



## **Personal Independence Payment: filling in the form**

**April 2017**

### **Contents**

What is Personal Independence Payment?	2
Who can get PIP?	3
Existing DLA claimants	5
Making a claim for PIP	8
The activities test	10
How do the descriptors work?	12
General guidance for filling in the form	13
Filling in the form in detail	15
Face-to-face medical assessments	23
Home visits	24
What happens now?	25
If you are not happy with your award	25
PIP and other benefits	26
Further information	28
Useful contacts	29
Appendix I: activities and descriptors	30
Appendix II: DWP definitions for activities and descriptors	36

## What is Personal Independence Payment?

Personal Independence Payment (PIP) is the new benefit that is replacing Disability Living Allowance (DLA). PIP was introduced in April 2013 and will be phased in over several years.

PIP has some similarities to DLA but it is a completely new benefit. It is a points-based test and people will now be measured against descriptors to see if they score enough points to qualify for support. It is intended to help meet the extra costs that arise from having a long term illness or disability.

PIP has two components:

1. The daily living component, which consists of nine activities. This is paid at either:
  - the standard rate if you have a limited ability to carry out daily living activities (you will need to score 8 points) OR
  - the enhanced rate if you have a severely limited ability to carry out daily living activities (you will need to score 12 points)
2. The mobility component, which consist of two activities. This is paid at either:
  - the standard rate if you have a limited mobility (you will need to score 8 points) OR
  - the enhanced rate if you have a severely limited mobility (you will need to score 12 points)

If you have a terminal illness (that is if you are suffering from a progressive disease where death can be expected within six months) you will automatically receive the daily living component enhanced rate. You will also be able to apply for the mobility component and receive it immediately if you qualify.

Throughout the guide we refer to different resources where we have obtained information and give links so you can view the complete guidance yourself.

The main resources are the *PIP Assessment guide*:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/368122/pip-assessment-guide.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368122/pip-assessment-guide.pdf)

This is a guide produced by the DWP to be used by people carrying out the face to face assessments.

There is also the *PIP Handbook* also produced by the DWP:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/437760/pip-handbook.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437760/pip-handbook.pdf)

## **Who can get PIP?**

Like DLA, PIP

- is not means-tested and not taxable
- can be paid whether someone is in or out of work.

If you qualify for PIP you will be able to spend the money in the way that suits you.

## **Age limits**

To claim PIP you need to be aged between 16 and 64 years.

Those who are aged 65 and over (on 8 April 2013, which is the date PIP was introduced on) will be able to remain on DLA if they are already getting it and will not have to be reassessed for PIP.

Children under 16 will also remain on DLA. Once a child reaches the age of 16 they will have to claim PIP. There is a possibility that people over 65 and children may be moved to PIP at some time in the future but there are no plans for this yet.

If you have made a successful claim for PIP before you were 65 you can continue to get it after you are 65.

## **Residence**

In order to claim personal independence you must usually:

- have been present in Great Britain for 104 weeks out of the 156 weeks before claiming (ie. two out of the last three years)
- be habitually resident.

Benefit rules define being 'present' as meaning physically present in the UK. There are particular rules that may allow you to be treated as present during a temporary absence.

The habitual residence test is a test to see if you normally live in the United Kingdom, the Channel Islands, the Republic of Ireland or the Isle of Man. The test will be applied if you have been living abroad.

There is no legal definition of 'habitual residence.' Relevant factors are where you normally live, where you expect to live in the future, your reasons for coming to this country, the length of time spent abroad before you came here, and any ties you still have with the country where you have come from.

## **Qualifying time periods**

People claiming will need to satisfy the daily living and/or mobility activities test for three months prior to claiming and it must be likely that you will continue to satisfy this test for a period of at least nine months after claiming.

The qualifying period starts from when the eligible needs arise. So it may not be necessary to wait for three months from the date of claim before payment can be made. In other words you need to have the daily living or mobility needs for at least nine months in order to get PIP.

## Existing DLA claimants

If you currently receive DLA, the DWP will contact you to see if you wish to make a claim for PIP. The timetable for moving people onto PIP has changed since it was original announced and more postcodes are being added over time.

If you are already getting DLA, you will eventually be invited to claim PIP instead. If you do not make a claim for PIP within the time scales given by the DWP your DLA will end.

PIP is being introduced in stages in different areas throughout the country. When you will be asked to claim PIP will depend on a number of factors which include:

- the area that you live in
- whether you report a change in your circumstances
- the type of award you have
- your age.

Use the Government's PIP checker to find out if and when you'll be asked to claim: [www.gov.uk/pip-checker](http://www.gov.uk/pip-checker)

From July 2015, all remaining people receiving DLA will start to be invited to make a claim for PIP. This will include people on indefinite awards of DLA (previously people on indefinite awards were not going to be contacted until October 2015 but the Government has brought this date forward).

From July 2015 only people living in certain postcodes will be affected. See the timetable above for the postcodes that are affected. More postcodes will gradually be added over time.

The DWP will randomly select people who are in receipt of an indefinite award or a fixed-term award of DLA. When you are selected, the DWP will notify you about what you will need to do to claim PIP.

If you are already getting DLA and had reached the age of 65 by 8 April 2013, the reassessment will not apply to you. You can remain on DLA for as long as you continue to satisfy the eligibility conditions.

If you are already getting DLA and turned 65 after 8 April 2013, the reassessment will still apply to you, and at some stage you will be invited to claim PIP.

By October 2017 the DWP plan to have invited all current DLA claimants aged 16 to 64 to claim PIP, and have reassessed them for PIP by May 2018.

There are currently no plans to move children on DLA who are under 16 onto PIP.

When you are due to be reassessed you will be sent a letter, inviting you to make a claim for PIP. This letter will state that your DLA is going to end and you need to decide if you want to claim PIP. You will have four weeks in which to make the claim. You are expected to start the PIP claim by phone.

DWP guidance states that if someone is not able to start the claim by phone and they do not have someone else available to call on their behalf they can request a paper form. If you do ask someone else to make the call for you, you will need to be there in order to grant permission for them to talk to the DWP on your behalf.

You can write to request a paper claim form at the following address.

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

This form will be unique to you and cannot be used by anyone else.

There is some discretion to extend the four weeks so if you would need more time contact the DWP to let them know the reasons why, but if you can it is best to stick to the time limit to avoid having your claim suspended.

If you do not make a claim within this four week period, your DLA may be suspended for four weeks (a reminder will be sent to you after two weeks, and the DWP should then try to contact you by phone). Your DLA will be re-instated if a PIP claim is made within the four weeks. If you do not make a claim within the further four weeks (from the date of the suspension) your DLA award will be stopped.

You can see the DWP's guidance about this on page 16 and 17 of the *PIP Handbook*:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/437760/pip-handbook.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/437760/pip-handbook.pdf)

Once you have made the initial PIP claim, you will be sent out a "How your disability affects you" questionnaire to complete and you are given a calendar month in which to return this. In reality allowing for postage you have less than four weeks within which to complete the form.

DWP guidance states in the *PIP Handbook* that: "The claimant has 1 calendar month within which to return the completed 'How your disability affects you' form. An envelope will be provided in which they can return the form. If the claimant has not returned the form after 20 days, a reminder letter will be issued to the claimant. If the form has not been returned after 1 calendar month, the case will be referred to a DWP decision maker and the claim may be turned down or terminated unless there are good reasons why it hasn't been returned in time."

If you make a claim for PIP within the time scales your existing DLA award will continue until a decision on your PIP entitlement has been made.

Due to the tight timescales some people like to download a sample PIP 2 "How your disability affects you" questionnaire in advance.

Whilst you do need to use the form that you are sent by the DWP and not a downloaded one, if you have a copy of the form in advance you can start to draft your answers ready to copy over.

You can download the questionnaire at:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/259311/pip2-how-your-disability-affects-you-form.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259311/pip2-how-your-disability-affects-you-form.pdf)

## **Making a claim for PIP (as a new claimant)**

### **The claim form**

You claim PIP using two claim forms:

- Personal Independence claim form (PIP1) – this is your initial claim. It asks you to supply your name, address, contact details, payment details etc. It also asks you questions about your nationality, whether you are in hospital or residential care or if are terminally ill.
- How your disability affects you (PIP2) – this asks you questions on the activities tests.

The initial claim form will collect basic factual information over the phone and the second claim form (see below) asks about how your disability affects you. If you are not able to use the phone because of your illness or disability someone else can call on your behalf but you do need to be there so you can give your consent that the DWP can talk to them instead of you. This call will usually take about 20 minutes. The telephone number to call to make a claim for PIP is 0800 917 2222.

During this initial call you will be asked questions to check your identity and you will also be asked for your national insurance number, bank or building society details, name of your G.P and consultant if you have one as well as other questions to gather basic information about you.

DWP guidance states that if someone is not able to start the claim by phone and do not have someone else available to call on their behalf they can request a paper form.

You can write to request a paper claim form at the following address.

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

This form will be unique to you and cannot be used by anyone else.

You can look at an example claim form on the DWP website but you do need to contact them to make your claim. See an example claim form at [www.dwp.gov.uk/docs/pip1-claim-form.pdf](http://www.dwp.gov.uk/docs/pip1-claim-form.pdf)

Following receipt of the PIP1 you will then be sent a form called “How your disability affects you.” This Action for M.E. factsheet is to help you fill that form in.

You can look at an example form on the DWP website but you need to fill in the copy the DWP send you by post.

See an example form at [www.dwp.gov.uk/docs/pip1003-how-your-disability-affects-you-form.pdf](http://www.dwp.gov.uk/docs/pip1003-how-your-disability-affects-you-form.pdf)

If you do not return the form within the time limit and there is not a “good cause” for the delay, the claim will be refused. When deciding whether you have good cause the case manager at the DWP needs to consider various factors such as your health at the time and how your illness or disability affects you.

The DWP’s *PIP Handbook* has further information about making a claim.

Following completion of this first form (done mainly over the phone) and its receipt at the DWP, a PIP 2 “How your disability affects you” questionnaire will be sent to you.

This questionnaire will be considered by an independent health care professional (HCP). Companies that have been awarded contracts to carry out these assessments are Atos and Capita. You may also send in medical evidence (from your own GP or consultant or someone else involved in your care) to support your claim and this should also be taken into consideration.

The HCP may decide to request further medical evidence from your GP or consultant. They might also ask you to attend a face-to-face consultation.

If you have made a claim for Employment and Support Allowance (ESA) they may have a copy of your Work Capability Assessment (WCA) report. In the Government response to the House of Commons Work and Pensions Select Committee report on ESA (published November 2014) it says that while PIP and ESA are separate benefits designed to meet different purposes, they could do more to share information. It states that they are testing sharing WCA reports with PIP assessment providers to “inform their assessments and help us make decisions faster.”

On the 25 November 2014 the Minister for Disabled People confirmed that this was happening and said that the report from the WCA would be put with a claimants’ PIP form. They seem to be hoping to make more decisions based on paper and without the need for a face-to-face assessment.

It is likely that your PIP assessment report could be used in future ESA claims too. It is therefore even more important to ensure that you request copies of these reports and write to the DWP to correct any inaccuracies.

The HCP will then send a report to the Department for Work and Pensions (DWP) and a Decision Maker there will decide on your entitlement. They will decide whether or not you are awarded PIP, at which rate and also the length of the award.

## The activities test

The form asks you questions about 12 activities:

1. Preparing food
2. Eating and drinking
3. Managing treatments
4. Washing and bathing
5. Managing toilet needs
6. Dressing and undressing
7. Communicating
8. Reading
9. Mixing with other people
10. Making decisions about money
11. Going out (used in the test for the mobility component)
12. Moving around (used in the test for the mobility component)

Each activity has a set of 'descriptors' and points are awarded according to the descriptor that you satisfy. If you can show that a descriptor applies to you for six months within a 12 month period, and this is accepted by the DWP, you should be awarded points for that descriptor.

In the *PIP Handbook* published by the DWP, it states (p 8) that for a descriptor to apply the claimant must be able to **reliably** complete the activity as described in the descriptor. This means being able to do the activity:

- safely (it may be that you are unable to carry out an activity safely if you lose concentration or your symptoms increase as you try and do it);
- to an acceptable standard;
- repeatedly; and
- within a reasonable time period – this would apply if an activity takes you twice as long as it would take someone without M.E.

This guidance states: "Symptoms such as pain, fatigue and breathlessness should be considered when determining whether an activity can be carried out repeatedly. While these symptoms may not necessarily stop the claimant carrying out the activity in the first instance, they may be an indication that it cannot be done as often as is required."

The Government stated (in its response to the PIP consultation published in December 2012) that although pain, fatigue, breathlessness, nausea and motivation are not explicitly mentioned in the legislation and descriptors, these will be key factors to examine when considering whether people can complete the activities reliably.

## Fluctuating conditions

If you have a fluctuating condition such as M.E. the most appropriate descriptor will be the one which is likely to apply for the greatest proportion of the time. This is

applied by looking at how you were over the last 3 months and how you are predicted to be over the next 9 months.

If a descriptor applies more than 50% of the time you should be awarded points for that descriptor. This means even if you can do an activity you may still score points for that activity if you are unable to do it more than 50% of the time. For example, if you are unable to cook for yourself more than 50% of the time, you should be assessed as unable to cook.

If more than 1 descriptor applies to you more than 50% of the time, the descriptor with the highest point that applies will be the descriptor considered. For example, if you are able to cook with an aid 100% of the time (descriptor 1.b - 2 points) but need supervision and assistance to cook 70% of the time (descriptor 1.e - 4 points) then the highest scoring descriptor (descriptor 1.e - 4 points) will apply.

You can look at a list of all the activities and descriptors in Appendix I (p 30) and DWP definitions for these in Appendix II (see p 36) of this factsheet.

You can view the Social Security (Personal Independence Payment) Regulations 2013 at [www.legislation.gov.uk/uksi/2013/377/contents/made](http://www.legislation.gov.uk/uksi/2013/377/contents/made)

The amendment regulations specify that the legislation should be applied in the way outlined above. You can see these at [www.legislation.gov.uk/uksi/2013/455/contents/made](http://www.legislation.gov.uk/uksi/2013/455/contents/made)

In the *PIP information booklet* published by the DWP, there is a section (p 6) on how the form should be completed and this is worth looking at before filling in the form.

- You can see the *PIP information booklet* at [www.dwp.gov.uk/docs/personal-independence-payment-information-booklet.pdf](http://www.dwp.gov.uk/docs/personal-independence-payment-information-booklet.pdf)
- There is other useful information about the assessment criteria available in the *PIP Assessment guide* which you can see at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/368122/pip-assessment-guide.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368122/pip-assessment-guide.pdf)

## How do the descriptors work?

As stated on the previous page, the DWP will assess whether you can carry out the activities reliably, safely, to an acceptable standard and within a reasonable time period. DWP guidance states that the descriptor chosen should be based on a 12 month period.

There are rules to take into account fluctuating conditions.

- For a descriptor to apply, an individual must meet that descriptor for more than 50% of days in a one year period.
- If two or more descriptors are met for more than 50% of days, the highest scoring descriptor will be chosen.
- If no descriptors apply for more than 50% of days but when taken together two or more scoring descriptors are met on more than 50% of days, the one that applies for the greatest amount of that time will be chosen.

There is more information about how the descriptors work in the *PIP Handbook*.

The *PIP Handbook* goes into detail about the assessment criteria and gives guidance on applying the criteria

To get both the daily living and mobility component you would need to score at least eight points in both sections (ie. a total of 16 points.) You can only score once in each activity so only the descriptor with the highest points that applies to you will be awarded.

The Government has stated (in its response to the PIP consultation published in December 2012) that although pain, fatigue, breathlessness, nausea and motivation are not explicitly mentioned in the legislation and descriptors, these will be key factors to examine when considering whether people can complete the activities reliably.

There is lots of useful information about PIP and the approach that the assessors will take in the *PIP Assessment guide*.

## **General guidance for filling in the form**

It's really important that you explain if activities take a long time and if you need to keep resting either during the activity or afterwards.

You may be able to do an activity such as getting dressed and undressed but it takes you a long time, leaving you completely exhausted, drained and experiencing a worsening in your symptoms. Therefore, although technically you can do the activity, you are not able to do it in the way laid out above.

Some people like to keep a brief diary to help them when they complete the form and some people actually submit this with their claim form.

## **The claim form**

At the time of writing we do not yet know how the descriptors will be interpreted by the DWP so make sure that you give any information that you think may be relevant. It may also be helpful to give background information that you think is important even if you are not directly asked about it on the form. Including examples can be a very helpful way of illustrating the effects of your illness.

Each question has a series of tick boxes plus a blank text box in which you can add further detail and clarify your answers. It is important that you provide plenty of detail in the text box. This is your opportunity to give a detailed and accurate account of how your condition affects you.

When completing the form, read our information relating to each question (see "Filling in the form in detail" on p 14) and also look at the descriptor that relates to the activity. The descriptors can all be found in appendix I (p 28). This will show you how you are being assessed and the points that you can score for an activity.

The claim form has some quite helpful notes for each question that are worth reading when you are filling in the form. For each question it reminds you that if you can't do an activity safely and to an acceptable standard and as often as you would like within a reasonable time, then you need to tell them this.

There are also reminders that if something takes you a long time to do you need to record this information. The form reminds you to tell them about any side effects that you have when carrying out an activity either during or after the activity. All this is key for people with M.E. and worth bearing in mind when completing each question.

The form is long and you will probably need to do a little at a time. If you do it over time or get help with it make sure that you include this information on the form. Has filling out the form made your condition worse? If it has, make sure you write this on the form.

When someone has been unwell for a long time, they tend to adjust and adapt and forget what it's like to be well. This may mean that you underestimate your problems as you have adapted to manage your life within your limitations.

For the purpose of the form, you will need to try to think about how you used to live your life before becoming ill so you can give a true account of the effects that your illness has on you.

When answering each question, think about the symptoms that cause you to have problems with it. Describe the problems that you have in carrying out the activity and give any examples that you think may be relevant.

We would suggest that you take a photocopy of the form – this will be useful if you have to appeal or when you do future PIP claim forms.

### **Aids and adaptations**

The assessment considers the use of aids and adaptations and, according to DWP legislation, means “any device which improves, provides or replaces your impaired physical or mental function.” This includes walking aids such as a wheelchair or stick, and domestic items that help you prepare food or enable your personal care.

You can score points if you use an aid or adaptation and it is accepted that you need to use this as a result of your M.E. It is also possible that you could lose points if it was decided that you would not need help from another person if you used an aid or adaptation.

It is important therefore to think about any help you may need even when using an aid/adaptation or if you have tried aids that have not helped you could record this information on the form.

It may well be that there are not any aids or adaptations that would help you but just be aware that you may be asked about the use of them and the DWP may suggest the use of certain aids.

### **Tick boxes**

You will see that each question has a series of tick boxes plus a blank text box in which you can add further detail and clarify your answers. It is important that you use the text boxes to give as full an account as possible about the difficulties that you have with the activity you are being asked about.

Think carefully about the tick boxes. You may find that in some sections you need to tick the No’ box, while in others your chose the ‘Yes’ or ‘Sometimes’ box.

Even if you can do an activity, if you are not able to do the activity reliably and in the ways described above it is likely that it will be more appropriate for you to tick the no box and for you to describe your difficulties fully in the blank box.

## Filling in the form in detail

In this section we go through each question in detail to try and help you to complete the form.

There is more information about the following in the DWP's *PIP factsheet pack* [www.dwp.gov.uk/docs/pip-toolkit-all-factsheets.pdf](http://www.dwp.gov.uk/docs/pip-toolkit-all-factsheets.pdf)

There is also a lengthy DWP document, the *PIP Assessment guide*, available at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/210722/pip-assessment-guide.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210722/pip-assessment-guide.pdf)

## Daily living activities

**Q1. Please tell us who are the professional(s) best placed to advise us on your circumstances. For example, a GP, hospital doctor, specialist nurse, community psychiatric nurse, occupational therapist, physiotherapist, social worker, counsellor, or support worker.**

We would advise you to speak with any of the people that you list here before filling out the claim in order to

- tell them that you are claiming
- update them on your condition
- inform them that the DWP may contact them about you.

The DWP may not contact any of the people that you list here so you may want to consider asking your GP or consultant etc to write a letter to support your claim.

If you do not see your GP much because they are not able to offer any help, you could explain this here. You may also have mobility difficulties getting in to the surgery, so you could write about this here. If you have phone consultations or home visits, explain that too.

If you have seen a consultant but have been discharged as they are unable to help further, make this clear. Often people with M.E. are referred when they are first ill but will only see a consultant for a limited period. In other cases there may not be a specialist M.E service in your area. It is worth explaining things like this here.

**Q2a. Please use the space below to tell us:**

- **what are your health conditions or disabilities, and**
- **approximately when each of these started?**

We would suggest that you list your condition/s here and also list your symptoms. You could just bullet point all the symptoms that you get with your M.E. It's a good idea to do this as many people do not realise all the symptoms that arise as a result of having M.E.

**Q2b. Tell us about any:**

- **tablets or other medication you're taking or will be taking,**
- **any treatments you're having or will be having, such as chemotherapy, physiotherapy or dialysis, regardless of whether NHS or private, and**
- **please include information on any side effects these have on you.**

This is fairly self-explanatory-list any medication that you take and any side effects that you experience. If you do not take medication that may help because you have had adverse effects from medication in the past it is worth explaining this here.

**Q3. Preparing food**

This activity considers your ability to prepare a cooked main meal for one person. The form and guidance notes tell you what kinds of activities they are assessing.

When completing this question you need to include problems with preparing food. In this context prepare means making food ready for cooking or eating. This can include things like washing, peeling and chopping food.

In your answer you need to explain any difficulties with cooking a meal. It may be that you are never able to cook or you may not be able to do all the tasks involved in cooking. Perhaps you only rarely manage to cook or you may only be able to cook on some days of the week.

It may be that you are too exhausted and unwell to set about preparing and cooking a main meal at all and this would need to be explained on the form. You may be able to do it but only with discomfort or pain or you may not be safe to do it.

If preparing food causes discomfort explain what activity causes discomfort and why. So you may say that chopping vegetables cause pain in your hands and wrists as your M.E. means that you experience pain, discomfort and muscle weakness in your hands and arms.

It may be that you have problems with concentration and memory so it may not be safe for you to prepare a meal. Make sure that you record any problems with forgetting about pans, timing things and concentrating to cook a meal.

If you take a long time to do this activity because you need to keep stopping and resting make this clear. If you can do parts of the preparation but not all the preparing and cooking you may also score points in this section.

If you can do it sometimes it but feel unwell afterwards, explain that here. You may notice an increase in your symptoms or have to rest for a prolonged period after carrying out part or all of this activity.

In the *PIP Assessment guide* it states:

“A person who is able to prepare a meal, but the exhaustion from doing so means they can only do it once a day cannot do it repeatedly as you would reasonable expect people to prepare a meal more than once a day.”

#### **Q4. Taking nutrition**

This activity considers your ability to eat and drink.

You may wish to think about whether you need help with motivation to eat if you are feeling too exhausted and ill to eat. A minority of people with M.E. need tube feeding and if this applies to you it will be necessary to describe the process involved and any help you need with feeding yourself.

If you use any aids to help you eat and drink mention this in this section.

#### **Q5. Managing treatments**

This activity considers your ability to monitor any health conditions, to manage your medication and to cope with treatments. You may wish to think about whether you are able to take your medication without help, whether you have the ability to monitor and detect changes in your health condition and to manage treatments, like physiotherapy or pacing.

Maybe you need help with exercises that you are meant to do. If your GP or local M.E. clinic has asked you to carry out any exercises or keep a diary you could mention any help you need with this here.

You may find it very difficult to pace without help due to exhaustion and mental fatigue so you may need assistance with managing this. Describe why you need the help and what happens if you do not get the help that you need.

#### **Q6. Washing and bathing**

This activity is about your ability to wash and bathe and to use a bath or shower.

If you often do not wash or bathe due to exhaustion or feeling too ill you can explain this here. If you have any problems with washing yourself, perhaps because of problems with grip or pains that make holding soaps or reaching certain parts of your body hard, explain this here. Perhaps you get dizzy and standing up in the shower or getting out of the bath could be dangerous. If you ever faint record this information here.

Describe the problems that you have with this activity and any help that you require. If you do not get the help that you need perhaps you don't do this as often as you would like or perhaps it is the only thing that you have the energy to do in a day.

#### **Q7. Managing toilet needs**

This activity considers the ability to get on and off the toilet and to clean yourself afterwards.

## **Q8. Dressing and undressing**

This activity looks at your ability to dress and undress yourself.

If you often do not get dressed or undressed due to exhaustion or feeling too ill you can explain this here. If you have any problems with dressing yourself, perhaps because of problems with grip, muscle weakness or pains that make reaching or bending difficult explain this here.

Describe the problems that you have with this activity and any help that you require. If you do not get the help that you need perhaps you don't do this as often as you would like or perhaps it is the only thing that you have the energy to do in a day.

Maybe you are not able to wear the clothes that you would like anymore as you need items that can be pulled on easily without buttons and zips. Perhaps you often stay in your nightclothes to conserve your energy.

If you can do this activity but it takes a long time and increases your symptoms mention this here. You may need to keep resting whilst dressing or undressing or afterwards.

## **Q9. Communicating**

This section is about your ability to communicate both understanding others and being understood yourself.

In the context of the descriptor communication support means support from a person who is trained or experienced in communicating with people with specific communication needs.

It could be worth including information here about the effect communication has on you. Consider whether talking and listening has an effect on your health. Do you feel exhausted after conversations or as a result of having to listen and take in information? Perhaps you have to time when you can have conversations and plan them into your day-for example maybe you are only able to communicate effectively in the mornings and need to rest afterwards. Perhaps there are times when you are simply too unwell to communicate with other people. Do you put off making phone calls due to your illness?

## **Q10. Reading**

This activity is about your ability to read and understand written signs, symbols and words in your own language.

The most relevant bit for people with M.E. could be the ability to understand written information. As a result of your illness you may now struggle cognitively with taking in and understanding information even if this was something you used to be able to do well. You may also find you are too fatigued to read written information and need someone else to do this for you.

It may be worth putting any problems with this here. Perhaps you need help with dealing with forms and paperwork now.

### **Q11. Mixing with other people**

This activity is about your ability to get on socially with other people when you are face to face.

You may want to describe any problems with extreme fatigue or poor concentration here that means that you have difficulty following what people are saying to you and responding appropriately.

If you become anxious in social situations you could describe this here.

Perhaps you are not able to engage socially reliably and repeatedly even if you can do so some of the time. As a result of your illness you may have lost confidence in dealing with these situations and may even avoid them due to the effect that they have on you.

### **Q12. Making decisions about money**

This activity is about your ability to deal with your money.

Do you now need help with dealing with budgeting and money as a result of your illness? Perhaps you become overwhelmed and find it hard to make decisions about budgeting? Maybe you are too exhausted to deal with paperwork and bills and need help with managing this.

Have you got into debt or arrears with your rent or mortgage as a result of not being able to cope with your finances? You may be missing out on cheaper deals as you don't have the ability to shop around for cheap energy deals etc. Perhaps you struggle with working out a budget?

## **Mobility activities**

### **Q13. Going out**

This section is about your ability to work out and plan and follow a journey. This question may be hard for people with M.E. to score points on unless they also have problems with anxiety or panic attacks. Many people with M.E describe cognitive difficulties with planning and feeling disoriented and confused when out so this kind of information may be worth including here. Check the descriptors carefully (and the definitions) to see whether you think you meet them.

When completing this question think about any problems that you have with going out. Do you experience anxiety or panic attacks? Can you describe how you feel or what happens when you feel anxious or have a panic attack? It is likely that you will have both emotional and physical symptoms.

Do you feel overwhelmed in noisy environments and are you noise or light sensitive? Perhaps you avoid environments that are too crowded or noisy.

Does your condition mean that you get confused and disorientated when you are out? Do you need someone to encourage you to go out?

If you can think of examples of what has happened when you have gone out or examples of times you would not have left the house without the encouragement of another person, you can record them here. If you are unable to leave the house completely because of anxiety or panic attacks, you can include this here.

### **Q14. Moving around**

This activity is all about your ability to physically move about. The DWP say that this activity should be judged in relation to the type of surface normally expected out of doors such as pavements and kerbs.

When considering which box to tick on Q14a, make sure that you look at the descriptors for this activity. Remember to take into account issues such as safely, reliably and repeatedly and whether you can walk the distance in a reasonable time period.

For example, if you can walk 20 or 50 metres but only with discomfort and you cannot do so reliably or repeatedly you may want to tick the box stating that you can walk less than 20 metres or the between 20 and 50 metres box.

You can then explain in more detail about the problems that you have with walking, in the other information section below. Tell them about how far you can walk before you experience issues like pain, severe discomfort, fatigue, breathlessness, muscle weakness etc. You also need to explain if you are not able to walk repeatedly and reliably. If there are days that you are housebound or bedbound you need to explain that you are not able to walk any distance out of doors on those days.

You may be able to walk a short distance but this exertion may then cause an increase in your symptoms and may result in you needing complete bed rest for several hours and this should also be taken into account when your claim is assessed.

It is worth considering whether there are any aids would help you to walk as the DWP may argue that you could use certain aids. If you use a wheelchair to cover the distance in Q14a and can only cover this distance by wheelchair then you should score the points for the activity.

Other aids will probably be of limited use to people with M.E. A stick may help with balance problems but would not help with levels of exhaustion and fatigue. It may be that it is not possible to use a stick due to pains in the hands or arms or because of muscle weakness or a lack of grip in the hands. If an aid would be useful it does not discount you scoring here so have a careful look at the descriptors and think about exactly what you want to say here.

In the *PIP Assessment guide* it says: "A person who is able to stand and move 20 metres unaided, but is unable to repeat it again that day cannot do it repeatedly as you would reasonably expect people to move 20 metres more than once a day".

### **Q15. Additional information**

Here you could add any information that has not been covered elsewhere on the form, summarise any important points that you wish to reiterate or give some background information about your condition and how it limits you. Perhaps you could briefly say how your life has changed and what you have had to give up since being ill.

You could also consider sending in further evidence to support your claim. In the *PIP Assessment guide* it says that they want to use "the widest range of evidence when we assess your claim." They ask that you send in any evidence or information that you have already that explains how you are affected by your condition.

They go to say "we don't need to see general information about your condition – we need to know how you are personally affected."

They also say that any evidence submitted should have been written within the last two years and be relevant to your current condition

If you have kept a diary of how you are affected you could submit this. For example this could include information about days when you are house or bed bound, days you don't wash or dress or cook or any other information that you think has relevance to the PIP descriptors.

Letters from your GP, consultant, occupational therapist etc could all be helpful as could letters from support workers, friends and family.

## **The 'What happens next' section of form**

This says: "You're likely to be contacted soon to arrange a face to face consultation with a health professional. You'll be able to take someone with you to this. If we've enough information already, a consultation may not be needed."

If you would have difficulties with attending a face to face medical you can give details in this section. If traveling and having to participate would cause a worsening in your symptoms you can say so here. You may be housebound and unable to get there. You can ask for a home visit and will probably need to provide medical evidence confirming that this is required.

If you are able to attend but would need certain facilities make sure you state that here. So if you need some where to lie down you could ask for that or perhaps you need the lights to be turned off. Think about the things that would help you to manage on the day.

We would suggest that you have someone with you and you could say that you will be bringing someone with you on the day.

## Face-to-face medical assessments

Two companies have been appointed to carry out face to face medical assessments: Atos and Capita.

Most people will be asked to attend a face to face manager with a health professional. You can take someone with you such as a family member, friend or carer.

According to DWP guidance, the healthcare professional (HCP) is supposed to have read everything on your file before beginning the assessment.

If you have made a claim for Employment and Support Allowance (ESA) they may have a copy of your Work Capability Assessment (WCA) report. In the Government response to the House of Commons Work and Pensions Select Committee report on ESA (published November 2014) it says that while PIP and ESA are separate benefits designed to meet different purposes, they could do more to share information. It states that they are testing sharing WCA reports with PIP assessment providers to “inform their assessments and help us make decisions faster.”

On the 25 November 2014 the Minister for Disabled People confirmed that this was happening and said that the report from the WCA would be put with a claimants’ PIP form. They seem to be hoping to make more decisions based on paper and without the need for a face-to-face assessment.

It is likely that your PIP assessment report could be used in future ESA claims too. It is therefore even more important to ensure that you request copies of these reports and write to the DWP to correct any inaccuracies.

At the assessment the health professional will ask you about your illness/disability and how you manage your daily life. They will ask questions about your daily routine and are likely to ask about how you manage housework, shopping and other routine activities. They will often ask you to describe a typical day. They will also observe you throughout the assessment. In some cases they may carry out a physical examination.

DWP guidance says that you should be asked about how your condition fluctuates- you may be asked about the pattern of your fluctuations and may be asked to state how many “good” and “bad” days you have. If you never have symptom free days it is important that you make this clear.

The *PIP Assessment guide* issued by the DWP goes into a lot of detail about the face to face assessment. You can read this at [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/368122/pip-assessment-guide.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368122/pip-assessment-guide.pdf)

We would always suggest that you take someone with you to your face to face assessment if at all possible.

## **Home visits**

If you need a home visit make this clear and explain the reasons why. Your request is likely to have more chance of success if you can include a letter from your GP or consultant confirming that you require a home visit including the reasons why.

In the *PIP Assessment guide* it advises that the following should be taken into consideration when making a decision about whether a home visit is required:

- if the diagnosis suggests significant disability that may make travel extremely difficult
- evidence that the person has home visits or phone consultations with their GP, or other health care professional
- whether the person is likely to find travel very stressful due to their physical or mental health condition
- accessibility issues at the proposed venue
- verification that the persons condition precludes them from attending a consultation.

## **Examination centres**

Atos will be using a variety of venues to carry out medical assessments. They should also be able to carry out home visits. Capita is planning to do home visits for some people and will use assessment centres for the rest.

## **What happens now?**

The case manager at the DWP will now look at all the evidence to decide if you meet the criteria for an award of PIP.

Once they have reached a decision you will receive a decision letter telling you whether you have been awarded PIP.

## **Length of awards**

Most PIP awards will be for a set period of time. This is known as the award date. However, most claimants also receive a review date – a date when a claimant's entitlement will be reviewed.

Normally, a review date occurs 12 months before the award date. This allows the DWP to make sure the claimant is still receiving the right level of PIP before their award ends and issue a further award if need be.

## **If you are not happy with your award**

If you are not happy with the decision you have the right to request a Mandatory reconsideration. If you think the award is still wrong after going through this process, you need to appeal straight to the Tribunals service using the form SSC1.

This is a new way of doing things as a result of a change to the law so if you have appealed in the past this will be a different procedure. You need to ask for a Mandatory Reconsideration within a month of the decision letter.

Please see Action for M.E's factsheet, *PIP: reconsiderations and appeals*, for further information.

## **PIP and other benefits**

### **Carers Allowance**

It is intended that both the daily living components of PIP will act as a passport to Carers Allowance, in the same way that the middle and high rate care of DLA acts as a passport. So if the person you care for gets either daily living component and you meet the other criteria for Carers Allowance you will be eligible. If the person being cared for gets the Severe Disability premium with a means-tested benefit like income-related ESA, they will lose this if someone is paid Carers Allowance for caring for them. Seek advice in this situation.

### **Benefit cap**

An award of PIP means you are exempt from the benefit cap.

### **Blue Badge scheme**

In England, if you have been awarded eight points or more in the 'moving around' activity of personal independence payment (PIP) you will be able to get a Blue Badge.

In Scotland and Wales you can get the badge if you have been awarded eight points or more in the 'moving around' activity or 12 points in the 'planning and following journeys activity'.

You can find out about the Blue Badge in Northern Ireland by searching for 'Blue Badge scheme' at [www.nidirect.gov.uk](http://www.nidirect.gov.uk) or calling 0300 200 7818.

If you do not qualify for a Blue Badge through the PIP route you may still be able to obtain one. See Action for M.E's factsheet, *The Blue Badge parking scheme*, for more information.

### **Vehicle Excise Duty**

You will be exempt from road tax if you get the enhanced mobility element of PIP. You can also get a 50% discount on your road tax if you receive the standard mobility element of PIP.

### **Motability**

Motability is an independent charity that exists to help disabled people use their PIP mobility award to improve their ability to get around, for example through leasing a car or having a vehicle adapted.

You will be able to qualify for the Motability Scheme help if you are receiving the enhanced mobility component of PIP.

If you lose your Motability vehicle following a PIP reassessment and you were on the scheme prior to January 2013, you may be entitled to a £2,000 lump sum to help pay

for a used car. If you lose your vehicle and you had entered into your first lease agreement between January 2013 and December 2013 you may be eligible for a £1,000 grant. Contact Motability (see useful contacts on p 27) for more information about this.

## **Premiums**

An award of PIP can also entitle you to premiums (extra amounts of money) that are paid with other benefits, for example income-related ESA and Housing Benefit. If you are awarded the standard or enhanced rate of the daily living component for PIP, this could entitle you to the Severe Disability or Enhanced Disability Premium. In practical terms, this means that you either become entitled to a means-tested benefit for the first time or you are entitled to more money through your existing award.

For example, George gets contribution-based ESA and is in the Work Related Activity Group. He has savings under £16,000 and lives alone. His income is equal to the amount that the law says he needs to live on so he does not get Income Related ESA. He makes a claim for PIP and is awarded the enhanced rate of the daily living component. He is now eligible for the Enhanced Disability Premium and the Severe disability premium and needs to make a claim for income-related ESA.

You will still need to satisfy other rules to get the premiums but if you have savings under £16,000 and your partner works less than 24 hours a week you may qualify – it will depend on how much your household income is. If you live alone with savings below this limit and no other income you are very likely to qualify. Seek advice if you are unsure.

## **Further information**

The DWP has produced briefing notes and answers frequently asked questions about PIP at [www.dwp.gov.uk/pip](http://www.dwp.gov.uk/pip)

It also offers an online diagram showing the process for claiming PIP at [www.dwp.gov.uk/docs/pip-advisers-claimant-journey.pdf](http://www.dwp.gov.uk/docs/pip-advisers-claimant-journey.pdf)

The Social Security (Personal Independence Payment) Regulations 2013 are available at [www.legislation.gov.uk/ukdsi/2013/9780111532072/contents](http://www.legislation.gov.uk/ukdsi/2013/9780111532072/contents)

The DWP have produced a guide for assessors that has lots of useful information about PIP and the approach that the assessors will take. You can see this at [www.gov.uk/government/publications/personal-independence-payment-assessment-guide-for-assessment-providers](http://www.gov.uk/government/publications/personal-independence-payment-assessment-guide-for-assessment-providers)

The government has an online PIP checker so you can find out how Personal Independence Payment affects you. You can try it out at [www.gov.uk/pip-checker](http://www.gov.uk/pip-checker)

This uses the claimant's date of birth to work out how and when they might be affected.

You can also find out more about PIP and the Welfare Reform Act at [www.disabilityrightsuk.org/how-we-can-help/benefits-information/law-pages/acts-and-regulations/welfare-reform-act-2012](http://www.disabilityrightsuk.org/how-we-can-help/benefits-information/law-pages/acts-and-regulations/welfare-reform-act-2012)

## **Useful contacts**

### **Action for M.E.**

Information and support for people with M.E. and their carers

General enquiries: 0117 927 9551 (Mon-Fri 9am-5pm)

Enquiries email: [admin@actionforme.org.uk](mailto:admin@actionforme.org.uk)

Welfare Advice and Support Service: 0800 138 6544 (times vary)

Online M.E. Centre: [www.actionforme.org.uk](http://www.actionforme.org.uk)

### **Citizens Advice Bureau**

Offers advice on a range of issues and may complete a benefits check for you

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

### **Civil Legal Advice**

Help with some benefit appeals for eligible people

[www.gov.uk/civil-legal-advice](http://www.gov.uk/civil-legal-advice)

### **Disability Law Service**

Offers information and advice on a range of issues including welfare rights fact sheets. Please note that they no longer give advice about welfare benefits.

Tel: 0207 791 9800

[www.dls.org.uk](http://www.dls.org.uk)

### **Disability Information and Advice Line (DIAL)**

To find your local DIAL office, contact Scope, 6 Market Road, London N7 9PW

Tel: 0808 800 3333

[www.scope.org.uk/help-and-information/dial-groups](http://www.scope.org.uk/help-and-information/dial-groups)

### **Disability Rights UK**

Factsheets on benefits, tax credits and independent living.

[www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)

### **Local councils**

Some local councils employ welfare rights workers. The council may also have information about other services that offer welfare rights advice in your area.

[www.gov.uk/find-your-local-council](http://www.gov.uk/find-your-local-council)

### **Motability**

For information on leasing a car, scooter or powered wheelchair using PIP

Tel: 0300 456 4566

[www.motability.co.uk](http://www.motability.co.uk)

**If you have found the information in this factsheet helpful, please consider making a donation to Action for M.E. at [www.actionforme.org.uk](http://www.actionforme.org.uk) or by calling 0117 927 9551. Thank you.**

## Appendix I: activities and descriptors

The activities, descriptors and points listed below are the legal test as laid out in the Social Security (Personal Independence Payment) Regulations 2013. You can see these at [www.legislation.gov.uk/ukxi/2013/377/made](http://www.legislation.gov.uk/ukxi/2013/377/made)

In order to qualify for the daily living component (activities 1 to 10 in the table below) of PIP you need to score:

- at least eight points to be awarded the standard rate
- at least 12 points to be awarded the enhanced rate

In order to qualify for the mobility component (activities 11 and 12 in the table below) of PIP you need to score:

- at least eight points to be awarded the standard rate
- at least 12 points to be awarded the enhanced rate

To get both the daily living and mobility component you would need to score at least eight points in both sections (ie. a total of 16 points.)

**You can only score once in each activity so only the descriptor with the highest points that applies to you will be awarded.**

Daily living component activities	
Activity	Descriptor
1. Preparing food	a. Can prepare and cook a simple meal unaided – 0 points
	b. Needs to use an aid or appliance to either prepare or cook a simple meal – 2 points
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave – 2 points
	d. Needs prompting to be able to either prepare or cook a simple meal – 2 points
	e. Needs supervision or assistance to either prepare or cook a simple meal – 4 points
	f. Cannot prepare and cook food – 8 points

<b>Activity</b>	<b>Descriptor</b>
2. Taking nutrition	a. Can take nutrition unaided – 0 points
	b. Needs either: (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 points
	c. Needs a therapeutic source to be able to take nutrition – 2 points
	d. Needs prompting to be able to take nutrition – 4 points
	e. Needs assistance to be able to manage a therapeutic source to take nutrition – 6 points
	f. Cannot convey food and drink to their mouth and needs another person to do so – 10 points
<b>Activity</b>	<b>Descriptor</b>
3. 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 points
	b. Needs any one of 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 point
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week – 2 points
	d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week – 4 points
	e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week – 6 points

	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week – 8 points
<b>Activity</b>	<b>Descriptor</b>
4. Washing and bathing	a. Can wash and bathe unaided – 0 points
	b. Needs to use an aid or appliance to be able to wash or bathe – 2 points
	c. Needs supervision or prompting to be able to wash or bathe – 2 points
	d. Needs assistance to be able to wash either their hair or body below the waist – 2 points
	e. Needs assistance to be able to get in or out of a bath or shower – 3 points
	f. Needs assistance to be able to wash their body between the shoulders and waist – 4 points
	g. Cannot wash and bathe at all and needs another person to wash their entire body – 8 points
<b>Activity</b>	<b>Descriptor</b>
5. Managing toilet needs or incontinence	a. Can manage toilet needs or incontinence unaided – 0 points
	b. Needs to use an aid or appliance to manage toilet needs or incontinence – 2 points
	c. Needs supervision or prompting to be able to manage toilet needs – 2 points
	d. Needs assistance to be able to manage toilet needs – 4 points
	e. Needs assistance to be able to manage incontinence of either bladder or bowel – 6 points
	f. Needs assistance to manage incontinence of both bladder and bowel – 8 points

<b>Activity</b>	<b>Descriptor</b>
6. Dressing and undressing	a. Can dress and undress unaided – 0 points
	b. Needs to use an aid or appliance to be able to dress or undress – 2 points
	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 points
	d. Needs assistance to be able to dress or undress their lower body – 2 points
	e. Needs assistance to be able to dress or undress their upper body – 4 points
	f. Cannot dress or undress at all – 8 points
<b>Activity</b>	<b>Descriptor</b>
7. Communicating verbally	a. Can express and understand verbal information unaided – 0 points
	b. Needs to use an aid or appliance to be able to speak or hear – 2 points
	c. Needs communication support to be able to express or understand complex verbal information – 4 points
	d. Needs communication support to be able to express or understand basic verbal information – 8 points
	e. Cannot express or understand verbal information at all even with communication support – 12 points
<b>Activity</b>	<b>Descriptor</b>
8. 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 points
	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 points
	c. Needs prompting to be able to read or understand complex written information – 2 points
	d. Needs prompting to be able to read or understand basic written information – 4 points
	e. Cannot read or understand signs, symbols or words at all – 8 points
<b>Activity</b>	<b>Descriptor</b>
9. Engaging with other people face to face.	a. Can engage with other people unaided – 0 points
	b. Needs prompting to be able to engage with other people – 2 points
	c. Needs social support to be able to engage with other people – 4 points
	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 points.
<b>Activity</b>	<b>Descriptor</b>
10. Making budgeting decisions.	a. Can manage complex budgeting decisions unaided – 0 points
	b. Needs prompting or assistance to be able to make complex budgeting decisions – 2 points
	c. Needs prompting or assistance to be able to make simple budgeting decisions – 4 points
	d. Cannot make any budgeting decisions at all – 6 points
<b>Mobility component activities</b>	
<b>Activity</b>	<b>Descriptor</b>
11. Planning and following	a. Can plan and follow the route of a journey unaided – 0 points

journeys.	b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant – 4 points
	c. For reasons other than psychological distress cannot plan the route of a journey – 8 points
	d. For reasons other than psychological distress cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid – 10 points
	e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant – 10 points
	f. For reasons other than psychological distress cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid – 12 points
<b>Activity</b>	<b>Descriptor</b>
12. Moving around	a. Can stand and then move more than 200 metres, either aided or unaided – 0 points
	b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided – 4 points
	c. Can stand and then move unaided more than 20 metres but no more than 50 metres – 8 points
	d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres – 10 points
	e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided – 12 points
	f. Cannot, either aided or unaided: (i) stand OR (ii) move more than 1 metre – 12 points

## **Appendix II: DWP definitions for activities and descriptors**

Note: The information below is based on draft regulations (and the explanatory notes). They may be subject to further development and consultation. These are available at [www.dwp.gov.uk/pip](http://www.dwp.gov.uk/pip)

### **“aid or appliance”**

A device to improve either a physical or mental function or both. It includes a prosthesis but does not include an aid or appliance ordinarily used by a person without a physical or mental condition which limits that person’s ability to carry out daily living or mobility activities

### **“assistance”**

Physical intervention by another person

### **“bathe”**

To clean one’s torso, face, hands and underarms

### **“cook”**

To heat food at or above waist height

### **“communicate”**

To convey and understand information in the claimant’s native language

### **“communication support”**

(a) support from a person trained to communicate with people with specific communication needs

(b) support from someone experienced in communicating with the claimant;

### **“complex financial decisions”**

(a) calculating household and personal budgets

(b) managing and paying bills

(c) planning future purchases

### **“dress and undress”**

To put on and take off socks and slip-on shoes

### **“engage socially”**

(a) to interact with others in a contextually and socially appropriate manner

(b) to understand body language

(c) to establish relationships

“groom”

- (a) to comb or brush one’s hair
- (b) to wash one’s hair
- (c) to clean one’s teeth

“manage incontinence”

To manage evacuation of the bowel or bladder including using a collecting device or self-catheterisation;

“manage medication” means take medication where a failure to do so is likely to result in a deterioration in the claimant’s health

“manage therapy” means undertake therapy where a failure to do so is likely to result in a deterioration of C’s health

“medication”

Medication prescribed or recommended by a registered doctor, nurse or pharmacist

“monitor a health condition”

- (a) to detect significant changes in the claimant’s health condition
- (b) to take action advised by a healthcare professional, without which the claimant’s health is likely to deteriorate

“overwhelming psychological distress”

Distress caused by an enduring mental health condition or an intellectual or cognitive impairment

“prepare”

In the context of food, means the activities required to make food ready for cooking or eating

“prompt”

To remind or encourage

“simple financial activities”

- (i) calculating the cost of goods
- (ii) calculating change required after a purchase

“simple meal”

A cooked, one-course meal for one using fresh ingredients

“social support”

Support from a person trained or experienced in assisting people to engage in social situations

“supervision”

The continuous presence of another person for the purpose of ensuring the safety of the claimant

“support dog”

A dog trained to guide or assist a person with a sensory impairment

“take nutrition”

- (a) to cut food into pieces
- (b) to convey food or drink to one’s mouth
- (c) to chew and swallow food or drink
- (d) to take nutrition by using a therapeutic source

“therapeutic source”

Parental or enteral tube feeding using a rate limiting device such as a delivery system or feed pump

“therapy”

Refers to long-term therapy which is

- (a) undertaken at home
- (b) prescribed or recommended by a registered doctor, nurse, pharmacist or healthcare professional regulated by the Health Professions Council [now Health and Care Professions Council]

But, does not include taking or applying, or otherwise receiving or administering, medication (whether orally, topically or by other means) or any action which, in C’s case, falls within the definition of ‘monitor a health condition’.

“toilet needs”

- (a) getting on and off the toilet
- (b) cleaning oneself after using the toilet

“unaided” means without

- (a) without the use of an aid or appliance
- (b) without assistance, prompting or supervision

registered in England no. 2906840. Disclaimer: Welfare benefits law is complex and subject to change and the information is correct at the time of writing. We are updating this factsheet as changes occur. Whilst every care has been taken to ensure accuracy at the time of writing, this fact sheet can only be a general guide as the process will vary depending on the severity of the claimant's condition. Action for M.E. cannot accept responsibility for any loss experienced as a