed by disabled people through the independent living movement and are grounded in the social model of disability. They set out conditions required for disabled people to be able to live independently, make informed decisions about their life, exercise choice and control, and be included fully in society. The framework recognises that independence is achieved through access to the support, services and environmental changes that enable equal citizenship, rather than through individual self-sufficiency.

The 12 pillars of independent living 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 provision of technical aids and equipment
7. availability of accessible and adapted housing
8. adequate provision of personal assistance
9. availability of inclusive education and training
10. equal opportunities for employment
11. availability of independent advocacy and self-advocacy
12. availability of peer counselling