

**CROHN'S &  
COLITIS UK**

—  
FIGHTING  
INFLAMMATORY  
BOWEL DISEASE  
TOGETHER

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# CLAIMING PERSONAL INDEPENDENCE PAYMENT

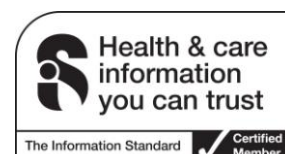
A GUIDE FOR ADULTS WITH ULCERATIVE  
COLITIS AND CROHN'S DISEASE

**PIP Guide Ed 2 – July 2016**

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## Claiming Personal Independence Payment Ed 2 - 2016

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45 Grosvenor Road, St Albans, Hertfordshire, AL1 3AW

Administration: 01727 830038.

Website: [www.crohnsandcolitis.org.uk](http://www.crohnsandcolitis.org.uk)

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The Publications Team

Crohn's and Colitis UK

45 Grosvenor Road,

St Albans, Hertfordshire AL1 3AW

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**PLEASE NOTE :** PIP is a new benefit and subject to change. This guide is not a full and authoritative statement of the law. The information in this guide is intended as general information only and is not intended to be relied upon by any individual in relation to their specific circumstances. It is not intended as a replacement for appropriate professional advice.

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## About this guide

The purpose of the guide is to help people aged 16 to 64, with Inflammatory Bowel Disease (Ulcerative Colitis or Crohn's Disease) to apply for Personal Independence Payment (PIP). The guide explains who can qualify for PIP and how the application process works, as well as giving information about what you can do to increase your chance of a successful claim.

Even if you think you probably won't qualify for PIP, we suggest that you read on. Misconceptions about benefits are very common and it is not unusual for people to miss out on benefits for years because they don't realise they are entitled. After reading this information, if you're not sure whether you qualify for PIP, you could discuss it with a welfare rights adviser. Sources of information and advice are listed at the end of the pack.

## What is Personal Independence Payment (PIP)?

PIP is a welfare benefit for adults who have difficulty with daily living or with getting around because of a disability or long term health condition. You must be aged 16 to 64 to start a claim. It is not means tested and can be paid to people who are in work or out of work.

PIP is a new benefit, being introduced gradually between April 2013 and 2018. (See below for more information about the timetable for introducing PIP.) It has replaced disability living allowance (DLA) for new claims from people aged 16-64.

PIP has two parts (components):

- 1. Daily living component**
- 2. Mobility component.**

You may qualify for either or both parts, depending on how your disability or health condition affects you. Each component has two rates:

- 1. Standard rate**
- 2. Enhanced rate.**

PIP claims are assessed using a point scoring system. You may be able to score points if you have difficulty with specified activities such as managing toilet needs or incontinence, washing and bathing, or moving around. Entitlement depends on the **impact** of your health condition, not the condition itself.

PIP is a cash payment, which you can spend (or save) however you like. (However bear in mind that if your total savings reach £6,000 or higher that may affect your entitlement to means tested benefits.)

It is paid on top of any other benefits you may be getting, and it may result in increases in other benefits. It is not taxable.

## Could I qualify for PIP?

The qualifying conditions for PIP are quite complex and are outlined in full later in this guide. Here is an overview of the sorts of things that may help you to qualify.

You may qualify for PIP **daily living component** if you have difficulty with any of the following activities:

1. Preparing food
2. Eating or taking nutrition
3. Managing treatments
4. Washing and bathing
5. Managing toilet needs or incontinence
6. Dressing and undressing
7. Communicating verbally
8. Reading
9. Mixing with other people
10. Making decisions about money

You don't need to have difficulty with *all* of these activities to qualify. You may still qualify if you manage by yourself and don't get any help from another person.

Here are some questions to help you to decide whether you have a chance of qualifying for PIP. Think about each of the activities in the list above and ask yourself:

- Does it take you a long time to do the activity?
- Are you in pain or discomfort while doing the activity?
- Do you have difficulty doing the activity properly?
- Would it be helpful if someone reminded or encouraged you to do the activity?
- Would it be helpful if someone assisted you with the activity, or did it for you?
- Even if you can do most of the activity by yourself, do you need help with part of it?
- Do you need an aid or appliance to do the activity properly?
- Could it be dangerous for you to do the activity? Would it be safer if someone supervised you?
- Have you had accidents or falls while attempting to do the activity?
- Do you sometimes avoid the activity because it is too difficult or because you forget or are not motivated to do it?
- Does the activity make you tired?

- If your condition fluctuates, are there certain times of day or night when you have difficulty with the activity? Or do you have difficulty with the activity on bad days?

*If you have answered 'yes' to some of these questions, read on for further information about the qualifying conditions and rules for PIP.*

You may qualify for PIP **mobility component** if you have difficulty with either or both of the following activities:

1. Planning and following journeys
2. Walking outdoors

For example:

- Do you walk slowly?
- Are you in pain or discomfort while walking?
- Could walking be dangerous for you or make your condition worse?
- Would it be safer if someone supervised you?
- Does walking a short distance make you tired?
- Do you have a poor gait, for example limping or shuffling?
- Are you unsteady on your feet? Are you at risk of falling or stumbling?
- Do you need an aid to walk (such as a walking stick)?
- Do you get anxious or panicky when going out? Do you need another person to calm, reassure or encourage you?
- Do you have difficulty finding your way around outdoors, especially in unfamiliar areas?
- Do you tend to avoid leaving the house because it is too difficult or because you forget or are not motivated to do it?
- Do you have difficulty planning a journey or following a route because of confusion or forgetfulness?
- If your condition fluctuates, are there certain times of day or night when you have difficulty walking? Or do you have difficulty with walking on bad days?

**If you have answered 'yes' to some of these questions, read on for further information about the qualifying conditions and rules for PIP.**

Appendix 1 at the back of this guide has a table which you can use to estimate whether you are likely to qualify for PIP, but we suggest that you read the main part of this guide first so that you understand how the assessment works.

You can claim PIP even if:

- You have a high income or a high level of savings
- You are working
- You are studying
- You haven't paid national insurance contributions
- You live alone, don't have a carer or don't want a carer
- You already have a carer

## **PIP and Disability Living Allowance (DLA)**

**PIP is replacing DLA for adults aged 16 to 64.** If you get DLA and you were aged 16 to 64 on 8 April 2013 you will be affected by the introduction of PIP, even if you have a lifetime or indefinite award of DLA.

You cannot get PIP and DLA at the same time.

### **What is the difference between PIP and DLA?**

Like DLA, PIP is intended to help people who have difficulty with daily living or with getting around due to a disability or health condition. However, the qualifying conditions for the two benefits are different. This means that some people who currently qualify for DLA will not qualify for PIP, and some who do not qualify for DLA will be able to qualify for PIP. If you already get DLA, you may find that you get an increased amount, the same amount or a reduced amount of money when the time comes to apply for PIP.

PIP claims are registered and assessed in a different way from DLA claims. Most (but not all) people who claim PIP will have a face-to-face consultation with a health professional before their claim is decided.

### **If I'm getting DLA, when will I need to apply for PIP?**

Between October 2015 and 2017, all remaining DLA claimants (except children and those who were aged 65 or over on 8 April 2013) will be contacted by the Department for Work and Pensions (DWP). Claimants will be informed that their DLA claim is going to end and invited to claim PIP. If they choose not to claim PIP they will not be able to remain on DLA instead.

## **What are the qualifying conditions for PIP?**

To qualify for PIP, you must meet conditions relating to age, residence and presence, and disability. Most claimants also have to show that they have met the disability conditions for at least three months and are likely to continue meeting them for at least nine months.

### **Age**

You must be aged 16 to 64 at the start of your claim. If you claim PIP before your 65th birthday you can continue to receive it after you turn 65, provided that you still meet the qualifying conditions.

There are some exceptions for people aged 65 or over who previously received DLA or PIP.

The upper age limit for claiming PIP will gradually increase in line with increases in state pension age after 2018.

Note: Children under 16 who have difficulty with daily living activities or mobility can apply for disability living allowance (DLA). If you are over 65 (and not already getting DLA or PIP) you may be able to qualify for attendance allowance instead.

### **Residence and presence conditions**

- you must not be subject to immigration control *and*
- you must be habitually resident in the UK, Ireland, Channel Islands or the Isle of Man *and*
- you must be present in Great Britain *and*
- you must have spent two out of the past three years in Great Britain

If you haven't spent two out of the past three years in Great Britain, it may be possible for time spent in another EEA country to be taken into account if you have a close connection to Britain.

These rules are complicated. We recommend that you seek advice about whether to apply for PIP if you think that your immigration status may be an issue or if you have recently spent a long period abroad.

### **Disability conditions**

You must have a 'limited ability' or 'severely limited ability' to carry out daily living activities and/or mobility activities. This is assessed using a points-based system and further details are given below. The assessment looks at how your disability or health condition(s) affect your ability to cope with daily life and mobility. It's not enough to be diagnosed with a health condition – you must show that your health condition affects your life in particular ways to qualify for PIP.



If you are terminally ill you will automatically qualify for the enhanced rate of PIP daily living component.

### **Required period (also known as the qualifying period)**

- You must satisfy the disability conditions for at least **three months** before you can start getting PIP *and*
- You must be likely to continue to satisfy the disability conditions for at least **nine months** after you claim.

If you are terminally ill you are exempt from this rule.

The three month test does not apply to people transferring from DLA to PIP. There are 'linking rules' which mean that if you have previously claimed PIP, you can claim again within two years without needing to satisfy the three month qualifying period. You will only be able to use the linking rules if you are claiming the same component of PIP based on the same health condition or disability. A one year linking rule will apply to people aged over 65.

If your condition has recently deteriorated and you haven't yet met the conditions for three months, you can still apply for PIP but it won't be paid until you have finished the three month period.

### **How does the disability assessment for PIP work?**

PIP claims are assessed using a points based system. The person who decides your claim will consider how you cope with 12 different activities. You don't need to have difficulty with all of these activities to qualify.

As mentioned above, PIP has two parts – the daily living component and the mobility component.

For the daily living component, the activities which are assessed are:

1. Preparing food
2. Taking nutrition
3. Managing therapy or monitoring a health condition
4. Washing and bathing
5. Managing toilet needs or incontinence
6. Dressing and undressing
7. Communicating verbally
8. Reading and understanding signs, symbols and words
9. Engaging with other people face-to-face

## 10. Making budgeting decisions

For the mobility component, the activities are:

1. Planning and following journeys
2. Moving around

Some of the activities in the PIP assessment have been given special definitions in the PIP regulations. These definitions may not include everything that you would normally associate with the task in question. For example, the definition of 'toilet needs' includes getting on and off the toilet but does not include walking from another room to get to the toilet or adjusting your clothes before or after using the toilet.

It is important to be aware that you can only score points in the ways set out in the regulations. The DWP case managers who decide PIP claims have to apply the law and there are some things that they can't take into account. For example, you can't score points for having difficulty with doing housework, getting out of bed or using stairs.

Each activity has a series of '**descriptors**' - statements which describe increasing levels of difficulty carrying out the activity. Every descriptor has a score attached to it. Here is an example of an activity and its descriptors:

### **Example: Activity 5 - Managing toilet needs or incontinence**

<u>Descriptor</u>	<u>Score</u>
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 manage toilet needs	2 points
d. Needs assistance to manage toilet needs	4 points
e. Needs assistance to manage incontinence of either bladder or bowel	6 points
f. Needs assistance to manage incontinence of both bladder and bowel	8 points

For each activity, the person deciding your claim will choose **one** descriptor that fits you best. You will score the points corresponding to that descriptor (which may be zero). If more than one descriptor applies to you for a particular activity, the higher-scoring descriptor will be chosen. See page 12 if your condition fluctuates.

Your scores from the ten daily living activities will be added together to give a total score for daily living. Your scores from the two mobility activities will be added together to give a total score for mobility.

**You need to get a total of 8 points for daily living/mobility to qualify for the standard rate of that component, or 12 points to qualify for the enhanced rate.**

### **Examples:**

1. Ahmed scores 2 points for 'preparing food', 2 points for 'washing and bathing' and 4 points for 'managing toilet needs and incontinence'. For the rest of the daily living activities he scores 0 points. That gives him a total of 8 points for the daily living activities, enough to qualify for the standard rate of PIP daily living component.

He also scores 4 points for the 'moving around' activity, and scores 0 points for 'planning and following journeys'. That gives him a total of 4 points for the mobility activities. He does not qualify for mobility component because his total score for the mobility activities is less than 8 points.

2. Claire scores a total of 18 points for the daily living activities. She also scores a total of 10 points for the mobility activities. She qualifies for the enhanced rate of the daily living component and the standard rate of the mobility component.

If you have ever claimed employment and support allowance (ESA) you may notice that this system using point-scoring is similar to the work capability assessment used for ESA. However, the rules for the two benefits are quite different. If you have passed (or failed) an assessment for ESA you won't necessarily get the same result when you are assessed for PIP.

### **Applying the descriptors**

For most of the activities in the PIP assessment, you can score points if you need:

- an aid or appliance
- assistance (another person physically helping you or doing something for you)
- prompting (another person reminding or encouraging you to do something, or explaining how to do it)
- supervision (another person present throughout the activity to make sure you are safe)

For most activities, you get more points if you need physical assistance than if you 'only' need prompting.

For the 'communicating verbally' activity you can score points if you need communication support (for example a sign language interpreter). For the 'planning and following journeys' activity, you can score points if you need an assistance dog.

**You can score points for a descriptor if it applies to you at any time during the day (or night).** For example, if you are weak and tired first thing in the morning and need to be

helped on or off the toilet, but then feel better later in the day and need less help, you should still score points based on how you are in the morning. Unlike disability living allowance (DLA), PIP doesn't distinguish between help needed in the night and help during the day.

## **Aids and appliances**

You may be able to score points in the PIP assessment if you need to use an aid or appliance for certain activities.

**Aids** are devices that help you to perform a function, for example, a walking stick or bath seat. This can include mainstream items used by people without a disability, if because of your disability you are completely reliant on them to complete the activity.

**Appliances** are devices that provide or replace a missing function, for example collecting devices such as stoma appliances.

The assessment will take into account aids and appliances that you normally use. They can also take into account low cost, commonly available aids or appliances which someone with your health condition might reasonably be expected to use, even if you don't normally use them.

- Explain if a certain type of aid or appliance that is commonly used wouldn't be helpful for you. (Example: Many people sit on a perching stool while cooking if they would have difficulty standing. But if you have a very small kitchen, there might not be room for a stool and it might block access to cupboards or the fridge.)
- Explain if you use an aid or appliance, but still need help from another person as well. This might include help to set up the aid or appliance, physical assistance, prompting or supervision while using it, and/or help to clean the aid or appliance.

If you need help from another person you are likely to score more points than if you can use the aid or appliance without help.

### **Can you complete the daily living and mobility activities 'reliably'?**

The person deciding your claim should always consider whether you can perform the relevant activities **reliably**. Pain and fatigue should be taken into account. If you cannot complete an activity reliably, you should be considered unable to complete it.

Can you perform the activities:

- safely? (in a manner that is unlikely to cause harm to you or another person)
- to an acceptable standard?
- repeatedly? (as often as is reasonably required for that particular activity)
- in a timely manner? (taking less than twice as long as it would take a person without a disability)

Appendix 1 at the back of this guide has a table which you can use to estimate whether you are likely to score enough points to qualify for PIP.

### **What if I have other health conditions as well as Inflammatory Bowel Disease?**

Any disability or health condition which limits your ability to cope with the activities listed in the PIP assessment should be taken into account. This can include physical conditions, mental health problems (including common conditions such as depression and anxiety) and learning disabilities.

If you have a condition which varies or only affects you sometimes, see below for more information about fluctuating conditions.

### **What if my condition varies or fluctuates?**

As mentioned above, you can score points for a descriptor if it applies to you at any time during the day (or night). If your condition varies day by day, week by week, or month by month, there are rules about how the assessment will be applied to you:

- The assessment is based on a twelve month period.
- If one descriptor in an activity applies to you on more than half the days in that twelve month period, then that descriptor should be chosen.
- If two or more descriptors in an activity apply on more than half of the days, the one which scores the highest number of points will be chosen.
- Where no single descriptor applies for more than half the days, but two or more scoring descriptors are satisfied on more than half days when added together, the descriptor which applies for the greatest proportion of days will be chosen. If both or all descriptors apply for the same number of days, the one which scores the higher or highest number of points will be chosen.
- If you are waiting for surgery or further treatment that could improve your condition, you should be assessed based on how you are now, not how you are expected to be after the treatment has taken place.
- These rules are complicated. If your condition fluctuates significantly or you aren't sure if you qualify, seek advice.

### **Example**

Sam is being assessed for the 'moving around' activity in the PIP mobility component. He has some difficulty walking because of pain and fatigue, but his condition varies. During the past year, he has had:

- 20 weeks when he could walk more than 200m at a reasonable pace without significant pain or fatigue (descriptor A: 0 points)

- 12 weeks when he was able to walk about 100m before starting to experience pain and fatigue (descriptor B: 4 points)
- 20 weeks when he could only walk about 30 m before starting to experience pain and fatigue (descriptor C: 8 points).

No single descriptor applies to him for more than half the days in the year, but if you add together the 12 weeks when descriptor B applied, and the 20 weeks when descriptor C applied, it adds up to 32 weeks which is more than half the year. Descriptor C is chosen, because it applied for more of the time than descriptor B. Sam scores 8 points for the 'moving around' activity.

Obviously, it can be very difficult to apply these rules in practice. If your condition fluctuates it will probably be hard to put figures on how many days each descriptor has applied to you over the past year. You don't have to put precise figures or percentages on the form, but it will be helpful if you can say things like:

"I have had falls in the shower so I always need supervision when showering. About four days each week I also need physical support when getting in and out of the shower."

"On bad days, about one day in four, I struggle even to walk from room to room in my home and don't leave the house."

Try to give a picture of how many 'bad' days or weeks and how many 'better' days or weeks you experience over time, and how long 'bad' spells generally last for.

If you do paid work or are studying, you may have had to take time off work or college because of your health. Looking at the pattern of how many days you have had to take off over the past few months might help to establish how many days have been 'bad' ones. However, do bear in mind that being unable to work doesn't necessarily mean you will qualify for PIP. On the other hand, it is possible to qualify for PIP while working or studying.

Don't underestimate the effects of your condition. You may find daily living activities or walking easier on your 'better' days than you do on your 'bad' days. But do you still have some difficulty on your 'better' days? Are you still experiencing some discomfort or fatigue, or does it take you longer to do things than it would take a person without a medical condition?

If your condition has deteriorated or if a doctor has told you it is likely to deteriorate, you should make this clear. It may be useful to provide medical evidence.

If your condition fluctuates or if you are awaiting medical treatment then you are likely to be awarded PIP for a shorter period than if your condition is stable. See page 50. If you continue to have difficulty with daily living or mobility you can apply to renew your PIP award before it runs out.

## Terminal illness

If you are terminally ill, your claim will be fast tracked and you will automatically qualify for the enhanced rate of the daily living component of PIP. You count as being terminally ill for the purpose of this rule if you have a progressive condition and your death could reasonably be expected within six months.

If you are terminally ill you won't need to meet the three month 'qualifying period'. You can claim straight away, even if you haven't been ill for three months.

You will need to obtain a DS1500 certificate from a doctor or specialist to support your claim. Another person can claim on behalf of someone who is terminally ill.

## How do I apply for PIP?

There are four main stages in applying for PIP:

1. Register your claim – this will usually be done over the telephone.
2. Complete a form to provide information about your health condition and how it affects you. You may want to provide some additional evidence in support of your claim.
3. You will probably have to attend a face-to-face consultation with a health professional. Some people will not need to attend a face-to-face consultation.
4. A case manager at the DWP considers all the evidence and decides the result of your claim. The DWP will send you a written decision telling you whether you have been awarded PIP, at what rate, and how long for.

Each of these stages is outlined in more detail below.

Remember, Disability Living Allowance (DLA) and PIP can't be paid at the same time. If you are already getting DLA, the DWP will invite you to apply for PIP at some point between October 2013 and 2017. Most DLA claimants won't need to apply for PIP until after October 2015.

If you are getting DLA you can choose to apply to transfer to PIP at any time after October 2013. However, it is important to seek advice before doing this to make sure you aren't risking a reduction in your benefit.

## How do I register my claim?

To start a new claim for PIP phone **0800 917 2222** (or textphone 0800 917 7777). The lines are open between 8am and 6pm, Monday to Friday.

PIP claims normally start from the date a claim is registered, and cannot be backdated. Advance awards can be made if you don't meet the qualifying conditions yet, but are likely to meet them within three months if there is no change of circumstances (for example, if your condition recently deteriorated and you began to satisfy the disability conditions less than three months ago).

When you phone to register your claim you will be asked for the following information:

- Full name and date of birth
- National insurance number (you can find this on a payslip or on letters about any other benefits you are getting)
- Address and phone number
- Nationality
- Whether you have restrictions on your leave to remain in the UK or have been told to have “no recourse to public funds”
- Whether you have been abroad for more than four weeks at any time in the last three years
- Whether you or a family member are receiving any pensions or benefits from another EEA country or Switzerland
- Whether you or a family member are working in or paying insurance connected to your work to another EEA country or Switzerland
- If you are in hospital now or have been in hospital within the last four weeks, you will need to provide details.
- If you are in a care home, nursing home, residential college or similar place, or if you left one of those places within the last four weeks, you will need to provide details including details of who pays for the costs of your stay.
- Your GP’s name, address and phone number
- Whether you give permission for the DWP to contact your GP or other organisations for further information about your condition
- Bank or building society details (even if you are already getting another benefit)
- Whether you wish to claim under the special rules for terminally ill people
- Whether you have memory problems, mental health problems, behaviour problems or a learning difficulty

### **What if I have difficulty giving this information over the phone?**

The DWP expect all PIP claims to be registered by telephone. If you have difficulty speaking on the phone then a carer, friend or representative can make the call for you. You will need to be present and will need to speak briefly on the phone to confirm that you want to register the claim. In exceptional cases – for example, if you are unable to speak on the phone at all - the DWP may agree to send out a paper form to enable you to register your claim.



A relative, friend or support worker can apply to be an appointee for a claimant who is unable to deal with their own affairs (for example because of a learning disability or mental health problem). For more information about this, contact the office that pays the benefit being claimed. Appointees act on behalf of claimants and it is their responsibility to deal with the claim, including notifying any change of circumstances.

If you don't have all the necessary information available when you phone to start your PIP claim, the DWP can save the information you have given for up to 30 days. This should allow time for you to gather the necessary information and call back.

The DWP have said that online PIP claims should be possible from spring 2014.

### **What if the DWP tell me I won't be eligible for PIP?**

If you phone to register a PIP claim and the operator says you won't qualify, you still have the right to ask for your claim to be processed so it can be decided based on all the facts. The operator on the phone line won't know your full circumstances and they may not be aware of how your condition could enable you to qualify.

If you are told you won't qualify you may want to have another look at the rules outlined in this pack, or speak to a welfare rights adviser, to help you decide whether it is worthwhile pursuing a claim.

### **Completing the form: 'How your disability affects you'**

After you phone to register your claim, the DWP will send you a form titled 'How your disability affects you', also known as the PIP2 form. The form will have your name and national insurance number already printed on it. It can't be copied for anyone else to use.

The form must be returned within 30 days of the date it was sent out. The DWP will tell you the deadline for returning it.

If you miss the deadline for returning the form, your claim will be refused unless you can show that you had good reason for the delay. The DWP should consider your individual circumstances, and what it would be reasonable to expect someone to do in your circumstances. Illness, mental health problems, or personal factors such as bereavement could count as good reason for returning the form late, depending on your situation.

If you think you will be late returning your form – for example, because you are ill or because you are waiting for an appointment with an adviser – phone the DWP to tell them and ask for an extension. If you have already missed the deadline and are returning the form late, include a covering note or letter to explain why.

## Getting help with the form

- If you want help to complete the form, you could ask a friend or relative. They may be in the best position to help you to explain about the difficulties you have.
- For general guidance in filling in the PIP form or challenging a decision, you may like to speak to one of our PIP-trained volunteers from the Crohn's and Colitis UK Disability Benefit Service. They will talk through any practical questions but will not be able to give specific advice on your individual circumstances.

When you have obtained the claim form from the DWP on 0800 917 2222, telephone the Information Line on 0300 222 5700 if you would like to make an appointment for one of our volunteers to ring you. They cannot go through the whole form in detail, but can help you to identify your care and mobility needs. The call is at a pre-arranged time and can last for up to 30 minutes.

- If your application has been turned down our volunteers can also help you to think about whether you wish to challenge the decision and what the process involves.
- Alternatively you could ask an advice service such as the Citizens Advice Bureau. For advice or details of your local Citizens Advice Bureau, (telephone 03444 111 444 if you are in England, 03444 77 20 20 if you are in Wales, or 0808 800 9060 if you are in Scotland, or visit [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

There may be other local advice services in your area. Some local authorities and county councils provide advice about benefits and help with claiming.

## Getting started

**The form is long, and it may take an hour or longer to complete.** It's important to allow yourself plenty of time to think about the questions and answer them fully. Try to minimise distractions as far as possible so you can focus on the form. Of course, you don't need to complete the form all in one go.

The form has questions about your health conditions, medication and treatments, and about how your disability affects you. It focuses on each of the ten daily living and mobility activities in turn, with a series of questions about your ability to carry out each activity. The questions also cover whether you need to use aids or appliances and whether you are able to complete each activity safely, to an acceptable standard, repeatedly and in a timely manner.

You may find it helpful to take a photocopy of the form and complete your answers in rough before filling in the form. Alternatively you could complete your answers in pencil first, and then go over them in ink when you are happy with them. If you make any mistakes, cross them out. Don't use correction fluid. Don't worry about spelling mistakes – it's more important to get the information onto the form.

If you run out of space when answering questions on the form, you can add additional information in the space by Q15. Alternatively you can attach separate sheets of paper to the form. Write your name and national insurance number on every extra sheet of paper and make clear which questions they refer to. Staple the extra sheets to the form.

## **Completing the form: step by step**

### **Q1 Professionals**

This question asks you to provide contact details for up to three professional people who can provide information about your condition and how it affects you.

Name someone who understands about your condition and how it affects your everyday life. This may be your GP, or a specialist. If you haven't seen your GP for a while (for example, because you are being treated by specialists instead) it may be better to give the name of a specialist who knows you well. If you think your GP is the best person to name but you aren't sure whether they fully understand how your condition affects your daily living and mobility, you may want to consider making an appointment to discuss the difficulties you are having.

### **Q2a Health conditions and disabilities**

This question asks you to list your health conditions or disabilities, and when they started. Make sure that you list all of your ongoing health conditions, not just Crohn's Disease or Ulcerative Colitis. Include details of any related problems such as arthritis, osteoporosis, anaemia or skin problems. If you suffer from depression, anxiety or another mental health condition, make sure you include that too.

The form asks for 'approximate start date' for each condition. You may have had symptoms of Inflammatory Bowel Disease for months, or even years, before getting an official diagnosis. You can put the date when you started having symptoms associated with your condition.

To qualify for PIP you have to show that you have had difficulties with daily living and/or mobility for at least three months. If you have a health condition which started less than three months ago you may still be able to qualify for PIP, but may have to wait a while before it can begin to be paid.

Don't worry if you can't remember the exact date when a health condition started – you can give an approximate date (for example 'summer 2011' or 'about five years ago' and the DWP will ask for further information if they need it.

### **Q2b Treatments**

This question asks you to describe tablets, medication and other treatment which could include enemas, surgery, or therapy.

Remember to explain about any side effects. If you have tried a particular type of medication or treatment and found it didn't work, that may be worth mentioning. If you can't take a medication or treatment that is commonly used for your condition (for example, because of side effects or because it would clash with other medication you are

taking), explain this.

**Questions 3 to 15** ask about how your health conditions or disabilities affect your day-to-day life. The form covers the ten daily living activities, and the two mobility activities, which are considered in the PIP assessment. For each activity, there are some questions with tick boxes, followed by a larger box where you can give extra information to describe what difficulties you have or what help you need.

Here we give some general tips for completing these questions, before looking at each question in more detail.

### **General tips for completing questions 3 to 15**

- Remember that the person who assesses your PIP claim may have very little knowledge of Crohn's Disease or Ulcerative Colitis. They won't have any background knowledge of your personal circumstances or history. They probably won't have access to information about other benefit claims you have made or previous medical assessments.
- Provide plenty of information about your condition and how it affects you. It is often best to spell things out, rather than expecting the DWP to read between the lines.

Don't just tick the tick boxes – write in the larger boxes and describe exactly how your condition affects you.

- Don't worry about repeating yourself on the form. You may need to repeat the same information for different activities. For example, if you suffer from pain on bending this could affect your ability to cope with several different activities such as bathing, wiping yourself clean after using the toilet, and getting dressed. If that is the case you will need to repeat several times that you have pain on bending.
- Sometimes people feel embarrassed about describing the effects of conditions such as incontinence or depression, but it's important to explain them. Many, many people have these problems and it's important to describe how difficult things are for you to increase your chance of getting the correct rate of benefit.
- Give examples or describe specific incidents where possible. Don't just say "I am at risk of falls when getting out of the bath." Instead say something like "Two weeks ago I lost my balance, slipped and fell when getting out of the bath. I hit my hand on the radiator and cut it. I lay there for a few minutes before I could attempt to stand up. Due to the weakness in my arms and legs it then took me several attempts before I managed to get up."
- Many people find that it is easier to cope with a health condition or disability by being positive, or by accepting limitations in what they can do. Just for the purposes of the PIP form, you need to focus on your limitations, and whether activities are difficult or painful. For example, you may have grown used to taking your time to get dressed, putting up with pain when you bend over to put on shoes and socks, or having to wear shoes without laces. Talking things through with a friend or relative could help to get a realistic picture and make sure that you don't leave anything out.

- If you have difficulty completing an activity it is okay to tick the box to say that you need help with that activity – even if you don't actually receive any help. You don't need to have a carer to qualify for PIP.
- Remember, the PIP assessment is based on whether you are able to complete the activities **reliably**:

Can you complete each activity **safely**, or is there a risk that you could injure yourself or make your condition worse by doing it?

Can you complete each **activity to an acceptable standard**? Or do you have difficulty doing it properly because of your condition?

Can you complete each activity **repeatedly** (as often as is reasonably required for that particular activity)? Or do you have to rest for a long time after completing the activity?

Can you complete each activity **in a timely manner**? Or does it take you much longer than it would take a person who didn't have a disability or health condition?

- Fatigue (tiredness) is a common symptom/side effect of Crohn's disease or Ulcerative Colitis. If you suffer from fatigue, explain how this affects you. Do you have to avoid or postpone activities because you are too tired to start them? Do you sometimes have to abandon activities or take a break halfway through because you are tired? Do you have to rest or nap during the day? Could it be dangerous to perform certain activities, such as cooking or showering, when you are very tired?
- If you need help from another person, explain about what type of help you require. For example, do you need verbal prompting, physical assistance or supervision?
- Think about the different steps involved in each activity. Even if you can do most of the activity without difficulty, there may be an important part of it that is a problem for you. For example, maybe you can put on most of your clothes without too much difficulty but you struggle to put on socks and shoes because it is painful for you to bend over to reach your feet.
- The form doesn't tell you what the descriptors are for each activity, or how many points you can score. It is worth bearing the descriptors in mind when completing the form, to make sure you don't miss out any information that could help you score points in the assessment. We list the descriptors for each question below.
- If your condition varies, try to explain how things are for you on a typical day and also describe how things are on bad days. If there is no such thing as a 'typical day' for you, try to give an overview of how many days in a week (or how many weeks in a year) you have difficulties. For more information about how to describe fluctuating needs, see page 12.
- You may be able to score points if you need to use an aid or appliance such as handrails by the bath or incontinence pads.

An 'aid or appliance' doesn't just mean things that are specially designed for people with

disabilities. You may be able to score points if, because of your disability, you rely on an appliance that a non-disabled person might sometimes use but could manage without. For example, if you suffer from joint pain you may need to use a food processor every time you prepare a meal, because it is too painful to chop food with a knife. If you use any aids or appliances, explain their limitations.

- If you use an aid or appliance and also need help from another person, it is important to make that clear. This is because you can score more points for needing assistance from another person.
- Remember that you may be able to score points if you have difficulty with an activity just for part of the day (or at night). If your condition varies throughout the day, explain this.

Below, we give examples of things that may be relevant to write about for each activity. These lists are NOT exhaustive and you may well have other difficulties that are relevant, especially if you have another disability or health condition in addition to Crohn's or Ulcerative Colitis.

The boxes below describe what the law says about how you can score points for each activity.

### **Q3 Preparing food**

This question asks about your ability to prepare and cook a simple meal. A "simple meal" means a cooked one-course meal for one person, using fresh ingredients. "Cooking" means "heating food at or above waist height", so they won't take into account any difficulty you may have with bending to put things into the oven or to get things out of low cupboards.

<u>Descriptor</u>	<u>Score</u>
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

Examples of things you could write about:

- Does another person help you to cook, or cook for you, because of your health condition? Explain what they do to help you.
- Did you used to cook for yourself, but find that you can no longer do it because of your health condition?
- Do you find it difficult to motivate yourself to prepare or cook food because eating or drinking could result in diarrhoea, nausea or pain?
- Do you find it difficult to prepare or cook food because you are tired?
- Do you tend to skip meals?
- Do you tend to eat 'ready meals' or snacks because it is difficult for you to prepare a meal from scratch or you lack motivation to do so?
- Do you have difficulty chopping or peeling food, opening tins or packets, or handling hot food? For example, you may have difficulty chopping food because of joint pain.
- Do you need to use an aid or appliance, such as a perching stool, while cooking?
- Does it take you a long time to prepare a meal because of fatigue, or because you keep needing to stop to rest or to use the toilet?
- Do you have difficulty watching over food that is cooking, because you need to have frequent, unpredictable or prolonged trips to the toilet?

This could make it difficult to ensure that food is properly cooked and not burnt. Leaving cooked food unattended may also be dangerous. You may have difficulty coordinating tasks so that everything is ready at the same time for the same reason.

- Do you have to follow a special diet or have to avoid certain foods?

You won't automatically score points for this. However, following a special diet may make it more difficult for you to prepare a meal. It may mean that preparing meals takes longer or involves extra tasks such as mashing food or chopping it more finely. Or you may need prompting, assistance or supervision from another person to make sure you follow the correct diet. Explain this on the form.

- If you suffer from diarrhoea or bowel incontinence, does this make it more difficult to maintain hygiene while preparing food?

#### **Q4 Taking nutrition**

This question asks about your ability to feed yourself by cutting up food on a plate, lifting it to your mouth and chewing and swallowing it or by using a therapeutic source.

**Activity: Taking nutrition**

<u>Descriptor</u>	<u>Score</u>
a. Can take nutrition unaided	0 points
b. Needs either (i) to use an aid or appliance to take nutrition; (ii) supervision to be able to take nutrition; (iii) assistance to cut up food	2 points
c. Needs a therapeutic source to take nutrition	2 points
d. Needs prompting to take nutrition	4 points
e. Needs assistance 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

Examples of things you could write about:

- Do you find it difficult to motivate yourself to eat because you know that eating is likely to result in diarrhoea or nausea?
- Do you need enteral nutrition (tube feeding) or parenteral nutrition?

If so, describe what this involves, any difficulties you encounter and any help you need from another person.

- The symptoms of Inflammatory Bowel Disease are likely to be affected by what you eat, so explain the importance of eating regular healthy meals and snacks to manage your condition.
- Explain if you have another condition which could be affected by what you eat (or by not eating), such as diabetes or coeliac disease.
- Do you need prompting, assistance or supervision from another person to make sure you follow the correct diet?



- Do you have difficulty maintaining your weight?

If you have lost weight or are underweight due to your condition, it may be helpful to state how much weight you have lost. If you are significantly underweight, you could state your weight and height or body mass index (BMI). You won't automatically score points for being underweight, but it is an indication that you may have difficulty taking nutrition.

- Do you suffer from bloating?
- Do you suffer from mouth ulcers? Do the ulcers make eating painful or uncomfortable?
- Do you have difficulty cutting up food on your plate or using cutlery? For example, you may have difficulty with this because of joint pain.

## Q5 Managing therapy or monitoring a health condition

This question asks about your ability to take medication, manage other treatments and monitor your health.

<b><u>Activity: Managing therapy or monitoring a health condition</u></b>	
<u>Descriptor</u>	<u>Score</u>
a. Either (i) Does not receive medication, therapy or need to monitor a health condition; <i>or</i> (ii) can manage medication, therapy or monitor a health condition unaided	0 points
b. Needs either (i) to use an aid or appliance to be able to manage medication; <i>or</i> (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition	1 point
c. Needs supervision, prompting or assistance to manage therapy that takes up to 3.5 hours a week	2 points
d. Needs supervision, prompting or assistance to manage therapy that takes between 3.5 and 7 hours a week	4 points
e. Needs supervision, prompting or assistance to manage therapy that takes between 7 and 14 hours a week	6 points
f. Needs supervision, prompting or assistance to manage therapy that takes more than 14 hours a week	8 points

Examples of things you could write about:

- Do you need help to administer enemas or suppositories, to apply cream or to change dressings?
- Do you need to be reminded or prompted to take your medication?

For example, you may need reminding because of a condition such as depression which makes you forgetful. If someone phones to remind you to take your medication, that can be taken into account.

- Do you not want to take your medication, or are you unable to take it, because of side effects?
- Do you need to use an aid or appliance to manage your medication?

For example, if you have to take a lot of different medication you may need to use a Dosette box to organise your tablets and make sure that you take the correct ones at the right time. Or you may set a timer on your mobile phone to remind you when to take your medication.

- Do you need assistance from another person to check and monitor the condition of your anal or rectal area?

## **Q6 Washing and bathing**

This question asks about your ability to keep your body and hair clean.

### **Activity: Washing and bathing**

<u>Descriptor</u>	<u>Score</u>
a. Can 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 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

Examples of things you could write about:

- Does another person help you to wash, bathe or shower? Explain what they do to help you.
- Do you need handrails by the bath or shower?
- Do you need to use a bidet to clean yourself?
- Do you need to use an appliance such as a shower seat or long-handled brush?
- Do you have difficulty or discomfort when climbing in or out of the bath?
- Do you need to wash or shower more often because you suffer from leakage, incontinence, infections or fistulas?
- Do you have to take extra care when washing or cleaning yourself because of infections, fistulas, ulcers or lesions?
- Does it take you a long time to wash, shower or bathe?
- Is it painful to wash or clean yourself because of infections, fistulas, ulcers or lesions?
- Do you find it difficult to stand in the shower? For example, if you are weak, tired or unsteady on your feet.
- Do you find it difficult or painful bending, twisting or reaching to wash your genitals, perineum, anus, feet, back, or any other part of your body? Do you have difficulty washing your hair? Say which part(s) of the body you find it difficult to clean.
- Do you need help to reach, open or dispense items such as shower gel or shampoo?
- Do you sometimes feel too tired or depressed to wash, bathe or shower?
- Do you strip wash at the sink because it is too difficult to have a bath or shower?
- Have you had falls (or nearly fallen) while having a bath or shower? Do you need another person to supervise or assist to reduce the risk of falls?

### **Q7 Managing toilet needs**

This question asks about your ability to cope with toilet needs and to manage incontinence. The rules for PIP include definitions of these terms.

“toilet needs” means –

(a) getting on and off an unadapted toilet;

- (b) evacuating the bladder and bowel; and
- (c) cleaning oneself afterwards; and

(Note: This definition does **not** include getting from another room to the toilet, finding a toilet in a public place, adjusting your clothing before or after using the toilet, or cleaning the toilet or surrounding area.)

“manage incontinence” means “manage involuntary evacuation of the bowel or bladder, including use a collecting device or self-catheterisation, and clean oneself afterwards.”

<b><u>Activity: Managing toilet needs or incontinence</u></b>	
<u>Descriptor</u>	<u>Score</u>
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 manage toilet needs	2 points
d. Needs assistance to manage toilet needs	4 points
e. Needs assistance to manage incontinence of either bladder or bowel	6 points
f. Needs assistance to manage incontinence of both bladder and bowel	8 points

Your experience of Crohn’s Disease or Ulcerative Colitis will probably mean that you have plenty to write about for this question. Remember that you can attach an extra sheet of paper to the form if you run out of space on the form itself. Write your name and national insurance number on any extra sheets of paper.

Examples of things you could write about:

- How frequently do you need to have a bowel movement?

You won’t score any extra points just because you need to use the toilet frequently, but this helps to give an indication of the severity of your condition. It may also help to explain why you are fatigued or have difficulty with other activities.

- Do you sometimes need to spend a long time on the toilet, or have to return to the toilet repeatedly with only short breaks in between?

- If you suffer from diarrhoea, describe the effects. How often do you have diarrhoea? Is it watery, explosive or bloody?
- Do you sometimes suffer from constipation? How often does this happen? How long does it last? Does it result in pain, tears in the anus or bleeding?
- Do you suffer from leakage from your bowels or bladder, or leakage from fistulas? How often does this happen? How much leakage is there?
- If you suffer from fistulas, describe how they affect you.
- Do you suffer from bleeding during bowel movements? If so, do you have difficulty dealing with the bleeding or cleaning yourself afterwards?
- Do you suffer from bladder infections?
- Are your bowel movements painful? Describe the pain – for example is it burning, cramping or stinging?
- Do you have difficulty with getting on and off the toilet? Do you feel weak or unsteady when rising after using the toilet?
- Do you suffer from urgency which means you need to hurry to the toilet with little warning? Do you find it difficult to get to the toilet on time?
- Do you suffer from incontinence of the bowels and/or bladder? How often does this happen?
- Do you try to avoid or reduce the risk of incontinence by making sure you are close to a toilet most of the time?
- Do you use incontinence pads?

If so, explain whether you use them all the time or just at certain times. How often do they need changing? Do the pads ever leak so that your clothes, seat or bedding ever get soiled or wet despite using the pads? Do you have difficulty changing the pads or need help from another person to do this?

- Do you need help to change and rinse the bedding if you experience incontinence or leakage while in bed?
- If you use a stoma bag, explain how you use it, how often you need to empty it and how you clean the stoma site. Describe any problems with bag leakage/bursting, and explain whether you need help from another person.
- Do you need to use any other aid or appliance such as a commode, raised toilet seat, bottom wiper, bed pad or waterproof sheet or seat pad?

Explain if you need help from another person to use the appliance – for example, if you use a commode you may need someone else to empty it for you.

- Do you find it difficult to clean yourself after using the toilet or following an episode of incontinence?
- Do you have to take extra care cleaning yourself after using the toilet because of infections, fistulas, ulcers or lesions?
- Do you need to use a bidet to clean yourself after a bowel movement?
- Do you feel exhausted or need to rest after a bowel movement?
- If another person helps you with using the toilet or dealing with incontinence, explain how they help you.

### **Q8 Dressing and undressing**

This question asks about your ability to dress and undress yourself, including putting on socks and shoes.

<b><u>Activity: Dressing and undressing</u></b>	
<u>Descriptor</u>	<u>Score</u>
a. Can dress and undress unaided	0 points
b. Needs to use an aid or appliance to dress or undress	2 points
c. Needs either (i) prompting to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) assistance or prompting to select appropriate clothing	2 points
d. Needs assistance to dress or undress lower body	2 points
e. Needs assistance to dress or undress upper body	4 points
f. Cannot dress or undress at all.	8 points

Examples of things you could write about:

- Do you find it difficult or painful to bend to put on your lower clothing, socks or shoes?
- Do you need to wear clothes which are easy to undo, such as trousers that are elasticated or have Velcro fastening instead of buttons, so you can pull them down quickly if you need the toilet urgently?
- Do you need to wear clothes which accommodate a stoma?

- Do you have to take extra care when selecting clothing or putting it on because of skin lesions or ulcers?
- Do you need appliances or adaptations, such as elasticated shoelaces or a shoe horn?
- Do you struggle to do up fastenings such as buttons or zips, for example because of pain in your joints?
- Do you sometimes need to change your underwear or clothes because of incontinence or leakage? Explain how often this happens
- Does it take you a long time to get dressed? How long?
- Do you lack motivation to get dressed or change your clothes? For example, this could be because you are depressed or tired, or because it is painful or difficult to dress or undress. Do you sometimes stay in night clothes during the day or going to bed in the clothes you have worn all day?
- If another person helps you to get dressed, explain how they help you.

## **Q9 Communicating**

This question covers verbal (spoken) communication. The assessment looks at ability to speak, hear and understand your native language.

This is unlikely to be relevant for you if your only health condition is Crohn's Disease or Ulcerative Colitis – unless your condition sometimes causes you to become so fatigued that you have difficulty understanding what people are saying.

If you have another health condition that affects your ability to speak, hear or follow and understand a conversation, explain about what difficulties you have. For example if you are hard of hearing or have a learning difficulty you may be able to score points for this activity.

If you are able to speak, hear and understand but have difficulty talking to people because of anxiety or depression, this is covered later under question 11.

**Activity: Communicating verbally**

<u>Descriptor</u>	<u>Score</u>
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

**Q10 Reading**

This question covers ability to read and understand signs, symbols and words.

This is unlikely to be relevant for you if your only health condition is Crohn's Disease or Ulcerative Colitis. If you have another health condition that affects your ability to see or understand written information, explain what difficulties you have.

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

<u>Descriptor</u>	<u>Score</u>
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



## Q11 Mixing with other people

This question looks at your ability to mix with other people face-to-face, including both people you know well and people you don't know. The form refers to 'mixing with other people' but the official title for this activity is 'engaging with other people face-to-face'.

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

<u>Descriptor</u>	<u>Score</u>
a. Can engage with other people unaided	0 points
b. Needs prompting to engage with other people	2 points
c. Needs social support 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

If you suffer from anxiety or distress when mixing with other people, you will need to show that this is linked to a mental health condition. For example, you may have been diagnosed with anxiety or depression. Sometimes the stress of living with a physical health condition such as Crohn's Disease or Ulcerative Colitis can contribute to a deterioration in mental health.

Examples of things you could write about:

- Do you become distressed or extremely anxious at the prospect of mixing with other people?
- Do you find it difficult to meet new people due to anxiety?
- Do you have panic attacks?
- Has your condition caused you to lose self confidence or become embarrassed about mixing with people?
- Do you get anxious or distracted when mixing with people because you are thinking about needing to be close to a toilet, or worried about the risk of urgency, leakage, incontinence or flatulence?
- Do you need somebody you know well to accompany you when mixing with other people, to provide reassurance or support?
- Do you tend to avoid social activities or meeting people?

- Have you given up social activities which you previously enjoyed, or lost touch with friends, because you find it difficult to mix with people?
- Do you find it very tiring to engage with other people, or need to rest afterwards?
- Do you sometimes become irritable, lose your temper or behave in an inappropriate way?

**Q12 Making decisions about money**

This question is about your ability to understand money and prices, work out a household budget and pay bills. It does **not** cover the physical aspects of walking around shops, getting cash out of a purse or carrying shopping.

This is unlikely to be relevant for you if your only health condition is Crohn’s Disease or Ulcerative Colitis, unless you suffer from severe fatigue which affects your ability to manage money or plan future purchases.

If you have another health condition that affects your ability to understand money and prices, explain about what difficulties you have.

<b><u>Activity: Making budgeting decisions</u></b>	
<u>Descriptor</u>	<u>Score</u>
a. Can manage complex budgeting decisions unaided	0 points
b. Needs prompting or assistance to make complex budgeting decisions	2 points
c. Needs prompting or assistance to make simple budgeting decisions	4 points
d. Cannot make any budgeting decisions at all.	6 points

## **Mobility activities and descriptors**

Your answers to the next questions on the form will be used to help determine your entitlement to PIP mobility component.

### **Q13 Going out**

This question is about planning and following journeys. It doesn't look at your physical ability to get around, which is covered in the next question. This question could be relevant to you if you have a condition such as anxiety, depression, agoraphobia, learning difficulties or sight problems.

This activity includes the ability to plan and follow journeys using public transport (for example, buses or trains) for an unfamiliar journey. However it does **not** take into account any physical difficulties involved in using public transport (such as lack of toilets or difficulty getting on and off a bus).

#### **Activity: Planning and following journeys**

<u>Descriptor</u>	<u>Score</u>
a. Can plan and follow the route of a journey unaided points	0
b. Needs prompting to undertake any journey to avoid overwhelming psychological distress to the claimant	4 points
c. Cannot plan the route of a journey	8 points
d. 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. Cannot follow the route of a familiar journey without another person, assistance dog or orientation aid.	12 points

Examples of things you could write about:

- Does going out makes you very anxious, panicky or distressed?
- Do you tend to avoid going out and need to be encouraged to go out?
- Is it helpful to have someone with you when you go out, to help you find your way around or to calm and reassure you?

- If you have had panic attacks, describe how you feel when this happens. Do you have physical symptoms such as breathlessness or dizziness?
- Do you become anxious, panicky or distressed during journeys because you are worried about not being able to find a toilet? Do you get anxious about the prospect of having to cope with urgency, leakage or incontinence during a journey?

You are more likely to score points if you can show that anxiety or distress is linked to a mental health condition – see below.

- Have you ever had to abandon outings and return home because you were too upset to continue?
- Do you find it difficult or distressing to have to cope with unexpected disruptions or changes to your journey, such as road works or changed bus-stops?
- Do you find it difficult to concentrate to follow a route in an unfamiliar area? For example, you may find it more difficult to concentrate if you are tired, anxious or distracted because you are worried about needing the toilet.
- Do you find it difficult to understand timetables or plan a route using public transport?

### **Anxiety or distress related to incontinence, diarrhoea or a need to use the toilet urgently**

You can score points if you need prompting to undertake journeys due to “overwhelming psychological distress”, or if you are unable to undertake journeys due to overwhelming psychological distress. The PIP assessment guide says that: “‘Psychological distress’ means distress related to an enduring mental health condition or an intellectual or cognitive impairment. However, this condition may have a physical root cause – such as unmanageable incontinence which leads to anxiety about making journeys.”

In other words, you need to show that any anxiety you feel is part of an ongoing mental health condition, over and above the anxiety that a person might typically feel if they had to cope with your physical health condition. You will have more chance of scoring points based on anxiety or distress if you can provide medical evidence that you suffer from anxiety, depression, agoraphobia or a similar condition. Your evidence could be a letter from a doctor or counsellor, or a prescription list showing that you have been prescribed medication for anxiety, depression or a similar condition.

## Q14 Moving around

This question asks about your physical ability to stand and move around without severe discomfort such as breathlessness, pain or fatigue. The assessment looks at your ability to move around outdoors on normal outdoor surfaces - that includes pavements and kerbs but not flights of stairs or rough terrain.

<u>Descriptor</u>	<u>Score</u>
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 not 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

### Q 14a How far can you walk taking into account any aids you can use?

**This question is extremely important – one of the most important questions on the whole form.** Your answer will help to determine whether you qualify for PIP mobility component. You need to tick a box to say how far you can walk. Your choices are:

- less than 20 metres
- between 20 and 50 metres
- between 50 and 200 metres
- 200 metres
- “it varies”

Remember, to qualify for the standard rate of PIP mobility component you need to score at least 8 points in total from the two mobility activities – ‘moving around’ and ‘planning and following journeys’. The enhanced rate of mobility component will be paid if you score at least 12 points.

You can combine your score here with your score from the ‘planning and following journeys’ activity covered in Q13. However, the ‘planning and following journeys’ activity is focused on mental or sensory disabilities. If your difficulties are mainly physical, you may well score zero for ‘planning and following journeys’.

For Q14a, if you tick the box to say that you can walk “between 50 and 200 metres” you are unlikely to be awarded more than 4 points for the ‘moving around’ activity. That means that you will be unlikely to qualify for the mobility component unless you also score points for ‘planning and following journeys’.

Of course, it is important to give an honest picture and not exaggerate the effects of your condition. But remember, the question is not just asking whether you can physically walk each distance if you have to. It is asking whether you can walk that distance **‘reliably’**. For example, if you are considering ticking the box to say that you can walk ‘between 50 and 200 metres’, first consider:

- Could you walk that distance in a reasonable manner, or would you be unsteady, shuffling, limping or bent over?
- Would you be in pain or discomfort while walking that distance, or afterwards?
- Could you walk that distance in a reasonable time, or would you be much slower than a person with no disability or health condition?
- Would you need to pause or stop while covering that distance?
- Would you be at risk of falls? Could walking that distance increase the risk of incontinence, or make your condition worse in another way?
- Could you walk that distance again after a short break, or would you need to rest and be unable to walk that far again for a long time?
- Could you walk that distance almost any time, or only at certain times of day or on ‘good days’?

We recommend that you don’t say that you can walk a certain distance unless you are sure that you can walk that distance safely, in an acceptable manner, repeatedly and in a reasonable time.

**Q14b            Do you use an aid or appliance to walk?**

**Q14c            Do you use a wheelchair or similar device?**

If you use an aid or appliance such as a walking stick, or a wheelchair, even just sometimes, tick the box here. Then write further details in the ‘extra information’ box to explain why you need the aid and whether you have difficulty using it.

## Q14 Extra information – Moving around

Examples of things you could write about:

- Do you experience pain in your joints, bowels, around the anus or elsewhere in your body when you walk? Do you have this pain as soon as you start to walk? If not, how far can you walk before the pain starts?

Describe how the pain feels, if you can. For example, is it cramping pain, shooting pain, stinging, burning or aching?

- Do you have problems with your gait or manner of walking – for example do you limp, shuffle, or stoop? Are you unsteady on your feet?
- Do you suffer from nausea, dizziness, breathlessness or another type of discomfort? Do you have the discomfort as soon as you start to walk? If not, how far can you walk before it starts?
- If you use an aid or appliance such as a walking stick or wheelchair, even sometimes, give details here. If you are still in pain, unsteady or have had falls despite using the aid, explain this. If you use a wheelchair, do you need somebody else to push it for you?
- Have you tried to use a walking aid but found it unhelpful? For example, if you have pain in your hands or arms that may make it difficult or impossible to use a walking stick.
- Do you need physical support from another person while walking (for example taking someone's arm or leaning on them)?
- When you are walking do you sometimes have to stop and rest before continuing? Do you have to sit down to rest, or lean or hold onto anything for support? If you need to rest while walking or after walking, how long do you have to rest for?
- Do you suffer from fatigue? This may mean that you can only walk a short distance. Do you become dizzy or unsteady when you are tired?
- Does walking increase the risk that you will be incontinent?
- Are there certain times of day when you can't go outdoors because you need to stay very close to a toilet?
- If you fall or are at risk of falling, give details.

How often do you fall, trip or stumble? If you have had falls, describe what caused them. For example, did your legs give way or did you trip? Did you have difficulty getting up after the fall due to weakness or fatigue? Did you injure yourself and need treatment? Are you at greater risk of injury due to osteoporosis or another condition?

If you only avoid falls because you get a lot of help or supervision, and you would be at risk of falls if you didn't get that help, explain that.

- If you walk slowly, try to describe how slow you are. For example, it may take you twice as long to cover a short distance (such as a walk to the corner shop nearest your home) than it would take someone who wasn't disabled.
- Do you have difficulty with kerbs or uneven surfaces? The assessment is based on your ability to walk on normal outdoor surfaces, which could include stepping up or down a kerb, or coping with a pavement that is somewhat uneven. However it doesn't take into account any difficulty you would have with flights of stairs or rough terrain.
- Give examples of how difficulty walking limits your everyday life. For example, do you have all your groceries delivered because it is too difficult to walk to the local shop? Do you need to arrange for your GP to visit you at home because it's a struggle to get to the surgery?
- Have you had to abandon journeys before you reached your destination, because of difficulty walking?
- This activity looks at your ability to walk outdoors. However, if you have difficulty moving around indoors, particularly in your own home, that could help to show that you are likely to have difficulty walking outdoors as well.

DWP guidance says that anyone who has difficulty walking less than 200 metres outdoors is likely to have difficulty walking within their own home as well.

### **Q15 Additional information**

This is a space for you to add any additional relevant information that you haven't mentioned already.

Examples of things you could write about:

- Information that shows how your condition has impacted on your life – for example, if you have had to give up work, if you are housebound, or if you sometimes feel like harming yourself.
- If you have a carer, you may want to indicate how much time they spend looking after you. For example, if the council have arranged for carers to visit you twice a day you should make this clear. Or maybe a family member assists or supervises you throughout the day and can only leave you for short periods.
- If your condition varies during the course of the day, or varies day to day or month to month, you could provide more details here. (See page 12 for information about how fluctuating conditions are dealt with.)
- If your condition has been getting worse you could describe how it is getting worse.

The final question, unnumbered in initial versions of the form, asks you to describe any help you may need or access requirements if you attend a face-to-face consultation. For



example, you may need accessible toilets or have difficulty with stairs. (Venues for consultations should be accessible by lift if they are not on the ground floor, but if you would be unable to use stairs in an emergency they will arrange for you to attend a venue that is on the ground floor.)

You can request a sign language interpreter or language interpreter if you need one.

If it would be too difficult for you to travel to an assessment centre for a face-to-face consultation, you can ask to have a home visit instead. If you request a home visit, you may later be asked to provide a supporting letter from a medical professional explaining why a home visit is needed. You are more likely to need a supporting letter if Atos are carrying out your assessment. You don't need to send evidence in with the form, but if you live in one of the regions covered by Atos it would be a good idea to ask your doctor to write a letter so you can have it ready if it is needed later. (See page 43 for regions covered by Atos.)

At the end of the form, sign and date the declaration to confirm that the information you have given is correct and complete.

After completing the form, you may find it helpful to put it aside for a day or so and then read through your answers to check them. If you do this you may find that you think of extra information that you missed the first time round. You can then post off your form.

### **Keeping a copy of the form**

We recommend that you keep a copy of your form and any supporting evidence that you send in, if possible. There are several reasons why this is a good idea:

- Keeping a copy will save you from having to complete the form again if it gets lost in the post or later. (Make sure that your copy clearly shows the barcode printed on the form, in case this happens.)
- You will probably be invited to attend a face-to-face assessment, and there may be a delay of several weeks (or even months) between sending in the form and attending the assessment. If you keep a copy of your form, you can re-read it before attending your assessment to refresh your memory of what you wrote.
- It will be very useful to have a copy of your form if you are not happy with the outcome of your claim and want to challenge the decision.
- If you are awarded PIP, this will probably be for a limited period. When the time comes to renew your award you will find it helpful to have a copy of your previous form for reference.

## Do I need to provide additional evidence?

It is helpful to provide additional evidence to support your claim if you can. Here are some examples of the type of evidence which could be useful:

- Reports or letters from your GP, hospital doctor, specialist nurse or other medical professional
- Reports or information from other people who help you such as a social worker, support worker or counsellor
- General information about your health condition(s), especially conditions that are not well known or understood by the public. For example, you could include the Crohn's and Colitis UK booklet *Understanding IBD - Ulcerative Colitis and Crohn's Disease*. This is available on our website or by contacting the Information Service.
- Information about extra support that you receive at college or at work because of your disability or health condition(s)
- A letter or statement from your carer (if you have one) or from a friend, neighbour or relative who provides support
- A **diary** kept by you or your carer (if you have one) – see below for more information about how to keep a diary

At this stage it is usually best to focus on evidence that you already have, rather than seeking additional evidence as this could cause delays. Some doctors will charge for providing evidence. More weight is normally given to evidence that was written recently, within the last year or so, but older documents can still be helpful sometimes.

Before sending in any evidence, read through it and consider whether it is likely to be helpful for your claim. Will it help you to score points in the PIP assessment? Does it give an accurate picture of your condition and what you are able to do, or does it give a misleading impression by stating that you are able to do something without mentioning that you suffer pain or difficulty when doing it?

Some types of information are not relevant to your PIP claim. For example, if a support worker writes a letter about how much you need the extra money that won't increase your chance of getting PIP, because PIP is not means-tested.

We recommend keeping a copy of any evidence or supporting information that you send in.

Don't delay sending in your form because you are waiting to get evidence – remember there is a deadline for returning the form. If necessary, you can make a note at Q15 of the form to say you are seeking more evidence and will send it in when it is available.

Although it can be helpful to provide supporting evidence, this is not an essential part of the claim. If you don't have any supporting information or evidence available, remember that what you say about how your condition affects you counts as evidence too. Make sure you put plenty of detail on the form and explain at your face-to-face consultation about how your disability affects your daily living and mobility.

## **Keeping a diary**

It can be very useful to keep a diary for a few days, as a record of your difficulties with daily living and mobility. The diary can help to show the impact of your disability or health condition on your everyday life, how often you have difficulty and how long it takes you to do things. Your diary could be in note form and can include things such as:

- What you do during the day
- The symptoms you experience and the impact they have on you
- How other people help you (physical assistance, prompting or supervision)
- What you do for yourself but you find difficult because of your disability
- How long it takes to perform activities such as taking a shower or getting dressed
- What you don't do because there is no-one to help, because it would be too difficult or because you are in too much pain or too tired
- Any difficult situations you encounter, such as episodes of incontinence, falls or injuries, getting stuck or being unable to complete an activity you've started
- How frequently you need to use the toilet
- Your moods (if you have a mental health conditions)

If you keep a diary for a few days before completing the form, you may find that it helps you to notice or remember difficulties that would have slipped your mind otherwise.

A diary may also be very useful if you have to challenge the decision you are given. If you do need to attend a tribunal, it will be valuable evidence of the difficulties you faced on a day-to-day basis at the time of your application.

A sample copy of a diary is attached as Appendix 2.

## What happens after I return the form?

After you return your completed form, a health professional who is independent of the DWP will consider your claim. The health professional will look at all your form and any other evidence. They will decide whether to invite you for a face-to-face consultation.

The health professional may decide to seek further evidence from one of the people you have named on your form. They may phone you to ask for additional information. This could be done instead of, or as well as, arranging a face-to-face consultation.

Who are the health professionals doing the PIP assessments?

The assessments are carried out by health professionals who are independent of the DWP and working under contract.

- **Atos Healthcare** and their sub contractors will provide the assessments in Scotland, North East and North West England, London and Southern England.
- **Capita Business Services Ltd** and their sub contractors will carry out the assessments in Wales and Central England.

The health professional doing your assessment may be an occupational therapist, nurse, physiotherapist, paramedic or doctor. They will be fully registered and have had a Criminal Records Bureau check.

Atos and Capita are also involved in assessments for other benefits such as employment and support allowance, so you may have had previous contact with them. However, the person assessing your PIP claim is unlikely to have access to information about any previous claims you have made for other benefits.

## Will I have to attend a face-to-face consultation?

Most people applying for PIP will need to attend a face-to-face consultation before their claim is assessed. Some people, especially those with severe disabilities, will not need to attend a face-to-face consultation.

If you provide plenty of information and evidence about your condition when you complete the claim form, then it may be possible for your claim to be decided without having to attend a face-to-face consultation. In some cases assessments may be conducted over the telephone. The health professional can also choose to seek further evidence, for example by asking your doctor to complete a report.

## **Home visits**

If it would be too difficult for you to travel to an assessment centre for a face-to-face consultation, you can ask to have a home visit instead. The DWP have stated that people who normally receive home visits from the GP because they can't visit the surgery are likely to be granted a home visit for a PIP consultation. Even if you are able to get to a GP surgery, you may find it too difficult to travel to an assessment centre. This could require a journey of an hour or more to an unfamiliar place.

If Atos are doing your assessment, you will probably need evidence from your doctor to support your request for a home visit. For example, if your doctor confirms that you are unable to use public transport or travel significant distances because of diarrhoea or incontinence then you should be granted a home visit. If you ask for a home visit but your request is declined, seek advice.

Capita take a more flexible approach and intend to offer home visits for most of the people who request them.

You can have someone else, such as a family member or support worker, present during the visit if you wish. They can take an active part in the discussion to help you to explain about the difficulties you have. Alternatively you may just want them there for moral support.

## **Getting an appointment for a face-to-face consultation**

You should be given seven days' notice of the date, time and location of the face-to-face assessment, unless you have previously agreed to accept a shorter notice period.

Appointment times will be between 8am and 8pm on weekdays and 9am and 5pm on Saturdays. If the time you have been sent is not convenient for you, you can ask for it to be changed. For example, you may need to ask for the appointment to be changed if clashes with a previously-arranged hospital appointment or if your carer isn't available to accompany you on the day suggested.

If you fail to attend a consultation to which you have been invited your claim is likely to be refused, unless you can show that they had 'good cause' for failing to attend. If you have a consultation arranged but then realise you will be unable to attend because of illness or another change of circumstances, phone as soon as possible to rearrange the appointment.

If you require an interpreter, contact the organisation providing the consultation to confirm this.

## **Travelling to the consultation**

Face-to-face consultations are carried out at a range of locations, including specialist assessment centres, local healthcare centres or your own home.

If you can arrange for somebody to give you a lift to the assessment centre, that is probably the best option. If you travel by public transport or drive yourself, the health professional may draw conclusions about your ability to walk or do other activities.

You can claim travel expenses for attending the consultation if it is not at your home. The DWP expect people to travel by car or public transport where possible. If you need to travel by taxi, phone the assessment provider (Atos or Capita) in advance to let them know that you need to do this and will be claiming expenses. They may ask you to provide a letter from a medical professional explaining why your condition means that you cannot travel by public transport. If you travel by car or public transport you can ask to claim your expenses on the day of the consultation.

If free parking is not available at the assessment centre you can claim for parking costs.

Keep your tickets or receipts for public transport, parking or taxi fares, and be ready to provide your bank or building society details so your travel expenses can be paid into your account.

### **What happens at the face-to-face consultation?**

At the consultation you will meet with a health professional. They could be an occupational therapist, nurse, physiotherapist, paramedic or doctor. They will be fully registered and will have had a Criminal Records Bureau check.

You will be asked to provide proof of your identity before the consultation begins.

You can have someone else, such as a family member or support worker, present for the consultation if you wish. They can take an active part in the discussion to help you to explain about the difficulties you have. Alternatively you may just want them there for moral support.

Don't feel that you have to dress more smartly than you normally would, or 'put on a brave face', when you attend the consultation. If another person has helped you to dress or make yourself look presentable for the consultation, let the health professional know that you have had assistance. Otherwise they may think that you were able to do these things without help. Similarly, if you have difficulty bending but someone else has painted your toenails for you it's probably worth mentioning that you didn't paint them yourself!

On the day of your assessment you may need to get up extra early to eat before leaving the house, or take anti-diarrhoeal medication. It is worth mentioning if you have had to do this.

The health professional may begin by asking how you travelled to the assessment centre. They may treat your answer as evidence of your ability to walk or plan a journey, so it's important to mention any difficulties that you had on the journey. For example, if you had to walk from your home to the bus stop it's important to mention if the walk was slow or painful. Or you may have needed a lift and been dropped off right outside the centre.

The health professional will ask questions about your health condition(s) or disability and what treatment, therapies or medication you are using. They will ask about how your condition affects your day to day life. They may ask you to describe a typical day. If your condition fluctuates they will ask you to explain more about how it varies.

They will also ask about domestic circumstances such as what type of home you live in and whether you live with other people.

The health professional will probably ask you about activities which are not directly included in the assessment, such as whether you work, do housework, go shopping, take part in hobbies or look after children or pets. Your answers to these questions may reveal evidence about whether or not you have difficulty with things like bending, walking or using your hands. This can help to show whether you are likely to have difficulty with the other activities included in the assessment. If you have had to give up hobbies or activities you previously enjoyed, or if you can only take part in social and leisure activities occasionally because of your health condition, make sure you explain this.

When answering the health professional's questions, remember to explain if you have difficulties with performing the relevant activities **reliably**. Don't get caught out by leading questions into giving an overly optimistic picture of your abilities. For example, if you have difficulty walking then, in your case, 'walking the dog' might involve walking a few metres from a car park to a park bench and then letting the dog run around while you sit and rest. Or perhaps you have to walk to collect your children from school because there is nobody else to do it, but the walk is very slow and painful for you and you have to rest for a long time afterwards. Explain this, and avoid leaving the impression that you can walk a long distance without difficulty if you really can't.

The health professional may carry out a physical examination or do non-invasive tests such as testing your blood pressure. They may ask you to perform certain tasks or movements, such as raising a leg or bending over. However you should not be forced to do anything which would cause you pain. They won't ask you to do a formal walking test, but they are likely to observe how you walk from the waiting room to the consultation room and how you move around during the consultation. They are not allowed to ask you to remove your underwear and not allowed to carry out intimate examinations such as breast, rectal or genital examinations.

Throughout the consultation the health professional will also observe how you cope with activities such as removing your coat, handling your bag and holding a conversation. If you are having a consultation at your home, they will notice the home environment and any aids and adaptations. If they are in your home they shouldn't look into rooms that they haven't been invited to enter.

If you bring any written evidence to a face-to-face consultation, the health professional should take a copy of it and take it into account when completing their assessment report.

The organisations providing the consultations have complaints procedures and will let you know how to complain if you ask.

### **Recording what happens at the face-to-face consultation**

The health professional will make notes of what was said and done during the consultation. You, or a companion, are allowed to make notes for your own personal use as well. If you feel that the consultation was rushed, or didn't go as well as it might have, or you didn't get a proper chance to explain your difficulties, you may want to make notes about what happened. This could be helpful if you are not happy with the result of your claim and want to challenge the decision.

Consultations are not routinely taped or recorded, but some claimants want to make a recording in case of any future disputes about what was said.

You have the right to use your own equipment to record your consultation if you wish, but:

- You can only record it on CD or audio cassette (recording on a mobile phone or similar is not permitted)
- If you record the assessment, you must provide a complete and accurate copy of the recording to the health professional at the end of the consultation. In practice, this means that you need to use specialist equipment that can simultaneously record two copies such as a dual cassette recorder.
- You must inform assessment providers in advance if you wish to use your own recording equipment.

You could also check whether the organisation providing the assessment (such as Atos or Capita) have any recording equipment available. Atos have some audio recording equipment available for assessments, but have said that this will only be available at assessment centres, not for assessments in the claimant's home. Capita have said that they have no plans to provide recording equipment, but it could be worth checking in case this policy changes in future (and requests from claimants might encourage them to make equipment available).

### **After the consultation**

The health professional will complete an assessment report. They will recommend which descriptors they think should apply to you, and why. They are supposed to select the descriptor that best fits you for each activity in succession, without thinking about how many points you might score or whether your total score will enable you to qualify for PIP.

They will send their report to the DWP. It is the DWP, not the health professional, who makes the final decision about which descriptors apply to you and whether you qualify for PIP.

### **The decision**

A case manager at the DWP will consider the report from the health professional, along with your claim form and any other evidence. They will calculate how many points you score and decide whether to award PIP, which rate(s), and for how long.

You will receive a letter notifying you of the decision. If your claim is turned down or if your benefit is being reduced, a DWP case manager will phone to explain the decision. They will try to phone you a week after the decision is sent out.

If you are not happy with the decision you may be able to challenge it – see page 48.

PIP is normally paid at intervals of four weeks (except for terminally ill claimants who are paid weekly in advance).

If you are awarded the enhanced rate of PIP mobility component you can choose to use their mobility component to fund a car or powered wheelchair under the Motability



scheme. For further information about the Motability scheme, phone 0300 456 4566 or go to [www.motability.co.uk](http://www.motability.co.uk).

### **How long will I get PIP for?**

Most PIP awards will be fixed term. The length of your award will depend on whether your condition is likely to change and/or whether the DWP think that you may adapt to your condition and need less support.

Depending on your circumstances, you could be awarded PIP for two years, three years, or five years, for example. If your condition is unlikely to change you may be given an indefinite award.

Regardless of the length of your award, the DWP may contact you at any time afterwards to see if your needs have changed or to invite you to a further face-to-face consultation.

You have a duty to report certain changes in circumstances (for example, if your health improves and you have less difficulty with daily living). If you fail to report a change that would have resulted in a reduction in benefit you could face a penalty.

If your difficulties with daily living and/or mobility increase, you may be able to get a higher rate of PIP by asking for your claim to be reconsidered. However, think carefully before doing this to make sure that you have a chance of getting an increase and that you aren't risking your existing benefit. Even if you report that your condition has got worse, the DWP won't necessarily agree and they have the right to look at your whole claim again. They could decide to reduce or remove your award. On the other hand, if you think that you have a good case for getting a higher rate due to deterioration in your condition it could be worthwhile having your claim looked at again. Seek advice if in doubt. It will be helpful if you can get some additional evidence to support your application.

If you are awarded PIP for a fixed term you will be invited to renew your claim several months before it runs out. You will need to complete another form and will probably need to attend a further face-to-face consultation.

### **What happens if I am not happy with the outcome of my claim?**

Sometimes the DWP make the wrong decision. If your claim is turned down, or if you are unhappy with the rate awarded or the length of time it has been awarded for, you can challenge the decision.

Firstly, you can ask the DWP to look at their decision again. This is called a **mandatory reconsideration**. You must do this within one calendar month of the date on the decision letter if possible, although the time limit can be extended in some circumstances. Tell them why you disagree with their decision, bearing in mind the criteria for PIP.

It may be helpful to provide additional information or evidence in support of your claim – see page 41 for information about what kind of evidence would be helpful. You could

also ask the DWP for a copy of the health professional's report, so you can comment on it.

The DWP will look at your claim again and let you know whether they can change their previous decision.

After the reconsideration if you are still not satisfied, you can **appeal** to an independent tribunal. The time limit for this is one month from the date of the revised decision, but this can be extended in some circumstances. The decision letter will tell you where to send your appeal. HM Court and Tribunal Service recommend that you use form SSCS1. The form is available from [www.gov.uk](http://www.gov.uk) or independent advice agencies. **We recommend that you seek advice if you are considering making an appeal.**

If you have been awarded PIP but are considering challenging the decision to try to get your award increased, do bear in mind that there is some risk that your existing award could be reduced or ended, instead of being increased. If you are unsure what to do, seek advice.

### **What happens if I go into hospital?**

If you start a claim for PIP while in hospital, usually you won't be able to get paid until you leave. If you are already getting PIP and then go into hospital, both components of PIP will normally be suspended after you have been in hospital for **28 days**. It can start to be paid again as soon as you leave hospital, provided that you still meet all the other qualifying conditions. You should notify each office which pays you benefit whenever you enter or leave hospital or residential care.

Neither the day you go in, nor the day you leave, count as days in hospital.

If you use PIP mobility component to pay for a Motability vehicle, payment of the mobility component will stop after 28 days in hospital and you will then be allowed a 28 day grace period while arrangements are made about returning the vehicle. Motability may allow you to keep the vehicle for a longer period on a case-by-case basis, for example if you are due to leave hospital soon.

Separate spells in hospital which are less than 28 days apart will be linked together and payment of PIP will stop after a total of 28 days.

You can get PIP while in hospital if you are a private patient with no funding from the NHS.

### **What happens if I go abroad?**

You can continue getting PIP if you go abroad temporarily for up to 13 weeks, or for up to 26 weeks if you are getting medical treatment abroad. If you are in an EEA country, it may be possible to receive PIP daily living component for longer – seek advice.

## **If I get PIP, how will that affect my other benefits?**

PIP is paid on top of any other benefits you may be getting. It may increase the amount of benefit that you, your family or your carer can get. Or it may help you to qualify for other benefits for the first time. If you have previously been told that your income is too high for you to qualify for means tested benefits, an award of PIP may change this. We recommend seeking advice to check if there is anything else you can claim. An online benefit checker is available at [www.turn2us.org.uk](http://www.turn2us.org.uk)

If you (or your partner or a dependant young person included in your benefit claim) are awarded PIP, you should tell the offices that pay your other benefits. If you later stop getting PIP, or if the rate you get changes, you will need to notify the offices that pay your other benefits as well.

- An award of PIP may help you or your carer to qualify for an increase in means tested benefits such as income support, housing benefit, income-related employment and support allowance, income-based jobseekers allowance or working tax credit. (These benefits are going to be replaced by universal credit on a gradual basis starting from October 2013.)
- If you or your partner are over women's pension age, an award of PIP may result in an increased entitlement to pension credit.
- If you (or your partner or a dependent young person included in your benefit claim) receive PIP you will be exempt from the benefit cap (which limits the total amount of certain benefits paid to working age households).
- You may qualify for extra support with your council tax. Each local authority sets its own rules about council tax support. You can phone your local authority or check their website for more information.
- Universal credit (UC) is a new benefit being introduced gradually from October 2013 to replace income support, income-based jobseeker's allowance, income-related employment and support allowance, tax credits and housing benefit. An award of PIP will not normally result in increased entitlement to UC. However, if you have a 16-20 year old child or dependant young person included in your benefit claim and they have been awarded PIP, you can get an increase in your UC.
- If you have scored at least 8 points under the 'moving around' activity in the PIP assessment, you will automatically qualify for a blue badge for parking.
- You will be exempt from Vehicle Excise Duty (road tax) if you receive the enhanced rate of PIP mobility component and will get a 50 per cent discount if you receive the standard rate mobility component. You will also qualify for concessions on public transport.
- An award of PIP can provide access to concessionary travel passes.

If you have a carer, they may be able to qualify for extra benefit. The carer could be your partner, grown up child or another relative or friend who regularly helps you.

- Your carer may be able to claim **carer's allowance** if you get either rate of PIP daily living component. To qualify for carer's allowance, they need to be spending at least 35 hours a week helping you. Carers allowance overlaps with some other benefits, and cannot normally be paid if the carer is earning more than £110 per week (after taxes, care costs while you're at work and 50% of what you pay into your pension). The gov.uk website states that you should not count your pension as income. If you are entitled to means tested benefits, these may be affected if a carer receives carers allowance for looking after you - seek advice before they apply.
- If your carer looks after you for at least 20 hours per week they can claim national insurance credits to help them to qualify for state retirement pension. If they claim carers allowance they will automatically get national insurance credits.
- Carers may also be able to qualify for increases in means tested benefits such as housing benefit or universal credit.

## Where can I find more information and advice?

### DWP PIP Claim line

Telephone 0800 917 2222 (textphone 0800 917 7777)  
Monday to Friday 8am to 6pm

### DWP Disability Benefits Centre (for advice or queries about completing the form)

Telephone 0845 850 3322 (textphone 0845. 601 6677)  
Monday to Friday 8am to 6pm

### DWP website

includes detailed information about PIP for claimants and professionals

[www.dwp.gov.uk/pip](http://www.dwp.gov.uk/pip)

### Gov.uk

Government website with basic information about PIP and how to claim. Also includes basic information about other benefits and government services.

[www.gov.uk/pip](http://www.gov.uk/pip)

### Citizens Advice (CAB)

Help and advice about benefits and other matters, including help with completing forms

Telephone 03444 111 444 if you are in England  
03444 77 20 20 if you are in Wales  
0808 800 9060 if you are in Scotland

Online information:

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

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

[www.citizensadvice.co.uk/en](http://www.citizensadvice.co.uk/en)

[www.adviceni.net](http://www.adviceni.net)

### Turn2us

Website featuring a benefits checker and details of grants for people in hardship:

[www.turn2us.org.uk](http://www.turn2us.org.uk)

## **Crohn's and Colitis UK**

- **Information Service: 0300 222 5700**

The Information Line is open Monday to Friday, 9 am to 5 pm, except Thursday open 9 am to 1 pm, and excluding English bank holidays. An answer phone and call back service operates outside these hours. You can also contact the service by email [info@crohnsandcolitis.org.uk](mailto:info@crohnsandcolitis.org.uk) or letter (addressed to our St Albans office). Trained Information Officers provide callers with clear and balanced information on a wide range of issues relating to IBD.

- **Disability Benefit Service: 0300 222 5700**

For general guidance in filling in the PIP form or challenging a decision, you may like to speak to one of our PIP-trained volunteers. Appointments to speak to one of our volunteers can be made by calling the Information Line (see contact details above). Although there won't be time for the volunteer to go through the entire form in detail, they will be able to help to identify your care and mobility needs. Calls last approximately 30 minutes.

If your application has been turned down our volunteers can also help you in your decision to appeal and what the process involves.

- **Crohn's and Colitis Support: 0121 737 9931**

Many people find the process of applying for PIP emotionally demanding as they have to focus on the impact their illness is having on them rather than the ways in which they have learnt to cope. Furthermore, if a claim is turned down, it may leave a person feeling disbelieved or that their difficulties do not matter. If you do find that the application process is causing you distress, you may like to telephone our emotional support line. The specially trained volunteers who respond to the calls all have personal experience of living with IBD. They are unable to give any information about PIP, but they can offer you confidential support. The service operates Monday – Friday, 1 pm – 3.30 pm and 6.30 pm – 9 pm (except English Bank Holidays).

## Appendix 1 – How many points can I score in the PIP assessment?

- When you claim PIP, you will be assessed for your ability to cope with ten daily living activities and two mobility activities. Each activity has a set of descriptors. You can use the table below to help you to think about whether you are likely to qualify for PIP and how many points you might score in the PIP assessment.
- To use the table, choose ONE descriptor which best applies to you for each activity and write the point score for that descriptor in the final column. When choosing which descriptor best applies to you:
- If more than one descriptor applies to you for a particular activity, the higher-scoring descriptor will be chosen.
- There are rules about how you should be assessed if your condition fluctuates – see page 12.
- If you can't do an activity **reliably**, you count as being unable to do it. 'Reliably' means safely, to an acceptable standard, in a timely manner and being able to repeat the activity as often as reasonable.

This table uses the same wording as the PIP Regulations and some of the words used have special legal definitions. The section titled 'How does the disability assessment for PIP work?' in the main part of this guide gives further details of how to interpret these rules.

After choosing one descriptor for each activity, you can then add up your total scores for daily living and for mobility. If after working through the table you find that the total score you have given yourself for daily living or mobility is lower than 8 points, **don't give up**. It is quite common for people to underestimate the difficulties they have. The assessment is quite complex and there may be other factors that could help you to score points. You may want to seek advice if you aren't sure whether you can score enough points to qualify for PIP.

<b>Daily living activities</b>	<b>Descriptors:</b> For each activity, select <b>ONE</b> descriptor which best applies to you.	<b>Score</b>
1. Preparing food	<ul style="list-style-type: none"> <li>a. Can prepare and cook a simple meal unaided (0 points)</li> <li>b. Needs to use an aid or appliance to either prepare or cook a simple meal (2 points)</li> <li>c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave (2 points)</li> <li>d. Needs prompting to be able to either prepare or cook a simple meal (2 points)</li> <li>e. Needs supervision or assistance to either prepare or cook a simple meal. (4 points)</li> <li>f. Cannot prepare and cook food (8 points)</li> </ul>	
2. Taking nutrition	<ul style="list-style-type: none"> <li>a. Can take nutrition unaided ( 0 points)</li> <li>b. Needs either <ul style="list-style-type: none"> <li>(i) to use an aid or appliance to take nutrition;</li> <li>(ii) supervision to be able to take nutrition;</li> <li>(iii) assistance to cut up food (2 points)</li> </ul> </li> <li>c. Needs a therapeutic source to take nutrition (2 points)</li> <li>d. Needs prompting to take nutrition (4 points)</li> <li>e. Needs assistance to manage a therapeutic source to take nutrition (6 points)</li> <li>f. Cannot convey food and drink to their mouth and needs another person to do so (10 points)</li> </ul>	



<p>3. Managing therapy or monitoring a health condition</p>	<p>a. Either  (i) Does not receive medication, therapy or need to monitor a health condition; <i>or</i>  (ii) can manage medication, therapy or monitor a health condition unaided (0 points)</p> <p>b. Needs either  (i) to use an aid or appliance to be able to manage medication; <i>or</i>  (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition (1 point)</p> <p>c. Needs supervision, prompting or assistance to manage therapy that takes up to 3.5 hours a week (2 points)</p> <p>d. Needs supervision, prompting or assistance to manage therapy that takes between 3.5 and 7 hours a week (4 points)</p> <p>e. Needs supervision, prompting or assistance to manage therapy that takes between 7 and 14 hours a week (6 points)</p> <p>f. Needs supervision, prompting or assistance to manage therapy that takes more than 14 hours a week ( 8 points)</p>	
<p>4. Washing and bathing</p>	<p>a. Can bathe unaided (0 points)</p> <p>b. Needs to use an aid or appliance to be able to wash or bathe (2 points)</p> <p>c. Needs supervision or prompting to wash or bathe (2 points)</p> <p>d. Needs assistance to be able to wash either their hair or body below the waist (2 points)</p> <p>e. Needs assistance to be able to get in or out of a bath or shower (3 points)</p> <p>f. Needs assistance to be able to wash their body between the shoulders and waist (4 points)</p> <p>g. Cannot wash and bathe at all and needs another person to wash their entire body (8 points)</p>	

<p>5. Managing toilet needs or incontinence</p>	<ul style="list-style-type: none"> <li>a. Can manage toilet needs or incontinence unaided (0 points)</li> <li>b. Needs to use an aid or appliance to manage toilet needs or incontinence (2 points)</li> <li>c. Needs supervision or prompting to manage toilet needs (2 points)</li> <li>d. Needs assistance to manage toilet needs (4 points)</li> <li>e. Needs assistance to manage incontinence of either bladder or bowel (6 points)</li> <li>f. Needs assistance to manage incontinence of both bladder and bowel (8 points)</li> </ul>	
<p>6. Dressing and undressing</p>	<ul style="list-style-type: none"> <li>a. Can dress and undress unaided (0 points)</li> <li>b. Needs to use an aid or appliance to dress or undress (2 points)</li> <li>c. Needs either <ul style="list-style-type: none"> <li>(i) prompting to dress, undress or determine appropriate circumstances for remaining clothed; <i>or</i></li> <li>(ii) assistance or prompting to select appropriate clothing (2 points)</li> </ul> </li> <li>d. Needs assistance to dress or undress lower body (2 points)</li> <li>e. Needs assistance to dress or undress upper body (4 points)</li> <li>f. Cannot dress or undress at all. (8 points)</li> </ul>	

<p>7. Communicating verbally</p>	<p>a. Can express and understand verbal information unaided (0 points)</p> <p>b. Needs to use an aid or appliance to be able to speak or hear (2 points)</p> <p>c. Needs communication support to express or understand complex verbal information (4 points)</p> <p>d. Needs communication support to express or understand basic verbal information (8 points)</p> <p>e. Cannot express or understand verbal information at all even with communication support (12 points)</p>	
<p>8. Reading and understanding signs, symbols and words</p>	<p>a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses (0 points)</p> <p>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)</p> <p>c. Needs prompting to be able to read or understand complex written information (2 points)</p> <p>d. Needs prompting to be able to read or understand basic written information (4 points)</p> <p>e. Cannot read, or understand signs, symbols or words at all. (8 points)</p>	
<p>9. Engaging with other people face-to-face</p>	<p>a. Can engage with other people unaided (0 points)</p> <p>b. Needs prompting to engage with other people (2 points)</p> <p>c. Needs social support to engage with other people (4 points)</p> <p>d. Cannot engage with other people due to such engagement causing either</p> <p>(i) overwhelming psychological distress to the claimant; or</p> <p>(ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. (8 points)</p>	

*Appendix 1 – How many points can I score in the PIP assessment?*

<p>10. Making budgeting decisions</p>	<p>a. Can manage complex budgeting decisions unaided (0 points)</p> <p>b. Needs prompting or assistance to make complex budgeting decisions (2 points)</p> <p>c. Needs prompting or assistance to make simple budgeting decisions (4 points)</p> <p>d. Cannot make any budgeting decisions at all (6 points)</p>	
<p><b>Total score for daily living activities</b></p> <p>8 to 11 points: standard rate of PIP daily living component</p> <p>12 points or more: enhanced rate of PIP daily living component</p>		

<b>Mobility activities</b>	<b>Descriptors</b> For each activity, select <b>ONE</b> descriptor which best applies to you.	<b>Score</b>
1. Planning and following journeys	<ul style="list-style-type: none"> <li>a. Can plan and follow the route of a journey unaided (0 points)</li> <li>b. Needs prompting to undertake any journey to avoid overwhelming psychological distress to the claimant (4 points)</li> <li>c. Cannot plan the route of a journey (8 points)</li> <li>d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid (10 points)</li> <li>e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant (10 points)</li> <li>f. Cannot follow the route of a familiar journey without another person, assistance dog or orientation aid. (12 points)</li> </ul>	

2. Moving around	<ul style="list-style-type: none"> <li>a. Can stand and then move more than 200 metres, either aided or unaided (0 points)</li> <li>b. Can stand and then move more than 50 metres but no more than 200 metres either aided or unaided (4 points)</li> <li>c. Can stand and then move unaided more than 20 metres but not more than 50 metres (8 points)</li> <li>d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres (10 points)</li> <li>e. Can stand and then move more than 1 metre but no more than 20 metres – either aided or unaided (12 points)</li> <li>f. Cannot, either aided or unaided – (i) stand; or (ii) move more than 1 metre (12 points)</li> </ul>	
<p><b>Total score for mobility activities</b></p> <p>8 to 11 points: standard rate of PIP mobility component</p> <p>12 points or more: enhanced rate of PIP mobility component</p>		

## **Appendix 2 – Sample Diary**

### **Saturday Morning**

Bad day today. Woke up feeling totally exhausted - had a bad night, woke up lots, needed to go down to toilet, couldn't get back to sleep for a long time each time.

My neck is stiff and painful and my hands and shoulders hurt. My hands are not very flexible. I feel extremely depressed. I can't think straight, I can't find the strength to communicate with my partner except 'Yes', 'No' and 'Please don't talk to me now'.

Get out of bed to go to the loo. My body is very stiff and tired. My feet hurt. Get down to the loo slowly. Sit for ages but just wind and pain in stomach. Go back upstairs, getting pains in my thighs by the time I get to the top of the stairs. I need to lie down. Go back to bed. Partner brings me cup of tea. Drink it, doze off for a while. 10.30, get up again. Partner reminds me to take medication - I hadn't remembered.

Have a bath. Takes a long time, as I feel very sluggish and slow. Try to get out, feel faint and light-headed. Pull plug out immediately, call to partner to come and help me. Dry myself, feel totally exhausted, need to lay down for 15 minutes. Get dressed. Hands are still stiff, need some help with buttons and laces. Partner helps to dry my hair as my arms become tired and painful holding hairdryer and trying to brush.

Have breakfast, feel very bloated and uncomfortable, have to change clothes to something looser.

Partner takes me shopping in car. By the time we get to town I need to get to the loo fast - explosive diarrhoea. No disabled loo with sink inside in the covered market so I can't clean myself up properly. Need to change underwear. No soap in loos, I'm feeling very dirty and not able to get clean. Ask partner to take me home, am very depressed. Partner is very reassuring, calms me down. We go home. Need to lie down, am upset and very tired.

### **Afternoon**

Partner makes lunch, but I can't eat much. Back in the toilet soon after. Have to clean the toilet and myself. This leaves me feeling very tired and more depressed.

Watch TV in the afternoon till 5.30 on couch with feet up. Take dogs for walk up lane. Come back too tired to cook dinner. Sit in kitchen and tell partner how to do it. Too tired to sit up to table so meal brought to me laying on couch.

**Evening**

Watch TV till 10ish, get up to go to bed very tired and stiff, partner helps me upstairs, helps me undress and into bed. Checks I've remembered my medication. Helps me put on skin treatment to upper arms neck and shoulders as my arms hurt too much to stretch to these places.

**During the night**

Stomach is feeling bloated, uncomfortable and painful. My neck is also very stiff and painful. Can't get to sleep. Partner has to get up for medication for my tummy pain. Also makes me a hot water bottle and rubs some Ralgex into my neck for me.



## Appendix 3 – Health Professionals’ Sheet

### Information for healthcare professionals providing evidence about a Personal Independence Payment (PIP) claim for the DWP

In order to make a fair decision about a claim, the DWP requires very specific evidence from health professionals.

1. The Agency wishes to know:

- The length of time over which the patient has been treated.
- Confirmation of the diagnoses (not just IBD diagnosis).
- Likely future clinical course.

However the most important information is a description of the consequences of symptoms and their cause. For example:

**Symptom -** Weakness and lethargy due to anaemia resulting from chronic disease and blood loss.

**Effect -** Breathless and unsteady, even when walking a short distance or using stairs. Poor concentration, very slow performing daily activities, needs reminding to take medication and safely carry out activities of daily living such as locking doors and turning off appliances.’

2. In order to assist the health professional supply this evidence, on the reverse of this sheet is a check list of activities of daily living. The patient applying for benefit may have already completed this form. You may wish to go through it with them.
3. Patients may not have previously revealed to their health professional the extent to which the disease affects the ‘ordinary’ aspects of their life. One reason for this is that living a restricted life has become the norm, and facing up to that can be distressing.
4. It is important to bear in mind that Ulcerative Colitis and Crohn’s Disease are largely ‘hidden’ conditions, in that the disabilities which arise from them, are not usually obvious. The evidence from health professionals can help to make it clear that this does not reduce their importance.

## Components and rates of PIP

PIP has two parts (components):

1. **Daily living component**
2. **Mobility component.**

Patients may qualify for either or both parts, depending on how their disability or health condition affects them. Each component has two rates:

3. **Standard rate**
4. **Enhanced rate.**

PIP claims are assessed using a point scoring system.

They may qualify for PIP **daily living component** if they have difficulty with any of the following activities:

1. Preparing food
2. Eating or taking nutrition
3. Managing treatments
4. Washing and bathing
5. Managing toilet needs or incontinence
6. Dressing and undressing
7. Communicating verbally
8. Reading
9. Mixing with other people
10. Making decisions about money

They may qualify for PIP **mobility component** if they have difficulty with either or both of the following activities:

1. Planning and following journeys
2. Walking outdoors

## Checklist

Activity	✓	Very brief details of the problems you have with this activity. For example 'I am in pain and unsteady when I use the stairs. It helps to have someone to lean on'.
Preparing food		
Eating or taking nutrition		
Managing treatments		
Washing and bathing		
Managing toilet needs or incontinence		
Dressing and undressing		
Communicating verbally		
Reading		
Mixing with other people		
Making decisions about money		
Planning and following journeys		
Walking outdoors		

## **Definitions for activities and descriptors**

“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 the claimant’s native language conveyed verbally in a simple sentence;

“basic written information” means signs, symbols and dates written or printed standard size text in the claimant’s native 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;

“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 the claimant’s native 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 the claimant’s native language;

“cook” means heat food at or above waist height;

“dress and undress” includes put on and take 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;

“manage incontinence” means manage involuntary evacuation of the bowel or bladder, including use a collecting device or self-catheterisation, and clean oneself afterwards;

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

“medication” means medication to be taken at home which is prescribed or recommended by a registered doctor, nurse or pharmacist;

“monitor health” means –

(a) detect significant changes in the claimant’s health condition which are likely to lead to a deterioration in the claimant’s health; and

(b) take action advised by a registered doctor, registered nurse or health professional who is regulated by the Health Professions Council, without which the claimant’s 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 read Braille;

“simple budgeting decisions” means decisions involving –

(a) calculating the cost of goods; and

(b) calculating change required 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 for the purpose of ensuring C’s safety;

“take nutrition” means –

- (a) cut food into pieces, convey food and drink to one’s 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 registered doctor, nurse, pharmacist or health professional regulated by the Health Professions Council;

“toilet needs” means –

- (a) getting on and off an unadapted toilet;
- (b) evacuating the bladder and bowel; and
- (c) cleaning oneself afterwards; and

“unaided” means without –

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