



VOICES
OF
INDEPENDENCE
CHANGE &
EMPOWERMENT IN
STOKE-ON-TRENT



Personal Independence Payment

A How To Guide 2021

A disability benefit for working age people to help with extra costs that disability incurs



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This guide is a tool to assist people working with benefit claimants who experience multiple disadvantage when supporting them to identify, make and manage a claim for Personal Independence Payment.

For the purpose of this guide, “multiple disadvantage” is defined as facing a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. People with experiences like these will fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives.

Common Issues and examples within this guide are drawn from my learning as a Welfare Benefits Specialist embedded within VOICES of Stoke on Trent. Working alongside the Service Coordinators we ensured that the customer’s entitlement to benefit was maximised and benefit decisions were checked and challenged where appropriate. I offered a consultation service, supervision, mentoring and support, and led on more complex issues and appeals though maintaining the close participation of the Coordinators. The Service Coordinators learned as they worked, thus consolidating the learning from training sessions, developing the skills to put that learning into practice, and becoming skilled benefit advocates.

Introduction

Purpose

The aim of this guide is to help people experiencing multiple disadvantage and their support network to articulate their circumstances within the context of The Social Security (Personal Independence Payment) Regulations 2013; The Universal; Credit, Personal Independence Payment, Jobseekers Allowance, and Employment and Support Allowance (Claims and Payments) Regulations 2013; The Universal; Credit, Personal Independence Payment, Jobseekers Allowance, and Employment and Support Allowance (Decisions and Appeals) Regulations 2013; and the Department for Work and Pensions Personal Independence Assessment Guide (last updated 17/09/2020).

Where we discuss the completion of the assessment form (PIP2 How your disability affects you), this guide is intended to inform rather than replace, a thorough professional assessment.

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1 What is PIP?

- Personal Independence Payment (PIP) is a disability benefit for working age people. It replaced Disability Living Allowance for new claims in April 2013. It is meant to help with the extra costs that disability incurs.
- It is not means tested and you do not have to have made any National Insurance Contributions to claim.
- It does not count as income for means tested benefits or when looking at whether your UC or HB should be limited (the Benefit Cap) and, it can 'passport' claimants to other benefits and support schemes.
- PIP is based on how severely your condition affects you not what you have been diagnosed with or what medication you take.
- PIP is made up of 2 components. A Daily Living component and a Mobility component. Each component has 2 levels, Standard and Enhanced.

Who can get PIP?

- You must be aged between 16 and State Pension Age to claim. Anyone with a disability aged under 16 has to claim Disability Living Allowance (DLA) and if you develop a disability after State Pension Age you need to claim Attendance Allowance (AA).
- If you're on DLA and you were born after 08/04/1948 you'll eventually be contacted to be reassessed for PIP.
- You need to have been resident and present in England, Wales or Northern Ireland for 2 out of the last 3 years. If you've come back to the UK from an EEA country you may be able to claim sooner. You must not be a 'Person Subject to Immigration Control'.

Award Periods

This does not apply if you have been awarded PIP under the special rules for terminally ill people.

Award lengths are based on a range of factors including your condition, the needs you have because of your condition, whether or when those needs may change (taking into account things like planned treatment/therapy or learning/adapting to manage a condition).

An award period can be from a minimum of 9 months to an 'On-going award' with a 10 year Award Review date.

On-going Award

These are made where your condition is very unlikely to improve. The Award Review date will always be 10 years from your assessment date.

Long Fixed Term award (LFT)

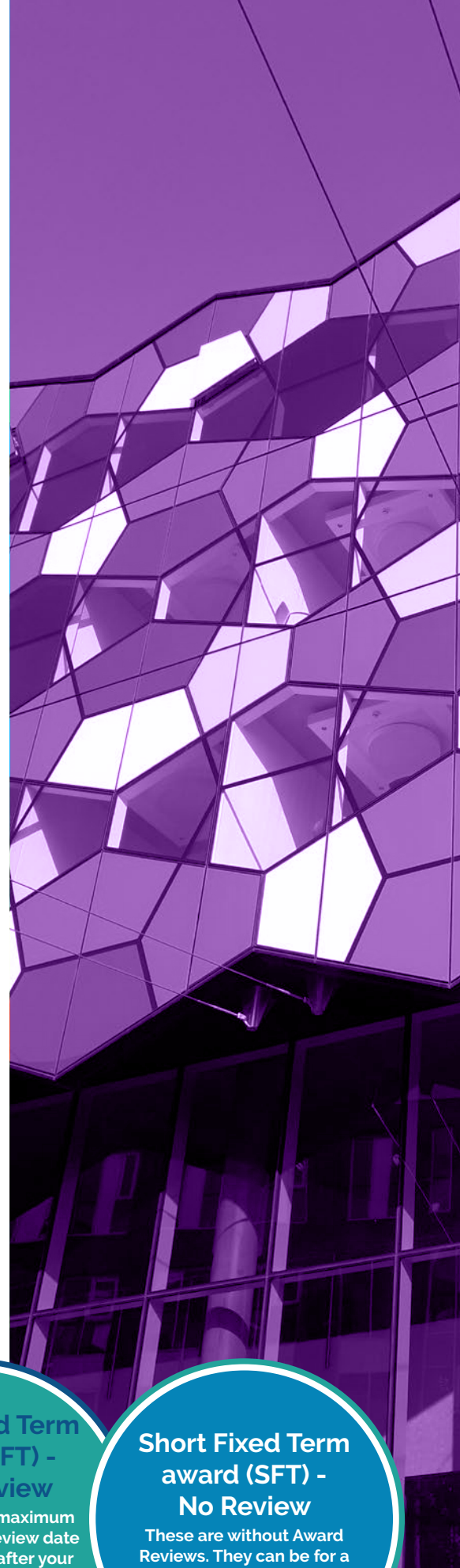
The award period can be for a minimum of 2 years up to a maximum of 10 years. The end date of the award is set for 12 months after your review date.

Short Fixed Term award (SFT) - With Review

These are for a maximum of 2 years. The review date is set for 1 year after your assessment. The end date is set for 12 months after your review date.

Short Fixed Term award (SFT) - No Review

These are without Award Reviews. They can be for a minimum of 9 months and up to a maximum of 2 Years.



Backdating Awards of PIP

The date of your claim for PIP is the date you made the first phone call to the DWP asking to make a claim as long as you send any further information required (usually the PIP 2 How your disability affects you form) within one month of that date. You can ask for an extension of time if your circumstances mean that you'll not be able to return the form within the given deadline, for example you have to wait for an appointment with a Citizens Advice adviser or your Support Worker, or you're ill, in hospital etc.

- The date of your claim is the date from which you'll be paid if you qualify immediately.
- Your new claim cannot be backdated.

Revisions and Supersessions

Revisions and **supersessions** are both ways of changing a decision about your entitlement to benefit.

A **revision** changes a decision that was wrong at the time it was made. It takes effect from the date that the award was made. There is usually a 1 calendar month time limit to ask for a revision.

A **supersession** changes a decision that was correct at the time it was made, but because your circumstances or needs have changed your entitlement to benefit needs to change also. Most supersessions take effect from the date of the change in circumstances.

It's important to note that the law says your award can be reviewed any time after the first 12 months. However the DWP can change your award at any time if:

- Your award is coming to an end
- If the DWP have information that suggests your entitlement to PIP needs looking at again
- You tell them about about a change in your circumstances and/or your needs have changed

If you tell the DWP that you want them to look at your award again, usually because you think your symptoms have got worse, you risk losing all or part of your existing award. It's also very important to let the DWP know if your symptoms have improved or you may find that your award comes to an end because the DWP have received information to suggest you're no longer entitled, and you may be investigated for fraud.

Before you do either of the above you should seek specialist advice from your local Law Centre or Citizens Advice office.

The Required Period Condition

To qualify for PIP you must have had a disability/health issue for at least 3 months and expect to have issues for at least the next 9 months.



The Disability Conditions

To qualify for PIP you need to find it hard to do everyday tasks or get around because of a physical or mental health condition. You can make a claim whether you get help from another person or not. PIP is not based on the condition you have or the medication you take. It is based on the level of help you need because of how your condition affects you.

PIP is made up of 2 components (parts) called the daily living component and the mobility component. Each component can be paid at either a standard or enhanced rate.

- **The daily living component** looks at the extra help you need with everyday tasks. This includes help needed when preparing food, eating and drinking, managing and monitoring your condition, washing and bathing, getting dressed and undressed, going to the toilet, budgeting, verbal communication, reading and understanding, mixing with other people, and managing a budget.
- **The mobility component** looks at the help you need getting around. This includes moving around and, planning a journey and following a route.

How the DWP decides what you're entitled to

Your ability to carry out each activity is measured against a list of standard statements describing what you can or can't do. These are known as the descriptors. Following an assessment, the Assessor will advise the DWP which descriptor applies to you for each activity.

For example, there are 6 descriptors for 'Dressing and undressing', ranging from 'Can dress and undress unaided' to 'Cannot dress or undress at all'. Each descriptor carries a points score ranging from 0 to 12.

A DWP decision maker will look at your Assessor's report, your PIP2 form and any other available evidence, and will allocate points against each activity. These points will then be added together.

Mobility

You must receive **at least 8 points** to be eligible for the **standard rate** of the daily living component.

The current rate is **£23.60 a week**

You must receive **at least 12 points** to be eligible for the **enhanced rate** of the daily living component.

The current rate is **£62.25 a week**

Daily Living

You must receive **at least 8 points** to be eligible for the **standard rate** of the daily living component.

The current rate is **£59.70 a week**

You must receive **at least 12 points** to be eligible for the **enhanced rate** of the daily living component.

The current rate is **£89.15 a week**

**these are April 2021 to April 2022 rates - rates may change each financial year.*



Special Rules for the Terminally Ill

If you are terminally ill and are expected to have less than 6 months to live you do not have to meet the required period condition and you can automatically qualify for the Enhanced rate of the Daily Living component but you will be assessed for the Mobility component.

These are known as 'Special Rules'. You should get a medical professional to complete a DS1500 form when you claim but don't wait for this before you make your claim.

If you have not yet made a claim and you have been diagnosed with a terminal illness, for example Motor Neurone Disease (MND), but you have not been given a prognosis of less than 6 months, you should still apply under the special rules. If you live longer than 6 months following your claim, your benefits will continue but your claim may be reviewed after 3 years.

Complex Needs and Vulnerability

The DWP definition of complex needs is closely linked to how the DWP decide whether a person is vulnerable for benefit purposes. It's important if you think you or the person you support have complex needs that you make the DWP aware of this at the earliest opportunity (see Complex Needs Alert template in the Resources section).

Complex Needs

“Complex Needs are difficult personal circumstances and/or life events that affect the ability of the individual to access DWP benefits and use our services.”

— DWP Complex needs Overview (v.5)

Vulnerability

“An individual who is identified as having complex needs and/or requires additional support to enable them to access DWP benefits and use our services.”

— DWP Complex needs Overview (v.5)



PIP and Other Benefits

An award of Personal Independence Payment may mean that you become entitled to additional help:

- If you are entitled to Income Support (IS), Jobseekers Allowance (JSA), or Housing Benefit (HB), you may be eligible for a premiums such as the Disability Premium, *Severe Disability Premium (see special note below), and Enhanced Disability Premium.

Please note that the Disability Premium is not paid within an award of Employment & Support Allowance (ESA) and, if you are entitled to Universal Credit (UC) you will not get any extra benefit.

- If you are entitled to Tax Credits you may be entitled to a severe disability element and/or a disabled worker element.

***Special Note**

Severe Disability Premium (SDP) Gateway & Transitional SDP elements within UC from 27/01/2021

From 27/01/2021 people who are making a new claim for UC under 'natural migration' will no longer be prevented from claiming UC (previously known as the SDP Gateway).

DEFINITIONS

- 'Managed Migration' - You have received a letter from the DWP telling you that you need to make a new claim for UC
- 'Natural Migration' - You are in receipt of a legacy benefit, such as ESA, and you have had a change in your circumstances that means you have to claim UC.
- If you're in receipt of the SDP and moving to UC because of a relevant change in circumstances (natural migration) you will be eligible for a Transitional SDP element within your new claim for UC.

YOU MUST

- Not be joining an existing UC claimant;
- Have been entitled (or been part of a couple where one member was entitled) to an award of income support, income-based JSA or income-related ESA that included an SDP, within the period of a month before the first day on which you became entitled to UC; and
- Continue to meet the eligibility conditions for SDP at the time of your UC claim

There are separate qualifying rules for each premium or element, so you should contact the relevant benefit provider as soon as you get your PIP award so that any entitlement can be checked and fully backdated

- If you are entitled to the enhanced rate mobility component and you have 12 months or more left to run on your award you may be able lease a car, scooter, or powered wheelchair from Motability. The mobility component would then be paid direct to Motability. You may also have to make extra payments so check with the Motability on 0300 456 4566 9 text phone 0300 037 0100), or see [motability.co.uk](https://www.motability.co.uk)
- If you receive PIP because you score 8 points or more under the 'moving around' activity of the mobility component, you automatically qualify for parking concessions under the Blue Badge Scheme <https://www.gov.uk/government/publications/blue-badge-can-i-get-one/can-i-get-a-blue-badge>
- You may also qualify for a Disabled Persons Bus Pass <https://www.gov.uk/apply-for-disabled-bus-pass> and, VAT relief on certain goods <https://www.gov.uk/guidance/vat-relief-on-certain-goods-if-you-have-a-disability>

How to make a claim for PIP

To make a claim you need to ring the **PIP claim line on 0800 917 2222**.

- Full name and address and phone number
- National Insurance Number
- Your bank account details
- GP details or details of other health professionals
- Your nationality or immigration status
- Any dates you have been in hospital or residential care
- Any dates you have been abroad for more than 4 weeks at a time in the last 3 years
- You will also be asked if you have mental health issues/ learning disabilities and if you need help completing the form

The PIP2 'How your disability affects you' form will then be sent to you. It usually takes about 10 working days to arrive. You will have 4 weeks from the date you made the telephone call to return it. If you need more time, you can ask for a further extension of the return date by ringing the PIP Enquiry Line on 0800 121 44 33.

While you wait for your PIP2 form to arrive, it can help if you start gathering any supporting evidence together such as, assessment reports or medical/professional evidence for your claim. It might be worth informing your GP that you have made a claim and what difficulties you are having. If you ask your GP for a supporting letter there may be a fee. A letter from your consultant may provide more information about your condition and how it affects you and there is not usually a fee attached.

What to do if you don't have a national insurance number (NINO)

You can request a PIP1 form be sent out in the post to you by contacting the PIP claim line on 0800 917 2222 or, by writing to:

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

Making your claim for PIP will trigger your NINO application. You will be invited to attend an interview and you will need to provide the following documents:

- Passport or Identity Card
- Residence Permit
- Birth or Adoption Certificate
- Marriage or Civil Partnership Certificate
- Driving Licence

You only need to provide information or evidence to enable your NINO to be traced if you don't know it, or sufficient information or evidence which will allow a NINO to be allocated to you by the DWP.



2 The Disability Conditions

The Reliability Test

When the assessor decides which activity descriptor applies to you, they must consider whether you can carry out the activity reliably. This means:

- **safely** in a way that is unlikely to cause harm either to you or anyone else, either during the activity or afterwards, and
- **to an acceptable standard** (generally meaning 'good enough')
- **repeatedly** as often as is reasonably required, and
- **in a reasonable time period**. The activity should take you no more than twice as long as the maximum time someone without a disability would normally take

If a particular descriptor doesn't describe your ability to carry out an activity reliably, the assessor should use a higher scoring descriptor to describe your condition.

Descriptor Choice

The fact that you can complete an activity is not sufficient evidence of your ability. The Assessor must consider:

Approach - what you need to do; how you carry out the task; what assistance or aids are required; how long it takes you; whether you can do it whenever you need to; and whether it is safe for you to do it

Outcome - whether the activity can be successfully completed and the standard that is achieved

Impact - what the effects of reaching the outcome has on you and, where relevant, others, and whether you can repeat the activity within a reasonable period of time and to the same standard (*this clearly includes consideration of symptoms such as pain, discomfort, breathlessness, fatigue and anxiety). The impact of completing one activity on the ability to complete other activities must also be considered

Variability - how a claimant's approach and outcomes and level of functional restriction change over time and the impact this has on them





Example: Physical Health

You suffer with severe osteo-arthritis (OA) in your left hip. You also have OA in your hands and both knees. You have significant pain when walking or moving around, when standing, when trying to bend forward and, when lifting your left leg. You use a walking stick whenever you need to move around, on bad days you need to use two sticks. You are waiting for a total hip replacement.

You approach the activity of having a shower ('washing and bathing'). You cannot get down into and up out of a bath any more and, stepping over the side of the bath to use the shower is very difficult. You have to hold on to the wash basin which is directly next to the bath. You would benefit from a bath step and a bath grab bar. You can only manage to take a shower and wash your hair once a week because of the pain and weakness in your lower back, pelvis, both legs and knees. You use a slip mat in the bath and have to support yourself on the wall as standing is painful and you feel like your legs are going to give way. You would benefit from a bath seat/stool so that you did not have to stand to shower. You have a strip wash while sitting on the side of the bath on the days that you can't shower and you have to sit to clean your teeth. You try to shower and wash your hair as fast as you can because it is too painful to stand for longer than 3-4 minutes even when leaning against something. Once you have got out of the shower you need frequent rests between subsequent activities such as drying yourself and cleaning your teeth before you can walk out of the bathroom. The whole process takes approximately 30 minutes.

The outcome is 'good enough' however, though you strip wash everyday, you can't bend forward to wash your hair over a basin so your hair is often left dirty.

The impact of having a shower is even higher levels of pain and weakness in your lower back, pelvis, both legs and, knees. Once dry you need to rest for a good 10-15 minutes before you can do anything else like styling your hair. You feel wiped out and struggle more than usual to move around for the rest of the day. Your symptoms severely impact your daily life every day, however it does vary occasionally when your symptoms are so bad you cannot do anything at all and have to rest for the day. This is usually if you have tried to do too much the day before.

Example: Mental Health

You have a diagnosis of Generalised Anxiety Disorder (GAD) and Depression. Symptoms include restlessness, a general sense of dread, always feeling on edge, difficulty with your concentration, and irritability. You may also have episode's of psychosis which can happen when your symptoms get too much for you to cope with. You find it very hard to cope with social contact even with friends and family and, you're no longer able to work. You experience low mood, constant tiredness, a deep lack of self-esteem and, you struggle to see any point in looking after yourself. You rarely leave the house because you are frightened that something awful may happen. Your father rings you every day and does a bit of cooking and shopping for you.

You approach the activity of going out ('planning and following journeys'). You think about how you feel when you need to go out the house anywhere such as an appointment at your GP surgery. You spend days and hours working yourself up to the appointment. Your anxiety gets worse the nearer it gets. You start to think about cancelling because you can't face leaving the house and having to make your way there with the growing feeling that something terrible might happen. You have cancelled appointments before at the last minute or, turned round and gone home before getting there. Your father usually takes you now and without his help you'd not be able to do it. If you had to go somewhere you hadn't been to before, your anxiety would be so bad that you couldn't cope at all and this could lead to psychosis. Because of this you don't go anywhere you don't know.

If your father is with you, the outcome is that you can attend your GP appointment. However even with his support you experience rising anxiety and feelings of fear and need his constant reassurance that it will be ok.

The impact of going out is that that your anxiety gets so bad you're frightened you may go into psychosis. Your fear and anxiety makes you irritable and you argue with your father. You feel physically and mentally exhausted and have to sleep for a few hours afterwards. You feel really unwell for a couple of days after and withdraw from any social contact at all.

Your symptoms do not vary as you feel like this every day.



Time periods, fluctuations and descriptor choice

Looking at your ability over a longer period helps iron out any fluctuations and presents a clearer picture of the disabling effects of your condition on your daily life and mobility, (see the required period condition of at least 12 months, going back 3 months and looking forward 9 months in section 1). This is especially important if you suffer with conditions such as Multiple Sclerosis, Rheumatoid Arthritis, Fibromyalgia, and Chronic Fatigue Syndrome. It could also apply to someone with a substance dependency and the way that periods of use, withdrawal, and detox etc., can affect their symptoms.

A descriptor can apply to you if your ability to complete an activity at some stage of the day and, on more than 50% of days in the 12 month period, (see PIP Assessment Guide, Part 2, 2.1.7 to 2.1.14, last updated September 2019)

If the activity cannot be performed 'safely' then the 50% rule does not apply. For example someone who has Epilepsy may not be able to prepare and cook food safely because of a real risk of a seizure.

- If one descriptor is likely to apply on more than 50% of days in the 12 month period then that descriptor should be chosen
- If two or more descriptors are likely to apply for more than 50% then the descriptor scoring the highest should be chosen
- Where one single descriptor is unlikely to apply for more than 50% of the time, but cumulatively a number of different scoring descriptors within that activity are likely to be satisfied for more than 50% of the time, then again the highest scoring descriptor should be chosen

Example: Washing and Bathing

If descriptor e) 3 points Needs assistance to be able to get in or out of a bath or shower is likely to be satisfied for 40% of the time, and descriptor c) 2 points Needs supervision or prompting to be able to wash or bathe is likely to be satisfied for 30% of the time (making 70% of the 12 month period), then descriptor e) should be applied because it's the highest scoring.

It can be difficult to accurately predict how successful an operation or treatment will be (for example a total hip replacement recovery period is 3 months but this could be longer depending on your own situation), so descriptor choices should be based on the likely continuing impact of the condition as if treatment or further intervention hasn't happened.



Descriptors

See *The Social Security (Personal Independence Payment) Regulations 2013 schedule 1* for the descriptors and definitions

Daily Living Component

Activity	Descriptor	Points
Preparing Food	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 meal	2
	e. Needs supervision or assistance to either prepare or cook a simple meal	4
	f. Cannot prepare and cook food	8

Activity	Descriptor	Points
Taking Nutrition	a. Can take nutrition unaided	0
	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
	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	Descriptor	Points
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
	b. Needs any one or more of the following- (i) To use an aid or appliance to be able to manage medication; (ii) Supervision, prompting or assistance to be able to manage medication; (iii) Supervision, prompting or assistance to be able to 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	Descriptor	Points
Washing and Bathing	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	Descriptor	Points
Managing toilet needs or incontinence	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	Descriptor	Points
Dressing and undressing	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	Descriptor	Points
Communicating verbally	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	Descriptor	Points
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
	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	Descriptor	Points
Engaging with other people face to face	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	Descriptor	Points
Managing budget 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

Descriptors

Mobility Component

Activity	Descriptor	Points
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

Activity	Descriptor	Points
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 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, - (i) Stand; or (ii) Move more than 1 metre.	12

3 Completing the PIP2 Form

'How your disability affects you'



Name: **Matthew**

Diagnosed with: **PTSD, Anxiety, Depressive Illness, COPD and IV Heroin Dependency**

CASE STUDY

Matthew has a diagnosis of PTSD, Anxiety and Depressive Illness, COPD, and an IV Heroin Dependency. He has spent a long time sleeping rough and used other street drugs to try and cope with his situation and his worsening mental and physical health symptoms. Symptoms include breathlessness on exertion; poor personal hygiene; low mood, a lack of motivation to look after himself; flashbacks; night terrors and nightmares which also cause incontinence; and severe anxiety (often triggered by traumatic memories) which leads to self harm, physical aggression toward objects and people, and disorientation.

He is currently engaging with his local Drug and Alcohol support service and is on a Methadone script for 80ml which is administered daily under the supervision of his local Pharmacy. He continues to use a 'top up' of Heroin at what he describes as a "normal maintenance level". He is however reducing his use of illicit drugs as part of his engagement with support services.

His Recovery Worker thinks that he may be eligible for PIP.

Descriptors Scores for Matthew

Activity 1. Preparing food

Matthew would score a possible 4 points because he needs 'supervision or assistance'. If it's accepted that he cannot prepare food safely, he may score 8 points for 'cannot prepare and cook food'.

Activity 1

4

Points

"I struggle with motivation every day and have difficulty looking after myself in any daily routine. I drift off when doing an activity that needs concentration. I'm taking Zopiclone [a sleeping tablet], but I don't think it's helping because I feel even more tired and I have trouble focusing. The Methadone affects my coordination too. I occasionally burn myself when trying to cook anything, and I frequently leave food cooking on the hob, forgetting it until someone shouts to get my attention. I use a microwave for warming food. Because of my poor concentration I often eat cold meals such as pre-prepared sandwiches and salads. My daughter will make me a hot meal 3-4 days a week because she worries about my safety in the kitchens."

Matthew cannot reliably prepare food because he cannot do it safely, repeatedly, or to an acceptable standard.



Activity 3. Managing a therapy or monitoring a health condition

Matthew would score a possible 1 point because he needs 'supervision, prompting or assistance' to manage his medication and monitor his condition



“I'm on Methadone of 80ml a day which is prescribed and monitored by my Drug and Alcohol Support Service. The Pharmacist at my local pharmacy prepares the dose and supervises me while I take it. They report back to the support service if there's any problems, for example I've failed to attend that day. If I fall off script the consequences of not taking this medication would be opiate withdrawal with serious detrimental effects to my health including a return to "street drugs". My daughter comes round once a week to organise my pills in a dosette box, but she also has to ring me everyday to make sure that I've taken the medication for my mental health or I'll forget.”

Matthew cannot reliably manage his medication or monitor his condition because he cannot do it safely, repeatedly, or to an acceptable standard without the support of his Recovery Worker and the Pharmacist.

Activity 4. Washing and bathing

Matthew would score a possible 2 points because he needs 'supervision or prompting' to be able to wash or bathe.



“I don't have access to a bath at home but there is a walk-in shower. I can't keep myself clean because I lack the motivation to regularly wash, shave, or shower. My daughter tries to tell me that I need to have a wash but it's difficult for her. More often than not I have periods when I don't want to see or speak to anybody and when I'm like this I will not wash for days at a time, often leaving it a week or more before my I'm able to have even a quick wash, and I rarely think to clean my teeth. It's only the encouragement of my daughter that makes me to do this, without her help I wouldn't bother to wash at all.”

Matthew cannot reliably wash and bathe because he cannot do it repeatedly, or to an acceptable standard.

Activity 5. Managing toilet needs or incontinence

Matthew would score a possible 2 points because he needs an 'aid or appliance to be able to manage his toilet needs or incontinence'.



“I have been diagnosed with PTSD and I suffer with night terrors at least 3 times a week. I will suddenly wake up and find that I've soaked the bed with urine. I have a waterproof cover on my mattress. Because it's so frequent and, because I find it hard to keep myself clean, I've developed soreness on my inner upper thigh and groin area. I keep an empty bottle by my bed in case I wake up and manage to reach it on time, but I rarely do. I'll pull the wet sheet off the bed but won't put a clean one on for days because I think what's the point, so I sleep on the plastic cover or on the sofa. I find it very hard to ask for help because I feel so embarrassed about it.”

Matthew cannot reliably manage his incontinence because he cannot do it repeatedly or to an acceptable standard.

Activity 6. Dressing and undressing

Matthew would score a possible 2 points because he needs 'prompting to be able to dress' and/or 'select appropriate clothing'

Activity 6
2
Points

“My anxiety and depression affect my motivation and I spend long periods of time isolated at home. I regularly struggle to motivate myself to dress or undress and, I stay in the same clothes for days at a time (between 1 to 2 weeks), even when soiled. My COPD affects me when I dress or undress because I easily become breathless when exerting myself. Dressing and undressing is very tiring and takes me a long time to do. I need to sit on the bed to dress. I have to get my breath back between each item of clothing and rest for about 15 minutes after I'm fully dressed. I need my daughter to help me get ready in good time, and to wear appropriate clothes for any appointments or visits I have to attend.”

Matthew cannot reliably dress or undress because he cannot do it repeatedly, within a reasonable timescale, or to an acceptable standard.

Activity 9. Engaging with other people face to face

Matthew would score a possible 8 points because he cannot engage with other people due to 'overwhelming significant distress' and the 'substantial risk of harm' to himself or other people.

Activity 9
8
Points

“Due to my mental health conditions of PTSD, social anxiety and opiate addiction I experience very high levels of anxiety when around other people. I spend periods in isolation to cope with my feelings and become distressed at the thought of mixing with strangers, I avoid using public transport or going to busy places because of this. My PTSD results in flashbacks which can be triggered by sounds and smells, these have resulted in my becoming violent and aggressive toward others when my anxiety has become unmanageable. I self-harm when anxious and will often do this once I'm back in the house after having to face these difficult situations. I have behaved in a threatening way toward members of the public several times, on at least two occasions, I've ended up in a police cell overnight. I have a methadone prescription and I also use a top up of Heroin and other street drugs to try and control these feelings. I visit my local shop because I can see from my room when it is quiet enough for me to go in, at other times my brother or daughter will collect shopping for me..”

Matthew cannot reliably engage with other people because he cannot do it safely, repeatedly, or to an acceptable standard.



Activity 10. Making budgeting decisions

Matthew would score a possible 2 points because he needs 'prompting or assistance' to manage his household finances ('complex budgeting decisions')

Activity 10
2
Points

“I am prescribed Methadone to reduce the harmful effects of my opiate addiction and still need to use a top up and other street drugs to help control my feelings. I can't manage my finances without help because my ability to make decisions are affected by my need to prioritise my addiction. In the past I've been made homeless due to not paying my rent and bills. Opiate use has also affected my short-term memory and I struggle to concentrate or plan ahead. My daughter and my brother help me budget for the days ahead. I also need help to make benefit claims and to maintain those claims which, without that help would leave me with no income and a likely return to homelessness and increased illicit drug use. I also don't open and read my post anymore. My daughter has to do this for me, she has to read them to me, explain what they say, and tell me if I need to do anything. Without her help I would fail to respond to the DWP, creditors and the Local Authority which would lead to a loss of income, debt, and homelessness.”

Matthew cannot reliably make complex budgeting decisions because he cannot do it repeatedly, within a reasonable timescale, or to an acceptable standard.

Mobility Component

Activity 11. Planning and following journeys

Matthew would score a possible 10 points because he cannot go out on his own into unfamiliar places because of his 'overwhelming psychological distress'

Activity 11
10
Points

“I suffer with both Anxiety and PTSD and this results in “flashbacks” and episodes of disorientation. My PTSD condition can be triggered by sensory experiences such as smells, sounds and sudden movements and the resulting behaviours are distressing for myself and others to cope with, I can behave aggressively and have been arrested when becoming overwhelmed and behaving erratically whilst out in the past. In order to try and manage my anxiety I isolate myself for periods of time though I become anxious and distressed again at the thought of leaving the house, this causes me to self-harm with an increase in drug use. I am unable to use public transport for these reasons and any appointments or trips I have to undertake will be planned by my brother or my daughter who I will then go with in a taxi, they will stay with me and bring me back. I don't go out to buy drugs and I only buy them from someone I know and trust. I will get lost when on an unfamiliar journey. The only place I go to alone, and only when I feel able, is the small shop across the road and only then when I can see that it's empty.”

Matthew cannot reliably go out into unfamiliar places because he cannot do it safely, repeatedly, or to an acceptable standard.

Activity 12. Planning and following journeys

Matthew would score a possible 4 points because he can only walk/move around a distance of between 50 and 200 metres. He doesn't use an aid.

“My COPD affects my breathing and I get breathless easily when exerting myself, for example walking and going upstairs. I go upstairs on all fours and rest on a stair when needed. I need to have regular rests when walking so that I can get my breath back. Because of this I'm careful of doing too much physically and I move around slowly. I can manage to get to the shop across the road and back but I need to rest in a chair for about 15 minutes afterwards. The shop keeper often remarks on my breathlessness when I go in.”

Matthew cannot reliably move around because he cannot do it repeatedly, within a reasonable timescale, or to an acceptable standard.

Potential Award

Looking at all of the descriptors above, Matthew would be eligible for a potential award of the enhanced rate daily living component and the enhanced rate mobility component because he scores 12 points or more across both sections. Although he has some problems in other areas he didn't score any points for Taking Nutrition, Communicating Verbally, and Reading and Understanding.

Information to support your claim

If you're able to it's a good idea to send any supporting information with your claim form. When you do this make a note on the form of the information you're sending and mark your name, national insurance number and 'PIP claim' on each page of the additional information so that it can be linked to your form if it gets separated.

Supporting evidence does not need to be from your GP. A GP may charge a fee and they may not know enough about your condition or how it affects you on a daily basis. The DWP can also contact your GP or other Healthcare professionals, however the form used doesn't really allow for the sort of information needed so getting as much detail as possible at the start of your claim may be more helpful.

If you're receiving help from another source such as a hospital consultant, mental health services, or a support worker who know more about your condition and symptoms and how they affect you, it may be better to contact them first. To help them do this we've attached template letters (and the Complex Needs Alert) at the back of this guide.



Re: Customer's Name
(Customer's house number, street name and postcode)
NINO:
Date of Birth:
Date:

Organisation Address

To whom it may concern,

I am writing to you regarding [*customer's name*] and their recent claim for Personal Independent Payment. I work for [*Housing First/Brighter Futures/CDAS/Concrete*] as a [*support worker/service co-ordinator*] providing support for [customer's name]. I am writing to support their claim and wish for this to be taken as evidence of their needs.

I am a professional in the area of multiple complex needs/multiple disadvantage and I support [*customer's name*] regularly. Through the time spent with [*her/him/them*] I have experienced the difficulties [*he/she/they*] face[s] on a daily basis.

I have looked at the descriptors and applied my experiences with the customer to the below.

The best approach for this, is for the support worker/service co-ordinator completing this template letter to use as many examples as possible of where they have seen their client struggling in this area. If they have seen evidence of the struggles, i.e. only microwave food packaging around, customer presenting as unkempt or unhygienic etc, this should be mentioned.

I would suggest structuring it around the descriptors so the Decision Maker who reads this evidence sees exactly which descriptors the examples you are providing belongs with.

Remember, this is all based on your evidence of the customer, things you have experienced or witnessed as a professional working with people with complex needs. It isn't just repeating things that they have told you.

1) Preparing Food

Have you seen the customer prepare food? Do they only microwave meals because they can't cook food or do they rely on you taking them to get ready made food? Do you notice anything which could prevent them from preparing or cooking such as a poor attention span, lack of ability to understand or follow cooking instructions, poor grip or the inability to stay standing for long periods?

2) Taking Nutrition

Do they struggle to hold cutlery and need someone to cut food up for them? Have they ever choked due to difficulty swallowing? Do they need someone to tell them when to eat due to memory/cognitive issues? Are they often hungry because they have forgotten to eat, or do they have an eating disorder? Does the customer require medical assistance to feed such as a feeding tube?

3) Managing therapy or monitoring a health condition

Does the customer require support to be able to attend the doctors/Mental Health team to monitor their health condition? Do they forget to order/collect or to take medication? Do they require assistance AT HOME to undertake any physio, bandaging or cream application for more than 3.5 hours per week (If they are supposed to do these things and can't because they don't have the support to, this counts!)

4) Washing and Bathing

Do you find that the customer often doesn't bathe? Is there particular areas of their body that they struggle to clean properly? Can the customer get into both a bath AND a shower? Does the customer need someone to encourage them to clean themselves? Does the customer use aids to bathe/wash?

5) Managing toilet needs and incontinence

Have you ever seen the customer suffer with incontinence? Has there ever been an odour which indicates that the customer has suffered with incontinence of either the bowel or bladder? Does the customer struggle to get in or out of chairs (this would likely show difficulty getting on or off the toilet too)? Do they use aids to use the toilet or have to hold onto something to get on/off?

6) Dressing and undressing

If you visit the customer at home are they often wearing their pyjamas or still wearing the same clothes as the day before? Do you find that their clothes smell/look dirty? Do you need to remind them to get dressed? Do they often wear inappropriate clothing for the occasion/time of year? Do they ever take their clothes off inappropriately?

7) Communicating verbally

Does the customer have a stutter or stammer? Is this more pronounced when they are anxious? Do they have to write notes or use hand signals to make themselves understood? Do they need a hearing aid? If so, does that hearing aid get them to an acceptable standard of hearing? Do they need a sign language interpreter?

8) Reading and understanding signs, symbols and words

Does the customer need you or someone else to help them read their mail? Is this because they have sight problems and cannot see/ they have a cognitive impairment/ learning disability? Has a cognitive impairment or learning disability prevented them from learning to read? Do they use a magnifying glass to read? Can they see signs such as fire exits? Do you have to help them to understand what basic letters or notes say?

9) Engaging with other people face to face

Does the customer resist leaving the house because they are anxious about seeing other people? Do they spend most of their time alone due to anxiety, fear or inappropriate behaviour? Do they need you or someone else with them when they attend appointments and do you need to speak on their behalf? Do you need to calm them down when they get anxious or frustrated with others? Have they ever been verbally or physically aggressive to someone because they are unable to cope with engaging with them? Have they ever put themselves at risk to get away from the situation causing them such a high level of anxiety or frustration? Can they make phone calls themselves?

10) Making budgeting decisions

Are they in arrears with their bills? Are they able to effectively budget and stick to it? Do they understand that they have to pay bills? Are they prone to impulse spending and then having no money left for food? Are they reliant on food parcels for this reason? Do they often go without a necessity because they have run out of food? Do they spend their money on drugs/alcohol as soon as they get paid and have no consideration for other priorities? Are they able to work out what note to use or what change they should get if they visit a shop and buy something? Are they financially exploited by others, leaving them unable to manage their own payments?

11) Planning and following journeys

Do they need you to take them to appointments in either familiar or unfamiliar areas? Are they unable to go to these appointments if you can't take them? Do they get lost and need you or someone else to help them? Can they get themselves somewhere unfamiliar on their own? Have you ever seen them get agitated at not knowing their way somewhere? Are they able to safely go out (i.e are they often under the influence/withdrawing and unable to focus enough to be safe enough to cross a road etc)? Do they have sight issues which affect their safety outdoors on their own? Do they have fits and need to be supervised when outside? Do they need an assistance dog? Do they panic and react in unpredictable ways because they are outside? Have they had a traumatic experience outside and this means that they have extreme anxiety when outside?

12) Moving around

Do you have to walk slowly when with them so that they can keep up? Do they use crutches, wheelchair or a walking stick? Do you have to stop so that they can catch their breath? Are they unsteady on their feet for any reason and there is a risk that they might fall? Do they need a wheelchair but don't have access to one? Do they suffer with such pain from walking that it stops them from going out?

I hope that this provides an in-depth experience of the effect my customer's health problems have on them and the support which they need to undertake the activities listed above. I am happy to provide further evidence for this claim on the below contact details.

Thank you for your consideration.

Doe Bloggs

Practice Manager

Common Issues

1. Lack of Insight

It's sometimes difficult to support someone with their PIP claim if they don't have insight into their condition and how it affects them. You'll need to discuss this sensitively with your customer, however it's also perfectly okay to send a letter of support (such as the one above) which can explain the real life difficulties the person faces on a daily basis. If you're an appointee you can complete the form on behalf of the person you're supporting.

2. Substance Misuse and the affects of withdrawal and Detox on your condition.

You will need to think about how your condition is affected while you're using a substance and during any withdrawal period. If you've recently come out of Detox you may feel fine and able to cope with daily life. Nevertheless it's really important to be realistic, for example: How many times have you been treated on a Detox programme over the past 12 months? In all likelihood how long is it usually before you suffer a relapse? You may not have been misusing substances over the last couple of weeks - do you still experience debilitating mental health symptoms, and how do you cope with these? It's not comfortable thinking about these things, however it's necessary to allow the decision maker (or a Tribunal) to fully understand your condition and not use a snapshot of how you appear at the assessment.

3. Fear of declaring substance misuse.

Remember an addiction or dependency on substances is a medically recognised condition. The DWP, the HP, and possibly a Tribunal, need to know about it so they can make a better informed decision.

4. Worst Day

Many people mistakenly think that they need to fill in the form based on how they are on their worst day. This is a common myth. Some people may only have a worst day once a month and if you fill in the form with this in mind it will not give a realistic picture of your day to day life. For example you write on the form that you cannot walk at all because it's too painful. This is true for you on your worst day which is one day every 2-3 weeks. However on most days you can manage to walk between 50 and 200 metres. You can tell them about your good, bad, and worst days but the correct approach is to tell them how your condition affects you for most of the time.

5. Stoicism

Many people can cope with pain without showing their feelings or complaining about it. Nobody is going to think badly of you if you tell them how much pain you're really in, and how it affects you on a day to day basis. It's important to complete the form with the real level of pain you experience in mind. You may think you can have a bath or shower because you're used to the pain, however compared with someone without your condition or levels of pain you can't manage it without aids and you need to rest for an hour afterwards.



And to reinforce the point perhaps a new "Common Issues" along the lines of

An Aid. Always remember that an aid doesn't just mean special equipment such as perching stools for cooking, grab rails around the bathroom, or walking sticks. Aids can also include work arounds such as using a work surface to balance when cooking; or furniture, radiators, sinks or even walls for support and leverage when getting in and out of a bath, on and off a toilet or up and down onto a bed to dress. Even another person can be an aid – for example someone you have to lean onto for support when walking.

4 The Assessment and Decision Making Process

Arranging the Assessment

When the DWP get your completed PIP form it's sent to a health professional (HP) to see whether any further evidence is needed, this usually means that you'll be assessed.

This stage is especially important for people who struggle with the claims process because of a mental health, intellectual or cognitive impairment, because of a lack of insight into their condition, or symptoms of violence and aggression when the person feels frightened or vulnerable. In these cases the DWP and the assessment provider are under a duty to look at whether the person needs additional support. The HP will need to think about whether a face to face assessment at a clinic would be appropriate and whether an alternative method should be arranged, for example at your home, by telephone or video.

(see 1.6.2 PIP Assessment Guide Part 1:the assessment process - Face to face consultations may be carried out at a range of locations, including an assessment centre, local healthcare centre or in the claimant's own home. This list is not definitive and **the location should take into account the need to provide an appropriate venue to enable the claimant to attend the assessment.**)

If they fail to do this they may have unlawfully discriminated against you.

If you're able to send lots of good evidence with your form, you may have your claim decided without the need for a face to face assessment.

If you have made a claim because you are terminally ill you will automatically receive the enhanced rate daily living component however, a claim for the mobility component will need to be assessed.

If they decide to assess you, the assessment provider must send you a letter at least 7 days in advance asking you to attend. The letter should include the date, time and place of your assessment.

You should check what time, day, and method of assessment you've been given. You may also be asked to travel up to 90 minutes to the assessment centre. If there's any good reason why you can't do any of these things you should contact them as soon as possible to let them know. If your request for an alternative method is refused and you don't attend, your claim may be refused. If this happens you should ask for a mandatory reconsideration of the decision to end your claim and seek help immediately (see section 6, Challenging a PIP decision).

The assessment can be recorded but you must get permission first. There are also rules about what type of equipment can be used. The assessor should also be given a copy at the consultation.

If your first language isn't English you should contact the assessment provider as soon as possible so that they can arrange for an interpreter to be there. You can also have someone with you at the assessment, such as a family member, friend, carer or support worker. They are allowed to give information to the assessor.



The assessment is not a medical which involves diagnosis and treatment of your disability or condition. It focuses on the effects of your health condition and impairment on your day-to-day life, looking at what you can and can't do on most days, not your worst day

Ask for an adjustment

Check with your assessment provider that your assessment centre has everything you need - if it doesn't, you can ask for it. This can help make you feel more comfortable on the day. For example:

- Ask if you'll have to go upstairs, and if there's a lift that can accommodate a wheelchair if you need one
- Ask how roomy the centre is if you get anxious in enclosed spaces - if the rooms or corridors are small, tell them this could make you anxious and see what they can offer you
- Ask for an interpreter or signer if you need one - do this at least 2 working days before your assessment so they have time to organise it
- Ask for the person carrying out the assessment to be the same gender as you if that's important to you
- Ask if you can make an audio recording of the assessment - you must do this AT LEAST 3 days before your assessment and ask your provider about the rules for using recording equipment

Changing the venue

If the location of your assessment is more than 90 minutes away by public transport and you have difficulty travelling long distances, you might be offered an alternative location or home visit.

If your GP normally visits you in your home, you might be offered a home visit instead of a having to go to an assessment centre. Even if this doesn't happen you can ask for a home visit or assessment in another safe place. Your assessment centre will ask you for a letter from your GP or other evidence that you need a home visit or alternative location for your assessment.

To ask for an adjustment, phone your assessment provider using the number on your appointment letter. If you ask for an adjustment and it's not made, this could be discrimination - contact your local Citizens Advice or local Law Centre for help.

At the Consultation

It's important you prepare. The DWP will use information from the assessment to decide if you can get PIP.

Talking about how your condition affects you

You should be prepared to talk about how your condition affects you even if you've already put it all on your PIP claim form. It can be hard to do this but it will really help if you can talk about:

The kind of things you have difficulty with, or can't do at all - for example, walking up steps without help or remembering to go to appointments

How your condition affects you from day to day

What a bad day is like for you - for example, 'On a bad day, I can't walk at all because my injured leg hurts so much' or 'On a bad day, I'm so anxious I can't concentrate on anything'

If you're employed tell the HP what you do on a daily or weekly basis including any reasonable adjustments made by your employer, for example allowing you to start earlier or later in the day, or providing special equipment. If you've had to give up work or change your job due to your health condition or impairment make sure you tell them this.



A Typical Day

Explain as much as possible about how you're affected by your condition(s) on a typical day because this should give the assessor a clearer picture of your day to day life.

It's the 'typical day' information and any informal observations that will be used to support the health professional's (HP) choice of descriptor in the report to the DWP. Don't let the HP rush you and avoid giving only 'yes' or 'no' answers.

A 'snapshot' of your condition on a particular day at a particular time like the date and time of your assessment, isn't enough so tell them if your symptoms fluctuate or vary from day to day, and even during the day. If you have good and bad days tell them how you are most days and how your needs differ on a bad day. This is really important if you're being assessed on a good day. If you have a condition that fluctuates, such as MS, tell them what you're like in relapse and in remission, and whether your symptoms change throughout the day. Establishing a pattern is important, especially if it's a good day when you go.

If you're dependent on alcohol and/or other substances explain how you are while you're using and then, how you are when you're withdrawing. If you've recently completed a detox programme and you're doing well, try to be honest and tell them how likely or unlikely it may be before you relapse. This will help the assessing HP form a real picture of the help you need for most of the time over a period of about 12 months.

The HP will ask you about other activities such as housework, shopping, caring responsibilities, and hobbies as these will give them more information about things like your mobility, manual dexterity, and fatigue. If doing any of these things mean that you can't do anything else that day, then tell them about this.

The HP's report can also include their own informal observations, for example, whether you attended by yourself, your appearance, or the way that you walk. They might ask you how you got to the assessment centre. If you say you came on the bus, they'll make a note that you can travel alone on public transport so make sure you explain what you had to do to cope with that journey, whether you could do this every day, how you felt and the impact it will have on you for the rest of the day.

The assessor will also make a note of your mental state during the assessment - for example, they'll record whether you look depressed or happy, tense or relaxed and how you cope with social interaction.

You might also be asked to carry out some physical tasks during the assessment. Don't feel you have to do things in the assessment that you wouldn't normally be able to do. If you do them on assessment day, the assessor may think you can always do them. If you're not comfortable with something then say so.



Take someone with you for support

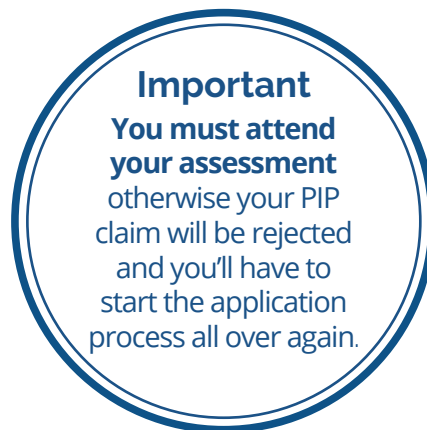
You can take someone with you into the actual assessment if they're 16 or over. This could be anyone who makes you feel more comfortable, like a support worker, friend, relative or carer. If you want they can take part in discussions and take notes for you.

What if you can't go to the assessment?

Contact your assessment provider straight away if you can't make your appointment or if you've already missed it. If you've a good reason for not going they may reschedule it. The number to contact is on your appointment letter.

There are no rules on what's a good reason for missing an assessment but the DWP should take into account your disability, health, and other things that may affect you like a family bereavement, homelessness, or you're in hospital (see Social Security (Personal Independence Payment) Regulations 2013, Regulations 9 & 10).

If your PIP claim is rejected because you missed your assessment, you can ask the DWP to change this decision. You must have been given at least 7 days' written notice of the assessment date (unless you agreed to a shorter notice period). You need to ask for the decision to be looked at again **within 1 month of the date on the letter telling you that your claim has been refused.**



Travel Expenses

- The cost of the journey from your home to the assessment centre (and back again), parking and fuel can be reimbursed. If you take someone with you to the assessment, their travel costs can be reimbursed but only if they travel with you
- You can't get your travel expenses paid before the assessment and you can't be reimbursed for things like meals and loss of earnings
- If you travel by taxi, you must get the centre to approve the use of the taxi before your assessment. If you don't, they may not reimburse the fare
- If you travel by car, even if you're not the driver, the cost of parking can be reimbursed and 25p per mile can be paid towards the cost of fuel

How to claim travel expenses

Ask the receptionist at the assessment centre for a travel expenses claim form and pre-paid self-addressed envelope. Include all your tickets and receipts with the claim form.

The Decision making Process

The HP will complete their report and send it to the DWP decision maker (DM). The DM will look at this, your completed form and any other available evidence before making their decision.

If there is mention of significant health needs, especially mental health and there isn't enough information to make a fully informed decision, the DWP has a duty to seek further medical evidence before making its decision. You, a support worker or carer may get a phone call from the PIP decision maker to see if they can get a bit more information about your needs before making an award.

Sometimes your support worker, carer, or GP will be sent a form by the assessment provider asking for more information. This is usually when they are trying to decide whether to make a decision without a face to face assessment.

Once the decision is made it will be sent to you in a letter telling you which component and how much PIP, if any, the decision maker thinks you are entitled to. If you don't agree with the decision you can ask the DWP to look at it again- see section Section 6 'Challenging a PIP Decision'. There is a 1 calendar month time limit from the date on the decision letter to do this.

Common Issues

Addiction and Mental Health

Some conditions mean that you need help in order to cope with social situations. If you suffer with a mental health condition and/or a substance dependency, you may have had to use that substance before you go to the assessment so that you don't get too anxious or suffer any withdrawal symptoms.

EXAMPLE

Charlotte has been diagnosed with Borderline Personality Disorder and a Heroin Dependency.

Her symptoms include extreme anxiety, panic attacks, depression, paranoia, and periods of psychosis. Her prescription drugs (including Methadone) only take the edge off her symptoms so she continues to use a small top up of Heroin in order to function. Charlotte found it difficult to acknowledge that she was unwell and she felt guilty asking anyone for help. Her friend had already helped her fill in the form and she knew she couldn't cancel because this may have affected her claim. She struggled with the lead up to the assessment and, she was so anxious on the day that she took her usual maintenance dose of Heroin and had a couple of cans of lager before going. Without this she would not have been able to attend

IMPORTANT NOTE:

This can be tricky. Making sure you've put as much information as possible about your dependency on the claim form is really important because it's a medical condition and the HP needs to know about it. They also need to know how you cope with situations like going to the assessment. However be aware that the HP may end the assessment because you're intoxicated (see PIP Assessment Guide part 1, 1.6.50).

However the guidance says that if you're "clearly intoxicated" the HP can end the assessment. Many people with a dependency on substances are intoxicated to some level because they need to use everyday. They're not 'clearly intoxicated' but they do tell the HP that they've used prior to the assessment. As long as you remain cooperative so that the assessment can be completed it should not be ended simply because you've had a drink for example, in order to be able to function. The fact that you have an addiction, a recognised medical condition, should be properly considered by the HP.

'Good Reason' or 'Negative Determination' Decisions

Some decisions will not be about whether you can get any PIP because of your disability or illness. They will refer to whether the DWP think that for example you didn't take part or you didn't cooperate in the assessment, or you failed to return the form on time without a good reason. These decisions are known as a 'good reason' or a 'good cause' decision (see Social Security (Personal Independence Payment) Regulations 2013, Regulations 9 & 10).

If this happens to you seek expert advice immediately, it may be that the DWP failed to consider your circumstances and the nature of your disability when making this decision.

see Social Security (Personal Independence Payment) Regulations 2013, Regulation 10,

and

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/473399/admp6.pdf



5 Special Rules for Prisoners, People in Hospital and Care Homes

PIP if you're a prisoner, on license, or on remand

You must tell PIP when you go into prison or are detained in legal custody and when you're released. If you don't do this you may be overpaid and you will have to repay the debt.

If you're released on license you're not classed as being in legal custody but, if you're released on temporary license you're still classed as being in legal custody.

When does payment of PIP stop?

If you are already receiving PIP before you're imprisoned or detained in legal custody, payment stops after the first 28 days.

This applies whether you've been convicted or are on remand.

Payment may stop sooner if you've been in prison or legal custody within the previous 12 months. This is because they're linked when calculating the 28 days

When you're Released

It's important to note that you remain entitled to PIP as long as you continue to satisfy the disability tests but payment of PIP will stop. You should notify PIP as soon as possible so that your suspended payments can be reinstated to the level you were receiving immediately prior to imprisonment or being detained in legal custody.

PIP is not payable for the first 28 days if entitlement does not begin until the day you are imprisoned or detained in legal custody; or after you have been imprisoned or detained in legal custody.

If you claim PIP while you're in prison, it can't be paid until you are released. Suspended payments are not backdated regardless of the outcome of the proceedings against you.

If you make a claim for PIP and you go in to prison before your entitlement has been decided, you must let PIP know that you are in prison. If PIP is awarded after you have been detained you will only be paid for a fixed period that is, from the date of your claim to the date that you were imprisoned, plus 28 days. Payment will then resume once you are released as long as it is still within the award period.



1

Example 1

You make a new claim for PIP on 03/04/2019. You have a face to face assessment on 23/05/2019. Before a decision is made on your claim you are **sentenced to 6 months in prison on 06/06/2019**. Your service coordinator tells PIP that you are now in prison. A decision to award you the enhanced rate daily living component for 3 years is issued on 01/07/2019.

You'll be paid PIP from 03/04/2019 to 06/06/2019 which is the date that you went to prison. You'll also be paid for a further 28 days after you went to prison so your payment will stop from 03/07/2019. You're released from prison on 07/10/2019. Your service coordinator helps you to contact PIP so that payments can resume from the date of your release to the end of the award period of 3 years.

Example 2

You make a new claim for PIP on 03/04/2019. You have a face to face assessment on 23/05/2019.

Before a decision is made on your claim you're sentenced to 2 years in prison on 06/06/2019. Your release date has been set for 12/06/2021. Your service coordinator tells PIP that you're now in prison. A decision to award you the standard rate daily living component for a fixed period of 12 months is made on 01/07/2019.

You'll be paid PIP from 03/04/2019 to 06/06/2019, which is the date that you went to prison. You'll also be paid for a further 28 days after you went to prison so, your payment will stop from 03/07/2019. However your sentence is not due to end until 12/06/2021 which is after your PIP award ends so you'll have to make a new claim when you're released.

2

Most PIP awards are made for a **fixed period, usually 1, 2 or 5 years**. The usual process for renewals is that 12 months before the end of the award, you are sent a new form to complete (unless you have a certain type of short term fixed period award - see PIP Award Periods in section 1).

Don't assume that the DWP will do this, especially if you haven't kept them up to date with each of your change of circumstances, e.g. going into prison, being moved to another prison, or release. If you've been imprisoned or detained in legal custody and your entitlement to PIP is due to come to an end, you should contact PIP and ask for a new PIP2 form to be issued to you. You should then complete this form and return it to PIP within the given deadline.

On page 36 of the PIP2 form 'Coming to a face to face consultation' you can ask to be assessed while you're in prison or on your release. If you have good supporting written evidence to send with your claim, you can ask them to assess you on the papers.



Prison Leavers, PIP, the Severe Disability Premium (SDP) and UC Transitional SDP elements

The SDP is a premium included in awards of Employment & Support Allowance (ESA), Income Support (IS), Jobseeker's allowance (JSA) or Housing Benefit (HB). You qualify for an SDP if you're getting one of these benefits and receive the daily living component of PIP (and/or other qualifying benefits), you satisfy the immigration rules, you live alone and, no one is receiving Carers Allowance for looking after you.

Some people are financially better off by staying on legacy benefits (such as ESA, JSA, HB) than making a new claim for UC. UC does not include the SDP (currently worth £66.95 a week) and the rate of recovery of court fines and other debts from UC is set at a much higher rate than legacy benefits. Legacy benefits are paid within a couple of weeks of making the claim. UC has a 5-6 week wait for payment which usually means the person requires an advance payment which is then recovered from their ongoing UC award.

The **SDP Gateway** was a rule that prevented certain severely disabled claimants from making a new claim for UC. This made sure that if you were entitled to the SDP you wouldn't end up worse off by having to claim UC. **From 27/01/2021 this SDP Gateway no longer exists.**

Severe Disability Premium (SDP) Gateway & Transitional SDP elements within UC from 27/01/2021

From 27/01/2021 people who are making a new claim for UC under 'natural migration' will no longer be prevented from claiming UC (previously known as the SDP Gateway).

Managed Migration

“You have received a letter from the DWP telling you that you need to make a new claim for UC.”

— Definition of Managed Migration

Natural Migration

“You are in receipt of a legacy benefit, such as ESA, and you have had a change in your circumstances that means you have to claim UC.”

— Definition of Natural Migration

If you're in receipt of the SDP and moving to UC because of a relevant change in circumstances (natural migration) you may be eligible for a Transitional SDP Element within your new claim for UC.

You must

Not be joining an existing UC claimant;

Have been entitled (or been part of a couple where one member was entitled) to an award of income support, income-based JSA or income-related ESA that included an SDP, within the period of a month before the first day on which you became entitled to UC; and

Continue to meet the eligibility conditions for SDP at the time of your UC claim.

Example of 'natural migration' to UC

You were getting PIP daily living and ESA with the SDP immediately before you went to prison on 09/09/2020. You're released on 29/01/2021. Your PIP will have been suspended while you were in prison and you can ask the DWP to reinstate it on your release, however your entitlement to ESA stopped. The SDP gateway which would have prevented you from having to make a new claim for UC leaving you potentially better off financially, ended on 27/01/2021. You continue to satisfy the eligibility conditions for an SDP because of your PIP daily living award, but it has been more than 1 month since you were entitled to ESA and the SDP so you must now claim UC with no Transitional SDP element.



This area of Welfare Benefits can be complex. You should contact your local Citizens Advice for help over the telephone or online, or another independent benefit advice provider such as a Law Centre.



Citizens Advice National Advice Line

0800 144 88 48 0800 144 88 84

<https://www.citizensadvice.org.uk/>

Universal Credit Help to Claim (Citizens Advice)

can also provide benefit checks to see if UC is the appropriate benefit to claim.

National Help to Claim

0800 144 88 44

<https://www.citizensadvice.org.uk/about-us/contact-us/contact-us/help-to-claim/>

Personal Independence Payment if you're in Hospital or a 'similar institution'

(Welfare Reform Act 2012, s.86; Social Security (PIP) Regulations, Reg. 29; ADM Chap.P4: Exceptions to normal payability rules).

You must tell PIP when you go into hospital or a similar institution and when you are discharged. If you don't do this you may be overpaid and you will have to repay the debt.

If you make a claim for PIP and you go into hospital or a similar institution before your entitlement has been decided, you must let PIP know. If you do not tell PIP that you are in hospital or a similar institution, you may be overpaid and you will have to repay the debt.

The term 'similar institution'

is not defined in legislation, but you must be receiving inpatient medical treatment or professional nursing care under NHS legislation (this can include some detox and rehabilitation programmes, some care homes, and hospices).

If you're aged 18 or over on the day that you enter hospital, neither the daily living component nor the mobility component of PIP is payable while you are an inpatient where any of the costs of your treatment, accommodation, or related services are met out of public funds for example, the Local Authority.

PIP can generally be paid for the first 28 days of a hospital stay. If you're aged between 16 and 18 when you go into hospital or a similar institution, you continue to be paid PIP regardless of how long your stay will be.

PIP payments

PIP payments can stop earlier if you have been in hospital in the 28 days before the current hospital stay because these periods are linked when calculating the 28 days.

It's important to understand that your entitlement to PIP remains and that it's only payment of PIP that stops while you're in hospital. When you're discharged you should contact PIP immediately so that you can start being be paid again as soon as possible. You should not have to make a new claim unless your existing award is ending.



Personal Independence Payment if you're in a care home

You must tell PIP when you go in to a care home and, if it is only a temporary stay you need to tell them when you leave the care home. If you don't do this you may be overpaid and you will have to repay the debt.

If you already have an award of the daily living component before you move into a care home it can continue for up to 28 days.

Payment of PIP may stop sooner if you have been in a care home within the previous 28 days as these periods are linked when calculating the 28 days. The mobility component is not usually affected.

The daily living component of PIP is not normally paid while you are staying in a care home in which any of the costs of your accommodation, board, personal care, or other services are met out of public or local funds. You can still apply for it because if you're entitled to it you can receive payment for any day you're away from the care home, for example a weekend away with family.

Exceptions to the non-payment of the daily living component while living in a care home

The daily living component is payable if you are:

- Terminally ill and in a hospice
- You're under the age of 18 and a local authority has placed you with someone in a private dwelling because of your health or disability;
- You are living outside the UK and being funded under the Education Act; or
- You're paying your own fees and not getting any funding from the local authority.

Common Issue

A care home is defined as an "establishment that provides accommodation together with nursing or personal care.

It's quite common to be living in a Homelessness Hostel, or in a Retired Living Complex when you make the claim for PIP. In some cases people have been given PIP but been told that they can't receive the daily living component because the DWP think they are receiving care with their accommodation. If this isn't the case you should make it very clear on your claim form that you are not receiving any nursing or personal care from the Hostel/Retired Living staff. If you didn't do this don't worry, contact PIP as soon as you can and payment should be instated from your date of claim.

Care Home Definition

“Establishment that provides accommodation together with nursing or personal care.”



6 Challenging a PIP Decision

Mandatory Reconsideration (MR)

It's always a good idea to focus on early intervention. A well completed PIP form with lots of relevant information, details of why you can't complete an activity (see section 3), and good supporting evidence is less likely to lead to a negative decision, though this isn't guaranteed. If you and/or your support worker need help with this you should get expert advice. You should contact your local Welfare Benefits Advice agency such as, a local Citizens Advice office or Law Centre. Some support agencies have a Welfare Benefits Caseworker embedded within their support team.

However if you do not agree with your PIP decision you can ask for Mandatory Reconsideration.

What is Mandatory Reconsideration?

Mandatory Reconsideration is simply a way of asking the DWP to look at your PIP decision again. A different decision maker will look at your claim and make a new decision. This new decision is called a Mandatory Reconsideration Decision and you will need to send a copy of this letter to the Tribunal Service (HMCTS) should you choose to appeal later on.

You can ask for your claim to be looked at again if you disagree with a decision about for example, your entitlement to benefit; a decision that says you have been paid too much benefit; or a decision to say that your claim has been ended for some reason such as you did not return your PIP form on time.

How do you ask for a Mandatory Reconsideration?

You can ask for MR by contacting the DWP by telephone, by letter, or by completing and printing off an online form at <https://www.gov.uk/government/publications/challenge-a-decision-made-by-the-department-for-work-and-pensions-dwp>

It is usually better to use the telephone option only when you're running out of time and you need to meet the 1 month deadline. You can tell PIP that you will be sending supporting evidence as soon as possible giving all your reasons why you think the decision is wrong which could include supporting information such as, a letter from your support worker or service coordinator, your GP, Mental Health worker, Consultant, or Therapist.

Note

If you ask your GP for a letter there may be a fee attached. If you are receiving help from another source such as a hospital consultant, mental health services, or a support worker who know more about your condition and symptoms and how they affect you, it may be better to contact them first.

If possible try to treat the MR as though you're at an appeal hearing. You don't have to refer to the law but you do need to understand the basic qualifying criteria for PIP (see sections 1 and 2), and provide detailed information about how your condition affects you (see section 3). If your case is a bit more complicated, for example you are challenging an overpayment decision, you may want to contact a specialist adviser at your local CA office or Law Centre.



Time Limits

There is a strict time limit when asking the DWP to look at its decision again. You must always ask for a MR within **1 calendar month of the date on the decision letter**.

EXAMPLE

You receive a letter from PIP on 5th October. The letter tells you that you're not entitled to either component of PIP. The date on the top of the letter is the 30th of September so although you received the letter on 5th October, your request for Mandatory Reconsideration must reach the DWP no later than the 30th of October.

What if you miss the 1 month Time Limit?

The 1 month time limit can be extended in some circumstances. You will need to show that there were exceptional circumstances which meant that you could not ask for MR within the initial 1 month period for example you've been ill. However you can't ask for MR if it is more than 13 months after the original date of your PIP decision letter.

EXAMPLE 1

Your decision not to award you PIP is dated 10/09/2019 but you never received the decision letter which had been sent to the hostel you were staying at when you made your claim for PIP and, you were evicted from that Hostel on 24/08/2019. Since being evicted you have been struggling with your mental health and have been sleeping rough and found it difficult to access services. Your original PIP decision letter was dated 10/09/2019 so the absolute time limit in which to ask for MR is 10/10/2020. It is now 13/05/2020 and you are receiving help from a homelessness support service. Your support worker or service coordinator may be able to help you ask for a late MR. This is because you can show that you were experiencing exceptional circumstances which meant that you could not ask for your claim to be looked at again sooner and, it is still within the absolute time limit of 10/10/2020.

EXAMPLE 2

Your decision not to award you PIP is dated 10/09/2019 but you never received the decision letter which had been sent to the hostel you were staying at when you made your claim for PIP and, you were evicted from that Hostel on 24/08/2019. Since being evicted you have been struggling with your mental health and have been sleeping rough and found it difficult to access services. Your original PIP decision letter was dated 10/09/2019 so the absolute time limit in which to ask for MR is 10/10/2020. It is now 21/10/2020 and you are receiving help from a homelessness support service. You will not be able to ask for a late MR because it is now 11 days after the end of the absolute time limit of 13 months.



Why is a well supported Mandatory Reconsideration important?

A good MR can mean that:

You receive the outcome you want at an earlier stage in the process. Currently the average waiting times for an appeal to be heard is between 9 and 12 months.

You don't have to appeal to an independent Tribunal and attend a hearing in court. Although slightly less formal than other court appearances, waiting for and attending an appeal hearing is a very stressful process. People with significant mental health issues, and/or a substance dependency will often choose not to attend and give up on their legal right to PIP because the whole thing is too much for them to deal with.

Your emotional and physical well-being is improved sooner rather than later. A PIP award can be used to pay for the help you need to cope with your disability such as a carer, therapy, or to cover the costs of a new hobby or much needed day out.

If you receive other means tested benefits these may increase because you have been awarded PIP (see section 1).

The payment of large lump sums following a successful appeal is significantly reduced. Many people have received thousands of pounds worth of backdated benefit after winning an appeal and this has raised safeguarding issues for some vulnerable people.

From 18 October 2021 payments of benefit arrears can be staggered rather than be paid as a lump sum where -

- The decision maker believes it is necessary to protect the interests of the claimant; and
- The claimant gives their consent.

A specialist Advanced Customer Support Team will consider whether it's in the best interests of the claimant to stagger payments of arrears considering the individual circumstances of the claimant.

Both the claimant and the decision maker must agree it is in the claimant's best interests.

*(DMG Memo 13/21 and ADM Memo 18/21 are available from gov.uk.
Social Security Benefits (Claims and Payments) (Amendment) Regulations 2021 (SI.No.1065/2021))*

Appealing to the First Tier Tribunal (FTT)

What is an appeal?

Before you appeal you must ask for the decision about your benefits to be looked at again (see Mandatory Reconsideration).

If you disagree with your MR decision you can appeal directly to a tribunal at Her Majesty's Courts & Tribunal Service (HMCTS). Appeals are decided by the Social Security and Child Support Tribunal (SSCS). The tribunal is independent of the DWP and any other party to the appeal including yourself, and after considering the written evidence it will listen to both sides before making a decision.

Decisions you can't appeal against

There are some decisions that you can't appeal against. The letter telling you about the decision must say if you can appeal and how to do this.

You usually can't appeal against decisions such as when and how to pay your benefit, and suspension of your benefit because the DWP wish to investigate if you're still entitled. However the entitlement decision that results from the investigation can be appealed.

If you're not sure if you can appeal or you need help while your claim is suspended, contact your nearest Citizens Advice or other independent Welfare Advice agency such as a Law Centre.



How to appeal

You can make your application to appeal online at <https://www.gov.uk/appeal-benefit-decision/submit-appeal>

You can also appeal by post. You should print off and complete form SSCS1PE which can be found at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873089/sscs1-pe-eng.pdf

You will need to send a copy of your MR decision letter with your appeal form (if you're applying online, you will be asked for details from the MR decision, but you won't need to scan a copy of it because the DWP will send it to the Tribunal. If you don't have a copy you must say why you haven't got one in the relevant section on the form. Don't worry if you don't have any letters or other information yet (such as a report from your doctor or a letter from your support worker), once you've submitted your appeal you can send it in at a later date.

You will be asked to give reasons for your appeal. If you prefer to attach a detailed letter (for example the letter you sent with your MR stating the reasons why you think the decision is wrong) then just write 'see letter attached' in the box provided.

The form will also ask whether you want to go to your hearing. If you choose not to attend, your case will be decided on the paper evidence alone. You will also not be told when your hearing is taking place. For most cases our advice would be to attend the hearing if you possibly can. This is because the success rate of a paper hearing remains much lower than those that are heard face to face. Going to your hearing means that you have the opportunity to give your side of the story in full and it helps the tribunal make a more informed decision about your entitlement to PIP. Freedom of Information Request (FOI) data for 2000-2014, show that some 48% percent of face to face benefit appeals were allowed, whereas the proportion of allowed paper appeals was only 15%.

Time Limits

There is a strict time limit when asking for an appeal. You must always appeal **within 1 calendar month of the date on the MR decision letter**.

You receive a MR decision letter from PIP on 5th October. The letter tells you that the original decision not to award you PIP has not changed. The date on the top of the letter is the 30th of September so although you received the letter on 5th October, your appeal must reach the Tribunal Service no later than the 30th of October



What if you miss the 1 month Time Limit?

The 1 month time limit to appeal can be extended in some circumstances. You will need to show that there were exceptional circumstances which meant that you could not appeal within the initial 1 month period for example you've been ill. However you can't appeal if it is more than 13 months after the original date of your MR decision letter.

EXAMPLE 1

Your MR decision letter telling you that you're still not entitled to PIP is dated 10/09/2019 but you never received the decision letter which had been sent to the hostel you were staying at when you were supported to ask for an MR and, you were evicted from that Hostel on 24/08/2019. Since being evicted you have been struggling with your mental health and have been sleeping rough and found it difficult to access services. Your MR decision letter was dated 10/09/2019 so the absolute time limit in which to appeal is 10/10/2020. It is now 13/05/2020 and you're receiving help from a homelessness support service. Your support worker or service coordinator may be able to help you ask for a late appeal to be accepted. This is because you can show that you were experiencing exceptional circumstances which meant that you could not ask for an appeal sooner and, it is still within the absolute time limit of 10/10/2020.

EXAMPLE 2

Your MR decision is dated 10/09/2019 but you never received the decision letter which had been sent to the hostel you were staying at when you were supported to ask for an MR and, you were evicted from that Hostel on 24/08/2019. Since being evicted you have been struggling with your mental health and have been sleeping rough and found it difficult to access services. Your original MR decision letter was dated 10/09/2019 so the absolute time limit in which to appeal is 10/10/2020. It is now 21/10/2020 and you are receiving help from a homelessness support service. You will not be able to appeal because it is now 11 days after the end of the absolute time limit of 13 months.

Preparing a case for your Appeal

The DWP can change their mind at any stage of the challenge process, including after you have appealed, so send copies of any supporting evidence to the DWP as well as the Tribunal Service. A decision maker at the DWP could change the decision in your favour before the appeal is heard and you wouldn't have to go to a tribunal hearing. You would then have brand new appeal rights if you still don't agree with the decision.

If you think you're going to need help to prepare your case you can ask someone else to help you. This person is called your representative. If you have access to a welfare benefits specialist within your supporting organisation you should contact them or ask your support worker to arrange a meeting with them.



You should only ask a friend or relative to act as your representative if you think they will be able to carry out the activities in the box below. You may want to get help from a trained representative through an advice agency such as your local Citizens Advice office, Law Centre, or Trade Union.

The person you choose to be your representative should be able to:

- Advise you of whether you have any ground to appeal and whether appealing may endanger any existing award of PIP or any other benefits you're receiving
- Tell you what evidence you need to support your appeal and help you gather the necessary information
- Talk to the DWP to see if it's possible to change the decision in your favour without going to a tribunal (revision)
- Research and understand the law
- Talk to the Tribunal Service (HMCTS)
- Prepare a written statement (or submission) for the tribunal hearing
- Give you advice on other benefits you may be entitled to and,
- Help you with anything you need to do after the tribunal hearing

What will happen at the Hearing?

You should make sure that you take your copy of the appeal papers with you to the hearing. This is the large bundle of paper you were sent from the DWP which will include everything to do with your appeal including your claim form(s), PIP assessment report(s), medical evidence, as well as any written statement or other supporting information you have sent in. If you do not have this the hearing may be adjourned for another day.

Note

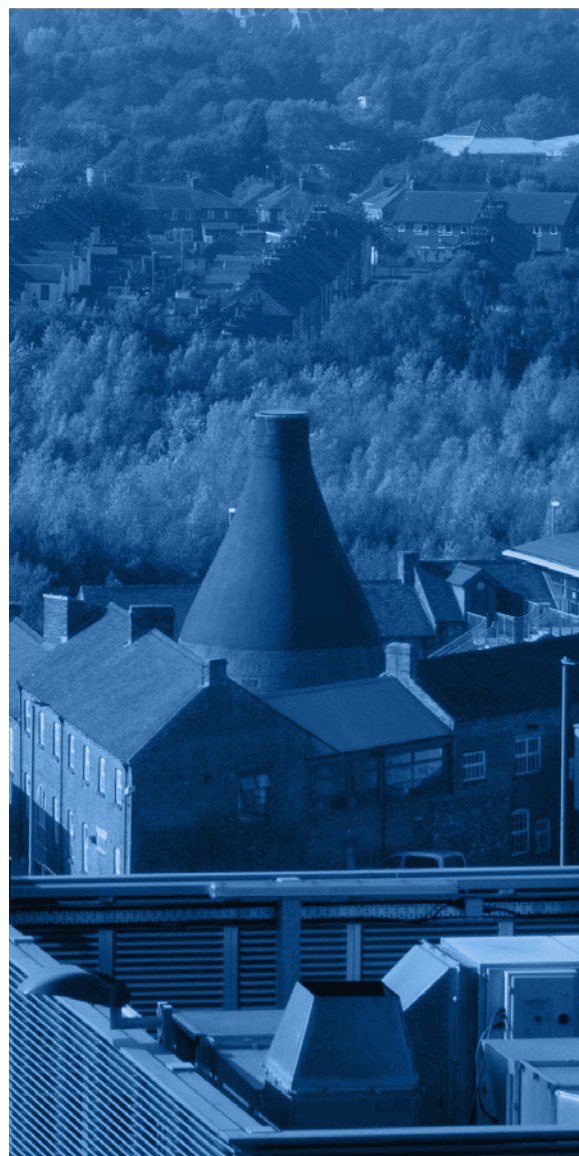
If you have new evidence which did not arrive in time to be sent to the tribunal service don't worry, you can take it to the hearing and give it to the clerk who will pass it on to the tribunal.

You should arrive at least 15 minutes before your hearing. This will give you time to report to the reception/court desk and go the toilet if you need to. If you need any special assistance, for example a wheelchair or someone to be with you throughout the hearing, you should let the reception/court desk know when you arrive. You can also do this on the SSCS1 PE form you send at the start of your appeal.

The Tribunal Clerk will show you where to go and take any new bits of information from you. They will then take you into the hearing room and show you where to sit.

At the hearing there will be:

- A Tribunal Judge
- A Medical Professional, usually a doctor
- Someone with experience of disability issues



There will also be a Tribunal Clerk who will be sat to one side of the Court. The Clerk has nothing to do with the decision making process.

Other people at the hearing will include:

- You (the Appellant)
- Your Representative, support worker, or carer if you have one
- Sometimes a Presenting Officer from PIP (The Respondent)

You can take a friend or family member with you for additional reassurance and support.

The Tribunal will be led by the Judge who will introduce themselves and the other members before letting you know how the hearing will proceed. The tribunal will ask you and your support if you have any questions about your disability and how it affects you. If you have a representative they will sometimes be asked if they have anything to add. The tribunal will have reviewed your appeal papers before doing this. The hearing can last for anything between 40 minutes to an hour depending on how difficult the case is.

After the hearing the tribunal will make its decision. This will either be given to you on the day or sent to you in the post a few days later.

Further information about how to appeal and what happens at the hearing can be found at <https://publiclawproject.org.uk/wp-content/uploads/2018/07/Introduction-to-tribunals-in-social-security.pdf>

Making a new claim during your appeal

In some cases you can make a new claim for PIP while you wait for the outcome of your appeal. This is useful if for example, you have new, strong supporting evidence that you didn't have at the time of your last claim. However the tribunal will only be able to make a decision about your entitlement from the date of your first claim to the date of your new claim.

If your appeal is successful but your new claim is refused, you'll only get a benefit payment up to the day before your new claim.

Remember a decision on your new claim can be looked at again under MR and you can appeal it if needed.

Appealing to the Upper Tribunal (UT)

If you disagree with the tribunal's decision you might be able to challenge it.

You can't appeal a tribunal's decision just because you don't agree with it. You can only do this if you can show that the tribunal made a mistake in law when they decided your appeal. This is referred to as an 'error of law'.

If you want to appeal to the Upper Tribunal you should ask for help from your local Citizens Advice office, Law Centre, or Solicitor as soon as possible.

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Note

Finding an 'error of law' is not easy. Don't worry if you're not able to get help from an experienced advisor. As long as you follow the correct procedure for appealing to the Upper Tribunal and give your reasons why you think the decision is wrong, it won't matter too much. If there is an error of law in the tribunal's decision the UT Judge will find it.

Before appealing to the UT you have to ask the tribunal that heard your appeal to send you a 'statement of reasons'. This should tell you how and why the tribunal came to its decision and you should be able to understand it.

Time Limits

You must ask for the statement of reasons within **one calendar month of the date of the tribunal's decision**. The letter that comes with your decision notice should tell you how to do this. You can take this statement of reasons with you to your appointment at the CAB or other advice agency. They can look at the statement and tell you whether you have any grounds to appeal to the UT and, whether they can help you with this.

Once you've had a look at the tribunal's reasons for the decision, if you still think that the tribunal made a mistake you have another **1 calendar month from the date on the statement of reasons to ask for leave to appeal**.

If permission to appeal is refused you have a further **1 calendar month from the date on the refusal decision to apply directly to the UT**.



Resources: 1 - PIP Supporting Letter Template

Re: Customer's Name
(Customer's house number, street name and postcode)
NINO:
Date of Birth:
Date:

Organisation Address

To whom it may concern,

I am writing to you regarding [*customer's name*] and their recent claim for Personal Independent Payment. I work for [*Housing First/Brighter Futures/CDAS/Concrete*] as a [*support worker/service co-ordinator*] providing support for [customer's name]. I am writing to support their claim and wish for this to be taken as evidence of their needs.

I am a professional in the area of multiple complex needs/multiple disadvantage and I support [*customer's name*] regularly. Through the time spent with [*her/him/them*] I have experienced the difficulties [*he/she/they*] face[s] on a daily basis.

I have looked at the descriptors and applied my experiences with the customer to the below.

The best approach for this, is for the support worker/service co-ordinator completing this template letter to use as many examples as possible of where they have seen their client struggling in this area. If they have seen evidence of the struggles, i.e. only microwave food packaging around, customer presenting as unkempt or unhygienic etc, this should be mentioned.

I would suggest structuring it around the descriptors so the Decision Maker who reads this evidence sees exactly which descriptors the examples you are providing belongs with.

Remember, this is all based on your evidence of the customer, things you have experienced or witnessed as a professional working with people with complex needs. It isn't just repeating things that they have told you.

1) Preparing Food

Have you seen the customer prepare food? Do they only microwave meals because they can't cook food or do they rely on you taking them to get ready made food? Do you notice anything which could prevent them from preparing or cooking such as a poor attention span, lack of ability to understand or follow cooking instructions, poor grip or the inability to stay standing for long periods?

2) Taking Nutrition

Do they struggle to hold cutlery and need someone to cut food up for them? Have they ever choked due to difficulty swallowing? Do they need someone to tell them when to eat due to memory/cognitive issues? Are they often hungry because they have forgotten to eat, or do they have an eating disorder? Does the customer require medical assistance to feed such as a feeding tube?

3) Managing therapy or monitoring a health condition

Does the customer require support to be able to attend the doctors/Mental Health team to monitor their health condition? Do they forget to order/collect or to take medication? Do they require assistance AT HOME to undertake any physio, bandaging or cream application for more than 3.5 hours per week (If they are supposed to do these things and can't because they don't have the support to, this counts!)

4) Washing and Bathing

Do you find that the customer often doesn't bathe? Is there particular areas of their body that they struggle to clean properly? Can the customer get into both a bath AND a shower? Does the customer need someone to encourage them to clean themselves? Does the customer use aids to bathe/wash?

5) Managing toilet needs and incontinence

Have you ever seen the customer suffer with incontinence? Has there ever been an odour which indicates that the customer has suffered with incontinence of either the bowel or bladder? Does the customer struggle to get in or out of chairs (this would likely show difficulty getting on or off the toilet too)? Do they use aids to use the toilet or have to hold onto something to get on/off

6) Dressing and undressing

If you visit the customer at home are they often wearing their pyjamas or still wearing the same clothes as the day before? Do you find that their clothes smell/look dirty? Do you need to remind them to get dressed? Do they often wear inappropriate clothing for the occasion/time of year? Do they ever take their clothes off inappropriately?

7) Communicating verbally

Does the customer have a stutter or stammer? Is this more pronounced when they are anxious? Do they have to write notes or use hand signals to make themselves understood? Do they need a hearing aid? If so, does that hearing aid get them to an acceptable standard of hearing? Do they need a sign language interpreter?

8) Reading and understanding signs, symbols and words

Does the customer need you or someone else to help them read their mail? Is this because they have sight problems and cannot see/ they have a cognitive impairment/ learning disability? Has a cognitive impairment or learning disability prevented them from learning to read? Do they use a magnifying glass to read? Can they see signs such as fire exits? Do you have to help them to understand what basic letters or notes say?

9) Engaging with other people face to face

Does the customer resist leaving the house because they are anxious about seeing other people? Do they spend most of their time alone due to anxiety, fear or inappropriate behaviour? Do they need you or someone else with them when they attend appointments and do you need to speak on their behalf? Do you need to calm them down when they get anxious or frustrated with others? Have they ever been verbally or physically aggressive to someone because they are unable to cope with engaging with them? Have they ever put themselves at risk to get away from the situation causing them such a high level of anxiety or frustration? Can they make phone calls themselves?

10) Making budgeting decisions

Are they in arrears with their bills? Are they able to effectively budget and stick to it? Do they understand that they have to pay bills? Are they prone to impulse spending and then having no money left for food? Are they reliant on food parcels for this reason? Do they often go without a necessity because they have run out of food? Do they spend their money on drugs/alcohol as soon as they get paid and have no consideration for other priorities? Are they able to work out what note to use or what change they should get if they visit a shop and buy something? Are they financially exploited by others, leaving them unable to manage their own payments?

11) Planning and following journeys

Do they need you to take them to appointments in either familiar or unfamiliar areas? Are they unable to go to these appointments if you can't take them? Do they get lost and need you or someone else to help them? Can they get themselves somewhere unfamiliar on their own? Have you ever seen them get agitated at not knowing their way somewhere? Are they able to safely go out (i.e are they often under the influence/withdrawing and unable to focus enough to be safe enough to cross a road etc)? Do they have sight issues which affect their safety outdoors on their own? Do they have fits and need to be supervised when outside? Do they need an assistance dog? Do they panic and react in unpredictable ways because they are outside? Have they had a traumatic experience outside and this means that they have extreme anxiety when outside?

12) Moving around

Do you have to walk slowly when with them so that they can keep up? Do they use crutches, wheelchair or a walking stick? Do you have to stop so that they can catch their breath? Are they unsteady on their feet for any reason and there is a risk that they might fall? Do they need a wheelchair but don't have access to one? Do they suffer with such pain from walking that it stops them from going out?

I hope that this provides an in-depth experience of the effect my customer's health problems have on them and the support which they need to undertake the activities listed above. I am happy to provide further evidence for this claim on the below contact details.

Thank you for your consideration.

John Doe

Practice Manager

Resources: 2 - Complex Needs Alert

1. Formal request for support

My name: _____ National Insurance Number: _____

Address: _____

I am claiming that *Subject's name* and have Complex Needs for the reason(s) set out below. I specifically and formally request that you ensure that all steps and adjustments are made and support provided, as part of Complex Needs or other related safeguarding policies you operate or should operate relating to vulnerable people.

2. Reason(s) I have Complex Needs

Diagnoses: _____

Other personal circumstances that are relevant: _____

3. The kind of protection I need

Please ensure special consideration and support is given in relation to the following:

I will struggle to make or run a fully accurate claim and need special help

I need home visits because I cannot attend appointments

I am unfairly vulnerable to sanctions for reasons outside my control

I am vulnerable to the effect of alcohol/drugs/impacts of prescribed medication

I will struggle to notify change of circumstances because of my vulnerability

Other needs/problems (specify) _____

4. I request that you obtain extra information concerning my vulnerability

I wish to nominate a health professional and/or support worker (details below) who has knowledge of me, and request that you contact them now to gather information about my Complex Needs and related vulnerability. I request that this is done as a preventative measure, so that incorrect decisions or processes are therefore avoided. I expressly request that they are contacted before any adverse decisions are made against me.

Name and Job Title: _____

Contact details: _____

5. My nominated third party

Please consult my support worker (e.g. social worker, adviser, or someone else who can help resolve issues) about any problems with my claim:

Name and Job Title: _____

Contact details: _____

6. Data Protection

I fully authorise any person(s) specified in sections 5 and/or 6 above to receive and/or disclose any information whatsoever about me in relation to my benefit entitlements.

Dane Doe

Date

Resources: 3 - Other Resources

Legislation

The Social Security (Personal Independence Payment) Regulations 2013 ([legislation.gov.uk](https://www.legislation.gov.uk))

The Universal Credit, Personal Independence Payment, Jobseeker's Allowance and Employment and Support Allowance (Claims and Payments) Regulations 2013 ([legislation.gov.uk](https://www.legislation.gov.uk))

The Universal Credit, Personal Independence Payment, Jobseeker's Allowance and Employment and Support Allowance (Decisions and Appeals) Regulations 2013 ([legislation.gov.uk](https://www.legislation.gov.uk))

Guidance

PIP Assessment Guide for Assessment Providers - Parts 1,2 & 3

Personal Independence Payment (PIP) assessment guide for assessment providers

GOV.UK (www.gov.uk)

Advice for Decision Makers

Payment of PIP

ADM Chapter B1: Payment of UC, PIP, ESA and JSA (publishing.service.gov.uk)

PIP conditions of entitlement

ADM chapter P1: conditions of entitlement (publishing.service.gov.uk)

Assessment for PIP

ADM Chapter P2: Assessment for PIP (publishing.service.gov.uk)

Hospitals, similar institutions, and care homes

ADM Chapter P3 (publishing.service.gov.uk)

Exceptions to normal payability rules- Hospitals, similar institutions, and Prisoners

ADM Chapter P4 (publishing.service.gov.uk)

PIP Good Reason

Chapter P6: Good Reason (publishing.service.gov.uk)

Useful organisations and websites

CPAG (Child Poverty Action Group)

Welfare rights | CPAG (cpag.org.uk)

An Advisers Guide to Personal Independence Payment Legislation & Case Law

pipinfo (pipinfo.net)

Advice Guide - where you can look for advice and search for your local Citizens Advice Office

Citizens Advice (www.citizensadvice.org.uk)

The Law Centres Network

The Law Centres Network (www.lawcentres.org.uk)

Search for your nearest Law Centre

Geographically ([lawcentres.org.uk](https://www.lawcentres.org.uk))



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