

legal action for the community



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BENEFITS FOR DISABLED PEOPLE AN OVERVIEW

The main benefits available to disabled people of working age (16 to 65) are Employment and Support Allowance (ESA), introduced in October 2008 and Disability Living Allowance. There are also a group of people who qualified for sickness benefits before October 2008 who are being shifted on to ESA. These people may be receiving Incapacity Benefit, Severe Disablement Allowance (SDA) or Income Support either paid on its own or in combination with Incapacity Benefit or SDA. This group of people will be moved on to ESA by the end of March 2014.

Employment and Support Allowance (ESA)

ESA is paid to people who are accepted as being too ill to work because of their sickness or disability and who do not get Statutory Sick Pay from their employers.

There are two types of ESA - Income related ESA and Contributory ESA.

Contributory ESA is paid based on your National Insurance Contribution record from when you were working. From 30th April 2012 this benefit is paid for a maximum of 365 days unless you are in the Support Group of ESA which is the higher of the two groups available see below for more details.

Income Related ESA is a means-tested benefit and so entitlement to this depends on your income and savings as well as the income and savings of your partner if you have one. You can't get Income Related ESA if you have savings of more than £16,000. You can get either or both of Contributory ESA or Income Related ESA depending on your circumstances.

All ESA is paid subject to various assessments to prove you have limited capability for work.

During the first 13 weeks of your claim you are paid the assessment rate while DWP assess whether you have limited capability for work. You will only get benefit after 13 weeks if you pass this test. If you pass this test you will be placed in either the Work related Activity Group or the Support Group if it is accepted that you have a more severe disability you will be placed in the Support Group. Those placed in the Work Related Activity Group

are still expected to engage in work related activity such as attending monthly work focussed interviews.

If your ESA does not provide enough money to live on you can also claim other means-tested benefits such as Housing Benefit or Council Tax Benefit.

Disability Living Allowance

Disability Living Allowance (DLA) is paid to people who make their claim when they are under 65 and who have care and/or mobility needs. People who are over 65 can claim Attendance Allowance instead. DLA is a non means-tested benefit which is payable in addition to other benefits such as ESA, Incapacity Benefit, Severe Disablement Allowance, Income Support and is also payable to disabled people who are working and not in receipt of other benefits. The assessment is based solely on the level of disability and does not take into account income savings or family circumstances.

In order to qualify for DLA you must have had your care or mobility needs for at least 3 months and expect to have them for at least a further 6 months.

Care needs include things like getting dressed, going to the toilet or cooking a main meal for yourself. They also include supervision to prevent injury to yourself. It does not matter if you get the help, as long as you can show that you need it. If you have care needs you are paid one of the three rates of care component.

To qualify for the mobility component you have to be either very limited in walking or you have to be unable to walk outdoors on an unfamiliar route without help from another person most of the time. The mobility needs can arise from either physical or mental disability.

Awards can be made for fixed periods or they can be indefinite. If a fixed period award expires after April 2013 you will have to claim PIP when it is next renewed. Even if you have an indefinite award DWP can still randomly select your case for a periodic review. If this happens you will be sent a review form to see if your condition has changed.

DLA also increases the amounts paid in other benefits by triggering premiums or additional components in means-tested benefits such as ESA, Income Support, Housing Benefit, Council Tax Benefit and Tax Credits.

Carers of people who get either middle or highest rate of care component of DLA can claim Carer's Allowance. This benefit also triggers an additional premium on means-tested benefits.

PLANNED CHANGES TO BENEFITS WHICH MAY AFFECT DISABLED PEOPLE

<u>CHANGE</u>	<u>WHAT CAN YOU DO</u>
<p data-bbox="236 562 767 633"><u>Time limited Contributory Employment & Support Allowance</u></p> <p data-bbox="236 633 635 667">introduced from 01/05/2012</p> <p data-bbox="236 1039 746 1254"><u>Housing Benefit</u> for social housing tenants from April 2013 HB will be restricted if the home has more bedrooms than you need. The reduction will be based on the number of excess bedrooms</p> <ul data-bbox="284 1301 778 1635" style="list-style-type: none">• 1 bedroom is needed for each adult couple/any other adult 16 or over• Any 2 children of the same sex• Any 2 children under 10 regardless of sex• Any other child• Any not residence carer who provides overnight care.	<p data-bbox="805 562 1342 667">Consider if you can get into the support group and ask for a review to look at this if you think it applies.</p> <p data-bbox="805 707 1305 853">If you have worked recently ask an advisor if you can break your claim and re-qualify using different contribution years.</p> <p data-bbox="805 1003 1342 1037">Find out if you will be affected by this.</p> <p data-bbox="805 1077 1342 1182">Consider whether your social housing provider could find you a smaller home.</p> <p data-bbox="805 1223 1305 1328">Consider whether you could offer accommodation to any other family member or a friend.</p> <p data-bbox="805 1368 1283 1440">Plan for how you will find the rent shortfall.</p>
<p data-bbox="312 1783 703 1816" style="text-align: center;"><u>Carer /Disability Premium</u></p> <p data-bbox="236 1856 767 2002">There will be a restriction so that one person cannot both be entitled to a disability and carer premium. Date of introduction – not known.</p>	<p data-bbox="805 1845 1353 1951">Consider whether the carers claim could be transferred to a partner eg. If you care for a disabled child.</p> <p data-bbox="805 1991 1337 2096">If you have not claimed as a carer and think you are entitled you should do this.</p>

<p style="text-align: center;"><u>Benefit Cap</u></p> <p>From April 2013 a cap of £350 for a single claimant and £500 for other claimants will be applied. This is most likely if you have a large family or high housing costs.</p> <p>Households containing someone getting Disability Living Allowance/AA or PIP (Disability Living Allowance replacement) or a war widow/widower will be exempt.</p> <p>You should get a letter advising you that the cap applies.</p> <p style="text-align: center;"><u>Social Fund</u></p> <p>Community care grants, budgeting loans and crisis loans will be abolished from April 2013.</p> <p>Local Authorities will instead provide some sort of assistance. The details of this scheme are being consulted on at present</p>	<p>If you think the letter is incorrect get some advice and consider whether any household member can claim Disability Living Allowance or AA to avoid the cap.</p> <p>If you think you meet the conditions for claiming a community care grant make a list of items you need and costs involved and make a claim ahead of the change.</p>
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For Everyone

Take steps to maximise your income before any changes come in. Check whether you can claim Disability Living Allowance or an increase in your Disability Living Allowance, carers benefits, discretionary housing and council tax benefit if you have a shortfall. Check whether you are entitled to free prescriptions, dental treatment, hospital prescriptions, blue badge, free school meals and make sure you use them. If you are in debt get advice to try to get your debts under control.

If you have deductions from your benefits e.g. for overpayments, loans, debts and cannot manage on the remaining sum ask an advisor to help you get deductions rescheduled.

Make sure you are claiming every penny you are entitled to before the changes affect you.

Universal Credit

Universal Credit will be introduced from 1.10.2013 for people of working age and will replace the following means-tested benefits:

Income Support

Income Based Job Seeker's Allowance

Income Related Employment and Support Allowance

Housing Benefit

Child Tax Credit

Working Tax Credit

Existing claimants of these benefits will be migrated on to Universal Credit over a period of several years.

Among the changes proposed are a reduction in the number and range of premiums available. There will no longer be a severe disability premium payable for someone who lives alone and who is in receipt of middle or higher rate Disability Living Allowance (DLA). Access to the remaining disability linked elements will be more restricted than is now the case so that receipt of a mobility component in Personal Independence Payment (PIP) will not in itself trigger any additional element within Universal Credit.

Payment of Universal Credit will be monthly in arrears. It is not clear at present whether this will be calendar monthly or 4 weekly. There are likely to be some exemptions for this rule for those who find it difficult to budget over a monthly period.

Preparing for your next Employment & Support Allowance assessment

Employment & Support Allowance [ESA] is paid to claimants who became incapable of work after October 2008. Claimants who have been incapable of work from before this date are paid either Incapacity Benefit, Severe Disablement Allowance and/or Income Support.

This group of claimants are being assessed under the ESA work capability assessment over the period until March 2012. Incapacity benefit and Income Support customers are being assessed first and SDA customers will be looked at once work on the first group has been completed.

The ESA work capability assessment was changed in April 2011 and it is now more difficult to get the 15 points needed to pass this test.

Once ESA is in payment customers will be reassessed at regular intervals, probably once a year.

There are two types of ESA :-

Contributory ESA is for claimants who satisfy the National Insurance Contributions. This is not means tested but from 1st May 2012 entitlement lasts for only 365 days unless the claimant is in the support group.

Income Related ESA is means tested.

Both types of ESA are paid at 3 rates:

Assessment rate- lasting 13 weeks or until the first medical assessment;

Work Related Activity component is added on if you are assessed at a work capability assessment as having a limited capability for work. If you are placed in this category you are expected to undertake work related activity – this means you will be expected to attend monthly work focused interviews (WFIs). 6 of these take place at monthly interviews. You may also be expected to take part in work related activity (unless you are a lone parent with a child under 5 or entitled to carers allowance or carer's premium). You will be given an action plan to a claimant commitment. This may include attending training courses. Benefit can be sanctioned for not attending medicals, WFIs or work related activity unless you can show good cause. (Get Advice).

Support Component is paid if you are assessed as incapable of work related activity. To get this you either need to meet the more difficult of the descriptors or you need to be able to argue that there would be a substantial risk to your physical or mental health if you were found not to have limited capability for work related activity.

What to do before your next ESA Medical

Collect together copies of all medical letters or medical reports you have access to.

If you have had previous medicals for any other benefits contact Department for Work and Pensions to request copies of these reports. You may be able to use them to assist you at your next medical.

Find out about the Employment & Support Allowance medical test.

Claim any other benefits you are entitled to such as Disability Living Allowance.

If you are approaching Pension age find out what your pension will be and if you will be entitled to Pension Credit, establish the date when you can claim this.

ESA50 form arrives.

You have 6 weeks to return this form and will be sent a reminder after 4 weeks. It is important that you complete the form as it is your opportunity to state what problems you have. It is possible to be awarded ESA based on the information written on the form without attending a medical (although this is rare). Use the time that you have to complete the form as fully as possible. Get help with the form from an advisor or a professional who is working with you, if you feel you need help.

Draft answers to the questions – use the boxes to fully explain all your problems in relation to each activity. This means doing more than answering the questions. All of the questions are supposed to reflect whether you can do each activity with reasonable regularity – so if you cannot repeat the activities you need to explain this.

You need to consider, whether there will be any risks in doing the task – are you safe? Do you get tired? Would you have pain or discomfort?

If your condition is variable work out the proportion of good and bad days and explain this.

Write down any accidents or injuries you have had while attempting to do the task. Consider whether you would need to take painkillers to do the task and, if you do take painkillers, consider if they prevent you doing the task. Think about issues like stiffness, breathlessness, nausea, dizziness and poor balance and whether they impact on each activity. You should also explain on the form, if you do not use a wheelchair but could not manage a manual wheelchair.

On the mental health descriptors give examples to illustrate your problems e.g. any tasks you have tried to learn but failed. Give examples of accidents

you have had and injuries resulting from them because of lack of awareness of danger. Consider whether you have problems with managing personal actions without help, e.g. making travel arrangements, writing a shopping list, dealing with finances.

Think about examples of where you have had problems with coping with change. Write down problems you would have going out on your own and dealing with social situations. Explain any issues to do with your behaviour and whether this would be unreasonable in a workplace. As you are not in a workplace you need to consider the issues that would arise in this situation.

Get someone else to check through what you have written. They may have other suggestions. If you run out of space add in additional sheets. Say everything you need. Make sure you include all your phone numbers in case the Department for Work and Pensions need to phone you. Keep a copy of your form. If you will need an interpreter or signer request this on the form.

ESA Medical

ESA medicals can now be recorded. If you want a recording you should make a written request ahead of the examination so that the equipment can be obtained. There are currently limited numbers of recording equipment. If you are told recording equipment is not available ask for your medical to be postponed while this is obtained. Get advice if you have any difficulty with this.

Consider if there is someone who can attend the medical with you – let this person know and make the arrangements . Wherever possible you should avoid going on your own. Consider your travel arrangements. If you use a wheelchair or scooter make sure ATOS are alerted to this and can accommodate your equipment. Do not say you can manage without it if this is not the case.

If you cannot get to the medical make a written request for a domiciliary medical (home visit).

Look out any medical reports and letters you have from your GP or consultant and take these with you. If you have new phone number or contact details send these to Department for Work and Pensions. Take a list of your medication. Think about the questions you are likely to be asked and how you will answer them. Rehearse this with a friend or relative so you feel confident. Consider which points you should be able to score and be clear on the key points for each. You need to get these across at the interview.

If at the medical, there is no interpreter or recording equipment or you cannot get your mobility equipment into the building make a written request for the appointment to be rearranged. If you make a verbal request confirm this in writing when you get home.

Take any portable aids with you such as walking stick, crutches, glasses, hearing aid, hand splints etc.

After the Assessment

Write down as much as you can remember about what was said and what happened at the medical as soon after as possible . This may be useful evidence later if you need to appeal.

If you have passed request a copy of the report (this may be useful next time). If you are in the work related activity group consider whether you have a case for the support group and appeal if you are not satisfied .

If you have failed the Employment & Support Allowance assessment you will get a phone call to ask you about your condition. Think about what information you can provide the decision maker to ask him/her to change their mind. Ask your GP or any other professional if they will provide a letter of support.

Ask the person ringing you if you have scored any points and which ones so you know what areas to focus on.

If you do not hear from Department for Work and Pensions send in your written information and ask them to reconsider.

If you have been refused consider whether you should have passed and appeal. You should ask your doctor to consider issuing sick notes pending the appeal. Get advice to help you with the appeal.

Work Related Activity Group Descriptors

Part 1- Physical disabilities

1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used

A Cannot either:

- (i) Mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or
- (ii) Repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion. **15**

B Cannot mount or descend two steps unaided by another person even with the support of a handrail. **9**

C Cannot either:

- (i) Mobilise more than 100 metres on level ground without stopping in order to avoid significant discomfort or exhaustion;
- (ii) Repeatedly mobilise 100 metres within a reasonable timescale because of significant discomfort or exhaustion. **9**

- D Cannot either:
- (i) Mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion;
 - (ii) Repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion.
 - (iii) Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used. **6**
- E None of the above apply **0**

2. Standing and sitting.

- A Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person. **15**
- B Cannot, for the majority of the time, remain at a work station, either:
- (i) Standing unassisted by another person (even if free to move around); or
 - (ii) Sitting (even in an adjustable chair) for more than 30 minutes, before needing to move away in order to avoid significant discomfort or exhaustion. **9**
- C Cannot, for the majority of the time, remain at a work station, either:
- (i) Standing unassisted by another person (even if free to move around); or
 - (ii) Sitting (even in an adjustable chair) for more than an hour before needing to move away in order to avoid significant discomfort or exhaustion. **6**
- D None of the above apply. **0**

3. Reaching.

- A Cannot raise either arm as if to put something in the top pocket of a coat or jacket. **15**
- B Cannot raise either arm to top of head as if to put on a hat. **9**
- C Cannot raise either arm above head height as if to reach for something. **6**

D None of the above apply. 0

4. Picking up and moving or transferring by the use of the upper body and arms.

A Cannot pick up and move a 0.5 litre carton full of liquid. 15

B Cannot pick up and move a one litre carton full of liquid. 9

C Cannot transfer a light but bulky object such as an empty cardboard box. 6

D None of the above apply. 0

5. Manual dexterity

A Cannot either:

(i) Press a button, such as a telephone keypad; or 15

(iii) Turn the pages of a book with either hand.

B Cannot pick up a £1 coin or equivalent with either hand. 15

C Cannot use a pen or pencil to make a meaningful mark. 9

D Cannot use a suitable keyboard or mouse. 9

E None of the above apply. 0

6. Making self understood through speaking, writing, typing, or other means normally used, unaided by another person.

A Cannot convey a simple message, such as the presence of a hazard. 15

B Has significant difficulty conveying a simple message to strangers. 15

C Has some difficulty conveying a simple message to strangers. 6

D None of the above apply. 0

7. Understanding communication by both verbal means (such as hearing or lip reading) and nonverbal means (such as reading 16 point print) using any aid it is reasonable to expect them to use, unaided by another person.

A Cannot understand a simple message due to sensory impairment, such as the location of a fire escape. 15

- B Has significant difficulty understanding a simple message from a stranger due to sensory impairment. **15**
- C Has some difficulty understanding a simple message from a stranger due to sensory impairment. **6**
- D None of the above apply. **0**

8. Navigation and maintaining safety, using a guide dog or other aid if normally used.

- A Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment. **15**
- B Cannot safely complete a potentially hazardous task such as crossing the road, without being accompanied by another person, due to sensory impairment. **15**
- C Unable to navigate around unfamiliar surroundings, without being accompanied by another person, due to sensory impairment. **9**
- D None of the above apply. **0**

9. Absence or loss of control leading to extensive evacuation of the bowel and/ or bladder, other than enuresis (bed- wetting) despite the presence of any aids or adaptations normally used

- A At least once a month experiences:
 - (i) Loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or **15**
 - (ii) Substantial leakage of the contents of a collecting device sufficient to require cleaning and a change in clothing.
- B At risk of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder, sufficient to require cleaning and a change in clothing, if not able to reach a toilet quickly. **6**
- C None of the above apply. **0**

10. Consciousness during waking moments.

- A At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration. **15**
- B At least once a month, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration. **6**

C None of the above apply. 0

PART 2 - Mental, cognitive and intellectual function assessment

11. Learning tasks.

A Cannot learn how to complete a simple task, such as setting an alarm clock. 15

B Cannot learn anything beyond a simple task, such as setting an alarm clock. 9

C Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes. 6

D None of the above apply. 0

12. Awareness of everyday hazards (such as boiling water or sharp objects).

A Reduced awareness of everyday hazards leads to a significant risk of: 15

(i) Injury to self or others; or

(ii) Damage to property or possessions such that they require supervision for the majority of the time to maintain safety.

B Reduced awareness of everyday hazards leads to a significant risk of 9

(i) Injury to self or others; or

(ii) Damage to property or possessions such that they frequently require supervision to maintain safety.

C Reduced awareness of everyday hazards leads to a significant risk of:

(i) Injury to self or others; or

(ii) Damage to property or possessions such that they occasionally require supervision to maintain safety. 6

D None of the above apply. 0

13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).

A Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions. 15

B Cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions for the majority of the time. 9

C Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions. 6

D None of the above apply. 0

14. Coping with change.

A Cannot cope with any change to the extent that day to day life cannot be managed.

B Cannot cope with minor planned change (such as a pre-arranged change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult. 9

C Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult. 6

D None of the above apply. 0

15. Getting about.

A Cannot get to any specified place with which the claimant is familiar. 15

B Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person. 9

C Is unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person. 6

D None of the above apply. 0

16. Coping with social engagement due to cognitive impairment or mental disorder.

A Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual. 15

B Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the individual. 9

C Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the individual. 6

D None of the above apply. 0

17. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.

- | | | |
|---|---|-----------|
| A | Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace. | 15 |
| B | Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace. | 15 |
| C | Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace. | 9 |
| D | None of the above apply. | 0 |

Support Group Component descriptors

1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used.

Cannot either:

- | | |
|---|--|
| A | Mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or |
| B | Repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion. |

2. Transferring from one seated position to another.

Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.

3. Reaching.

Cannot raise either arm as if to put something in the top pocket of a coat or jacket.

4. Picking up and moving or transferring by the use of the upper body and arms (excluding standing, sitting, bending or kneeling and all other activities specified in this Schedule).

Cannot pick up and move a 0.5 litre carton full of liquid.

5. Manual dexterity. Cannot either:

- | | |
|---|--|
| A | Press a button, such as a telephone keypad; or |
| B | Turn the pages of a book with either hand. |

6. Making self understood through speaking, writing, typing, or other means normally used

Cannot convey a simple message, such as the presence of a hazard.

7. Understanding communication by hearing, lip reading, reading 16 point print or using any aid if reasonably used.

Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.

8. Absence or loss of control over extensive evacuation of the bowel and/or voiding of the bladder, other than enuresis (bed-wetting), despite the presence of any aids or adaptations normally used.

At least once a week experiences:

- A Loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or
- B Substantial leakage of the contents of a collecting device sufficient to require the individual to clean themselves and change clothing.

9. Learning tasks.

Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.

10. Awareness of hazard.

Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of:

- A Injury to self or others; or
- B Damage to property or possessions such that they require supervision for the majority of the time to maintain safety.

11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).

Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.

12. Coping with change.

Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.

13. Coping with social engagement, due to cognitive impairment or mental disorder.

Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.

14. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.

Has on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.

15. Conveying food or drink to the mouth.

- A Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else;
- B Cannot convey food or drink to the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort;
- C Cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; or
- D Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving:
 - (i) Physical assistance from someone else; or
 - (ii) Regular prompting given by someone else in the claimant's presence.

16. Chewing or swallowing food or drink.

- A Cannot chew or swallow food or drink;
- B Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;
- C Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant's presence; or
- D Owing to a severe disorder of mood or behaviour, fails to:
 - (i) Chew or swallow food or drink; or
 - (ii) Chew or swallow food or drink without regular prompting given by someone else in the claimant's presence.

PERSONAL INDEPENDENCE PAYMENT (PIP)

What is happening to Disability Living Allowance (DLA)

DLA will be replaced by PIP from April 2013. New claimants after April 2013 will be assessed for PIP in a pilot area and this will be rolled out so that all new claims made after June 2013 will be assessed for PIP across the country.

Existing DLA claimants aged 16 – 64 will be moved on to PIP from October 2013 – March 2016. Claimants will be reassessed earlier in this period if they report a change in circumstances or if their award is due to be renewed. People over 65 and people getting Attendance Allowance will not be moved on to PIP. Children under 16 will be migrated on to PIP at a later stage.

PIP rates

PIP will have 2 rates of Daily Living Component which considers your ability to carry out a number of activities related to daily living such as cooking, dressing, bathing and engaging socially (equivalent to care component of DLA which has 3 rates):

Standard rate

And Enhanced Rate

There will also be 2 rates of Mobility Component which considers your ability to get around out of doors independently:

Standard Rate

And Enhanced Rate

People with a terminal illness will automatically receive the enhanced rate daily living component. They will be able to apply for the mobility component under the usual rules but it will be paid immediately if there is an entitlement.

The rates of payment for PIP have not yet been set.

PIP Non Medical tests

To get PIP you need to have satisfied the activities test for 3 months and you will need to continue to satisfy the test for 9 months. This test is described below under medical tests.

The Department for Work and Pensions (DWP) are proposing to introduce an habitual residence test (ie you will only be entitled if they are satisfied that you are habitually resident in the UK). In order to be accepted as habitually resident in the UK you need to have been living in the UK for a reasonable length of time and have a settled intention to remain in the UK. This new test if it is applied will be on top of the existing presence and residence tests. The final decision about this is not known at the time of writing.

Motability

It has not yet been decided which rate of mobility component will be used to act as a passport to the Motability scheme. The Motability scheme enables people to use payments of mobility component to purchase or lease a car.

Carer's Allowance

Carer's Allowance can currently be claimed by the carers of people who are entitled to the middle or highest rates of DLA care component but not to those who receive the lowest rate of DLA care component. It has been agreed that under PIP entitlement to either Daily Living Component will mean that a carer can claim Carer's Allowance.

Medical Tests

To qualify for PIP you need to score at least 8 points for the standard daily living and/or mobility rates (from the relevant descriptors) and 12 points for the enhanced rates.

The level of PIP awarded will depend on scoring points in the following areas of activity:-

- 1 Preparing food and drink
- 2 Taking Nutrition
- 3 Managing Therapy or monitoring a health condition

- 4 Bathing and Grooming
- 5 Managing toilet needs and incontinence
- 6 Dressing and undressing
- 7 Communicating
- 8 Engaging socially
- 9 Making finance decisions
- 10 Planning and following a journey (mobility component)
- 11 Moving around (mobility component)

Awards of PIP can be for periods of up to 10 years and you will be reassessed under these tests at renewal. You may also be contacted before your claim is up for renewal to see if your circumstances have changed.

How to maximise PIP entitlement

The Government has stated that they anticipate 500,000 fewer claimants under PIP than DLA. So it seems likely that many people will experience a reduction in their previous levels of payment or even a loss.

In order to maximise your benefit entitlement it may therefore be worthwhile delaying your transfer to PIP, unless you are advised by a specialist advisor that your rate is likely to increase (take advice). If you have not claimed DLA before but after taking advice believe you may be entitled you should make your claim before April 2013. If you are already in receipt of DLA but consider you may be entitled to an increased award you should take advice about asking for a review of your existing DLA award ahead of PIP introduction. These steps will all assist in delaying your transfer to PIP. Similarly if you are doing a renewal or appeal ahead of April 2013 you should ask your advisor if they can assist you to get an award that lasts as long as possible as you will be transferred on to PIP at any renewal after April 2013

We suggest that you consider the PIP activity areas which may apply to you before you are assessed and ensure these are fully reflected in any PIP form you are sent.

PIP recognises the need to use aids or appliances in many activity areas. Having an Occupational Therapy assessment which may provide you with needed aids or appliances ahead of your PIP assessment will therefore be helpful. You may be supported in this application or in any cases of dispute by the Community Care Section at Coventry Law Centre if you are eligible for Legal Aid.

PIP Activities and Descriptors

These are draft descriptors so changes are still possible.

Activity 1. Preparing food and drink

- a. Can prepare and cook a simple meal unaided. - Score 0
- b. Needs to use an aid or appliance to either prepare or cook a simple meal. – Score 2
- c. Cannot cook a simple meal using a conventional cooker but can do so using a microwave. – Score 2
- d. Needs prompting to either prepare or cook a simple meal. - Score 2
- e. Needs supervision to either prepare or cook a simple meal. – Score 4
- f. Needs assistance to either prepare or cook a simple meal. – Score 4
- g. Cannot prepare and cook food and drink at all. - Score 8

Activity 2. Taking nutrition

- a. Can take nutrition unaided. - Score 0
- b. Needs either (i) to use an aid or appliance to take nutrition; or (ii) assistance to cut up food. – Score 2
- c. Needs a therapeutic source to take nutrition. – Score 2
- d. Needs prompting to take nutrition. - Score 4
- e. Needs assistance to manage a therapeutic source to take nutrition. – Score 6
- f. Needs another person to convey food and drink to their mouth. – Score 10

Activity 3.. Managing therapy or monitoring a health condition

- a. Either (i) Does not receive medication, therapy or need to monitor a health condition; or (ii) can manage medication, therapy or monitor a health condition unaided, or with the use of an aid or appliance. – Score 0
- b. Needs supervision, prompting or assistance to manage medication or monitor a health condition. – Score 1
- c. Needs supervision, prompting or assistance to manage therapy that takes up to 3.5 hours a week. – Score 2
- d. Needs supervision, prompting or assistance to manage therapy that takes between 3.5 and 7 hours a week. – Score 4

- e. Needs supervision, prompting or assistance to manage therapy that takes between 7 and 14 hours a week. – Score 6
- f. Needs supervision, prompting or assistance to manage therapy that takes at least 14 hours a week. – Score 8

Activity 4. Bathing and grooming

- a. Can bathe and groom unaided. - Score 0
- b. Needs to use an aid or appliance to groom. – Score 1
- c. Needs prompting to groom. - Score 1
- d. Needs assistance to groom. - Score 2
- e. Needs supervision or prompting to bathe. – Score 2
- f. Needs to use an aid or appliance to bathe. – Score 2
- g. Needs assistance to bathe. - Score 4
- h. Cannot bathe and groom at all. - Score 8

Activity 5. Managing toilet needs or incontinence

- a. Can manage toilet needs or incontinence unaided. – Score 0
- b. Needs to use an aid or appliance to manage toilet needs or incontinence. – Score 2
- c. Needs prompting to manage toilet needs. – Score 2
- d. Needs assistance to manage toilet needs. – Score 4
- e. Needs assistance to manage incontinence of either bladder or bowel. – Score 6
- f. Needs assistance to manage incontinence of both bladder and bowel. – Score 8
- g. Cannot manage incontinence at all. - Score 8

Activity 6. Dressing and undressing

- a. Can dress and undress unaided. - Score 0
- b. Needs to use an aid or appliance to dress or undress. – Score 2
- c. Needs either (i) prompting to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) assistance or prompting to select appropriate clothing. – Score 2
- d. Needs assistance to dress or undress lower body. – Score 3
- e. Needs assistance to dress or undress upper body. – Score 4
- f. Cannot dress or undress at all. - Score 8

Activity 7. Communicating

- a. Can communicate unaided and access written information unaided, or using spectacles or contact lenses. – Score 0

- b. Needs to use an aid or appliance other than spectacles or contact lenses to access written information. – Score 2
- c. Needs to use an aid or appliance to express or understand verbal communication. – Score 2
- d. Needs assistance to access written information. – Score 4
- e. Needs communication support to express or understand complex verbal information. – Score 4
- f. Needs communication support to express or understand basic verbal information. – Score 8
- g. Cannot communicate at all. - Score 12

Activity 8. Engaging socially

- a. Can engage socially unaided. - Score 0
- b. Needs prompting to engage socially. - Score 2
- c. Needs social support to engage socially. - Score 4
- d. Cannot engage socially due to such engagement causing either (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit uncontrollable episodes of behaviour which would result in a substantial risk of harm to the claimant or another person. – Score 8

Activity 9. Making financial decisions

- a. Can manage complex financial decisions unaided. – Score 0
- b. Needs prompting to make complex financial decisions. – Score 2
- c. Needs prompting to make simple financial decisions. – Score 4
- d. Cannot make any financial decisions at all. - Score 6

Mobility Activities and descriptors

Activity 1. Planning and following a journey

- a. Can plan and follow a journey unaided. - Score 0
- b. Needs prompting for all journeys to avoid overwhelming psychological distress to the claimant. - Score 4
- 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. - Score 8
- d. Cannot follow any journey because it would cause overwhelming psychological distress to the claimant. - Score 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. - Score 15

Activity 2. Moving around

- 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. - Score 0
- b. Can move at least 50 metres but not more than 200 metres either (i) unaided; or (ii) using an aid or appliance, other than a wheelchair or a motorised device. – Score 4
- c. Can move up to 50 metres unaided but no further. – Score 8
- d. Cannot move up to 50 metres without using an aid or appliance, other than a wheelchair or a motorised device. - Score 10
- e. Cannot move up to 50 metres without using a wheelchair propelled by the claimant. - Score 12
- f. Cannot move up to 50 metres without using a wheelchair propelled by another person or a motorised device. – Score 15
- g. Cannot either (i) move around at all; or (ii) transfer unaided from one seated position to another adjacent seated position. Score 15

	<p>Age Uk Coventry Provides information and advice to people aged 50+ and their carers</p>	<p>Alvyn Smith House 7 Warwick Row COVENTRY CV1 1EX</p> <p> 024 7623 1999</p>
	<p>Coventry Benefits Advice Line A telephone service providing benefit advice. Asian language line, home visits and personal appointments available</p>	<p>Spire House, New Union Street, COVENTRY CV1 2PW</p> <p> 024 7683 2000</p>
	<p>Coventry Citizens Advice Bureau Offers face to face advice on a wide variety of issues, specialists in debt and welfare benefits</p>	<p>Kirby House Little Park Street COVENTRY CV1 2JZ</p> <p> 0845 120 2920</p>
	<p>Coventry Student Unions Advice Centre Offer support and advice to those considering higher education and Coventry University students</p>	<p>Coventry University The Hub ,Priory Street COVENTRY CV1 5FB</p> <p> 024 7679 5200</p>
	<p>Coventry Cyrenians Temporary accommodation for single homeless people, advice on housing and welfare benefits.</p>	<p>Oakwood House Cheylesmore COVENTRY CV1 2HL</p> <p> 024 7622 8099</p>
	<p>Coventry Law Centre Specialist advice and representation in Debt, Housing, Family, Welfare Benefits, Immigration, Employment, Community Care and Discrimination law</p>	<p>Oakwood House, St Patricks Road Entrance, COVENTRY CV1 2HL</p> <p> 024 7622 3053</p>
	<p>Holbrooks Community Care Association Offers advice on Welfare Benefits, Debt and general advice for people living in the Holbrooks area</p>	<p>The Park, Holbrooks Lane, COVENTRY CV6 4PG</p> <p> 024 7663 8681</p>
	<p>Willenhall Advice Centre Advice to people living in South East Coventry, including Welfare Rights, Housing and Debt.</p>	<p>104 Remembrance Rd, Willenhall, COVENTRY CV3 4PG</p> <p> 024 7651 1117</p>
	<p>Wood End Advice & Information Centre Advice and Advocacy service for people living in the North & East of Coventry</p>	<p>Moat House Leisure & Neighbourhood Centre Winston Avenue COVENTRY CV2 1EA</p> <p> 024 7661 3629</p>
	<p>Coventry Refugee and Migrant Centre Provides essential information and practical help to refugees and asylum seekers in Coventry</p>	<p>15 Bishop Street COVENTRY CV1 1HU</p> <p> 024 7622 7254</p>
	<p>Foleshill 396 Provides information and Advice on Education, Employment, Training and Welfare Benefits</p>	<p>396 Foleshill Road, Foleshill Coventry CV6 5AN</p> <p> 024 76680110</p>
	<p>Coventry Irish Society Provides a range of welfare support and aims to ensure that vulnerable Irish citizens receive support and entitlements.</p>	<p>42-44 Hill Street COVENTRY CV1 4AN</p> <p> 024 7625 6629</p>

FURTHER ADVICE

Benefits Checker and Advice

Janet Gurney, Welfare Benefits Caseworker at Coventry Law Centre can provide telephone advice to discuss current and future benefit entitlements.

Forms will be available at the event so that you can request a telephone consultation.

Alternatively contact Janet Gurney
Tel: 0124 7625 3174

Or email janet.gurney@covlaw.org.uk

Or post:

FAO: Janet Gurney
Coventry Law Centre
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CV1 2HL