

Personal Independence Payment: assessment thresholds and consultation

This document provides more information on the second draft of the PIP assessment criteria - particularly on entitlement thresholds, impact modelling and case studies - and includes the consultation on the criteria.

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1. Executive summary

- 1.1 This document provides details of the proposed entitlement thresholds within the Personal Independence Payment assessment and contains our consultation questions on the second draft of the assessment criteria.
- 1.2 On 14 November 2011, the Department published a second draft of the proposed assessment criteria for Personal Independence Payment, in the form of revised draft regulations and an explanatory note. This draft was developed in light of testing and feedback received on the initial proposals. The second draft also included initial thoughts on possible relative weightings for the descriptors.
- 1.3 Following publication, we sought initial reactions from disabled people and their organisations on the second draft criteria and the proposed descriptor weightings. While the feedback we have received has been helpful, many people told us that they could offer only limited comments in advance of seeing the proposed entitlement thresholds. Given this limited feedback, we have not made any changes to the descriptor weightings at this point.
- 1.4 Following further consideration, we are now able to propose entitlement thresholds for the rates and components of the benefit, as follows:

**Daily Living
component**

Standard rate: 8 points
Enhanced rate: 12 points
(from activities 1-9)

**Mobility
component**

Standard rate: 8 points
Enhanced rate: 12 points
(from activities 10-11)

- 1.5 To help illustrate how the assessment criteria will work and how the weightings and thresholds will determine

entitlement, we have produced fifteen indicative case studies.

- 1.6 Using the entitlement thresholds, we have now been able to model the likely impact of the second draft assessment criteria on the projected Disability Living Allowance caseload in 2015/16. This analysis was carried out using the detailed information gathered from around 900 volunteers when we tested our proposals during summer 2011.
- 1.7 The modelling suggests that the second draft would produce a 2015/16 caseload of 1.7 million people receiving Personal Independence Payment. Without introducing the new benefit we would expect the number of 16-64 year olds claiming Disability Living Allowance in 2015/16 to be 2.2 million.
- 1.8 We would like to take this opportunity to seek further views from disabled people and their organisations, to ensure that we get the assessment criteria right. We are therefore launching a formal consultation which will run for 15 weeks, from 16 January 2012 to 30 April 2012. Final draft regulations will be laid before Parliament later this year.

2. Introduction

- 2.1 In May 2011, we published initial proposals for the assessment criteria for Personal Independence Payment. Following an informal consultation we made significant revisions to the criteria, reflecting many of the comments we received from disabled people and their organisations, and published a second draft on 14 November 2011. Having tested both the initial and revised proposals, we were able to determine that the second draft of the criteria identified individuals' levels of need both more accurately and more consistently than the first.
- 2.2 The second draft of the criteria includes proposed descriptor weightings, reflecting our initial views on how the criteria might work to prioritise relative need. They were developed following consideration of the comments received on the first draft, discussion with our Assessment Development Group and qualitative and quantitative analysis of the reliability and validity findings from testing the initial proposals.
- 2.3 As we have said previously, we view the development of the draft criteria as an iterative process. Before we reached firm views on the entitlement thresholds for the rates and components of Personal Independence Payment, we therefore wanted to take the opportunity to hear initial reactions to the proposed descriptor weightings included in the second draft.
- 2.4 Towards the end of 2011, we met with a variety of disabled people and their organisations to discuss the revised proposals. We also received a number of written comments. Although this engagement has been helpful, a common theme was that, without the entitlement thresholds, people felt it difficult to comment on the proposed descriptor

weightings in any detail. Given this limited feedback, at this stage we have not changed the weightings or made any further amendments to the criteria. We have, however, now finished our consideration on the proposed entitlement thresholds – which, in turn, have enabled us to model the likely impact of the draft criteria on the Disability Living Allowance caseload.

2.5 This document needs to be read in conjunction with the second draft assessment regulations and the explanatory note for the second draft of the assessment criteria, both published on 14 November 2011 and available at www.dwp.gov.uk/pip.

3. The proposed entitlement thresholds

- 3.1 Each descriptor in the assessment criteria will have a relative weighting attached to it, reflecting both the level of ability the descriptor represents and the overall importance of that activity within the criteria as a whole. An individual's entitlement to Personal Independence Payment will be determined by the cumulative weightings which apply to that individual. For both the Daily Living and Mobility components, it will be possible for an individual to be entitled to the standard rate; the enhanced rate; or neither.
- 3.2 The second draft of the criteria included our initial thoughts on these weightings. In light of the preliminary comments we have received on these, further detailed consideration of the written reports from the summer 2011 testing and more discussion with our Assessment Development Group, we propose that the entitlement thresholds should be as follows:

Daily Living component

Standard rate: 8 points
Enhanced rate: 12 points
(from activities 1-9)

Mobility component

Standard rate: 8 points
Enhanced rate: 12 points
(from activities 10-11)

- 3.3 We feel that these thresholds for the rates and components of Personal Independence Payment are reasonable and enable individuals to be accurately prioritised on the basis of need.
- 3.4 For the Daily Living component, thresholds at these levels enable an individual who requires aids, appliances or prompting to successfully carry out a number of the daily living activities to receive the component at the standard rate. This recognises the additional costs incurred through

use of such support and the barriers that the individual is likely to face. Equally, for all but one of the daily living activities, the highest descriptor in that activity on its own ensures entitlement to the standard rate.

- 3.5 The proposed thresholds allow the highest scoring descriptor for activity 7 (*Communicating*) to provide entitlement to the enhanced rate of the Daily Living component, recognising both the significant barriers and costs faced by individuals who are unable to communicate. This high relative priority demonstrates our desire to develop an assessment which better reflects the impact of impairments on speech, hearing, communication and language comprehension than the current Disability Living Allowance criteria.
- 3.6 For the Mobility component, the proposed thresholds reflect and differentiate between the extra costs incurred by an individual requiring support to get around. They also ensure that individuals whose ability to get around is severely impacted by impairments affecting either physical or non-physical ability can receive the Mobility component at the enhanced rate – reflecting our key principle of developing an assessment which considers the impact of impairments equally, regardless of their nature.
- 3.7 For activity 11 (*Moving around*), individuals who use aids and appliances to move very short distances can receive the standard rate, reflecting the extra costs incurred; while those who need wheelchair to do so will receive the enhanced rate, reflecting the additional extra costs, barriers and overall level of need which often accompany wheelchair use. Meanwhile, two descriptors from activity 10 (*Planning and following a journey*) entitle an individual to the Mobility component at the standard rate on their own; while the bottom descriptor provides entitlement at the enhanced rate.

3.8 We recognise that there are likely to be strong views on the entitlement thresholds and how these relate to the descriptor weightings previously proposed. We have now begun a further consultation on the second draft of the assessment criteria, including the weightings and entitlement thresholds, and would welcome any views that people and organisations have.

Case studies

3.9 In order to provide further context to how we envisage the revised criteria being applied, we have produced 15 case studies which are set out in Annex A. Each case study is intended to be illustrative only, demonstrating the descriptors which may apply to a variety of individuals. They do not show how all individuals with particular conditions or impairments are likely to fare under Personal Independence Payment, as entitlement will always be based on individual circumstances.

3.10 Please note that these cases are not based on real individuals.

4. The impact of the second draft criteria

Our approach

- 4.1 Chapter 5 of the explanatory note to the second draft of the Personal Independence Payment assessment criteria (www.dwp.gov.uk/pip) explains the approach we took when testing the first draft of the criteria in summer 2011. During this exercise it was important to gather as much information about the impact of impairments on volunteers' lives as possible. This enabled us to qualitatively analyse the findings from the initial testing, helping to sense-check the quantitative data and challenging our initial proposals where it became apparent that revisions to the criteria were necessary.
- 4.2 Participation in the assessment testing involved face-to-face appointments being carried out between May and September 2011. We were keen not to require the same volunteers to take part in another appointment, or to seek further volunteers, in order to test the changes made to produce a second draft or to analyse the impact of the proposals. For this reason, we ensured that the initial data collected was broad enough to enable us to reconsider the same volunteers against the second draft criteria on the basis of assessing the original written report only.
- 4.3 As a result, we were able to test the impact of the second draft of the criteria by re-assessing the original sample of around 900 volunteers on a paper basis. Trained health professionals used the information provided in each report to choose appropriate descriptors from the second draft criteria. We have now been able to analyse the impact of the second draft by considering this data in light of the proposed entitlement thresholds.

- 4.4 As our reliability and validity analysis of the first draft demonstrated that the initial proposals were neither valid nor reliable, we have not included information on the impact of the first draft criteria as the findings would not be meaningful. In addition, the second draft of the criteria is substantially different from the first and has been shown to be an improvement on the first in terms of both reliability and validity. Our modelling therefore focuses on the analysis of the impact of the second draft criteria.
- 4.5 For further information on the sample used to test the impact of the second draft criteria, please refer to Annex C of the explanatory note to the second draft assessment criteria (www.dwp.gov.uk/pip).

Methodology for analysis

- 4.6 To assess the impact of the second draft assessment criteria, the Disability Living Allowance awards of the 900 testing volunteers were compared with their projected Personal Independence Payment award.
- 4.7 The results from the 900 person sample were used to analyse what would happen to the 16-64 caseload in 2015/16. Results from the volunteer sample were scaled up to make them representative, as far as possible, of the projected Disability Living Allowance caseload. This adjusted the sample so that it replicated the relative proportions of impairments affecting physical and mental function and the rate combinations seen in the Disability Living Allowance caseload. It also took account of the over-representation of the additional specific impairment groups in the sample.
- 4.8 The sample was designed to be as representative as possible of the Disability Living Allowance caseload.

Weighting of the data helps to ensure this. The fact that the participants were volunteers may have introduced bias which we cannot eliminate.

- 4.9 In addition, two groups of Disability Living Allowance claimants were not included in the sample: claimants who transitioned to Disability Living Allowance from its preceding benefit in 1992, where the administrative data does not have the level of detail used in the sampling (for example, on disabling condition); and 'Special Rules' cases who currently have automatic entitlement to Disability Living Allowance. In the analysis we have assumed that these cases would receive the Personal Independence Payment rate combination equivalent to their current Disability Living Allowance rate combination (standard Daily Living for those on Disability Living Allowance middle rate Care). In practice this may not necessarily be the case, as there is no direct read across between awards under Disability Living Allowance and Personal Independence Payment. However, as these groups make up a relatively small proportion of the Disability Living Allowance caseload (around 100,000 claimants) the impact on the overall estimates will be limited.
- 4.10 The sample data provided the results of an assessment based on the draft criteria. The final impact on claimants, however, will be influenced by other elements in the decision-making process. Decision makers will use information from the claimant and professionals who support them, as well as advice from the independent assessor, to make decisions on awards. Some claimants will ask for a reconsideration or may appeal this decision. Evidence from Employment and Support Allowance as well as Disability Living Allowance has been used to take into account the impact of these on likely Personal Independence Payment awards. The results presented in this paper include these effects, but inevitably the

adjustments are subject to uncertainty until it is possible to observe how the assessment process operates in practice.

The analysis

4.11 To assess the extent to which the introduction of Personal Independence Payment will affect the caseload, the Disability Living Allowance awards among the 900 person sample were compared with their projected Personal Independence Payment award under the second draft of the assessment criteria. The modelling suggests that the second draft would produce a 2015/16 16-64 caseload of 1.7 million people receiving Personal Independence Payment. Without introducing the new benefit, we would expect the number of 16-64 year olds claiming Disability Living Allowance to be 2.2 million.

4.12 Like Disability Living Allowance, Personal Independence Payment will have two separate components – a Daily Living component and a Mobility component. Both components of the new benefit will be payable at either a standard or enhanced rate.

4.13 Table 1 below gives a breakdown of the modelled eligible Personal Independence Payment caseload. We estimate that under the second draft criteria:

- Around 340,000 people would receive the enhanced rate of both components of Personal Independence Payment.
- In total, around 540,000 people would receive the enhanced rate of the Daily Living component and around 760,000 would receive the enhanced rate of the Mobility component.
- Around 690,000 claimants would receive the standard rate of the Daily Living component; and 560,000 would

be in payment of the standard rate of the Mobility component.

Table 1: Breakdown of eligible Personal Independence Payment (PIP) caseload by Daily Living and Mobility component combination

2015/16 PIP rate combination	Second draft criteria
Enhanced Mobility, Enhanced Daily Living	340,000
Enhanced Mobility, Standard Daily Living	190,000
Enhanced Mobility, No Daily Living	230,000
Standard Mobility, Enhanced Daily Living	110,000
Standard Mobility, Standard Daily Living	250,000
Standard Mobility, No Daily Living	190,000
No Mobility, Enhanced Daily Living	90,000
No Mobility, Standard Daily Living	250,000
Total	1,700,000

Note: data may not sum due to rounding

- 4.14 The estimates above do not include the potential impact on individuals who are not currently entitled to Disability Living Allowance. Analysis of the small sample of unsuccessful claimants suggests that a small number of such people could be entitled to receive Personal Independence Payment but it is not possible to quantify this reliably from the sample used in testing.
- 4.15 For comparison, the numbers of people projected to be on each of the Disability Living Allowance rate combinations in 2015/16 are given in Table 2 below.

Table 2: Breakdown of forecasted Disability Living Allowance (DLA) caseload by rate combination

2015/16 16-64 age DLA rate combination	Caseload
Higher Mobility, Higher Care	350,000
Higher Mobility, Middle Care	290,000
Higher Mobility, Lowest Care	270,000
Higher Mobility, No Care	130,000
Lower Mobility, Higher Care	170,000
Lower Mobility, Middle Care	450,000
Lower Mobility, Lowest Care	230,000
Lower Mobility, No Care	50,000
No Mobility, Higher Care	10,000
No Mobility, Middle Care	40,000
No Mobility, Lowest Care	190,000
Total	2,200,000

Note: data may not sum due to rounding

4.16 Tables 3 and 4 below break down the projected Personal Independence Payment caseload by age and gender and compare it to the current Disability Living Allowance caseload. The proportion of the 2015/16 16-64 Personal Independence Payment caseload that is female is slightly higher than in the current 16-64 DLA caseload, but this difference is not statistically significant. Similarly, differences in the breakdown by age are not statistically significant.

Table 3: Personal Independence Payment eligible caseload

Age	Sex		Total
	Male	Female	
16 to 24	5%	4%	9%
25-34	5%	7%	12%
35-44	6%	9%	15%
45-54	13%	15%	28%
55-64	17%	19%	36%
Total 16-64	46%	54%	100%

Table 4: Current Disability Living Allowance caseload

Age	Sex		Total
	Male	Female	
16 to 24	6%	4%	10%
25-34	5%	5%	10%
35-44	8%	9%	18%
45-54	12%	14%	26%
55-64	17%	19%	36%
Total 16-64	49%	51%	100%

4.17 Two thirds of the current Disability Living Allowance caseload is made up of physical function conditions and one third mental function conditions. The 1.7m modelled Personal Independence Payment eligible caseload has a similar split between physical and mental function conditions.

4.18 The modelled Personal Independence Payment caseload cannot be broken down further than this, for example by disabling condition, due to the increasingly small sample sizes and the statistically insignificant figures in which this would result.

5. Consultation and next steps

- 5.1 We have now published full details of the proposed assessment criteria for Personal Independence Payment, including the weightings and entitlement thresholds, and have shown the likely impact on the Disability Living Allowance caseload. We would like to take this opportunity to seek further views from disabled people and their organisations, to ensure that we get the assessment criteria right. We are therefore launching a formal consultation which will run for 15 weeks, from 16 January 2012 to 30 April 2012.
- 5.2 For the consultation, this document should be considered alongside the second draft assessment regulations and the explanatory note for the second draft of the assessment criteria, both published on 14 November 2011.¹ Copies of all three documents can be found at www.dwp.gov.uk/pip.
- 5.3 The draft regulations will need to be updated to reflect the published entitlement thresholds and, subject to the passage of the Welfare Reform Bill, the proposed changes to the required period condition. These changes will be made in a later iteration of the regulations.

Consultation questions

- 5.4 There are a number of specific areas where we are particularly seeking feedback on the second draft:

¹ 'Personal Independence Payment: second draft of assessment criteria – an explanatory note to support the second draft of the assessment regulations' and 'Personal Independence Payment: second draft of assessment regulations'

- **Q1 – What are your views on the latest draft Daily Living activities?**

In the explanatory note we set out revised proposals for the activities relating to entitlement to the Daily Living component (activities 1-9). These include three new activities: *Communicating*, *Engaging socially* and *Making financial decisions*. We would welcome your views on the activities. Are the changes and the new activities an improvement? Do you think we need to make any further changes?

- **Q2 – What are your views on the weightings and entitlement thresholds for the Daily Living activities?**

In the explanatory note we set out proposals for the weightings of descriptors in the activities relating to entitlement to the Daily Living component (activities 1-9). In this document we have set out the entitlement thresholds for the benefit. How well do you think they work to distinguish between differing levels of ability in each activity? How well do you think they work to prioritise individuals on the basis of their overall need? Do you think we need to make any changes to weightings or thresholds?

- **Q3 – What are your views on the latest draft Mobility activities?**

In the explanatory note we set out revised proposals for the activities relating to entitlement to the Mobility component (activities 10-11). Are the changes an improvement? Do you think we need to make any further changes?

Q4 – What are your views on the weightings and entitlement thresholds for the Mobility activities?

In the explanatory note we set out proposals for the weightings of descriptors in the activities relating to entitlement to the Mobility component (activities 10-11). In this document we have set out the entitlement thresholds for the benefit. How well do you think they work to distinguish between differing levels of ability in each activity? How well do you think they work to prioritise individuals on the basis of their overall need? Do you think we need to make any changes to weightings or thresholds?

- **Q5 – What are your views on how the regulations work regarding benefit entitlement?**

Draft Regulations 1 to 4 set out how the assessment will work to prioritise individuals and determine entitlement to the benefit. How well do you think the draft regulations achieve the intent of the assessment set out in the explanatory note? Do we need to make any changes?

- **Q6 – What are your views on how we are dealing with fluctuating conditions?**

Regulation 4(4)(c) of the draft regulations and paragraphs 7.13 to 7.15 of the explanatory note set out how we are proposing to assign descriptors to people who have fluctuating conditions. These are that:

- Scoring descriptors will apply to individuals where their impairment(s) affects their ability to complete an activity on more than 50 per cent of days in a 12 month period.
- If one descriptor in an activity applies on more than 50 per cent of the days in the period – i.e. the activity cannot be completed in the way described on more than 50 per cent of days – then that descriptor should be chosen.

- If more than one descriptor in an activity applies on more than 50 per cent of the days in the period, then the descriptor chosen should be the one which applies for the greatest proportion of the time.
- Where one single descriptor in an activity is not satisfied on more than 50 per cent of days, but a number of different descriptors in that activity together are satisfied on more than 50 per cent of days – for example, descriptor ‘B’ is satisfied on 40 per cent of days and descriptor ‘C’ on 30 per cent of different days – the descriptor satisfied for the highest proportion of the time should be selected.

What are your views on this approach and how this is set out in the regulations?

- **Q7 – What are your views on the definitions of ‘safely’, ‘timely’, ‘repeatedly’ and ‘in a timely’ manner?**

In the assessment an individual must be able to complete an activity descriptor reliably, repeatedly, safely and in a timely manner. Otherwise they should be considered unable to complete the activity described at that level. In paragraph 7.4 of the explanatory note we set out draft definitions for these as follows:

- **Reliably** means to a reasonable standard.
- **In a timely fashion** means in less than twice the time it would take for an individual without any impairment.
- **Repeatedly** means completed as often during the day as the individual activity requires. Consideration needs to be given to the cumulative effects of symptoms such as pain and fatigue – i.e. whether completing the activity adversely affects the individual’s ability to subsequently complete other activities.

- **Safely** means in a fashion that is unlikely to cause harm to the individual, either directly or through vulnerability to the actions of others; or to another person.

What are your views on these? Some organisations have suggested that these terms should be included within the regulations. Do you agree? If so, do you have views on how we should do so – for example, as a general provision or referring to them in the detail of activity descriptors?

- **Q8 – What are your views on the definitions in the regulations?**

The draft regulations contain a number of definitions in Regulation 1 (Interpretation) and Schedule 1. Do we need to make changes to any of these?

- **Q9 – Do you have any other comments on the draft regulations?**

Regulations 5 to 10 of the draft regulations relate to elements of the assessment process for Personal Independence Payment, around the requirement to provide information and attend face-to-face consultations, the consequences of failing to meet these requirements and when individuals might have good reason for not meeting these. Do you have any comments on these regulations?

5.5 Other comments on the second draft criteria – in particular on the changes made in the November 2011 version, the proposed weightings and the entitlement thresholds – are welcome. At this point in the development process we do not envisage making significant changes to the broad principles or scope of the assessment – i.e. to incorporate social and environmental factors. We are therefore not seeking comments on these aspects of the second draft criteria. We are also not seeking views at this stage on Regulations 11 to 13 of the draft regulations relating to the

required period conditions. These will be subject to separate consultation at a later point.

5.6 We intend to further refine the draft assessment criteria once we have considered all the responses to this consultation. Subject to Royal Assent of the Welfare Reform Bill, the draft regulations will be laid before Parliament in the second half of 2012, alongside a summary of consultation findings and a government response. These regulations will be subject to Parliamentary scrutiny through the affirmative procedure.

5.7 More information on the consultation process and how to respond is set out in Annex B.

Further PIP consultation activity

5.8 Throughout the development of Personal Independence Payment we have demonstrated our ongoing commitment to involve disabled people and their organisations in the design of the benefit and how it can best be delivered. Following the publication of our consultation document on 6 December 2010, and our response published on 4 April 2011 (available at www.dwp.gov.uk/pip), we have continued to engage with disabled people and their organisation to further develop and refine our plans. That process has continued as the Welfare Reform Bill, which will deliver the overall structure for Personal Independence Payment, has progressed through Parliament.

5.9 As a result of this continued engagement we have made significant changes to some of the design principles for Personal Independence Payment – for example by announcing that we will remove the power in the Welfare Reform Bill to exclude entitlement to the mobility component for care home residents and that the qualifying period will be one of three months rather than six months. These new

arrangements will not be subject to a further period of consultation.

5.10 There remain a number of issues in relation to Personal Independence Payment on which we intend to further consult to help inform the necessary regulations. It is our intention to formally consult on these in the Spring, conducted in line with the Cabinet Office Code of Practice on Consultation. At the same time we will also set out some of the other details on Personal Independence Payment which will not be subject to consultation to provide a fuller picture on the benefit rules and how it will be delivered. Any future consultation will be published on our website (www.dwp.gov.uk/pip) and will be made available in alternative formats.

Annex A: Case studies

Case study 1

Katie is 29 and lives with her partner and young daughter. She has not felt well since 2009 and is very easily exhausted. She was working as a primary school teacher until she had a flu-like illness, since diagnosed as chronic fatigue syndrome. She can have two or three good days, and then four or five bad ones. To help her manage her condition, the main bedroom has been moved downstairs and a downstairs shower room has been installed.

She is only able to carry out minimal daily tasks independently, such as brushing her teeth and feeding herself, so her partner and daughter support her in most activities. She needs assistance to get into the shower and then sits on a seat to wash herself; afterwards, she usually has to lie down to rest. She can dress herself, but has to sit down and take her time to do so and on most days she is too tired to dress in clothes which she cannot pull on easily. She used to enjoy reading, but now cannot concentrate on anything longer than a magazine article. Even on a good a day she finds it difficult to help with the cooking. Her poor concentration and memory for recent events make it difficult to manage her finances. She likes to visit friends and go shopping but can only walk a few metres so she uses a wheelchair pushed by another person if she goes out.

Likely descriptor choices

Activity	Descriptor		
1	F	Needs assistance to either prepare or cook a simple meal.	4
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	G	Needs assistance to bathe.	4
5	A	Can manage toilet needs or incontinence unaided.	0
6	E	Needs assistance to dress or undress upper body.	4
7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	A	Can engage socially unaided.	0
9	B	Needs prompting to make complex financial decisions.	2
10	A	Can plan and follow a journey unaided.	0
11	F	Cannot move up to 50 metres without using a wheelchair propelled by another person or a motorised device.	15

Total points

Daily living activities = 14 (enhanced rate Daily Living component)

Mobility activities = 15 (enhanced rate Mobility component)

Explanation

Katie often needs assistance with a wide range of daily living activities, on account of fatigue. Her condition does fluctuate and on some days she is more independent. However, on the majority of days she requires a significant amount of support.

Case study 2

Rachel is 45 and gave up work as a clerk three years ago because she was suffering from exhaustion. She lives alone. Since being diagnosed with chronic fatigue syndrome she tries to manage her condition by pacing herself and her activities, making sure she doesn't overdo things. She enjoys painting watercolours and doing needlework. She has on average three good days to each bad one, when she rests for the day and does not get dressed or go out. She likes to cook, but finds standing to prepare food tiring, so she sits on a stool to do so. She can wash herself without assistance but she finds standing in the shower very tiring, so she uses a seat. She does relaxation exercises every day. On a good day she can walk to the post office half a mile away, as long as she takes her time, or can drive to the supermarket. She has no problems planning a journey and hopes to visit a friend in France next year.

Likely descriptor choices

Activity	Descriptor		
1	B	Needs to use an aid or appliance to either prepare or cook a simple meal.	2
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	F	Needs to use an aid or appliance to bathe.	2
5	A	Can manage toilet needs or incontinence unaided.	0
6	A	Can dress and undress unaided.	0
7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	A	Can engage socially unaided.	0

9	A	Can manage complex financial decisions unaided.	0
10	A	Can plan and follow a journey unaided.	0
11	A	Can move at least 200 metres either – i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device.	0

Total points

Daily living activities = 4 (no Daily Living component entitlement)

Mobility activities = 0 (no Mobility component entitlement)

Explanation

While Rachel sometimes requires aids and appliances to carry out daily activities, for the majority of activities and on the majority of days she is able to do so independently. Her mobility is restricted on bad days, but on the majority of days she can mobilise in excess of 200 metres.

Case study 3

Victoria, 42, lives with her husband who has been supporting her for the last five years and is now doing so full time. She spends most of her time in an electric wheelchair because she can only walk about 10-15 steps. Although her multiple sclerosis hasn't changed much over the last 18 months, things are very different from when she was first diagnosed.

Vicky likes to be as independent as possible and so she uses a variety of aids and appliances to carry out everyday activities. Her husband sometimes assists her to get in the shower, but usually she is able to do this independently. She has a big walk-in shower cubicle with a seat and once in she can wash without support. However, it does take a very long time on her own as she has poor manual co-ordination. She also has an adapted toilet with a raised seat and grab rails. In the kitchen she can use the microwave but finds it difficult to lift saucepans and needs assistance to cut up her food. She has modified clothes, such as Velcro fastenings, so that she can dress herself. Her neighbours often come around for company and she enjoys chatting to them. When she and her husband want to go out they use an adapted car which accommodates her wheelchair

Likely descriptor choices

Activity	Descriptor		
1	F	Needs assistance to either prepare or cook a simple meal.	4
2	B	Needs either – i. to use an aid or appliance to take nutrition; or ii. assistance to cut up food.	2
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or	0

		with the use of an aid or appliance.	
4	G	Needs assistance to bathe.	4
5	B	Needs to use an aid or appliance to manage toilet needs or incontinence.	2
6	B	Needs to use an aid or appliance to dress or undress.	2
7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	A	Can engage socially unaided.	0
9	A	Can manage complex financial decisions unaided.	0
10	A	Can plan and follow a journey unaided.	0
11	F	Cannot move up to 50 metres without using a wheelchair propelled by another person or a motorised device.	15

Total points

Daily living activities = 14 (enhanced rate Daily Living component)

Mobility activities = 15 (enhanced rate Mobility component)

Explanation

Vicky's impairment impacts on some aspects of daily living and so she uses several aids and appliances. Her ability to move around is severely affected.

Case study 4

Pete is 19 and lives with his family. He does administrative work for his father’s roofing business, working from home as he is not allowed to drive because of regular epileptic fits. He loves to watch sports, particularly football, but is unable to take part as he is worried about having a fit. These have been more frequent since puberty and his neurologist keeps his treatment under constant review to try to reduce his fit frequency; he is currently having a mix of either grand-mal or petit-mal fits most days and sometimes more than once a day.

He is occasionally incontinent during a grand-mal fit and falls asleep for a while afterwards. Between fits he is fairly independent though he only takes a shower if a family member is in the house and he never cooks when alone – in the past he has suffered injuries including scalds and burns in the kitchen. He has little or no warning of a fit and previously he has received cuts and bruising from fits while outdoors. He never goes out unaccompanied because of the risk and danger from traffic.

Likely descriptor choices

Activity	Descriptor		
1	E	Needs supervision to either prepare or cook a simple meal.	4
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	E	Needs supervision or prompting to bathe.	2
5	A	Can manage toilet needs or incontinence unaided.	0

6	A	Can dress and undress unaided.	0
7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	A	Can engage socially unaided.	0
9	A	Can manage complex financial decisions unaided.	0
10	E	Needs either – i. supervision, prompting or a support dog to follow a journey to a familiar destination; or ii. a journey to a familiar destination to have been planned entirely by another person.	15
11	A	Can move at least 200 metres either – i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device.	0

Total points

Daily living activities = 6 (no Daily Living component entitlement)

Mobility activities = 15 (enhanced rate Mobility component)

Explanation

Although Pete has fits on most days, which are unpredictable with minimal warning, he is independent in all daily living activities other than cooking and bathing, where having a seizure would result in significant risk. He therefore requires supervision for these activities. He requires supervision whenever he goes out, because of the significant risk of injury.

Case study 5

Mary is 53, lives with her husband and works as a secretary to a firm of solicitors. Her employers have been very supportive of her coming back to work following surgical removal of a benign brain tumour 12 months ago, which resulted in her developing epilepsy. She remains on anticonvulsant medication and the frequency of her generalised seizures has reduced to an average of three fits a month. Her colleagues are aware of her impairment and will help her if she has a fit at work. She travels there by bus as it is not safe for her to drive.

She usually has some warning of a fit and so is able to avoid injury as a result. Following a fit, she can be dazed and confused for about an hour; she usually sleeps it off. She can manage all daily living tasks, but her husband usually does the cooking, although she can safely use the microwave. She prefers to only take a shower if her husband is in the house.

Likely descriptor choices

Activity	Descriptor		
1	C	Cannot cook a simple meal using a conventional cooker but can do so using a microwave.	2
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	A	Can bathe and groom unaided.	0
5	A	Can manage toilet needs or incontinence unaided.	0
6	A	Can dress and undress unaided.	0
7	A	Can communicate unaided and access written information unaided, or using spectacles or	0

		contact lenses.	
8	A	Can engage socially unaided.	0
9	A	Can manage complex financial decisions unaided.	0
10	A	Can plan and follow a journey unaided.	0
11	A	Can move at least 200 metres either – i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device.	0

Total points

Daily living activities = 2 (no Daily Living component entitlement)

Mobility activities = 0 (no Mobility component entitlement)

Explanation

Mary is at risk of injury from fits while preparing and cooking a meal but she mitigates this by avoiding using the cooker.

Case study 6

Richard is 62 and worked as a miner for 30 years. He has very restricted movement of his shoulder following an injury to his right arm when working in the mine; since leaving the job he has developed osteoarthritis in both knees and in his right shoulder and right elbow. He also has Dupuytren's contracture in both hands, which affects his ability to grip. He can walk for short distances but the pain in his knees stops him after about 20-30 steps – he is currently on the waiting list for two knee replacements. He cannot use sticks because of his hand problems and has difficulty climbing stairs.

He uses aids and appliances to enable him to carry out some daily living activities. He sits on a seat to take a shower and has difficulty washing his hair as he can only use his left arm, which is his dominant one. His wife helps him dress his upper body and he is able to dress the lower half himself using a grabber to help pull up socks and trousers. His wife prepares and cooks most of the food but he helps by using suitable kitchen aids and sitting on a perching stool. When she is not around he is able to prepare a meal for himself. He uses the toilet on his own but requires a raised seat. He manages the household bills online and his wife does the shopping.

Likely descriptor choices

Activity	Descriptor		
1	B	Needs to use an aid or appliance to either prepare or cook a simple meal.	2
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	F	Needs to use an aid or appliance to bathe.	2

5	B	Needs to use an aid or appliance to manage toilet needs or incontinence.	2
6	E	Needs assistance to dress or undress upper body.	4
7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	A	Can engage socially unaided.	0
9	A	Can manage complex financial decisions unaided.	0
10	A	Can plan and follow a journey unaided.	0
11	C	Can move up to 50 metres unaided but no further.	8

Total points

Daily living activities = 10 (standard rate Daily Living component)

Mobility activities = 8 (standard rate Mobility component)

Explanation

Richard's lower limb impairments impact on his ability to move around. He uses aids and appliances to carry out several daily living activities and needs assistance when dressing.

Case study 7

Andy is 50 and was injured at work two years ago when a lorry reversed into his car. His left leg was crushed and had to be amputated above the knee and his right leg was also injured. He is back in his previous job doing administrative work; however, he is unable to stand for long periods and uses a stick to walk.

He does not require support with daily living activities, but he needs to sit down when in the kitchen and when showering as he finds it tiring and difficult to stand. The scar on his left stump has not healed very well so he has difficulties with his prosthesis and his right leg is weak. He finds it very tiring if he walks more than 40-50m so he often uses a wheelchair if he is going outdoors.

Likely descriptor choices

Activity	Descriptor		
1	B	Needs to use an aid or appliance to either prepare or cook a simple meal.	2
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	F	Needs to use an aid or appliance to bathe.	2
5	A	Can manage toilet needs or incontinence unaided.	0
6	A	Can dress and undress unaided.	0
7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	A	Can engage socially unaided.	0

9	A	Can manage complex financial decisions unaided.	0
10	A	Can plan and follow a journey unaided.	0
11	D	Cannot move up to 50 metres without using an aid or appliance, other than a wheelchair or a motorised device.	10

Total points

Daily living activities = 4 (no Daily Living component entitlement)

Mobility activities = 10 (standard rate Mobility component)

Explanation

Andrew only requires minimal support with daily living activities but his impairment has impacted on his ability to move around.

Case study 8

Vera is 58 and lives alone since her partner died three years ago. Her daughter visits often, bringing her grandchildren whom she enjoys seeing. She is taking long-term medication following a mastectomy five years ago; the treatment makes her feel tired much of the time and she has also lost her appetite. Since the operation her right arm has been very swollen, which she finds particularly difficult as she is right handed.

She has to use her left hand to type as she wears a pressure sleeve on her right arm, which limits the movement of her arm and fingers. She sits to prepare food and has aids to help do some things one handed such as peeling vegetables. She finds it difficult to cut food sometimes and uses adapted cutlery to eat. She is able to take a shower on her own but needs assistance to wash and comb her hair. She dresses slowly and has bought slip-on skirts and front buttoning bras, blouses and cardigans, and uses Velcro fastenings on shoes to enable her to be more independent. She can walk to the local shop and back, about 400 yards away.

Likely descriptor choices

Activity	Descriptor		
1	B	Needs to use an aid or appliance to either prepare or cook a simple meal.	2
2	B	Needs either – i. to use an aid or appliance to take nutrition; or ii. assistance to cut up food.	2
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	D	Needs assistance to groom.	2
5	A	Can manage toilet needs or incontinence	0

		unaided.	
6	B	Needs to use an aid or appliance to dress or undress.	2
7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	A	Can engage socially unaided.	0
9	A	Can manage complex financial decisions unaided.	0
10	A	Can plan and follow a journey unaided.	0
11	A	Can move at least 200 metres either – i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device.	0

Total points

Daily living activities = 8 (standard rate Daily Living component)

Mobility activities = 0 (no Mobility component entitlement)

Explanation

Vera continues to be affected by the swelling of her right arm following her surgery and ongoing effects of medication. She requires support or aids and appliances to carry out a number of daily living activities.

Case study 9

Trevor is 25 and lives in sheltered accommodation provided by the local council, sharing a house with three other people one of whom, like him, is also profoundly deaf. He likes meeting up with friends and often goes to see movies with subtitles. His preferred method of communication is British Sign Language and many of the people he sees regularly have learnt a few essential elements of sign language, to help with communication. He keeps in touch with his friends by text and his phone vibrates and flashes to alert him when he receives messages. The doorbell in his house also has a light that goes on when someone rings it. He is able to cook for himself, do his own shopping and manages to wash and dress without support.

Likely descriptor choices

Activity	Descriptor		
1	A	Can prepare and cook a simple meal unaided.	0
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	A	Can bathe and groom unaided.	0
5	A	Can manage toilet needs or incontinence unaided.	0
6	A	Can dress and undress unaided.	0
7	F	Needs communication support to express or understand basic verbal information.	8
8	A	Can engage socially unaided.	0
9	A	Can manage complex financial decisions unaided.	0
10	A	Can plan and follow a journey unaided.	0
11	A	Can move at least 200 metres either – i. unaided; or	0

		ii. using an aid or appliance, other than a wheelchair or a motorised device.	
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Total points

Daily living activities = 8 (standard rate Daily Living component)

Mobility activities = 0 (no Mobility component entitlement)

Explanation

Trevor's impairment impacts on his ability to communicate and he requires a British Sign Language interpreter. He is able to carry out all other everyday activities independently.

Case study 10

Sarah is 45, lives alone and works as an administrative assistant. She is largely independent at home although she needs assistance with her insulin for her diabetes in order to take it safely; either her sister or father calls in to give her the injections. She is able to read Braille, having learned to do so many years ago when she lost her sight, and her family have put Braille labels on various household items to support her independent living. She likes to cook, although she often buys ready peeled and chopped vegetables for ease and uses a microwave to ensure that she can do so safely. She has a wide circle of friends and a good social life. At home, she uses an adapted telephone, computer keyboard and voice recognition software to give her greater independence with communication. She gets help from family and friends to organise her clothes so that she dresses appropriately. She enjoys going to concerts and will travel to familiar places on her own but needs another person if she is going somewhere unfamiliar, particularly if that involves public transport.

Likely descriptor choices

Activity	Descriptor		
1	D	Needs prompting to either prepare or cook a simple meal.	2
2	A	Can take nutrition unaided.	0
3	B	Needs supervision, prompting or assistance to manage medication or monitor a health condition.	1
4	A	Can bathe and groom unaided.	0
5	A	Can manage toilet needs or incontinence unaided.	0
6	C	Needs either – i. prompting to dress, undress or determine appropriate circumstances for remaining clothed; or ii. assistance or prompting to select	2

		appropriate clothing	
7	D	Needs assistance to access written information.	4
8	A	Can engage socially unaided.	0
9	A	Can manage complex financial decisions unaided.	0
10	C	Needs either – i. supervision, prompting or a support dog to follow a journey to an unfamiliar destination; or ii. a journey to an unfamiliar destination to have been entirely planned by another person.	8
11	A	Can move at least 200 metres either – i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device.	0

Total points

Daily living activities = 9 (standard rate Daily Living component)

Mobility activities = 8 (standard rate Mobility component)

Explanation

Sarah is able to do most daily living activities independently or with some support. She requires supervision when getting around to ensure her safety on unfamiliar journeys.

Case study 11

Bob is 50 and lives with his wife. He is still getting used to the impact of suddenly losing his sight seven months ago. He is gradually getting more confident about moving around within the house, although he still tends to bump into things. He cannot go out alone without supervision as he cannot yet orientate himself and has tripped and fallen a few times. He is learning Braille, but is finding it challenging; in the meantime his wife has started reading the paper to him and helping him with his mail. He used to love cooking but now cutting, chopping and even opening packaging takes him a long time and he cannot handle hot pans safely. His wife assists him to select clothes appropriate for the weather and occasion although he has just developed an organisation system for doing this himself. Although he is not currently working, he hopes to return in the future once he is more independent.

Likely descriptor choices

Activity	Descriptor		
1	G	Cannot prepare and cook food and drink at all.	8
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	A	Can bathe and groom unaided.	0
5	A	Can manage toilet needs or incontinence unaided.	0
6	C	Needs either – i. prompting to dress, undress or determine appropriate circumstances for remaining clothed; or	2

		ii. assistance or prompting to select appropriate clothing.	
7	D	Needs assistance to access written information.	4
8	A	Can engage socially unaided.	0
9	A	Can manage complex financial decisions unaided.	0
10	E	Needs either – i. supervision, prompting or a support dog to follow a journey to a familiar destination; or ii. a journey to a familiar destination to have been planned entirely by another person.	15
11	A	Can move at least 200 metres either – i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device.	0

Total points

Daily living activities = 14 (enhanced rate Daily Living component)

Mobility activities = 15 (enhanced rate Mobility component)

Explanation

Bob is severely affected by his recent impairment. He requires assistance in some areas of daily living, particularly in relation to accessing written information, basic food preparation, and cannot get around safely on his own outside of the house.

Case study 12

Elizabeth is 40 and lives with her mother. Once a week she gets a lift to a day centre run by Social Services for people with learning disabilities. Although she was reluctant to engage at first, she has become used to the centre and now looks forward to going. She is always accompanied when she goes out, unless she is going for a walk in the neighbourhood where people know her, as she is unable to use public transport and gets confused with directions in unfamiliar locations. At home, she likes working in her mother's small garden.

She does not understand the value of money and therefore cannot go shopping on her own. She is shy with strangers and usually needs to be prompted to engage socially. She cannot cook a meal on her own but can follow instructions while her mother oversees. Usually she does not bathe, brush her teeth or wash her hair, but she will do so when encouraged and checked by her mother who will also get her clothes out each day. She has high blood pressure and takes tablets once a day, which her mother has to remind her to take.

Likely descriptor choices

Activity	Descriptor		
1	E	Needs supervision to either prepare or cook a simple meal.	4
2	A	Can take nutrition unaided.	0
3	B	Needs supervision, prompting or assistance to manage medication or monitor a health condition.	1
4	E	Needs supervision or prompting to bathe.	2
5	A	Can manage toilet needs or incontinence unaided.	0
6	C	Needs either – i. prompting to dress, undress or determine appropriate circumstances for remaining clothed; or	2

		ii. assistance or prompting to select appropriate clothing.	
7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	B	Needs prompting to engage socially.	2
9	D	Cannot make any financial decisions at all.	6
10	C	Needs either – i. supervision, prompting or a support dog to follow a journey to an unfamiliar destination; or ii. a journey to an unfamiliar destination to have been entirely planned by another person.	8
11	A	Can move at least 200 metres either – i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device.	0

Total points

Daily living activities = 17 (enhanced rate Daily Living component)

Mobility activities = 8 (standard rate Mobility component)

Explanation

Elizabeth needs support in several areas of daily living and most of the time she requires supervision to use public transport and to ensure her safety when going out.

Case study 13

Tom is 21 and lives with his parents. He was in a satellite class at a mainstream school because of autism. He spends most of his time playing simple repetitive games such as throwing and catching a soft ball. He is able to communicate how he is feeling and what he needs to familiar people, though he needs support from someone familiar to engage socially. He is unaware of road safety – on several occasions he has run into the road – and so he does not go out alone.

He is afraid of using the toilet himself and so signals when he needs to go so that he can get help. He also needs supervision when bathing because if left alone he will just sit in the bath or use very hot water. He can dress himself but needs some support as he has an aversion to using buttons and tends to put his clothes on incorrectly. He can eat and drink food independently, often preferring to use his fingers, but he cannot cook or prepare food at all. He does not understand money and will pick up and walk off with items if he is not supervised when in shops.

Likely descriptor choices

Activity	Descriptor		
1	G	Cannot prepare and cook food and drink at all.	8
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	E	Needs supervision or prompting to bathe.	2
5	D	Needs assistance to manage toilet needs.	4
6	C	Needs either –	2

		<ul style="list-style-type: none"> i. prompting to dress, undress or determine appropriate circumstances for remaining clothed; or ii. assistance or prompting to select appropriate clothing. 	
7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	C	Needs social support to engage socially.	4
9	D	Cannot make any financial decisions at all.	6
10	E	Needs either – <ul style="list-style-type: none"> i. supervision, prompting or a support dog to follow a journey to a familiar destination; or ii. a journey to a familiar destination to have been planned entirely by another person. 	15
11	A	Can move at least 200 metres either – <ul style="list-style-type: none"> i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device. 	0

Total points

Daily living activities = 26 (enhanced rate Daily Living component)

Mobility activities = 15 (enhanced rate Mobility component)

Explanation

Tom requires a high level of support every day and the assessment recognises this need for supervision and assistance in many aspects of his daily life.

Case study 14

Norah, 36, lives with her two teenage children and is their main carer following a divorce 18 months ago. Recently she has been feeling low and to try and lift her mood she makes sure that she sees her friends on a regular basis. She is under the care of her GP who has prescribed antidepressants and has also seen a counsellor on a few occasions.

She feels depressed for much of the time but this is worse in the morning and tends to improve as the day goes on. She finds that she now has to will herself to do things which she used to really enjoy such as gardening. In addition she feels tired all the time and has difficulty sleeping with a tendency to wake up early in the morning. Her appetite is poor but she has not lost weight and her memory and concentration are fine. Although she lacks motivation at times, she cooks for her children, manages her medication and bills independently and is able to bathe and dress without prompting. She feels that her depression is slowly improving.

Likely descriptor choices

Activity	Descriptor		
1	A	Can prepare and cook a simple meal unaided.	0
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	A	Can bathe and groom unaided.	0
5	A	Can manage toilet needs or incontinence unaided.	0
6	A	Can dress and undress unaided.	0
7	A	Can communicate unaided and access written information unaided, or using spectacles or	0

		contact lenses.	
8	A	Can engage socially unaided.	0
9	A	Can manage complex financial decisions unaided.	0
10	A	Can plan and follow a journey unaided.	0
11	A	Can move at least 200 metres either – i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device.	0

Total points

Daily living activities = 0 (no Daily Living component entitlement)

Mobility activities = 0 (no Mobility component entitlement)

Explanation

Although Norah's impairment results in low mood and a lack of motivation, she is able to carry out all everyday activities independently.

Case study 15

Jane is 45 and lives with her husband and pet dog. She has been seeing a psychiatrist for 12 months and feels that this, combined with antidepressant treatment, is slowly improving her mental health – though she still feels depressed most of the time. She lacks motivation to cook, although her appetite has started to return, or to deal with her bills. She has lost a lot of weight and has very little energy. She usually does not bother to get dressed or have a shower. Her concentration is poor and she struggles even to watch television but her memory is fine and she usually remembers to take her antidepressants. When she first began to feel depressed she lost contact with her friends and lost interest in hobbies she previously enjoyed. Recently, however, she has re-started taking the dog for occasional walks in the park and going into town on her own.

Likely descriptor choices

Activity	Descriptor		
1	D	Needs prompting to either prepare or cook a simple meal.	2
2	A	Can take nutrition unaided.	0
3	A	Either – i. Does not receive medication, therapy or need to monitor a health condition; or ii. Can manage medication, therapy and monitor a health condition unaided, or with the use of an aid or appliance.	0
4	E	Needs supervision or prompting to bathe.	2
5	A	Can manage toilet needs or incontinence unaided.	0
6	C	Needs either – i. prompting to dress, undress or determine appropriate circumstances for remaining clothed; or ii. assistance or prompting to select appropriate clothing.	2

7	A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
8	A	Can engage socially unaided.	0
9	B	Needs prompting to make complex financial decisions.	2
10	A	Can plan and follow a journey unaided.	0
11	A	Can move at least 200 metres either – i. unaided; or ii. using an aid or appliance, other than a wheelchair or a motorised device.	0

Total points

Daily living activities = 8 (standard rate Daily Living component)

Mobility activities = 0 (no Mobility component entitlement)

Explanation

Jane requires encouragement to carry out some activities of daily living such as cooking, dressing and bathing. However, she is able to plan and follow a journey and move around independently.

Annex B – About this consultation

Purpose of the consultation

This consultation is intended to seek views on the second draft of the assessment criteria for Personal Independence Payment and in particular on the changes that have been made since the first draft, the proposed descriptor weightings and entitlement thresholds and the draft regulations. At this stage in the development process we do not envisage making significant changes to the broad principles or scope of the assessment and so are not seeking views on these.

Who the consultation is aimed at

The Department is keen to hear views from all interested parties but in particular from disabled people and disability organisations.

Scope of the consultation

This consultation applies to England, Wales and Scotland due to the devolved nature of social security in Northern Ireland. However, we are working closely with colleagues in Northern Ireland and would welcome comments from individuals and organisations in Northern Ireland.

Duration of the consultation

The consultation period begins on 16 January 2012 and runs until 30 April 2012.

How to respond to this consultation

Please send your consultation responses to:

PIP Assessment Development Team

Email: pip.assessment@dwp.gsi.gov.uk

Department for Work and Pensions
2nd floor, area B
Caxton House
Tothill Street
London
SW1H 9NA

Please ensure your response reaches us by 30 April 2012.

When responding, please state whether you are doing so as an individual or representing the views of an organisation. If you are responding on behalf of an organisation, please make it clear who the organisation represents and, where applicable, how the views of members were assembled. We will acknowledge your response.

Other ways of getting involved

We want to get views from as broad a range of people as possible. We intend to meet with disabled people and disability organisations throughout the consultation period.

This document is available in a range of formats, including large print, Braille, audio, BSL video/DVD and Easy Read either from our website (www.dwp.gov.uk/pip) or on request from:

PIP Assessment Development Team

Email: pip.assessment@dwp.gsi.gov.uk

Department for Work and Pensions
2nd floor, area B
Caxton House
Tothill Street
London
SW1H 9NA

We have sent this consultation document to people and organisations who have already been involved in this work or who have expressed an interest. Please do share this document with, or tell us about, anyone you think will want to be involved in this consultation.

Queries on this document

Please direct any queries about the subject matter of this consultation to:

PIP Assessment Development Team

Email: pip.assessment@dwp.gsi.gov.uk

Department for Work and Pensions
2nd floor, area B
Caxton House
Tothill Street
London
SW1H 9NA

How we consult

Freedom of information

The information you send us may need to be passed to colleagues within the Department for Work and Pensions, published in a summary of responses received and referred to in the published consultation report.

All information contained in your response, including personal information, may be subject to publication or disclosure if requested under the Freedom of Information Act 2000. By providing personal information for the purposes of the public consultation exercise, it is understood that you consent to its

disclosure and publication. If this is not the case, you should limit any personal information provided, or remove it completely. If you want the information in your response to the consultation to be kept confidential, you should explain why as part of your response, although we cannot guarantee to do this.

To find out more about the general principles of Freedom of Information and how it is applied within DWP, please contact:

Central Freedom of Information Team
The Adelphi
1-11, John Adam Street
London WC2N 6HT

Email: Freedom-of-information-request@dwp.gsi.gov.uk

The Central Fol team cannot advise on specific consultation exercises, only on Freedom of Information issues. More information about the Freedom of Information Act can be found at www.dwp.gov.uk/freedom-of-information.

The consultation criteria

The consultation is being conducted in line with the Government Code of Practice on Consultation – <http://www.bis.gov.uk/policies/bre/consultation-guidance>. The seven consultation criteria are:

- **When to Consult.** Formal consultation should take place at a stage when there is scope to influence the outcome.
- **Duration of consultation exercises.** Consultations should normally last for at least 12 weeks, with consideration given to longer timescales where feasible and sensible.
- **Clarity of scope and impact.** Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence, and the expected costs and benefits of the proposals.
- **Accessibility of consultation exercises.** Consultation exercises should be designed to be accessible to, and

clearly targeted at, those people the exercise is designed to reach.

- **The burden of consultation.** Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.
- **Responsiveness of consultation exercises.** Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.
- **Capacity to consult.** Officials running consultation exercises should seek guidance in how to run an effective consultation exercise, and share what they have learned from the experience.

Feedback on the consultation process

We value your feedback on how well we consult. If you have any comments on the process of this consultation (as opposed to the issues raised) please contact our Consultation Coordinator:

Roger Pugh
DWP Consultation Coordinator
1st floor, Crown House
2, Ferensway
Hull HU2 8NF

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In particular, please tell us if you feel that the consultation does not satisfy the consultation criteria. Please also make any suggestions as to how the process of consultation could be improved further.

If you have any requirements that we need to meet to enable you to comment, please let us know.

We will publish the responses to the consultation in a report on the consultations section of our website www.dwp.gov.uk/consultations. The report will summarise the responses and how we have reflected these in the draft assessment criteria and regulations.