

PERSONAL INDEPENDENCE PAYMENT FACTSHEET

1. Introduction

1.1. The information in this factsheet is intended to be a guide to the rules for Personal Independence Payment and does not cover every circumstance. It is possible that some of the information is over simplified or may become inaccurate over time, for example because of changes to the law. The rates shown are applicable from April 2015 to March 2016 and the Limbless Association has made every effort to ensure that the information is correct at time of publication.

2. What is Personal Independence Payment?

2.1. Personal Independence Payment is a disability benefit for people aged 16 to 64 who have difficulty with their daily living activities such as washing and bathing, managing therapy and making budgeting decisions (the daily living component) or difficulty with their mobility (the mobility component).

2.2. The benefit reflects the impact of your disability or condition on your daily life and includes an assessment that aims to identify the extent of this impact. It is paid to recognise the increased costs an individual may face due to an illness or disability.

2.3. If you are already in receipt of Disability Living Allowance you will be invited to claim Personal Independence Payment at some stage, as Personal Independence Payment is gradually replacing Disability Living Allowance for people aged 16 – 64, even for those with an indefinite or lifetime award. Those who were aged 65 or over on 8th April 2013 will be unaffected by this change and can continue to receive Disability Living Allowance as long as the criteria is met.

2.4. If you are receiving Disability Living Allowance and want to find out if and when you will be affected by the transition to Personal Independence Payment visit the Department for Work and Pensions website <https://www.gov.uk/pip-checker>
To find out more about the process see our Changes to Disability Living Allowance Factsheet.

2.5. Personal Independence Payment is:

- non means tested (any income or capital you have will not affect the claim);
- not taxable;
- paid whether or not you are working; and
- paid at different levels depending on your difficulties

3. Who can claim?

3.1. You can claim Personal Independence Payment if:

- You are aged 16 to 64 when you claim **and**
- You satisfy the disability conditions for the daily living component or the mobility component (which covers the required period condition; for three months prior to your claim and nine months after) **and**
- You are present in GB and have been for so for no less than 104 weeks in the last 156 weeks i.e. two out of the last three years **and**
- You are habitually resident and are not subject to immigration control

3.2. Personal Independence Payment can continue to be paid after you reach the age of 65 as long as you continue to meet the criteria, but you must establish your entitlement by making a successful claim no later than the day before you turn 65.

3.3. Personal Independence Payment is currently not available in Northern Ireland. If you live in Northern Ireland you may be able to claim Disability Living Allowance. Please see our Disability Living Allowance Payment factsheet.

3.4. If you are already paid one of the following disability benefits you will not be able to claim the daily living component of Personal Independence Payment if they are paid at an equivalent or higher amount:

- Constant Attendance Allowance with Industrial Injuries Benefits;
- Constant Attendance Allowance with War Pension

3.5. If you receive Armed Forces Independence Payment you cannot receive Personal Independence Payment.

4. Terminal illness

4.1. If you have a terminal illness you will qualify for the enhanced rate of the daily living component. A medical practitioner will need to complete a form called a DS1500 that states that you are not expected to live beyond six months. You will automatically be considered to have passed the daily living assessment for the enhanced rate and will not have needed to meet the required period condition. To receive the mobility component you will need to pass the mobility assessment (with the exception of meeting the required period condition).

5. How much is it?

- 5.1. Personal Independence Payment can be paid at one of two rates for each component, dependent on the number of points scored as set out below.

Daily living component		
Standard rate	£55.10 per week	Score 8 – 11 points
Enhanced rate	£82.30 per week	Score 12 or more points
Mobility component		
Standard rate	£21.80	Score 8 – 11 points
Enhanced rate	£57.45	Score 12 or more points

6. How long is Personal Independence Payment awarded for?

- 6.1. If a decision is made to award you Personal Independence Payment, it will usually be for a fixed term. There is no legal minimum period for an award, but it may be for a relatively short time such as one or two years. Alternatively a longer award of five or ten years may be considered appropriate. An ongoing award i.e. one that does not have a fixed term would only be considered where improvements in your condition are unlikely and your needs are likely to remain broadly the same.
- 6.2. Around fourteen weeks before your fixed term is due to end you will be sent a form to reapply.

7. What if I go into hospital?

- 7.1. If you spend more than 28 days in hospital then your Personal Independence Payment will be suspended. It can restart when you return home as long as you continue to meet the claim criteria. If you have more periods in hospital these can be added together if they are separated by 28 days or less.

Motability

- 7.2. Claimants entitled to the enhanced rate of mobility have the option to lease a car through the Motability scheme. If you have a car through Motability, periods in hospital can affect this. You will need to contact Motability on 0300 456 4566 if your Personal Independence Payment is suspended by a stay in hospital.

8. How do I claim?

- 8.1. To initiate your claim for this benefit you will need to call the Department for Work and Pensions Personal Independence Payment claim line on:
 Telephone: 0800 917 2222
 Textphone: 0800 917 7777 (for deaf and hard of hearing claimants only)



8.2. The call should take about fifteen minutes and you will be asked for some basic details such as:

- contact details and date of birth;
- national insurance number;
- bank or building society details;
- doctor's or health worker's name;
- details of any time you have spent abroad, in a care home or hospital

8.3. Someone else can call on your behalf, but you will need to be with them when they call. You can contact the Department for Work and Pensions in writing giving the above information but this could mean a delay to the start date of your claim. Should you wish to do so please write to the following address:

Personal Independence Payment New Claims
Post Handling Site B
Wolverhampton
WV99 1AH

8.4. Approximately two weeks after the phone call you should receive a form '*How your disability affects you*'. The purpose of this form is to ask you to explain how your disability or condition affects your day to day life and your ability to undertake the activities described above.

8.5. You can include extra evidence when sending the form in if you wish. This could include a medical report, a diary where you have recorded your day to day difficulties over a period of time or anything else you think would support your case. You should write your name and national insurance number on anything you send in. You may like to refer to our Personal Independence Payment Hints and Tips on completing the '*How your disability affects you*' form.

8.6. You have one month to return this form. If you fail to do so without good reason, your claim will be disallowed. It is advisable to copy your form and any supporting evidence you send in so that you have your submitted information to hand should you need to challenge the decision.

9. How your claim is assessed

9.1. Once your completed '*How your disability affects you*' form has been received by the Department for Work and Pensions, together with any supporting evidence you have sent in, it is passed over to one of two contracted assessment provider companies; ATOS or Capita. They will seek further evidence from the named professionals you have given on the form if they feel it is necessary. They will then consider whether there is enough information to make a decision on paper. In the majority of cases, further information is required and claimants are asked to attend a face to face assessment, where you will be assessed by a health professional.



- 9.2. If you are asked to attend a face to face assessment this will take place at an assessment centre that could be up to a 90 minute journey away. Some people will be visited in their own homes for the assessment. You can ask for a visit at home if one has not been offered, but you will have to provide evidence that you cannot travel. This may need to be supported by your doctor or specialist.
- 9.3. Limb loss will not automatically entitle you to Personal Independence Payment (unless you have bilateral lower limb loss, where you would qualify for the enhanced mobility component). It is not the disability or condition that you have, but how it impacts on your daily life that will entitle you to the benefit. Individuals react and manage differently so those with the same disability or condition will not necessarily have the same benefit entitlement.
- 9.4. If you have a carer, they may also attend the assessment, but they will not be able to answer questions on your behalf (unless you have difficulty with communication). They will be able to add to what you have to say, particularly with respect to their role as a carer.
- 9.5. The assessment tests your ability to participate in everyday life. It is a points related assessment of your physical and mental condition and of your cognitive functions based on twelve different activities.
- 9.6. Within each activity there are a number of descriptors. These describe your level of ability to carry out the activity and how much help you need with it. They have a sliding scale of scores that reflect your increasing inability to manage an activity and the relevant descriptor and score will be identified. (See appendix for the list of Activities and Descriptors).
- 9.7. If you cannot reliably complete an activity then you should be considered as unable to complete it. For the purpose of the assessment reliably means undertaking an activity:
- **Safely** – i.e. In a manner unlikely to cause harm to you or another person
 - **To an acceptable standard** – e.g. where someone washes themselves inadequately but does not realise they are not clean after they have finished
 - **Repeatedly** – i.e. being able to complete the activity as often as is required
 - **Within a reasonable time period** – i.e. it takes you no more than twice the time taken by someone with no health problems or disabilities
- 9.8. The assessment takes account of changes in your disability or condition to reflect the fact that you may have good or bad days. The health professional must consider your abilities over a course of a year i.e. three months before and nine months after your claim. This is referred to as the required period condition.
For each activity, a suitable descriptor will be selected that reflects your ability to undertake that task. This will be considered to apply if you meet the descriptor for more than 50% of this period.



- 9.9. If your condition fluctuates it may be difficult to determine which descriptor best describes your ability. For this reason, it may be beneficial to maintain a diary that records how your disability or condition affects you. You can send in a copy of the diary with your form, and this can be referred to by the health professional as part of the assessment.
- 9.10. If, when using the reliability test, you score more than once in a given activity you will be awarded the highest descriptor.
- 9.11. The health professional will observe your ability to stand, sit and move around. They will be informally observing your abilities from the point that they greet you. This can include watching you bend down to pick up a handbag, how you get out of a chair and how you walk. During the assessment, they may also carry out a brief physical examination. This will be different from an examination by your GP as they are not trying to make a diagnosis, but are interested in how your ability to carry out everyday tasks is affected by your disability or condition.
- 9.12. The health professional will expect you to wear and make use of any prosthesis you have. In that regard, you should mention any difficulty you have with your prosthesis e.g. rubbing, pain, whether there are days or extended periods where you cannot wear it.
- 9.13. Following your assessment, the health professional will complete a report of their findings. The report must be clear, fully reasoned and justified. It should highlight key evidence to support the health professional's choice of the descriptors. Where possible they should include specific examples to illustrate any difficulties with undertaking an activity. If necessary, the report should provide a clear explanation why greater reliance has been given to particular sections of evidence.

10. The decision

- 10.1. Once the health professional has completed their report, it will be sent to the Department for Work and Pensions Case Manager who will decide whether or not to award your claim based on the report.
- 10.2. You will then receive a notification letter informing you of the decision to either award or disallow your claim. The notification letter will tell you which descriptors are considered to apply to you and the reasons for choosing them.
- 10.3. **What if I am unhappy with the decision?**
- 10.4. If your application is refused, or you are awarded a lower rate than you feel you should be entitled to, you can challenge the decision. It is important to note that there is a risk in doing so, as a challenge to an award may result in a reduction in the award, or potentially losing it completely.

11. How do I challenge a decision?

- 11.1. You can have three attempts to challenge a decision, but there is a strict process to follow. There is a one month time limit for you to register each stage of the process and you will need to follow each stage in order.
- 11.2. You should be notified in writing of any decisions made on your claim. The decision notice should set out your rights to challenge the decision. You can ask for written reasons for the decision if none were given in the decision notice. You must ask for these within one month of the date of the original decision notice.
- 11.3. Late challenges can be requested in certain circumstances. You will need to show it was not practical for you to apply in time and you should provide a clear and reasoned explanation for the delay. There is no guarantee that a late appeal will be accepted.

12. Mandatory reconsideration

This is the first stage of challenging the decision. Within one month of the date on the notification letter you need to register the mandatory reconsideration. If you wish you can send in some extra supporting evidence such as a letter from yourself why you disagree with the decision or evidence from a medical professional. A mandatory reconsideration will result in the Department for Work and Pensions to reconsider your award 'in house'.

13. Appeal to First Tier Tribunal

If your mandatory reconsideration is unsuccessful you have another opportunity to challenge the decision. This must be registered within one month of the date on the mandatory reconsideration notification letter. Her Majesty's Court and Tribunal Service is responsible for these. They are independent from the Department for Works and Pensions. You have the opportunity to have your case heard on paper or in person. There is a higher success rate if you attend in person. Appeals can take several months. However, if you are successful, the award is backdated to the date of your claim.

14. Appeal to the Upper Tribunal

If your first tier tribunal is unsuccessful you have another opportunity to challenge the decision through Her Majesty's Court and Tribunal Service, within one month of the first tier tribunal notification of the decision. This appeal needs to be based on a point of law. As a result, these appeals can be complex and it would be advisable to seek specialist advice.

Appendix

Activities and descriptors

Introduction

The following is the list of Personal Independence Payment activities and descriptors. Some of these words have a legally defined meaning for the Personal Independence Payment assessment. For a meaning of terms please see our Personal Independence Payment meaning of terms factsheet.

Daily living activities and descriptors		
Activity 1: Preparing food and drink		
Descriptor		Score
a	Can prepare and cook a simple meal unaided	0
b	Needs to use an aid or appliance to be able to either prepare or cook a simple meal	2
c	Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave	2
d	Needs prompting to be able to either prepare or cook a simple main meal	2
e	Needs supervision or assistance to either prepare or cook a simple meal	4
f	Cannot prepare and cook food	8
Activity 2: Taking nutrition		
Descriptor		Score
a	Can take nutrition unaided	0
b	Needs: <ul style="list-style-type: none"> 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
c	Needs a therapeutic source to be able to take nutrition	2
d	Needs prompting to be able to take nutrition	4
e	Needs assistance to be able to manage a therapeutic source to take nutrition	6
f	Cannot convey food and drink to their mouth and needs another person to do so	10
Activity 3: Managing therapy or monitoring a health condition		
Descriptor		Score
a	Either: <ul style="list-style-type: none"> 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



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
c	Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week	2
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
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
f	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week	8

Activity 4: Washing and bathing

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

Activity 5: Managing toilet needs or incontinence

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

Activity 6: Dressing and undressing

Descriptor		Score
a	Can dress and undress unaided.	0
b	Needs to use an aid or appliance to be able to dress or undress.	2
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



d	Needs assistance to be able to dress or undress their lower body.	2
e	Needs assistance to be able to dress or undress their upper body	4
f	Cannot dress or undress at all	8
Activity 7: Communicating verbally		
Descriptor		Score
a	Can express and understand verbal information unaided	0
b	Needs to use an aid or appliance to be able to speak or hear	2
c	Needs communication support to be able to express or understand complex verbal information	4
d	Needs communication support to be able to express or understand basic verbal information	8
e	Cannot express or understand verbal information at all even with communication support	12
Activity 8: Reading and understanding signs, symbols and words		
Descriptor		Score
a	Can read and understand basic and complex written information either unaided using spectacles or contact lenses	0
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
c	Needs prompting to be able to read or understand complex written information	2
d	Needs prompting to be able to read or understand basic written information	4
e	Cannot read or understand signs, symbols or words at all	8
Activity 9: Engaging with other people face to face		
Descriptor		Score
a	Can engage with other people unaided	0
b	Needs prompting to be able to engage with other people	2
c	Needs social support to be able to engage with other people	4
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
Activity 10: Making budgeting decisions		
Descriptor		Score
a	Can manage complex budgeting decisions unaided	0
b	Needs prompting or assistance to be able to make complex budgeting decisions	2
c	Needs prompting or assistance to be able to make simple budgeting decisions	4
d	Cannot make any budgeting decisions at all	6



Mobility activities and descriptors

Activity 11: Planning and following journeys

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

Activity 12: Moving around

Descriptor		Score
a	Can stand and then move more than 200 metres, either aided or unaided	0
b	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided	4
c	Can stand and then move unaided more than 20 metres but no more than 50 metres	8
d	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres	10
e	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided	12
f	Cannot, either aided or unaided: <ul style="list-style-type: none"> i. stand; or ii. move more than 1 metre 	12