

Personal Independence Payments for people with mental health conditions

Guidance for support workers

Let's end homelessness together

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Introduction

“You’re constantly asking yourself if they’ll believe you’re really ill – indeed the system makes you feel that you are not properly ill or worthy of help. Then if you manage to fill in the form you get invited for an assessment and the only thought running through your head is “how do I prove I’m ill?” I just couldn’t do it.

I just decided not to apply because I couldn’t deal with the stress of waiting for weeks and weeks with no help. You have to crawl over glass to get this support. You never know how long it’s going to take, and you have no idea where your claim is in the system. The decision is ultimately made about you but not with you and that’s just not the case with medical treatment.”¹

“The assessor appeared to be very caring and I asked if I could support him through the process and asked if it was alright to take notes which was granted. The questions asked were relevant to his condition... On leaving the assessor told him not to worry. We can honestly say he was treated with care and respect”²

The statements above, the first taken from the recent Rethink Mental Illness report on PIP and Employment and Support Allowance assessments, and the second from a Birmingham Community Law Centre client, eloquently sum up the differing experiences that claimants, their carers and advisers face while working with people who suffer from a mental health condition.

PIP is one of the most important benefits received by people with mental health problems and consequently it is essential that they are assisted through the claim process to make this as trouble-free as possible and to ensure the best possible outcome for them.

This guide offers advice and support both to claimants with a mental health condition and also to advisers working with claimants with a mental health condition and seeks to offer positive suggestions on how to make a successful claim but also to combat and challenge erroneous decisions regarding PIP claims.

When completing claim forms it is always important to be aware that many people with chronic ill health will have a range of other conditions as well. All of these other conditions should be mentioned even if they are relatively minor as managing the treatment for these minor conditions can be a significant obstacle for someone with a significant mental health condition.

¹ ‘It’s Broken Her’, Rethink Mental Illness December 2017 www.rethink.org/get-involved/policy/its-broken-her-wca-and-pip-report

² Parent of client, Birmingham Community Law Centre, December 2017

Basic Qualifying Conditions for PIP

PIP is a non-taxable and non-means tested benefit. It is not based on national insurance contributions and can be paid if in work or not and whether or not there are any savings or capital.

Age limits

In order to qualify for PIP initially, the claimant needs to be aged between 16 and 64. As state retirement age increases over time, the age at which a claim for PIP will be able to be made will also increase.

People who receive PIP before they are 65 will go on being able to receive it once they are over 65.

Qualifying period

To qualify for PIP, a claimant will need to have had their current level of needs for at least three months and be likely to continue having them for a further nine months. The three months test does not apply when transferring from DLA to PIP. It also does not apply in cases of terminal illness.

Terminal illness is defined as “if you suffer from a progressive disease and your death in consequence of that disease can reasonably be expected within 6 months”

Residence Conditions

The claimant has to have been resident in the UK for 104/156 weeks (2/3 years) but there are exceptions – particularly around terminal illness and residence in another EEA state. Please seek specialist advice if either of these situations apply.

Length of awards

All PIP awards are for a fixed period, except in exceptional circumstances.

Short-term awards of up to two years are given where the condition is expected - by the DWP - to improve significantly.

Awards of 5-10 years are made where changes in the condition are possible but less likely.

Ongoing or 'indefinite' awards will only be given in a very small minority of cases where the claimant's condition is unlikely to get either better or worse.

A claim can be checked at any time while the award is still in force, to verify that there has been no change of circumstances.

Claims for PIP

For most, though not all, people, making a claim for PIP will involve:

- completing a PIP1 Personal Independence Payment claim form, initially by phone
- completing a PIP2 How your disability affects you form
- having a face-to-face assessment with a health professional.

PIP1 form

The initial claim for PIP will usually be made by telephone to:

- Telephone: 0800 121 4433
- Textphone: 0800 917 7777

Calls are free from a landline, but there may be a charge from mobiles.

Paper claim form

If you are unable to use the telephone to make a claim you can ask for an 18 page paper claim form – a PIP1 - instead.

Details of how to make an initial claim and request different formats are available on:

www.gov.uk/pip/how-to-claim

Initial claim process

The initial claim process collects basic information about the claimant and about whether they have one of the following conditions:

- mental health condition
- behavioural condition
- learning difficulty
- developmental disorder
- memory problem

The reason for these questions is to flag up if there are issues of cognition that mean that certain claimants may need more support and more time to return forms or medical evidence, for example.

'Reliably' – the most important PIP word

It's vital that, before the form is completed, the claimant understands that just because they can carry out an activity, this doesn't mean they are prevented from scoring points for being unable to do it.

Guidance issued by the DWP states that you need to be able to complete an activity 'reliably' in order for it to apply. According to the guidance, 'reliably' means whether you can do so:

- Safely – in a fashion that is unlikely to cause harm to themselves or to another person.
- To a necessary and acceptable standard – given the nature of the activity.
- Repeatedly – as often as is reasonably required.
- In a reasonable time period no more than twice as long as a person without a physical or mental health condition would take to carry out the activity.

Initially, the government refused to put this guidance into the regulations themselves. But after considerable pressure it has been incorporated, although the word 'reliably' itself has not been included.

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The DWP guidance also states that 'pain, fatigue, breathlessness, nausea and motivation' will all be 'key factors' in deciding whether an activity can be done reliably.

So, for example, if a claimant can 'wash and bathe unaided' they will not score any points for that activity. But if it takes hours to do so or it would be dangerous to be left alone to bathe – for example, because the claimant may have a seizure - then this may score points.

Or if a claimant could walk 20 metres once, but afterwards would be so exhausted that they could not do so again for hours or would be unable to carry out other everyday activities after walking 20 metres, then this may count as not being able to do so.

Or if the claimant can walk, but only in considerable pain, they may be able to score more points than they think. Let's say they walk over 50 metres only by pushing through the pain, for example because of wanting to stay as active and independent as possible. Because the meaning of 'reliably' includes 'to an acceptable standard', they may be able to score points for walking 50 metres or less by showing that the distance they walk in considerable pain does not count as walking 'to an acceptable standard'.

Or possibly a claimant is able to feed themselves from a plate, but because of their condition drops considerable quantities of food on their clothes and on the floor, then it may be considered that they cannot convey food and drink to their mouth to an acceptable standard and so should score points.

Decisions about issues such as what is safe, what is a reasonable time and a good enough standard are subjective ones. All a claimant or adviser can do is give as much detailed evidence as they can and, if they are not happy with the decision, consider a mandatory reconsideration and possibly an appeal.

Parts of the day

According to law a descriptor applies for the whole day if it applies at any point during a 24 hour period – unless it is just "momentary". So if, for example, the painkillers that are taken first thing in the morning work straight away and allows the claimant to wash and dress, for example, without delay, that would not count. But if, as is the case with most painkillers, there is a lengthy wait before the painkillers to take effect, points may be scored.

Completing the form

It is always advisable to be clear that the claim will succeed before starting to complete the PIP2 form and to have a good idea of what the claimant's actual issues are. The claim form is a vehicle to enable you to describe your client's circumstances in as much detail as possible.

If you don't feel that your client can score enough points then you may want to discuss the case with a more experienced adviser before proceeding. It is unlikely that you will persuade the DWP to give points that you cannot yourself identify.

You need to give detailed answers not just ticking boxes. Ideally this should be done as early as possible in the claims process so that if cases do progress to an appeal the client is then mainly repeating what has been said already.

It is not advisable to exaggerate the client's problems. Instead you should seek to explain fully the problems that are experienced.

Under each descriptor you should seek to establish

- What actually happens,
- What is the reason that this happens – try to link this back to the client's health problems.
- The frequency of the problems – the DWP will take into account the situation that is most common. i.e. if on 4 days per week the client cannot do an activity and on 3 days the client can then what should be taken into account is the situation that prevails on 4 days per week.
- Whether any help is available or is required but not available
- Whether any aids are used or required if not available
- Any examples to illustrate what happens and to make the case more understandable to a DWP decision maker.

You should also consider what evidence is available to substantiate the client's level of needs. This could be a community care assessment or discharge notes from hospital. A GP surgery should be able to provide a summary of a client's conditions and medication at no charge. Clients may also have details of outcomes of medical tests and should be advised to get into the habit of collecting and keeping copies of any medical evidence to assist them in their claim.

Always keep a copy of the claim form. They do get lost. It can also be advisable to be able to refer back to it if you are going to be giving further advice to the client at a later stage in the claim.

How many points must be scored to be awarded PIP?

There are 2 components within PIP – the daily living component and the mobility component – and within these there are 2 levels – standard and enhanced which will determine the level of benefit received.

The descriptors can be found in the appendix below.

In order to qualify for either Daily Living or Mobility component at least 8 points must be scored – if 12 or more are scored then this will entitle the claimant to enhanced which will enable them to receive a higher level of benefit.

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A claimant can receive both components or only one and can receive, for example, enhanced level of both, standard level of both, or enhanced for one component and standard for the other.

Mental Health Problems

Advisers should aim to include information about all of the following or as much as possible regarding their client's mental health condition.

- Diagnosis
- Details of drugs prescribed and consider if the client is using any additional drugs such as anything purchase don line or alternative medication
- Give details of any additional treatment for example:
- Seeing a counsellor or psychiatrist, having access to IAPT Services (Improving Access to Psychological Therapies), details of periods in hospital as an in- patient or under a section, membership of a support group or attending a day care centre for example.
- Compliance with medication and appointments
- Details of help available to the claimant
- Length of and history of condition especially if this has periods of flare up
- Suicide risks or ideation. Any history of overdosing, suicide attempts and self-harming
- In cases of bi-polar you need to try to give a pattern of the condition and fluctuations.
- You need to consider the impact of the mental health condition on the person's general health – for example a person with Obsessive Compulsive Disorder (OCD) may have developed skin conditions from excessive washing
- Can the client manage any other health problems including minor conditions

Please find below some sample answers that will assist you to support your client's application. These cover some of the more appropriate descriptors concerning those clients with a mental health condition.

Preparing food

1. Because of my severe depression I have problems motivating myself to prepare food.
2. I will often not eat at all unless my partner encourages and cajoles me to do so. But if I do prepare food it will just be a sandwich or a bowl of cereal as I cannot find the energy or concentration to plan and cook a meal.
3. I don't use any special aids or appliances for cooking.
4. If my partner is at home he encourages me to cook simple meals, but he has to keep reminding me what to do and encouraging me.
5. I am sometimes more motivated first thing in the morning, but I become very drained and depressed in the afternoon and evening.
6. I don't have better days, but I do have worse days on average about twice a week when nothing my partner says makes any difference at all.

Washing and Bathing

1. Because of my obsessive compulsive disorder it takes me a very long time to wash or bathe.
2. It takes me over an hour to wash every morning because I have to wash my body in a certain order and clean each part of my body a certain number of times. If I am not sure I have done it correctly I have to start again from the beginning, something which always happens several times.
3. I don't need any aids or appliances.
4. Help from another person would make things worse as it would mean I was not doing things in the way that I feel compelled to do them.
5. I only ever have a bath in the morning, but I also have to wash my hands in the correct way many times a day and this can take anywhere from two minutes to ten minutes.
6. I always have this level of problems.

Mixing with other people

Depression

1. Because of my depression I have become very isolated and get very anxious at the thought of even seeing people I know well, other than my immediate family.
2. I go out very little and, when I do have to go to the shops, I try to go very early in the morning so that I am less likely to bump into people I know. Even speaking to shop assistants makes me very anxious. I virtually never go to new places and would not attend a social event under any circumstances. If I have to go to an interview or for a medical I am frightened for days beforehand. I get so worried I can't eat and feel constantly sick. When I have to talk to someone at the Jobcentre or the health centre I get very shaky and I sweat and stumble over my words. Afterwards I feel ashamed and can't face even close family for days.
3. Having someone with me when I have to meet other people can even make things worse because I feel embarrassed and ashamed at them seeing how awkward I am in such situations.
4. My condition doesn't vary throughout the day or from one day to another.

ADHD and Anger Management

1. Because of my ADHD I find it very difficult to control my temper.
2. I get irritated and angry very easily and for quite minor reasons. For example my wife asked me recently if I had used her hairbrush, because she couldn't find it, and I exploded. I was already frustrated because I couldn't find my house keys so I over reacted and spent the next few minutes shouting and verbally attacking her until she was in tears and visibly frightened. Similar instances occur in various situations like waiting in queues or an item being out of stock in the shop. My over-reactions often cause people to move away from me or stop serving me or talking to me. Sometimes I will be asked to leave a café, shop or doctor's waiting room.
3. If I have someone with me they may be able to spot the signs that I am becoming agitated and help me to calm down.
4. I can become angry and upset at any time of the day.

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5. I can become angry and upset on any day of the week. Although it doesn't happen every day, because it is not predictable I really need someone with me whenever I am interacting with other people.

Planning a route (Mobility component)

New descriptors were introduced from 16th March 2017 and apply to all decisions made after this date.

The effect will be that people who are too anxious to ever undertake journeys unless they have someone with them, for example because they have panic attacks or similar, will be unlikely to be awarded more than 4 points by the DWP. This means they will not be able to get an award of the mobility component on the basis of this activity alone and they would also need to have some degree of physical difficulties.

These changes were a Government response to 2 upper tier tribunal decisions in November 2016 that sought to equate the mobility challenges of those with mental health issues with those who suffered from a physical disability. The Government, in response, changed the descriptors and effectively excluded those suffering from "overwhelming psychological distress" from the higher points available. This then effectively created inequality between people with physical disabilities and those with a mental health condition.

Even claimants who are too anxious to ever go on journeys, even if they have someone with them, will only score 10 points and thus not be eligible for the enhanced rate of the mobility component on the basis of this activity alone, hence being unable to access the Motability scheme – or losing their Motability car on review.

Mobility component update – High Court decision December 2017

The High Court, in a decision dated 21st December 2017, has found that the changes made to PIP mobility component in March 2017 were unlawful and it was announced on 19th January 2018 that the DWP will not appeal against this decision.

This means effectively that the mobility component will revert to the pre 16th March 2017 descriptors where 'overwhelming psychological distress' is taken in to account whilst assessing mobility needs.

The people who are likely to be affected by this are those claimants who have a mental health condition, learning disability and/or a cognitive impairment; and have claimed PIP after 16th March 2017 (or claimed before and did not get a decision until after 16th March 2017) or had an existing award reassessed after this date and have not been awarded the mobility component at either standard or enhanced as no account has been taken of 'psychological distress' when assessing their ability to plan and/or follow the route of a journey either familiar or unfamiliar.

It is advisable for anyone in this situation to contact the DWP in writing and state that they wish their PIP mobility component to be reassessed in light of the decision of the Upper Tribunal in MH v SSWP and the High Court in RF v SSWP. If the DWP look at the case again and refuse it again then the normal Mandatory Reconsideration and appeal process will apply.

Always be aware that looking at one aspect of a PIP claim can sometimes lead to the DWP also reconsidering any daily living component that may be in payment. If a claimant does not wish to risk their

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daily living component then they can wait until the renewal of their PIP and argue for mobility then if they wish.

If the claim has been refused at first tier tribunal using the post March 16th 2017 rules, then a claimant would have to contact the Tribunal Service and ask for 'permission to appeal' to the Upper Tribunal against the decision of the first tier tribunal. The argument would be that there had been an error of law as the post March rules had been applied and the claimant would need to ask that the decision of the first tier tribunal to be set aside and heard again – this time applying the correct legislation. If there has been more than one month since the decision then it should be explained that there is good reason for the late request as the High court decision and the DWP position has only been known since the 19th January 2018, and that for 'fair and just' reasons the normal time limit for such requests should be extended.

Sample answer for a claimant who suffers from agoraphobia

1. Because of agoraphobia I have great difficulty going outdoors.
2. I cannot go anywhere on my own and just thinking about doing so makes me very anxious indeed. If I even leave my front garden I start shaking uncontrollably, my chest gets tight and I believe I'm going to stop breathing, my heart races and I break out in a sweat. The only way to control the panic is to go back inside my house.
3. There is no aid or appliance I can use to help me.
4. Even if someone accompanies me I can only go as far as the corner shop (approximately 200 yards) and sometimes I cannot go into the shop because I am so scared that I will get trapped, particularly if there are other customers inside that could block the door. Often I am so scared of the thought of having a panic attack in public that I will not even go out with supervision. My doctor visits me at home because I cannot go to the surgery and I have not seen a dentist for 3 years. I do all my shopping online or get friends and family to pick things (e.g. medication) up for me.
5. I have these problems at all times of the day and every day.

Medical assessment

It is fair to say that a medical assessment for a claimant with a mental health condition is extremely distressing and can cause panic attacks and, in several instances, make the person's condition deteriorate – this is also the case for a review of an existing award. In a recent report by Rethink Mental Health, the parent of a claimant with mental health issues explained their experience when claiming PIP:

"I fail to see why a claimant who has a fully documented diagnosis of a severe and enduring mental condition cannot just submit up to date medical reports as evidence of the disability... he had to be judged by an individual who had little knowledge of the challenges of paranoid schizophrenia"

It may be feasible to prepare the client for the medical assessment. A family member, carer or support worker can attend with them and can request that they take notes. It appears that this depends on the assessor as to whether they agree – the carer should be firm and state that they feel that this is important to support the claimant. You should ensure an interpreter is available if needed and they have no one who can go with them who can interpret for them. The medical assessment may be at an assessment centre or may be at the claimant's house. You should encourage claimants to attend, however refusal of benefit following non- attendance can be challenged.

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You can prepare a claimant by going over with them what was said in the claim form and trying to get them to think of any more recent examples to illustrate their problems or remind them of the examples given previously.

In particular at medical assessments claimants need to be encouraged to talk about

- the length of time it takes them to do any activity,
- how well they do it
- whether they need help
- whether they are safe
- whether they are anxious or confused when doing it
- whether there are any times of day they cannot do an activity (for example only going to shops at night)
- whether they can do the activity reliably
- how many days per week they can do the activity

You could encourage your client to not just say yes in answer to a question from the health care practitioner but to say “yes but...” and then add any of the above information.

If claimants are not happy with what has happened at the medical they could be encouraged to write this down as soon as possible afterwards and to challenge any decision that seems to be inadequate although in the case of partial awards it is important to consider whether the client could get less at the next assessment. A person who went with them could write a statement of what happened or take notes.

Passporting

An award of PIP often means that other benefits are increased. So for example an award of any rate of daily living component means that a carer can claim Carers Allowance. However this may not be an advantage if the disabled person lives alone and would otherwise get a Severe Disability premium.

It is advisable for the disabled person to notify offices dealing with any means-tested benefits which are in payment to ensure they are adjusted correctly.

Refusals

Refusals should be challenged initially at Mandatory Reconsideration (MR) and then at appeal if needed. It is well worth challenging refusals. Success rates at MR are relatively low but at appeal stage average success rates are 65% and a represented claimant would expect to have a higher chance of success than this. The high rate of success reflects the inadequacy of the medical assessments and the decision making process.

Appendix 1 – Daily Living Activities and Descriptors

The activities, descriptors and points listed below are the legal test laid out in the [Social Security \(Personal Independence Payment\) Regulations 2013](#).

Add together the highest score from each activity heading that applies to you. To be entitled to the standard rate of the daily living component, you need to score at least 8 points; to be entitled to the enhanced rate, you need to score at least 12 points. These points can be scored from just one activity heading or from any of the headings added together.

Preparing food	Activity 1
a Can prepare and cook a simple meal unaided.	Score 0
b Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	Score 2
c Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	Score 2
d Needs prompting to be able to either prepare or cook a simple meal.	Score 2
e Needs supervision or assistance to either prepare or cook a simple meal.	Score 4
f Cannot prepare and cook food.	Score 8
Taking nutrition	Activity 2
a Can take nutrition unaided.	Score 0
b Needs either (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.	Score 2
c Needs a therapeutic source to be able to take nutrition.	Score 2
d Needs prompting to be able to take nutrition.	Score 4
e Needs assistance to be able to manage a therapeutic source to take nutrition.	Score 6
f Cannot convey food and drink to their mouth and needs another person to do so.	Score 10
Managing therapy or monitoring a health condition	Activity 3
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.	Score 0
b Needs any one or more of the following (i) to use an aid or appliance to be able to manage medication; (ii) supervision, prompting or assistance to be able to manage medication. (iii) supervision, prompting or assistance to be able to monitor a health condition.	Score 1
c Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	Score 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.	Score 4

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|---|--|---------|
| 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. | Score 6 |
| f | Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. | Score 8 |

Washing and bathing

Activity 4

- | | | |
|---|--|---------|
| a | Can wash and bathe unaided. | Score 0 |
| b | Needs to use an aid or appliance to be able to wash or bathe. | Score 2 |
| c | Needs supervision or prompting to be able to wash or bathe. | Score 2 |
| d | Needs assistance to be able to wash either their hair or body below the waist. | Score 2 |
| e | Needs assistance to be able to get in or out of a bath or shower. | Score 3 |
| f | Needs assistance to be able to wash their body between the shoulders and waist. | Score 4 |
| g | Cannot wash and bathe at all and needs another person to wash their entire body. | Score 8 |

Managing toilet needs or incontinence

Activity 5

- | | | |
|---|---|---------|
| a | Can manage toilet needs or incontinence unaided. | Score 0 |
| b | Needs to use an aid or appliance to be able to manage toilet needs or incontinence. | Score 2 |
| c | Needs supervision or prompting to be able to manage toilet needs. | Score 2 |
| d | Needs assistance to be able to manage toilet needs. | Score 4 |
| e | Needs assistance to be able to manage incontinence of either bladder or bowel. | Score 6 |
| f | Needs assistance to be able to manage incontinence of both bladder and bowel. | Score 8 |

Dressing and undressing

Activity 6

- | | | |
|---|--|---------|
| a | Can dress and undress unaided. | Score 0 |
| b | Needs to use an aid or appliance to be able to dress or undress. | Score 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. | Score 2 |
| d | Needs assistance to be able to dress or undress their lower body. | Score 2 |
| e | Needs assistance to be able to dress or undress their upper body. | Score 4 |
| f | Cannot dress or undress at all. | Score 8 |

Communicating verbally

Activity 7

- | | | |
|---|---|---------|
| a | Can express and understand verbal information unaided. | Score 0 |
| b | Needs to use an aid or appliance to be able to speak or hear. | Score 2 |
| c | Needs communication support to be able to express or understand complex verbal information. | Score 4 |

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- | | |
|---|----------|
| d Needs communication support to be able to express or understand basic verbal information. | Score 8 |
| e Cannot express or understand verbal information at all even with communication support. | Score 12 |

Reading and understanding signs, symbols and words Activity 8

- | | |
|--|---------|
| a Can read and understand basic and complex written information either unaided or using spectacles or contact lenses. | Score 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. | Score 2 |
| c Needs prompting to be able to read or understand complex written information. | Score 2 |
| d Needs prompting to be able to read or understand basic written information. | Score 4 |
| e Cannot read or understand signs, symbols or words at all. | Score 8 |

Engaging with other people face to face Activity 9

- | | |
|--|---------|
| a Can engage with other people unaided. | Score 0 |
| b Needs prompting to be able to engage with other people. | Score 2 |
| c Needs social support to be able to engage with other people. | Score 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. | Score 8 |

Making budgeting decisions Activity 10

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

Appendix 2 – Mobility Descriptors

The activities, descriptors and points listed below are the legal test laid out in the [Social Security \(Personal Independence Payment\) Regulations 2013](#).

Add together the highest score from each activity heading that applies to you. To be entitled to the standard rate of the mobility component, you need to score at least 8 points; to be entitled to the enhanced rate, you need to score at least 12 points.

Planning and following journeys	Activity 1
a Can plan and follow the route of a journey unaided.	Score 0
b Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	Score 4
c For reasons other than psychological distress, cannot plan the route of a journey.	Score 8
d For reasons other than psychological distress, cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	Score 10
e Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	Score 10
f For reasons other than psychological distress, cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	Score 12

Moving around	Activity 2
a Can stand and then move more than 200 metres, either aided or unaided.	Score 0
b Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	Score 4
c Can stand and then move unaided more than 20 metres but no more than 50 metres.	Score 8
d Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	Score 10
e Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	Score 12
f Cannot, either aided or unaided, (i) stand; or (ii) move more than 1 metre.	Score 12



What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless or live with multiple and complex support needs. We work to improve services and campaign for policy change that will help end homelessness.

Let's end homelessness together

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