

Personal Independence Payment (PIP)

Information Guide 8: For Residents and Advisers

1st October 2024

www.wolverhampton.gov.uk

1. Introduction

The Personal Independence Payment (PIP) replaced Disability Living Allowance (DLA) in 2013. PIP, like DLA, is a benefit designed to provide extra money to people who need help with their:

- **daily living** - personal care/daily living; and/or
- **mobility** - getting around/general mobility

because of a physical or mental condition.

PIP is a **non-contributory** and **non-means-tested** benefit. That means that a person's entitlement is not dependent upon where they have worked and paid a national Insurance contribution. It also means that PIP may be claimed irrespective of the level of a person's income or savings.

PIP may be claimed by people aged 16 or over but under State Pension Age. See State Pension Age on page 2 for more information. If a person is awarded PIP before they reach State Pension Age, then they can continue to get PIP beyond State Pension Age providing they continue to meet the rules of entitlement.

A disabled child (i.e. a child aged under 16) who needs help with their personal care and/or mobility should consider making an application for Disability Living Allowance.

If a person has reached State Pension Age and they are not getting PIP (or Disability Living Allowance) but they are in need of help with their personal care then they should consider making an application for Attendance Allowance.

A Social Security benefit for people of working age who need help with their daily living and/or mobility.

If a person's PIP award is due to end after they have reached State Pension Age, then they may make a renewal claim for PIP within six months of end date. If a person's PIP claim actually ends after they have reached State Pension Age, then they may reclaim PIP albeit that they are over State Pension Age providing they do so within 12 months of the end date of their previous claim and providing that their 'daily living' and/or 'mobility' needs result from substantially the same health conditions upon which the earlier award was made.

A person's 'daily living' or 'mobility' needs must have been present for at least 3 months before they claim (although in practice claims may be made during this period) and be likely to exist throughout the 9-month period following their claim. Therefore, a person is not able to claim PIP for needs arising from a short-lived illness or disability. However, special rules apply to people who are terminally ill. See Section 4. Special Rules (on page 5) for more information on how the PIP applies to people who may be considered to be terminally ill.

An award of PIP can lead to an entitlement to other benefits or an increase in existing benefits. This can even be the case if it is a dependent child (i.e. a child aged 16 or over) that the claim is for. Do seek further information and advice as necessary.

In cases where the 'daily living component' is awarded, if a person has a carer (i.e. someone who looks after them) it may allow them (i.e. their carer) to claim Carer's Allowance or benefits on grounds that they are a carer. Do seek further information and advice as necessary because the rules surrounding benefits for carers and how they may adversely impact on a disabled person's benefits income are complex.

State Pension Age: A person must be aged 16 or over and normally under State Pension Age to be able to apply for Personal Independence Payment (PIP). State Pension Age is the age at which a person can claim State Pension. The State Pension Age has been 66 for both men and women since October 2020. It is expected to rise from 2026 in stages until by 2028 the State Pension Age for both men and women will be 67. It is then expected to rise again to 68 between 2037 and 2039. Do seek further advice and information as necessary.

2. What Needs?

A person may claim PIP if they have needs in any of the following Activities:

Daily Living Component

Activity 1. Preparing and Cooking Food

This activity considers the person's ability to prepare and cook a simple meal for one from fresh ingredients. It involves assessing the person's ability to undertake such tasks as opening packaging, peeling and chopping vegetables, serving/transferring food on to a plate or into a bowl. It also involves the person's ability to use a microwave oven or cooker hob to cook or heat food. The assessment involves cooking at waist height so factors like the person's inability to bend down to access an oven is not taken into account.

Activity 2: Eating and Taking Nutrition

This activity considers the person's ability in relation to 'taking nutrition' - the act of eating and drinking. It considers the person's ability to cut food into pieces, conveying food or drink to the mouth. It assesses their ability to chew and swallow. It does not take into account bad or restricted diets or dietary choices or choices to avoid certain foods as part of dietary requirements. If a person needs prompting or encouragement to eat then they should score points under this activity.

Activity 3: Managing Medication, Therapy or Monitoring of a Health Condition

This activity considers the person's ability to:

- appropriately take medications in a domestic setting; and
- monitor and detect changes in a health condition; and
- manage therapeutic activities that are carried out in a domestic setting;

without any of which their health would be likely to deteriorate.

Activity 4: Washing and Bathing

This activity considers the person's ability to wash (meaning: to wash one's whole body); and bath (meaning: to getting into and out of both an unadapted bath and an unadapted shower). It involves assessing the person's ability to use soap and a flannel and their ability to reach all parts of their body. It involves assessing their ability to wash and rinse their hair.

Activity 5: Managing Toilet Needs or Incontinence

This activity considers the person's ability to get on and off the toilet, to manage evacuation (including involuntary evacuation) of the bladder and/or bowel and to clean themselves afterwards. It includes managing the use of a collecting device or self-catheterisation and cleaning oneself afterwards. However, the activity does not consider the person's ability to get to/reach the toilet. Neither does it seek to assess their ability to manage clothing when going to the toilet.

Activity 6. Dressing and Undressing

This activity assesses the person's ability to put on and take off appropriate, un-adapted clothing that is suitable for the situation. It includes assessing whether the person requires prompting, supervision or assistance to dress/undress. The person's ability should be measured by the level of their functional ability rather than by how they choose to dress. A person's ability to dress and undress could be impaired due to difficulties with stretching, reaching, bending, gripping and other such movements.

Activity 7: Communicating Verbally

This activity considers the person's ability to communicate verbally with regard to expressive (conveying) communication and receptive (receiving and understanding) communication in their native language. Clarity of the person's speech should be considered. In some cases, the other participant in the conversation may have to concentrate slightly harder than normal due to the person's difficulties in articulating some sounds in speech. If the person's speech sounds different to normal but is understandable, then it is to an acceptable standard within the meaning of the descriptor.

If the person cannot make themselves understood and has to resort to hand gestures and writing notes, this should not be considered as being communicating to an acceptable standard.

Activity 8: Reading and Understanding Signs, Symbols and Words:

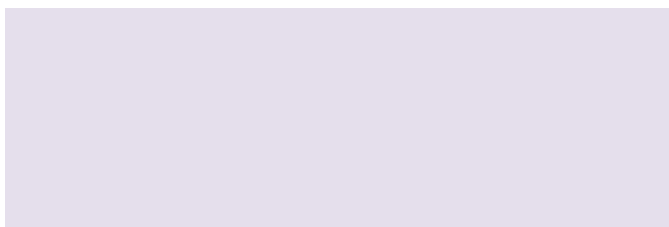
This activity considers the person's ability to read and understand written or printed information in the person's native language. To be considered able to read, the person must be able to see the information. Accessing information via Braille is not considered as reading for the purpose of this activity. If the person cannot read, this must be as a direct result of their physical or mental condition. For example, because they have a visual impairment, cognitive impairment or a learning disability. Illiteracy or a lack of familiarity with written English are not health conditions and should not be considered.

Activity 9: Engaging with Other People Face to Face

This activity considers the person's ability to engage with other people - interact face-to-face in a contextually and socially appropriate manner, understand body language and establish relationships. This activity and Activity 7 (Communicating verbally) are not mutually exclusive. If a person requires support to engage with others under this activity and they need support to communicate under Activity 7 (Communicating verbally), then their needs must be considered under both activities.

Activity 10: Making Budgeting Decisions:

This activity is concerned with the person's ability to make budgeting decisions, either simple or complex. A 'complex' budgeting decision is one that is involved in calculating household and personal budgets, managing and paying bills and planning future purchases. A 'simple' budgeting decision is one that involves calculating the cost of goods and change required following purchases.



Mobility Component

Activity 11: Planning and Following Journeys

This activity considers the person's ability to plan and follow the route of a journey. It is useful to consider separately the person's ability to:

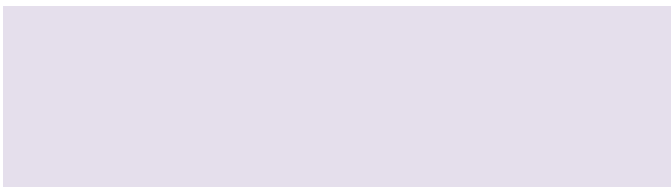
- plan the route of a journey in advance; and
- leave the home and embark on a journey; and
- follow the intended route once they leave the home.

This activity is designed to assess the person's mobility limitations that derive from mental health, cognitive and/or a sensory impairment.

This activity is distinct from Activity 12 (see below) which is designed to assess mobility limitations that arise due to physical difficulties. Here, a cognitive impairment includes orientation (i.e. the person's understanding of where they are), attention, concentration and memory. If the person has a propensity to fall arising from a sensory impairment (e.g. vision) or a cognitive impairment (e.g. seizures associated with loss of consciousness), the risk of a fall to a person's safety would be relevant to this activity. Any risk to an individual arising during a recovery period (for example, confusion following the administering of medication to combat a seizure) could prove relevant.

Activity 12: Moving Around

This activity considers the person's physical ability to move around without significant discomfort, pain or fatigue. It involves assessing the person's ability to stand and then move up to 20 metres, up to 50 metres, up to 200 metres and over 200 metres. The person's ability should be judged in relation to the type of surface normally expected out of doors, such as pavements, and it should include the consideration of the person's ability to surmount kerbs. To 'stand' means to stand upright with at least one biological foot on the ground and to stand without use of a suitable aid or appliance (including a prosthesis). A person who requires a wheelchair or similar device to mobilise, should not be considered able to stand and move. When assessing whether the activity can be carried out, consideration should be given to the manner in which the activity is completed. This involves taking into account the person's gait, posture, their speed of walking, the risk of falls and symptoms or side effects that could affect their ability to complete the activity, such as pain, breathlessness and fatigue.



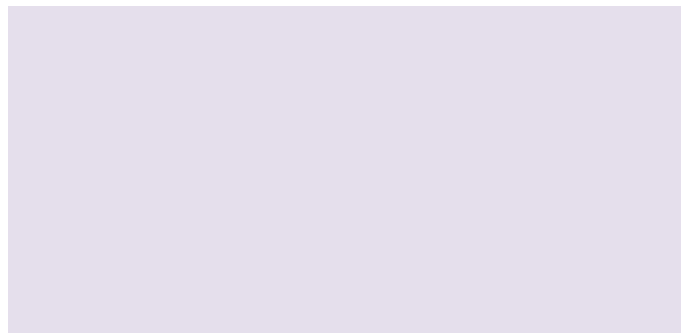
A person does not need to be unable to undertake a particular task 24 hours a day or for 7 days a week. If a person is unable to undertake a particular task at least at some point during the day or night and on more than 50% of days/nights, then it should be considered that they are unable to undertake the activity at all.

Therefore, if a person's ability to undertake a particular activity fluctuates then it is important to highlight how their condition does vary during the day or day-to-day.

Further, what should be assessed is a person's ability to undertake or complete a particular task:

- **safely** - in a manner unlikely to cause harm or danger; and
- **to an acceptable standard** - a standard that is good enough - a standard that most people would expect to achieve; and
- **repeatedly** - meaning as often as might be reasonably required; and
- **within a reasonable time period** - the time it takes to undertake the task is not twice as long as it might take normally.

It might be that someone needs actual hands-on help from another person to do something or simply needs to be prompted (reminded or encouraged) to do something. It may be that the person can undertake the task in hand but needs someone to supervise or watch over them whilst they are doing it in order to avoid danger or the risk of danger.



If undertaking a particular activity may only be achieved whilst in significant pain, discomfort or fatigue then the person should be treated as though they are unable to undertake the task.

When assessing a person's ability to undertake a particular activity, it is based on how they would manage using any aid or appliance (including any prosthesis) which they would normally use or which it would be reasonable (the aid must be available or inexpensive to purchase) to expect them to use.

Furthermore, when assessing the help a person needs it is about what help they 'reasonably require' that counts not what help they actually receive or might receive. It is also worth noting that it is about what help a person reasonably requires to live a normal life. A person should not be expected to restrict their lifestyle simply to avoid help being required.

Please refer to our **Information Guide 9: PIP Toolkit** for more information on the different activity area provisions and point scoring system. This explains in more detail how entitlement to PIP for the 'daily living component' and 'mobility component' is assessed.

3. The Amount Paid

PIP operates upon a point score system. That is to say that point scores are awarded depending on the 'daily living' and 'mobility' difficulties a person has.

The amount of PIP actually paid, if any, is dependent upon a person's point score. Both the 'daily living component' and 'mobility component' may be paid at an 'enhanced rate' or a 'standard rate'.

Daily Living Component:

£108.55 per week - enhanced rate

£72.65 per week - standard rate

Mobility Component:

£75.75 per week - enhanced rate

£28.70 per week - standard rate

To qualify for the 'standard rate' of the 'daily living component' or 'mobility component' a person needs to score at least **8 points**. To get the 'enhanced rate' of the 'daily living component' or 'mobility component' a point score of at least **12 points** is needed.

PIP is not taxable. The amount of PIP paid is not affected by savings or other income such as earnings or income from other benefits.

It may seem strange but many disabled people who work get PIP. This is because PIP is concerned with a person's disability and not their capacity to work. However, be mindful that activities involved in getting to and from work and undertaken in the workplace can be used to evidence a person's ability to self-care and get around.

4. Special Rules

If a person is considered to be 'terminally ill' then 'special rules' will apply in respect of their PIP claim. A person will be considered to be 'terminally ill' if they are suffering from a progressive disease and their death in consequence of that disease can be reasonably expected within 12 months (formerly six months prior to 3.4.2023). Where this applies, the person will not have to satisfy the 3/9 month qualifying period condition. Further, they should be automatically awarded the 'daily living component' at the 'enhanced rate'. If they meet the conditions for the 'mobility component' then this should also be awarded.

If someone is claiming under the 'special rules' then their claim should be processed promptly. They will be asked to provide a SR1 form (formerly a DS1500 form) from their doctor, hospital or hospice confirming their condition and prognosis.

If the person is not up to making a claim for PIP on their own, then a claim may be made by a third-party including their carer or even their own doctor or Macmillan nurse. Indeed, if a person is terminally ill then someone else can make a claim on their behalf without the terminally ill person knowing.

If someone is already getting PIP and becomes terminally ill, then they should notify the DWP so that their award may be reassessed.

5. Claims and Enquiries

Claiming for Personal Independence Payment has two stages. The first part of the claim will involve making a basic claim by phone:

Telephone: 0800 917 2222

The person will be asked to provide their name, age, address and contact phone number. They will be expected to provide their National Insurance Number and banking details. They will be expected to provide broad details of their ill-health/disability together with contact details of any health professional (e.g. doctor, consultant, Community Psychiatric Nurse or physiotherapist) who may be treating them and / or who is aware of their day-to-day health problems. They will also be expected to provide details of any recent stays in a hospital, hospice or care home. If the person is claiming under the 'special rules' because they are terminally ill, then they will be asked about their difficulties with getting around and general mobility.

If someone is unable to use a phone then they may write to the DWP (Personal Independence Payment, New Claims, Post Handling Site B, Wolverhampton WV99 1AH) and make a claim.

If a person is unable to manage their own financial affairs, then another person may claim PIP on their behalf as an appointee.

In all cases, except those where the person is terminally ill, once an initial claim has been made (by telephone or in writing) the person will be sent a PIP2 '*How your disability affects you*' form to complete.

This form is designed to enable the claimant to provide information about how their ill-health/disability affects them day-to-day and in particular in relation to the daily living component and mobility component activities.

Those getting Disability Living Allowance who are selected to claim the PIP will receive a letter advising them of this. See 9. DLA to PIP below. They will be expected to make a telephone claim before being sent a PIP2 '*How your disability affects you*' form and will then be assessed under the PIP rules. Those people who fail to respond to the invitation to claim PIP or fail to qualify for PIP will not get Disability Living Allowance or Personal Independence Payment.

A decision on entitlement to PIP will be made by a Decision Maker within the DWP. In making a decision they should have regard to:

- the nature of the person's ill-health and disability;
- the information which has been provided in the PIP2 '*How your disability affects you*' form;
- the medical report provided by the Healthcare Professional; and
- any additional information or evidence which has been submitted surrounding the claim.

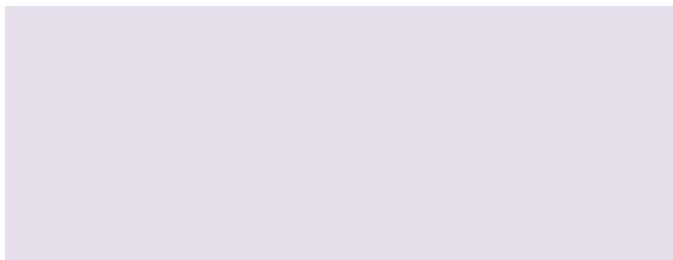
In the case of claims made under the 'special rules' the decision will be made based upon the details of the factual SR1 form (formerly a DS1500 form) and the information provided about the person's difficulties with getting around and general mobility.

Enquiries into an existing PIP claim may be made by calling 0800 121 4433.

6. PIP2 Form

As stated, a person will normally be expected to complete and return a PIP2 '*How your disability affects you*' form shortly after making their telephone (or written) claim for PIP.

This form is designed to enable the claimant to provide details of their ill-health and disability (and any medication they are taking) and explain in their own words how it affects them on a day-to-day basis.



It is important that the PIP2 '*How your disability affects you*' form is completed as accurately and as fully as possible. This is because the Decision Maker at the DWP will have regard to the information provided when making their decision on the person's entitlement to PIP.

Further, if the person needs to appeal a decision relating to their PIP entitlement, then an appeal tribunal (First-tier Tribunal) will have regard to the information provided together with any other information and evidence available.

The PIP2 '*How your disability affects you*' form asks for details of a person's ill-health (and when it started) and details of any medication they have been prescribed.

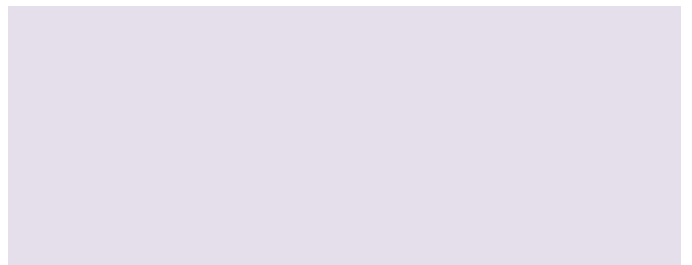
It also asks them to provide details of anyone (e.g. doctor or Social Worker) who is well placed to give details of how their ill-health affects them.

When assessing a person's ability to undertake a particular activity, the issue is not simply whether they can or cannot do it but whether or not they are able to do it safely, to an acceptable standard, as often as may normally be required and within a reasonable time scale.

Another factor to take into account is the degree of pain, discomfort or fatigue that might involve. If undertaking a particular activity causes too much pain or discomfort, then the person should be treated as though they are unable to do it.

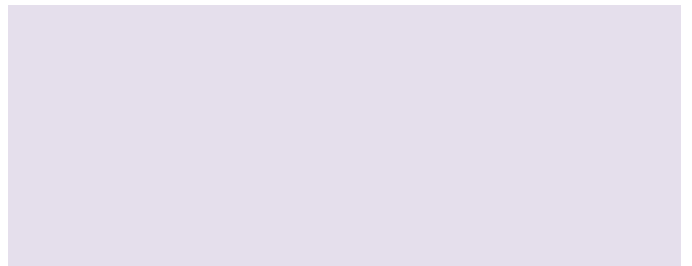
Also, when assessing a person's ability to undertake a particular activity, it is important to bear in mind that the assessment will take into account how they would manage using any aid or appliance (including any prosthesis but excluding a wheelchair in relation to the person's ability to mobilise) which they would normally use or which it would be reasonable to expect them to use.

If a person's condition fluctuates (they have good days and bad days) then it is important that they explain this. It is important that it is made clear that the limitations of their ability are dependent upon how they are feeling and that they provide some indication as to how their condition may vary day to day.



In some cases it might be advantageous to keep a diary as a record of how a person's condition/needs/difficulties actually fluctuate.

See the example diary in Disability Rights UK's guide to making a PIP claim - see Appendix D (pages 36/37) in this [LINK](#).



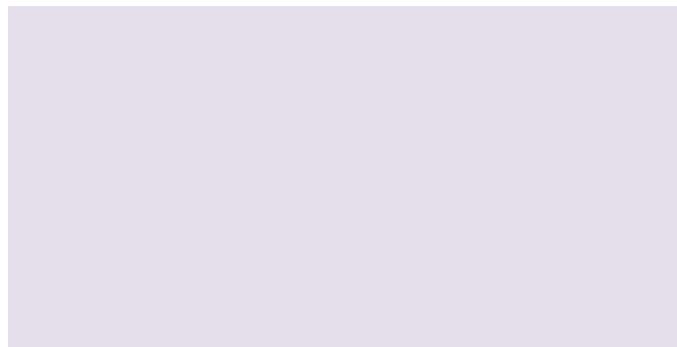
The PIP2 '*How your disability affects you*' form is long and, in some cases, could take between 1 hour and 2 hours (or even longer) to complete. It is therefore a good idea to complete the form in stages.

It is also a good idea, when completed, to read through the information being provided at least once before returning the form, just to make sure nothing has been missed or forgotten.

It is also a good idea to get a photocopy of the form (or to take photos of pages of the completed form using a mobile phone) once completed. At the very least it may prove helpful should, at a later date, there be a dispute about what information was actually provided.

People who are unable to read or write English will find the form difficult to complete. In such situations, a person will need to get help. If they are unable to find someone to complete the form on their behalf, then they will simply have to complete the form to the best of their ability. If someone feels that they have not been able to fully describe the limits of their ill-health/disability for this reason (or any other reason), then they should explain so on the form. If the DWP have been made aware that a person is unable to complete the form because, for example, they have a learning disability or cognitive impairment then they may dispense with the need for the form to be completed and simply refer the person for a face-to-face assessment.

If the person's first language is not English and they would need an interpreter at any eventual Healthcare Professional medical, it would be wise to point this out on the form. Similarly, should a person prefer that the Healthcare Professional is of the same gender as them they should point it out on the form.



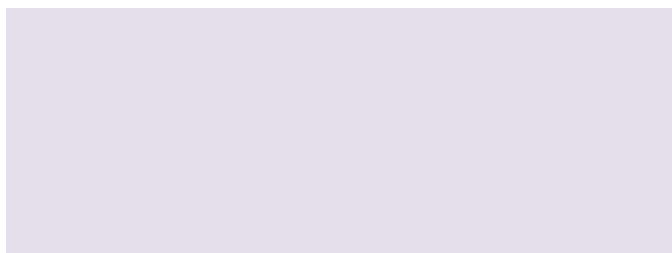
The DWP have now introduced an electronic PIP2 '*How your disability affects you*' form which can be completed online. So, people have the choice whether to be sent a paper PIP2 form or a PIP2 online form to complete.

If a person selects to complete the online PIP2 form, they will have to set up a password which they will need to use each time they wish to access the form until it has been completed by which time they will need to 'submit' the form.

Whether a person chooses to complete the paper or online form they will normally be given one month to complete and return / submit it. If they should fail to do so without 'good cause' (a good reason) then they will be treated as though they are not entitled to PIP. If the person needs more time to complete the form, then they should contact the DWP to explain this.

7. Attending a Medical

Once the DWP has received a completed PIP2 '*How your disability affects you*' form, it will normally make arrangements for the person to undergo a medical with a Healthcare Professional.



The Healthcare Professional could be a doctor, nurse, physiotherapist or occupational therapist.

All the PIP medicals for people living in Wolverhampton are undertaken by a company called **CAPITA** at one of their Assessment Centres or over the telephone or by way of a video assessment depending on the circumstances.

CAPITA Telephone: 0808 1788 114

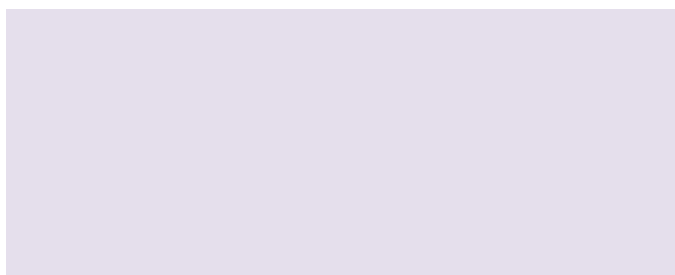
It is not presently possible for a person to have a medical in their own home. If a person would have problems travelling, then they need to make this clear. They should equally make things clear if they feel that they would be unable to take part in a telephone or video assessment.

If a person fails to attend or participate in the medical assessment (without 'good cause' - a good reason) then it may be held that they are not entitled to PIP.

See this [LINK](#) for more information about the different types of medicals - face-to-face at a Medical Centre, on the phone or by video link.

The purpose of the medical is to allow a Healthcare Professional to examine the person and prepare a report for the DWP which will outline their views on the person's abilities and limitations in relation to the various 'daily living' and 'mobility' activity areas. The medical will usually take an hour to complete but can in some cases take a little longer.

When completed, the Healthcare Professional's report will go to the DWP and be used (together with the information the person has provided in their PIP2 '*How your disability affects you*' form and any other medical or non-medical evidence) to decide if the person has entitlement to PIP.



Whilst the DWP should make an independent decision and base its decision on all the relevant information and evidence available, in practice it is unusual for the DWP to go against findings in the Healthcare Professional's report.

However, this is less likely when the matter is being considered by an appeal tribunal - known as a First-tier Tribunal and consisting of a legally qualified Judge, a medically qualified Doctor and a Disability member who will be someone who is disabled or has experience of working with people with disabilities.

During the medical, the Healthcare Professional should take into account what the person says about their ill-health and disability and how it affects them day-to-day.

The Healthcare Professional will also take into account how the person presents and behaves during the medical.

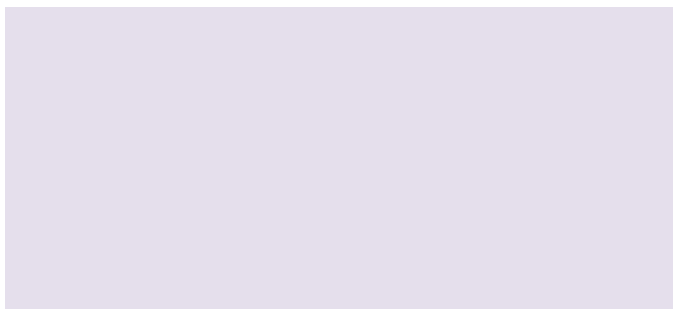
It is important that a person gives as full an account as possible of their difficulties. If the person's health fluctuates (i.e. they have good and bad days) then it is important that they make this clear to the Healthcare Professional.

The medical will normally only involve the Healthcare Professional and the claimant. However, companions are encouraged to attend and may play an active role in helping claimants answer questions where the claimant or Healthcare Professional wishes them to do so.

A companion could play a particularly important role where the claimant has a mental, cognitive or intellectual impairment. In such cases, the claimant may not be able to give an accurate account of their health condition or impairment, through a lack of insight or unrealistic expectations of their own ability.

In such cases, it will be essential to get an accurate account from the companion. A companion may have a vital role in enabling the person to make the journey to the CAPITA Medical Centre or make them feel more at ease during the examination.

Any actual physical examination would not normally be done in the presence of the companion, but with the claimant's consent, and if it appears a reasonable request, then the companion should be allowed to be present.



If a person is not sufficiently fluent in English, meaning that they would need an interpreter at their face-to-face medical, then this should be pointed out to CAPITA.

It could be that all the person needs to do is take a friend or family member with them to interpret on their behalf. In some cases, it may be that an interpreter needs to be arranged. A medical should not be conducted if an interpreter is needed but one is not present.

Anyone who is due to take part in a medical might find it helpful / reassuring to study the information provided on this [LINK](#) beforehand.

8. Hospital Stays and Residential care

If someone is aged 18 or over and goes into hospital, then they should notify the Department for Work and Pensions.

This is because any award of PIP should cease once a person has been in hospital for more than 28 days.

If someone is in a care home, then they should lose any 'daily living component' award after 28 days. However, the 'mobility component' can remain payable in this situation. Should a person be in a care home but 'self-funding' (i.e. they do not rely on the local authority to pay or provide assistance towards the cost of their care home fees), then they may keep the whole of any PIP award and use the 'daily living component' towards paying for their care.

If someone is in a hospice (not an NHS hospital) and they are terminally ill, then their entitlement to PIP (daily living component or mobility component) should not be affected.

9. DLA to PIP...

PIP was introduced from 8th April 2013 as a replacement benefit for Disability Living Allowance (DLA) for people aged 16 or over but under 65.

If someone has already been getting DLA, then what happens depends on their age. In the case of a child (i.e. person aged under 16) then they will remain on DLA. They would only be expected to claim PIP as they approached their 16th birthday. If the child is terminally ill, then they should be allowed to remain on DLA.

If the claimant was aged 65 or over (as of 8th April 2013,) then they will remain on DLA. They will not be expected (or able) to claim PIP.

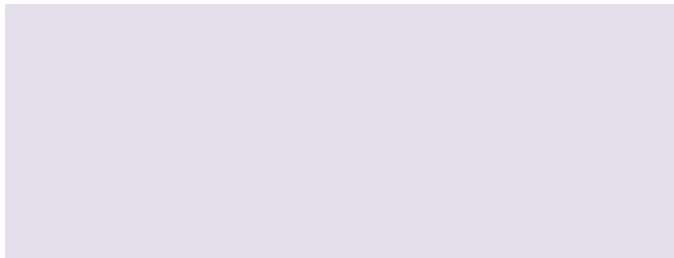
Those people aged 16 or over but under the age of 65 (on or after 8th April 2013), many of whom may have been given indefinite/life-time awards of DLA, will be expected to apply for PIP at some stage.

How the actual transfer of existing DLA claimants to PIP happens for those aged 16 to 64 depends on a number of factors. The following provides a guide:

- **Renewals:** a person will be expected to claim PIP (not DLA) when their existing claim for DLA reaches renewal stage.
- **Change in care and/or mobility needs:** a person will be assessed for PIP (not DLA) if they report to the DWP that their care needs or mobility needs have increased or reduced.
- **Self-selectors:** a person can select to put themselves forward for PIP as a replacement for their DLA.

Moreover, historically it was also the case that people were **Randomly Selected** to claim PIP in exchange for their DLA. However, this method of moving people over was paused on 23rd March 2020 because of the pandemic.

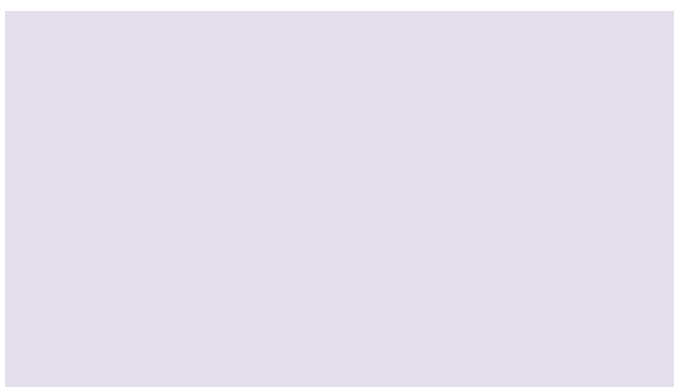
On 16th November 2022 it was then announced that the temporary suspension of the 'random selection' operation would continue because there had been an 'unprecedented number of new claims' for PIP and the DWP wanted to reduce the 'journey time' of new PIP claimants and catch-up on a backlog of claims.



It is not known when 'random selection' will be reintroduced. However, anyone who is selected for 'random selection' should get a letter telling them that they need to contact the DWP and start a claim for PIP. They will be expected to start their claim within 4 weeks.

Providing they do so, their DLA payments will continue at least until a decision has been made by the DWP on the PIP claim. Whilst the DWP can extend the 4-week claim period if the claimant needs more time, if a person fails to initiate their claim for PIP within 4 weeks, their entitlement to DLA will be suspended.

At this point the DWP will write to the claimant again giving them another 4 weeks to claim. If they do so, then the suspension on their DLA entitlement will be removed.



However, should they fail to claim PIP within the second 4-week period then their DLA award will end. They will not be entitled to DLA or PIP at this stage. A person may still make a claim for PIP after this time, but they will not be paid any DLA in the meantime.

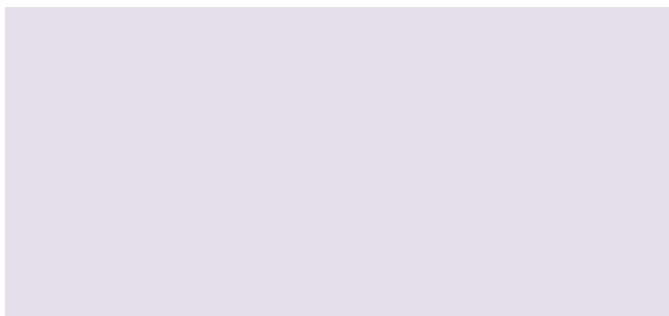
Quick Guide: If someone is presently getting Disability Living Allowance and they are:

- Aged under 16 then they will continue to get DLA. They may not claim PIP. They will be invited to claim PIP when approaching their 16th birthday.
- Aged 16 to 64 (or aged under 65 on 8th April 2013) then they will be randomly selected to claim PIP at some future point and any subsequent award of PIP will replace the existing award of DLA.
- Aged 65 or over prior to 8th April 2013 then they will remain on DLA. They will not be expected (or able) to claim PIP.

Once a person has initiated a claim for PIP by ringing the DWP, they will be sent a PIP2 '*How your disability affects you*' form to complete.

Once this has been done, they will normally be expected to have a medical with a Healthcare Professional before a DWP Decision Maker will decide their claim.

Because the rules of entitlement for DLA and PIP are different, some people who were previously getting DLA will no doubt be told that they are not entitled to PIP. Others will find that whilst they have been awarded PIP, financially they are worse off because the amount of PIP awarded is less than the amount they were previously getting under DLA. By the same token, there will be people who find that the amount of PIP awarded is greater than the amount of DLA formerly paid.



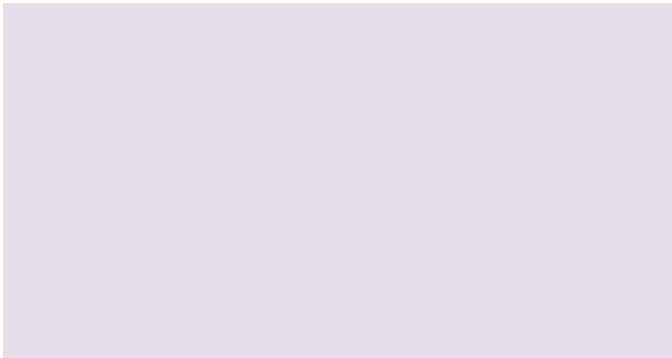
If a person is not happy about the outcome of their PIP claim, then they can seek to challenge the decision. See 11. Appeal Rights on page 12.

10. Length of an Award...

If it is decided that a person qualifies for PIP then they will usually get an award for a fixed period. The length of the award period will be determined by the DWP (or First-tier Tribunal, in the case where there has been an appeal) and will depend upon how changeable a person's needs are considered to be.

Whilst there is scope for an 'indefinite award', awards are normally made for between two and five years. If someone is terminally ill, then they can expect an award for three years. If a person is not happy with the length of award, they can challenge that decision - first by way of seeking a 'mandatory reconsideration' and then, if necessary, by 'appeal'. See 11. Appeal Rights below. However, in doing so the person must know that in looking at the decision concerning the period of award the DWP or appeal tribunal (First-tier Tribunal) could look at the whole award again.

Whilst the DWP can seek to revisit a person's award at any time and for any reason, the DWP normally seek to start to review things up to one year before an existing award is due to end. By the same token, a person can start the renewal process themselves at any point in the six months before an award end date.



Do bear in mind that if a person's circumstances change whereby there is a case for them to get a greater award of PIP, then they can ask the DWP (by way of a 'supersession') to look at their claim again. However, in doing so this could lead to the DWP (or First-tier Tribunal) reducing an award (i.e. not increasing it) if it was considered that the original decision was too generous or not based upon the actual facts of the case.

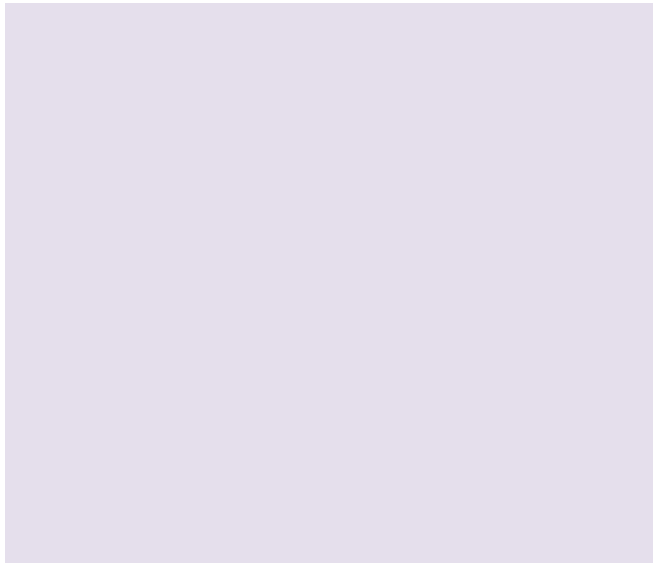
11. Appeal Rights...

A person may challenge a decision made by the DWP that they do not have any entitlement to PIP or that they have an entitlement but to an amount which is less than they consider should have been awarded.

The first step will be for a person to ask for a 'mandatory reconsideration' of the decision. A 'mandatory reconsideration' request may be made by phone or in writing to the DWP. The DWP have devised a 'mandatory reconsideration' form that people can use for this purpose. Please see this [LINK](#) for details.

A 'mandatory reconsideration' request will get the DWP to look at the decision again. If the person then remains dissatisfied with the outcome of the 'mandatory reconsideration' then they may ask for an appeal. They may ask for an appeal using the **SCSS1 Appeal Form**. A person must have navigated the 'mandatory reconsideration' process before being able to appeal.

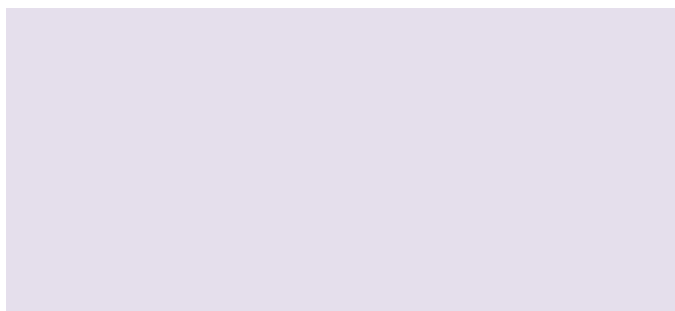
When a case goes to appeal, the appeal tribunal (First-tier Tribunal) will consider the person's claim for PIP afresh.



In doing so the tribunal may only consider the person's situation (and entitlement to PIP) at the time of the decision against which they are appealing.

Therefore, should a person's condition have deteriorated, meaning that they should now have a stronger case for PIP (or a greater award of PIP), then they should consider making a fresh claim for PIP (or submitting a 'supersession' request. Do seek further information and advice as needed.

If a person has been refused PIP altogether then they may have nothing to lose by challenging the decision by way of 'mandatory reconsideration' and appeal.



However, if someone is disputing the amount of PIP awarded to them then they need to be careful. This is because they could end up with less PIP or no PIP at all. This is because the DWP have the power to look at the whole award where a 'mandatory reconsideration' has been requested. Similarly, an appeal tribunal (First-tier Tribunal) can do the same when dealing with a person's appeal. This can happen in cases where the DWP has made an award for 'daily living' but nothing for 'mobility' (and vice versa) and a person disputes the decision in question.

It can also happen where DWP has awarded either the 'daily living component' or 'mobility component' at the standard rate but the person believes they should have been awarded the enhanced rate. This is because at the stage of 'mandatory reconsideration' the DWP or in the case of an appeal, the appeal tribunal (First-tier Tribunal) can look at the whole award again which could lead to a different outcome.

It is unusual for this to happen, but it does. Therefore, in this situation, people need to take advice and think carefully before taking any action. Please refer to our Information Guide 15: Disputes and Appeals for more information about applying for a 'mandatory reconsideration' and making an appeal.

12. Information Guides and Fact Sheets

The Welfare Rights Service produces the following Information Guides and Fact Sheets on Social Security benefits and welfare reform.

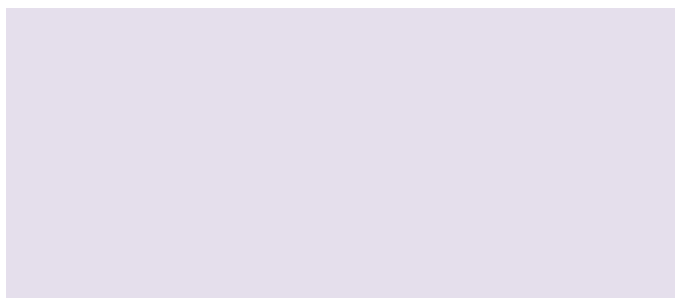
Benefits Information Guides:

1. Universal Credit
2. Universal Credit - Claims and Payments
3. Universal Credit - The Claimant Commitment
4. Universal Credit - Sanctions and Hardship Payments
5. Universal Credit and Vulnerable People - Claims and Payments
6. Universal Credit - Manage Migration
7. Universal Credit and The Work Capability Assessment - Toolkit
8. Personal Independence Payment
9. Personal Independence Payment - Toolkit
10. Form Filling: PIP2
11. Form Filling: ESA50 / UC50
12. DWP Social Fund
13. The Spare Room Subsidy
14. The Benefit Cap
15. Disputes and Appeals
16. Going to Appeal: First-tier Tribunals

Benefits Fact Sheets:


1. Benefits and Work
2. Benefits and Disabled Children
3. Benefits and Young People
4. Benefits and Older People
5. Benefits and People from Abroad
6. Private Tenants and Universal Credit
7. Volunteering and Benefits

The information in our guides and fact sheets is designed to provide details of the different benefits that may be available to people in a variety of situations including when they are in work, unable to work due to ill-health, unemployed or retired. It also seeks to inform people of the steps that may be taken should they wish to dispute a decision made surrounding their benefit entitlement.



A copy of the Information Guides and Fact Sheets may, together with other topical benefit information, be obtained from our [Social Security Benefits](#) page on the City of Wolverhampton Council website.

Please also watch out for our periodical **Benefits Bulletins** which provide news on the latest developments surrounding benefits and welfare reform. These are also available on the website.

 Telephone: (01902) 555351

 Email: WRS@wolverhampton.gov.uk

Note: The details provided in this and our other Information Guides and Fact Sheets is meant to provide an overview on important and topical issues relating to Social Security benefits and welfare reform. The details should not be treated as an authoritative statement of the law. The details may be subject to change by new regulation and/or case law. Do seek further information and advice as necessary.

Welfare Rights Service
Specialist Support Team
City of Wolverhampton Council