

Personal Independence Payment



Personal Independence Payment (PIP) is a benefit that replaces Disability Living Allowance (DLA) for people of working age.

This factsheet can be used if you are claiming PIP on behalf of the person you are looking after or for yourself. The information is written from the point of view of the person claiming the benefit. It applies to people living in England, Wales, Scotland and Northern Ireland.

Northern Ireland

PIP is due to be introduced in Northern Ireland at some point in 2016. We expect much of the information in this factsheet to apply to Northern Ireland. If you are in Northern Ireland and want further advice contact Carers NI on [028 9043 9843](tel:02890439843).

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What is PIP?

PIP is a benefit paid to people who have daily living and/or mobility needs to help with the extra costs of long-term illness or disability. It replaces DLA for people between the ages of 16 and 64 (or who were under 65 on 8 April 2013). PIP is available for new claimants. The DWP are in the process of reassessing existing working age DLA claimants for PIP (see page 5 to see if this applies you).

PIP can be paid regardless of your income, savings or National Insurance contribution record and is a tax free benefit. You can get PIP even if you are working or studying. If you are a carer who has care needs, you can claim PIP for yourself and this will not affect your Carer's Allowance.

Getting PIP does not reduce other benefits, it may even increase them. If you have a carer then claiming PIP may help them to qualify for certain benefits (such as Carers Allowance). PIP may also entitle you and/or your carer to further help with council tax.

There are no restrictions on how you can spend your PIP money, and you do not have to spend it on paying for the care that you need. However, your council or trust can take PIP into account when calculating how much you might need to pay for any care services you receive.

Who can claim PIP?

To qualify for PIP you must meet all the following criteria:

- be aged 16-64 years old (or if you are being reassessed you were under 65 on 8 April 2013)
- satisfy the daily living and/or mobility activities test (see pages 6-12)
- have satisfied the tests for at least three months and be likely to continue to satisfy the tests for at least nine months after the three month qualifying period (you can make your claim before the three months have passed, but you will not receive any payment until they have)
- have no immigration conditions attached to your stay in the UK subject to some exceptions (if you have immigration restrictions on your stay in the UK claiming benefits may affect your future right to remain in the UK, so seek specialist immigration advice before claiming – you can search for immigration specialists at find-legal-advice.justice.gov.uk)
- meet the residence and presence conditions (see page 24)

▶▶ **Note:** You will be able to stay on PIP if you claimed or received it before you reached the age of 65.

▶▶ **Note:** If you are terminally ill there are simpler rules which make it easier to apply – see page 16 for further details.

When can you claim PIP?

If you are between 16 and 64, you can claim PIP now.

The DWP are in the process of gradually reassessing working age DLA claimants for PIP. They are doing this where claimants meet one of the following criteria:

- there is a reported change to your care or mobility needs
- you were aged 16 to 64 years old on 8 April 2013 and have a DLA fixed award due to expire
- you reach 16 years of age (unless you are a child and have been awarded DLA under the special rules for terminal illness)
- you choose to claim PIP instead of your DLA

▶▶ **Note:** DLA claimants do not need to take any action regarding PIP reassessment until they are told to do so by the DWP.

How much is PIP worth?

There are two components of PIP:

- a daily living component
- a mobility component

Each component can be paid at either:

- **standard rate** – where your ability to carry out daily living/ mobility activities is limited by your physical or mental condition
- **enhanced rate** – where your ability to carry out daily living/ mobility activities is severely limited by your physical or mental condition

	Standard	Enhanced
Daily living component	£55.10	£82.30
Mobility component	£21.80	£57.45

The assessment

In order to qualify for PIP you will have to score a certain number of points in relation to 12 activities. Ten of these activities assess daily living and two of these activities assess mobility.

Within each activity there are a set of ‘descriptors’ or tests. There are a range of points that can be scored based on whether you fit a descriptor within these activities. You can score points for more than one activity but if more than one descriptor applies in any one activity you will be awarded whichever descriptor gives you the most points.

You will be awarded points if the descriptor applies to you all of the time, or if you can show that a descriptor applies to you for more than half of the days within a 12 month period.

If you can carry out the activity under the circumstances described in a descriptor, in order for that descriptor to apply you must be able to do so:

- safely – in a fashion that is unlikely to cause harm to yourself or to another person
- to an acceptable standard
- repeatedly – as often as the activity being assessed is reasonably required to be completed
- in 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

To be awarded the standard rate of the daily living component you have to score at least eight points from the ten activities that assess daily living (activities 1-10). To be awarded the enhanced rate of the daily living component you have to score at least 12 points from the ten activities that assess daily living.

To be awarded the standard rate of the mobility component you have to score at least eight points from the two activities that assess mobility (activities 11-12). To be awarded the enhanced rate of the mobility component you have to score at least 12 points from the two activities that assess mobility.

Assessment criteria

Below are the 12 activities, and the range of descriptors within each activity.

Daily Living Activities

Activity 1 – Preparing food. This activity is not a reflection of your cooking skills but instead looks at the impact of your health condition on your ability to carry out the tasks required to cook a simple meal. It assesses your ability to open packaging, serve food, peel and chop food and use a microwave oven or cooker hob to cook or heat food. A simple meal is a cooked one-course meal for one person from fresh ingredients.

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. (For example, this may apply if you cannot safely use a cooker hob and hot pans.)	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

Activity 2 – Taking nutrition. This activity considers your ability to be nourished, either by cutting food into pieces, conveying to the mouth, chewing and swallowing; or through the use of therapeutic sources. (A therapeutic source means parenteral or enteral tube feeding using a rate limiting device such as a delivery system or feed pump.)

A	Can take nutrition unaided.	0
B	Needs: <ul style="list-style-type: none"> • To use an aid or appliance to be able to take nutrition; or • Supervision to be able to take nutrition; or • 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

Activity 3 – Managing therapy or monitoring a health condition. This activity considers your ability to appropriately take medications in a domestic setting that are prescribed or recommended by a registered doctor, nurse or pharmacist; monitor and detect changes in your health condition; and manage therapeutic activities that are carried out in a domestic setting that are prescribed or recommended by a registered doctor, nurse or pharmacist or healthcare professional regulated by the Health Professions Council.

A	Either: <ul style="list-style-type: none"> Does not receive medication or therapy or need to monitor a health condition; or Can manage medication or therapy or monitor a health condition unaided. 	0
B	Needs either: <ul style="list-style-type: none"> To use an aid or appliance to be able to manage medication; or 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 hours 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

Activity 4 – Washing and bathing. ‘Washing’ means cleaning ones whole body, including removing dirt and sweat. ‘Bathing’ means getting into and out of either a standard bath or shower.

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 their 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

Activity 5 – Managing toilet needs or incontinence. Toilet needs means the ability to get on and off the toilet, evacuation of the bladder and bowel, and cleaning yourself afterwards. Managing incontinence means the ability to manage evacuation of the bladder and/or bowel including using collecting devices and cleaning yourself afterwards. If you use a catheter and/or collecting device, this is considered as incontinence for the purposes of this activity.

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

Activity 6 – Dressing and undressing. This activity considered your ability to put on and take off culturally appropriate, un-adapted clothing that is suitable for the situation.

A	Can dress and undress unaided.	0
B	Needs to use an aid or appliance to be able to dress or undress. (For example, suitable aids could include modified buttons, zips, front fastening bras, trousers, velcro fastenings and shoe aids).	2
C	Needs either: <ul style="list-style-type: none"> • Prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or • 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

Activity 7 – Communicating verbally. Basic verbal information is information conveyed in a simple sentence. Complex verbal information is information conveyed in either more than one sentence or one complicated sentence.

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

Activity 8 – Reading and understanding signs, symbols and words.

Basic information is signs, symbols or dates. Complex information is more than one sentence of written or printed standard size text – for example, text found in utility bills and bank statements. For the purposes of this activity, accessing information via Braille is not considered as reading.

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

Activity 9 – Engaging with other people face to face. When considering whether you can engage with others, consideration should be given to whether you can engage with people generally, not just those people you know well.

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: <ul style="list-style-type: none"> • Overwhelming psychological distress to the claimant; or • The claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. 	8

Activity 10 – Making budgeting decisions. Simple budgeting decisions are those that are involved in activities such as calculating the cost of goods and change required following purchases. Complex budgeting decisions are those that are involved in calculating household and personal budgets, managing and paying bills and planning future purchases.

A	Can make 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

Mobility Activities

Activity 11 – Planning and following journeys. This activity considers the barriers you may face that are related to a mental, cognitive or sensory ability. Environmental factors (such as being unable to cope with crowds or loud noises) may be considered.

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, assistance dog, or an orientation aid.	12

Activity 12 – Moving around. This activity considers your physical ability to move around without severe discomfort such as breathlessness, pain or fatigue.

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 meters 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: <ul style="list-style-type: none"> • Stand; or • Move more than 1 metre. 	12

Aids and appliances

Aids and appliances can include those which are normally used and those which can ‘reasonably be expected’ to be worn or used. ‘Reasonably be expected’ will take into account issues of availability, cost and cultural considerations.

Aids and appliances are devices which improve, provide or replace your impaired physical or mental function and include prosthesis. They can include non-specialised aids such as an electric can opener, or electric toothbrushes, provided they are needed because of the disability as opposed to being used by preference.

Assistance, prompting and supervision

Assistance is support that requires the presence and physical intervention of another person, including doing some but not all of the activity in question.

Prompting is support provided by reminding or encouraging you to undertake or complete a task but not physically helping you.

Supervision is a need for the continuous presence of another person to avoid a serious adverse event from occurring to you. There must be evidence that any risk would be likely to occur in the absence of such supervision.

Variable and fluctuating conditions

Conditions will be looked at over the required period and points awarded if the descriptor applies on more than 50% of the days over that 12 month period. Furthermore, where you satisfy different descriptors, the descriptor which is applicable to you will be:

- ▶ Where one descriptor is satisfied over 50% of the days in the required period, that descriptor.
- ▶ Where two or more descriptors are satisfied over 50% of the days in the required period, the descriptor which scores the highest number of points.
- ▶ Where no descriptor satisfies 50% of the days in the required period but two or more descriptors (other than ones that score zero points) added together do, then the descriptor satisfied for the greatest proportion of days.

For more detailed information about the activities and descriptors you could look at this government document: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449043/pip-assessment-guide.pdf

How to claim PIP

Making an initial claim

The initial claim will generally be done by phone although paper claim forms are available in exceptional circumstances (form PIP1).

To start a new claim for PIP you should telephone the Department for Work and Pensions (DWP) on **0800 917 2222** (textphone 0800 917 7777). Lines will be open between 8am and 6pm, Monday to Friday. The phone call can be made by someone else but they will need to be with you. The phone call sets the date of the claim.

This will be an administrative claim only at this point and the information you will need is:

- your full name and date of birth
- your address and telephone number
- your National Insurance number
- your bank or building society account details
- your GP or other health professional's details
- details of any recent stays in hospitals, care homes or hospices
- details of any time you've spent out of the country
- nationality or immigration status
- if you are terminally ill you will need to discuss your condition during this initial claim.

The DWP will then check basic eligibility conditions. If these are not met a disallowance letter is sent. Otherwise an individually barcoded form is sent to you (*How your disability affects you* – form PIP2).

▶▶ **Note:** If you are terminally ill you will not have to complete the *How your disability affects you* form and will not need a face-to-face consultation – see page 16 for further information.

▶▶ **Note:** The process is different in Northern Ireland. Call Carers NI for further information - see final page for contact details.

How your disability affects you (PIP2)

The form sent to you will ask for information about how your condition affects you. Additional evidence can be sent in with this form. On the form there is a section for 'additional information'. In this section, carers, friends or family could also provide information. It does not have to be filled in if you feel like you have included everything in the rest of the form.

You have one month to return the completed *How your disability affects you* form. Failure to return the form without good cause can result in the claim being terminated. If you are unable to complete the form within the given timescales you should contact the Department for Work and Pensions (DWP) by phone to ask for an extension. If the form has not been received and the DWP have identified that you need additional support you may be invited to a face-to-face consultation.

Assessment

The form and any additional information are then sent to a health professional. If there is enough information the assessment can be completed at this stage but most people will be asked to attend a face-to-face consultation. The DWP says that claimants will be encouraged to take someone along with them to the consultation. Failure to attend the consultation without good cause can result in the claim being terminated.

The health professional then sends a report to the decision maker.

Completing the claim form

- The form is long and complex so take your time to complete the claim form, and remember that you don't have to complete it all in one go.
- Look at the 12 activities and work out which tests you satisfy before you fill in the form. It may be a good idea to get your carer to do the same to make sure that you don't miss anything out.
- What matters is whether you need the help, not whether you are already getting it.
- If you are not sure about how much help you need, or how long things take, keep a diary for a week or so. This would be particularly useful with fluctuating conditions.
- If you are applying for the 'moving around' activity (activity 12), do make a proper measurement of how far you can walk and how long it takes you to walk that far before you fill in the form.

- Evidence is important. It is a good idea to collect evidence and submit it either with the claim pack or as soon as you can afterwards. Evidence might include a report from an occupational therapist or consultant, information from your doctor or a support worker, or a statement from a carer/friend/family member.
- Keep a copy of your form and any evidence you send.
- You could ask for help to complete the claim form from a local advice agency. To find out about advice agencies in your area, please contact the Carers UK Adviceline - see final page for contact details.

If you have a terminal illness

Special rules allow people who are terminally ill to get help quickly. You are considered to be terminally ill if you have a progressive illness that is likely to limit your life expectancy to six months or less. It is impossible to say exactly how long someone will live and some people who receive PIP under these rules live much longer than six months.

Under these special rules you do not have to satisfy the qualifying period (ie that you have had the disability or been in ill health for at least three months, and that you are likely to have the disability or been in ill health for a further nine months). You also do not have to have been present in Great Britain for 104 weeks out of the last 156 weeks before claiming – you only need to be present at the time of claiming.

If you are claiming PIP under these rules, your claim should include a DS1500 form which is available from your GP or consultant. You (or the person making the claim on your behalf) will be given a freepost address for the DS1500 when you make the claim over the phone.

You will not have to complete the *How your disability affects you* form and will not need a face-to-face consultation. Instead, you or the person claiming on your behalf will be asked some extra questions whilst you are on the phone about your condition and how it affects your ability to get around.

You will automatically qualify for the enhanced rate of the daily living component, however payment of the mobility component will depend on whether you need help to get around, and if you do how much help you need.

The way to claim for terminally ill people is by telephone on **0800 917 2222**. The phone call can be made by someone supporting you without you needing to be present. However, you should be told about the claim because the DWP may need to contact you to verify your details and the DWP will send notifications and any payment to you.

What happens if you already get DLA?

What happens if an adult is claiming DLA?

For existing DLA claimants that are transferred to PIP, the process is similar to the process described above except it will start by you getting a letter sent to you telling you that your DLA is due to end and inviting you to claim PIP. There is no option to remain on DLA.

If you are transferring from an existing DLA claim to PIP you do not have to meet the PIP three month qualifying period. You will have 28 days to claim PIP – generally this will be done by phone (although paper claim forms are available in exceptional circumstances). This is the administrative claim only. If you do not claim within the 28 days, your DLA will be suspended. A letter will be sent saying that the suspension will be lifted if you claim within the next 28 days. If no claim is made the DLA claim is terminated. In these circumstances DLA will continue to be paid for a further 13 days following your next payday.

If the claim is made the *How does your disability affect you* form is sent to you. Failure to return the form will result in the claim being terminated. If the form has not been received and the DWP have identified that you need additional support you may be invited to a face-to-face consultation.

When the form is received, an independent assessor determines whether further evidence is needed and whether a face-to-face consultation is required. The majority of people will have a face-to-face consultation on the first claim. If the face-to-face consultation is missed without good cause the PIP claim will be rejected.

A decision maker will then decide the claim. Once a decision is made DLA will continue to be paid for 28 days after your next payday until the PIP decision comes into force.

What happens if a young person under 16 is claiming DLA?

When a young person reaches their 16th birthday they will need to transfer to PIP (unless DLA is being claimed under the special rules for terminal illness – in which case they will be invited to claim PIP at the end of their existing DLA award). The DWP will contact the parent or guardian before the young person's 16th birthday to make them aware of the change and establish if the young person needs an appointee. A number of attempts will be made to engage the young person in the claiming process if they do not respond.

The decision

The decision maker will review the report from the health professional and any other evidence and make a decision. Shorter term awards of up to two years could be given, or longer term awards of five or ten years could be given. On-going awards will be given in the minority of cases where needs are stable and changes are unlikely. However, all claimants will have their award periodically reviewed, regardless of the length of the award, to ensure that everyone continues to receive the most appropriate level of support.

The DWP will send you a letter giving a decision on the PIP claim and a clear reasoned explanation of how that decision has been reached. If you have been awarded PIP, the letter will detail the amount of the award, the length of the award and the reasons for making that decision. Specific details of PIP payments including the date payments will start and their frequency will also be included in the letter.

If you have not been awarded PIP, the letter will give all the same information as the award letter and will include a full statement of reasons for the decision.

Challenging a decision

If you are refused PIP or it is awarded at a lower rate than you expected (including where the decision on PIP follows your transfer from DLA), you can ask the DWP to look at the decision again. You must do this before you appeal. This is called a mandatory reconsideration.

If you still disagree once they have done this you must lodge an appeal with HM Courts and Tribunals Service and attach a copy of the mandatory reconsideration notice with the appeal.

It is important to challenge a decision or get advice as quickly as possible because there are time limits that generally mean you must take action within one month. If you fall outside of this time limit then it may still be possible to challenge the decision. Contact Carers UK for further information – see final page for contact details.

For more information about appealing a benefit decision visit www.carersuk.org/appealsguide

▶▶ **Note:** This information on challenging a decision does not apply to Northern Ireland - although it is due to be introduced at some point in 2016. Contact Carers NI for further information on challenging a decision in Northern Ireland - see final page for contact details.

How to make a complaint

If you are unhappy with the way your claim has been dealt with, eg long delays or lost forms, you should first contact the Personal Independence Payment helpline on **0845 850 3322**.

If you're unhappy with their response you'll be asked if you want your complaint sent to a Complaint Resolution Manager. They aim to deal with complaints within 15 working days.

If you're still unhappy, you can then ask the Independent Case Examiner to investigate – they'll be impartial and this is free.

If you're unhappy with their response you can ask your MP to send your complaint to the Parliamentary and Health Service Ombudsman. Visit www.gov.uk/complain-disability for more information and see page 26 for contact details.

What to do if your circumstances change

Any change in your daily living or mobility needs may affect your entitlement to PIP or the amount you receive. You should let the DWP know about the change as soon as you can so that they can review your PIP award and make sure you are receiving the right support.

If you ask for a PIP award to be looked at again there is always the risk that the award could be decreased rather than increased, therefore it is always best to get help from a local advice agency before you contact the DWP. To find out about advice agencies in your area, please contact the Carers UK Adviceline - see final page for contact details.

Going into hospital, a care home or a hospice

You or someone acting on your behalf should also tell the DWP if you have been admitted to a hospital, a care home or a hospice, or have been imprisoned, as this may also affect your benefit. You can report a change in circumstance by contacting the PIP enquiry line on **0345 850 3322**.

Both the daily living and mobility components of PIP are not payable after 28 days in hospital. Payments will stop after 28 days including payments of the mobility component under an existing Motability contract.

The daily living component of PIP is not payable after the first 28 days in a care home unless you are completely self-funding. The mobility component of PIP can continue to be paid.

Any stays in hospital or a care home separated by 28 days or less are added together when working out when PIP should stop.

PIP will generally still be payable if you are terminally ill and in a hospice.

Other help you may qualify for

Means-tested benefits

If you are already receiving means-tested benefits (such as Income Support, income related Employment and Support Allowance, income based Jobseekers Allowance, Pension Credit, Housing Benefit and Council Tax Reduction) getting PIP may mean that you become entitled to an increase in your benefit. If you are getting Child Tax Credit or Working Tax Credit you may also be entitled to an increase in benefit if you are awarded PIP.

An award of PIP can also mean that you become eligible for a means-tested benefit or Tax Credits for the first time. So if you are awarded PIP it is a good idea to get a benefit check.

However, PIP in itself will not automatically entitle you to any increase in benefit under Universal Credit.

Any deductions that are being made from means-tested benefits because other adults share your household may be removed if you get PIP.

If you or your partner already get means-tested benefits or tax credits, notify all of the offices which pay them to you that you are now getting PIP. You can find out what benefits you are entitled to and how much you should be paid by getting an online benefit check (see note below) or by contacting the Carers UK Adviceline – see final page for contact details.

▶▶ **Note:** You can get a benefits check online by visiting either of the following websites:

www.entitledto.co.uk/benefits-calculator

www.turn2us.org.uk/benefits_search.aspx

It will take about 20 minutes to complete.

These online tools are not suitable for everyone. Special rules apply to some groups of people, for example students, people under 18, people in permanent residential care, UK nationals who live abroad and people who are not British or Irish citizens.

Exemption from the benefit cap

Households will be exempt from the benefit cap where you, your partner or a qualifying young person is entitled to PIP.

Help with transport costs

Motability

If you are awarded the enhanced rate mobility component of PIP then you may be able to apply to the Motability scheme. Through this scheme you can use your mobility component to lease or buy a car, wheelchair or scooter. If you're unable to drive and need help with paying for lessons or require help in getting a deposit for a car through the scheme then you may qualify for a grant. To find out more contact Motability – see page 25 for contact details.

Blue Badge scheme without further assessment

The Blue Badge scheme allows people with severe walking disabilities to park in parking restricted areas. For example, if you have a badge, you can park free and for any length of time at on-street parking meters and on-street pay and display areas.

In England, if you have been awarded eight points or more in the 'moving around' activity of PIP you can get a Blue Badge.

In Scotland you can get the badge if you have been awarded eight points or more in the 'moving around' activity or 12 points in the 'planning and following journeys' activity.

In Wales you can get the badge if you have been awarded eight points or more in the 'moving around' activity or 12 points in the 'planning and following journeys' activity.

The scheme is run through your local council or trust and you should contact them for further information.

Road tax

You may be exempt from paying road tax if you get the enhanced mobility component of PIP. You may also get a 50% discount on your road tax if you receive the standard mobility component of PIP. For information on how to apply contact the Carers UK Adviceline – see final page for contact details.

Public transport concessions

In England, if you score eight points or more under the 'moving around' activity or under the 'communicating verbally' activity you may be eligible for transport concessions. You should contact your local authority for further information or visit www.gov.uk/apply-for-disabled-bus-pass for more information on the England National Concession.

If you live in Wales visit www.wales.gov.uk/topics/transport/public/concessionary for more information on the Welsh National Concession.

In Scotland, if you receive the daily living or mobility component of PIP you will be eligible for the Scottish National Concessionary Travel Scheme. If you apply for PIP and are not successful, you may still qualify for a concessionary travel through other qualifying criteria, including certain disabilities or if you are disqualified from driving on medical grounds. Contact Transport Scotland on **0141 272 7100** or your local council for more information.

Companion entitlement (Scotland only)

If you receive the standard or enhanced rate of the daily living component of PIP, you will be eligible for a Companion Card, allowing a companion to travel with you for free. You should contact your local authority or visit Transport Scotland for further information at www.transportscotland.gov.uk/public-transport/concessionary-travel/Companion-entitlement

Residence and presence

To satisfy the residence and presence tests you must meet both the following conditions:

- You must have been present in Great Britain (which for this purpose also includes Northern Ireland) for 104 weeks out of the 156 weeks before claiming (two out of the last three years).
- You must be habitually resident.

‘Present’ means physically present in Great Britain. Some people may be treated as being in Great Britain while abroad, eg members of the armed forces. Special rules apply to countries in the European Economic Area (EEA) and several others who Britain has agreements with. If you think this applies to you, you should seek advice. The AIRE Centre can provide advice on individual rights in Europe and can be contacted on **020 7831 4276** or by email at info@airecentre.org. You can also contact the Carers UK Adviceline - see final page for contact details.

The habitual residence test is a test to see if you normally live in the United Kingdom, the Channel Islands, the Republic of Ireland or the Isle of Man. The test will be applied if you have been living abroad. There is no precise legal definition of ‘habitual residence’. Relevant factors are where you normally live, where you expect to live in future, your reasons for coming to this country, the length of time spent abroad before you came here, and any ties you still have with the country where you have come from.

Further help

For information and advice contact the Carers UK Adviceline on **0808 808 7777** (open Monday to Friday, 10am to 4pm) or email advice@carersuk.org

Information is also available on our website – visit www.carersuk.org

If you live in Northern Ireland you can contact Carers Northern Ireland for advice on **028 9043 9843**.

Other organisations

The Appeals Service Northern Ireland

The service that handles the appeals process for benefit decisions in Northern Ireland.

w: www.nidirect.gov.uk/the-appeals-service-northern-ireland-tas

Citizens Advice

Provides free, independent, confidential and impartial advice.

w: www.citizensadvice.org.uk

HM Courts and Tribunals Service

To search for a court or tribunal in England or Wales, or a tribunal in Scotland.

w: <https://courtribunalfinder.service.gov.uk/search/>

Independent Case Examiner

A free complaints review service for people who have made complaints about their claim for benefits.

England, Wales, Scotland & Northern Ireland

w: www.ind-case-exam.org.uk | **t:** 0345 606 0777 (textphone: 18001 0345 606 0777)

Motability

Motability help people get mobile by exchanging their mobility allowance to lease a car, scooter or powered wheelchair.

England, Wales, Scotland & Northern Ireland

w: www.motability.co.uk | **t:** 0300 456 4566

NI Ombudsman

The government official responsible for dealing with complaints about state services.

Northern Ireland

w: www.ni-ombudsman.org.uk/ | **t:** 02890 233821 (textphone: 028 90897789)

Parliamentary and Health Service Ombudsman

The government official responsible for dealing with complaints about state services.

England, Wales & Scotland

w: www.ombudsman.org.uk | **t:** 0345 015 4033 (textphone: 0300 061 4298)

Benefit helplines

Attendance Allowance

England, Wales & Scotland

t: 0345 605 6055 (textphone: 0345 604 5312)

Northern Ireland

t: 028 9090 6178 (textphone: 028 9031 1092)

Benefit Enquiry Line

Northern Ireland

t: 0800 220 674 (textphone: 028 9031 1092)

Carer's Allowance Unit

England, Wales & Scotland

t: 0345 608 4321 (textphone: 0345 604 5312)

Northern Ireland

t: 028 9090 6186 (textphone: 028 9031 1092)

Disability Living Allowance

England, Wales & Scotland:

- *If you were born on or before 8 April 1948:*

t: 0345 605 6055 (textphone: 0345 604 5312)

- *If you were born after 8 April 1948:*

t: 0345 712 3456 (textphone: 0345 722 4433)

Northern Ireland

t: 028 9090 6182 (textphone: 028 9031 1092)

For Jobseekers Allowance, Income Support and Employment and Support Allowance:

Jobcentre Plus

England, Wales & Scotland:

New claims **t:** 0800 055 6688 (textphone: 0800 023 4888)

Existing claims **t:** 0345 608 8545 (textphone: 0345 608 8551)

Social Security or Jobs & Benefits Office

Northern Ireland: The address can be found in the phone book under Government – Social Security Agency.

Pension Credit

England, Wales & Scotland

t: 0800 99 1234 (textphone: 0800 169 0133)

Northern Ireland

New claims **t:** 0808 100 6165 (textphone: 0808 100 1165)

Help line **t:** 0300 123 3014 (textphone: 0808 100 1165)

Pension Service

England, Wales & Scotland

w: www.thepensionservice.gov.uk | **t:** 0345 60 60 265 (textphone: 0345 60 60 285)

Northern Ireland

w: www.dsdni.gov.uk | **t:** 0808 100 2658 (textphone: 0808 100 2198)

Personal Independence Payment

England, Wales & Scotland:

New claims **t:** 0800 917 2222 (textphone: 0800 917 7777)

Enquiry line **t:** 0345 850 3322 (textphone: 0345 601 6677)

Tax Credits

England, Wales, Scotland & Northern Ireland:

t: 0345 300 3900 (textphone: 0345 300 3909)

This factsheet is designed to provide helpful information and advice. It is not an authoritative statement of the law. We work to ensure that our factsheets are accurate and up to date, but information about benefits and community care is subject to change over time. We would recommend contacting the Carers UK Adviceline or visiting our website for the latest information.

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Carers UK Adviceline

For expert information and advice about caring.



0808 808 7777

(open Monday to Friday,
10am-4pm)



advice@carersuk.org

Carers UK

20 Great Dover Street
London SE1 4LX

020 7378 4999
info@carersuk.org

Carers Wales

029 2081 1370
info@carerswales.org

Carers Scotland

0141 445 3070
info@carerscotland.org

Carers Northern Ireland

028 9043 9843
info@carersni.org

Carers UK makes life better for carers.

Caring will affect us all at some point in our lives.

With your help, we can be there for the 6,000 people who start looking after someone each day.

We're the UK's only national membership charity for carers. We're both a support network and a movement for change.

Visit us at our website to join us, help us or access more resources:

carersuk.org