

Personal Independence Payment - who will be affected and how

Personal Independence Payment (PIP) started being introduced in April 2013 to replace Disability Living Allowance (DLA) for disabled people of working age. **It will not affect anyone who was over 65 years of age before 8th April 2013.**

PIP has been introduced in stages. At the start, in 2013, it was just for new claimants not already getting DLA. Then it was extended to working age people whose existing DLA awards were ending. Now it also affects working age people on DLA whose needs have changed and who ask for their DLA award to be reviewed. Over the next two years, everyone who was under 65 years of age on 8th April 2013 and who currently receives DLA will gradually be moved over onto PIP. This is true even if they were previously told that their DLA award was 'indefinite'. Children who receive DLA will be asked to claim PIP when they are approaching the age of 16 years or have recently turned 16.

The Government expects that all 'working age' DLA claims will have been reassessed and moved onto PIP by May 2018. It is very important that you read letters which are sent to you, because you do not move automatically onto PIP. **If you don't respond and complete the PIP application process, then your DLA payments will end on the date the existing claim runs out.**

How PIP differs from DLA

- Like DLA, PIP has two 'components', one for 'Daily Living' and one for 'Mobility'. There are two rates of payment for each component, a Standard rate and an Enhanced rate. PIP does not have an equivalent to the Lowest Rate for care for DLA.
- There is a points system that determines your award based on the difficulties which you have with a specified range of activities. You need at least 8 points for standard rate and 12 points for enhanced rate for either/both daily living or mobility. Night-time is not treated differently, so it is possible to get the Enhanced Rate for Daily Living even if you do not need any help at night.
- As well as completing a form and providing supporting evidence, you will usually have to attend a face to face assessment with a healthcare professional. In this area, the contractor responsible for assessments is ATOS. Failure to attend a medical assessment without notifying them and having good reason will result in your PIP claim stopping.

Starting your PIP claim

DWP will write to you and tell you when your DLA award will end and will 'invite' you to claim PIP (if you don't do so, your benefit will stop at the end of the current award). Ring the number given on the letter. If you cannot manage telephone calls then a family member can be with you to speak on your behalf. DWP will ask for various information, including details of your doctor/specialists, any time spent in hospital or in care, any time spent outside the UK, and bank payment details. They will then send you a PIP2 claim form within the next couple of weeks.

Returning the PIP2 claim form

When the form arrives you need to complete it as fully as possible and return it by the deadline given, together with any supporting evidence. If you have medical letters which support your case, or documents like care assessments or occupational therapy assessments, make sure that you send a copy in. Some pointers to help you with the form:

- Evidence (including diagnoses) used in your previous DLA claim will not be available to the people assessing you. Send another copy with the PIP claim.
- Make sure that you list all aids which you use, as they help you score points
- The form asks about a range of everyday activities. When DWP decides whether you can do each activity, what counts is whether you can do it **safely, to an acceptable standard, repeatedly and in a reasonable time period**. So, for example, if you can walk 200 m but only once a week because it exhausts you and it takes half an hour to achieve, that is not repeatable or in a reasonable timescale. Explain this and tell them what distance you could manage without undue difficulty. If you could cook a meal, but you are likely to burn or cut yourself, that is not 'safely', so explain this.
- If you can physically do an activity, but you need prompting/reminding to do it (eg: due to memory or mental health problems), or you need to be supervised, tell them about this on the form.

- If someone else has to help you monitor your condition because you don't recognise signs of deterioration, say so (eg: mental health condition, epilepsy, diabetes, etc)
- Include any support you get eg: GP, secondary health, extra help at school or college, occupational therapy, physiotherapy, speech and language therapy, mental health support, paid carers
- Provide as much evidence as you can from any of the people who help you. This can include letters from informal carers stating the kinds of things they do to help you.
- For each of the activities think carefully about the kind of support which you need, and try and explain **why** you can't do these things yourself without some form of assistance, prompting, etc. Any evidence that supports the **why** will help your claim.
- If your difficulty varies, think about the best and worst scenarios and how often each applies eg: for 4 days of the week you struggle to mobilise. Explain this on the form. If you are not sure how many days you struggle with the activities, try keeping a diary between filling in the form and attending the assessment, and take it with you to show to the assessor and/or send to DWP.
- Provide photocopies of anything you send as you won't get originals back. If you are able to do so, get a photocopy of your claim form, to refer back to.
- On the claim form you are asked about any times when you will not be available for a face-to-face assessment, and any help which you may need in order to attend eg: disabled parking or toilets, access for wheelchairs, not being able to use public transport, etc... If you really struggle to get to appointments because of health problems, get a letter from your GP to support a request for a home visit.

The face-to-face assessment

- The assessor should have read all the documents you sent in, so they know what kinds of questions to ask you. If you have kept a copy of your claim form and supporting information, read it through before attending your assessment, to remind yourself of all the issues. It might help to think of a few examples of daily tasks you find difficult to do.
- If possible, take someone with you to the assessment, possibly a family member or friend who helps you and knows your difficulties. They cannot answer for you unless you don't understand the question or the assessor cannot understand you but they can add information to help clarify points.
- The assessor will ask questions about your day to day life, and will often ask you to describe a 'typical day'. Tell them about any tiredness or pain which you suffer while carrying out tasks, or afterwards. Tell them if you need reminding or encouraging to do activities.
- The assessor will observe your ability to stand, sit and move around. They will also assess things like your levels of concentration, and your ability to understand them and express yourself. They may carry out a brief physical examination if you have said that you have physical difficulties with tasks. They must not ask you to do something that could put you at risk so if you are asked to do something that you would struggle with, tell them.
- You or the person with you can make notes as a memory prompt for later. You may not record without prior agreement and must provide a copy of the recording to the assessor.

What to do if your claim is turned down or you are unhappy with the level of award

- If you are refused the benefit or are unhappy with the decision, you can request a **reconsideration**, provided you do this **within 30 days**. To get a better result you should endeavour to provide more medical and other evidence and challenge errors the assessor may have made. You **must** tell DWP if you are providing more evidence. They may take about 8 weeks to reconsider, so you have a little time to collect this and send it in.
- If you are still refused you can **appeal** at an independent Disability Tribunal. Your decision letter explains how to appeal, and the time limit for doing so. Remember that your award can be reduced, as all the evidence is looked at again. You can ask for the appeal to be made just on the paperwork, but you are more likely to be successful if you attend an 'oral hearing' in person, where the appeal panel members can ask you questions and hear from you first-hand.

South & Vale Carers Centre, March 2016

The benefits system is complex and subject to change - we have endeavoured to provide an accurate and up-to-date summary of the current situation. Benefit rules and criteria may change in future.