



# Personal Independence Payment

► For more information on the benefits most commonly claimed by people with arthritis, see Arthritis Care's factsheet, 'Benefits you can claim'.

## Disability Living Allowance (DLA)

PIP has replaced an earlier benefit, Disability Living Allowance (DLA), for people of working age (between the ages of 16 and 64 inclusive). Most adults currently getting DLA will be re-assessed under PIP at some stage. Children under 16 can continue to claim DLA. Adults aged 65 or over may be entitled to Attendance Allowance.

► Arthritis Care has produced separate factsheets: 'Claiming Disability Living Allowance (for children)' and 'Attendance Allowance'.

## What is PIP?

Personal Independence Payment (PIP) helps cover the extra costs you may face if you need help taking part in everyday life or find it difficult to get around. It is an important benefit for people with arthritis.

## Who can claim Attendance Allowance?

You can claim PIP if you are working. It is not means-tested, so it is not affected by any earnings or benefits you receive or savings you may have. Neither is it treated as income for other benefits that are means-tested (such as Housing Benefit and Tax Credits).

In fact, an award of PIP can lead to higher levels of these benefits being paid. PIP can also act as a passport to other benefits, such as Carer's Allowance. You do not need to have a carer or someone helping you to qualify. PIP is not taxable and you don't need to have paid National Insurance contributions to get it. PIP payments are made directly to you, and you can spend them on anything you like.

## Can I qualify for PIP?

You can qualify for PIP if:

- you are aged 16-64 when you claim (you will not be able to claim PIP once you are 65 years old, but you will be able to stay on PIP if you claimed it before you reached the age of 65); and
- you have been present in Great Britain for two out of the last three years (this does not apply to refugees and their families); and

- you are not subject to immigration controls; and
- you are habitually resident (normally live) in the United Kingdom, the Channel Islands, the Republic of Ireland or the Isle of Man.

You must also meet the required disability conditions, which look at your daily living needs and your mobility needs. These are considered under the 'PIP assessment' (see below).

You must have met the disability conditions for a 'qualifying period' of at least three months before you can be paid (you will not have to wait three months for payment after making your claim if you have already met the disability conditions for three months or more). You must also be likely to continue to meet them for a period of nine months in the future. You do not have to meet these conditions if you are terminally ill.

## How is PIP made up?

PIP comes in two parts: the 'daily living component' and the 'mobility component'. You can be awarded either, or both, of these components. Each component is paid at two different rates: a standard rate and an enhanced rate.

### **The daily living component**

The daily living component helps cover the extra costs you may face if you need help taking part in everyday life. The rate you are paid depends on whether your ability to carry out daily living activities is limited or severely limited. This is tested under the PIP assessment.

### **The mobility component**

The mobility component helps cover the extra costs you may face if you have difficulty getting around. The rate you are paid depends on whether your ability to carry out mobility-related activities is limited or severely limited. This is tested under the PIP assessment. More information on what is classed as a 'mobility activity' is listed under the heading 'the two mobility activities', below, with further detail given in Appendix 2 (see page 11).

## The PIP assessment

The PIP assessment aims to test your ability to take part in everyday life. It is a points-related assessment, based on your ability to perform 10 different activities relating to your daily living needs and two activities relating to your mobility. The number of points you score will determine whether or not you are entitled to either component of PIP and, if you are, at which rate.

## The 10 daily living activities

Your ability to carry out daily living activities is assessed by focusing on 10 types of such activity.

These activities are:

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

For further details of these activities, the points you can score from them, and the way the points are added up, see Appendix 1 (page 9).

## The two mobility activities

Your ability to carry out mobility activities is assessed by focusing on two types of such activity. These are:

- Planning and following journeys
- Moving around

For further details of these activities, the points you can score from them, and the way the points are added up, see Appendix 2 (page 11).

## How much will I receive?

The amount that you will receive is as follows:

| Daily living component | Weekly rate | Mobility component | Weekly rate |
|------------------------|-------------|--------------------|-------------|
| Standard               | £55.65      | Standard           | £22.00      |
| Enhanced               | £83.10      | Enhanced           | £58.00      |

(These rates are valid as of April 2017.)

## To contact the DWP:

To claim PIP in England, Scotland or Wales, contact the DWP helpline (tel: 0800 917 2222; textphone: 0800 917 7777) or visit their website (gov.uk/pip). In Northern Ireland contact the PIP Centre (tel: 0800 012 1573; textphone: 0800 012 1574).

## How do I claim?

You can start your PIP claim by calling the Department for Work and Pensions (DWP). Someone else can make this call on your behalf, but you need to be with them when they do so. During the call, basic details will be obtained from you, including:

- your personal contact details and National Insurance number
- which healthcare professional treating you would be the best to contact
- information about your nationality and whether you have been abroad for more than four weeks at a time over the last three years
- whether you are in hospital, a hospice or a care home, or have been in one of these over the last four weeks
- details of your bank or building society, for payment purposes
- whether you find it difficult to return forms (for instance, if you have memory problems).

If you can, have this information ready when you make the call.

The information you provide should allow the Department for Work and Pensions (DWP) to decide whether or not you meet the basic qualifying conditions for PIP (see above). Once the call is completed, you will be asked to agree a declaration.

### Paper claims

If you are unable to start the claim by phone, you can ask for a paper claim form instead. To request the form, write to: Personal Independence Payment New Claims, Post Handling Site B, Wolverhampton, WV99 1AH.

## Completing the claim form

The 'How your disability affects you' form gives you the chance to describe how your condition affects your daily life. The form should come with an information booklet. You should read both the booklet and the form before you start filling in the form. You may wish to write in pencil first, or make some notes on paper or on a copy of the form, before committing yourself to pen. Give yourself plenty of time to complete the form and don't feel you need to do it all in one sitting.

The bulk of the form is given over to questions relating to the points-based PIP assessment (see above).

### The daily living component

Questions 3 to 12 relate to the activity headings of the daily living component. Each activity has a set of 'descriptors'. These describe related tasks of varying degrees of difficulty. You score points when

you are not able to complete a task described safely, to an acceptable standard, repeatedly and in a reasonable time period. The activity headings, the 'descriptors' under each heading, and the points allocated to each one, are listed in Appendix 1 at the end of this factsheet. Note that the wording in the form is sometimes different from the wording in Appendix 1, in which we use the exact wording of the law.

Each question introduces the activity and explains what is relevant, then has a tick-box section. First, you are asked if you use an aid or appliance to complete the activity. If it is accepted that you do and it is necessary, you will usually get at least two points under that activity.

You are then asked if you need help from someone with that activity. If it is accepted that you do need help, you will get between two and eight points under the activity, depending on the activity concerned and the nature of the help that you need (from just prompting, encouragement or reminding, to supervision or physical assistance). In each case, you can tick: 'yes', 'no' or 'sometimes', the last being helpful if your arthritis is variable.

The 'extra information' box for each question provides space for you to explain the difficulties you face with each activity. The examples given above the box and in the information booklet that comes with the form are useful. The descriptors relating to each activity and points that apply to each descriptor are not given in the form, so you should check these in Appendix 1 below. You should state in the box which descriptor applies to you and explain why it applies. In each case, you need to consider whether or not you can do the activity safely, to an acceptable standard, as often as you need to and in a reasonable time.

## **The mobility component**

Questions 13 to 14 relate to the activity headings of the mobility component. As with the daily living component, each activity has a set of 'descriptors' which describe related tasks of varying degrees of difficulty. You score points when you are not able to complete a task described safely, to an acceptable standard, repeatedly and in a reasonable time period.

The activity headings, the 'descriptors' under each heading, and the points allocated to each one, are listed in Appendix 2.

We now look at Question 14 in more detail. This focuses on your physical ability to stand and then move around without severe discomfort. Severe discomfort does not just mean pain, but can also include extreme fatigue. Normally, when you are in severe discomfort, you would not want to go any further, until the symptoms subside. Your ability to move around should be judged in relation to the type of surface normally expected out of doors, such as pavements, roads and kerbs.

The tick-box section for this question gives you the opportunity to identify how far you can walk, using, if necessary, any aids such as a walking stick, frame or crutches. It is important that you identify how far you can walk safely, in a reasonable time and without severe discomfort.

If you are not sure how far you can walk before feeling severe discomfort, go outside on an average day and test yourself (if your condition varies, do not choose a good day to perform the test). Find a safe location on level ground. Walk until you feel you are unable to continue (if it is safe for you to do so). Record what happens and when in terms of distance and time (you may find it helpful to have someone with you to record both of these). Note how long it takes you to recover before you feel able to walk again. Write down your findings on the form in the 'extra information' box.

In the extra information box, describe the way you walk. For example, do you find it hard to balance or do you limp? Let them know if you need physical support from another person to help you walk. You may need such support if your knee or ankle joints frequently give way or if you cannot bear to put all your weight on either one leg or the other. Give an idea of your speed. If you walk slowly and were to cover 20 metres, what distance would someone without a disability or health condition cover in that time?

You may fall or stumble because of joint stiffness, or because one of your legs gives way at the knee or the ankle. You may fall at different times for different reasons, or for a combination of reasons. List any injuries that you have suffered when you have fallen and any treatment that you needed afterwards. Give examples of occasions when you were unable to get up for any length of time after a fall. Why were you unable to get up? Did someone have to help you? Alternatively, has someone else stopped you from falling?

### **The declaration**

Once you are satisfied that what you have written on the form is a true and accurate reflection of your situation, sign and date the declaration. Before you send off the form, make a copy of it. If you have additional evidence easily to hand, this is a good time to send them in (but they can always be sent in at a later date if you don't have them now – do not delay sending in your form). This could include reports from an occupational therapist, x-ray or scan results, or letters from consultants.

## What happens next?

If it is clear from the information that you have provided that you do not satisfy the basic qualifying conditions for PIP, the DWP will send you a letter stating that your claim has been disallowed. If you do satisfy the basic qualifying conditions, you will be sent a form to complete: 'How your disability affects you'.

Once your 'How your disability affects you' form has been returned, your case will be passed to one of the two companies contracted to carry out the PIP assessments on behalf of the DWP: Capita and Atos Healthcare. Once your case has been passed on to them, they will allocate it to a healthcare professional working for them. This healthcare professional may initially contact your doctor, consultant, specialist nurse or occupational therapist for further information. If there is sufficient evidence in the form and accompanying documents, they may make a decision 'on the papers'. However, in about 75% of cases, the healthcare professional will arrange to see you at a 'face-to-face consultation'.

## The face-to-face consultation

The consultation will normally take place in an Examination Centre. You must be given at least seven days' notice of the time and place for the consultation, unless you agree to accept a shorter notice period. If you cannot attend, inform the office arranging the consultation as soon as possible. If you want the help or support of a carer, relative or friend, you can bring them to the consultation with you. They are not usually able to answer questions on your behalf, but can add to what you have to say.

### What happens at the consultation?

At the consultation, the healthcare professional will identify the descriptors that they consider apply to you with respect to the PIP assessment (see the Appendices below). To do this, they will normally ask questions about your day-to-day life, your home, how you manage at work if you have a job, and about any social or leisure activities that you take part in (or have had to give up). They will often ask you to describe a typical day in your life.

When answering, explain your difficulties as fully as you can. Tell them about any pain or tiredness you feel, or would feel, while carrying out each task, and after you have carried it out. Also consider how you would feel if you had to do the same task repeatedly.

Don't overestimate your ability to do things. If your arthritis varies, let them know about what you are like on bad days as well as good

## What to do if your claim is unsuccessful

If your claim is unsuccessful, you have the right to challenge the decision and there are a number of options available to you – from requesting a reconsideration to submitting a formal appeal.

► For more information, see Arthritis Care's factsheet, 'If you are unhappy with your benefit decision'.

days, and how often you have good and bad days. The healthcare professional's opinion should not be based on a snapshot of your condition on the day of the consultation; they should consider the effects of your condition over time.

The healthcare professional may carry out a brief physical examination. If they ask you to carry out anything that would cause you significant pain or discomfort, let them know and you can refuse to do it.

## The decision

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

If your claim is turned down, or you are awarded a lower rate than you expected, you can challenge the decision.

## What if I go into hospital or a care home?

If you are in hospital, you can make a claim for PIP, but you cannot be paid it during your stay; payment can only start once you leave. If you are already getting PIP when you go into hospital, it will stop after a total of four weeks (either in one stay, or several stays, where the gaps between stays are no more than four weeks each time). It can restart when you return home. However, if you are under 18 when you go into hospital, your PIP can continue indefinitely whilst you remain in hospital. If you later return after the age of 18, it will be limited to four weeks.

## Further help

For further advice and support, contact a local advice centre, such as Citizens Advice, Age UK (call 0800 678 1174), DIAL (call Scope on 0808 800 3333 for details) or local authority welfare rights service (call your local council for details).

## Sources of information

- Arthritis Care factsheets — [arthritiscare.org.uk](http://arthritiscare.org.uk)
- Citizens Advice — [citizensadvice.org.uk](http://citizensadvice.org.uk)
- GOV.UK (England, Wales and Scotland) — [gov.uk](http://gov.uk)
- Disability Rights UK factsheets — [disabilityrightsuk.org/how-we-can-help](http://disabilityrightsuk.org/how-we-can-help)
- nidirect (Northern Ireland) — [nidirect.gov.uk](http://nidirect.gov.uk)

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**Disclaimer:** This factsheet is only a guide and does not cover every circumstance. We have done our best to make sure the factsheet is correct as per the date below. Some of the information may be oversimplified or may become inaccurate over time - for example, because of changes to the law. We recommend that you get independent advice before making financial decisions based on this factsheet.



## Appendix 1: Daily living activities

Add together the highest score from each activity that applies to you.

| Activity  | Points |
|---|--------|
| 1 Preparing food  |        |
| a Can prepare and cook a simple meal unaided.   | 0      |
| b Needs to use an aid or appliance to be able to either prepare or cook a simple meal.  | 2      |
| c Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.                                     | 2      |
| d Needs prompting to be able to either prepare or cook a simple meal.   | 2      |
| e Needs supervision or assistance to either prepare or cook a simple meal.  | 4      |
| f Cannot prepare and cook food.   | 8      |
| 2 Taking nutrition  |        |
| a Can take nutrition unaided.   | 0      |
| b Needs –   |        |
| i to use an aid or appliance to be able to take nutrition; <i>or</i>  |        |
| ii supervision to be able to take nutrition; <i>or</i>  |        |
| iii Assistance to be able to cut up food.   | 2      |
| c Needs a therapeutic source to be able to take nutrition.  | 2      |
| d Needs prompting to be able to take nutrition.   | 4      |
| e Needs assistance to be able to manage a therapeutic source to take nutrition.   | 6      |
| f Cannot convey food and drink to their mouth and needs another person to do so.  | 10     |
| 3 Managing therapy or monitoring a health condition   |        |
| a Either –  |        |
| i does not receive medication or therapy or need to monitor a health condition; <i>or</i>   |        |
| ii can manage medication or therapy or monitor a health condition unaided.  | 0      |
| 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      |
| c Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.                 | 2      |
| d Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week. | 4      |
| e Needs supervision, prompting or assistance to be able to manage therapy that takes more than but no more than 14 hours a week.    | 6      |
| f Needs supervision, prompting or assistance to be more than 14 hours a week.   | 8      |
| 4 Washing and bathing   |        |
| a Can wash and bath unaided.  | 0      |
| b Needs to use an aid or appliance to be able to wash or bathe.   | 2      |
| c Needs supervision or prompting to be able to wash or bathe.   | 2      |
| d Needs assistance to be able to wash either their hair or body below the waist.  | 2      |
| e Needs assistance to be able to get in or out of a bath or shower.   | 3      |
| f Needs assistance to be able to wash their body between the shoulders and waist.   | 4      |
| g Cannot wash and bathe at all and needs another person to wash their entire body.  | 8      |

|    |  |    |
|----|--|----|
| 5  | Managing toilet needs or incontinence  |    |
|    | a Can manage toilet needs or incontinence unaided.   | 0  |
|    | b Needs to use an aid or appliance to be able to manage toilet needs or incontinence.  | 2  |
|    | c Needs supervision or prompting to be able to manage toilet needs.  | 4  |
|    | d Needs assistance to be able to manage incontinence of both bowel or bladder.   | 6  |
|    | e Needs assistance to be able to manage incontinence of both bowel or bladder.   | 8  |
| 6  | Dressing and undressing  |    |
|    | a Can dress and undress unaided.   | 0  |
|    | b Needs to use an aid or appliance to dress or undress.  | 2  |
|    | c Needs either –   |    |
|    | i prompting to be able to dress or undress or determine appropriate circumstances for remaining clothed; <i>or</i>   |    |
|    | ii prompting or assistance to be able to select appropriate clothing.  | 2  |
|    | d Needs assistance to be able to dress or undress their lower body.  |    |
|    | e Needs assistance to be able to dress or undress their upper body.  | 4  |
|    | f Cannot dress or undress at all.  | 8  |
| 7  | Communicating verbally   |    |
|    | a Can express and understand verbal information unaided.   | 0  |
|    | b Needs to use an aid or appliance to be able to speak or hear.  | 2  |
|    | c Needs communication support to be able to express or understand complex verbal information.  | 4  |
|    | d Needs communication support to be able to express or understand basic verbal information.  | 8  |
|    | e Cannot express or understand verbal information at all even with communication support.  | 12 |
| 8  | Reading and understanding signs, symbols and words   |    |
|    | a Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.                                      | 0  |
|    | 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  |
|    | c Needs prompting to be able to read or understand complex written information.  | 2  |
|    | d Needs prompting to be able to read or understand basic written information.  | 4  |
|    | e Cannot read or understand signs, symbols or words at all.  | 8  |
| 9  | Engaging with other people face-to-face  |    |
|    | a Can engage with other people unaided.  | 0  |
|    | b Needs prompting to be able to engage with other people.  | 2  |
|    | c Needs social support to be able to engage with other people.   | 4  |
|    | d Cannot engage with other people due to such engagement causing either –  |    |
|    | i overwhelming psychological distress to the claimant; <i>or</i>   |    |
|    | ii the claimant to exhibit behaviour which would.  | 8  |
| 10 | Making Budgeting decisions   |    |
|    | a Can make complex budgeting decisions unaided.  | 2  |
|    | b Needs prompting or assistance to be able to make simple budgeting decisions.   | 4  |
|    | c Cannot make any budgeting decisions at all.  | 6  |

## Appendix 2: Mobility activities

Add together the highest score from each activity that applies to you.

| Activity  | Points |
|---|--------|
| 1 Planning and following journeys   |        |
| a Can plan and follow the route of a journey unaided.   | 0      |
| b Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. | 4      |
| c Cannot plan the route of a journey.   | 8      |
| d Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.       | 10     |
| e Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.          | 10     |
| f Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.    | 12     |
| 2 Moving around   |        |
| a Can stand and then move more than 200 metres, either aided or unaided.  | 0      |
| b Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.                 | 4      |
| c Can stand and then move unaided more than 20 metres but no more than 50 metres.                                   | 8      |
| d Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.                 | 10     |
| e Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.                    | 12     |
| f Cannot, either aided or unaided, –<br>i stand; <i>or</i><br>ii move more than 1 metre.                            | 12     |



## ARTHRITIS CARE

### How Arthritis Care can help you

Want to talk to someone about your arthritis?  
Or read more about the condition?

Call our free, confidential Helpline on 0808 800 4050 for information and support. We're open weekdays from 09:30 to 17:00 – we'd really like to hear from you.

We have over 40 free booklets and factsheets on various aspects of arthritis, from diet and surgery, to managing pain and fatigue. These can be sent to you in the post – just ask our Helpline staff for details.

### Go online

You can download all our booklets and factsheets as PDFs from [arthritiscare.org.uk/information](http://arthritiscare.org.uk/information)

We also have an Online Community, where you can chat to others with arthritis, and can be reached at [arthritiscareforum.org.uk](http://arthritiscareforum.org.uk)



Arthritis Care and Arthritis Research UK have joined together to help more people live well with arthritis. Read how at [arthritiscare.org.uk/merger](http://arthritiscare.org.uk/merger). All donations will now go to Arthritis Research UK and be used to help people with arthritis live full and active lives in communities across England and Wales, Scotland, and Northern Ireland.

## Thank you

### Contact us

#### Our Helpline:

0808 800 4050

#### Our website:

[arthritiscare.org.uk](http://arthritiscare.org.uk)

#### Our offices:

England:

020 7380 6540

Northern Ireland:

028 9078 2940

Scotland:

0141 954 7776

Wales:

029 2044 4155

#### Social media:



@arthritis\_care



[facebook.com/arthritiscareuk](https://facebook.com/arthritiscareuk)



@arthritiscareuk

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