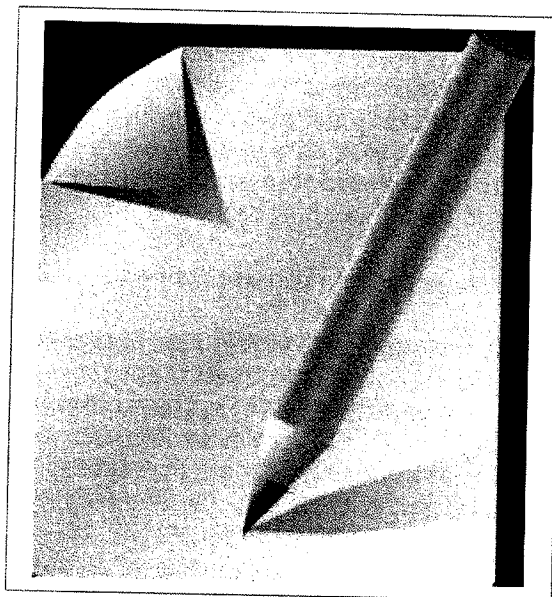


Personal Independence Payment

An investigation into current practice



**citizens
advice**

Dorchester,
Sherborne
& Districts
Citizens Advice

Personal Independence Payment – an investigation

Executive Summary

- 1.1 Personal Independence Payment (PIP) is a financial benefit which helps people with an illness, disability or mental health condition cope with everyday life. This includes people with a terminal illness. The benefit replaces Disability Living Allowance (DLA).
- 1.2 An analysis of the issues presenting to Dorchester, Sherborne and Districts Citizens Advice over the last year demonstrated that the majority were benefit queries and that at least half of these were related to Personal Independence Payment.
- 1.3 It was therefore decided to look in more detail at the problems that were being encountered to see what the key issues were. Over a period of eight months fifty four cases were looked at.
- 1.4 The key findings were:
 - The test for PIP appears to be much more difficult than that for DLA, both for daily living and mobility but particularly in regard to mobility. Claimants who previously relied on their cars to give them a degree of independence face not being able to work or socialise, leading to a significant reduction in the quality of their lives if they lose entitlement to a car.
 - Unacceptable delays can be experienced at all stages of the process.
 - In many cases the process for medical assessments is unacceptable. Claimants should not have to travel many miles to an assessment centre when there is one more locally. In some cases assessors appear to be inadequately trained or lack relevant knowledge and experience, particularly in mental health issues. It appears that assessors do not always listen to claimants and can have an uncaring and punitive attitude.
 - The process for Mandatory Reconsideration does not appear to be working effectively. Often additional medical evidence is ignored and claimants are forced to escalate their case to a tribunal, which is costly in time and money.
 - The majority of appeals are successful and the difference between the initial assessment and the appeal judgement can be significant.
- 1.5 The recommendations are:
 - 1 The DWP should review the criteria for receiving the mobility element of PIP. If the current criteria means that disabled people are losing their Motability cars this will have a severe impact on their ability to be independent and to contribute to society, thus undermining the whole point of a benefit designed to promote independence.
 - 2 The DWP should ensure that there are enough trained staff to process PIP applications in a reasonable timescale. Service standards for all stages of the process should be clearly stated and adhered to.

- 3 The DWP should ensure that ATOS uses health care professionals who are appropriately trained to undertake assessments fairly and in a non-judgemental way, particularly where mental health issues are concerned.
- 4 The DWP should ensure that ATOS provides sufficient assessment centres to offer claimants a medical assessment at a reasonable distance from their home and, where necessary, be prepared to undertake home visits.
- 5 The DWP should review its procedure for Mandatory Reconsiderations and take more account of medical evidence provided by the medical staff who know their patients and have a good understanding about the impact that their condition has on their daily life. The seeming reluctance of DWP staff to do this suggests an attitude that is inappropriate when dealing with sick and disabled people.

Personal Independence Payment – an investigation

1 Introduction

- 1.1 Personal Independence Payment (PIP) is a financial benefit which helps people with an illness, disability or mental health condition cope with everyday life. This includes people with a terminal illness.
- 1.2 The benefit replaces Disability Living Allowance (DLA). Everyone receiving Disability Living Allowance has to make a new claim for PIP as if they are a new claimant.

2 Aim of project

- 2.1 To raise awareness of the impact of Personal Independence Payment on claimants in the catchment areas of Dorchester, Sherborne and Districts Citizens Advice.

3 Background

- 3.1 An analysis of the issues presenting to Dorchester, Sherborne and Districts Citizens Advice over the last year demonstrated that the majority were benefit queries and that at least half of these were related to Personal Independence Payment.
- 3.2 It was apparent that many disabled and ill clients were experiencing problems in claiming the benefit and that this was having a severe impact on their lives, both financially and emotionally.
- 3.3 It was therefore decided to look in more detail at the problems that were being encountered to see what the key issues were.

4 Personal Independence Payment

- 4.1 PIP is made up of two components called daily living and mobility, and each can be paid at either a standard or enhanced rate. The daily living rate is for the extra help needed with everyday tasks. This can include preparing food, washing, getting dressed or communicating with other people. The mobility rate will depend on the level of help the claimant needs with his or her mobility.
- 4.2 Under the Motability Scheme claimants on the enhanced rate of the mobility component can lease a car, scooter or powered wheelchair in exchange for their mobility allowance.
- 4.3 In order to be eligible for PIP claimants have to meet strict criteria. The process of claiming PIP is complicated and details of the process, including the current rates, are set out in Appendix 1. Appendix 2 gives a glossary of terms.
- 4.4 The key stages in the claims process are:
 - Initial application (usually by phone)
 - Receipt of the claims pack and completion of the very lengthy application form including supporting evidence

- Face to face assessment by a health care professional (HCP), where the claimant is awarded points against each of the criteria (called “descriptors”). In this area the assessments are carried out by a company called ATOS (NB – claimants who are terminally ill do not have to undergo a medical assessment)
- Decision by a decision maker at the Department of Work and Pensions
- If refused the claimant can ask for a Mandatory Reconsideration. This is where the DWP is asked to reconsider the decision in the light of new evidence or because the initial evidence was not fully or properly considered. Additional medical evidence from the claimant’s GP or consultant is often provided at this stage
- If refused again, the claimant can appeal to a tribunal and make their case in person at an appeal hearing.

4.5 There is also a process called a “Supersession”, whereby if the original decision was correct but the client’s condition has got worse since the decision was made an application can be made for a review on the grounds of change of circumstances. The whole award will be re-assessed, even the parts that aren’t disputed. If the supersession request is refused, the client can then apply for a Mandatory Reconsideration and (if necessary) appeal.

5 Methodology

- 5.1 Research staff and volunteers in the Dorchester, Sherborne and Districts offices collected information on clients who came to their local office for help with any aspect of PIP between 1st September 2015 and 29th April 2016.
- 5.2 The information was then analysed to identify if, where and how clients were experiencing problems and what these problems were. As far as possible the analysis focused on where in the application, assessment and decision making process the main problems were occurring. Note was also taken as to whether the client was a new claimant or whether s/he was being transferred from Disability Living Allowance.
- 5.3 It should be noted that because of the long time it often takes to process PIP claims many of the cases had not reached an outcome at the time of writing. The report reflects the situation as it was on 31 May 2016. Appendix 3 gives a brief update on the outcome of cases as of 22nd August.

6 Client analysis

- 6.1 Overall the project looked at fifty four cases where some aspect of PIP was involved in the client’s request for help from Citizens Advice. However one client, who had recently been diagnosed with MS, decided after looking at the criteria that he would not be eligible for PIP at the moment, so his case has been excluded. A further case, where a PIP form was requested in November but the client has not returned to the bureau for further assistance has also been excluded but it should be noted that there was a delay of over two weeks for the claim pack to arrive.

6.2 Of the fifty two cases looked at in detail twenty two were men and thirty women.

6.3 The age range of the clients was as follows:

	Men	Women
16	0	1
18 - 29	2	4
30 - 39	1	3
40 - 49	3	4
50 - 59	6	9
60 - 69	8	9
Unknown	2	
	22	30

6.4 23 or 44% of the cases were people who had previously been receiving DLA but who were having their benefit transferred (although one of them had chosen to apply for PIP rather than re-apply for DLA as her care needs had increased).

6.5 Of these only one client was awarded PIP within a reasonable timescale but her DLA payment was stopped six weeks before the PIP payment started, leaving her significantly short of money during that period.

6.6 Four claimants who had previously received DLA were still in the process of making a claim or awaiting the outcome of an assessment. Because of his age one of these had been given to believe that he had a lifetime award of DLA but was then told that he had to apply for PIP.

6.7 Five (10%) cases were PIP renewals. Only one had her award confirmed with no problem, with the process taking a month.

6.8 The other twenty four cases (46%) were new claimants. Of these, eight people are still in the process of claiming or awaiting the outcome of their assessment so we do not know the outcome of their claims. Only one new claimant had PIP awarded with no problem.

6.9 Looking at all claimants, whether they are transfers from DLA, PIP renewals or new claimants, we do not know the outcome for four people who are currently in the process of applying for a Mandatory Reconsideration.

6.10 Three clients are at the stage of having their claim turned down after a Mandatory Reconsideration. One lives outside of the area so her case has been transferred to a Citizens Advice office nearer to her home in order to help her appeal against the decision. The second cannot face going through the appeals process and the third cannot appeal because she has left it too long after the Mandatory Reconsideration decision.

6.11 We also do not know the outcome for ten claimants who are at some point in the formal appeals process.

6.12 Twenty two clients received an award during the period of the research. However, as stated above, in only two cases was the application and award process straightforward. In the other twenty cases the outcome was as follows:

- 8 awards made after unacceptable delays
- 6 awards following an appeal
- 3 awards following a Supersession
- 2 awards made following a Mandatory Reconsideration
- 1 award made but reduced from the amount of benefit previously received.

6.13 One client was rejected after an appeal. The process was very stressful for the client and was made more difficult by the fact he received two letters inviting him to the appeal hearing, both with the same date but with different venues identified. This confusion about venues also happened for another client.

7 Findings

7.1 The client analysis demonstrates that there can be problems at all stages of the application process. The main findings are set out below. Case studies are included to illustrate the issue being highlighted although it should be said that most cases studies demonstrate more than one issue. The names of the clients in the case studies have been changed to ensure confidentiality.

Loss or reduction of support provided by DLA or previously awarded PIP

- 7.2 Of the fifty two cases analysed, twenty eight or 54% were either transfers from DLA or PIP renewals. These are people already deemed to have a disability sufficient to merit a benefit designed to support them with the extra costs of disability.
- 7.3 Twenty four of these twenty eight people (86%) were assessed as not needing the support they were previously getting. Five clients were refused PIP outright. One of these had been receiving DLA for mental health issues but now has physical problems following an accident so is arguably more in need of the benefit than previously.
- 7.4 Others were deemed to need less support than previously. This is particularly the case with regard to the mobility component of PIP, where people who did not meet the criteria for the higher rate of mobility payment are not able to keep their mobility cars. Eight clients, all of whom were previously on the higher rate for mobility under DLA experienced this. Two of these were also deemed to need less care and were awarded standard rate rather than the higher rate they had previously received.
- 7.5 One client had the daily living component reduced from the enhanced rate to the standard rate, despite medical evidence that shows he needs constant and substantial help with daily living from his wife.
- 7.6 Having been refused a mobility award one client was going to appeal but in the event the DWP agreed to award the standard rate mobility if the appeal was dropped.

Case Study 1 – Charlotte

Charlotte is a widow with two young children. She has Multiple Sclerosis, which affects all her limbs – she uses crutches and a zimmer frame indoors and a wheelchair outside but is able to drive a car, which she leases under the Motability scheme. She has problems with bladder and bowel control and suffers from extreme fatigue so has a carer for 22 hours a week, mainly to help her with the children. Charlotte was receiving higher rate mobility and middle rate care Disability Living Allowance until the end of last year when she had to apply for PIP. She was awarded standard rate care and standard rate mobility, which means that she will lose her car. With two young children her car is a lifeline to her. Charlotte asked for a Mandatory Reconsideration but the decision was upheld. At the time of writing she is awaiting an appeal hearing.

Delays

- 7.7 Unacceptable delays were experienced in a large number of cases at all stages of the process. For new clients this can mean a considerable loss of financial support.
- 7.8 One client requested an application form at the beginning of April and was told she should receive it within 14 days but had still not received it by the end of May.
- 7.9 One client who had been receiving DLA applied in December, had his assessment in March and at the end date of the project had still not heard the outcome. A further DLA transfer client made a claim four months ago and has not yet had a date for a medical assessment.
- 7.10 A further client who was on DLA and is awaiting an appeal has made two claims with long delays involved in each.
- 7.11 Four new claimants had to wait an exceptionally long time before they received an award. One was not called for a medical until 11 months after the claim and it took 16 months between the claim and the decision. The second started a claim in October but the form didn't arrive so he had to apply for another one. This was completed in December but he did not get a decision until the following May, a wait of 8 months.
- 7.12 The third person, who was very ill and bed bound, made a claim in May but was not assessed till September and the award not made until October, a delay of 5 months. Following an appeal the fourth person was awarded the mobility component a year after he had applied.
- 7.13 One client, who was on DLA and is currently appealing against the decision to refuse PIP made her application in September and did not hear that she had been turned down until March. The client cannot work because of illness and cannot survive on her Employment Support Allowance (ESA) so is currently having to rely on regular parcels from the food bank.

- 7.14 Delays are also being experienced in the Mandatory Reconsideration (MR) process. One client has had her assessment and is waiting to hear the outcome of an MR but was told it would take 8 to 9 weeks to get a decision.

Case Study 2 - Peter

Peter has leukaemia and is about to start intensive treatment. He has been advised he cannot work as he will be vulnerable to infection. Peter is very worried about finances as the family have dependent children and a mortgage, and he will only be getting Statutory Sick Pay.

Peter asked for an application pack for PIP in September 2015. It had not arrived three weeks later and the PIP helpline said it had no record of the request. Another was sent and completed in early November. The adviser asked for an extension to the time limit because of the initial delay in receiving the form. The client telephoned in mid December to check progress and was told that the claim had been disallowed as it was out of time. Eventually the case manager at the DWP overturned this decision.

As Peter was so ill a home visit for the medical had been requested but this didn't happen until early February 2016 in spite of several phone calls. PIP was finally awarded in March giving the enhanced rate for both elements. It had taken over 5 months for a very sick person to get the award they urgently needed.

Assessments

- 7.15 Clients often experienced problems with the medical assessment they have to undergo before being awarded PIP.
- 7.16 Often there are significant delays in waiting for an assessment or getting the result of an assessment and this has been touched on in the section above.
- 7.17 Another issue is that claimants can be asked to attend assessment centres that are a long way from their home and difficult to get to. One client, who had previously been receiving DLA, was twice unable to attend on the date allocated for the medical assessment and was told the claim would be cancelled. She was awarded enhanced rate care and standard rate mobility only after the intervention of her MP.
- 7.18 A further problem is the quality of the assessments. Clients complained that they had not been listened to or that their comments were misinterpreted. One client, who had been receiving DLA at the higher rate for mobility and medium rate for care said at her assessment that she could walk 60 feet. However this was written down as metres, which gave an entirely false impression of her ability and she was refused PIP outright.
- 7.19 Clients with mental health problems can be assessed by health care professionals with no experience of mental health. This is particularly significant as claimants can present with no obvious problems and often tell the assessor that they are OK. Tribunal judgements have made it clear that claimants with mental illness should be assessed by professionals who are appropriately qualified in mental health and are able to understand the complexities involved.

Case Study 5 - Susan

Susan is a single mother with several dependant children. Her eldest daughter aged 17 is disabled and was receiving DLA higher rate care and lower rate mobility. She was called for reassessment for PIP. The first medical assessment clashed with a hospital appointment and she asked for it to be rearranged. The second appointment was for 10am in Bournemouth, 25 miles away, which would be impossible to get to as Susan had younger children to get to school. When she contacted ATOS she was told only one change was allowed. If she did not attend the claim would be stopped and the DLA would no longer be paid.

A Citizens Advice adviser phoned ATOS and asked for a home visit to be carried out instead, but before this was set up Susan received a 'failure to attend' letter and notification that her daughter's DLA was stopping. Phone calls to both ATOS and the PIP helpline failed to resolve matters and eventually the local MP was involved. He contacted the DWP and managed to get the assessment done based on the paper information. Susan's daughter was finally awarded the PIP enhanced rate for daily living and standard rate mobility. It is difficult to believe that so many phone calls and the involvement of a MP were needed to resolve a fairly simple matter.

Case Study 6 – Joan

Joan is 67 and lives alone. Following a stroke she has been left with physical and mobility problems and also has mild dementia and cannot concentrate for any length of time. This makes her very anxious.

Joan had been receiving the higher rate of Disability Living Allowance for both care and mobility but was awarded only the PIP standard rate for care and no mobility. Joan asked for a Mandatory Reconsideration but was again turned down and the original decision upheld.

Although Joan was more worried about the mobility element she also felt unhappy about losing the higher rate for daily living. Joan has a carer who helps her to prepare food and she cannot get in and out of the bath on her own. She has to have someone wash her hair for her. Joan gets breathless and cannot move more than 20 metres without a rest, which could mean having to lie down. These factors do not appear to have been taken into account by the assessor.

The health care professional who carried out the assessment said in her report that Joan "coped well at interview" and was not "anxious, agitated or tense". Joan on the other hand said she was so worried she had no sleep the night before and described herself in "a total panic". She did not understand what she was being asked by the health care professional and felt uncomfortable as the assessor didn't make eye contact but concentrated on inputting into the computer, which meant the Joan didn't know whether to continue talking or not. This was particularly so when she was asked about hobbies. She meant to say that she liked reading and jigsaws but now lacked the focus and concentration needed to do this. She only got as far as she liked reading and puzzles. The healthcare professional had recorded that Joan could walk between 50 and 200 metres, which was not what Joan said in her claim. The HCP made no attempt to find out how far Joan could walk without having to rest. Joan is taking her case to appeal and at the time of writing the outcome of this is not known.

Case Study 3 - John

John is a young man aged 36, who has suffered from paranoid schizophrenia and Post Traumatic Stress Disorder for 15 years. He was seen by a Citizens Advice adviser while he was in the acute ward of the psychiatric hospital. He is in the support group of Employment Support Allowance and had been receiving DLA until February 2015 when he was reviewed and reassessed for PIP. He was only awarded 1 point at the medical and told he did not qualify. He said the health care assessor gave no chance for him to really explain his condition.

The adviser requested copies of the paperwork relating to the original decision. The decision appeared difficult to justify as it had been noted at the medical that he had needed five hospital admissions for acute episodes in the last few years, that he had a chaotic lifestyle, had difficulty managing everyday events and regularly had suicidal thoughts. The assessor did not seem to recognise the significance of John's mental health issues. A late revision was requested with details of the descriptors he fitted and additional evidence from his psychiatrist. However the decision was not changed at Mandatory Reconsideration.

The decision was appealed. John was not well enough to attend the tribunal but it was agreed that our adviser and his psychiatrist would represent him. The tribunal was very critical of the DWP's decision and awarded John 19 points for the daily living component and 9 points for mobility. This gives him the enhanced rate for daily living and the standard rate for mobility.

Case Study 4 – Jane

Jane is on the autism spectrum and suffers from depression and claustrophobia. She is in the support group of ESA and had been getting DLA higher rate care and lower rate mobility. She was told her DLA was stopping and invited to apply for PIP. She tried to start the claim herself by phone but got confused. Citizens Advice helped Jane to get her claim registered and to complete the PIP application form. This was sent with medical evidence and a description of her condition, explaining she could not travel to unfamiliar places and suggesting a paper assessment should be possible.

Two months later Jane was called for a medical in Axminster which is 31 miles from home and somewhere she does not know at all. Jane came to Citizens Advice in a panic and, much to Jane's relief, ATOS agreed that they would cancel the appointment and do a paper assessment. A few weeks later she had another letter advising they would call to conduct a medical at her home which caused another panic - she said she would 'go and hang herself' if a stranger came to her house.

After more phone calls it was finally agreed to do a paper assessment and Jane was awarded enhanced rate daily living but no mobility. We felt she should have had at least standard rate mobility because of her problems in travelling to unfamiliar places, but she could not face an appeal.

Mandatory Reconsideration and Supersessions

- 7.20 Only two clients had the decision changed following a Mandatory Reconsideration. Given the success rate after an appeal this indicates that insufficient care is taken at the Mandatory Reconsideration stage as to whether or not the client has a good case.
- 7.21 One client was turned down for PIP in August 2015 after applying in June 2015. In September 2015 a revision was requested as the client had spent two spells as an in-patient in a psychiatric hospital in the previous three months so the decision seemed unreasonable. However she was again refused in September 2015. After an official complaint about the poor quality of the ATOS assessment the client was awarded the PIP enhanced daily rate in December 2015 backdated for two years from May 2015.
- 7.22 Two clients were awarded PIP following a Supersession but in both cases this was after significant delays and setbacks.
- 7.23 The first of these, who was receiving the care element of PIP, applied for the mobility element as his mobility needs were increasing. A Supersession was requested in September, he was re-assessed in February and he finally received the backdated award in April.
- 7.24 In the second case an application was made in January 2015. Despite additional medical evidence being provided the DWP insisted on a re-assessment and the client was then turned down in May. He was finally re-assessed at home in September and an award made in October. This case also demonstrated extremely poor administrative processes at the DWP, with staff failing to comply with its five day call back policy.

Case Study 7 - Richard

Richard is a vulnerable single man with both mental health and physical problems. He is in the support group for Employment Support Allowance and needs help in managing his daily life. Richard damaged his leg in an accident four years ago meaning he can only walk a few paces unaided. His support worker helped him apply for PIP a year ago and he was awarded standard rate daily living but no mobility, which was strange as he can hardly walk and uses a mobility scooter out of doors.

Richard came to Citizens Advice on a different matter but after talking about his situation requested a Supersession in September 2015. Nothing was heard for three months so the Citizens Advice adviser contacted the PIP helpline. It transpired that Richard had been contacted in December to discuss his condition but no further action had been taken. The DWP apologised and said they would contact ATOS for another medical. A revised decision was finally made in April 2016, keeping the standard rate for daily living and adding the enhanced rate for mobility. Richard received £1666 in backdated payment because of the delays.

Appeals

- 7.25 Of the seven clients in the study who went to a tribunal to appeal and we know the outcome, only one was rejected.
- 7.26 One client who had previously been on DLA but was awarded only one point at the medical assessment was awarded 19 points at a tribunal (which he could not attend as he was in hospital).
- 7.27 A client was awarded 0 points in the medical assessment but was given 11 points for both care and mobility at the appeal.
- 7.28 A client who was receiving lower rate care and higher rate mobility was awarded enhanced care and higher rate mobility at appeal.

Case Study 8 - Ann

Ann has a number of medical conditions. She suffers from COPD (Chronic Obstructive Pulmonary Disease), which leaves her very breathless and unable to walk far without stopping. She has severe shoulder problems that mean she cannot use her right arm, causing problems with cooking, washing, dressing, lifting and carrying. This has resulted in her becoming depressed and needing antidepressants. Her daughter is her main carer. Ann applied for PIP in September 2015 but was turned down. With the help of Citizens Advice she requested a Mandatory Reconsideration. Additional medical evidence was submitted that confirmed she could not walk more than 25 metres without stopping. However the decision was unchanged. At appeal she was awarded standard rate PIP for both daily living and mobility.

8 Summary of Key Findings

- 8.1 The test for PIP appears to be much more difficult than that for Disability Living Allowance, both for daily living and for mobility but particularly in regard to mobility. Claimants who previously relied on their cars to give them a degree of independence face not being able to work or socialise, leading to a significant reduction in the quality of their lives if they lose entitlement to a car.
- 8.2 Unacceptable delays can be experienced at all stages of the process.
- 8.3 In many cases the process for medical assessments is unacceptable. Claimants should not have to travel many miles to an assessment centre when there is one more locally. In some cases assessors appear to be inadequately trained or lack relevant knowledge and experience, particularly in mental health issues. It appears that assessors do not always listen to claimants and can show an uncaring and punitive attitude.
- 8.4 The process for Mandatory Reconsideration does not appear to be working effectively. Often additional medical evidence is ignored and claimants are forced to escalate their case to a tribunal, which is costly in time and money.

- 8.5 The majority of appeals are successful and the difference between the initial assessment and the appeal judgement can be significant.

Recommendations

- 1 The DWP should review the criteria for receiving the mobility element of PIP. If the current criteria means that disabled people are losing their Motability cars this will have a severe impact on their ability to be independent and to contribute to society, thus undermining the whole point of a benefit designed to promote independence.
- 2 The DWP should ensure that there are enough trained staff to process PIP applications in a reasonable timescale. Service standards for all stages of the process should be clearly stated and adhered to.
- 3 The DWP should ensure that ATOS uses health care professionals who are appropriately trained to undertake assessments fairly and in a non-judgemental way, particularly where mental health issues are concerned.
- 4 The DWP should ensure that ATOS provides sufficient assessment centres to offer claimants a medical assessment at a reasonable distance from their home and, where necessary, be prepared to undertake home visits.
- 5 The DWP should review its procedure for Mandatory Reconsiderations and take more account of medical evidence provided by the medical staff who know their patients and have a good understanding about the impact that their condition has on their daily life. The seeming reluctance of DWP staff to do this suggests an attitude that is inappropriate when dealing with sick and disabled people.

APPENDIX 1

What is PIP?

Personal Independence Payment (PIP) is a benefit to help with some of the extra costs caused by long-term ill-health or a disability for those aged between 16 and 64.

The rate depends on how the claimant's condition affects them, not on the condition itself.

Who can claim?

People who are ill or disabled. Claimants have to fulfil two qualifying tests – they must have had the problem that has caused them to apply for PIP for three months and expect the problem to last for a further nine months.

All people receiving Disability Living Allowance (DLA) will be invited to claim PIP even if they have an indefinite lifetime award of DLA.

How does it work?

The application form for PIP says:

“There are two components to Personal Independence Payment:

- *Daily Living*
- *Mobility*

If you qualify for PIP you'll get money for one or both components. The amount you get is based on how your health condition or disability affects how well you carry out everyday activities, the difficulties you face and the help you would need to do them – even if you don't actually get any help.

For each component of PIP there is a list of activities. For each activity there is a list of “descriptors”. Descriptors are sentences which describe how much support and the type of support you need to do the activity.

Each descriptor has a point score. The number of points you get will depend on how much help you need. Your scores for the activities are added together to give a total for each component.

If you qualify, you can be paid for each component at either the Standard rate or the Enhanced rate.

For each component, you will get the Standard rate if your scores add up to between 8 and 11 points.

For each component, you will get the Enhanced rate if your scores add up to 12 points or more.”

Appendix 2 –GLOSSARY OF TERMS

ATOS: ATOS Healthcare is a private company that has a contract with the Department for Work and Pensions to provide independent assessments on the Department's behalf in relation to eligibility for PIP.

Autism: Autism is a lifelong disability that affects how a person makes sense of the world, processes information and relates to other people. People commonly have difficulties with social communication and interaction.

Department for Work and Pensions (DWP): The Department for Work and Pensions (DWP) is the UK's biggest public service department and is responsible for welfare, pensions and child maintenance policy. It administers the State Pension and a range of working age, disability and ill health benefits to over 22 million claimants and customers.

Disability Living Allowance (DLA): Disability Living Allowance (DLA) was designed to support disabled people who lived independently and had mobility and care needs. It was not subject to an independent medical assessment. The benefit is being replaced by Personal Independence Payment (PIP) and all DLA recipients transferred to PIP. Since June 2013 new claims can only be made if the claimant is under 16.

Employment Support Allowance: Employment and Support Allowance (ESA) is a benefit payable to people who can't work because of sickness or disability, and who are not getting Statutory Sick Pay. There are two types of ESA: contributory ESA, which is for people who have paid enough national insurance contributions, and income-related ESA, paid if a person's income and capital are below certain limits. For both types of ESA, claimants have to undertake various tests to confirm they have limited capability for work.

Health care professional (HCP): Health care professionals are people employed by a private company under contract from the DWP to carry out independent medical assessments of claimants. They can come from a variety of health care backgrounds - doctors, nurses, physiotherapists, occupational therapists etc., and are given training in how to make the assessments. In this area the company that employs them is ATOS. The HCP does not decide whether or not to award the benefit. After the assessment they write a report and send it to the DWP where a decision maker decides whether or not to award benefit on the basis of the evidence provided, including the assessor's report.

Mandatory Reconsideration: Mandatory reconsiderations were introduced from October 2013 for ESA claims. It means that if someone applying for ESA is found fit for work and they wish to appeal against this they could not go straight to appeal but have to ask for a Reconsideration. This is when the original decision is looked at again by another decision maker. This system has also been introduced for PIP claims. While the reconsideration is taking place no benefit is paid. A Mandatory Reconsideration notice is issued once the reconsideration has taken place. If the claimant is still unhappy they can appeal.

Personal Independence Payment: Personal Independence Payment (PIP) is a benefit for people aged 16 to 64 with a long-term health condition or disability. A long-term condition means one which is expected to last 12 months or longer. Getting PIP depends on an assessment of how the disability or health condition affects someone's ability to live independently and has two components – daily living and mobility. Special rules apply if someone is terminally ill. PIP is non contributory and is not means-tested.

Supersession: A benefit decision is a legal decision that can only be changed if the law allows. However if someone is getting a benefit from the DWP and their circumstances change or there is a change in the law the DWP can decide to change the original decision. This is called a Supersession. A supersession decision changes the benefit decision from the date the change happens rather than the date that the decision was made.

Assessment for PIP

PIP claimants have to undergo a medical assessment by a health professional. In this area the assessor will be employed by ATOS.

For each of the descriptors the assessor will consider whether the claimant can carry out activities:

- Safely – *which means in a manner unlikely to cause harm to themselves or another person, whether during or after completion of the activity* **and**
- To an acceptable standard – *given the nature of the activity* **and**
- Repeatedly – *which means as often as the activity being assessed is reasonably required to be completed* **and**
- Reliably and for the majority of the time - *which means no more than twice as long as the maximum period that a person without a physical or mental condition, which limits that person's ability to carry out the activity in question, would normally take to complete that activity.*

In determining what points to award the assessor will take into account whether the claimant uses aids and equipment and how much supervision, prompting and assistance the person needs to undertake tasks.

The DWP will consider what the claimant "can" do rather than what they "do" do.

How to claim

Claimants must call the claim line and answer a number of questions about themselves and their situation in order to ensure that they meet the basic conditions of entitlement. They are then sent a 40 page "How your disability affects you" form, which has to be completed and returned within one month, along with supporting medical evidence.

The form is very long and detailed. The emphasis is not on what condition the claimant has but what they can and can't do, in other words how the condition affects and impacts on their daily life.

There are special rules for people who are terminally ill and expected to die within 6 months. These claimants do not have to complete the form or attend a medical assessment and a claim can be made on their behalf by someone else.

Current rates for PIP

Component	Weekly rate
Daily living - standard rate	£55.10
Daily living - enhanced rate	£82.30
Mobility - standard rate	£21.80
Mobility - enhanced rate	£57.45

APPENDIX 3

The tables set out below provide information on the progress made since 31 May 2016 by those clients where no outcome could be identified in the report as they were part-way through the PIP application process at the cut-off date of 31st May 2016. The tables identify the situation as of 22 August 2016.

Clients who were in the process of making a claim or awaiting the outcome of an assessment

Current situation	Total number
No further information available (clients have made no further contact with CA)	5
Clients now awaiting a Mandatory Reconsideration	3
Clients awarded PIP	2
Client now appealing	1
MR reaffirmed decision but client no energy for appeal	1

Clients who were in the process of a Mandatory Reconsideration

Current situation	Total number
Clients now appealing	3
Client turned down but considering her options	1

Clients who were in the appeals process

Current situation	Total number
Successful appeal	4
Still waiting for an appeal date hearing	4
Partly successful appeal	1
A paper based appeal was held but more evidence was required – the client has now moved to another part of the country so the process will continue from there.	1

Tribunal: An appeal tribunal is an informal hearing of the case by a panel, called a tribunal board. The panel will include a legally qualified judge and up to two other independent people including a doctor. Someone from the DWP might attend but only to make their case – they will not be involved in the decision. The claimant will usually attend and can have someone with them to support them.