



Introduction to Personal Independence Payments

Personal Independence Payments (PIP) have been available in the UK from April 2013. It's designed to help offset with costs associated with serious health conditions or disability. It is non-means tested and non-contributory benefit (no need to have worked or paid national insurance) paid to recipients whether they're employed or not.

PIP was introduced in 2013 by the [Welfare Reform Act 2012](#) and [The Social Security \(Personal Independence Payment\) Regulations 2013 \(SI 2013/377\)](#). These set out the main rules for PIP.

PIP effectively starts to replace [Disability Living Allowance \(DLA\)](#) from 8 April 2013, initially only for people making new or continuing claims, aged **16 to 64**. In time, it will fully replace DLA but this will be done gradually, in phases. The first stage involved a pilot in selected areas of north-west and north-east England which began in April 2013; a national roll-out across Great Britain, starting in July 2013. The DWP anticipate the exercise should be completed by October 2017.

In order to secure an award, the claimant must convince the DWP appointed Decision Maker that the limitations they experience, on a daily basis, can be related to their medical condition(s) and are really quite debilitating in nature. How much, if any, the claimant receives is based upon their individual circumstances; the impact of the disability or health condition on their life; and the extent to which they are able to live independently or not.

Personal Independence Payment (PIP) rates

PIP will have two parts or components: the [daily living](#) and the [mobility components](#). Payment can be made up of one or both of these components. Each component will have two rates: [Standard](#) and [Enhanced](#).

What rate(s) the claimant receives, if any, will depend on how they score against a prescribed set of descriptors which look at how they cope with everyday functions; such as preparing food & drinks, eating meals, dressing & undressing, bathing, walking unaided etc.

The assessment process is quite arbitrary in nature but the claimant must score:

- **8 points for daily living** activities to get the **standard rate** of the daily living component, or **12 points** to get the **enhanced rate**
- **8 points for mobility activities** to get the **standard rate** of the mobility component, or **12 points** to get the **enhanced rate**.



The PIP rates presently are:

Daily living component **Weekly rate**

Enhanced rate **£79.15** (equal in value to highest rate of DLA Care Component)

Standard rate **£53.00** (equal in value to middle rate of DLA Care Component)

Mobility component **Weekly rate**

Enhanced rate **£55.25** (equal in value to higher rate of DLA mobility component)

Standard rate **£21.00** (equal in value to lower rate of DLA mobility component)

How to claim?

The Department for Work and Pensions (DWP) want people to start a claim for PIP by phone. To make a claim, phone them on the PIP new claims phone line.

Personal Independence Payment new claims line:

Tel: **0800 917 2222** (Monday to Friday, 8am to 6pm)

Text-phone: **0800 917 7777** (Monday to Friday, 8am to 6pm)

Calls are free from landlines and most mobile phones. Claimants can ask the DWP to call them back if they're worried about the cost of the call. Claimants can also ask for a family member, friend or support worker, to act as an intermediary on their behalf.

It's important to advise the DWP of any special communication needs the claimant might have, for example, if they need to receive information in Braille or large print or if they need an interpreter. It may be possible for the DWP to dial an interpreter into the call. It's worth noting, any such call will be recorded by the DWP.

What questions will the DWP ask?

The DWP will ask the claimant some basic questions to work out whether you're eligible to claim PIP or not.

It will speed up the claim process if you/claimant have all the information that the DWP needs when you phone them, including:

- Your name
- National Insurance number
- Date of birth
- Full address and postcode
- Daytime contact number



- Nationality
- information about time spent in a care home or hospital now or previously
- GP or other health professional's details
- Bank or building society account details.

At this stage, the DWP won't ask you about the claimant's health condition or disability, or how it affects them, unless they're claiming under the **"Special Rules"** for terminally ill people. If they're terminally ill, they'll ask about the illness and about any difficulties the claimant has in getting around unaided.

When will the claim start?

The start date of the claim will be set at the point of the phone call. If the claimant delays making a claim, he/she may lose out on benefit.

The information provided during the call will allow the DWP customer advisor to check if the claimant meets the basic eligibility conditions. For example, they're not ruled out because they fall outside the age band 16-64 or their disability or health condition is short term.

If the claimant does not meet the basic eligibility conditions he/she will be asked to provide further evidence or will receive a disallowance letter.

If the claimant requests an application form from PIP or local DWP Benefits offices, the date of request will be treated as their date of claim from which PIP can be paid, as long as the form received is returned within one calendar month of that date.

"How does your disability affect you" form

A PIP 2 or "How does your disability affect you" form will then be posted out to the claimant. The form will be addressed to them and will contain a bar code, unique to their claim that will allow scanning and quick association with the initial claim details, on its return, thus speeding up processing times.

The form will ask the claimant to explain how their condition affects their daily life. If they have a variable condition that affects them in different ways e.g. on good and bad days; it will be enable them to explain their full circumstances. Taking the time to document all the key details is so critical to the success or otherwise of the claim, so please take your time!

Many claimants, unfamiliar or intimidated by lengthy forms can ask someone, such as a family member, WRO, Money Advisor, Housing Support Officer Etc. to help them complete the form. They can also ask their GP and any hospital consultants, physiotherapists, support staff to provide supporting evidence to validate their evidence and support the claim. This information can be returned with the PIP 2.

Make sure you use the FREEPOST envelope designed for this purpose as this will ensure the claim is acknowledged and processed without undue delay.



What happens next?

Once the PIP 2 form has been completed and returned with any other supporting documents, the information will be passed to a health professional.

The health professional will decide if there is sufficient evidence available and may determine there's more needed so may phone the claimant to clarify some things or obtain evidence from any medical support staff they've recently been in contact with and make arrangements to secure this additional information at no cost to the claimant.

Assessing PIP awards

Some claims can be assessed on the evidence submitted, especially where the claimant suffers from a very serious or terminal health condition. However, most people will be asked to attend a face-to-face consultation with an appointed health professional.

What happens during the face to face consultation?

Claimants are encouraged to bring a relation, friend or support professional to the consultation with them. Anybody accompanying them can take an active part in the discussion. The claimant will be asked to explain how their condition affects them on a day to day basis either in relation to daily living or mobility support or both.

What happens if they don't need a face to face consultation?

If the health professional decides a face to face consultation is not needed they will review all the evidence provided against a set of everyday activities to assess the challenges the claimant faces; subscribe a score to each question; and these added together help determine whether the award is made or not.

What happens next?

The Decision Maker however is not the Health professional. What happens is, a report on the claim information will be sent back to the Social Security Agency (SSA) to help inform its decision. The decision maker will review the evidence including the report from the health professional. A decision will then be made on entitlement, level of award and the length of any award.

The claimant will receive the decision in a letter by post. The letter will provide more information about the decision, how it was reached, details of the first payment if appropriate, and also explains other sources of support available to the claimant.

What if my claim is disallowed?

If the claim has been disallowed, or the existing award reduced, then the Decision Maker will try to contact the claimant by telephone to explain the decision. He/she will also receive a written notification of the decision.



If the claimant disagrees with the decision he/she can ask the Decision Maker to look again at the case - this is known as mandatory reconsideration and from there, if the decision is still adverse lodge an appeal to the Tribunal Service

More information needed?

DWP has produced a very helpful [toolkit for RSLs](#). It contains copies for forms and leaflets, factsheets and guides. You can also find more information at [Personal Independence Payment](#) and [PIP Checker](#) on [GOV.UK](#)

So what impact will PIP make?

Welfare Groups representing claimants with epilepsy, mental health issues etc. fear many of their clients will fall foul of the newly introduced descriptor test when their claims are reassessed. Many Disability Support groups believe the new benefit will be much more difficult to obtain and secure long term and that entitlement to PIP could determine whether the much needed Carer's Allowance is awarded as well as the often overlooked benefits of:

- ▶ Motability scheme
- ▶ Blue Badge scheme
- ▶ Vehicle Excise duty exemption
- ▶ Concessionary fares

Welfare Rights and Money Advice staff know better than most just how important DLA can be to RSL tenants. Apart from the relatively generous rates of benefit it provides, the income is ignored in the assessment of income related benefits like JSA, Income Support, and ESA etc. DLA/PIP can also attract disability premiums which raise the levels of the passport benefits. Non-Dependent deductions, often the scourge of rent arrears staff, can be waived when the tenant or their partner receives DLA. So losing DLA/PIP could be quite devastating to some of these households, at the same time as many of them are already experiencing cuts in their Housing and Council Tax benefits.

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