



# Personal Independence Payment Guide

## Personal Independence Payment (PIP)

### Who can claim personal independence payment?

To be able to make a claim for PIP, the person has to satisfy some basic conditions:

- Be over 16 and under 65 (People born on or before 8th April 1948 will not transferred from DLA) and have a condition which affects their daily living or mobility.
- Not have any Immigration or residency restrictions (Ask for more information during the initial claim telephone call if you need help)

PIP is not taxable or means tested and there are no National Insurance conditions. It is paid to the person, if they qualify, whether they are in or out of work.

There is a standard **or** an enhanced rate of payment available within the Daily Living component **and** Mobility component. You can be paid one of these rates for one or both sections, depending on the nature of your difficulties. Please check <https://www.gov.uk/pip> or call the claims line below for more information on the amount for each rate.

### How do I make a claim?

Claims to Personal Independence Payment are started over the phone by calling the PIP new claims number: 0800 917 2222

(or text phone 0800 917 7777)

### You'll be asked for the following information

Contact details and date of birth

National Insurance number

Bank or building society details

Doctor's or health worker's name

Details of any time you've spent abroad, or in a care home or hospital

Someone else can call on the claimant's behalf, but the claimant will need to be there when the call is made. You can also ask for a form in writing by giving the above information by post (this can delay the decision on the claim) to:-

***Personal Independence Payment New Claims***

***Post Handling Site B***

***Wolverhampton***

***WV99 1AH***

## When can I claim?

In order to be paid PIP the person usually has to have met the relevant disability tests for the previous three months and also expect to continue to meet them for at least a further nine months.

This does not mean that they will necessarily have to wait three months for a payment as it may be possible to show that the claimant met this test in the three months before they claimed.

If someone is moving from DLA to PIP they won't have to show that they met the tests in the previous three months, but their needs must still be expected to last for at least nine months.

*These tests do not apply to either component if a claim is made on the grounds of a terminal illness.*

Before a child turns 16, the DWP will contact their parent or guardian to keep them informed of the process for claiming PIP and to find out if the child needs an appointee.

## What is an appointee?

An appointee can assist with someone's benefits because they are unable to manage their own affairs. This may mean that they are unable to deal with completing forms, make budgeting decisions or lack capacity to cope alone. Being their appointee means **you** are responsible for making any claims, giving any information required and telling the Department for Work and Pensions about any changes that may affect **their** entitlement to benefits. The benefits may be paid to you on their behalf if it is appropriate. Becoming an appointee for benefit purposes does not mean you have any wider rights to deal with their affairs.

## How do I become an 'appointee'?

Contact the DWP. This is usually a straightforward process and should not delay any claims that you are making.

## Getting started

It is very important to include copies of any relevant evidence or information that explains the circumstances. This might include prescription lists, care plans, reports or information from professionals who help the person who is claiming, such as a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, social worker, counsellor, or support worker. Do not delay the claim to wait for evidence, send it on when it arrives with the name and National Insurance number clearly marked on each additional sheet.

## Completing the form

Personal Independence Payment has two components, Daily Living and Mobility, which have a number of sections in each.

Give the details of the professionals who can best describe how the conditions affect the person claiming and then list the health conditions they have and **when they started**, not when they were diagnosed. Note all of the medications that are taken and do not forget to include any creams or lotions that they may buy themselves to manage their conditions, Think about anything that is rubbed onto the skin or added to a bath as well as any side effects that these may cause.

## Descriptors for the Daily Living Component

Each section has 'descriptors' which must be looked at to decide which best fits the person who is claiming. There may be more than one that applies so give examples of all including any aids or appliances that may be needed. Remember to begin at the bottom of the list and work up to the top. This ensures that you do not miss the highest scoring descriptors.

If the person is sometimes unable to complete a task, say why this may be. Does the condition vary? Is fatigue a problem so that things become more difficult or not possible at all later in the day? Use the prompts on both the claim form and this guide to discuss with the claimant what happens and why, if you can.

**The descriptors and points for each are shown in the following sections.**

**Remember that any descriptor should apply if it affects the ability for the majority of days, so more than 50% of days over a 12 month period.**

*Standard Rate requires 8 points in this section*

*Enhanced Rate requires 12 points in this section*

*There are 10 sections within the daily living component to gain points.*

Always read a section before you begin to complete the form. Many useful prompts are given alongside the questions. If more than one descriptor may apply, describe how the person meets them and give examples if you can. When the assessor decides which descriptor applies, they must consider whether the activity can be carried out reliably.

**This means that it must be done:**

- safely in a way that is unlikely to cause harm either to the person claiming or anyone else, either during the activity or afterwards
- to an acceptable standard
- repeatedly as often as is reasonably required
- in a reasonable time period - should take no more than twice as long someone without the condition or disability

# 1. Preparing food

Apply this to each of the activities. We have given you some extra things to think about in each section.

	Points	Descriptor
A	0	Can prepare and cook a simple meal unaided
B	2	Needs to use an aid or appliance to be able to either prepare or cook a simple meal
C	2	Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave
D	2	Needs prompting to be able to either prepare or cook a simple meal
E	4	Needs supervision or assistance to either prepare or cook a simple meal
F	8	Cannot prepare and cook food

Can they prepare food safely and reliably with or without any aids? Food preparation includes things like peeling, chopping and opening a can. What are the problems? Is there any risk with handling hot foods or liquids and sharp knives? Do they need to sit down or are they safe to stand when preparing food? How long does it take? Can the person tell whether the task is done properly? How much supervision do they need? What happens if there is no supervision? Do they need food prepared for them? Do they drop things? Can they read and understand instructions or cooking times?

# 2. Taking nutrition

	Points	Descriptor
A	0	Can take nutrition unaided
B	2	Needs – (i) to use an aid or appliance to be able to take nutrition <b>or</b> (ii) supervision to be able to take nutrition <b>or</b> (iii) assistance to be able to cut up food
C	2	Needs a therapeutic source to be able to take nutrition
D	4	Needs prompting to be able to take nutrition.
E	6	Needs assistance to be able to manage a therapeutic source to take nutrition.
F	10	Cannot convey food and drink to their mouth and needs another person to do so.

Does the person eat at the usual times or do they require prompts? Are they able to eat all types of food or are they limited by textures/food groups? Is food provided in a certain way (liquidised/thickened or meal replacement issued by a GP or consultant)? Does the food need to be plated without touching other foods? Do they have any feeding aids such as special cutlery or a peg feed? Do they make good food choices? Can they tell when food is spoiled? Is appetite affected by mood or medication? Can they chew and swallow safely?

## 3. Managing therapy or monitoring a health condition

<b>A</b>	<b>0</b>	Either - (i) does not receive medication or therapy or need to monitor a health condition; <b>or</b> (ii) can manage medication or therapy or monitor a health condition unaided.
<b>B</b>	<b>1</b>	Needs either - (i) to use an aid or appliance to be able to manage medication <b>or</b> (ii) supervision, prompting or assistance to manage medication or monitor a health condition
<b>C</b>	<b>2</b>	Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week
<b>D</b>	<b>4</b>	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.
<b>E</b>	<b>6</b>	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.
<b>F</b>	<b>8</b>	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.

Does the person know when they need to take action with a changing health need (is there a lack of understanding of dosage of medications or how to adjust them if it is permitted by their healthcare professional)? Are they aware of changes but neglect to act on them? Would their health deteriorate without assistance? (Say why). Is the change sudden/unpredictable and are there reasons why the person may not be able to help themselves? Can the person see whether things have changed (because of a visual impairment or the issue is somewhere they can't monitor such as their back or top of the head)? Can they tell someone that they feel unwell in language that expresses how serious a condition may be? Remember creams, inhalers and nebulisers, oxygen therapy and dialysis are all relevant in this section. Even if someone has a dosette box, do they remember to take medication at the proper time without risk of taking too much or none at all?

# 4. Washing and bathing

# 5. Managing toilet needs or incontinence

<b>A</b>	<b>0</b>	Can wash and bathe unaided
<b>B</b>	<b>2</b>	Needs to use an aid or appliance to be able to wash or bathe
<b>C</b>	<b>2</b>	Needs supervision or prompting to be able to wash or bathe
<b>D</b>	<b>2</b>	Needs assistance to be able to wash either their hair or body below the waist
<b>E</b>	<b>3</b>	Needs assistance to be able to get in or out of a bath or shower
<b>F</b>	<b>4</b>	Needs assistance to be able to wash their body between the shoulders and waist
<b>G</b>	<b>8</b>	Cannot wash and bathe at all and needs another person to wash their entire body

Does the person lack motivation to wash or bathe or find it difficult due to pain or fatigue? Do they need supervision to be safe? Can they see which bathing items they are using and is it an appropriate amount? Do they need someone to be nearby and to leave the door open or unlocked? Say why. What would happen if the person was left without prompting and assistance or encouragement to attend to their hygiene needs? Are they unable to reach some parts of their body, even with an aid? Are they suitably clean once they have finished washing? If not, give examples.

<b>A</b>	<b>0</b>	Can manage toilet needs or incontinence unaided
<b>B</b>	<b>2</b>	Needs to use an aid or appliance to be able to manage toilet needs or incontinence
<b>C</b>	<b>2</b>	Needs supervision or prompting to be able to manage toilet needs
<b>D</b>	<b>4</b>	Needs assistance to be able to manage toilet needs
<b>E</b>	<b>6</b>	Needs assistance to be able to manage incontinence of either bladder or bowel
<b>F</b>	<b>8</b>	Needs assistance to be able to manage incontinence of both bladder and bowel

This does not include managing clothing. Toilet needs means the ability to get on and off the toilet, evacuate the bladder/bowel and clean themselves afterwards. **Anyone with a catheter or collecting device is considered incontinent for the purposes of this activity.**

Is the person too distracted by other things to manage toilet needs at an appropriate time? Do they have issues with mobility which make it difficult to get to a toilet in time? When does incontinence occur? Give examples. If they have incontinence aids, what difficulties do they face in managing them? Can the person see to find a toilet or ask to locate one nearby, and then follow the directions given?

## 6. Dressing and undressing

<b>A</b>	<b>0</b>	Can dress and undress unaided
<b>B</b>	<b>2</b>	Needs to use an aid or appliance to be able to dress or undress
<b>C</b>	<b>2</b>	Needs either - (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; <b>or</b> (ii) prompting or assistance to be able to select appropriate clothing.
<b>D</b>	<b>2</b>	Needs assistance to be able to dress or undress their lower body
<b>E</b>	<b>4</b>	Needs assistance to be able to dress or undress their upper body
<b>F</b>	<b>8</b>	Cannot dress or undress at all

Can the person decide/see whether clothes are clean, appropriate, inside out or suitable for the weather conditions? Do they have issues with fasteners or certain kinds of material and the way it feels? Can they only wear elasticated/loose fitting clothes or have favourites which they want to wear every day? Say why. Can they bend for lower body clothing? If not, give examples of help that they need. Do they need prompting to dress or change into clean clothes? Do they remove clothes at inappropriate times?

<b>A</b>	<b>0</b>	Can express and understand verbal information unaided
<b>B</b>	<b>2</b>	Needs to use an aid or appliance to be able to speak or hear
<b>C</b>	<b>4</b>	Needs communication support to be able to express or understand complex verbal information
<b>D</b>	<b>8</b>	Needs communication support to be able to express or understand basic verbal information
<b>E</b>	<b>12</b>	Cannot express or understand verbal information at all even with communication support

**Communication support can be things like a sign language interpreter, or “someone directly experienced in communicating with the claimant” which may be a family member.**

Does the person need someone to give them information in a certain way? This may be a simple sentence with basic language, which may need to be repeated. Do they need time to think about information? Do they nod as if they comprehend, without really understanding what is asked of them? Give examples of how they have been affected by a misunderstanding and the support they need to prevent this.

## 7. Communicating verbally

## 8. Reading and understanding signs, symbols and words

<b>A</b>	<b>0</b>	Can read and understand basic and complex written information either unaided or using spectacles or contact lenses
<b>B</b>	<b>2</b>	Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information
<b>C</b>	<b>2</b>	Needs prompting to be able to read or understand complex written information
<b>D</b>	<b>4</b>	Needs prompting to be able to read or understand basic written information
<b>E</b>	<b>8</b>	Cannot read or understand signs, symbols or words at all

**Basic information is signs, symbols or dates. Complex information is more than one sentence of written or printed text, such as a utility bill or bank statement. To be considered able to read, claimants must be able to see the information.**

If someone can see what is written, do they understand what the information is about and whether they need to act on it? Do they need someone else to read it and explain what to do, or to do it for them? Do they understand simple signs that indicate dangers? Do they have things to help them when they are indoors that are not available to them outdoors (such as a large lit magnifying glass)?

**If you are their appointee, say whether this was granted because the person could not cope with forms and letters, and needed to have assistance.**

<b>A</b>	<b>0</b>	Can engage with other people unaided
<b>B</b>	<b>2</b>	Needs prompting to be able to engage with other people
<b>C</b>	<b>4</b>	Needs social support to be able to engage with other people
<b>D</b>	<b>8</b>	Cannot engage with other people due to such engagement causing either – (i) overwhelming psychological distress to the claimant; <b>or</b> (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person

**An inability to engage with other people must be due to a disability or illness, not a matter of preference by the claimant.**

Does the person need someone there for reassurance or support? Say why this is needed and how long for. Do they, because of a disability or impairment, need someone who can understand their body language or gesturing assist them with social interaction? What happens if they become distressed? Give examples of previous experiences. Do they become violent or use inappropriate language? Say what happens and what might cause this to occur. Do they avoid social situations?

# 10. Making budgeting decisions

<b>A</b>	<b>0</b>	Can manage complex budgeting decisions unaided
<b>B</b>	<b>2</b>	Needs prompting or assistance to be able to make complex budgeting decisions
<b>C</b>	<b>4</b>	Needs prompting or assistance to be able to make simple budgeting decisions
<b>D</b>	<b>6</b>	Cannot make any budgeting decisions at all

**Complex budgeting decisions involve calculating household and personal budgets, managing and paying bills and planning future purchases.**

**Simple budgeting decisions are those such as calculating the cost of change required following a purchase.**

Can the person remember to pay bills on time or adjust direct debits if they need to? Are they open to financial abuse? Can they judge a combination of things that they would be able to buy from a limited amount of money without spending more than they have? (This may be a number of food items with ten pounds note without overspending) Can they read and respond to bills sent to them by post within an appropriate timescale? What support do they need and what would happen without this support? Give examples.

## Descriptors for the Mobility Component

Standard Rate requires **8** points in this section

Enhanced Rate requires **12** points in this section

There are 2 sections within the mobility component to gain points.

<b>A</b>	<b>0</b>	Can plan and follow the route of a journey unaided
<b>B</b>	<b>4</b>	Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant
<b>C</b>	<b>8</b>	Cannot plan the route of a journey
<b>D</b>	<b>10</b>	Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid
<b>E</b>	<b>10</b>	Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant
<b>F</b>	<b>12</b>	Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid

**Orientation aids are specialist aids designed to assist disabled people in following a route, such as a braille map.**

Can the person use public transport and what happens if there are roadworks or a temporary bus stop away from the familiar route? Could they keep safe crossing busy roads? Can they see and react to traffic? Can they hear a car horn or judge the speed/distance of oncoming traffic? Can they go out alone or do they always require assistance when travelling a familiar/unfamiliar route? Do they get distressed when they need to leave the house or avoid going out? Say what happens and why. Is the person a risk to themselves, and others, if they do not have proper support?

<b>A</b>	<b>0</b>	Can stand and then move more than 200 metres, either aided or unaided
<b>B</b>	<b>4</b>	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided
<b>C</b>	<b>8</b>	Can stand and then move unaided more than 20 metres but no more than 50 metres
<b>D</b>	<b>10</b>	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres
<b>E</b>	<b>12</b>	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided
<b>F</b>	<b>12</b>	Cannot, either aided or unaided, – (i) stand; <b>or</b> (ii) move more than 1 metre

**This activity considers a claimant’s physical ability to stand and move around safely without severe discomfort such as breathlessness, pain or fatigue in a “reasonable time period”.**

*Disability Living Allowance rules considered a claimant to meet the criteria for high rate mobility component if they could not walk more than 50 metres without severe discomfort.*

***Personal Independence Payment has a minimum distance of 20 metres for consideration.***

**This completes the claim for Personal Independence Payment**

There may be a date stamp on the front of the form which indicates when it should be returned by. A late form could mean that you lose some benefit so please ensure that you sign and post the form as soon as possible.

## How you're assessed

Your claim will be assessed by an independent healthcare professional to help DWP work out the level of help you need. This may be a face-to-face consultation - you'll get a letter explaining why and where you must go.

You'll be given a score based on how much help you need. The more help you need, the higher the score you'll get.

DWP makes the decision about your claim based on the results of the assessment, your application and any supporting evidence you include.

## Your decision

You'll usually get a decision 3–6 weeks after your assessment. You can ask for the decision to be looked at again if you're unhappy with the decision. This should usually be done within 28 days of the date on the decision letter. Send in any evidence to support your claim that has not already been seen by the decision maker. This is called a Mandatory Reconsideration (MR) and must be done before you can appeal.

If you still think the decision is wrong after the reconsideration, please contact a support and advice organisation to discuss what to do next.

Most local authority websites will have details of suitable contacts.

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