

Personal Independence Payment

A Guide to Making a Claim

April 2025

A guide to claiming PIP for people with a disability or long-term health condition

Our guide to personal independence payment (PIP)

This guide is divided into three sections:

- 1** The first section tells you what PIP is and how you qualify for it. It explains how PIP is assessed. It also looks at what will happen if you are already getting disability living allowance.
- 2** The second section explains how to claim PIP. It includes step-by-step instructions on how to complete the *How your disability affects you* form. It also explains ways you can improve your chances of success.
- 3** The third section gives you reference material, including a glossary and the detailed rules used to assess your claim.

Personal independence payment

A guide to making a claim

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Disability Rights UK has tried to ensure the content of this guide is accurate. However, the rules for PIP are subject to change. Wherever possible we shall update the content of this guide as changes occur.

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PERSONAL INDEPENDENCE PAYMENT

A guide to making a claim

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1: THINKING ABOUT CLAIMING?

What is personal independence payment?

ABOUT THE BENEFIT

Personal independence payment (PIP) is a benefit for adults who need help taking part in everyday life or who find it difficult to get around. It is available in England, Northern Ireland and Wales.

The Department for Work and Pensions (DWP) are responsible for PIP and they will make the decision on your claim.

PIP is tax free and you do not need to have paid National Insurance contributions to get it. PIP is not affected by any earnings or other income you get. Nor is it affected by any capital or savings you have. You can get PIP whether you are in or out of work. It is almost always paid in full in addition to any other benefits that you get.

PIP is for you, not for a carer. You can get PIP whether or not you have someone helping you. What matters is the effect your disability or health condition has on you and the help you need, not whether you actually get that help. You can spend your PIP on anything you like. PIP acts as a 'passport' for other types of help, such as the Motability scheme (see *Other ways PIP can help you*).

In Scotland, '*adult disability payment*' has replaced PIP. For details, see our guide *Adult Disability Payment: A Guide to The Benefit* (www.disabilityrightsuk.org/resources/adult-disability-payment-scotland).

HOW IS PIP MADE UP?

PIP comes in two parts:

- **a daily living component** – for help taking part in everyday life;
- **a mobility component** – for help with getting around.

You can be paid either the daily living component or the mobility component on its own, or both components at the same time.

Each component is paid at two different levels: a '*standard rate*' and an '*enhanced rate*'. The rate you are paid depends on whether your ability to carry out daily living or mobility activities is '*limited*' or '*severely limited*'. This is tested under the PIP assessment.

Who is eligible?

THE QUALIFYING CONDITIONS

To be entitled to PIP, you must meet the basic qualifying conditions (see *Appendix A*). These relate to your age, where you normally live and whether you have spent time out of the country in the last three years.

You must also meet the disability conditions. These look at your daily living needs (see *Appendix B*) and your mobility needs (see *Appendix C*). They are considered under the PIP assessment.

You must have met the disability conditions for a ‘*qualifying period*’. This is about how long you have had and are expected to have your needs (see *Appendix A*).

There are ‘*special rules*’ for claiming PIP if you are nearing the end of your life (see *Step 1 of Section 2*).

Are there age limits to PIP?

You will not be able to claim PIP for the first time once you have reached pension age (currently 66), but you will be able to stay on PIP if you have claimed or received it before reaching that age.

If you have reached pension age, you can claim attendance allowance instead if you have care needs.

You cannot claim PIP until you are 16. If you have a child under the age of 16 who has care needs or mobility problems, they can claim disability living allowance instead.

The PIP assessment

THE DISABILITY CONDITIONS

The PIP assessment aims to test your ability to take part in everyday life. It is points-related and based on your ability to complete a range of tasks under 12 activity headings. These relate to your daily living needs and your mobility. The number of points you score will determine whether or not you are entitled to either component of PIP and if you are, at which rate.

Ten daily living activity headings

- Preparing food
- Taking nutrition
- Managing therapy or monitoring a health condition
- Washing and bathing
- Managing toilet needs or incontinence
- Dressing and undressing
- Communicating verbally
- Reading and understanding signs, symbols and words
- Engaging with other people face to face
- Making budgeting decisions

Two mobility activity headings

- Planning and following journeys
- Moving around

SCORING POINTS

Under each activity heading is a list of ‘*descriptors*’ with scores ranging from 0 to 12 points. The descriptors explain related tasks of varying degrees of difficulty and different types of help you need to complete each task (see *Appendices B* and *C*).

You score points when you are not able to complete a task safely, to an acceptable standard, repeatedly and in a reasonable time (see the box below).

If more than one descriptor applies to you under an activity heading, only the score from the one with the highest points is included. The highest descriptor score from each activity heading is then added together to work out your points for each component.

Safely: In a way that is unlikely to cause harm to you or anyone else, either during or after you have completed the task. The DWP must consider whether there is a real possibility of harm occurring that cannot be ignored, considering the nature and gravity of the harm in question.

To an acceptable standard: A standard that is good enough; ie of a standard that most people would normally expect to achieve. An example of not completing a task to an acceptable standard would be if you can wash yourself but you do not realise you have done so inadequately and are still not clean after you have finished.

Repeatedly: Being able to repeat the task as often as is reasonably required. The cumulative effects of symptoms such as pain and fatigue are relevant because the effort of completing a task could make it harder for you to repeat it or to complete other tasks. For instance, if you are able to prepare breakfast without help, but the exhaustion from doing this means that you could not prepare another meal that day, you should be treated as being unable to prepare a meal unaided. This is because it is reasonable to expect someone to be able to prepare more than one meal a day.

In a reasonable time: No more than twice as long as the maximum time normally taken by someone without a disability.

How you are assessed

When assessing you to decide how many points you score, the DWP will look at:

- your *How your disability affects you* form (see *Section 2, Step 2*);
- any evidence you submit; *and*
- the report from an assessment, if one is arranged (see *Section 2, Step 3*).

How many points do you need?

To be entitled to the standard rate of the mobility component, you need to score at least 8 points under the two mobility activity headings. To be entitled to the enhanced rate, you need to score at least 12 points.

To be entitled to the standard rate of the daily living component, you need to score at least 8 points under the ten daily living activity headings. To be entitled to the enhanced rate, you need to score at least 12 points.

Future change – The government plans to change the scoring for the daily living component. From November 2026, to qualify for this component, you will need to score a minimum of 4 points from at least one of the activity headings. This will make it harder to qualify for the daily living component. For instance, someone who currently scores 2 points under four daily living activity headings would get the standard rate of the daily living component; after the change they would not qualify. The change will not apply to existing awards.

Variable and fluctuating conditions

In the PIP assessment, a descriptor will apply to you if it reflects your ability for the majority of days (ie on over half of them). This is considered over a 12-month period; looking back three months and forward nine months.

Where one descriptor is satisfied on over half the days in that period, that descriptor will apply. Where two or more descriptors are satisfied on over half the days, the descriptor which scores the highest number of points will apply.

PIP does not separate your needs into day-time and night-time needs. Instead, a descriptor can apply to you if your condition affects your ability to complete a task, at some stage of the day, on over half the days of the period.

If you are waiting for medical treatment (such as an operation), the result of which is difficult to predict, descriptor choices should be based on your continued condition as if the treatment were not taking place.

If you are in a hospital or care home

You can make a claim for PIP if you are in hospital, but if you are aged 18 or over you cannot actually be paid any PIP while you are in there; you will only start to be paid PIP once you leave hospital. If you are 18 or over and already getting PIP when you go into hospital, it will stop after a total of four weeks (either in one stay, or several stays, where the gaps between stays are no more than four weeks each time). If you are under 18 and already getting PIP when you go into hospital, there is no four-week limit and your PIP will continue.

If you are in a care home and pay your own fees for the care home without help from the local authority or health service, your PIP can continue to be paid.

If the local authority helps with the fees, the daily living component will stop after a total of four weeks (either in one stay, or several stays, where the gaps between stays are no more than four weeks each time). It can restart if you return to your own home. The mobility component is not affected even if the local authority helps with the fees.

If a nursing home is paid for by the health service, both the daily living and mobility components will usually stop after four weeks. They can restart when you return to your own home.

Find out more

For more information on how stays in hospital or a care home affect your benefits, see our *Disability Rights Handbook* or visit www.disabilityrightsuk.org/resources/benefits-hospital.

HOW LONG WILL YOU GET PIP FOR?

How long your PIP award lasts will be based on your circumstances.

- Shorter term awards of up to two years will be given where changes in your needs could be expected in that period.
- Longer term awards (eg five years) will be given where significant changes are less likely but your award will be reviewed over this time where some change in your needs may be expected.
- Ongoing awards will be given in the minority of cases where your needs are stable and changes are unlikely.
- Awards made under the ‘*special rules*’ for people nearing the end of their life will be for three years (see *Step 1 of Section 2*).

Reviews

The DWP will periodically review awards, regardless of their length, to ensure that everyone continues to receive the right level of support.

If you have reached pension age or have a severe, life-long condition where your needs are expected to stay the same or increase and you have been awarded the enhanced rate of both the mobility and daily living components, you will only get a ‘*light-touch*’ review once every 10 years.

What if you are already on DLA?

DLA IS ENDING FOR PEOPLE AGED FROM 16 TO PENSION AGE

If you are already getting disability living allowance (DLA), and any of the three circumstances below apply to you, you will be invited to claim PIP. You will not have the choice to stay on DLA.

- 1** Your fixed-period award of DLA is ending;
- 2** The DWP receives information about a change in your care or mobility needs (including where you inform them of such a change).
- 3** You reach the age of 16 (but see below).

Random transfer: Other existing DLA claimants in England, Northern Ireland or Wales are also being invited to claim PIP, chosen at random by the DWP; this process is currently paused and is due to restart in April 2028. In Scotland, the transfers will be to

Scottish adult disability living allowance
(see www.mygov.scot/moving-to-scottish-adult-dla).

If you're thinking of applying for PIP before you have to, get independent advice. See our *Getting Advice* factsheet.

Who will not be re-assessed?

Aged 65 or over: If you are already getting DLA and had reached the age of 65 by 8 April 2013 (or 20 June 2016 in Northern Ireland), the re-assessment will not apply to you. You can remain on DLA for as long as you continue to meet the qualifying conditions.

If you are already getting DLA and turned 65 after 8 April 2013 (or 20 June 2016 in Northern Ireland), the re-assessment will still apply to you, and at some stage you will be invited to claim PIP. When you do so, you will be able to claim both the daily living and the mobility components.

Under 16: Children claim DLA until they reach the age of 16. At that age, they will normally be re-assessed for PIP. However, a child turning 16 who gets DLA under the special rules because they are nearing the end of their life (see *Step 1* of *Section 2*) will not be re-assessed for PIP until their DLA award ends or during the random transfer. If a child has a fixed-term DLA award that is due to end within the six months following their 16th birthday, their DLA award can be extended up to their 17th birthday, to allow them time to claim PIP.

WHAT HAPPENS WHEN YOU ARE RE-ASSESSED FOR PIP?

You will be invited to make a claim for PIP

You will be sent a letter, inviting you to make a claim for PIP. You will have four weeks in which to make the claim. You do not have the choice to stay on DLA. The DWP can extend the time limit for claiming, so if you need more time, contact the DWP and explain why.

If you do not claim PIP by the date given on the letter, your DLA will be suspended. The DWP must write to tell you that the DLA is suspended and will give you another four weeks to claim PIP. As long as you claim PIP by the date given, DLA payments start again. If you do not claim PIP during this period, DLA entitlement ends. You can still make a claim for PIP after this, but you will not be paid DLA in the meantime.

As long as you comply with the process, your existing DLA award will continue until a decision on your PIP entitlement has been made. If you get a decision to award PIP, entitlement to DLA ends four weeks after the next DLA pay day and the PIP award will begin on the following day. If your PIP claim is turned down, DLA entitlement will still run on for four weeks after your next DLA pay day.

How will your other benefits be affected?

If you are getting DLA, you may also be getting other benefits or concessions such as a Blue Badge, the ability to lease a car through the Motability scheme or enabling someone who cares for you to receive carer's allowance (or carer support payment in Scotland).

When you start your claim for PIP, you will continue to receive any of these *'passported'* benefits while you are going through the assessment process.

If your claim for PIP is successful, your other benefits should then continue as follows:

- your carer will continue to receive carer's allowance or carer support payment as long as you are awarded either rate of the daily living component of PIP;
- you will be able to continue to lease a vehicle (car, scooter or powered wheelchair) through the Motability scheme if you are awarded the enhanced rate of the mobility component of PIP;
- you will be able to get full exemption from vehicle tax if you get the enhanced rate of the mobility component of PIP and will get a 50% discount if you get the standard rate.

If your claim for PIP is disallowed at this decision point, you will lose any passported benefits as well as your DLA. For more advice on what to do if your claim for PIP is turned down, see *Step 5 of Section 2*.

Other ways PIP can help you

PASSPORTING TO OTHER SUPPORT

PIP acts as a gateway or *'passport'* to other types of help, including benefits. If you are awarded PIP, or the rate you receive increases, check your entitlement to other support. Here are some examples.

Carer's allowance

Carer's allowance is a benefit for people who regularly spend 35 hours or more a week caring for a disabled person. The benefit is paid to the carer, not the disabled person. If you are getting either rate of the daily living component of PIP, your carer may claim carer's allowance. Carer's allowance has been replaced by carer support payment in Scotland.

Benefits cap

There is a cap on the total amount of benefits you can receive. You are exempt from this benefits cap if anyone in your household (you, your partner and any young person you are responsible for) is getting PIP.

More benefit

If you are entitled to PIP, it may help to increase the amount you receive from income-related employment and support allowance and housing benefit.

Council tax help

You can get help with your council tax bill from your local authority. In many cases, you will be able to get more help if you are getting PIP. Contact your local authority for more information.

The Motability scheme

If you are getting the enhanced rate of the mobility component of PIP, you can exchange it to lease a new car, scooter or powered wheelchair from Motability. For more information, telephone: 0300 456 4566 or go to www.motability.co.uk

Blue Badge

If you have problems with walking or other mobility problems, you may be able to get a Blue Badge from your local authority to enable you to park your car near shops and other places you wish to visit.

In England and Northern Ireland, you can get a Blue Badge if you have been awarded 8 points or more in the '*moving around*' activity (see *Appendix C*) or 10 points in the '*planning and following journeys*' activity on the grounds that you cannot undertake any journey because it would cause you overwhelming psychological distress (see *Appendix C*).

In Scotland and Wales, you can get the badge if you have been awarded 8 points or more in the '*moving around*' activity or 12 points in the '*planning and following journeys activity*' (see *Appendix C*).

Vehicle tax

You can be exempt from having to pay vehicle tax if you get the enhanced rate of the mobility component. You can also get a 50% discount on your vehicle tax if you get the standard rate of the mobility component.

For more information, phone 0300 123 4321; textphone: 0300 790 6201 or go to www.gov.uk/financial-help-disabled/vehicles-and-transport

Find out more

You can find out more about benefits you may be able to claim from our *Disability Rights Handbook* or from our factsheets, available at www.disabilityrightsuk.org

2: CLAIMING PIP

Step 1: Starting your claim

THE TELEPHONE CALL

To start a claim for PIP, telephone the DWP on 0800 917 2222 (textphone 0800 917 7777; Relay UK, if you cannot hear or speak on the phone, 18001 then 0800 917 2222), or in Northern Ireland telephone 0800 012 1573 (textphone 0800 587 0937).

If you are concerned about the cost of the call, you can ask the DWP to call you back.

If English is not your first language, ask the agent answering your call to use the DWP translation service called 'thebigword'.

If you are deaf and use British Sign Language, you may be able to claim using a video relay service. For details, see: www.gov.uk/pip/how-to-claim or, in Northern Ireland, www.nidirect.gov.uk/contacts/personal-independence-payment-pip-centre.

You can claim online in some areas (to check for your area, see www.gov.uk/pip/how-to-claim).

Someone to support you or act on your behalf

If you need someone to support you, a relative, carer or friend can make the call for you. You must be present so that you can confirm that the person supporting you has your permission to make the call.

If you have a person appointed to act on your behalf (an 'appointee'), they must telephone to make the claim and you do not have to be present.

If you have no one to support you to make the call

If you need support to make the call but do not have anyone to help you, you will still need to make the initial phone call.

Paper claims

You can ask for a paper claim-form. To request the form, write to: Freepost DWP PIP 1 (or in Northern Ireland: Freepost RTRT-EKUG-KXJR, PIP MOU, PO Box 42, Limavady BT49 4AN).

You will have one month from the date your request is received in which to return the completed form. If you do so, the date your request was received is treated as your date of claim.

Preparing for the call

You will need the following information ready before calling:

- your full name, address and telephone number;
- your National Insurance number;
- your date of birth;

- your bank or building society account number and sort code;
- details of your GP and any other health professionals who support you;
- details of any recent stays in hospital or care homes;
- your nationality or immigration status; *and*
- details of any time spent abroad for more than four weeks over the last three years.

What will you be asked during the call?

When you make the phone call, you will be put through to a DWP agent. The agent will ask you a number of questions. The call should take about 15 minutes.

The agent will ask you questions to confirm your identity and to find out if you meet the basic qualifying conditions for PIP (see *Appendix A*). They will also ask how you would want to be paid if you are awarded PIP. You may answer 'don't know' to some of these questions.

You should be asked whether you have any of the following conditions:

- a mental health condition;
- a behavioural condition;
- a learning disability;
- a developmental disorder; *or*
- memory problems.

This is to help the DWP find out if you might need additional support or help through the claim process.

Tell the agent if you are nearing the end of your life so that they can fast track your claim and send you the right form.

At the end of the telephone call, the agent will read out a declaration and ask you to agree to it. Your agreement confirms that the information you have given is true and accurate. The date on which you agree this declaration will be the date your PIP will be paid from if your claim is successful, unless you are claiming PIP as a previous DLA claimant (see *What if you are already on DLA?* in *Section 1*).

WHAT HAPPENS NEXT?

Once the DWP has established that you meet the basic qualifying conditions (see *Appendix A*), you will normally be sent a form to complete: '*How your disability affects you*'.

If you do not meet the basic qualifying conditions, you will be sent a letter explaining that your claim for PIP is disallowed. If you believe that you do meet the basic qualifying conditions, you can ask the DWP to look again at the decision (see *Step 5* of this section).

Claiming PIP if you are nearing the end of your life

There are different rules known as the '*special rules*' to enable people who are nearing the end of their life to make a PIP claim and receive a decision more quickly. You are considered to be nearing the end of your life if your death can 'reasonably be expected' within the next 12 months.

If you meet the conditions for claiming under the special rules you:

- will not have to complete the *How your disability affects you* (PIP2) form;
- will not need to take part in an assessment; *and*
- are guaranteed an award of the enhanced rate of the daily living component without having to wait until you satisfy the qualifying period (see the disability conditions in *Appendix A*).

You will only receive the mobility component if you meet the relevant disability conditions (see *Appendix C*); there is no automatic entitlement. If you do qualify, it will be paid straight away.

Making a claim

A special rules claim can be made by telephoning the normal PIP claim line on 0800 917 2222 (textphone 0800 917 7777; Relay UK, if you cannot hear or speak on the phone, 18001 then 0800 917 2222), or in Northern Ireland 0800 012 1573 (textphone 0800 587 0937). The call can be made by someone supporting you (such as a family member or a support organisation) without you needing to be present. You will be asked some questions about your condition and how it affects your ability to get around.

The SR1 form

You will be asked to get an SR1 medical report from your GP, hospital consultant, nurse or Macmillan nurse to support your special rules claim. The SR1 is a report about your medical condition and should be provided free of charge. Either you or the person issuing you with the SR1 can send it to the DWP, but it should be sent as quickly as possible. You will be given a freepost address to return the SR1. The DWP should fast track a decision on your PIP claim once it has received the SR1.

Step 2: Completing the 'How your disability affects you' form

HOW YOUR DISABILITY AFFECTS YOU

If you satisfy the basic qualifying conditions for PIP (see *Appendix A*), the DWP will normally send you a *How your disability affects you* (PIP2) form. They will also send an information booklet to help you complete the form and a freepost envelope in which to return your completed form.

We recommend that you read about the PIP assessment in *Section 1* before you start completing the form.

You can also complete the PIP2 form online; you should be offered this option when you start your claim. If you ask to complete the form online, you will be sent an email or text with a security code which you can use to create a password. You can then use the password to access the online form.

How the form is structured

- Question 1 asks about your health conditions or disabilities and approximately when each of these started.
- Question 2 asks for details of the professionals who are best placed to provide advice on how your disability or health condition affects you
- Questions 3 to 12 are about the ten daily living activities.
- Questions 13 and 14 are about the two mobility activities.
- Question 15 asks you to provide any additional information.

SCORING POINTS

Your entitlement is assessed against a series of '*descriptors*'. These explain related tasks of varying degrees of difficulty and the different types of help you need to complete each task.

Each question from 3 to 14 asks about your ability to carry out these tasks under each of the daily living activity and mobility activity headings. If you can't complete a task '*safely*', to an '*acceptable standard*', '*repeatedly*' and in a '*reasonable time period*', you will score points. See the *Glossary* and *Section 1* for what these terms mean and some examples.

Points can be scored in any activity heading that applies to you. The highest descriptor score from each activity heading is added together to work out your points for each component.

The descriptors are not listed on the claim form, so refer to *Appendices B* and *C* to see each descriptor and the points scored.

Question format

Each question from 3 to 14 usually takes up a couple of pages. At the start of the question, the activity and the relevant issues are explained.

A tick-box question follows; you are asked whether your condition affects you with that activity. If you have any difficulty with the activity, tick yes, including if you can manage but only with the help of someone else (including supervision or prompting) or by using an aid or appliance, or if you can manage without difficulty at some times but not others.

Each question has at least one box where you can explain the difficulties that you have with that activity and how you manage them. The examples given above the box and in the information booklet that comes with the form are useful. In the box describe the difficulties you face in as much detail as possible:

- Do you need help from another person to do the activity?
- If you do need help, what kind of help do you need? Does someone physically help you, reassure you, encourage you, remind or explain to you how to do something? Or do they need to supervise you?

- Do you use aids and/or appliances to help you in an activity? If you do, say what they are and how useful they are.
- Can you do some parts of the activity but not others?
- Are you unable to do the activity at all? Explain why.
- Can you do an activity but it takes you a long time? How long?
- If your needs vary, write down how many days each week you would be able to complete the activity, and how many you would not.
- If you regularly have accidents – such as falls – or are at risk of having accidents, explain why and when they happen.
- Do you have any side effects from doing the activity? Do you experience pain, breathlessness, tiredness or stress and anxiety either during or after the activity?

FILLING IN THE FORM

Q1: About your health condition or disability

The first question asks about your health conditions or disabilities and approximately when each of these started. Don't explain in detail how they affect you here – you will be asked about this later in the form.

You are asked to list any tablets or other medication you are taking or treatments you are having; if you have a printed prescription list, you can attach that. If you have any side effects as a result of the medication, list these here.

Q2: About your health professionals

The second question on the form asks for details of the professional(s) who are best placed to provide advice on how your disability or health condition affects you. This can be social workers, counsellors, support workers or medical professionals, such as your GP. Whoever you list will need to know about your daily living needs and any mobility problems you have. If possible, make an appointment with them to discuss the claim. If you have written a diary, give them a copy (see *Appendix D*).

DAILY LIVING

Questions 3 to 12 are to find out if you qualify for the daily living component of PIP. Each question relates to one of the ten daily living activities. See *Appendix B* for the 'descriptors' related to the tasks described in each question.

Remember, if you cannot complete a task described safely, to an acceptable standard, repeatedly and in a reasonable time, you score points (see the Glossary and Section 1 for definitions of these phrases). To be entitled to the standard rate of the daily living component, you need to score at least 8 points. To be entitled to the enhanced rate, you need to score at least 12 points. From November 2026, to qualify for either rate, you will also need to score a minimum of 4 points from at least one of the activity headings.

We now look at the questions in more detail, suggesting the kind of things you need to describe in the box where you are asked to explain your difficulties. The right hand column reminds you which activity each question on the form relates to.

Q3: Preparing food**See activity 1**

Write down in the box if there is any aspect of preparing or cooking a simple meal that is a risk to you. List any incidents that may have happened in the past. Have you cut yourself mishandling knives or burnt yourself on hot pans? Write down if you are not able to work out sell-by dates or read or understand cooking instructions on packets. If you use any aids or appliances to cook, do you need some help even when you use them? Write down if you have difficulty timing the cooking correctly. Let them know if you are so exhausted after cooking a meal that you could not do it again that day.

Q4: Eating and drinking**see activity 2**

Write down if you need someone to encourage you to eat the right portion sizes. If you can cut up some food, but cannot cut up tougher items, such as meat, write this down. Let them know if anything is spilled, or would be if you did not have help. Write down if you use any aid to help you eat and drink (such as adapted cutlery). If you need an appliance such as a feed pump to eat, let them know if you need any help to use it properly.

Q5: Managing your treatments**see activity 3**

There are two boxes to complete here.

First, you are asked to explain any difficulties you have with monitoring changes in your health condition or disability and taking medication, and how you manage them. Write down if there have been any times in the past when you have forgotten to take your medication, or have taken too much. Let them know if you have taken a deliberate overdose, or if you self-harm. Write down if you need someone to keep an eye on you because you are not aware that your condition is getting worse; sometimes this is the case with conditions such as diabetes or epilepsy.

Second, you are asked about any therapies you take at home that need the help of another person. If you need supervision, prompting or assistance to be able to manage your therapy, write down how many hours on average each week you need this. The more hours you need, the more points you get. You may find it helpful to keep a diary over a typical week to answer this correctly (see *Appendix D*).

Q6: Washing and bathing**see activity 4**

Write down any aids or adaptations you use to wash or bathe yourself. These could include a long-handled sponge, shower seat or bath rail. Let them know if there are any parts of your body that you cannot reach even using such aids (for example, if you could not wash your back properly).

Q7: Using the toilet and managing incontinence**see activity 5**

Write down if you need to use any aids, such as a commode, raised toilet seat, bottom wiper or bidet. Let them know if you need help even when you use an aid. If there is an aid that could help, but you do not use it, explain why. For instance, you may not use a commode during the day because there is no private space where you spend the day.

Write down if you need help to use an appliance (for example, securing a stoma bag, or washing around it to prevent infection).

Q8: Dressing and undressing**see activity 6**

List any aids you use to dress, such as modified buttons, zips, front fastening bras, Velcro fastenings, shoe aids or an audio colour detector. Write down if you still need assistance despite using such aids, even if this does not take long. Let them know if you need someone to choose clothing that is clean and appropriate (for example, if you have a visual impairment and cannot see stains or marks on your clothing).

Q9: Talking, listening and understanding**see activity 7**

Write down if you cannot hear or understand what people are saying to you. If you use a hearing aid and still cannot hear what people are saying to you properly, write this down. Let them know if people find it difficult to understand your speech. Write down if you have a support worker (including a sign language interpreter) who helps you to communicate or if a family member or friend helps you. If you have nobody to help you, write down what difference such help would make.

Q10: Reading**see activity 8**

Write down if you need to use aids to help you read, for example, a magnifier or magnifying glass. If you can manage indoors, but cannot adequately read signs or notices outdoors, let them know. Let them know if you have more problems with reading in poor light, and how you manage with this.

Q11: Mixing with other people**see activity 9**

If you avoid mixing with other people because you have nobody to help you, write this down. How would you feel mixing with others without any support? Write down if you would get panicky, angry or paranoid. Do you have difficulty understanding the way that people behave towards you?

Q12: Managing money**see activity 10**

Write down if you would have problems buying a few items from your local shop. Would you be able to give the shop assistant the right amount of money? Would you know if the change was correct?

If going to the local shop would pose no problems but you would have problems with more complex budgeting decisions, such as working out the monthly household budget or sorting out a gas bill, write this down. Let them know if you can do most of the task by yourself, but would still need some support to finish it properly.

MOBILITY

Questions 13 and 14 are to find out if you qualify for the mobility component of PIP. Each question relates to one of the two mobility activities. See *Appendix C* for the 'descriptors' related to the tasks described in each question.

Remember, if you cannot complete a task described safely, to an acceptable standard, repeatedly and in a reasonable time, you score points (see the *Glossary* and *Section 1* for definitions of these phrases). To be entitled to the standard rate of the mobility component, you need to score at least 8 points. To be entitled to the enhanced rate, you need to score at least 12 points.

Q13: Planning and following a journey**see activity 1**

Write down in the box if you are unable to plan a route, or if you need help to do so. Write down if you are unable to use public transport due to stress or anxiety – eg if you get claustrophobic on buses or trains.

Write down if you need to have someone with you to get somewhere, or if you would need an assistance dog or aid (such as a long cane). Would you need such support only on unfamiliar routes, or would you also need it in places you know well? If you need to have someone with you, explain why: is it because you get very anxious or distressed, or would you get lost? Could you cross a busy road safely without support? Let them know if you would find small disruptions or unexpected changes difficult to deal with – for instance roadworks where you normally cross the road or if your bus stop has been moved.

Q14: Moving around**see activity 2**

There are two parts to this question.

First, you are asked how far you can walk using, if necessary, any aids or appliances (such as a walking stick, walking frame, crutches or an artificial limb). There are tick boxes with choices: *'I cannot stand and move even using my aids or appliances'*; *'less than 20 metres'*; *'between 20 and up to 50 metres'*; *'between 50 and up to 200 metres'*; *'more than 200 metres'*; and *'it varies'*. A box follows where you can give details.

What counts is not just how far you can walk once, but how far you can walk repeatedly and as often as you need to. For example, if you walk 100 metres but by the time you stop the discomfort is such that for the next few hours you can only walk a few steps, you should not be treated as capable of walking 100 metres. Your walking must also be safe (eg whether you might fall matters), *'to an acceptable standard'* (ie how you walk matters) and *'within a reasonable time period'* (ie taking into account rest stops, whether it would take you more than twice as long to cover the distance as someone without a disability).

Only tick the *'It varies'* box if none of the other boxes apply for at least half the time. If you do tick the *'It varies'* box, explain why in the box below (for instance, *"In an average week, for three days I can manage to walk about 40 metres before I can go no further; for another three days this distance is 20 metres, and on one day I cannot walk at all because of the pain."*). A diary kept over a week, identifying your walking limit on each day, may help clarify matters. You can attach a copy of the diary to the completed form.

In the second part of the question, you are asked to tell them more about the difficulties you have with moving around and how you manage them. List any symptoms that you feel on walking, such as pain, fatigue or breathlessness. Once the symptoms come on, how long do they take to subside? Write down if you are at risk of falling; give examples of falls you have had in the past outdoors. Were you injured? Were you able to get up again? Describe how you walk (for instance, any unsteadiness), and give an idea of your speed; if you walk slowly, and were to cover 20 metres, what distance would someone without a disability or health condition cover in that time?

If you are not sure how limited your mobility is, you can do a walking test.

A walking test

If you are not sure how limited your mobility is, you can do a walking test on your outdoor walking ability. Find a safe location on level ground. Walk until you feel that you are unable to continue (if it is safe for you to do so). Record what happens and when in terms of distance and time. You may find it helpful to have someone with you to record both of these. Note down any pain, dizziness, coughing, spasms, uncontrollable actions or reflexes, breathlessness, angina or asthma attacks and how long it takes you to recover before you feel able to walk again.

ANYTHING ELSE YOU THINK THEY SHOULD KNOW

Q15: Additional information

The box here provides more space to explain your problems. If you run out of space, you can use extra sheets of paper. You need to write your name and National Insurance number on each one.

What other evidence could you provide?

The DWP encourages you to send supporting evidence with your completed form.

- Prescription lists, care plans and information from health professionals will all be helpful.
- You can also send evidence from other people such as a letter from your social worker or a carer, relative or friend who helps you or knows your difficulties well.
- You can include a diary to illustrate how your condition affects you over a number of days or varies over time.

Keeping a diary

If your condition varies from day to day, it's a good idea to keep a diary to provide a picture of what your abilities are like over time. For instance, in a diary over a typical week, you could note down that you need help going to the toilet over four days, but that you can manage your toilet needs on your own on the other three days. This will help you answer the questions on managing toilet needs in the form.

Longer-term diaries can be useful when explaining intermittent problems that result from your condition such as stumbles, falls or fits. If your condition is getting slowly worse, a diary can help pinpoint the date that you start to meet the appropriate disability conditions.

See *Appendix D* for details, including copies of diaries and a diary template you could use.

THE DECLARATION

Once you are satisfied that what you have written on the form is correct and complete, sign the declaration to confirm this. Attach to the form any evidence that you have, such as a letter from your GP or consultant outlining your condition, a report from an occupational therapist or a certificate of vision impairment. If you have written a diary, attach a copy of that.

RETURNING THE FORM

How long do you have to complete the *How your disability affects you* form?

You do not have to complete the form all in one go. Take your time to make sure that you can fully describe the difficulties you have and the help and support that you need.

You have one calendar month in which to return the form from the date it was sent out. If you do not return the form within the month without good reason (taking into account your state of health and the nature of any disability) your claim will normally be disallowed.

If you are not able to return the form within one month – for example, because you need help to complete it, but cannot get an appointment with an advice centre in time – contact the DWP to explain this. They can extend the one-month time limit if they agree there is a good reason to do so.

Keep a copy

Keep a copy of your completed form and any diary or other supporting evidence you send back with it. This is both for your own future reference or in case the DWP lose any documents.

In addition, a copy will also be useful if you later wish to seek advice from an advice agency in relation to the decision made on your PIP claim.

What if you lose the claim form?

The form is personalised with your details on the top of every page. This means that it cannot be copied and used for someone else. It also means that if you lose or damage the form, you will need to contact the DWP to ask that they send you another one.

Step 3: The assessment

WHO CARRIES OUT THE PIP ASSESSMENT?

Once your *How your disability affects you* (PIP2) form (and any supporting medical or other evidence you attach with it) has been returned, your case will be passed to one of the private companies contracted to carry out the PIP assessments: Capita, Ingeus, Maximus and Serco.

Although the decision on your claim will be made by the DWP, the private company will receive the *How your disability affects you* form, assess you against the PIP criteria and use this to decide the next steps for you.

Once your case has been passed to one of these companies, they will allocate it to a healthcare professional working for them.

This healthcare professional may initially contact your doctor, consultant or other medically qualified person treating you for further information. They may just ring them or they may ask them to produce a factual report.

If you have a ‘*appointee*’ dealing with your claim or if there is evidence of a suicide attempt or self harm, the healthcare professionals are advised to seek further information from your doctor, consultant or other medically qualified person treating you.

In most cases, the healthcare professional will invite you to take part in a telephone, video or face-to-face ‘*assessment*’.

THE ASSESSMENT

The telephone, video or face-to-face assessment will be carried out by the healthcare professional assigned to your case.

Where will a face-to-face assessment take place?

A face-to-face assessment will normally take place in an Assessment Centre. You can claim travel expenses for yourself and a companion or carer. If you are not able to attend an Assessment Centre and need the assessment to take place in your home, by video or over the phone, you should inform the office arranging the assessment as soon as possible, explaining why you cannot attend the centre.

How much notice will you be given?

You must be given at least seven days’ notice of the assessment, unless you agree to accept a shorter notice period. If you cannot take part in it, tell the office arranging the assessment as soon as possible.

Support

If you have a carer, you could ask them to join a video or telephone assessment (even if you are based in different locations) or attend a face-to-face assessment with you. Your carer will not be able to answer questions on your behalf (unless the healthcare professional cannot understand your speech or you cannot understand their questions), but they will be able to add to what you have to say, particularly with respect to their role as carer.

What will happen if you do not attend or take part?

If you do not attend or take part in the assessment without good reason (taking into account your health and the nature of any disability) your claim will be disallowed. You should first be contacted and asked to explain your reasons. If the DWP decide that you did not have a good reason, you can ask them to reconsider the decision. If you are unhappy with their reconsidered decision, you then have a right to appeal (see *Step 5*).

Audio recording

You can request that an audio recording be made of a telephone or face-to-face assessment. You must do this in advance of the assessment.

What happens at the assessment

During the assessment, the healthcare professional will identify the descriptors that they consider apply to you with respect to the PIP assessment.

To do this, they will ask you questions about your day-to-day life, your home, how you manage at work if you have a job, and about any social or leisure activities that you take part in (or have had to give up). They will often ask you to describe a typical day in your life.

When answering, explain your difficulties as fully as you can.

- Tell them about any pain or tiredness you feel, or would feel, while carrying out tasks, both on the day of the examination and over time.
- Consider how you would feel if you had to do the same task repeatedly.
- Tell them if you need reminding or encouraging to complete the tasks.

Don't overestimate your ability to do things.

If your condition varies, tell them what you are like on bad days as well as good days. The healthcare professional's opinion should not be based on a snapshot of your condition on the day of the assessment; they should consider the effects of your condition over time.

Will there be a medical examination?

At a face-to-face assessment, the healthcare professional will be able to observe your ability to stand, sit and move around. They may watch you getting on and off the examination couch or your settee and bending down to pick up your belongings. They will check whether you have any aids or appliances, and the extent to which you use them. They will also be able to assess your levels of concentration and your ability to understand them and how well you express yourself.

The healthcare professional may also carry out a brief physical examination. They should explain each stage of the examination and ask your permission before carrying anything out. You should not be asked to do anything that will cause you pain or discomfort either during or after the assessment.

The overview

Before the assessment ends, the healthcare professional should give you an overview of their findings and invite you to ask questions and add or clarify anything you wish.

You will not be told during the assessment whether or not you will be awarded PIP.

Step 4: The decision

AFTER THE ASSESSMENT

After the assessment, the healthcare professional will complete their report. Once they have done this, they will send it to a DWP case manager who will decide whether or not to award you PIP and, if it is awarded, at what rate and for how long.

If you are awarded PIP

If the case manager decides to award you PIP, you will be sent a letter telling you about this decision. Your award will usually be for a set period of time. This might be for a short period such as one or two years or a longer period (eg five years). You will only be given an ongoing award of PIP (ie one that does not have a fixed period) if the case manager feels improvements in your condition or rehabilitation are unlikely so your needs will remain broadly the same.

If you have been awarded PIP but think you should have been awarded a higher rate, you can ask for your claim to be looked at again (see *Step 5*).

If your claim is turned down

If the case manager decides to disallow your claim, you will be sent a letter notifying you. The letter should tell you why they have chosen the descriptors that they think apply to you.

If you are unhappy with this decision, you can ask for your claim to be looked at again (see *Step 5*).

Step 5: If you are not happy with the decision

ASKING FOR YOUR CLAIM TO BE LOOKED AT AGAIN

If your claim is turned down, you have one calendar month from the date of the decision in which to ask the DWP to look at their decision again. This is called a '*mandatory reconsideration*'.

You can also ask for a mandatory reconsideration if:

- you are unhappy with the level of the benefit that you have been awarded (for example, if you are awarded the standard rate of the daily living component but believe you are entitled to the enhanced rate); or
- the period for which it has been granted.

Be careful when you ask for a mandatory reconsideration, because the DWP will look at your whole award and they can take away any rate of PIP that you have already been granted. If you are in doubt, seek advice from a local advice centre, such as Citizens Advice (see *Further help and information*).

How to ask for a mandatory reconsideration

To ask for a mandatory reconsideration, write to the address (or ring the number) on the decision letter and do the following:

- 1** Request a mandatory reconsideration of the decision. Explain why you disagree with their decision simply at this stage, for example, *'I believe that you have underestimated the effect of my disability and consequently underestimated the extent of my mobility problems and/or the difficulties I have in carrying out daily living activities'*.
- 2** Ask them to send you copies of all the evidence that was used in making their decision.
- 3** Ask them not to take any further action until you have had the chance to respond to that evidence.

You can also do this using a CRMR1 *'mandatory reconsideration request form'* (available at www.gov.uk/government/publications/challenge-a-decision-made-by-the-department-for-work-and-pensions-dwp). If you phone, put your request in writing as well; keep a copy for yourself. If you have not received the evidence after two weeks, ring the DWP again to remind them to send it.

Building a case

When you do receive the evidence, you should gain a better idea of why the decision was made. Sometimes the only evidence used will be the information you gave on the *How your disability affects you* form. In most cases, however, there will also be a report produced by the healthcare professional at the assessment. Compare their report with what you wrote down on the form. Look for where a difference of opinion arises.

For example: you may have written on the *How your disability affects you* form that you could not get on and off the toilet without support, but the healthcare professional noted in their report that they thought you could manage your toilet needs by yourself.

Where you find such differences, try to get medical evidence showing that what you said on the form was correct – for example, in the case above, a letter from your doctor or consultant confirming the difficulties and risks you have getting on and off the toilet unassisted.

Once you have got the evidence to support your case, send it to the address on the decision letter. If you need more time, inform the DWP how long this is likely to take, so they do not make a decision straight away.

A case manager will look at the further evidence you send. They will then either change their decision in your favour or write back to you explaining that they have been unable to change the decision. They will send you a *'mandatory reconsideration notice'* which proves that you have asked for a reconsideration (you will need this if you want to appeal).

You now have one calendar month from the date of the mandatory reconsideration notice to appeal to an independent tribunal.

What if your condition changes in the future?

If you are awarded PIP and there is a change in your condition sometime in the future, you can ask for the decision to be looked at again. This is worth doing if you think you might qualify for another component or if you think you should get a higher rate of either component.

Be aware that the DWP will look at the whole of your award. If you think you qualify for a higher rate of PIP or the other component, make sure that you meet the relevant conditions (see *Appendices B* and *C*). You will have to have met these conditions for three months before you can get a new rate.

HOW TO LODGE AN APPEAL AGAINST THE DECISION**Completing the appeal form**

In England, Scotland and Wales, you can download a copy of the official appeal form SSCS1 or appeal online at www.gov.uk/government/publications/appeal-a-social-security-benefits-decision-form-sscs1

Alternatively, you can phone your local HM Courts & Tribunals Service (HMCTS) and ask for an appeal form.

- England and Wales – 0300 123 1142
- Scotland – 0300 790 6234

In Northern Ireland, use appeal form NOA1(SS), which you can download from: www.nidirect.gov.uk/publications/appeals-form-noa1ss

You cannot make an appeal unless you have first asked for a mandatory reconsideration of the decision (see above).

On the form, give your name and address and the name of your representative if you have one. You can also give an address where documents can be sent to you if your own address is inappropriate.

Provide details of the decision you are appealing against (the decision date, name of the benefit and what the decision is about).

State clearly why you disagree with the decision. Explain what rate of PIP you think you should have been awarded and your reasons for this.

The form will ask whether you want to take part in your appeal hearing. If you take part, it is an '*oral hearing*' and can be face-to-face or by telephone or video. It is better to take part in your hearing if you can.

Sending back the appeal form

Make a copy of the completed appeal form. Send the appeal form to the relevant address which is listed in the form. You need to include a copy of the mandatory reconsideration notice to prove that you have first asked for a reconsideration of the decision.

WHAT HAPPENS WHEN YOU APPEAL?

When HMCTS receive your appeal form, they will send you an acknowledgment letter. A copy of your appeal will also be sent to the DWP. The DWP will write a response to your appeal and return it to HMCTS with copies of all the documents that are relevant to their decision. You will be sent a copy of all of this.

Your appeal will be heard by an independent appeal tribunal. These tribunals are informal; they are not like courts. If you have a carer, they can take part in the tribunal hearing as well to provide their account of your needs.

Support or representation

You can contact a local advice centre, such as Citizens Advice (see *Further help and information*) to see if they can give you any support with an appeal and possibly provide you with a representative to present your case at the tribunal.

If you choose not to have an oral hearing

If you choose not to have an oral hearing, the tribunal will study all of the appeal papers and come to a decision based on these papers alone. You can send extra evidence and comments for the tribunal to consider at any time but do so as soon as possible as the tribunal will not tell you when they will be meeting to decide your case.

THE APPEAL TRIBUNAL DECISION

You will get a decision notice on the day of your hearing or very soon after. A copy of the decision notice will also be sent to the DWP so they can put the decision into effect.

If the decision is a positive one (that you are entitled to PIP or to a higher level of PIP) the DWP will start paying you and will pay you any benefit you are owed to cover the period you were appealing. If your appeal is unsuccessful, you can ask for a more detailed explanation of why.

Find out more

You can find out more about appealing a decision, including appealing against a tribunal decision, in our *Disability Rights Handbook* and our factsheet *Appeals and reconsiderations*, available at www.disabilityrightsuk.org/resources/appeals-and-mandatory-reconsiderations.

3: APPENDICES AND REFERENCE

APPENDIX A

Qualifying conditions

Basic qualifying conditions

To be entitled to PIP, you must meet all of the following '*basic qualifying conditions*':

- You must be aged between 16 and pension age (currently 66) when you claim. You will not be able to claim PIP for the first time once you reach pension age, but you will be able to stay on PIP if you claimed it before you reached that age.
- You must normally have been present in Great Britain (or Northern Ireland, if you live there) for two out of the last three years before claiming. If you are nearing the end of your life or have been granted refugee leave or humanitarian protection, you only have to be present in Great Britain (or Northern Ireland) – you do not need to have been present for two out of the last three years.
- You must be habitually resident (ie normally live) in the United Kingdom, the Channel Islands, the Republic of Ireland or the Isle of Man.
- You must not be subject to immigration control.

Disability conditions

In addition, you must meet both of the following '*disability conditions*':

- The daily living and/or mobility activities test (see *Appendices B and C*)
- You must also have satisfied the daily living and/or mobility activities test for a '*qualifying period*' of at least three months before you can be paid. You must also be likely to continue to satisfy whichever test applies for a period of at least nine months after that three-month period. These conditions will not apply however if you are nearing the end of your life.

APPENDIX B

Daily living activities and descriptors

Each activity has a set of ‘*descriptors*’. These describe related tasks of varying degrees of difficulty and different types of help you need to complete each task. You score points for the descriptor that best describes the level at which you can complete the task safely, to an acceptable standard, repeatedly and in a reasonable time period.

Add together the highest score from each activity heading that applies to you. To be entitled to the standard rate of the daily living component, you need to score at least 8 points; to be entitled to the enhanced rate, you need to score at least 12 points. These points can be scored from just one activity heading or from any of the headings added together.

The activities, descriptors and points listed below are laid out in the [Social Security \(Personal Independence Payment\) Regulations 2013](#). For the meaning of the terms and phrases used, see the *Glossary*.

Preparing food		Activity 1
a	Can prepare and cook a simple meal unaided.	Score 0
b	Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	Score 2
c	Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave	Score 2
d	Needs prompting to be able to either prepare or cook a simple meal.	Score 2
e	Needs supervision or assistance to either prepare or cook a simple meal.	Score 4
f	Cannot prepare and cook food.	Score 8
Taking nutrition		Activity 2
a	Can take nutrition unaided.	Score 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.	Score 2
c	Needs a therapeutic source to be able to take nutrition.	Score 2
d	Needs prompting to be able to take nutrition.	Score 4
e	Needs assistance to be able to manage a therapeutic source to take nutrition.	Score 6
f	Cannot convey food and drink to their mouth and needs another person to do so.	Score 10

Managing therapy or monitoring a health condition**Activity 3**

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.	Score 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.	Score 1
c	Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	Score 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.	Score 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.	Score 6
f	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	Score 8

Washing and bathing**Activity 4**

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

Managing toilet needs or incontinence**Activity 5**

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

Dressing and undressing**Activity 6**

a	Can dress and undress unaided.	Score 0
b	Needs to use an aid or appliance to be able to dress or undress.	Score 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.	Score 2
d	Needs assistance to be able to dress or undress their lower body.	Score 2
e	Needs assistance to be able to dress or undress their upper body.	Score 4
f	Cannot dress or undress at all.	Score 8

Communicating verbally**Activity 7**

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

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

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

Engaging with other people face to face**Activity 9**

a	Can engage with other people unaided.	Score 0
b	Needs prompting to be able to engage with other people.	Score 2
c	Needs social support to be able to engage with other people.	Score 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.	Score 8

Making budgeting decisions**Activity 10**

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

APPENDIX C

Mobility activities and descriptors

Each activity has a set of ‘*descriptors*’. These describe related tasks of varying degrees of difficulty. You score points for the descriptor that best describes the level at which you can complete the task safely, to an acceptable standard, repeatedly and in a reasonable time period.

Add together the highest score from each activity heading that applies to you. To be entitled to the standard rate of the mobility component, you need to score at least 8 points; to be entitled to the enhanced rate, you need to score at least 12 points.

The activities, descriptors and points listed below are laid out in the [Social Security \(Personal Independence Payment\) Regulations 2013](#). For the meaning of the terms and phrases used, see the *Glossary*.

Planning and following journeys

Activity 1

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

Moving around

Activity 2

a	Can stand and then move more than 200 metres, either aided or unaided.	Score 0
b	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	Score 4
c	Can stand and then move unaided more than 20 metres but no more than 50 metres.	Score 8
d	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	Score 10
e	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	Score 12
f	Cannot, either aided or unaided, (i) stand; or (ii) move more than 1 metre.	Score 12

APPENDIX D

Keeping a diary

Writing a diary

A diary is useful as evidence to help the DWP understand how you manage day to day both with your daily living and getting out and about. You are the best person to give this evidence.

If you find it difficult to keep a diary, you could ask a relative, carer or friend to help you (and explain in the *How your disability affects you* form that your diary has been completed with their help).

When you attach the diary to the *How your disability affects you* form, include your name, address and National Insurance number at the top of every page.

More information on diaries and completing the *How your disability affects you* form can be found in *Section 2*.

Example diaries

On the following pages are two example diaries – one for a person with multiple sclerosis, the other for a person with depression and anxiety.

Filling in your diary

Look at the example diaries and adapt them so that you can record where things are more difficult for you. Read your *How your disability affects you* form and look at the activities where you may have difficulties. Your diary should record how you are managing in each of those areas.

Remember, you score points on the descriptors if:

- you need aids or appliances to help you manage on your own;
- you need prompting or reminding;
- you need help from someone else;
- you can manage on your own but it takes you a long time;
- you can manage at certain times of the day but not at others;
- you can manage on some days but not others;
- you are unsafe managing on your own – accidents have happened or nearly happened; *or*
- you need someone keeping an eye on you.

If any of these apply to you, put it in your diary.

Diary of a person with multiple sclerosis

This shows two days of diaries but it is helpful to keep one for even longer. If you have longer spells when you are bad and then spells when things are not so bad, include diaries that cover both periods.

25 April				
ACTIVITY	Morning 7am-12pm	Afternoon 12pm-6pm	Evening 6pm-11pm	Night 11pm-7am
Going to the toilet (always use grab rails and raised toilet seat)	Managed by myself	Slight accident on one occasion as didn't get there in time	Managed by myself	Unsteady – helped to toilet
Having a shower (always use seat and grab rails)	Managed by myself – 40 minutes			
Dressing/ Undressing	Managed by myself – 20 minutes		Co-ordination bad – help to get pants and tights off	
Cooking (always use perching stool)		Cut myself chopping vegetables		
Eating			Help chopping meat up	
Medication			Help getting pills out of dosette box	
Reading		Read paper on tablet using magnification		
Walking	Went to local shops – 400 metres – used electric wheelchair		Co-ordination bad – using indoor wheelchair	

26 April				
ACTIVITY	Morning 7am-12pm	Afternoon 12pm-6pm	Evening 6pm-11pm	Night 11pm-7am
Going to the toilet (always use grab rails and raised toilet seat)	Managed by myself – stiff and slow first thing	Managed by myself	Managed by myself	Unsteady – helped to toilet x2
Having a shower (always use seat and grab rails)	Managed by myself – 35 minutes			
Dressing/ Undressing	Managed by myself – 20 minutes	Help from friend at swimming pool	Exhausted – partner helped	
Cooking (always use perching stool)			Didn't cook today – too tired	
Eating				
Medication			Help getting pills out of dosette box	
Reading	Read paper on tablet using magnification			
Walking		Went swimming with friend – walking from car and around leisure centre I used stick on one side, friend on other – very slow	Exhausted after swim – using indoor wheelchair	

Diary of a person with depression and anxiety

This diary doesn't stick to a day but shows a bad spell and then a couple of spells when things improve a bit. Use this format if it is easier.

ACTIVITY	25 April – 4 May
Cooking	No cooking at all. Mum came round twice and cooked for me – and put leftovers in fridge for me to have on other days.
Eating	Mum stayed and ate with me when she came. Was cross when I hadn't eaten leftovers from other day – forgot they were there. Ate some biscuits and things I found in cupboard when I was hungry – on four days didn't eat at all.
Medication	Mum rang every day to check I'd taken – think I did take them all but not sure.
Showering	Didn't shower at all except once when Mum came round and made me.
Dressing	Didn't change clothes at all except after shower – mum put out clean ones for me.
Seeing people	Didn't see anyone apart from mum. Someone came to door but I didn't answer it – couldn't face it. Mum has key. Didn't answer phone or texts. Mainly just stayed on sofa under quilt.
Money	Electricity meter ran out – Mum sorted when she came.
Getting out	Didn't leave flat – missed appointment with GP.

ACTIVITY	5 May – 9 May
Cooking	Been a bit better – made cup-a-soups couple of times – good to have something hot. Mum came round once and cooked.
Eating	Ate with mum and also ate leftovers cold next day – and soup when I made it. Just one day didn't eat at all.
Medication	Mum rang and reminded – all OK.
Showering	Once when mum came and once on 8th when feeling better.
Dressing	When I had shower – otherwise just stayed in same clothes.
Seeing people	Saw mum and also GP.
Money	Mum reminded me to put money in meter before it ran out.
Getting out	Saw GP – mum had rescheduled appointment – she rang and made sure I went – went on my own – 5 minutes away. Mum went with me to get money from post office another day.

ACTIVITY	10 May – 16 May
Cooking	Made bacon sandwich! And had some ready meals out of freezer heated in microwave.
Eating	Been feeling hungrier so eaten every day.
Medication	Mum reminded.
Showering	Two showers.
Dressing	When I had shower
Seeing people	Saw friend – she came round – text first to check to let me know she was coming so I'd open door.
Money	
Getting out	Went for walk with friend – just to local park – avoided play area where it's busy – too overwhelming and people stare.

ACTIVITY DIARY

Name

Address

National Insurance No

ACTIVITY	Morning 7am-12pm	Afternoon 12pm-6pm	Evening 6pm-11pm	Night 11pm-7am
Cooking				
Eating				
Managing therapy				
Medication				
Washing/bathing				
Going to the toilet				
Dressing/ Undressing				
Communicating				
Reading				
Meeting people				
Budgeting				
Planning journeys				
Walking				

GLOSSARY

TERMS USED IN THE PIP REGULATIONS 2013

These definitions are laid out in the [Social Security \(Personal Independence Payment\) Regulations 2013](#).

aid or appliance means any device that improves, provides or replaces your impaired physical or mental function, including a prosthesis. It could also include non-specialist aids, such as electric tin openers or long-handled sponges. In assessing your ability to carry out a task, you will be assessed as if wearing or using any aid or appliance that you would normally wear or use, or which you could reasonably be expected to wear or use if you do not currently do so. Any aid or appliance should be affordable, available and practical (based on your disability and domestic circumstances).

and then move means that you need to be able to move independently while remaining upright, so any distance you could cover in a wheelchair is ignored.

aided means with –

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

assistance means physical intervention by another person and does not include speech.

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

basic verbal information means information in your own language conveyed verbally in a simple sentence.

basic written information means signs, symbols and dates of written or printed standard size text in your own language.

bathe includes getting into or out of an unadapted bath or shower.

communication support means support from a person trained or experienced in communicating with people with specific communication needs, including interpreting verbal information into a non-verbal form and vice versa (eg using sign language).

complex budgeting decisions means decisions involving –

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

complex verbal information means information in your own language conveyed verbally in either more than one sentence or one complicated sentence.

complex written information means more than one sentence of written or printed standard size text in your own language.

cook means heat food safely at or above waist height.

dress and undress includes putting on and taking off socks and shoes.

engage socially means –

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

limited ability (to carry out daily living activities) means obtaining a score of at least 8 points in the PIP assessment.

manage incontinence means manage involuntary evacuation of the bowel or bladder, including the use of a collecting device (such as a bottle or bucket) or self-catheterisation, and clean yourself afterwards.

manage medication means take medication (in the right way and at the right time), where a failure to do so is likely to result in a deterioration in your health.

manage therapy means undertake therapy, where a failure to do so is likely to result in a deterioration in your health.

medication means medication to be taken at home which is prescribed or recommended by a registered (a) doctor; (b) nurse; or (c) pharmacist.

monitor a health condition means –

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

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

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

prompting means reminding, encouraging or explaining by another person.

psychological distress means distress related to an enduring mental health condition or an intellectual or cognitive impairment.

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

reasonable time period means no more than twice as long as the maximum period that a person without a physical or mental condition would normally take.

repeatedly means being able to repeat the task as often as is reasonably required. Consideration should be given to the cumulative effects of symptoms such as pain and fatigue. Consequently, if the effort it takes you to complete a task then makes you tired and/or in pain so much that you would not be able to do it again or take on another task, then you cannot perform the task 'repeatedly'. For example, if you are able to prepare breakfast unaided, but the exhaustion caused to you by doing this would mean that you could not prepare another meal that day, you should be treated as being unable to prepare a meal unaided.

safely means in a manner unlikely to cause harm to you or to another person, either during or after the completion of the task.

severely limited ability (to carry out daily living activities) means obtaining a score of at least 12 points in the PIP assessment.

simple budgeting decisions means decisions involving –

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

simple meal means a cooked one-course meal for one using fresh ingredients.

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

stand means stand upright with at least one biological foot on the ground.

supervision means the continuous presence of another person to ensure your safety.

take nutrition means –

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

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

therapy means therapy to be undertaken at home which is prescribed or recommended by a –

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

Therapy does not include taking, applying or receiving medication, or anything related to the monitoring of your health condition.

toilet needs means –

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

unaided means without –

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

OTHER TERMS

acceptable standard means a standard that is good enough; ie of a standard that most people would normally expect to achieve. An example of not completing a task to an acceptable standard would be where someone can physically wash themselves but does not realise they have done so badly and are still not clean after they have finished.

appointee means someone legally appointed to act on your behalf.

award means the rate and amount of the benefit that you have been granted.

calendar month means the period of time from the date of one month to the same date of the next month.

case manager is the person working for the DWP who will make the decision whether or not to award you PIP. They do this by considering your *How your disability affects you* form, the report from your assessment and any additional evidence you send them.

descriptor means a description of tasks of varying degrees of difficulty and the different types of help you need to complete each task.

healthcare professional is the medically qualified person who carries out your assessment.

nearing the end of your life means that your death can 'reasonably be expected' within the next 12 months.

PIP1 is the form on which you start your PIP claim; it is usually completed over the telephone by a DWP agent and covers the basic qualifying conditions.

PIP2 is the main form for PIP, called *How your disability affects you*. It is used to gather information about your ability to complete daily living and mobility tasks.

passported benefits are those benefits which some groups of people are automatically entitled to because of their entitlement to another benefit such as PIP.

reasonably be expected means more likely than not – your doctor will be asked to complete a form (SR1) to confirm this.

SR1 is a medical report issued by your GP, hospital consultant, nurse, Macmillan nurse or social worker that describes your medical condition – it is not a prognosis.

FURTHER HELP AND INFORMATION

Disability Rights UK

We publish the *Disability Rights Handbook* which gives more details on personal independence payment and other benefits for disabled people, their families and carers. The handbook is updated every year. There is a section devoted to appeals, should your claim be unsuccessful.

You can order a copy of the book from our online shop at <https://shop.disabilityrightsuk.org/> or by contacting us by telephone or in writing. You can also subscribe to our digital version and can buy a subscription via our [online shop](#).

Disability Rights UK also produce over 60 factsheets covering benefits, independent living, education and other disability related subjects.

W www.disabilityrightsuk.org/resources/resources-index

The Motability scheme

T 0300 456 4566

W www.motability.co.uk

The scheme leases cars, powered wheelchairs or scooters to help disabled people improve their mobility.

Government advice lines

Gov.uk

W www.gov.uk

The government's online information service providing information on public services with links to government departments and agencies and a wide range of other organisations.

PIP helpline

T 0800 121 4433; textphone 0800 121 4493; Relay UK – if you can't hear or speak on the phone, you can type what you want to say: 18001 then 0800 121 4433

PIP (New claims only)

T 0800 917 2222; textphone 0800 917 7777; Relay UK – if you can't hear or speak on the phone, you can type what you want to say: 18001 then 0800 917 2222

Northern Ireland: 0800 012 1573; textphone 0800 587 0937

Finding a local advice centre

If you need help making a claim for PIP or with appealing against a decision, you can contact a local advice centre. There may be times when seeing someone locally will be the best option to ensure you get the best advice.

Citizens Advice

Citizens Advice helps people resolve legal, financial and other problems by providing free information and advice from over 3,500 locations.

Over-the-phone advice is available from every Citizens Advice.

UK:

W www.citizensadvice.org.uk

Northern Ireland:

W www.citizensadvice.org.uk/about-us/northern-ireland

Scotland:

W www.cas.org.uk

Citizens Advice have also set up national phone services in England, Scotland and Wales.

Citizens Adviceline (England)

T 0800 144 8848; Relay UK – if you can't hear or speak on the phone, you can type what you want to say: 18001 then 0800 144 8848

Citizens Advice Scotland

T 0800 028 1456

Citizens Advicelink (Wales)

T 0800 702 2020; Relay UK – if you can't hear or speak on the phone, you can type what you want to say: 18001 then 0808 250 5720

Other sources of advice

Carers UK

20 Great Dover Street, London SE1 4LX

T 020 7378 4999; adviceline 0808 808 7777

W www.carersuk.org

Provide information and advice on benefits, services and other support available to carers.

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About Disability Rights UK

We are Disabled People leading change, working collaboratively and creatively for equal power, rights and equality of opportunity. Disability Rights UK is led by people with diverse experiences of disability and health conditions from different communities. We work with allies committed to equal participation for all. Together we can be stronger.

It has never been more important to have a strong organisation that stands up for Disabled People's rights and support. We enable Disabled People to have voice and influence. We 'show, not tell' how participation can be made real, working with other Disabled People's organisations to showcase approaches to social, economic and public participation. We campaign to strengthen and protect Disabled People's rights, influencing national and local decision makers.

We produce user-friendly guides to benefits and independent living and publish the *Disability Rights Handbook* annually. Our website contains a wealth of information about benefit entitlement, independent living and careers, with downloadable factsheets, as well as more detailed information for professional advisers – including briefings and policy reports on the issues that matter most to Disabled people.

We encourage individuals and all organisations – whether statutory, voluntary or corporate – to support our work by becoming members of Disability Rights UK.

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Personal independence payment

A guide to making a claim

Authors: Ken Butler, Ian Greaves and Martin Inch

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