



Benefits and Work
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The Best Possible

Personal Independence Payment (PIP) Claims on Physical Health, Mental Health and Learning Difficulties Grounds

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Disclaimer

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Introduction

Personal independence payment (PIP) began replacing disability living allowance (DLA) for working age claimants from 8th April 2013. The assessment for PIP of all current working age DLA claimants is expected to be completed by March 2018. There is a more detailed timetable for the introduction of PIP later in this guide.

The government have claimed that the introduction of PIP will ensure that resources are targeted where they are most needed. They have also clearly stated, however, that one of the intentions behind the introduction of PIP is to reduce the cost of the current benefit by around 20%.

The DWP's estimates are that, once all current working age DLA recipients who have been reassessed for PIP:

- 29% will have had their award increased
- 15% will remain unchanged
- 29% will have had their award decreased
- 26% will have no award at all

This means that the DWP expect 55% of all current working age DLA claimants to be worse off under PIP.

PIP vs. DLA – similarities and difference

Like DLA, PIP is not means-tested, doesn't require national insurance contributions, can be claimed whether you are working or not, is non-taxable and acts as a passport to other benefits and premiums.

Like DLA, PIP is divided into two components: a daily living component and a mobility component.

Unlike DLA, each component has only two rates, a lower paying standard rate and a higher paying enhanced rate – DLA has three rates to the care component.

Unlike DLA, PIP awards are based on a points system, meaning that the method of assessment has more in common with employment and support allowance (ESA) than with DLA.

Like DLA, there are special rules that apply to people with a terminal illness.

Like DLA, PIP can give some claimants access to the Motability scheme and automatic entitlement to a Blue Badge.

Unlike DLA, the vast majority of awards are intended to be time limited – the majority will be for either two years or five years. So most PIP claimants can expect to have regular reassessments for as long as they remain on the benefit.

Like DLA, people who qualify for the benefit below the age of 65 can continue receiving it beyond 65 provided they still meet the eligibility conditions.

Please note: this guide is based on the most reliable information available at the time of writing. As more information is published, or obtained through Freedom of information requests, this guide will be updated. At present, references to DWP guidance relate to:

'PIP Assessment Guide. A DWP guidance document for providers carrying out assessments for Personal Independence Payment' Jan 2013

'The Government's response to the consultation on the Personal Independence Payment assessment criteria and regulations' Dec 2012

'The Government's response to the consultation on DLA reform and Personal Independence Payment – completing the detailed design'. Dec 2012

All these documents can be downloaded from the PIP section of the Benefits and Work website:

<http://www.benefitsandwork.co.uk/personal-independence-payment-pip/pip-documents>

Basic qualifying conditions

Like DLA, PIP is a non-means tested benefit. You do not have to have paid national insurance contributions to be awarded PIP and you can receive it whether you are in work or not.

Age limits

To qualify for PIP initially, you need to be aged between 16 and 64. As state retirement age increases over time, the age at which you will be able to make a claim for PIP will also increase.

For the present, children and older people will not be affected by PIP. However, guidance notes produced by the DWP make it clear that this may change in the future, once the government have had an opportunity to see how PIP performs in relation to working age claimants.

People who receive PIP before they are 65 will go on being able to receive it once they are over 65.

Qualifying period

For PIP, you need to have had your current level of needs for at least three months and be likely to continue having them for a further nine months. The three months test does not apply if you are transferring from DLA to PIP. Other exceptions are detailed below, in 'Linking rules' and 'Terminal illness'.

Linking rules

If you have claimed PIP in the past and then stopped because of an improvement or remission in your condition, you may be covered by the linking rules if you need to claim again.

If you are under 65 and need to reclaim PIP within **two years** of a previous award ending, then you do not need to serve the 3 month qualifying period. This only applies where your claim:

- is for the same component you received before;
- is based on substantially the same health condition or conditions; or
- is based on a condition which developed from the original condition; **and**
- you still meet all the other qualifying criteria, such as scoring enough points in the assessment and being likely to have your needs for at least nine months.

If you are 65 or over, then the same linking rules apply, but the claim must be made within **one year** of your previous award ending.

Terminal illness

As with DLA, claimants whose death can reasonably be expected within six months automatically qualify for the enhanced rate of the daily living component of PIP without needing an assessment or needing to meet the qualifying period.

In these circumstances you also do not need to meet the qualifying period in relation to the mobility component of PIP, but you will still need to meet the other qualifying conditions.

Hospitals, care homes and prisons

PIP is suspended for people in prison after 28 days, with two periods less than a year apart being linked.

For residents of care homes where all or part of the costs are met from public funds, the daily living component of PIP ends after 28 days, but the mobility component will continue to be paid.

After 28 days, neither component of PIP is payable to in-patients in hospital. For claimants who already have a Motability vehicle there is a three year 'grace period' from April 2013 before the new rules on hospital stays and the mobility component will apply.

You continue to have an underlying entitlement to PIP during periods in a hospital or care home, so that payment can be started again immediately when you leave, providing all the other qualifying conditions are still met.

Habitual residence and presence

To make a claim for PIP you need to be present and habitually resident in Great Britain. Members of the armed forces and their families are treated as habitually resident in Great Britain whilst serving abroad.

In addition, a 'past presence' test means you need to have spent at least two out of the last three years – 104 out of the last 156 weeks - in Great Britain. Where you are accepted as terminally ill the past presence test doesn't apply.

Going abroad

You can be temporarily absent abroad for up to thirteen weeks whilst in receipt of PIP.

If you are abroad for medical treatment, this period can extend to 26 weeks unless you are a hospital patient abroad and your stay is fully funded by the NHS.

Length of awards

All PIP awards are for a fixed period, except in exceptional circumstances.

Short-term awards of up to two years are given where your condition is expected - by the DWP - to improve significantly.

Awards of 5-10 years are made where changes in your condition are possible but less likely.

Ongoing awards will only be given in a very small minority of cases where you are unlikely to get either better or worse.

A claim can be checked at any time while the award is still in force, to verify that there has been no change of circumstances.

What happens to young people at the age of 16

Five months before a young person who is getting DLA turns 16, their parent or guardian will be contacted to tell them about the change in benefits from DLA to PIP. They will also be asked whether the young person will need an appointee and what their preferred method of communication is.

When the young person reaches 16 they will be contacted themselves and told they need to apply for PIP. Provided the young person makes a claim for PIP their DLA award will continue beyond their sixteenth birthday, until a decision has been made on their entitlement to PIP.

The DWP says that, if they are initially unsuccessful in getting a response, they will make 'a number of attempts to engage the young person in the claiming process.'

PIP components, rates and scores

PIP has two components:

- daily living component
- mobility component

Each component has two rates:

- standard rate
- enhanced rate

Claimants who are assessed as having:

- 'limited ability to carry out daily living activities' (minimum score 8 points) are paid the standard rate of the daily living component, currently £53.00
- 'severely limited ability to carry out daily living activities' (minimum score 12 points) are paid the enhanced rate of the daily living component, currently £79.15
- 'limited ability to carry out mobility activities' (minimum score 8 points) are paid the standard rate of the mobility component, currently £21.00
- 'severely limited ability to carry out mobility activities' (minimum score 12 points) are paid the enhanced rate of the mobility component, currently £55.25

Daily living activities

The decision about whether you are entitled to the daily living component, and if so at what rate, is based on the number of points you score in total for the following activities:

1. Preparing food
2. Taking nutrition
3. Managing therapy or monitoring a health condition
4. Washing and bathing
5. Managing toilet needs or incontinence
6. Dressing and undressing
7. Communicating verbally
8. Reading and understanding signs, symbols and words
9. Engaging with other people face to face
10. Making budgeting decisions

Each of these activities is divided into a number of point scoring descriptors. To get an award of the daily living component, you need to score:

8 points for the standard rate
12 points for the enhanced rate

You can only score one set of points from each activity, if two or more apply from the same activity only the highest will count. So, for example, if:

- 4 d. Needs assistance to be able to wash either their hair or body below the waist. 2 points
- 4 f. Needs assistance to be able to wash their body between the shoulders and waist. 4 points

both apply, you will receive only the 4 points for the 'between the shoulders and waist' activity. These can then be added to points for other activities, such as 'Dressing and undressing'

Mobility activities

The decision about whether you are entitled to the mobility component, and if so at what rate, is based on the number of points you score in total for the following activities:

- 1. Planning and following journeys
- 2. Moving around

Both of these activities are divided into a number of point scoring descriptors. To get an award of the mobility component you need to score:

8 points for the standard rate
12 points for the enhanced rate

As with daily living above, you only score the highest points that apply to you from each activity, but you can add points from mobility activities 1 and 2 together to reach your final total.

Activities and descriptors in brief

Daily living activities

1. Preparing food.

- a. Can prepare and cook a simple meal unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal. **2 points.**
- c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.. **2 points**
- d. Needs prompting to be able to either prepare or cook a simple meal. **2 points.**
- e. Needs supervision or assistance to either prepare or cook a simple meal. **4 points.**
- f. Cannot prepare and cook food. **8 points.**

2. Taking nutrition.

- a. Can take nutrition unaided. **0 points.**
- b. Needs –
 - (i) to use an aid or appliance to be able to take nutrition; or
 - (ii) supervision to be able to take nutrition; or

- (iii) assistance to be able to cut up food. **2 points.**
- c. Needs a therapeutic source to be able to take nutrition. **2 points.**
- d. Needs prompting to be able to take nutrition. **4 points.**
- e. Needs assistance to be able to manage a therapeutic source to take nutrition. **6 points.**
- f. Cannot convey food and drink to their mouth and needs another person to do so. **10 points.**

3. Managing therapy or monitoring a health condition.

- a. Either –
 - (i) does not receive medication or therapy or need to monitor a health condition; or
 - (ii) can manage medication or therapy or monitor a health condition unaided. **0 points.**
- b. Needs either –
 - (i) to use an aid or appliance to be able to manage medication; or
 - (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition. **1 point.**
- c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. **2 points.**
- d. 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. **4 points.**
- e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week. **6 points.**
- f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. **8 points.**

4. Washing and bathing.

- a. Can wash and bathe unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to wash or bathe. **2 points.**
- c. Needs supervision or prompting to be able to wash or bathe. **2 points.**
- d. Needs assistance to be able to wash either their hair or body below the waist. **2 points.**
- e. Needs assistance to be able to get in or out of a bath or shower. **3 points.**
- f. Needs assistance to be able to wash their body between the shoulders and waist. **4 points.**
- g. Cannot wash and bathe at all and needs another person to wash their entire body. **8 points.**

5. Managing toilet needs or incontinence.

- a. Can manage toilet needs or incontinence unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence. **2 points.**
- c. Needs supervision or prompting to be able to manage toilet needs. **2 points.**
- d. Needs assistance to be able to manage toilet needs. **4 points.**
- e. Needs assistance to be able to manage incontinence of either bladder or bowel. **6 points.**
- f. Needs assistance to be able to manage incontinence of both bladder and bowel. **8 points.**

6. Dressing and undressing.

- a. Can dress and undress unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to dress or undress. **2 points.**
- c. Needs either –
 - (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or
 - (ii) prompting or assistance to be able to select appropriate clothing. **2 points.**
- d. Needs assistance to be able to dress or undress their lower body. **2 points.**
- e. Needs assistance to be able to dress or undress their upper body. **4 points.**
- f. Cannot dress or undress at all. **8 points.**

7. Communicating verbally.

- a. Can express and understand verbal information unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to speak or hear. **2 points.**
- c. Needs communication support to be able to express or understand complex verbal information. **4 points.**
- d. Needs communication support to be able to express or understand basic verbal information. **8 points.**
- e. Cannot express or understand verbal information at all even with communication support. **12 points.**

8. Reading and understanding signs, symbols and words.

- a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses. **0 points.**
- 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. **2 points.**
- c. Needs prompting to be able to read or understand complex written information. **2 points.**
- d. Needs prompting to be able to read or understand basic written information. **4 points.**
- e. Cannot read or understand signs, symbols or words at all. **8 points.**

9. Engaging with other people face to face

- a. Can engage with other people unaided. **0 points.**
- b. Needs prompting to be able to engage with other people. **2 points.**
- c. Needs social support to be able to engage with other people. **4 points.**
- d. Cannot engage with other people due to such engagement causing either –
 - (i) overwhelming psychological distress to the claimant; or
 - (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. **8 points.**

10. Making budgeting decisions.

- a. Can manage complex budgeting decisions unaided. **0 points.**
- b. Needs prompting or assistance to be able to make complex budgeting decisions. **2 points.**
- c. Needs prompting or assistance to be able to make simple budgeting decisions. **4 points.**
- d. Cannot make any budgeting decisions at all. **6 points.**

Mobility activities

1. Planning and following journeys.

- a. Can plan and follow the route of a journey unaided. **0 points.**
- b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. **4 points.**
- c. Cannot plan the route of a journey. **8 points.**
- d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. **10 points.**
- e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant. **10 points.**
- f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid. **12 points.**

2. Moving around.

- a. Can stand and then move more than 200 metres, either aided or unaided. **0 points.**
- b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided. **4 points.**
- c. Can stand and then move unaided more than 20 metres but no more than 50 metres. **8 points.**

- d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. **10 points.**
- e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided. **12 points.**
- f. Cannot, either aided or unaided, –
 - (i) stand; or
 - (ii) move more than 1 metre. **12 points.**

Timetable for introduction of PIP

The transfer of claimants from DLA to PIP is expected to take five years, ending in March 2018, with DLA claimants with indefinite awards being the last to be assessed. The DWP have published a timetable for the transfer, which we have set out below.

From April 2013

The new timetable began with a pilot from 8th April 2013 for new claims for PIP in the North West and part of the North East of England.

From June 2013

From June 2013, all new claims from anyone aged 16-64 will be for PIP instead of DLA throughout the whole of Great Britain.

The only exceptions will be renewal claims from a fixed-term DLA award which is due to expire before the end of February 2014. In these cases the renewal claim will still be for DLA rather than PIP.

From October 2013

From 7th October 2013 the following DLA recipients will begin to have to claim PIP:

- Children turning 16 will have to claim PIP when their existing fixed-term award is coming to an end.
- People reporting changes of circumstances which might affect their rate of payment, such as an improvement or deterioration in their condition, but not issues like going into a care home or hospital or changing address.
- People with a fixed-term DLA award which expires from the end of February 2014.

Anyone who chooses to make an application for PIP, including people who have a fixed-term or indefinite award of DLA, can make a claim from this date. However, you cannot make a claim for PIP if you are in the course of making a claim for DLA and no decision has yet been made on your claim.

From October 2015

From October 2015, all other working age DLA recipients will have to make a claim for PIP. Claimants will be selected randomly rather than by area or age, although the DWP say that they will “invite claims as early as possible from recipients who have turned 65 after 8 April 2013, when PIP was first introduced.”

The DWP does not now expect to complete the reassessment of all existing working age DLA claimants for PIP until March 2018.

How you will be transferred from DLA to PIP

See the 'Timetable for introduction of PIP' above for when you are likely to be affected.

Time limits

When you are selected for transfer you will be contacted and told that you must make a claim for PIP or your benefit will stop. You will have 28 days from the date on the notification letter in which to make your initial claim by telephone, or complete your paper claim form and return it to the DWP.

The decision maker can extend the 28 day period by any length of time they think fit if, for example, you have had to go into hospital.

If you have not made a claim within 28 days and there has been no extension, your DLA will be suspended for four weeks. If you make a claim within this additional four weeks the suspension will be lifted.

If you have still not made a claim for PIP at the end of the eight weeks, your DLA award will be terminated from the date on which it was suspended.

So long as a claim for PIP has been made in the eight week period, your DLA will continue to be paid until a decision has been made on whether you are entitled to PIP.

Whether the decision is to award you PIP or not, the decision will not take effect for four weeks after your next DLA pay day. The DWP say this is to allow people whose income is reduced time to make adjustments.

However, if you are asked to provide further information – for example by completing a questionnaire - or attend an interview or medical in the course of your claim and fail to do so, your DLA award will end 14 days after the decision that you failed to do as required.

You can also voluntarily decline, in writing or by telephone, to make a claim for PIP. In this case, your DLA claim will end 14 days after you tell the DWP you do not want to claim PIP. This will only apply if you were informed before you declined to claim, that if you did so your DLA award would end.

If you withdraw a claim for PIP part way through the process, your DLA award will end 14 days after the day on which you withdrew your PIP claim.

How to make a claim for PIP

For most – though not all - people, making a claim for PIP will involve:

- completing a PIP1 Personal Independence Payment claim form, initially by phone
- completing a PIP2 How your disability affects you form
- having a face-to-face assessment with a health professional.

PIP1 form

Your initial claim for PIP will usually be made by telephone to:

Telephone: 0800 917 2222

Textphone: 0800 917 7777

Calls are free from a landline, but there may be a charge from mobiles.

If you are unable to use the telephone to make a claim you can ask for an 18 page paper claim form – a PIP1 - instead.

From 2014, the DWP will expect most people to make their claim online rather than by phone.

The initial claim process collects basic information about you and about whether you have one of the following conditions:

- mental health condition
- behavioural condition
- learning difficulty
- developmental disorder
- memory problem

To see in detail what questions are asked at the initial claim stage, you can download a copy of the PIP1 form from the DWP website at:

<http://www.dwp.gov.uk/policy/disability/personal-independence-payment/pip-toolkit/about-pip/forms.shtml>

It is worth spending some time preparing for the telephone interview to try to ensure you have all the necessary information to hand. This will include:

- your National Insurance number
- your address
- your date of birth
- your bank or building society details
- your telephone number
- the name of your doctor or health worker you want the DWP to contact
- details of any time you've spent out of the country
- details if you're in a care home or hospital, or if you've recently been in a care home or a hospital
- whether you have a terminal illness.

Once you have completed the telephone interview you will be sent a copy of the completed form to check, sign and return. If your completed form is not returned within the time limit given in the accompanying letter your claim will be closed. For this reason, you should try to ensure that you get a certificate of posting when you return the form.

If you have one of the health conditions listed above you should be given extra time to return the form.

'How your disability affects you' form

Following receipt by the DWP of the initial claim, most people will be sent a 'How your disability affects you' form to complete.

The form, including an accompanying tear-off letter, is 36 pages long and there is also an information booklet which is 12 pages long.

The form collects details about:

- which professionals you see

- your health conditions or disabilities
- your medication and treatment

There are then a series of questions about each of the daily living and mobility activities, including asking about any aids or adaptations you use, whether you can complete the activities safely, to an acceptable standard, repeatedly and in a reasonable time and how your condition varies. The questions are accompanied by detailed guidance about the kind of information you need to provide.

You are also encouraged to send supporting medical evidence such as prescription lists, care plans and information from health professionals and/or to tell the DWP who they can get supporting evidence from.

In addition, you can supply non-medical evidence, such as a letter from your social worker or a friend or relative who helps you carry out everyday activities.

You can download a copy of the 'How your disability affects you' form and accompanying booklet from the DWP website at:

<http://www.dwp.gov.uk/policy/disability/personal-independence-payment/pip-toolkit/about-pip/forms.shtml>

We cover completing this form in detail in the rest of this guide.

If the form is not returned

If you do not return the form within the time limit and you do not have good cause for the delay, your claim will be refused. When deciding whether you have good cause the decision maker must take into account your state of health at the time and the nature of any disability you have.

However, if you do not return the form and you have been identified from your initial claim as having a 'mental or cognitive impairment' then Atos and Capita have been told that they must still make an assessment, either by collecting additional evidence – which might include telephoning you – and/or by asking you to attend a medical. The evidence will then be passed to the decision maker in the normal way.

Once the form is returned

Once the form - and any additional evidence you include - has been returned, the health professional must review it and decide if they should send for any further evidence. They will then make an assessment, either based on the paper information or by calling you in for a medical.

Unlike for ESA, the health professional can decide not to call you in even if they are going to assess you as scoring zero points. Guidance from the DWP states that paper based assessments are appropriate in:

- Cases where the evidence indicates that it is unlikely that the claimant's condition has any impact on any of the daily living and mobility activities.
- Cases where the evidence indicates that the claimant's condition has a significant impact in many of the daily living and mobility activities.
- Cases where there is a strong evidence on which to advise on the case and where a face-to-face consultation is likely to be stressful to the claimant.

The majority of claimants, however, will have to attend a face to face assessment with a health professional working for Atos or Capita, depending on where you live.

You must be given 7 days' notice of the date, time and, in the case of a face to face assessment, place of the assessment. The notice must be in writing unless you have agreed to accept communication by another means, such as text or email. The 7 days will not apply if you have agreed, in writing or otherwise, to accept a shorter notice period.

Once an assessment has been made, a decision maker then considers all the evidence, including any additional medical evidence obtained by you, before making a decision about how many points should be awarded for each component. The number of points will determine whether you are eligible for an award of PIP and, if so the components and rates.

Completing the form –what you need to know before you begin

is your opportunity to give a detailed and accurate explanation of how your condition affects you in relation to the points scoring activities. So, you need to complete the form in as much detail as you can. This

It's definitely worth using additional sheets if you can't fit everything you want to say in the boxes on the form. Make sure you include your name and national insurance number on the top of every additional sheet you use and, if possible, staple them to the back of the questionnaire.

Keep a copy

We strongly advise that, if at all possible, you keep a copy of your completed questionnaire and any additional sheets. It's far from unknown for the DWP to lose documents sent to them. It will also be useful for you to be able to review your evidence before you have a face to face assessment, if you are called for one.

In addition, you are likely to receive another form to complete in the future, so it's worth keeping a copy for reference. Though clearly you must ensure that the information you give on each new form is accurate and up-to-date.

Physical and mental health

When you complete the form you need to give details of any problems you have with each activity as a result of any physical and/or mental health conditions and learning difficulties. You should also include any problems caused by the effects of any medication you take.

One possible exception to this is the moving around descriptor, which the DWP says is about your physical difficulties with standing and then walking. Nonetheless, at this early stage in the development of PIP we would consider including mental health issues even in relation to this activity if they seem to you to be relevant.

'Reliably'- the most important PIP word

It's vital that, before you complete your form, you understand that just because you can carry out an activity, that doesn't mean you are prevented from scoring points for being unable to do it.

Guidance issued by the DWP states that you need to be able to complete an activity 'reliably' in order for it to apply. According to the guidance, 'reliably' means whether you can do so:

- Safely – in a fashion that is unlikely to cause harm to themselves or to another person.
- To a necessary and appropriate standard – given the nature of the activity.
- Repeatedly – as often as is reasonably required.
- In a timely manner – in a reasonable time period.

Initially, the government refused to put this guidance into the regulations themselves. But after considerable pressure it has been incorporated, although the word 'reliably' itself has not been included. (See: 'General definitions you need to know' for the regulations on this).

The DWP guidance also states that 'pain, fatigue, breathlessness, nausea and motivation' will all be 'key factors' in deciding whether an activity can be done reliably.

So, for example, if you can 'wash and bathe unaided' you will not score any points for that activity. But if it takes you hours to do so or it would be dangerous to leave you alone to bathe – for example, because you might have a seizure - then you may score points.

Or if you could walk 20 metres once, but afterwards you would be so exhausted that you could not do so again for hours or you would be unable to carry out other everyday activities after walking 20 metres, then you may count as not being able to do so.

Or possibly you are able to feed yourself from a plate, but because of your condition you drop considerable quantities of food on yourself and on the floor, then it may be considered that you are cannot convey food and drink to your mouth to an appropriate standard and so should score points.

Decisions about issues such as what is safe, what is a reasonable time and a good enough standard are subjective ones. All you can do is give as much detailed evidence as you can and, if you are not happy with the decision, consider an appeal.

Gaining and losing points for aids and appliances

Aids and appliances are very important in relation to PIP and you should give details of any you rely upon when completing your claim form. This does not just include specialised disability aids and appliances but also everyday ones, such as electric can openers or food processors.

Needing to use aids and appliances can result in your being awarded points for PIP, but their theoretical use can also lead to you losing points. This can happen where you say that you cannot carry out an activity, or cannot do so without help from another person, but the decision maker argues that you would be able to do the activity without help if you used an aid or appliance.

The definition given in the legislation is as follows:

"aid or appliance"-

- (a) means any device which improves, provides or replaces your impaired physical or mental function; and
- (b) includes a prosthesis.

Aids and appliances that you normally use will be taken into account and also those which you could 'reasonably be expected' to wear or use – even if you don't.

DWP guidance goes on to say that:

“Whether use of an aid or appliance could ‘reasonably be expected’ will reflect issues of availability, cost and cultural considerations. For example, it might be reasonable to expect someone to use adapted cutlery or a walking stick, but it would not be reasonable to expect them to use a therapeutic source for feeding or a wheelchair.”

Although the legislation only refers to aids and appliances, the guidance issued by the DWP refers to some items that most people would consider to be adaptations, such as a ‘single lever arm taps’ and a ‘bath rail’. So, if you have had adaptations made to your home which are relevant to the PIP activities, it may be worth including details in your claim form.

Losing points

When deciding whether it is reasonable to expect you to use an aid or appliance that you don’t currently use, but which would mean you could carry out an activity, Capita and Atos are told by the DWP to take into account whether:

- The claimant possesses the aid or appliance.
- The aid or appliance is widely available.
- The aid or appliance is available at no or low cost.
- It is medically reasonable for them to use an aid or appliance.
- The claimant was given specific medical advice about managing their condition, and it is reasonable for them to continue following that advice.
- The claimant would be advised to use an aid or appliance if they sought advice from a professional such as a GP or occupational therapist.
- The claimant is able to use and store the aid or appliance.
- The claimant is unable to use an aid or appliance due to their physical or mental health condition – for example, they are unable to use a walking stick or manual wheelchair due to a cardiac, respiratory, upper body or mental health condition.

Gaining points

In order to score points for aids and appliances you will have to show that you need to use them because of your impairment, rather than just preferring to use them because they are convenient.

It seems possible that you could score enough points to be awarded the standard rate of the daily living component solely on the basis of the aids and appliances which you use. For example, someone with arthritis in their hands and shoulders might well use the following aids:

- An auto chopper for chopping vegetable, which might attract 2 points for 1 b). Needs to use an aid or appliance to be able to either prepare or cook a simple meal.
- Easy grip cutlery to eat with, which might attract 2 points for 2 b)(i). Needs to use an aid or appliance to be able to take nutrition.
- A flannel strap, for washing their back which might attract 2 points for 4 b). Needs to use an aid or appliance to be able to wash or bathe.
- A bottom wiper, which might attract 2 points for 5 b). Needs to use an aid or appliance to be able to manage toilet needs or incontinence.

This would be a total of 8 points, enough for an award of the standard rate of the daily living component.

Scoring points when your condition varies

Your condition is assessed as it is likely to be over the course of 12 months.

The descriptor that applies to you for any given activity is the one that is correct for the majority of the time. However, deciding which descriptor applies can be complicated – much more so than for ESA, for example - as there are a number of factors which must be taken into account. This includes whether a descriptor applies even for a small part of the day and whether two or more points scoring descriptors should be combined to decide if you score points on the majority of days. See below for more on this.

If you are due to have treatment which may alter your needs, you should be assessed as you are now rather than the decision maker attempting to guess what your needs will be after treatment

At any point during the day

According to the DWP you don't have to satisfy a descriptor for most of the day for it to apply on that day.

The regulations say that "a descriptor is satisfied on a day in the required period if it is likely that, if C had been assessed on that day, C would have satisfied that descriptor". Guidance issued by the DWP clarifies this by explaining that:

'If a descriptor applies at any point during a 24 hour period, it is considered to apply for the entire day, whereas in DLA it would have to apply for 'the majority of the day' in order to apply.'

So, for example, on most days you may be unable to put a shirt or a jumper on first thing in the morning because your arthritis is at its worst, but after an hour or two your symptoms ease and you are able to dress yourself.

If this is the case, the DWP's view seems to be that you should score 4 points for:

6 e). Needs assistance to be able to dress or undress their upper body.

This should be the case even though for the majority of the day you don't need assistance to dress or undress.

One descriptor only applies

For each activity, where only one descriptor applies to you for over 50% of the time, that is the one you will get points for.

So, if on five to six days of every week you can manage to work out change in a shop but your concentration is too poor for you to be able to cope with paying bills and checking how much money you have left to get through the month then:

10 b). Needs prompting or assistance to be able to make complex budgeting decisions. 2 points

should apply.

Two descriptors apply

Where two descriptors apply to you for over 50% of the time, you will be awarded the one that scores the highest number of points.

So, for example, if because of fatigue and anxiety you need prompting to cook a meal for 90% of the time, then the following descriptor would apply:

1 d). Needs prompting to be able to either prepare or cook a simple meal. 2 points.

But you may also need assistance when cooking for 60% of the time:

1 e). Needs supervision or assistance to either prepare or cook a simple meal. 4 points.

In this case you should be awarded the 4 points, because both descriptors apply for more than 50% of the time and 1 e). is the higher scoring of the two.

No descriptor applies for 50% of the time

This is where it starts getting complicated. The most important thing to bear in mind is that you need to give as much information as possible about your condition and its variability.

Where no descriptor applies to you for over 50% of the time but two or more descriptors – excluding the zero scoring one – added together, apply for more than 50% of the time you will get points for:

the descriptor which applies for the greatest number of days; or
where they both or all apply for the same number of days, the one which scores the greatest number of points.

So, if for one day in four (25% of the time) you need prompting to cook a meal and, in addition, on another one day in three (33% of the time) you need assistance to cook a meal, you should score the higher 4 points for needing assistance.

This is because you satisfy points scoring descriptors for 58% of the time and 1 e). applies for more days of the year than 1 d).

Giving evidence about variability

As we said, working out which descriptor ought to apply can be complicated. Ultimately, all you can do is give as much detailed information as you can – especially in your form where it is in writing in your own words – and then, if you are not happy with the outcome, consider appealing.

Try to give your best estimate of how many days, on average, different needs apply. You can do this using the number of days in a week you are affected, the number of weeks in a month, the number of months in a year or whatever fits best with your condition. It will then be for the decision maker to work out how this fits into percentages over a 12 month period.

General definitions you need to know

There are a number of terms which have specific legal definitions for PIP that are used repeatedly throughout the daily living and mobility descriptors. It's useful to check what these terms mean when you are trying to decide how many points you should score.

“aid or appliance”-

(a) means any device which improves, provides or replaces your impaired physical or mental function; and

(b) includes a prosthesis.

“aided” means with –

(a) the use of an aid or appliance; or

(b) supervision, prompting or assistance.

See ‘Gaining and losing points for aids and appliances’ above for more about aids and appliances.

In relation to supervision, prompting and assistance DWP guidance explains that: ‘the assessment will take into account whether individuals have an underlying need for support from another person, regardless of whether they have access to this’. So, if it would be reasonable for you to have support, even if you don’t actually get it, then you should be scored on the basis that you need it.

“Assistance” means physical intervention by another person and does not include speech.

‘Assistance’ may be the source of some disagreement between claimants and the DWP. At what point does the amount of assistance you need mean that, in reality, you are unable to carry out the activity? The difference is important, because for some activities you score fewer points if you can do an activity with assistance than you do if you are unable to do it at all.

The legislation defines ‘assistance’ as ‘physical intervention’. Someone who catches you if you start to fall is clearly intervening, but is someone who holds your arm the whole time you are walking intervening or are they doing more than that?

If you can only ‘move’ if you lean very heavily on someone’s arm, does that mean that you can ‘move’ with assistance or that you cannot ‘move’ at all? In the end, it will be up to tribunals to decide, all you can do is explain your difficulties in details and consider appealing if you are unhappy with the decision.

The guidance issued by the DWP to Capita and Atos is that:

‘Assistance is support that requires the presence and physical intervention of another person to help the claimant complete the activity - including doing some but not all of the activity in question. To apply, this only needs to be required for part of the activity.’

“Prompting” means reminding, encouraging or explaining by another person.

Whilst supervision below specifies that the person must be present, this is not stated in relation to prompting. It may be that telephone calls, texts or emails may count as prompting.

The guidance issued by the DWP to Capita and Atos is that:

‘Prompting is support provided by another person by reminding or encouraging a claimant to undertake or complete a task or explaining it to them but not physically helping them. To apply, this only needs to be required for part of the activity.’

“Supervision” means the continuous presence of another person for the purpose of ensuring your safety.

The guidance issued by the DWP to Capita and Atos is that:

'Supervision is a need for the continuous presence of another person to avoid a serious adverse event from occurring to the claimant. The risk must be likely to occur in the absence of such supervision. To apply, supervision must be required for the full duration of the activity.'

"unaided" means without –

- (a) the use of an aid or appliance; or*
- (b) supervision, prompting or assistance.*

The word 'Reliably' (see 'Reliably – the most important PIP word' above) does not feature in the PIP regulations. But the concept has been incorporated in the following definitions

Where your ability to carry out an activity is assessed, you are to be assessed as satisfying a descriptor set out in column 2 of the table in Part 2 or 3, as the case may be, of Schedule 1 only if you can do so –

- (a) safely;
- (b) to an acceptable standard;
- (c) repeatedly; and
- (d) in a reasonable time period.

In this regulation –

- (a) "safely" means in a manner unlikely to cause harm to C or to another person, either during or after completion of the activity; and*
- (b) "repeatedly" means as often as the activity being assessed is reasonably required to be completed.*

Completing questions 1 and 2

Please list below the documents you're sending with this form.

If you send any additional evidence, such as medical evidence, try to make sure it is just a copy and keep the original for your records.

Q1 Please tell us who are the professional(s) best placed to advise us on your circumstances. For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor, or support worker?

Bear in mind that Atos or Capita may never actually contact any of the people you list in this section. So if you possibly can, get supporting evidence from them yourself and include it either with this form or at a later date. But, whatever you do, don't delay returning this form because you are waiting for additional evidence.

Q2 About your health conditions or disabilities

Q2a What are your health conditions or disabilities, and approximately when each of these started?

Any award of PIP will be based on the effects of all your health conditions, so make sure you list them here.

If you don't yet have a diagnosis, explain roughly what the problem is. For example: severe fatigue, not yet diagnosed. If necessary give further details about what investigations have been, or are going to be, carried out.

Think carefully about how long you have had the condition: many people go for years with symptoms before they seek help or get a proper diagnosis. The length of time you have had the condition may affect the length of any award of PIP.

Q2b Tell us about any:

- **tablets or other medication you're taking or will be taking,**
- **any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis, regardless of whether NHS or private, and**
- **please include information on any side effects these have on you**

The medication you take, and how long you've been taking it, may be used as an indicator of the severity of your condition. The same is true of any treatment you receive.

Have you been prescribed medication in the past which you are no longer taking but which demonstrates the seriousness of your condition. We think you should put it down and explain why you are no longer taking it.

For example, you may have been prescribed steroids in the past but only take them when your condition flares. Or you may have been on a strong painkiller but decided to stop using it and put up with the pain, or seek alternative remedies, because of side-effects you were experiencing or the risks associated with long-term use of the medication. We think this is important because if, for example, you have a severe back problem but only take over the counter painkillers such as ibuprofen, the decision maker may assume that your condition cannot be very serious.

In the same way, if you have had treatment in the past which shows the seriousness of your condition then list it here, even if it was years ago. For example, you may have attended a pain clinic or had a course of physiotherapy or had to have parenteral nutrition (tube feeding) in the past.

How to explain problems with: 1. Preparing food.

What this activity is about

This activity is about your ability to prepare a cooked, one course meal for one person. You score points depending on what problems you have with using a normal cooker, using a microwave and with things like peeling and chopping vegetables and opening tins.

The descriptors: what the law says you score points for

- a. Can prepare and cook a simple meal unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal. **2 points.**
- c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave. **2 points**
- d. Needs prompting to be able to either prepare or cook a simple meal. **2 points.**
- e. Needs supervision or assistance to either prepare or cook a simple meal. **4 points.**
- f. Cannot prepare and cook food. **8 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. But there are also some important definitions relevant to this activity.

The regulations (in italics) state that:

"Prepare", in the context of food, means make food ready for cooking or eating.

This can include things like washing, peeling and chopping but we would also include things like opening tins and packets and weighing and measuring ingredients.

“Cook” means heat food at or above waist height.

“Simple meal” means a cooked one-course meal for one using fresh ingredients.

Although, the regulations say ‘fresh’ ingredients, this appears to be intended to exclude ready meals rather than meaning that you can’t include use of tinned or dried foods as well as fresh meat and vegetables.

Remember ‘reliably’

As we explained in ‘Reliably- the most important PIP word’ above, you should not be considered able to do something if, for example, you aren’t safe doing it or it causes you pain or discomfort or it exhausts you or you’re very slow at doing it.

If it’s not safe for you to handle sharp knives or hot food, for example, then e) above may apply to you. If preparing a meal would exhaust you or if it would take you an extremely long time even with assistance or supervision then f) may apply.

Q3a Do you use an aid or appliance to prepare or cook a simple meal?

☐ Yes ☐ No ☐ Sometimes

If you need to use an aid or appliance to be able to prepare and cook a meal then tick Yes and give details in the ‘Extra information’ box on the next page. You should get 2 points for needing to use aids or appliances, unless a higher scoring descriptor also applies to you.

DWP guidance seems to suggest that adaptations also count in this regard, so the kind of things that might be relevant are:

- electric can opener
- ring-pull can opener
- jar opener
- slotted spoon
- perching stool
- prostheses
- knob and tap turner
- single lever arm taps
- cooking basket
- liquid level indicator
- timers
- plate holder
- auto chopper
- lightweight pans
- easy/comfort grip utensils
- peeler and clamber
- kettle tipper

DWP guidance states that:

‘Pre-chopped vegetables are not considered an aid or appliance. However, a claimant who is reliant on them because they would be unable to peel or chop fresh vegetables may be considered as requiring an aid or appliance or support from another person to complete the activity.’

Caution! Decision makers may argue that you could use an aid or appliance as an alternative to having supervision or assistance from another person. If there is a reason why the aid or appliance would not mean you didn't need help, explain why.

For example, if timers wouldn't help because you would forget to set them or get confused about why they were going off, or if a perching stool wouldn't help because you have dizzy spells and might fall off, then you may wish to explain this.

Q3b Do you need help from another person to prepare or cook a simple meal?

☐ Yes ☐ No ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you cook food even though it is dangerous for you or it often goes wrong because you don't have the help you need, then tick Yes and give details in the 'Extra information, box on the next page.

Extra information – Preparing Food

You should include details of any problems you have with:

- motivating yourself to cook, perhaps because you are too tired or depressed or because you have an eating disorder which means that you avoid cooking;
- concentrating to cook;
- remembering you are in the middle of cooking and not getting distracted and doing something else;
- choosing the ingredients;
- making sure they are fresh and not past their sell by date;
- reading labels, instructions and recipes;
- peeling and chopping vegetables;
- opening tins;
- timing the different tasks so everything is ready at once and nothing is burnt or underdone;
- sitting or standing at the cooker;
- putting pans on and getting them off the hob;
- adding seasoning;
- stirring and pouring;
- telling if water is boiling or simmering;
- telling if fat or oil is the right temperature;
- draining vegetables;
- cutting up meat and vegetables ready to serve;
- transferring food from pans to the plate.

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with preparing food? For example, stiffness caused by arthritis or fatigue caused by ME.
2. Describe the problems you have, giving details and examples if you can.
3. If you use any aids or appliances, list them and explain why you use them.
4. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances. If you can't manage even with help from another person and have to have everything done for you, say so.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?

6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of my severe depression I have problems motivating myself to prepare food.
 2. I will often not eat at all unless my partner encourages and cajoles me to do so. But if I do prepare food it will just be a sandwich or a bowl of cereal as I cannot find the energy or concentration to plan and cook a meal.
 3. I don't use any special aids or appliances for cooking.
 4. If my partner is at home he encourages me to cook simple meals, but he has to keep reminding me what to do and encouraging me.
 5. I am sometimes more motivated first thing in the morning, but I become very drained and depressed in the afternoon and evening.
 6. I don't have better days, but I do have worse days on average about twice a week when nothing my partner says makes any difference at all.
-
1. Because of arthritis in my hands I have great difficulty gripping things.
 2. I have cut myself whilst trying to use a knife to chop vegetables and have scalded myself by dropping a pan full of hot water. Trying to do most things in the kitchen is painful and I am very slow and unreliable when cooking and tend to drop things a lot.
 3. I use a variety of kitchen aids, such as easy grip cutlery, an auto chopper, a slotted spoon and an electric can opener. However, whilst these make it slightly less dangerous for me to prepare a meal, they don't stop it being very painful.
 4. My wife will no longer let me cook unaccompanied because she does not consider me to be safe in the kitchen. I never handle heavy or hot objects anymore and will only chop things that fit in the auto chopper.
 5. My hands are always at their most painful in the morning, but my grip strength remains poor throughout the day.
 6. My hands are better in warm and dry weather and worst on cold, wet winter days, but even in the best weather the difficulties I have described above would be the norm.

How to explain problems with: 2. Taking nutrition.

What this activity is about

This activity is about your ability to either feed yourself by cutting up food on a plate, getting it to your mouth and chewing and swallowing it or by using a tube feeding device

The descriptors: what the law says you score points for

- a. Can take nutrition unaided. **0 points.**
- b. Needs –
 - (i) to use an aid or appliance to be able to take nutrition; or
 - (ii) supervision to be able to take nutrition; or
 - (iii) assistance to be able to cut up food. **2 points.**
- c. Needs a therapeutic source to be able to take nutrition. **2 points.**
- d. Needs prompting to be able to take nutrition. **4 points.**
- e. Needs assistance to be able to manage a therapeutic source to take nutrition. **6 points.**

f. Cannot convey food and drink to their mouth and needs another person to do so. **10 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. But there are also some important definitions relevant to this activity.

The regulations (in italics) state that:

"Take nutrition" means:

- (a) cut food into pieces, convey food and drink to one's mouth and chew and swallow food and drink; or*
- (b) take nutrition by using a therapeutic source.*

"Therapeutic source" means parenteral or enteral tube feeding, using a rate-limiting device such as a delivery system or feed pump.

Remember 'reliably'

As we explained in 'Reliably- the most important PIP word' above, you should not be considered able to do something if, for example, you aren't safe doing it or it causes you pain or discomfort or it exhausts you or you're very slow at doing it.

If you are able to take nutrition, but it's not safe because you might choke or because you might eat too much or not eat enough, or if you can do it but you are likely to spill a lot of the food or drink, then you may score points for this activity.

Q4a Do you use an aid or appliance to eat and drink?

☐ Yes ☐ No ☐ Sometimes

If you need to use an aid or appliance to be able to eat or drink, then tick Yes and give details in the 'Extra information' box on the next page. You should get 2 points for needing to use aids or appliances, unless a higher scoring descriptor also applies to you.

The kinds of things that might be relevant include:

- suction, scooper and two handled bowls
- partitioned dishes
- plate surrounds
- bibs and clothing protectors
- easy grip cutlery
- two-handled cups
- easy hold beakers
- straws
- cups with lids

Q4b Do you use a feeding tube or similar device to eat or drink?

☐ Yes ☐ No ☐ Sometimes

If you need to use a feeding tube or something similar, then tick Yes and give details in the 'Extra information' box on the next page. You should score two points for this, unless a higher descriptor also applies to you.

Q4c Do you need help from another person to eat and drink?

☐ Yes ☐ No ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you feed yourself because you don't have help but you run the risk of choking or it takes you a very long time, then tick Yes and give details in the 'Extra information, box on the next page.

Extra information – Eating and drinking

You should include details of any problems you have with:

- motivating yourself to eat because, for example, you often feel too lethargic, depressed or tired to eat;
- knowing when to eat;
- remembering whether you have eaten;
- getting too anxious or over excited to eat;
- not being able to stop yourself eating once you have started;
- eating only very small amounts because of an eating disorder.
- holding and using cutlery;
- getting food from a plate or bowl and into your mouth;
- drinking from a cup or mug;
- needing someone to tell you what food is on your plate;
- knowing where on your plate the food is;
- spilling food and drink;

If you are receiving parenteral nutrition or tube feeding: describe the process involved and any help you need with feeding yourself, keeping equipment sterile or supervising the process.

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with eating or drinking? For example, confusion caused by dementia or pain caused by multiple sclerosis.
2. Describe the problems you have, giving details and examples if you can.
3. If you use any aids or appliances, list them and explain why you use them.
4. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances. If you can't manage even with help from another person and have to have everything done for you, say so.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?
6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of motor neurone disease I have muscle weakness in my hands and arms.
2. This means that I have difficulty using cutlery and cannot safely pick up hot drinks. I have dropped cups and glasses so many times that I no longer use them.

3. I now use a cup with a lid that does not spill if dropped and I have cutlery with adapted handles.
4. Even with adapted cutlery I do not have the strength or dexterity to cut up things like sausages or bacon and need someone to do this for me.
5. My condition tends to get worse as the day goes on and I become more tired.
6. I have these problems every day and my condition is gradually deteriorating.

How to explain problems with: 3. Managing therapy or monitoring a health condition.

What this activity is about

This activity looks at your ability to take medication and to monitor your health by, for example, checking your blood sugar and also to carry out therapeutic activities such as exercise.

The descriptors: what the law says you score points for

- a. Either –
 - (i) does not receive medication or therapy or need to monitor a health condition; or
 - (ii) can manage medication or therapy or monitor a health condition unaided. **0 points.**
- b. Needs either –
 - (i) to use an aid or appliance to be able to manage medication; or
 - (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition. **1 point.**
- c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. **2 points.**
- d. 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. **4 points.**
- e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week. **6 points.**
- f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. **8 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. But there are also some important definitions relevant to this activity.

The regulations (in italics) state that:

“Manage medication or therapy” means take medication or undertake therapy, where a failure to do so is likely to result in a deterioration in your health.

“Medication” means medication to be taken at home which is prescribed or recommended by a registered –

- (a) doctor;
- (b) nurse; or
- (c) pharmacist.

“Therapy” means therapy to be undertaken at home which is prescribed or recommended by

- a—
- (a) registered –

- (i) doctor;
- (ii) nurse; or
- (iii) pharmacist; or
- (b) health professional regulated by the Health Professions Council.

Guidance issued by the DWP states that 'home' refers to a domestic setting and could include the home of friends or family as well as your own home.

"Monitor health" means –

- (a) detect significant changes in your health condition which are likely to lead to a deterioration in C's health; and
- (b) take action advised by a –
 - (i) registered doctor;
 - (ii) registered nurse; or
 - (iii) health professional who is regulated by the Health Professions Council, without which C's health is likely to deteriorate.

Remember 'reliably'

As we explained in 'Reliably- the most important PIP word' above, you should not be considered able to do something if , for example, you aren't safe doing it or it causes you pain or discomfort or it exhausts you or you're very slow at doing it.

So, if it's not safe for you to manage your therapy, for example because you might fall and be unable to get up again whilst carrying out your exercise regime, then you may score points for this activity.

The almost pointless point

You get only one point for 3 b) (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition.

As far as we can tell this means that someone who has to be supervised to prevent them taking an overdose of medication will receive only one point.

It's also worth noting that only one other descriptor has an odd number score: 4 e). Needs assistance to be able to get in or out of a bath or shower. 3 points.

So, unless 4 e) also applies to you then a single point for medication or monitoring health is absolutely worthless – it can never make a difference to whether you get an award or help you move from a standard to an enhanced award.

Q5a Do you use an aid or appliance to monitor your health conditions, take medication or manage home treatments?

For example using a Dosette Box for tablets.

☐ Yes ☐ No ☐ Sometimes

If you need to use an aid or appliance to be able to monitor your health conditions, take medication or manage home treatments, then tick Yes and give details in the 'Extra information' box on the next page. You should get 2 points for needing to use aids or appliances, unless a higher scoring descriptor also applies to you.

The kinds of things that might be relevant include:

- pill organiser
- automatic pill dispenser

- medication reminder timer or mobile phone app
- medication bottle and foil wrap opener
- low blood sugar alarm
- talking thermometer

Q5b Do you need help from another person to monitor your health conditions, take medication or manage home treatments?

☐ Yes ☐ No ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you manage your medication because you don't have help but you sometimes forget or take the wrong dose, for example, then tick Yes and give details in the 'Extra information, box on the next page.

Extra information – Managing treatments

You should include details of any problems you have with:

- taking the right medication at the right time, including reading labels, opening containers, measuring amounts;
- being too tired, depressed or forgetful to take your medication;
- stopping taking your medication because it has unpleasant side-effects;
- accidentally or deliberately overdosing on your medication;
- opening bottles and blister packs;
- swallowing pills;
- using an inhaler;
- applying creams or lotions;
- changing dressings;
- administering home oxygen;
- administering home dialysis;
- checking blood sugar levels;
- administering injections;
- administering enemas;
- being massaged or having limbs manipulated;
- following a medically prescribed exercise regime.

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with monitoring your health conditions, taking medication or managing home treatments? For example, confusion caused by ME or problems managing containers caused by arthritis.
2. Describe the problems you have, giving details and examples if you can.
3. If you use any aids or appliances, list them and explain why you use them.
4. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances. If you can't manage even with help from another person and have to have everything done for you, say so.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?
6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of my ME/CFS I get very foggy and confused.
2. This means I cannot be relied upon to take my medication or to remember if I have taken it. In the past I have failed to take my medication for several days or have taken too much and my partner has had to contact my GP to find out if the quantity of medication I had taken was dangerous.
3. My partner puts all my pills in a pill dispenser with a timer that sounds an alarm when it's time to take them.
4. My partner also phones me every lunchtime to make sure I have taken my pills, because even with the alarm I sometimes forget or take some of the pills and forget to take the rest.
5. I am at my worst when I first wake up and in the evening.
6. I am this fatigued on at least six days out of seven.

How to explain problems with: 4. Washing and bathing.

What this activity is about

This activity is about your ability to wash and bathe, including washing and bathing your whole body and getting in and out of a bath or shower which has not been adapted.

The descriptors: what the law says you score points for

- a. Can wash and bathe unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to wash or bathe. **2 points.**
- c. Needs supervision or prompting to be able to wash or bathe. **2 points.**
- d. Needs assistance to be able to wash either their hair or body below the waist. **2 points.**
- e. Needs assistance to be able to get in or out of a bath or shower. **3 points.**
- f. Needs assistance to be able to wash their body between the shoulders and waist. **4 points.**
- g. Cannot wash and bathe at all and needs another person to wash their entire body. **8 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. But there is also one important definition relevant to this activity.

The regulations (in italics) state that:

“bathe” includes get into or out of an unadapted bath or shower.

If you have an adapted bath or shower at home, then you will need to explain on your form what problems you would have if you tried to use an unadapted one.

Remember 'reliably'

As we explained in 'Reliably- the most important PIP word' above, you should not be considered able to do something if, for example, you aren't safe doing it or it causes you pain or discomfort or it exhausts you or you're very slow at doing it.

So, if you are physically able to bathe but it's not safe for you to do so, because for example, you may fall or you may have a seizure, then you may score points for this activity. If it would take you a very long time or leave you exhausted and unable to carry out other everyday activities then you may also score points.

Q6a Do you use an aid or appliance to wash and bathe yourself, including using a bath or shower?

☐ Yes ☐ No ☐ Sometimes

If you need to use an aid or appliance to be able to wash or bathe yourself, then tick Yes and give details in the 'Extra information' box on the next page. You should get 2 points for needing to use aids or appliances, unless a higher scoring descriptor also applies to you.

The kinds of things that might be relevant include:

- long-handled sponge
- long-handled toe washer
- flannel strap
- foot washing sandals
- shower seat
- shower slippers
- overflow alarm
- bath rail
- bath cushion or mattress

Caution! Decision makers may argue that you could use an aid or appliance as an alternative to having supervision or assistance from another person. If there is a reason why the aid or appliance would not mean you didn't need help, explain why. For example, a long-handled sponge would not help if you lack the flexibility to reach behind your back.

Q6b Do you need help from another person to wash and bathe?

☐ Yes ☐ No ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you manage to wash or bathe yourself because you don't have help but you aren't safe getting in and out of the bath, for example, then tick Yes and give details in the 'Extra information' box on the next page.

Extra information – Washing and bathing

According to DWP guidance this activity does not include drying yourself, shaving, cutting nails or applying make-up. You should include details of any problems you have with:

- feeling too depressed or too tired to wash or bathe;
- remembering to wash or bathe;
- having certain actions or rituals that you have to perform when you wash or bathe that take a lot of time;
- washing frequently and compulsively;
- feelings about your body or how you look, which make it difficult for you to wash or bathe;
- turning taps on and off;
- checking water temperature;
- reading the labels on bottles;
- bending to the sink;

- getting in and out of the bath or shower, including transferring from a wheelchair;
- standing in the shower;
- reaching down to wash your legs;
- reaching up to wash your face and hair;
- reaching behind you to wash your back;
- cleaning your nails;
- making sure you don't fall in the bath or shower;
- keeping safe if you have fits or blackouts which make bathing or showering dangerous.

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with washing and bathing? For example, severe back pain or learning difficulties.
2. Describe the problems you have, giving details and examples if you can.
3. If you use any aids or appliances, list them and explain why you use them.
4. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances. If you can't manage even with help from another person and have to have everything done for you, say so.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?
6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of my obsessive compulsive disorder it takes me a very long time to wash or bathe.
 2. It takes me over an hour to wash every morning because I have to wash my body in a certain order and clean each part of my body a certain number of times. If I am not sure I have done it correctly I have to start again from the beginning, something which always happens several times.
 3. I don't need any aids or appliances.
 4. Help from another person would make things worse as it would mean I was not doing things in the way that I feel compelled to do them.
 5. I only ever have a bath in the morning, but I also have to wash my hands in the correct way many times a day and this can take anywhere from two minutes to ten minutes.
 6. I always have this level of problems.
-
1. Because of my emphysema I cannot stand for long or exert myself at all.
 2. I cannot climb in and out of a bath as I get too breathless and find it too exhausting and I also cannot stand for long in the shower for the same reason.
 3. I use a special stool to sit on in the shower and also a long handled sponge because it is less effort than trying to reach behind me to wash my back.
 4. I don't get any help from anyone else to wash or bathe.
 5. I am always breathless no matter what time of day
 6. and this does not change from day to day.

How to explain problems with: 5. Managing toilet needs or incontinence.

What this activity is about

This activity is about your ability to get on and off the toilet, empty your bladder and bowels and clean yourself. It also covers the use of collecting devices, such as a colostomy bag.

The descriptors: what the law says you score points for

- a. Can manage toilet needs or incontinence unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence. **2 points.**
- c. Needs supervision or prompting to be able to manage toilet needs. **2 points.**
- d. Needs assistance to be able to manage toilet needs. **4 points.**
- e. Needs assistance to be able to manage incontinence of either bladder or bowel. **6 points.**
- f. Needs assistance to be able to manage incontinence of both bladder and bowel. **8 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. But there are also some important definitions relevant to this activity.

The regulations (in italics) state that:

"toilet needs" means –

- (a) getting on and off an unadapted toilet;*
- (b) evacuating the bladder and bowel; and*
- (c) cleaning oneself afterwards.*

If you have an adapted toilet you will need to explain what problems you would have if you tried to use an unadapted one. It seems unlikely that any problems you have with getting from another room to the toilet and returning again will be taken into account.

"manage incontinence" means manage involuntary evacuation of the bowel or bladder, including use a collecting device or self-catheterisation, and clean oneself afterwards.

Remember 'reliably'

As we explained in 'Reliably- the most important PIP word' above, you should not be considered able to do something if, for example, you aren't safe doing it or it causes you pain or discomfort or it exhausts you or you're very slow at doing it.

So, if you are physically able to use the toilet without help but, for example, it would take you a great deal of time to do so, or there would be a risk of you falling whilst getting on or off the toilet, then you may score points for this activity.

Q7a Do you use an aid or appliance to go to the toilet or manage incontinence?

☐ Yes ☐ No ☐ Sometimes

If you need to use an aid or appliance to go to the toilet or manage incontinence, then tick Yes and give details in the 'Extra information' box on the next page. You should get 2 points for needing to use aids or appliances, unless a higher scoring descriptor also applies to you.

The kinds of things that might be relevant include:

- commode
- raised toilet seat
- bottom wiper
- incontinence pads
- stoma bag
- large, easy press flush lever
- splash guard
- support rails
- toilet surround rails

Caution! Decision makers may argue that you could use an aid or appliance as an alternative to having supervision or assistance from another person. If there is a reason why the aid or appliance would not mean you didn't need help, explain why. For example, a bottom wiper would not remove the need for assistance if you lack the grip strength or dexterity to use it.

Q7b Do you need help from another person to go to the toilet or manage incontinence?

☐ Yes ☐ No ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you cope with going to the toilet or managing incontinence because you don't have help but you aren't safe getting on and off the toilet, for example, then tick Yes and give details in the 'Extra information, box on the next page.

Extra information – Managing toilet needs

Tell us more information about the difficulties or help you need going to the toilet or managing incontinence.

According to DWP guidance, this activity does not include managing your clothing, such as undoing and doing up zips as this is covered in the dressing and undressing activity. It is also unlikely to cover getting to and from the toilet from another room. You should include details of any problems you have with:

- remembering to empty your bladder or bowels;
- needing encouragement to use the toilet because it is painful or distressing for you;
- need reminding to use the toilet because you have an injury which means you cannot tell when your bowels or bladder are full;
- transferring from a wheelchair to the toilet and back again;
- getting on or off the toilet;
- sitting safely on the toilet;
- wiping yourself;
- dealing with leakage from a stoma device;
- remembering to check if a collecting bag is full;
- keeping a stoma site clean;
- changing a collecting bag.

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with going to the toilet or managing incontinence? For example, a spinal injury or learning difficulties.
2. Describe the problems you have, giving details and examples if you can.
3. If you use any aids or appliances, list them and explain why you use them.
4. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances. If you can't manage even with help from another person and have to have everything done for you, say so.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?
6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of my multiple sclerosis I have very little strength in my legs to the degree that I am now mainly restricted to a wheelchair. I also have tremors in my arms that prevent me from reliably supporting my weight.
 2. Because of this I am unable to transfer from my wheelchair to a toilet.
 3. I have a modified toilet,
 4. but I still need help from another person with transferring to and from it.
 5. I have these problems at any time of day or night
 6. and every day of the week.
-
1. Because of Crohn's disease I have a stoma device and I also have arthritis in my hands.
 2. Following my colostomy I developed a hernia below the incision site. This has affected the efficiency of the stoma causing it to leak faecal matter, which in turn has created skin problems, ulcers and a constant odour. Even a small amount of leakage means that I need to wash and change and it is not possible to apply any kind of pad because of the position of the stoma.
 3. The stoma bag is fiddly
 4. and I have problems changing it and cleaning up the area around it because of the arthritis in my hands.
 5. I can manage to do this myself in the afternoon and evening but not usually in the morning when my hands are at their stiffest and most difficult to use.
 6. I need help on average five days a week.

How to explain problems with: 6. Dressing and undressing.

What this activity is about

This activity looks at your ability to dress and undress yourself. The clothing should be appropriate to your culture and should not have been specially adapted.

The descriptors: what the law says you score points for

- a. Can dress and undress unaided. **0 points.**

- b. Needs to use an aid or appliance to be able to dress or undress. **2 points.**
- c. Needs either -
 - (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or
 - (ii) prompting or assistance to be able to select appropriate clothing. **2 points.**
- d. Needs assistance to be able to dress or undress their lower body. **2 points.**
- e. Needs assistance to be able to dress or undress their upper body. **4 points.**
- f. Cannot dress or undress at all. **8 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. There is also one important definition relevant to this activity.

The regulations (in italics) state that:

***"dress and undress"** includes put on and take off socks and shoes.*

There does not appear to be any requirement that you can only consider things like slip-on shoes or elasticated trousers.

Remember 'reliably'

As we explained in 'Reliably- the most important PIP word' above, you should not be considered able to do something if, for example, you aren't safe doing it or it causes you pain or discomfort or it exhausts you or you're very slow at doing it.

So, if you are physically able to dress and undress without help, for example, but it would take you a great deal of time to do so, or you would be too exhausted afterwards to carry out other everyday activities, then you may score points for this activity.

Q8a Do you use an aid or appliance to dress or undress?

☐ Yes ☐ No ☐ Sometimes

If you need to use an aid or appliance to be able to dress or undress yourself, then tick Yes and give details in the 'Extra information' box on the next page. You should get 2 points for needing to use aids or appliances, unless a higher scoring descriptor also applies to you.

The kinds of things that might be relevant include:

- button hook
- zip puller
- long-handled shoe horn
- dressing stick
- leg lifter
- elastic shoe laces
- sock/stocking/tight aid

Caution! Decision makers may argue that you could use an aid or appliance as an alternative to having supervision or assistance from another person. If there is a reason why the aid or appliance would not mean you didn't need help, explain why. For example, you may not have the dexterity to use a button hook or shoe horn.

Q8b Do you need help from another person to dress or undress?

☐ Yes ☐ No ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you manage to dress or undress yourself because you don't have help but you aren't safe doing it or it takes you a very long time, for example, then tick Yes and give details in the 'Extra information, box on the next page.

Extra information – Dressing and undressing

Tell us more information about the difficulties or help you need to dress or undress.

You should include details of any problems you have with:

- motivating yourself to dress or undress because it is painful for you;
- needing encouragement to dress, undress or put on clean clothing because you experience depression, anxiety, panic attacks or some other sort of mental health problem;
- putting on and taking off nightclothes, underwear, skirts, trousers, socks, blouse, shirt, coat, hat, tying and untying shoelaces, fastening and unfastening your bra and any other problems with buttons, zips, laces and braces;
- selecting clothes to wear because you have a visual impairment, including making sure that clothes are clean, matching and appropriate to the weather and the occasion and that nothing is inside out or back to front;
- being able to choose clothes that are suitable for the weather, for the time of day or for what you are doing;
- going to bed still dressed in the clothes you have worn all day;
- having to carry out certain actions or rituals when you dress or undress which mean it takes you a long time to do so.

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with dressing or undressing? For example, stiffness caused by arthritis or fatigue caused by ME.
2. Describe the problems you have, giving details and examples if you can and making it clear whether it is your upper or lower body or both that you have problems with.
3. If you use any aids or appliances, list them and explain why you use them.
4. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances. If you can't manage even with help from another person and have to have everything done for you, say so.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just at night?
6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. I have problems with this activity because of stiffness caused by arthritis.
2. I suffer pain in my arms upper back and neck when trying to put on anything with sleeves, such as shirts, jackets and coats and when pulling on t-shirts or jumpers

over my head. Pulling on underwear, trousers, socks and shoes also causes pain in my back, neck and arms. I find the pain completely exhausting and often have to stop and rest several times while dressing.

3. I don't use any aids because they don't help.
4. My son usually helps me to dress and undress, this doesn't stop it being painful, but it does make it less so and makes it a great deal quicker.
5. The pain and stiffness is at its worst in the morning, up until about lunch time. If my son goes out before I am up I often end up wearing my dressing gown until lunch time. I can then usually, though not always, manage to dress myself though still with pain and very slowly.
6. I am like this on the vast majority of days.

How to explain problems with: 7. Communicating verbally.

What this activity is about

This activity is about your ability to speak in a way that people will understand and also to understand what other people are saying to you.

The descriptors: what the law says you score points for

- a. Can express and understand verbal information unaided. **0 points.**
- b. Needs to use an aid or appliance to be able to speak or hear. **2 points.**
- c. Needs communication support to be able to express or understand complex verbal information. **4 points.**
- d. Needs communication support to be able to express or understand basic verbal information. **8 points.**
- e. Cannot express or understand verbal information at all even with communication support. **12 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. But there are also some important definitions relevant to this activity.

The regulations (in italics) state that:

"Communication support" means support from a person trained or experienced in communicating with people with specific communication needs, including interpreting verbal information into a non-verbal form and vice versa.

"Basic verbal information" means information in your native language conveyed verbally in a simple sentence.

"Complex verbal information" means information in your native language conveyed verbally in either more than one sentence or one complicated sentence.

Remember 'reliably'

As we explained in 'Reliably- the most important PIP word' above, you should not be considered able to do something if, for example, you aren't safe doing it or it causes you pain or discomfort or it exhausts you or you're very slow at doing it.

So, for example, if it takes you a very long time to say a few words, then this may count as not being able to speak.

Q9a Do you use an aid or appliance to communicate with others?

☐ Yes ☐ No ☐ Sometimes

If you need to use an aid or appliance to be able to communicate with others, then tick Yes and give details in the 'Extra information' box on the next page. You should get 2 points for needing to use aids or appliances, unless a higher scoring descriptor also applies to you.

The kinds of things that might be relevant include:

- hearing aid
- hearing loop
- cochlear implant
- electrolarynx
- text to speech synthesiser

Caution! Decision makers may argue that you could use an aid or appliance as an alternative to having supervision or assistance from another person. If there is a reason why the aid or appliance would not mean you didn't need help, explain why. For example, your hearing loss may be of a type that would not be assisted by a hearing aid.

Q9b Do you need help from another person to communicate with others?

☐ Yes ☐ No ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you manage to communicate with others yourself because you don't have help but it takes an extremely long time, for example, then tick Yes and give details in the 'Extra information' box on the next page.

Extra information – Communicating

Tell us more information about the difficulties or help you need to communicate with others.

Guidance issued by the DWP suggests that communication support can include people like professional signers, but it can also include: 'someone directly experienced in communicating with the claimant themselves (for example, a family member)'.

So, if close family members can understand what you say, but you struggle to be understood by strangers then that may count as needing communication support. Give details on the form.

DWP guidance states that:

'Individuals who cannot express or understand verbal information and would need communication support to do so should receive the appropriate descriptor even if they do not have access to this support. For example, a deaf person who cannot communicate verbally and does not use sign language might need another person to support them in another way – such as by writing verbal information down – even if they do not routinely have such help.'

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with communicating with others? For example, deafness or speech problems caused by Parkinson's disease.
2. Describe the problems you have, giving details and examples if you can.

3. If you use any aids or appliances, list them and explain why you use them.
4. If you need help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances. If you can't manage even with help from another person and have to have everything done for you, say so.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just at night?
6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answers

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of Parkinson's disease I have trouble controlling both the volume and speed of my speech.
2. This results in me mostly speaking very slowly and very quietly. In addition, I involuntarily repeat words and in general my sentences become a slurred, jumble that people have difficulty understanding.
3. There are no aids or appliances that can help with this.
4. Family and friends have become very patient and spend a lot of time ensuring they have understood me correctly. However, when in circumstances that require me to talk to other people e.g. shops, the Jobcentre etc it is very difficult to get across what I am trying to say. On many occasions people have become impatient which makes it even more difficult to control my speech. I always try to take someone with me to help interpret what I am saying when I need to talk to someone who doesn't know me well and I no longer use the telephone.
5. I always have at least this level of difficulty at any time of the day and it can get even worse when I am very tired.
6. My condition does not vary from day to day.

1. I have problems with this activity because I am deaf.
2. My first language is British Sign Language, not English. I can speak English but people often have difficulty understanding me and many people get embarrassed or impatient and try to avoid communicating with me. This can happen in all my everyday communications in shops, on public transport and at work. Although I can lip read, this is very difficult with people who are not experienced at speaking in a way which makes lip reading easier. As a result I need people to speak slowly, often they have to repeat things several times and even then I do not always understand. In the past, when I have tried to communicate with hearing people without an interpreter I have had to cope with people being very rude and aggressive or not understanding me and getting embarrassed. Either way I've ended up not being able to communicate effectively and often been left very upset by what has happened.
3. There is no aid that can help me with communication.
4. If I have an interpreter with me they can help me to communicate with hearing people.
5. I have difficulties communicating with hearing people at all times of day
6. and every day of the week

How to explain problems with: 8. Reading and understanding signs, symbols and words.

What this activity is about

This activity is about your ability to read and understand written information in your own language.

The descriptors: what the law says you score points for

- a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses. **0 points.**
- 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. **2 points.**
- c. Needs prompting to be able to read or understand complex written information. **2 points.**
- d. Needs prompting to be able to read or understand basic written information. **4 points.**
- e. Cannot read or understand signs, symbols or words at all. **8 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. But there are also some important definitions relevant to this activity.

The regulations (in italics) state that:

***"Read"** includes read signs, symbols and words but does not include reading Braille.*

***"Basic written information"** means signs, symbols and dates written or printed standard size text in your native language.*

***"Complex written information"** means more than one sentence of written or printed standard size text in your native language.*

Q10a Do you use an aid or appliance other than spectacles or contact lenses to read signs, symbols and words?

☐ Yes ☐ No ☐ Sometimes

If you need to use an aid or appliance read signs, symbols or words, then tick Yes and give details in the 'Extra information' box on the next page. You should get 2 points for needing to use aids or appliances, unless a higher scoring descriptor also applies to you.

The kinds of things that might be relevant include:

- magnifying glass
- electronic magnifier

Caution! Decision makers may argue that you could use an aid or appliance as an alternative to having supervision or assistance from another person. If there is a reason why the aid or appliance would not mean you didn't need help, explain why.

Q10b Do you need help from another person to read or understand signs, symbols and words?

☐ Yes ☐ No ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you manage to read because you don't have help but it takes a long time or you cannot be sure that you have read words correctly, for example, then tick Yes and give details in the 'Extra information, box on the next page.

Extra information – Reading

Tell us more information about the difficulties or help you need to read and understand signs, symbols and words.

If you can only read braille or if you rely on written information being read aloud to you, this counts as not being able to read at all.

If you have never learnt to read, or have great difficult reading because of a learning difficulty, give details.

If you can read but have difficulty understanding because of, for example, poor concentration or a learning difficulty, give details.

DWP guidance states that:

'Consideration needs to be given to whether the claimant can read and understand information both indoors and outdoors. In doing so consideration should also be given to whether the claimant uses or could reasonably be expected to use aids or appliances, such as a large magnifier to read text when indoors and a portable magnifying glass to do so when outdoors. If the claimant is unable to complete the activity as described either indoors or outdoors, the descriptor may apply.'

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with reading signs and symbols? For example, visual impairment or dementia.
2. Describe the problems you have, giving details and examples if you can.
3. If you use any aids or appliances, list them and explain why you use them.
4. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances. If you can't manage even with help from another person and have to have everything done for you, say so.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?
6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of my severe visual impairment
2. I cannot read normal sized text even with a magnifying glass.
3. I have text to voice software on my computer which allows me to listen to text, but this is the only way that I can manage alone.

4. If I am outdoors or away from my computer I need someone else to read written words for me. For example, I cannot read warning signs, timetables, menus or directions on signposts.
 5. My vision is even worse outdoors in poor light, such as in the evening
 6. and it does not vary from day to day.
-
1. Because of my learning difficulty I have not learnt to read.
 2. I am unable to read even simple words.
 3. There is no aid which can help me.
 4. I need other people to read instructions and directions for me.
 5. I have this level of need at all times of day
 6. and every day.

How to explain problems with: 9. Engaging with other people face to face

What this activity is about

This activity is about your ability to get on with other people socially when you are face-to-face with them.

The descriptors: what the law says you score points for

- a. Can engage with other people unaided. **0 points.**
- b. Needs prompting to be able to engage with other people. **2 points.**
- c. Needs social support to be able to engage with other people. **4 points.**
- d. Cannot engage with other people due to such engagement causing either –
 - (i) overwhelming psychological distress to the claimant; or
 - (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. **8 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like ‘unaided’, ‘prompting’, ‘supervision’ and ‘assistance’. But there are also some important definitions relevant to this activity.

The regulations (*in italics*) state that:

“Engage socially” means –

- (a) *interact with others in a contextually and socially appropriate manner;*
- (b) *understand body language; and*
- (c) *establish relationships.*

“Psychological distress” means *distress related to an enduring mental health condition or an intellectual or cognitive impairment.*

Guidance issued by the DWP goes on to add that: “However, this condition may have a physical root cause.”

“Social support” means *support from a person trained or experienced in assisting people to engage in social situations.*

Remember ‘reliably’

As we explained in ‘Reliably- the most important PIP word’ above, you should not be considered able to do something if , for example, you aren’t safe doing it or it causes you pain or discomfort or it exhausts you or you’re very slow at doing it.

Even if you can engage socially with other people, you may not be able to do so reliably. For example, does a single social encounter leave you so filled with shame or remorse that you find it impossible to face people again for days afterwards?

Also bear in mind that, according to DWP guidance, this activity is about whether you can engage with people generally, not just with people you know well.

Q11a Do you need another person to help you mix with other people?

☐ Yes ☐ No ☐ Sometimes

The form explains that help includes ‘help you need but don’t get’. So, if you manage to mix with other [people because you don’t have help but it often goes wrong, for example, then tick Yes and give details in the ‘Extra information, box on the next page.

Q11b Do you find it difficult to mix with other people because of severe anxiety or distress?

☐ Yes ☐ No ☐ Sometimes

If you tick Yes or Sometimes, it will be important to give more details in the Extra Information box about your level of anxiety and how this affects you.

Extra information – Mixing with other people

Tell us more information about the difficulties or help you need to interact with other people.

According to guidance issued by the DWP, social support can include ‘someone directly experienced in supporting the claimant themselves (for example a family member)’.

So, for example, if you are unable to meet and chat with other people without a close friend or family member to help prevent you having panic attacks, you need to include this information on your form.

Do you have problems because:

- you misunderstand or can’t interpret people’s facial expressions or body language;
- you suffer from extreme anxiety;
- you cause offence without meaning to;
- you misunderstand what people are saying and become angry or upset;
- you are too shy or anxious to speak or make eye contact;
- you say whatever you think other people want to hear, regardless of the difficulties it may create for you;
- you suffer from extreme fatigue or very poor concentration, so have difficulty following what people are saying to you and responding appropriately;
- you have to avoid things like shopping, using public transport or going out at times and in places where you might bump into people you know.

If you have ever physically hurt someone or been hurt yourself because of the way you behave around other people, you may score 8 points for this activity, so it is important that you give full details on the form.

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 5 questions:

1. What is the health condition and what are the symptoms that cause you problems with interacting with other people? For example, depression or severe anxiety.
2. Describe the problems you have, giving details and examples if you can.
3. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it. If you can't manage even with help from another person, say so.
4. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?
5. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of my depression I have become very isolated and get very anxious at the thought of seeing even people I know well, other than my immediate family.
 2. I go out very little and, when I do I have to go to the shops, I try to go very early in the morning so that I am less likely to bump into people I know. Even speaking to shop assistants makes me very anxious. I virtually never go to new places and would not attend a social event under any circumstances. If I have to go to an interview or for a medical I am frightened for days beforehand. I get so worried I can't eat and feel constantly sick. When I have to talk to someone at the Jobcentre or the health centre I get very shaky and I sweat and stumble over my words. Afterwards I feel ashamed and can't face even close family for days.
 3. Having someone with me when I have to meet other people can even make things worse because I feel embarrassed and ashamed at them seeing how awkward I am in such situations.
 4. My condition doesn't vary throughout the day
 5. or from one day to another.
-
1. Because of my ADHD I find it very difficult to control my temper.
 2. I get irritated and angry very easily and for quite minor reasons. For example my wife asked me recently if I had used her hairbrush, because she couldn't find it, and I exploded. I was already frustrated because I couldn't find my house keys so I over reacted and spent the next few minutes shouting and verbally attacking her until she was in tears and visibly frightened. Similar instances occur in various situations like waiting in queues or an item being out of stock in the shop. My over-reactions often cause people to move away from me or stop serving me or talking to me. Sometimes I will be asked to leave a café, shop or doctor's waiting room.
 3. If I have someone with me they may be able to spot the signs that I am becoming agitated and help me to calm down.
 4. I can become angry and upset at any time of the day
 5. and on any day of the week. Although it doesn't happen every day, because it is not predictable I really need someone with me whenever I am interacting with other people.

How to explain problems with: 10. Making budgeting decisions.

What this activity is about

This activity is about your ability to deal with your money, from working out change to making sure you manage your money so that there's enough to pay all the bills.

The descriptors: what the law says you score points for

- a. Can manage complex budgeting decisions unaided. **0 points.**
- b. Needs prompting or assistance to be able to make complex budgeting decisions. **2 points.**
- c. Needs prompting or assistance to be able to make simple budgeting decisions. **4 points.**
- d. Cannot make any budgeting decisions at all. **6 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. But there are also some important definitions relevant to this activity.

The regulations (in italics) state that:

"Simple budgeting decisions" means decisions involving –

- (a) *calculating the cost of goods; and*
- (b) *calculating change required after a purchase.*

"Complex budgeting decisions" means decisions involving –

- (a) *calculating household and personal budgets;*
- (b) *managing and paying bills; and*
- (c) *planning future purchases.*

Q12a Do you need someone else to help you to understand how much things cost when you buy them or how much change you'll receive?

☐ Yes. ☐ No. ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you manage to in shops because you don't have help but you need the shop assistant to tell you whether you have enough money, for example, then tick Yes and give details in the 'Extra information, box on the next page.

Q12b Do you need someone else to help you manage your household budgets, pay bills or plan future purchases?

☐ Yes. ☐ No. ☐ Sometimes

The form explains that help includes 'help you need but don't get'. So, if you manage to you household budget yourself because you don't have help but you frequently get into debt because you haven't realised you should put money aside to pay for things, for example, then tick Yes and give details in the 'Extra information, box on the next page.

Extra information – Making decisions about money

Tell us more information about the difficulties or help you need making decisions about spending and managing your money.

You should include details of any problems you have with:

- adding together the cost of two or three items when shopping;
- working out how much change you should get;
- working out a weekly budget and sticking to it;
- making money last until your next payment;
- setting aside money after each payment to meet future bills;
- avoiding buying items if you know you will be in serious financial difficulties if you do so.

If you are currently in, or have previously had, serious financial difficulties because you find it difficult to manage money it may be worth giving details on the form. Have you ever been taken to court, had property repossessed, services cut off or lost your home because of money problems, for example?

Bear in mind that your problems with budgeting decisions need to be connected to a physical or mental health issue, rather than just not being very good with money.

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 5 questions:

1. What is the health condition and what are the symptoms that cause you problems with making decisions about spending and managing money? For example, learning difficulties or severe fatigue.
2. Describe the problems you have, giving details and examples if you can.
3. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it. If you can't manage even with help from another person, say so.
4. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?
5. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of learning difficulties I have problems with numeracy and with planning ahead.
2. Although I can buy things in my local shops that is because they know me there and will help me to find the right money. I can manage to hand over the correct money for a single purchase but I am not able to add up the cost of two or more purchases or to work out how much change I should get.
3. I never deal with household bills because I would not know what to do, that is done for me by my carer.
4. My condition doesn't vary throughout the day
5. or from day to day.

Mobility activities

How to explain problems with: 1. Planning and following journeys.

What this activity is about

This activity looks at your ability to plan a journey and also your ability to actually undertake a journey. It is not intended by the DWP to include the any difficulties you have with the physical activity of walking, these are covered in the next activity: Moving around.

The descriptors: what the law says you score points for

- a. Can plan and follow the route of a journey unaided. **0 points.**
- b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. **4 points.**
- c. Cannot plan the route of a journey. **8 points.**
- d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. **10 points.**
- e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant. **10 points.**
- f. Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid. **12 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like 'unaided', 'prompting', 'supervision' and 'assistance'. But there are also some important definitions relevant to this activity.

The regulations (*in italics*) state that:

"Assistance dog" means a dog trained to guide or assist a person with a sensory impairment.

"Orientation aid" means a specialist aid designed to assist disabled people to follow a route safely.

Remember 'reliably'

As we explained in 'Reliably- the most important PIP word' above, you should not be considered able to do something if , for example, you aren't safe doing it or it causes you pain or discomfort or it exhausts you or you're very slow at doing it.

Even if you can undertake a journey, would it be safe for you to do so? For example, are you safe around traffic or do you become so anxious that you may be a danger to yourself or other people? Or, if you went out once, would it leave you completely exhausted and unable to carry out other everyday activities?

Would you be unable to follow a route if there are small disruptions or unexpected changes such as roadworks or temporary bus stops? If this is the case, DWP guidance suggest that this means you cannot reliably follow a route without support.

According to DWP guidance:

'Psychological distress' means distress related to an enduring mental health condition or an intellectual or cognitive impairment. However, this condition may have a physical root cause – such as unmanageable incontinence which leads to anxiety about making journeys.'

Q13a Do you need help from another person to plan a route to somewhere you know well? Or do you need another person, guide dog or specialist aid to help you get there?

☐ Yes ☐ No ☐ Sometimes

This question is about familiar places where you are more likely to know the route. If you need to use an orientation aid to help you to plan and follow a journey, then you should score twelve points for this. The kinds of things that might be relevant include:

- long canes
- specialist satellite navigation systems.

Q13b Do you need help from another person, guide dog or specialist aid to get to a location that is unfamiliar to you?

☐ Yes ☐ No ☐ Sometimes

This question is about journeys where you do not know the route and would not be likely to be aware of hazards along the way.

According to DWP guidance: 'A person should only be considered able to follow an unfamiliar journey if they are capable of using public transport (bus or train)'. So it's vital that you give details of any problems you have with buses or trains.

Q13c Are you unable to go out because of severe anxiety or distress?

☐ Yes ☐ No ☐ Sometimes

If you tick Yes or Sometimes to this, you will need to give details of how your anxiety or distress affects you and whether you are ever able to go out in the Extra information box below.

Extra information – Going out

Tell us more information about the difficulties or help you need to work out and follow a route to another place and whether severe anxiety or stress prevents you from going out.

If you use taxis not because you have physical problems with walking, but because you need them to follow the route for you, then this should count as not being able to do so yourself.

Do you have a visual impairment and need someone to warn you of hazards such as oncoming traffic and to help you find your way?

Are you deaf and need someone to warn you of hazards that you cannot hear, such as approaching traffic?

Are you afraid of open spaces?

Do you have panic attacks when walking outdoors in unfamiliar places? Can you describe what happens when you have one of these attacks and how someone can help if they are with you?

Do strangers or crowds make you anxious? Do you become aggressive, perhaps because you feel threatened or vulnerable?

Do you approach strangers? Do you behave in some other way that puts you, or other people, at risk?

Do you get confused and disoriented if you are in unfamiliar places?

Are you unsafe near traffic because you get distracted, perhaps by disturbing thoughts or voices or by overwhelming feelings?

Remember to include the effects of any medication you take. Does it make you drowsy, apathetic or lethargic so that it is difficult to motivate yourself to undertake a journey? Does it make you too anxious or confused to undertake a journey? Does it make you dizzy or unsteady on your feet? Does it cause involuntary movements, dribbling or other side-effects which make you feel too self-conscious and vulnerable to undertake a journey?

Can you give any examples of distressing or dangerous experiences you have had as a result of your mental health condition, when undertaking a journey?

Would it help if someone encouraged you to go outdoors and came with you when you were in unfamiliar places? Can they help by monitoring your condition and calming you down if you get anxious, panicky or aggressive? Can they help if you get lost, confused or distracted?

Can you give example of things you are unable to do because of the problems you have with going out? For example, are you unable to go shopping or go to the doctors unless someone comes with you?

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with working out and following a route to another place? For example, a visual impairment or acute anxiety.
2. Describe the problems you have, giving details and examples if you can.
3. If you use any aids or appliances, list them and explain why you use them.
4. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances. If you can't manage even with help from another person and have to have everything done for you, say so.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?
6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of agoraphobia I have great difficulty going outdoors.

2. I cannot go anywhere on my own and just thinking about doing so makes me very anxious indeed. If I even leave my front garden I start shaking uncontrollably, my chest gets tight and I believe I'm going to stop breathing, my heart races and I break out in a sweat. The only way to control the panic is to go back inside my house.
 3. There is no aid or appliance I can use to help me.
 4. Even if someone accompanies me I can only go as far as the corner shop (approx 200 yards) and sometimes I cannot go into the shop because I am so scared that I will get trapped, particularly if there are other customers inside that could block the door. Often I am so scared of the thought of having a panic attack in public that I will not even go out with supervision. My doctor visits me at home because I cannot go to the surgery and I have not seen a dentist for 3 years. I do all my shopping online or get friends and family to pick things (e.g. medication) up for me.
 5. I have these problems at all times of the day
 6. and every day.
-
1. My sight has been affected by retinopathy and associated blurred and obscured vision.
 2. I am now unable to walk on my own as I cannot read signs or see dangers such as cyclists. It is no longer safe for me to cross roads unaccompanied because I cannot be sure that I have seen oncoming traffic. I trip often because the dark streaks in my vision prevent me from seeing some obstacles e.g. kerbs, bollards etc and I recently walked into a small child because my sight of him was blocked. This was most upsetting and resulted in my refusal to go outside of my home without someone to guide me.
 3. I do not use any aid or appliance.
 4. If someone accompanies me they can warn me of dangers and keep me safe.
 5. I have these problems at all times of the day
 6. and every day.
-
1. Because of my learning difficulties it is not safe for me to undertake a journey to an unfamiliar place on my own.
 2. I can only go out on my own to very nearby places such as the local shops. I often react adversely when in public places as I find crowds and loud noises distressing. I am highly impulsive and impatient so if I have to wait in a queue or the bus is late my behaviour will become unpredictable, I may start to flap my hands, repeat a particular word over and over or even be verbally aggressive. The more anxious I am the more I struggle to communicate my needs, which makes me even more anxious. I also find traffic noise disorientating as I cannot 'shut it out' and tend to over react to sudden bangs or shouts. This combined with my poor spatial skills and short-term memory problems means that I get lost easily even if the route is familiar.
 3. I don't use any aids.
 4. If someone is with me they can calm me down when I get anxious and make sure I don't get confused and lost.
 5. I have these problems with moving around at any time of day or night
 6. and on every day of the week.

How to explain problems with: 2. Moving around.

What this activity is about

This activity looks at your physical ability to stand and then move around outdoors.

The descriptors: what the law says you score points for

a. Can stand and then move more than 200 metres, either aided or unaided. **0 points.**

- b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided. **4 points.**
- c. Can stand and then move unaided more than 20 metres but no more than 50 metres. **8 points.**
- d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. **10 points.**
- e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided. **12 points.**
- f. Cannot, either aided or unaided, –
 - (i) stand; or
 - (ii) move more than 1 metre. **12 points.**

Legal definitions

Remember, listed above, there are some legal definitions of terms that appear in many activities, like ‘unaided’, ‘prompting’, ‘supervision’ and ‘assistance’. But there are also some important definitions relevant to this activity.

The regulations (in italics) state that:

“Stand” means *stand upright with at least one biological foot on the ground.*

If you are a double amputee, any distance you can walk using prosthetic legs will be ignored and you will score 12 points for this activity for 2 f (i).

“Aided” means *with –*

- (a) the use of an aid or appliance; or*
- (b) supervision, prompting or assistance.*

A wheelchair does not count as an aid or appliance for the purposes of this activity – there’s more on this below.

The descriptors in slightly plainer English

We found these descriptors with their mixture of aided, unaided and with aids and appliances so confusing that we’ve rewritten them in more detail in the hope it will help - but it may not.

- a. If you can stand and then move more than 200 metres either with: *no help; or with an aid or appliance; or with supervision, prompting or assistance from another person* you get **0 points.**
- b. If you can stand and then move more than 50 metres but no more than 200 metres either with: *no help; or with an aid or appliance; or with supervision, prompting or assistance from another person* you get **4 points** .
- c. If you can stand and then move more than 20 metres but no more than 50 metres *without needing any aid or appliance and without help of any sort from another person* you get **8 points.**
- d. If you can stand and then move more than 20 metres but no more than 50 metres *using an aid or appliance but without any help from another person* you get **10 points.**
- e. If you can stand and then move more than 1 metre but no more than 20 metres either with: *no help; or with an aid or appliance; or with supervision, prompting or assistance from another person* you get **12 points.**

f. If you can't stand at all or you can't move more than 1 metre either with: *no help; or with an aid or appliance; or with supervision, prompting or assistance from another person* you get **12 points**.

Assistance

One big problem with these descriptors is what is meant by 'assistance'? The guidance issued by the DWP to Capita and Atos on the subject of assistance generally is that:

'Assistance is support that requires the presence and physical intervention of another person to help the claimant complete the activity - including doing some but not all of the activity in question. To apply, this only needs to be required for part of the activity.'

Does holding someone up as they walk along count as assistance or would that level of support mean that the person was in reality unable to walk? Would offering a steadying hand only when the person looked like stumbling be a reasonable level of assistance? What about an arm to lean on – is the person able to move for the purposes of PIP if they can only do it with someone else to lean on?

At this stage all you can do is give as much detail as you can and, if you are unhappy with the decision, consider an appeal.

Remember 'reliably'

As we explained in 'Reliably- the most important PIP word' above, you should not be considered able to do something if, for example, you aren't safe doing it or it causes you pain or discomfort or it exhausts you or you're very slow at doing it.

So, if you can stand and move around but you suffer from severe discomfort caused by, for example, breathlessness, pain or fatigue then any distance you can only cover with severe discomfort may not count. So, for example, if you can walk 100 metres but you experience severe discomfort after 30 metres then 2 c) may apply, rather than 2 b).

According to DWP guidance:

'When assessing whether the activity can be carried out reliably, consideration should be given to the manner in which they do so. This includes but is not limited to, their gait, their speed, the risk of falls and symptoms or side effects that could affect their ability to complete the activity, such as pain, breathlessness and fatigue. However, for this activity this only refers to the physical act of moving. For example, danger awareness is considered as part of activity 11.'

Enhanced rate mobility

It came as an enormous shock when, in December 2012, the DWP produced their final version of the PIP points system and revealed that the maximum distance you need to be able to walk to qualify for enhanced rate mobility had been slashed from 50 metres to 20 metres. There had been no reference to this in previous - obscurely worded - drafts of the descriptors.

Bear in mind though that if you score points for 'Planning and following journeys' you can add these to any points you score for the 'Moving around' activity. Nonetheless, there's no doubt that hundreds of thousands of people who qualify, or would in the future have qualified, for higher rate mobility DLA will now either get only the standard rate of PIP or will not get an award at all.

Q14a How far can you walk taking into account any aids you use?

- ☐ *Less than 20 metres.*
- ☐ *Between 20 and 50 metres.*
- ☐ *Between 50 and 200 metres*
- ☐ *200 metres or more.*
- ☐ *It varies.*

Remember to take into account issues such as safely, reliably and repeatedly and in a reasonable time period when deciding what distance you can walk. Whatever box you tick, you will need to give further details in the Extra Information box below if you consider you should score points for this activity

Q14b Do you use an aid or appliance to walk?

- ☐ Yes ☐ No ☐ Sometimes

An aid or appliance would be something like a walking stick, crutches or a walking frame, but not a wheelchair. Give further details in the Extra Information box below if you have ticked Yes or Sometimes.

Q14c Do you use a wheelchair or similar device to move around safely, reliably and repeatedly and in a reasonable time period?

- ☐ Yes ☐ No ☐ Sometimes

Using a wheelchair does not count as standing and moving, so any distance you can only cover using a wheelchair should be discounted. For more on this, see 'Wheelchairs' below.

Extra information – Moving around

Tell us more information about the difficulties or help you need to physically move around.

You will need to explain how far you can walk and at what distance you experience such issues as pain, severe discomfort, fatigue or breathlessness. You will also need to give details of any aids or appliances you use and how they help.

According to DWP guidance: 'This activity should be judged in relation to a type of surface normally expected out of doors such as pavements and roads on the flat and includes the consideration of kerbs.' So if you have difficulty with uneven surfaces and kerbs, give details on your form.

If someone can help you walk further by supervising, prompting or assisting you in some way you may want to explain precisely what help they can give and how far you can walk with this level of support.

Falls

If you are in danger of falling because of a sensory issue, such as poor vision meaning that you don't see obstructions, that may be more relevant to 'Planning a journey.'

However, if your falls are caused by a physical issue such as arthritis in your knees which means they sometimes give way, extreme fatigue caused by ME or CFS, dizziness caused by low blood pressure or unsteadiness caused by Parkinson's disease, then they may be more relevant to this activity.

Is there anything that makes falling particularly dangerous for you? For example, do you have osteoporosis, so that even a minor fall could lead to broken bones? If this is the case,

you may be likely to be judged to need assistance or supervision, even if the risk of falling is a small one.

Can you get up without help after a fall and if so, how long does it take you? If you can't get up at all without help, or it takes a long time, then you are more likely to need assistance or supervision.

Aids and appliances

If you need to use an aid or appliance to help you move around, this may affect the number of points you score. The kinds of things that might be relevant include:

- walking stick
- walking frame
- crutches

Caution! Decision makers may argue that you could use an aid or appliance as an alternative to having supervision or assistance from another person. If there is a reason why the aid or appliance would not mean you didn't need help, explain why.

Decision makers are fond of suggesting that if you fall because, for example, your knee gives way, you should use one or two walking sticks and this will prevent you falling. Would sticks prevent you falling? Do you get enough warning and could you support your weight on your arms? If sticks would not help, say so.

Wheelchairs

The original descriptors for this activity caused a lot of confusion by making repeated references to wheelchairs. This final version makes no mention of wheelchairs. The requirement that you must be able to 'stand and then move' makes it clear that any distance you can only cover using a wheelchair does not count as 'moving'.

So, if you cannot move at all without using a wheelchair then you should score 12 points.

If you can walk a short distance without pain, severe discomfort, breathlessness etc. before needing to use your wheelchair, then it is that short distance that counts as 'moving' for the purposes of this activity. So, if you can stand and walk 40 metres using a stick before needing to get into your wheelchair then you should score 10 points for 2 d).

If you're struggling to know how to give detailed evidence for this activity, try writing the answers to these 6 questions:

1. What is the health condition and what are the symptoms that cause you problems with standing and then moving around? For example, multiple sclerosis or CFS/ME.
2. Describe the problems you have, giving details, including the distance you can walk.
3. If you use any aids or appliances, list them and explain why you use them.
4. If you need physical help, supervision or prompting, whether you actually get it or not, explain what you need and why you need it, including if you need help when using aids or appliances.
5. Say when during the day or night you have problems. For example, is it all the time, mostly in the morning or just in the evening?
6. If your condition varies, from day to day or week to week, try to explain how much it varies and what problems you have when you are at your best, worst and average.

Sample answer

Please note: these are just examples of the kinds of information you may wish to give – they aren't 'correct' answers of any sort. But it is vital that you give detailed evidence rather than just ticking boxes. You don't need to put the numbers in – that's just to show how the system works.

1. Because of rheumatoid arthritis I experience a great deal of pain when walking.
2. It is extremely painful for me to walk even a few yards. I have had to move my bedroom to a downstairs room as I can no longer climb more than one or two steps without experiencing great pain. I can just about make it from one room to the next using either a walking frame or furniture for support before having to sit down to recover from the pain. I seldom go shopping and when I do I use a Motability scooter or my wife pushes me in a wheelchair.
3. I use a walking frame indoors, but outdoors I need a wheelchair or scooter.
4. I could not walk 10 metres even with help from someone else.
5. My condition is worse in the morning, but always at least at the level described above
6. and does not vary much from day to day or week to week.

1. Because of ME/CFS I get fatigued very easily.
2. I can move slowly from room to room indoors, but if I walk outdoors more than about 100 - 150 metres I become very fatigued. The effect is worse the day afterwards when I will have to stay in bed for most of the day due to exhaustion
3. If I have to travel any distance I will always get a lift or use a taxi. Walking aids, such as frames or sticks don't make any difference to my level of fatigue.
4. In supermarkets my partner pushes me in one of the supermarket wheelchairs.
5. My problems are worst in the late afternoon and evening, when I could not walk even 50 metres without being exhausted.
6. I have 2-3 better days a week, but only if I don't over-exert myself.

Q15 Additional information

You can use this box for additional information and/or attach additional sheets. If you do use additional sheets, make sure you put your name and national insurance number at the top of each one.

The form also says that carers, friends and family can add information here. We would advise that, if you are getting supporting information from carers, friends or family you don't ask them to write on the form, but instead get them to give you letters you can include with the form. That way, if they write anything that is inaccurate you can either ask them to correct it or not submit the letter at all.

Face-to-face consultation help

If you – or anyone accompanying you - would have problems attending a face-to-face medical give details here.

This could be things like problems with stairs, travelling, including using public transport or if you need a British Sign Language signer.

You may wish to tell them about any problems you would have with waiting in a public area amongst strangers or if you need access to a lavatory at all times because of continence issues. You can ask for a home visit, but whilst Capita seem to be happy to provide these Atos, are very reluctant and you will need medical support to show your need for a home visit.

If you are unable to use stairs safely in an emergency, make sure you check whether the centre you are being sent to is on the ground floor as soon as you receive your appointment. If it isn't, contact Atos and ask them to make alternative arrangements.

Declaration

You have to sign and date the form before you send it. Even if someone else filled it in for you, you must read the evidence given – or have it read to you – and then sign the form yourself. It is only if someone else is your appointee that they can sign the form for you.

You are signing to say that the information is 'correct and complete'. If you've followed this guide then that will certainly be the case.

You are also signing to say that you understand that you must promptly tell the office that pays your benefit of anything that may affect your entitlement to, or the amount of, that benefit. This could be something like a change in your health condition outside its normal variation;

Congratulations! You've done it. The claim pack is complete. Photocopy this pack before you send it and you'll probably never have to spend so long filling in a form again in your entire life.

Motability and Blue Badges

To be eligible for Motability under PIP you will need to be awarded the enhanced rate of the mobility component. The points can come from the 'Planning and following journeys' or 'Moving around' activities or from both.

To be automatically eligible for a Blue Badge under PIP you will need to score 8 points or more for the 'Moving around' activity. Points from the 'Planning and following journeys' activity will not be taken account.

This means that people who currently qualify for a Blue Badge under the 'severe mental illness' provisions for DLA will not automatically qualify for a Blue Badge. It will still be possible to apply directly to your local authority for a Blue Badge even if you don't meet the automatic eligibility criteria, however.

Supporting evidence means more chance of success

What counts as evidence

The decision about what you score in the PIP assessment is based entirely on evidence.

The form you complete is evidence, as is any report filled in by your GP or consultant and the report of the Atos or Capita health professional, if you have to have a medical.

The more relevant evidence you can submit to support your claim, the better the chances of getting the right decision. In addition, detailed supporting evidence, especially medical evidence, may reduce the chances of your having to have a face to face medical assessment.

Letting Atos and Capita collect evidence

The DWP say they will only ask you for medical evidence you already have, they will never ask you to obtain additional medical evidence. Instead, if further medical evidence is judged

to be needed by Atos or Capita, they will send for it. Amongst the possible sources of evidence Atos and Capita should consider are:

- A factual report from a GP.
- A report from other health professionals involved in the claimant's care such as a CPN.
- A report from an NHS hospital.
- A report from a local authority funded clinic.
- Evidence from any other professional involved in supporting the claimant, such as social workers.
- Telephone conversations with any such professionals.
- Information from a disabled child school or Special Educational Needs officer.
- Contacting the claimant by telephone for further information.

This will not be automatic, however. Health professionals will only send for additional evidence if they consider it will 'add value to the assessment process'. Atos and Capita will have to pay for any medical evidence for which there is a charge, such as GP factual reports, and then reclaim the money from the DWP at a later date.

In addition, the DWP have informed Atos and Capita that consultants reports 'attract a fee', 'can take a considerable time to be returned' and 'should only be obtained in exceptional circumstances'.

So, if you let Atos and Capita collect the evidence, you will not know before you attend your assessment whether your chosen health professionals have been asked for, and have provided, evidence. You will also not know if they were asked the right questions to get detailed answers relevant to your claim.

For this reason many claimants would rather try to collect and submit medical evidence themselves, rather than wait for Atos or Capita to do it.

Even if you do want Atos or Capita to collect evidence, it is still worth trying to visit your health professionals, let them know you are claiming or being transferred to PIP and update them about how your condition is affecting your everyday activities.

You can submit both medical evidence from your GP and other health professionals and non-medical evidence from friends and relatives, amongst others.

Additional evidence for special cases

Atos and Capita have been told by the DWP that they:

"should strongly consider requesting further evidence before calling for a consultation a claimant who is noted to have an appointee or in a case where there is evidence of a previous suicide attempt, suicidal ideation or self harm – or in other cases where the claimant is vulnerable. By gathering further evidence the HP may have sufficient information to complete a paper-based review which may be preferable in these cases to avoid distress to the claimant."

You should also bear in mind, however, that the companies have also been told that only in exceptional circumstances should they ask for a consultant's report.

Guidelines for collecting supporting evidence.

Always try to arrange to have letters sent to you rather than direct to the DWP.

If the person you are asking is reluctant to do this, point out that you want to keep a copy for your records because it is far from unknown for the DWP to lose papers. Read any evidence before you submit it. If there are points in it that are incorrect or missing, and this might damage your case, try contacting the writer and asking them to send you an altered version. If they won't do this, or if the evidence is unhelpful for any other reason, then simply don't submit it.

If you write to someone asking for evidence, it's really important that you keep a copy of the letter you sent them. If you have to go to an appeal hearing, the tribunal may insist on having a copy of any letter you wrote to your GP, for example, asking for evidence. If you don't provide it they may adjourn the hearing in order to allow you to contact your doctor and get a copy. The reason they do this is to see how much of the information the doctor provides is simply taken from the letter you wrote, rather than based on the doctor's prior knowledge. However, it may then be three months or more before the hearing gets relisted.

If you wish to avoid having to submit letters you wrote asking for evidence, then simply don't write any.

Instead, make an appointment to see your health professional or go and visit or telephone friends or relatives and explain to them in person what it is you require. Take a copy of the descriptors with you and discuss which ones you think apply to you and why, if necessary. If you do have to attend a hearing you will have to say that this is what you did, if you are asked.

Medical evidence from your GP

Under their contracts, GPs are obliged to complete certain forms for the DWP. GPs are not under any obligation to provide supporting letters to patients, however. Some are happy to do so, some will not do so and some will only do so if paid.

The DWP pays a standard price of £33.00 for a GP Factual Report. Atos and Capita have been informed that they are not allowed to negotiate their own rates with GPs, but must instead pay the DWP rate and then claim it back from the DWP.

Medical evidence from health professionals other than your GP

This can include letters from an occupational therapist, specialist nurse, consultant or any other health professional you see.

If possible, it's always best to make an appointment to talk to the health professional. Tell them about the kind of problems your condition causes in relation to your everyday life and the kind of evidence you would like them to provide.

Unfortunately, some health professionals may refuse to write you a letter, saying that it's now a matter for the DWP, or they may say they will only write a letter if you are willing to pay for it. Health professionals are not under any duty to provide you with supporting letters, so unfortunately they are within their rights to refuse or to ask for money.

Medical records

Some people ask their GP or hospital for copies of either all their medical records or for records that are relevant to their claim. There is likely to be a charge for copies of medical records, but often it will be much less than you would have to pay for a report written by a health professional.

It is worth noting that, according to DWP guidance: 'NHS hospitals and Trusts are obliged to provide the DWP with hospital case notes (or copies), X-rays and factual reports within laid down timescales and free of charge'. However, there is no certainty that Atos or Capita will ask for them in your case.

Non-medical evidence

Non-medical evidence can be very persuasive and is certainly worth considering.

Both Atos and Capita health professionals and DWP decision makers have to take into account all relevant evidence. This includes any letters from friends, relatives, carers, neighbours and support workers such as social workers and housing workers.

If you live with someone, a partner or family member for example, they may be able to provide very detailed evidence about the way your condition affects you.

Equally, a letter from a social worker, housing worker or someone else with professional knowledge of the difficulties you face can give added credibility to the evidence in your claim form.

It can be very upsetting asking people to write about you in this way, try to ensure that you have someone to give you support, or possibly to approach people for evidence on your behalf.

How and when to submit supporting evidence

You can submit additional evidence along with your 'How your disability affects you' form and that it should be read by the Atos or Capita health professional who carries out your medical assessment, if you have one.

We would suggest that, as well as sending your evidence in, you also take copies along with you to any medical and actually check with the health professional that they have seen copies of it.

If you wish, you can also send copies to the DWP office dealing with your claim, so that you can be reasonably sure that they are put in front of the decision maker as well.

It's worth bearing in mind that even if your supporting evidence makes no difference at the initial claim stage, it may make a dramatic difference when considered by an impartial tribunal, if you have to appeal your PIP decision.

Face to face medical assessments

Two companies have so far been appointed to carry out face to face medical assessments.

Atos, the company who do the ESA medicals, carry out PIP medicals in:

- Scotland
- NE England
- NW England
- Isle of Man
- London
- Southern England.

Capita carry out medicals in:

- Wales
- Central England.

What happens at an assessment

Although the DWP claim that PIP medicals are not at all like ESA medicals, they do seem to be remarkably similar, including the fact that they will be computer led.

The DWP is developing its own computer based PIP Assessment Tool for both Atos and Capita to use to collect evidence during medicals. However, this is not scheduled to be available until October 2013, so both companies are likely to be relying on their own software to do the job initially.

According to DWP guidance, the health professional is supposed to have read everything on your file before beginning the assessment, including:

- The questionnaire
- Supporting information supplied by the claimant.
- Any further medical or other evidence supplied by the claimant.
- Information from the claimant's GP or other relevant supporting professional gathered by Atos or Capita.
- Information from earlier claims and assessments, if the claimant is being reassessed for an existing award of PIP.

The health professional should begin by writing a clinical history that includes all your conditions, how long you have had them, what treatment you have had and how your conditions fluctuate. The clinical history should be your version, written in the third person.

All your medication should be recorded, including over the counter drugs.

Details of your home, your work history and your social and leisure activities should also be taken.

The health professional should then record details of a typical day, starting with when you get up and going through all your routine activities until you go to bed. This should include details of how your conditions affect your ability to carry out activities, including those which are not part of the PIP scoring system, such as shopping, housework and looking after children and pets. Again, this should be your account, written in the third person, not the health professional's.

You should also be asked about good days and bad days and how many of each you have. Health professionals are warned that a 'snapshot' of your condition on a particular day is not adequate.

Throughout the medical, and from the moment they come out to meet and greet you, the health professional will be making 'informal observations' about you which they will later record. This can be anything from how easily you rise from sitting to how well you seem to concentrate and what your mood is like.

You may also have a physical examination. The health professional should explain to you beforehand what they are going to do and under no circumstances should they insist that you do things that you say cause you pain or discomfort. Nor should they ever carry out any sort of intimate examination or ask you to remove any item of underwear.

The medical, according to the DWP, should be 'relaxed and unhurried' and the health professional should 'look up frequently' from the computer screen to show that they are listening.

Before the medical ends, the health professional should give you an 'overview' of their findings and invite you to ask questions and add or clarify anything you wish. They will not,

however, give you any indication of whether you are likely to be awarded PIP. Nor can they give you a copy of their report, you will have to ask the DWP if you wish to be sent a copy.

Having someone with you at your medical

There should not be any problem about bringing someone with you to your assessment or about them helping you give evidence. Atos and Capita are told that:

‘Claimants should be encouraged to bring another person with them to consultations where they would find this helpful – for example, to reassure them or to help them during the consultation.’

They are also told that:

‘the companions may play an active role in helping claimants answer questions where the claimant or HP wishes them to do so. This may be particularly important where the claimant has a mental, cognitive or intellectual impairment.’

However, the DWP also say that the involvement of a companion should be at the health professional’s discretion and that, if the companion becomes disruptive, then they can be asked to leave.

Atos versus Capita

There are a number of differences between the way that Atos and Capita said in their successful bids that they would carry out assessments. We’ve set out some of the major differences below.

Types of health professionals

Atos will be relying extremely heavily on physiotherapists to carry out medical assessments. They say they will be using:

- 933 physiotherapists
- 373 nurses,
- 75 occupational therapists
- 19 doctors.

The majority of these will come from the private sector. There will also be 35 ‘condition champions’ to give support in specialist areas, such as mental health assessments. Atos will decide what type of health professional conducts each claimant’s medical.

Medical assessors, who are only expected to work part-time for Atos as well as continuing with their private or NHS practices, will receive just 7.5 days’ training. Around 5 days of this will be classroom-based and the rest “self-directed reading, web-based modules and DVD material which can be accessed by HPs on a flexible basis, both at their place of work and at home.”

Training has to cover a very wide range of subjects, including PIP legislation, how to complete the medical report, disability awareness and interview skills. This raises the question of just how much training physiotherapists and nurses will receive in areas such as mental health and learning difficulties.

Capita will be using 80% general nurses and 20% mental health nurses for assessment centre medicals. The nurses will be permanent staff.

For home-based medicals they will use 20% permanent staff and 80% contracted staff. 65% will be general nurses, 25% mental health nurses and 10% will be GPs.

Capita say that they will allow claimants to have some input into what type of health professional visits them.

We don't yet have any information on the training that Capita health professionals will receive.

Home visits

The DWP estimate that around 8% of claimants will medically require a home visit. Atos appear to be intending to meet this requirement, but not go any further.

Capita, on the other hand, say that they think that the majority of claimants will prefer to have a home visit, so are aiming to allow anyone who prefers a home medical to have one. They estimate around 60% of claimants will take them up on the offer.

When deciding whether to grant a request for a home visit, Atos and Capita are told to take into account issues such as:

- Does the claimant have a medical condition that precludes them from travelling?
- Has there been medical verification of the severity of the condition that precludes them from attending a consultation?
- Are there health and safety implications for a home consultation? For example, the claimant or a person associated with them has had unacceptable claimant behaviour identified.
- Any accessibility issues related to the planned location of consultations.

Examination centres

Atos will be using NHS hospitals, doctors surgeries and private hospital and physiotherapy premises to carry out medical assessments. They claim that over 90% of claimants will have to travel for no longer than 30 minutes to get to an assessment centre.

Capita will be using their own premises, plus Remploy offices and Assist UK independent living centres. They claim that 91% of claimants will be within 90 minutes travel time of a centre and 78% within 60 minutes.

Both will also use mobile assessment centres in vans to visit more remote areas.

Recording medicals

Atos make no mention of the option to have your PIP medical audio recorded and, judging by the obstacles they have placed in the way of recording work capability assessments over the years, they will not be keen to permit it. However, they do say that claimants will be seated alongside the examining health professional, so that they can see what information is being noted down about them.

Capita, on the other hand, say that all medicals will be audio recorded if the claimant consents and everyone will have the right to a copy of their recording.

The DWP say that the recording of medicals is not part of the assessment process. They also say that claimants are welcome to bring their own recording equipment, with the huge proviso that it must be a dual tape or CD recorder, that they must inform Atos or Capita in advance and they must give a copy of the recording to the health professional at the end of the assessment.

It is quite possible that these restrictions are unlawful, according to legal advice the DWP received and was forced to publish via a Freedom of Information request. However, if you tried to insist on recording your medical with an ordinary recorder, it is very likely that the medical would be stopped immediately and the DWP would be informed of the termination of the medical and the reason for it.

Under these circumstances you might well be refused an award of PIP for failing to provide information or take part in an assessment. You could appeal this decision, but with no certainty of success.

How the decision is made and what to do when you get it

The decision maker (or 'case manager' as the DWP now refer to PIP decision makers) should consider all the evidence available to them, not just the Atos or Capita health professional's report, and reach their own conclusion about how many points you score. This evidence should include:

- your 'How your disability affects you' form;
- the report from the Atos or Capita health professional;
- any additional evidence, such as supporting evidence from your GP, consultant, relatives and friends.

Eventually you will receive a decision letter telling you whether you have been awarded PIP. If your claim has been successful the letter will tell you what components, daily living and/or mobility, you have been awarded and at what rates. It will also tell you how many years your award is for or if it is indefinite.

If you have not been awarded PIP, or if your award is reduced when you are moved from DLA to PIP or have a PIP review, you will also get a phone call from the decision maker. The purpose of the call, according to the DWP, is to 'reduce the number of appeals by helping the claimant to understand how the decision was made'.

If you are happy with your award

You should try to get a benefits check done at your local advice agency as you may be entitled to additional amounts in the benefits you already receive or you may be entitled to benefits you have not received in the past. (See 'Passporting', below)

You should consider asking for a copy of the assessment report even if you are happy with the award. This is because the department are likely to shred the report before your current award runs out, even though it may provide very valuable evidence to support any future claim you make. Contact the DWP office that is dealing with your claim, rather than Atos or Capita, and ask for a copy. It will be sent to you for free.

If your award is for a fixed number of years you should be sent another claim form to complete several months before it runs out. If your award is an indefinite one you may still receive review forms to fill in every few years and your award can still be reduced or stopped depending on what you write in them. That's why you should always keep your original claim form for reference, whatever length of award you receive.

If your circumstances change - your condition improves or deteriorates - you should tell the DWP as it may mean that your PIP should be reduced or increased

If you are not happy with your award

The law relating to appeals changed from April 2013. From that date it is no longer possible to go straight to appeal against some benefits decisions, including PIP. Instead, if you are not happy with the decision you can apply for it to be looked at again - a reconsideration - and then, if you are still not happy, you can appeal direct to the Tribunals Service. The mandatory reconsideration will normally be carried out by a different decision maker.

But you must normally ask for a reconsideration within one month of the date of the letter giving you the decision, or have special reasons why you didn't. You also need to be aware that if you do ask for a reconsideration or appeal, the decision can be changed to increase or to decrease or end your award altogether, though this is obviously not a problem if you've been awarded nothing at all.

You should try to get help if you wish to challenge a decision, see Help! below. We will be publishing a guide to PIP mandatory reconsiderations and appeals in the coming months.

Caution!

Just to remind you, because it is so important:

- there is a 'within one month' deadline for asking to have a decision looked at again;
- if you do ask to have a decision looked at again, your award could be increased, reduced or stopped altogether.

Passporting

Getting an award of PIP can 'passport' you to entitlement to other benefits or additional amounts of other benefits. The DWP have said that it is their intention that passporting for PIP should mirror DLA.

For passporting purposes, the standard rate of the PIP daily living component is the equivalent of the lower and middle rate care components of DLA and the enhanced rate is the equivalent of higher rate. Standard rate PIP mobility is the equivalent of lower rate DLA mobility and enhanced rate PIP mobility is the equivalent of higher rate DLA mobility.

The table below is taken from the DWP's 'Completing the detailed design' PIP consultation document.

Passported benefits and schemes	PIP Component and rate
Disability premium in HB, IS and JSA	Any rate or component
Severe disability premium in HB, ESA, IS, JSA /Additional amount for severe disability in Pension Credit.	Standard or enhanced rate daily living component
Enhanced disability premium in HB, ESA, IS, JSA	Enhanced rate daily living component
Carer's Allowance	Standard or enhanced rate daily living component
Carer premium in the income-related benefits and the Additional amount for carers in Pension Credit	Standard or enhanced rate daily living component
Carers Credit	Standard or enhanced rate daily living

	component
Disabled child premium	Any rate or component
Enhanced disability premium (child)	Enhanced rate daily living component
Childcare costs disregard in HB	Any rate or component
No non-dependant deductions in HB, ESA, IS, and JSA	Any rate or component
Child support – special expenses incurred by non-resident parent due to disability of 2nd child	Standard or enhanced rate daily living component
Student eligibility for income-related ESA	Any rate or component
Christmas bonus	Any rate or component
Motability	Enhanced rate mobility component
Disability element of Working Tax Credit	Any rate or component
Severe disability element of Working Tax Credit	Enhanced rate daily living component
Defining an adult as incapacitated and a child as disabled for the childcare element of Working Tax Credit	Any rate or component
Disabled child element of Child Tax Credit	Any rate or component
Severely disabled child element of Child Tax Credit	Enhanced rate daily living component
Extension to employer-provided childcare tax exemption	Any rate or component
Reduced VAT for grant-funded installation of heating equipment, security goods or connections of gas supply	Any rate or component
Vulnerable beneficiary trusts	Standard or enhanced rate daily living component
Treatment of hire cars for disabled people as short life assets	Standard or enhanced rate mobility component
Insurance Premium Tax exemption for vehicles leased through Motability.	Enhanced rate mobility component
Zero VAT for vehicles leased through Motability	Enhanced rate mobility component
Vehicle Excise Duty reduction	Enhanced rate mobility component (full exemption) Standard rate mobility component (50% reduction)

Winners and losers under PIP

In this section, based on what we know so far about PIP, we give some examples of who may be most likely to lose out and who may be most likely to gain when claimants are moved from DLA to PIP.

Losing out

Moving around indoors

If your DLA care component award is based in a large part on difficulties you have with moving around indoors then it may be under threat.

The current DLA claim pack has a section on 'Moving around indoors' which covers such issues as difficulties walking around, using stairs, getting in and out of a chair and transferring from a wheelchair.

PIP daily living activities, on the other hand, seem to exclude such things as problems with using stairs or with moving around generally.

For example, the definition of 'toilet needs' appears to be so tightly drawn that it excludes any consideration of whether a claimant needs help getting to and from the toilet, although problems getting on and off the toilet will be taken into account.

Outdoor mobility

Under DLA, in general, people who cannot walk more than 50 metres without pain or severe discomfort may qualify for the higher rate of the mobility component. Under PIP this distance has been reduced to 20 metres. Many fewer people will receive the higher rate of the mobility component under PIP.

Night-time needs

Claimants who get the middle rate of the care component of DLA for night-time needs only may struggle to get an award of PIP.

Under DLA, care needs that are too few or brief to attract an award in the day may get an award of the middle rate of the care component if they take place at night. Under PIP no distinction is made between day and night needs. In fact, night is not mentioned in any of the daily living activities.

Nor is there any mention of help needed with getting into bed or getting out of bed or with help needed when you are in bed – for example help with being propped up on pillows or turned - in the PIP daily living activities.

Supervision

Under DLA a claimant who has severe epilepsy, for example, may get an award because they need supervision in case they have a seizure. People who are prone to falling indoors because of Parkinson's may get an award of the middle or higher rate of the care component of DLA.

Similarly, someone who may be a danger to themselves or other people because of a mental health condition might, under DLA, get an award of the middle or higher rate of the care component.

Under PIP there is no award specifically for supervision needs. Instead, it looks like claimants will need to show how they are a danger to themselves or other people in relation to specific activities, such as cooking, managing medication and communicating in order to try to get an award of the daily living component.

Medication

If your award of DLA is based in a large part on the help that you need with managing medication or monitoring your health condition then it is likely to be more difficult for you to get an award of PIP. This is because, astonishingly, needing supervision, prompting or assistance to manage medication or monitor a health condition appears to score just one point.

This means that, for example, someone who needs help with dressing can score more points for that activity than someone who needs help with taking vital medication.

Main meal test

The main meal or cooking test is an important route to lower rate care component for many DLA claimants. However, claimants who need help or supervision to prepare a main meal and thus pass the current DLA cooking test would score just 4 points under the PIP 'Preparing food and drink test'. They would thus not be eligible for an award of PIP on those grounds alone.

It is true that claimants who cannot prepare a main meal even with help will qualify for the standard rate of PIP, which is the equivalent of the middle rate of the care component of DLA. But it is likely that claimants with such a high level of needs would currently qualify for at least the middle rate of DLA in any case.

Gaining

Outdoor mobility

Because points from the two mobility activities in PIP can be added together, some claimants with both a mental and physical health condition who currently only qualify for the lower rate of DLA mobility may get the higher rate of PIP mobility.

For example, someone with agoraphobia and ME/CFS which prevents them walking more than 200 metres would only get the lower rate of the mobility component of DLA, but they would be eligible for the higher rate of PIP mobility.

Aids and appliances

Someone with arthritis in their hands which means they have difficulties with cooking, eating, bathing and dressing and undressing might qualify for the lower rate of DLA care component. But if they use aids and appliances in connection with all these activities they may be eligible for the standard rate of PIP, which is the equivalent of middle rate care.

Conditions that vary throughout the day

For DLA, in general you need to show that you have problems with an activity for the majority of the day. With PIP, according to DWP guidance: 'If a descriptor applies at any point during a 24 hour period, it is considered to apply for the entire day, whereas in DLA it would have to apply for 'the majority of the day' in order to apply.'

This may mean that someone who has severe difficulties first thing in the morning, for example, should score points even if they have a lot less problems for all the rest of the day.

Where to look for help with claims and appeals

From April 2013 the government is ending legal aid for benefits claims and for appeals to first tier tribunals. This means it will be very much harder to find specialist help with your PIP claim or appeal. However, not all agencies rely on legal aid funding and free advice may still be obtainable in your area.

Voluntary sector agencies:

Voluntary sector agencies get their money mainly from local and national government and from grant making trusts. They will not charge you for helping with your benefits. Some of them employ benefits specialists and can offer an extremely knowledgeable and professional service.

Advice agencies:

These are agencies whose main job is providing advice and information – they should be able to offer help with enquiries about any benefit. Many employ welfare benefits specialists. You can usually find numbers for advice agencies in your local Yellow Pages in one or more of the following sections: disability information and services; information services; social service and welfare organisations; counselling and advice.

Advice Northern Ireland

To find your local independent advice centre in Northern Ireland, visit www.adviceni.net

Citizens' Advice Bureaux (CAB)

There are over 750 bureaux in mainland Britain. Look under Citizens Advice Bureau in your phone book or visit the Citizens Advice website at: www.citizensadvice.org.uk

Citizens Advice Scotland

To find your nearest bureau, look under Citizens Advice Bureau in your phone book or visit the CAS website at: www.cas.org.uk

Disability Information Advice Line

There are over 140 local DIALs, all staffed by disabled people and all offering telephone advice. If you have a local line it should be listed in your telephone directory under DIAL UK. Alternatively, call the national office on 01302 310 123 or visit their website at www.dialuk.org.uk where you can find a directory of DIAL offices.

Shelter

Shelter offers help with benefits, but generally only in relation to housing or if your home is at risk because of your benefits problems. For help call the Shelter helpline on 0808 800 4444 or visit their website at www.shelter.org.uk for details of your nearest Shelter Housing Aid Centre.

Law Centres

Contact details of your nearest Law Centre, where you may be able to get free advice and representation at appeals, are available from the Law Centres Federation website at www.lawcentres.org.uk

Disability and health related organisations

If you are disabled or have a long-term physical or mental health condition, there is almost certainly an organisation that can offer you support. Some of the larger disability organisations have helplines where trained staff can help with some benefits queries and some employ a benefits specialist.

In addition, there are often local groups with members who have claimed benefits and are prepared to share their experiences or accompany you to a medical or to a tribunal. Some mental health organisations, such as MIND, have advocacy projects with staff who will accompany you to medicals and hearings.

To find out about any groups dealing with your health condition, visit the websites below.

Contact a family www.cafamily.org.uk

Although this is a site for families with disabled children it also contains a great deal of information that is of value to adults. The conditions index contains information on over 1,000 conditions along with details of support groups.

NetDoctor www.netdoctor.co.uk

This site features a support groups index with contact details for groups covering a very wide range of conditions..

UK Self-Help groups www.ukselfhelp.info

Details of about 800 self-help groups, including many relating to different health conditions.