

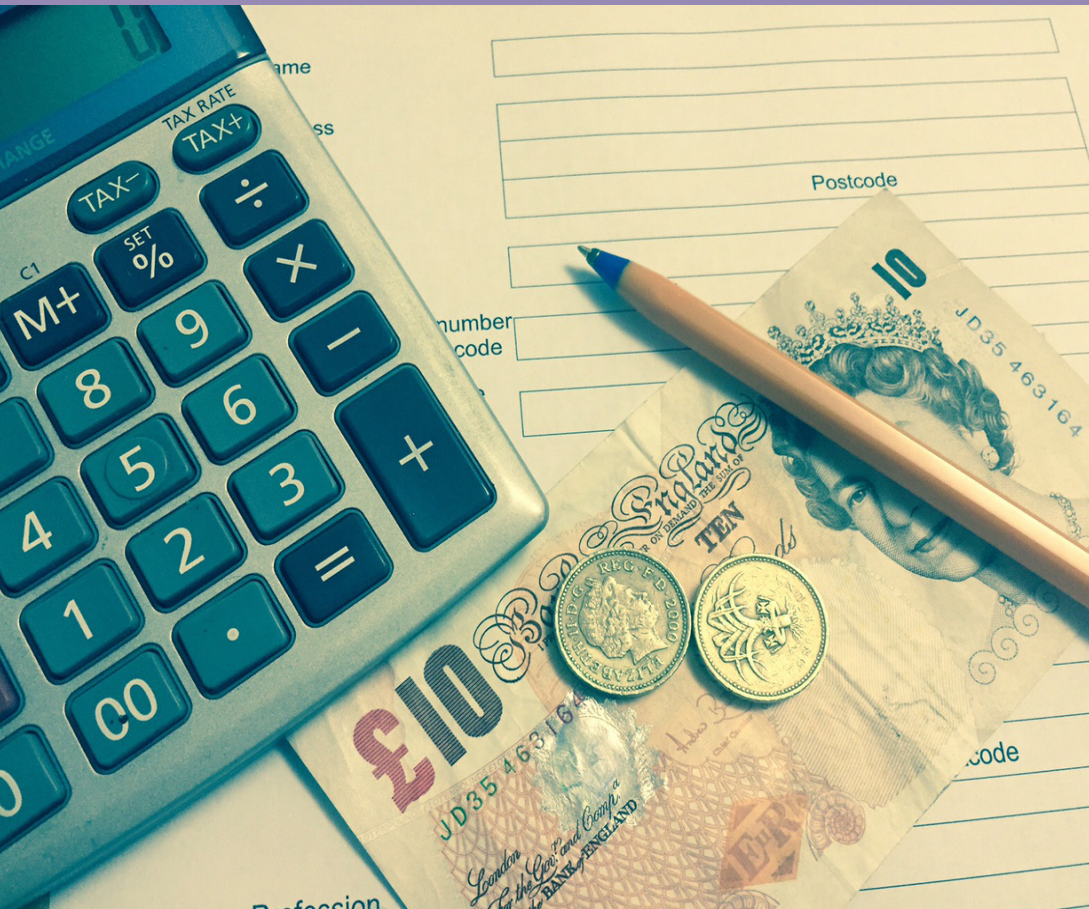
November 2015

TRANSFORMING
THE UK'S
RESPONSE
TO HIV



Prepare for PIP

A guide for services supporting people living with HIV



Contents

This is a guide for services supporting people living with HIV, including HIV support organisations, welfare advocates and clinics.

It explains the rules around the new Personal Independence Payment (PIP) and how to support clients who may be applying for the benefit.

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NAT has also produced the following guides on PIP for people living with HIV:

- [Personal Independence Payment: A factsheet for people living with HIV](#)
- [Providing evidence for your benefits application](#)

A. Who may benefit from PIP

Purpose of PIP

Personal Independence Payment (PIP) is a benefit for people with a long-term health condition or disability (physical, sensory, mental, cognitive, intellectual, or any combination of these). PIP is designed to help pay for the extra costs associated with living with a disability or long-condition, to increase independence, and reduce barriers to participation.

PIP may be claimed whether or not someone is in work.

PIP is replacing Disability Living Allowance (DLA), a benefit which also aimed to contribute to extra costs related to living with a disability. With PIP, the Government aims to correct what it considered to be problems with DLA. There was also an aim to reduce total spending on extra-costs disability benefits.

What support is available

PIP has two components:

- Mobility component – for help with getting around
- Daily living component – for help doing everyday activities

Someone may be eligible for one or both components.

Each component is available at a ‘standard’ or ‘enhanced’ rate. The rate that someone may get will depend on what score they are given in their assessment. In order to be awarded the standard rate of PIP the claimant must score at least 8 points from either the ‘daily living’ or ‘mobility’ descriptors. For the enhanced rate, the claimant must score at least 12 points on either the ‘daily living’ or ‘mobility’ descriptors (see *B. Completing a good application*).

Basic eligibility criteria

Due to the success of HIV treatment in keeping people healthy, only a minority of people living with HIV will be eligible for PIP – those who face serious and ongoing impairment. Claimants must also meet some basic eligibility criteria.

The first basic eligibility criteria for PIP is age. PIP is available only to those aged 16-64. (Children who are aged under 16 may still apply for and claim DLA.)

There are also residency criteria. PIP is only available to people who are not subject to immigration control¹ – in other words, people who have UK or EEA citizenship, indefinite leave to remain, or refugee status.

In addition, the claimant must be ‘habitually resident’ in the UK² and have been present in Great Britain³ for at least 104 weeks out of the last 156 weeks.

The final basic eligibility criterion is the most complicated and relates to the duration of the impairment/s experienced by the claimant. They must have had need for support from PIP for *at least 3 months before claiming*, and can show that these needs are likely to continue for *at least 9 months into the future*.

If someone living with HIV does not meet one or more of these criteria, they will not be able to apply for PIP.

Identifying people living with HIV who could benefit from PIP

It is worth looking into PIP for any client or service user who is finding their health a long-term barrier to doing the things they want, whether that is working, attending support services or just getting through the day.

¹ There is also an exception for people who have a sponsored work visa – they are allowed to apply for PIP

² Or Ireland, the Channel Islands or The Isle of Man

³ England, Wales and Scotland. Northern Ireland has separate benefits policy.

Always keep in mind clients whose circumstances have changed. For example, someone who has recently got their refugee status or leave to remain will now be able to claim PIP – but they may not know that this is an option for them.

Some people who could benefit from PIP may be reluctant to apply because of stigma associated with claiming benefits. Don't assume that someone who hasn't claimed couldn't benefit from some extra-costs payment. Encourage anyone who may be eligible to think about PIP as support for independent living and consider if it might be right for them.

The best way to identify if a client may be able to benefit from PIP is to consider the list of activities included in the PIP assessment, and find out if any of these areas pose problems for them at present (see *B. Completing a good application*).

Differences between PIP and DLA

You may have previously helped clients apply for DLA. The key differences between PIP and DLA are:

- Shorter length of award: PIP awards will almost always have an end-date and awards will be reviewed regularly (for more information see *H. Reviews of PIP awards*).
- Higher threshold for eligibility: PIP was designed to meet the needs of those who face 'the greatest barriers to participation' (for more information see *B. Completing a good application*).
- New entitlement criteria: Entitlement for PIP is scored against a standard set of descriptors, similar to those used in the Work Capability Assessment (for more information see *B. Completing a good application*).
- More rigorous assessment process: The majority of people who apply for PIP will have to have a face-to-face consultation with a healthcare professional from Atos or Capita (for more information see *C. The Face-to-face consultation*).

B. Completing a good application

Understanding the criteria

One of the best ways to support a client or service user to apply for PIP is to spend some time with them (and their carer/s, if appropriate) considering the PIP criteria and how they applies to their circumstances before they start their application. Think about any fluctuation in their symptoms (see *E. How PIP considers fluctuation*), any aids and appliances they currently use, and if they currently need supervision to do certain activities.

Use the list of PIP activities and descriptors as a prompt, and if any of them apply, make a note. Start thinking about who might be able to provide supporting evidence, including clinical staff, carers and social workers.

PIP descriptors

Citizens Advice publish a full list of PIP descriptors and the corresponding scores: https://www.citizensadvice.org.uk/Global/Migrated_Documents/adviceguide/pip-9-table-of-activities-descriptors-and-points.pdf

Remember that in order to receive the standard rate of PIP for either component, the claimant must score at least 8 points against the activities for that component. The enhanced rate requires a score of 12 points or more for that component.

The terms used in the descriptors (e.g. ‘cook’ or ‘bathe’) have technical definitions outlined in the regulations – which may not be how you or your client would define them. Make sure you are familiar with these – a full list is also available on the [Citizens Advice website](#).

Starting an application

The first step in a PIP application is a phone call to the DWP PIP phone line: 0800 917 2222 (8am-6pm, Monday-Friday).

There won't be any detailed health questions at this point, however, as explained above, before your client starts a PIP claim you should make sure you both understand the assessment criteria and how they apply to their circumstances.

Your client needs to be prepared to provide the following details over the phone:

- National Insurance Number
- full address including postcode
- date of birth
- bank or building society account details
- daytime contact number
- GP or other health professionals details (an HIV consultant or nurse may be the most relevant)
- details of any recent stays in hospitals, care homes or hospices
- nationality or immigration status
- details of time spent abroad, if they have been abroad for more than 4 weeks at a time over the last 3 years
- details of any pensions or benefits that they or a family member may receive from another European Economic Area (EEA) State or Switzerland; and details if they are working or paying insurance to another EEA State or Switzerland.

If your client does not feel able to make the phone call themselves you can do it for them, but they must be present during the phone call and confirm to DWP that they have given their permission to you to call on their behalf.

Filling in the PIP 2 form

Following the initial phone call, the DWP will send your client a form which will be pre-filled with the basic information they provided over the phone. This form is titled 'How your disability affects you' and is also called the PIP 2 form.

This form is an opportunity to explain how the PIP criteria apply in your client's case, activity by activity. It will also ask for basic information about their health condition, any medication they are taking and the contact details of their clinician/s.

The PIP 2 must be completed and returned within 1 calendar month.

NB – Unlike with other benefit applications, you cannot obtain blank PIP 2 forms online or in Citizens Advice Bureau. If someone is unable to make a phone call they may write to request a paper form, which will be for their use only.

Providing further evidence

It is important that your client sends any relevant supporting evidence which they already have to hand, to support what they have written on their PIP 2 form. This may include information provided by their GP, consultant, nurse, social worker or other support worker within the past 2 years. The best evidence is that which shows the day-to-day impact of their HIV or other health conditions on their independence. For more advice on providing further evidence, see NAT's guide for people living with HIV: [Providing evidence for your benefits application](#).

Tips for supporting clients to apply for PIP

- Read this guide before making the first phone call!
- Be familiar with the assessment criteria and descriptors
- Start collecting evidence as soon as possible
- Return all forms to DWP, Atos or Capita by the deadline

C. The face-to-face consultation

What happens at a face-to-face consultation

For most PIP claims, the next stage after returning the PIP 2 form (see *B. Completing a good application*) is a face-to-face consultation. A client will be contacted by Atos or Capita to arrange this consultation, if it is needed for their claim (see below).

The face-to-face consultation is another way in which evidence is gathered to support a PIP claim. It is an opportunity for someone living with HIV to explain exactly what the impact of their condition/s is on their daily life and mobility.

The face-to-face consultation is like an interview or discussion. A healthcare professional employed by either Atos or Capita will ask the claimant (and sometimes their carer or other companion who has come with them) questions about their daily life which are relevant to the assessment criteria. Based on what they hear they will make a note of which descriptor they think applies for each activity (see *B. Completing a good application*).

Prior to the face-to-face consultation, the healthcare professional should already have read the evidence which the claimant has submitted with their PIP 2 form. The claimant can also bring additional evidence with them on the day.

In some cases the Atos or Capita healthcare professional will ask to carry out a short physical examination, but this will not always happen.

When a face-to-face consultation is not needed

Not all claimants will need to have a face-to-face assessment. The Atos or Capita healthcare professional may decide that they have enough evidence to make a recommendation to DWP based on the paper evidence alone.

In some cases, this may be because the information indicates a low level of impairment (and there is no evidence to suggest that the case is more complicated or the claimant is under-reporting). One example may be someone who is successfully managing their HIV treatment

and has not reported any other serious physical or mental health problems.

In other cases, the evidence may suggest that the impairment is so serious that the claimant may be awarded PIP based on paper evidence alone. An example of this may be someone who is on a waiting list for a kidney transplant.

Claimant rights

The claimant has a right to request to have their assessment done in their own home, rather than in an assessment centre. This request will be granted if the Atos or Capita healthcare professional agrees that this is necessary because of the claimant's health condition/s; or if the claimant's clinician has provided confirmation that they are unable to travel on health grounds.

If travelling to an assessment centre, the claimant should have to travel no more than 90 minutes by public transport (each way) to reach their assessment.

The claimant has a right to have someone with them during the assessment - a friend, family member or advocate (if they want more than one they need to let the assessment provider know when making their appointment).

If the Atos or Capita healthcare professional wishes to conduct a physical examination, the claimant will not be forced to do anything that causes them pain, embarrassment or discomfort. The healthcare professional must always get explicit verbal consent before making an examination.

Preparing for the consultation

You can help your client prepare for the assessment by going through the list of activities (or their PIP 2 form) and thinking about how they can describe any problems they experience.

If your client experiences any symptoms which may not be visible in a consultation (for example, pain), or they have fluctuating symptoms which affect them some but not all of the time, you can help them

plan how to communicate this to the assessor (see also Fluctuating conditions).

Also consider whether there is an additional or new paper evidence they can bring with them, which they didn't have when they sent off their form.

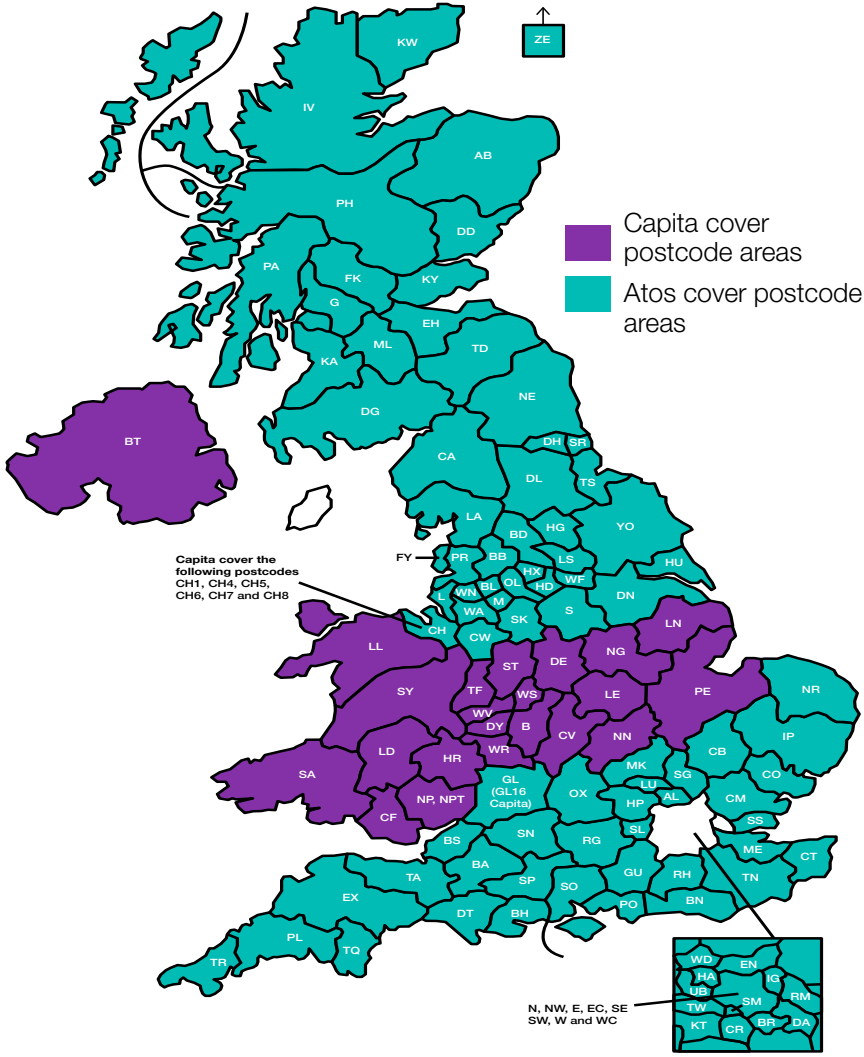
Atos and Capita

The two PIP assessment providers, Atos and Capita, are independent companies with their own organisational approaches. They must both follow the official DWP guidance on PIP, but as long as the basic standards are met they can vary how they do the assessments. Each provider develops their own training materials and sets their own internal policies for healthcare professionals.

This means that the experience of an assessment may differ depending on where in the country the claimant is living. For example, research done by the Disability Benefits Consortium in 2013 found that Capita was much more willing to offer home assessments, as this fits within their delivery model. Atos would offer home assessments, but only in line with the DWP guidance.⁴

⁴ <https://disabilitybenefitsconsortium.wordpress.com/2013/04/04/dbc-report-shows-how-atos-and-capita-will-deliver-pip-assessment/>

Postcodes for PIP assessment providers



Source: [DWP](#).

D. Current DLA claimants

The reassessment process for DLA claimants

Everyone who currently claims DLA⁵ will eventually need to be assessed for PIP in order to keep getting extra-costs benefits. It is not an automatic change-over: not everyone who gets DLA will be found eligible for PIP under the new criteria.

DLA claimants will not need to do anything about PIP until they are contacted by DWP. DWP will 'invite' them to claim PIP, at which point they will need to make an application within 28 days – or their benefit payments will stop.

The rest of the application process is then the same as it is for new claimants (see *B. Completing a good application*)

Helping clients prepare for reassessment

The prospect of being reassessed for PIP is a source of stress and anxiety for many people living with HIV who currently rely on DLA to stay independent. You can support these clients by helping them prepare their PIP claim before they are called in for reassessment.

The first step is to find out how soon they may be invited to apply for PIP. This depends on both individual circumstances and where in the UK someone is living.

DLA claimants will be invited to apply for PIP *if any of the following* happens:

- Their fixed-term DLA award comes to an end;
- They report a change in their circumstances; or
- They will soon be turning 16.

In addition, some people on long-term or indefinite DLA awards are now being invited for reassessment, region by region.

⁵ Aged 16-64.

The regions where people on DLA are being invited for reassessment are currently as follows:

Bath (BA); Blackburn (BB); Blackpool (FY); Bolton (BL); Bromley (BR); Bournemouth (BH); Bristol (BS); Cambridge (CB); Canterbury (CT); Cardiff (CF); Chelmsford (CM); Colchester (CO); Crewe (CW); Dartford (DA); Derby (DE); Dorchester (DT); Durham (DH); Gloucester (GL); Halifax (HX); Huddersfield (HD); Lancaster (LA); Leicester (LE); Liverpool (L); Luton (LU); Manchester (M); Norwich (NR); Oldham (OL); Plymouth (PL); Portsmouth (PO); Preston (PR); Reading (RG); Romford (RM); Salisbury (SP); Southend on Sea (SS); Southampton (SO); Stockport (SK); Stoke on Trent (ST); Taunton (TA); Torquay (TQ); Truro (TR); Warrington (WA) and Wigan (WN).

The DWP will publish updates to the list of affected areas on their website.

All reassessments are due to be completed by September 2017 – so everyone on DLA will have been invited to apply for PIP before then.

Once you know if your client's invitation is likely to arrive very soon or in a little while, you can help them to start preparing the evidence they will need to make their PIP application. Start collecting the evidence they will need from clinicians and carers. Make sure you and your client have read the PIP assessment criteria and know exactly how it applies to their case (see *B. Completing a good application*).

Realistic expectations

Statistics released by the DWP show that 76% of DLA claimants who have been reassessed so far have been awarded one or more components of PIP.⁶ However, only a minority of DLA claimants have been through the assessment to date (and very few with and indefinite awards), so it is possible that the high award rate for DLA claimants will reduce over time.

When preparing your clients for a PIP reassessment, it is important to be realistic in your own expectations for their claim and to help them also take a realistic view. This does not mean being pessimistic or

⁶ Department of Work and Pensions statistics up to July 2015, published 16 September 2015. <https://www.gov.uk/government/collections/personal-independence-payment-statistics>

assuming that they will definitely not get PIP. If your client has support or mobility needs, it is always worth making an application. But it is important to look closely at the PIP criteria and decide whether you think they apply in your client's case.

Preparing clients who may not get PIP

If, after looking at a client's circumstances and the PIP criteria, you think that there is a reasonable chance that they will lose their extra-costs support, try to help them take pro-active steps to prepare for a possible loss of income. This may include budgeting support or referral to a specialist provider of this support.

If your client has an indefinite DLA award and hasn't had any contact with DWP for a long time it is also worth checking whether they could be eligible for any other benefits or tax credits.

You could also see what social care and other support services your local authority offers on an open-access basis.

Supporting children and young people

DLA is still available for children and it is possible to make new DLA claims for under-16s.

Young people who are approaching the age of 16 will have to be reassessed for PIP on the same basis as adults. The DWP will send an invitation to apply for PIP when they are about 15 years and 9 months – if a client hasn't received this 28 days before their 16th birthday, you should help them contact DWP to make sure they won't lose their DLA.

Supporting older adults

PIP is available for adults aged 16-64. There are complicated transition rules for DLA claimants who are at the top of this age range:

- Those who were under the age of 65 on 8 April 2013 will need to be reassessed for PIP; and
- Those who were aged 65 or over on 8 April 2013 will continue to receive DLA for as long as they meet the eligibility criteria.

PIP will not be available to people aged over 65 who do not already have a DLA award.

However, if you have a client in this age group who has support needs, they may be eligible for Attendance Allowance. (For more information see: <https://www.gov.uk/attendance-allowance/overview>).

E. How PIP considers fluctuation

HIV is a fluctuating condition. An NAT survey of 265 people living with HIV found that the most common fluctuating symptoms experienced are:

- fatigue, exhaustion or lack of energy (57% of respondents)
- depression or anxiety (55%)
- gastro-intestinal problems (such as nausea, vomiting and diarrhoea) (48%)
- insomnia or difficulty sleeping (46%)
- and neuropathy (nerve pain) (33%)

Disability charities, including NAT, lobbied for a PIP assessment which was fair to people who experience fluctuation in their condition.

As a result, the PIP assessment is better at taking fluctuation into account than the similar Work Capability Assessment (the WCA) for Employment and Support Allowance (ESA).

Reliability criteria

The PIP assessment includes reliability criteria to help account for the impact of fluctuating conditions. According to the PIP regulations a claimant *cannot* be considered to be capable of a certain activity unless they can do it:

- **Safely** (in a manner unlikely to cause harm to the claimant or to another person, either during or after completion of the activity);

For example, someone who is not able to prepare meals due to an increased risk of cutting themselves (related to an impairment), may not pass the safety test for that descriptor.

- **Repeatedly** (as often as the activity is reasonably required to be completed);

For example, someone who is able to mobilise 50m unaided but will

then be so exhausted they would need to rest for several hours before doing it again, may not pass the repeatedly test for that descriptor.

- **Within a reasonable time-period** (no more than twice as long as the maximum period that a non-disabled person would normally take to complete that activity);

For example, someone who can get dressed themselves in the morning but would take 2 hours to do this, may not pass the reasonable time-period test for that descriptor.

- **To an acceptable standard**

This is not defined in the regulations. The assessor will need to judge if the way in which someone can carry out an activity is 'good enough' for typical person to get by with.

If someone living with HIV is not able to carry out an activity to these standards, they should say so on their PIP 2 form and when having their face-to-face consultation.

The 50% of days test

In **addition** to the reliability criteria outlined above, the PIP assessment must consider the frequency with which someone is able or unable to carry out an activity. This is the 50% of days test (NB – the 50% of days test for PIP is different from the one used by the WCA).

For a descriptor to apply, the claimant must be able to complete the activity on at least 50% of days over a 12-month period.

If you have a client who knows they will need to be assessed for PIP in the coming months, it is a good idea to encourage them to start making a journal of their symptoms and when they experience them, which they can use as evidence for this 50% of days test.

F. Special rules for terminal illness

Entitlement to PIP daily living component

PIP includes Special Rules for Terminal Illness (SRTI). The criteria for the SRTI are that the claimant: *“is suffering from a progressive disease and death in consequence of that disease can reasonably be expected within six months”*.

If this criterion is met, the claimant will receive PIP daily living component **without** needing to do the usual PIP assessment.

Applying for PIP under SRTI rules

A PIP application under SRTI also begins with a phone call to DWP, but the claimant will not have to fill in the PIP 2 form or attend any face-to-face consultation.

They will need to get a form called the DS1500 from their GP, consultant or nurse. The DS1500 can be collected before or after calling DWP, but the claimant (or an advocate) will need to phone the DWP for the claim to start – it is not enough to send the form.

The DWP will wait 7 days for the DS1500 form to be returned before referring the claim to the assessment provider (Atos or Capita). If the DS1500 is not provided, the assessment provider will contact the clinician directly to get other evidence. In some cases, if they are unable to contact the clinician, the assessment provider will contact an advocate who has made the claim on behalf of their client - or the claimant themselves.

Wait for a decision

SRTI claims are given priority for decision-making. Once DWP has referred the claim to the assessment provider, the provider has two days to assess and return the claim to DWP. SRTI claims should be decided within 10 days of the initial phone call to DWP.

G. If you think the decision is wrong

Getting an explanation

PIP claimants will receive a letter from DWP to say whether or not their claim is successful.

DWP will also call the claimant to explain their decision. If your client thinks DWP has made the wrong decision, they can say so at this point and also tell the DWP about any new information that supports their claim.

Claimants can also phone up DWP directly, when they receive their decision letter.

Asking for a reconsideration

If the claimant is not satisfied with the explanation they get over the phone, they can formally request that the case is looked at again. This is called a 'mandatory reconsideration' ('mandatory' because you may not lodge an appeal on a claim until it has been through the reconsideration phase).

The claimant can request a mandatory reconsideration when the DWP phones them to explain the decision (see above), or they can ask for a mandatory reconsideration at a later point. You can do this over the phone but it is a good idea to lodge a mandatory reconsideration request in writing and take a copy before posting, so that your client has a record. Putting the request in writing also means your client has time to think about what they want to say.

Mandatory reconsideration requests must be lodged within 1 month of the date on the decision letter. Claimants should also send copies of any new evidence in support of their claim.

Lodging an appeal

Whereas a mandatory reconsideration involves the DWP reviewing their own decision-making, an appeal is when an independent tribunal reviews a case and decides whether DWP has made the right decision for that claim.

It is possible to lodge appeals against PIP decisions, as long as the claim has been through the mandatory reconsideration phase.

To lodge an appeal, the claimant will need to complete a form called the SSCS1 and send it to the address at the end of the form, along with the mandatory reconsideration notice, within one calendar month of the date on the mandatory reconsideration letter. They should also send in any new evidence to support their claim.

For advice on preparing for a benefits appeal visit [Citizens Advice](#).

H. Reviews of PIP awards

End-of-award review

Almost all PIP awards are for a fixed period of between two and ten years.

To keep getting support after this point, claimants will need to re-apply as for a new claim. They can make their application up to six months before the end of their award.

DWP will send a reminder 14 weeks before the end of the fixed-term PIP award, but it is the claimant's responsibility to start their new claim.

Reviews during the award period

DWP may also review awards part-way through to check that the claimant's circumstances are still the same (DWP sometimes calls these reviews 'interventions').

These reviews can be confusing and stressful for claimants, as they may think they have been sent it in error. The forms look the same as those that are sent to new claimants. However, DWP expects them to be returned.

If any of your clients receives a letter like this from DWP, make sure they fill in the form and return it by the deadline, or their PIP payments may stop. Make sure they include any new evidence, especially if their condition has worsened since their assessment.

I. Passported benefits

As well as a vital source of financial support, PIP is a passport to other types of help which can make life easier for people with serious health conditions. Certain benefits are only available to people who claim PIP.

This is called ‘passporting’ and the following are some examples of benefits to which it applies:

Passported benefit or scheme	PIP component or rate you need
Blue Badge parking concessions without further assessment	8 points or more in the moving around activity of the mobility component
Carer’s allowance for your carer	Either rate daily living component
Concessionary travel pass without further assessment	8 points or more in the moving around activity, or 8 points or more in the communicating verbally activity
Council tax discount disregard for live in care worker	Either rate daily living component
Disability premium in Housing Benefit (HB), Income Support, Jobseeker’s Allowance (JSA) and Council Tax Reduction (CTR)	Any rate or component
Enhanced disability premium in HB, Employment and Support Allowance (ESA), Income Support, JSA and CTR	Enhanced rate daily living component
Motability vehicle	Enhanced rate mobility component
Working Tax Credit disability element	Any rate or component
Working Tax Credit severe disability element	Enhanced rate daily living component

This is not a complete list - for a full list, check the DWP’s [PIP Handbook](#).

(Source- [Citizens Advice](#))

J. Appendix: Key terms and definitions

Activity: PIP claimants must demonstrate they have barriers to taking part in one or more of a list of twelve ‘activities’ which someone would need to do in a typical day, e.g. preparing food (see also ‘descriptor’).

Aid or appliance: Defined in the regulations as “any device which improves, provides or replaces your impaired physical or mental function”. Includes prostheses.

Assessment provider: A private company which the Government pays to carry out PIP assessments on their behalf. The PIP assessment providers are Atos and Capita.

Assistance: Defined in the PIP regulations as ‘physical intervention by another person not including speech’.

Daily living component: The PIP which is paid to claimants who score 8 points or more for the first ten activities in the assessment (‘daily living activities’). Normally paid to people with support needs.

Decision maker: A civil servant employed by DWP who makes the decision about whether someone will be awarded PIP. The decision maker uses the evidence provided by the assessment provider and will also look at any recommendations the assessment provider has made.

Descriptor: Each activity is broken into a list of descriptors of various degrees of impairment for that activity. Each descriptor attracts a set number of points. At the end of the assessment the points allocated for each activity which are added up to determine eligibility for PIP. Only one descriptor may be selected per activity.

DWP: The Department for Work and Pensions, the Government department responsible for PIP.

Enhanced rate: The higher rate of the two rates of PIP payment for each component. Claimants who score 12 points or more on either the daily living or mobility activities will be paid the enhanced rate of that component.

Healthcare professional (HCP): A doctor, nurse or physiotherapist employed by the assessment provider (Atos or Capita) to carry out PIP assessments. They conduct the face-to-face consultation with PIP claimants.

Mobility component: The PIP which is paid to claimants who score 8 points or more for the final two activities in the assessment ('mobility activities').

Passported benefit: Another welfare benefit which you can only apply for if you are receiving PIP.

PIP 2 form: The form (entitled 'How your disability affects you') which must be completed to claim PIP.

Points: The PIP assessment allocates a set number of points for each descriptor. If more than one descriptor applies, the descriptor with the greater number of points is the one that is recorded.

Standard rate: The lower of the two rates of PIP payment for each component. Claimants who score 12 points or more on either the daily living or mobility activities will be paid the enhanced rate of that component.

Supervision: Defined in the regulations as 'the continuous presence of another person for the purpose of ensuring your safety'.



SHAPING ATTITUDES CHALLENGING INJUSTICE CHANGING LIVES

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