

PIP Overview

24 January 2023

What is PIP?

Personal Independence Payment (PIP) can help with extra living costs if you have both:

- a long-term physical or mental health condition or disability
- difficulty doing certain everyday tasks or getting around because of your condition

You can get PIP even if you're working, have savings or are getting most other benefits.

How PIP works

There are 2 parts to PIP: You might get the daily living part of PIP if you need help with

A Daily living part - if you need help with everyday tasks

- eating, drinking or preparing food
- washing, bathing and using the toilet
- dressing and undressing
- reading and communicating
- managing your medicines or treatments
- making decisions about money
- socialising and being around other people

A Mobility part - You might get the mobility part of PIP if you need help with:

- working out a route and following it
- physically moving around
- leaving your home

PIP Points and how you get scored

You are awarded points for each activity, depending on your ability and how much help you need to do it. The points you score for each activity in a section are added together.

If you score between **eight** and **11** points for your daily living needs in the PIP test, you get the standard rate of the daily living component. You get the enhanced rate of daily living component if you score **12** points or more.

If you score between **eight** and **11** points for your mobility needs, you get the standard rate of the mobility component. If you score **12** points or more, you get the enhanced rate of mobility component.

The DWP decides what you score in the PIP test after looking at:

- Your claim form
- The documents you sent with your claim form
- The Health Professional's notes from the medical assessment.

Personal Independence Payment amounts

How much is it worth? - two parts - a daily living component and a mobility component.

8 points to 11 points

- Standard Rate of Daily living - **£61.85**
- Standard Rate of Mobility - **£24.45**

12 points or more

- Enhanced Rate of Daily Living - **£92.40**
- Enhanced Rate of Mobility - **£64.50**

Activity Descriptors Points Question 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**

1. Preparing food Because of your health condition(s), do any of the following apply?

1. Difficulties / injuries sustained as a result of peeling and chopping?
2. Do you use and specialist equipment, ie. non-slip chopping board, electronic / easy pull tin opener, easy grip knife, liquid level indicator, talking scales, stool?
3. Have you frequently, or are you at risk of, burning or scalding yourself on boiling water, steam or grills?
4. Does your condition mean that you can cook, but need to rest frequently whilst cooking? Does it take longer than someone without your condition(s)? If so give a timeframe.
5. Do you overcook / burn food as a result of having to taking rest breaks?
6. Do you use a microwave to heat food? This does not count as preparing a meal.

1. Preparing food Because of your health condition(s), do any of the following apply?

7. If you microwave food, do you use it to only heat ready prepared meals?
8. Does only eating microwave food present additional difficulties for you and your health condition?
9. Does doing this activity cause your symptoms to become worse?
10. Do you need prompting or encouragement to prepare food?
11. Do you require assistance from another person (even if you do not receive it) because of any of the above?
12. Can you cook safely, reliably, and repeatedly in a reasonable amount of time?

Activity Descriptors Points Question 2. Taking nutrition

- a. Can take nutrition unaided. **0**
- b. Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (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**

2. Taking nutrition. Because of your health condition(s), do any of the following apply?

1. Do you use specialist equipment such as non-spill cup, easy grip cutlery or plate guard?
2. Are you able to lift food to your mouth?
3. Do you frequently spill food or drink?
4. Do you have any additional digestive issues which make eating and drinking more difficult?
5. Does doing this activity cause your symptoms to become worse?
6. Do you need prompting or encouragement to prepare food?
7. Do you require assistance from another person (even if you do not receive it) because of any of the above?
8. Can you eat and drink safely, reliably and repeatedly in a reasonable amount of time?

Activity Descriptors Points Question 3. Managing therapy or monitoring a health condition

- a. Either – (i) does not receive medication or therapy or need to monitor a health condition; or (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; or (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 7 but no more than 14 hours a week. **6**
- f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. **8**

3. Managing therapy or monitoring a health condition. Because of your health condition(s), do any of the following apply?

1. Do you have difficulty identifying correct medicines and measuring dosages?
2. Do you have any difficulty opening medicine packets?
3. Do you use a dosette box to help you keep track of medicines, do you prepare this or does someone else support with this?
4. Do you need prompting or encouragement to take medication?
5. Do you require assistance from another person (even if you do not receive it) because of any of the above?
6. Do you need help to put on ointments or creams? Do you have any other types of therapy you need support with?
7. Can you manage your treatments safely, reliably and repeatedly in a reasonable amount of time?

Activity Descriptors Points. Question 4 -Washing and bathing

- a. Can wash and bathe 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**

4 -Washing and bathing. Because of your health condition(s), do any of the following apply?

1. Can you stand in order to bathe?
2. Can you get in and out of the bath?
3. Is it safe for you to wash or bathe alone? Are you at risk of falling asleep in the bath or not having the energy to get out safely by yourself?
4. Do you require rest breaks whilst bathing?
5. Do you use aids or adaptations such as a shower seat or hand grips?
6. Does it take you longer to bathe?
7. Do you bathe less frequently than you need to because it is difficult?

4 -Washing and bathing. Because of your health condition(s), do any of the following apply?

8. Can you move your limbs sufficiently in order to bathe your body?
9. Do you need help identifying different hygiene products?
10. Do you frequently slip, trip or fall whilst bathing?
11. Does doing this activity cause your symptoms to become worse?
12. Do you require assistance from another person (even if you do not receive it) because of any of the above?
13. Can you wash and bathe safely, reliably and repeatedly in a reasonable amount of time?

Activity Descriptors Points Question 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. **2**
- d. Needs assistance to be able to manage toilet needs. **4**
- e. Needs assistance to be able to manage incontinence of either bladder or bowel. **6**
- f. Needs assistance to be able to manage incontinence of both bladder and bowel. **8**

5. Managing toilet needs or incontinence. Because of your health condition(s), do any of the following apply?

1. Can you mobilise to get to a toilet? Do you have a raised seat or a frame around the toilet to help you get on or off?
2. If no, do you use any aids in order to manage your toilet needs such as a commode, sanitary underwear, catheter or stoma?
3. Are you able to clean yourself effectively when going to the toilet?
4. Do you have any digestive difficulties which make going to the toilet more difficult?
5. If using a public toilet, do you need to use an accessible toilet due to mobility difficulties, need for privacy because you use a catheter or have a stoma? Do you have a RADAR key? 10
6. Do you require assistance from another person (even if you do not receive it) for any of the above?
7. Can you manage your toilet needs safely, reliably and repeatedly in a reasonable amount of time or does it take a long time?

Activity Descriptors Points Question 6 - Dressing and undressing

- a. Can dress and undress unaided. **0**
- b. Needs to use an aid or appliance to be able to dress or undress. **2**
- c. Needs either - (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (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. **2**
- e. Needs assistance to be able to dress or undress their upper body. **4**
- f. Cannot dress or undress at all. **8**

6. Dressing and undressing. Because of your health condition(s), do any of the following apply?

1. Do you require assistance from another person (even if you do not receive it) because of any of your health conditions?
2. Do you need to use aids or appliances to help you get dressed or undressed – eg. elasticated waists, Velcro fastenings or shoe horns?
3. Do you need help to dress your lower half?
4. Do you need help to dress your upper half?
5. Can you dress or undress safely, reliably and repeatedly in a reasonable amount of time?

Activity Descriptors Points Question 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**

7. Communicating Verbally. Because of your health condition(s), do any of the following apply?

1. Do you have difficulty in talking for long periods?
2. Do you easily become hoarse?
3. Do you struggle with words because of cognitive difficulties (brain fog) or fatigue?
4. Does doing this activity cause your symptoms to become worse?
5. Do you need help to understand/remember information you have been given verbally?
6. Do you require assistance from another person (even if you do not receive it) because of any of the above?
7. Can you communicate verbally in a safe, reliable and repeated way, and in a reasonable amount of time?

Activity Descriptors Points Question 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**

8. Reading and understanding signs, symbols and words. Because of your health condition(s), do any of the following apply?

1. Do you have difficulties reading information in different lighting conditions, on different coloured backgrounds or if the print is too small?
2. Do you require any aids to help you to read, ie. magnifier, reading software or app?
3. Do you have difficulties in understanding written information due to cognitive difficulties (ie. brain fog)
4. Do you have difficulties reading for long periods due to cognitive difficulties or visual fatigue?
5. Does doing this activity cause your symptoms to become worse?
6. Do you require assistance from another person (even if you do not receive it) because of any of the above?
7. Can you read and understand written information safely, reliably and repeatedly in a reasonable amount of time?

Activity Descriptors Points Question 9 - Engaging with and mixing 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; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. **8**

9. Engaging with and mixing with other people face to face. Because of your health condition(s), do any of the following apply?

1. Do you regularly avoid social situations because of your conditions?
2. Do you regularly cancel social plans as a result of your conditions?
3. Do you avoid social situations due to overwhelming psychological distress?
4. Do people have difficulties understanding your symptoms when you are in social situations?
5. Do you exhibit inappropriate or anti-social behaviour as a result of your conditions?
6. Does doing this activity cause your symptoms to become worse?
7. Do you require assistance from another person (even if you do not receive it) because of any of the above?
8. Can you mix with other people safely, reliably and repeatedly for a reasonable amount of time?

Activity Descriptors Points Question 10 - Making budgeting decisions

- a. Can manage complex budgeting decisions unaided. **0**
- b. Needs prompting or assistance to be able to make complex budgeting decisions. **2**
- c. Needs prompting or assistance to be able to make simple budgeting decisions. **4**
- d. Cannot make any budgeting decisions at all. **6**

10. Making budgeting decisions. Because of your health condition(s), do any of the following apply?

1. Do you require support with making decisions about money due to cognitive difficulties (ie. brain fog)?
2. Do you have any difficulties keeping track of your incomings and outgoings as a result of your conditions?
3. Do you need help planning future purchases because of your health conditions?
4. Does doing this activity cause your symptoms to become worse?
5. Do you require assistance from another person (even if you do not receive it) because of any of the above?
6. Can you make decisions about money safely, reliably and repeatedly in a reasonable amount of time?

Activity Descriptors Points. Mobility Question 1 – Planning, following journeys and Going out

- 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**

Mobility Question 1 – Planning, following journeys and going out. Because of your health condition(s), do any of the following apply:

1. Have you needed help and support planning or following a journey due to cognitive difficulties or fatigue?
2. Are you unable to follow a planned journey due to psychological distress?
3. Are you able to follow a familiar route independently?
4. Are you able to follow an unfamiliar route independently?
5. Do you require assistance from another person (even if you do not receive it) because of any of the above?

Activity Descriptors Points. Mobility Question 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, – (i) stand; or (ii) move more than 1 metre. **12**

Mobility Question 2 – Moving around. Because of your health condition(s), do any of the following apply:

1. Do you require a mobility aid either all or some of the time (includes walking stick, crutches, visual mobility cane, scooter, frame or wheelchair) if some of the time, what percentage?
2. What percentage of the time does this statement apply to you?
3. Would there be a negative impact on your condition if you did this?
4. Do you frequently trip or fall while walking these distances?
5. Do you experience extreme levels of pain walking these distances?
6. Do you require assistance from another person (even if you do not receive it) because of any of the above?

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