



## A Guide to Personal Independence Payment

Personal Independence Payment (PIP) is a non-means tested welfare benefit designed to assist with the extra costs of having a long-term health condition or disability for people aged 16 to 65. It's gradually replacing Disability Living Allowance (DLA) and while the Department for Work and Pensions aimed to have this transition complete by October 2017 there are still a significant number of people in receipt of DLA. If you are over 16 and currently receiving DLA you can no longer apply for an increase in your rate of payment and must make a new claim for PIP.

PIP has two components: daily living and mobility. Each component is paid at either a **standard** or **enhanced** rate, and your rate is calculated using a points scoring system based on your responses to 10 statements about daily living and 2 statements about your mobility in the "How Your Disability Affects You" questionnaire. Later in the guidance there will be a breakdown of how each section of PIP is scored.

Once you have completed this form you may be asked to attend for a face to face interview/medical assessment which will be done on the behalf of the DWP by the Centre for Health and Disability, although there may be circumstances where it would not be safe or appropriate for you to do so. If you believe this is the case please state this and your reasons in the "How your disability affects you" form and provide as much evidence supporting your application as possible.

To qualify for the standard rate of the daily living or mobility component you will need to score 8-11 points, and to qualify for the enhanced rate of either component you will need a score of 12 points or more.

If you need support/guidance on completing the 'How your disability affects you' form or have any further questions, please contact Assert's Benefits Case worker Emma at [benefits@assertbh.org.uk](mailto:benefits@assertbh.org.uk).

### General tips when answering questions

When responding to the daily living descriptors it is important to think in terms of **reliability**: to be assessed as able to carry out an activity you must satisfy the descriptor "reliably", that is, you must be able to carry out that activity:

- Safely, i.e. in a way that is unlikely to cause you or anyone else harm during or after the activity
- to an acceptable standard
- repeatedly, i.e. as often as you need to in a day
- In a reasonable frame, i.e. taking no more than twice the time it would take a non-disabled person

So, for example, if you can do an activity such as cooking a meal but you frequently burn the food you cook due to your poor concentration/memory you should be considered unable to do it on your own for the purposes of PIP. On the form you must explain *why* you are unsafe doing it. Think how your ability to do something varies in different environments, different times of the day or from day to day, and any side effects of the medication you take.

To be considered able to do an activity, you must be able to do it at all times of the day. For example, if you could access public transport at quiet times of the day independently but would struggle to do this at peak times you should be considered unable to do it. Do not forget to think about this for each question and explain how your ability to do something changes. If your condition/impairments fluctuate from day to day, you need to describe how it changes, your better and worse days, and how frequently you need each kind of help or aid you use.

### Thinking about evidence

When filling out the 'How your disability affects you' form it is important to do more than just ticking the boxes that apply to you. Give as much information and evidence on your form as you can, and back this up with **copies** of reports, letters or statements wherever possible. Even if the evidence you have is old, you should still include it if you think it is relevant. The evidence to send with your form could include:

- letters or reports from health professionals such as psychiatrists, GP, counsellors or anyone who can help to demonstrate the impact of your condition or disability
- letters or reports from social care professionals, such as care plans, assessments or risk assessments
- letters of support/ written statements from carers, professionals and organisations involved in supporting you detailing how they work with you and how, in their view, your condition/disability affects your ability to carry out the activities of daily living.

### Aids and Appliances

Aids and appliances are anything that improves, provides or replaces mental or physical function. They can include specialised disability related equipment like hearing aids or magnifiers as well as Dossette boxes, timers or alarms and other equipment or appliances that help you. Aids or appliances will be taken into account if you need to use them to carry out an activity or if the assessor thinks you could reasonably be expected to use them even if you don't. If you use an aid or appliance to help you, try to explain *how* they help you and what their limitations are. If you choose to use an aid or appliance but can actually manage without it, it won't be taken into account.

### Justify needing help

For most activities, you will score more points for needing help from another person than using an aid or appliance. Assessors and case managers may try to argue that you could use an aid or appliance instead of using help from another person. If you do need help from another person, try to explain why you need it and why an aid or appliance wouldn't work for you. **If you do not currently get help but would benefit from it, you may still be counted as needing help.**

## Supervision

A number of the daily living activities ask whether supervision is needed to satisfy a particular descriptor. Additionally, a person only counts as being able to carry out a daily living or mobility activity unaided if they can do so without supervision. The meaning of "supervision" is defined in Schedule 1 of the main PIP regulations, which states -

"supervision" means the continuous presence of another person for the purpose of ensuring [the claimant's] safety;

"unaided" means without - (a) the use of an aid or appliance; or (b) supervision, prompting or assistance.

*Source: Part 1 of Schedule 1 to the Social Security (Personal Independence Payment) Regulations 2013 (SI.No.377/2013)*

## Variability

In each descriptor, you are offered one of three boxes to tick: 'yes', 'no' or 'sometimes'. You should tick the 'yes' box if the descriptor applies to you for 50% of the time or more. For anything less than 50% you should tick 'sometimes' or 'no' if it doesn't affect you at all. It is important when completing this form to consider the impact that your disability, mental health and/or physical health needs can have on your everyday life and mobility. If this is variable, try not to only describe the help you need on your worst days, as this can create an unrealistic picture of what life on a daily basis is like for you and lead to problems when the DWP are making a decision about your claim. Instead, it is important to think about how your condition(s) affect you on an average to slightly worse than average day. If you have good days and bad days, try to specify how many days in an average week are good and bad.

### **Activity 1: Preparing food and drink**

*Please note that you can only score one set of points from each activity. If two or more apply to you the higher score will count.*

a.	Can prepare and cook a simple meal unaided	0 points
b.	Needs to use an aid or an appliance to prepare or cook a simple meal	2 points
c.	Can't cook a simple meal using a conventional cooker, but can use a microwave	2 points
d.	Needs prompting 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 at all	8 points

It is important to remember that to be assessed as able to carry out an activity you must satisfy the descriptor "reliably", that is:

- Safely

- To an acceptable standard
- Repeatedly
- Within a reasonable frame

If you have difficulties with your memory or concentration, you may have problems in planning meals, checking the ingredients, timing the cooking and making sure the food is cooked properly. If you need to use a timer on your phone or oven to remind you when food is cooked, this can be classed as an ‘aid or adaptation’.

Balance problems, poor coordination, blurred, double vision, sensory overload or physical symptoms of anxiety could make it dangerous for you to use hot pans/ sharp knives. List any incidents that have happened in the past. Have you cut yourself mishandling knives or burnt yourself on hot pans? If you need to buy pre-chopped vegetables, say so.

Can you become hyper-focused when cooking? Does your disability/condition affect your ability to identify and respond appropriately to risks? Write it down.

Mention if the heat or other sensory issues in the kitchen such as smells from cooking can affect you, and let them know if you are so exhausted/ stressed after cooking a meal that you could not do it again that day.

### Activity 2: Taking Nutrition

*Please note that you can only score one set of points from each activity. If two or more apply to you the higher score will count.*

a.	Can take nutrition unaided	0 points
b.	Needs either –  (i) to use an aid or appliance to take nutrition; or  (ii) supervision to be able to take nutrition; or  (iii) assistance 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 manage a therapeutic source to take nutrition	6 points
f.	Needs another person to convey food and drink to their mouth	10 points

While Descriptor 2 is primarily concerned with someone’s physical ability to convey food and drink to their mouth, people with autistic spectrum conditions can qualify for points in this activity if they cannot do this “reliably”, i.e. Safely, repeatedly, to an acceptable standard, in a reasonable timeframe, or as many times as they need to in a day.

Do you need someone to prompt you to meet your nutritional needs? Is your appetite or motivation to eat or drink every day affected by depression or anxiety?

Do you ever forget to eat? Do you eat and drink something every day? Would you do this if you didn’t have someone there to remind you?

If you have/had an eating disorder at any time, please add this to this section

If you are hypersensitive to the textures of some foods or have a restricted diet write this here. You should include any food allergies or sensitivity to foods.

If you have IBS or any other digestive conditions and need help to manage a specialist diet write this here.

### Activity 3: Managing therapy or monitoring a health condition

*Please note that you can only score one set of points from each activity. If two or more apply to you the higher score will count.*

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 per week	6 points
f.	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours per week	8 points

Write down if you need reminding to take medication at the right time or to take the right amount. Give examples of any occasions when you have missed taking medication or have taken too much.

You may need someone to read the labels and instructions on your medication. Explain if there are side effects from any of the medications you take and if you need any extra help because of these.

List any aids or appliances you need to use for taking medication or managing therapy, which could include: A pill organiser or dossette box or a blood sugar monitor.

List any help you need to take medication, manage therapy or monitor health conditions **even if you are not currently receiving this** such as: someone to help you organise tablets, someone to read labels to you, someone to give you medication, someone to get help if you have a seizure.

Do you need someone to come to medical appointments with you? Do you always have a clear understanding of what's been said in medical appointments or do you need assistance with this?

Remember to talk about anything that may make you unsafe for example, have you ever: taken the wrong medication or the wrong dosage because you couldn't read the label or were feeling anxious/ stressed, misread a blood sugar monitor or other monitoring device etc.?

Also remember to talk about anything that means you cannot do it to an acceptable standard/ as many times as you may need e.g. if you make a mess trying to measure out liquid medicines, this may count as not doing it to an acceptable standard or if the stress of managing your health needs/attending medical appointments leaves you feeling exhausted and in need of a lot of recovery time.

#### **Activity 4: Washing and Bathing**

*Please note that you can only score one set of points from each activity. If two or more apply to you the higher score will count.*

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

Write down any aids or adaptations that you use to wash or bathe yourself. These could include a long-handled sponge, shower seat or grab rails.

If you have fallen trying to get in or out of the bath or shower by yourself, note this down.

Mention if you need to bathe or shower more often due to either bladder or bowel continence issues

Mention if you need assistance to get in or out of a bath or supervision in case you fall or have a seizure etc.

Remember to talk about anything that makes you unsafe e.g. poor balance making falls likely, the risk of having a seizure etc.

**Consider the time it takes you to move through your personal care routine** - if this is more than 2x the time it takes someone who does not have a disability then as far as PIP assessors are concerned, you cannot do this task.

Do you struggle to meet your personal care needs due to depression/ anxiety? Can you neglect your appearance and personal hygiene? What help do you need with this (**even if you do not currently receive it**)?

Do you have difficulties with the sensation of water on your skin? Are you hypersensitive to touch?

Do you remember to put on clean and weather appropriate clothing every day? What help do you need with this? Remember to think about the impact depression/anxiety/stress can have on your ability to manage this – **be honest and think about the help you need on your worst days** and specify how often you have them.

### Activity 5: managing toilet needs or incontinence

*Please note that you can only score one set of points from each activity. If two or more apply to you the higher score will count.*

a.	Can manage continence 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

Do you have continence issues? Do you need help managing these, such as prompting or reassurance when you are distressed?

Do you forget to go to the bathroom when you are hyper focused on a task? Can this cause you pain/discomfort? Would it be helpful to have someone to help prompt you?

Do you have digestive problems or a condition such as IBS, Chrons or colitis? Do you have problems with diarrhoea? Do you have a phobia of public toilets? Does this make it difficult for you to leave the house?

### Activity 6: Dressing and Undressing

*Please note that you can only score one set of points from each activity. If two or more apply to you the higher score will count.*

a.	Can dress and undress unaided	0 points
b.	Needs to use an aid or appliance to be able to be able to dress or undress	2 points
c.	Needs either –	2 points

	(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	
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

Do you suffer from anxiety/depression? At times do you need prompting or encouragement to change your clothes regularly or put on clean clothes every day?

Do you have difficulty picking clothes which are weather, age or situation appropriate related to your ASC?

Are you hypersensitive to some textures/fabrics?

Do you have difficulty shopping for clothes due to anxiety/sensory issues/ social isolation?

### Activity 7: Communicating Verbally

*Please note that you can only score one set of points from each activity. If two or more apply to you the higher score will count.*

a.	Can express and understand verbal information unaided	0 points
b.	Needs to use an aid or appliance to be able 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 communication	8 points
e.	Cannot express or understand verbal information at all even with communication support	12 points

There are 2 components to this activity of daily living, and when answering it may be helpful to specify how your condition/disability affects you in relation to both your **expressive** and **receptive** communication.

**Expressive** communication refers to someone's ability to express themselves verbally – think about your health conditions and how they affect your ability to express yourself. Are there any times when it is difficult for you to express yourself verbally e.g. when you are anxious, when you are exposed to sensory stimuli or when you are meeting someone you don't know? How often does this affect you, and are there times/situations that can make this worse?

**Receptive** communication refers to your ability to hear, process and understand what has been expressed to you verbally. Are there any times/situations in which it is difficult for you

to hear or understand what is being said to you verbally, for example when you are anxious or when there are additional sources of sound?

Do you have difficulties with focus/concentration that make it difficult for you to remember what has been said and express yourself?

Many people on the autistic spectrum have information processing difficulties – if you have been assessed by the neurobehavioural clinic or another professional, it might be helpful to refer back to your diagnostic report to see if it contains information relating to your communication needs.

### **Activity 8: Reading and understanding signs, symbols and words**

*Please note that you can only score one set of points from each activity. If two or more apply to you the higher score will count.*

a.	Can read and understand basic and complex written information either unaided or 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 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

It is important to remember that to be assessed as able to carry out an activity you must satisfy the descriptor “reliably”, that is:

- Safely
- To an acceptable standard
- Repeatedly
- In a reasonable frame

If you have difficulties with your memory or concentration, you may have problems reading or retaining written information. If it takes you longer to read a page of A4 information than it would take someone without an illness, disability or condition (the official guidance is more than twice the time) then you may qualify for points in this area.

### **Activity 9: Engaging with other people face-to-face**

*Please note that you can only score one set of points from each activity. If two or more apply to you the higher score will count.*

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      or  (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person	6

If you have difficulties managing the interpersonal; aspects of daily living, you should specify this here. For example, if you find it hard to go to the supermarket or to purchase things in person because you are worried that the cashier might try to speak to you.

If you are socially isolated, try your best to explain why contact with other people is difficult (for example, if you do not know what to expect or what is expected of you when engaging with other people and this causes you anxiety, or if other people make you angry)

If you can engage with people that you now well, but find contact with unfamiliar people difficult, specify that here. If other people need to accompany you when you attend appointments or when you go somewhere unfamiliar, you should state this.

If you cannot engage with other people as often as you need to because of overload or exhaustion, think back to the ‘reliability’ criteria – this means you can’t do it!

#### **Activity 10: Making budgeting decisions**

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

The DWP defines ‘Complex’ budgeting decisions as:

- Calculating household/ personal budgets
- Managing/paying bills
- Planning future purchases

If you have difficulties remembering to pay bills and expenses on time, or if you have been issued with reminders or final notices for bills you may be unable to complete this activity safely. You should tell the DWP if you need prompting or reminders from another person to make sure you pay your bills or check your bank balance regularly.

If you are prone to impulsive spending without thinking about the ‘bigger financial picture’ you might score points in this area. Remember, it is important to explain why you find this difficult and to relate your difficulties back to your condition(s) wherever possible.

If you can make “simple” budgeting decisions in theory (for example if your mental arithmetic is good) but you cannot do this in practice (e.g. when in a shop) because of anxiety and the impact this has on your executive function, you should explain this in your form as you may score points for this activity.

## **Mobility Component**

### **Activity 1. Planning and following journeys**

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

Google maps can count as an 'orientation aid' for the purposes of this activity.

### **Activity 2. Moving Around**

a.	Can stand and then move more than 200 metres, either aided or unaided	0
b.	Can stand and then move more than 50 m but not more than 200 m either aided or unaided	4
c.	Can stand and then move unaided more than 20 m but no more than 50 m	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: - (i)stand; or (ii) move more than 1 metre	12