Department for Work & Pensions

The Government's response to the consultation on the Personal Independence Payment assessment criteria and regulations

13 December 2012

Contents

1. Executive summary

1.1 Central to the Government's proposals for Personal Independence Payment (PIP) is the development of an accurate, transparent, and objective assessment, which considers people as individuals and assesses their entitlement to the benefit fairly and consistently. We have developed our proposals for the assessment in collaboration with an advisory group of experts in health, social care and disability and consulted extensively with disability organisations.

1.2 The Government published *Personal Independence Payment: assessment criteria and consultation* on 16 January 2012, launching a consultation which sought feedback on proposals for the second draft of the assessment criteria and the draft Regulations. The consultation closed on 30 April 2012. We received nearly 1,100 responses, including over 900 from individuals.

1.3 As a result of the comments received from disabled people and disability organisations, we have made a number of changes to the assessment criteria. The key changes are as follows:

- We have **broadened our approach to aids and appliances** to include aids that are not specially designed for use by disabled people. Examples of these could include **electric can openers or food processors**. This will apply where an individual is completely reliant on the aid or appliance to complete an activity as a result of their health condition or impairment, rather than out of choice. This change is in response to comments received stating some disabled people incur extra costs as a result of increased reliance on standard aids.

- We have **included 'supervision'** in *Taking nutrition* to take account of individuals whose health conditions or impairments put them at an increased risk of choking.

- We have **changed the *Bathing and grooming* activity to *Washing and Bathing*** to make it clearer and easier to understand and assess. At the suggestion of respondents, the activity has also been broadened to include washing the entire body.

- We have **divided the *Communicating* activity into two** – *Communicating verbally* and *Reading and understanding signs, symbols and words.* By doing this we are ensuring that the impact of barriers to reading and understanding written material are effectively taken into account in the assessment and that individuals who have difficulty with both **verbal communication and reading** are given appropriate priority.

- We are **making reference to specialist orientation aids such as long canes** in the *Planning and following a journey* activity. Many respondents commented that the mobility criteria do not take sufficient account of the impact of visual impairment, and that the barriers faced by people reliant on orientation aids are as great as for those who use assistance dogs.

- We have **re-written the *Moving around activity*** to make it easier to understand and apply. The feedback we received from most respondents showed this activity was not clear. It was commonly believed that only people who use wheelchairs could qualify for the enhanced rate of the Mobility component from this activity, despite this not being our intention.

1.4 While we have incorporated much of the feedback we have received into the final draft of the assessment criteria, we have not taken on board all of the suggestions, for example:

- We **have not introduced an additional activity on maintaining a safe and clean home environment**. We believe such an activity would be difficult to assess and is not needed. The assessment is not designed to take into account every area of daily life, but to look at a range of activities which, as a whole, act as a proxy for overall level of need. We are confident that the activities included in the final assessment will provide an accurate indication of levels of need and will award appropriate priority in the benefit as a result.

- We **have not removed the reference to 'overwhelming psychological distress'**. This is because we disagree that it sets too high a threshold, nor do we believe it will exclude individuals who have serious anxiety that results from their health condition or impairment.

1.5 Following evaluation of all of the feedback received to our consultation, we now believe that we have an assessment that will be able to accurately and consistently assess individuals and result in a benefit award that reflects their ability to participate in society. This is supported by testing we have carried out.

1.6 Our latest estimates are that the combined PIP and DLA caseload aged 16-64 in October 2015, before managed reassessment of the DLA caseload begins, will be 1,842,000. Without introducing the new benefit we would expect the number of 16-64 year olds claiming Disability Living Allowance (DLA) in October 2015 to be 2,139,000.

1.7 In 2018 we estimate that the number of 16-64 year olds receiving PIP will be 1,575,000. Without introducing PIP, we would expect 2,182,000 16-64 year olds to be receiving DLA.

1.8 Given the considerable consultation and engagement that have gone into producing this final draft of the assessment criteria and regulations, including one informal and one formal consultation, we do not intend to carry out any further consultation activity. However, the regulations will be subject to approval by Parliament through the affirmative procedure. Subject to Parliamentary approval, we expect them to come into force on 8 April 2013.

1.9 We intend to complete the first of two planned independent reviews of the assessment by the end of 2014, to allow us to consider its findings and make any necessary changes before the majority of existing DLA recipients begin to be reassessed from October 2015. This will ensure that we can learn the lessons of our early experiences.

2. Introduction

2.1 This document summarises the responses received from individuals and organisations to the consultation on the PIP assessment criteria and regulations, and outlines the Government's response.

The Consultation

2.2 In order to ensure that PIP is delivered in an open and transparent manner and that priority in the benefit is given to those with the greatest need, we have engaged and consulted with disabled people, the organisations that represent them and independent specialists in health, social care and disability throughout the development of our proposals. Our intention has been to ensure that all those who wished to feed in their views had the opportunity to do so.

2.3 The Government published *Personal Independence Payment: assessment criteria and consultation* on 16 January 2012, with the consultation running until 30 April 2012 (although all responses received after this point were taken into account). We received nearly 1,100 responses to our consultation, nearly 200 were from organisations and over 900 were from individuals. Of those 900, approximately half were standard responses generated by stakeholder campaigns.

2.4 To make our proposals as accessible as possible, the consultation documents were produced in a wide range of formats, including PDF versions, Easy Read, audio CD and cassette, large print, Braille and British Sign Language (BSL) on DVD. All of these formats were made available by request to the Department. Online versions were also available at www.dwp.gov.uk/pip with the exception of Braille.

2.5 During the consultation period the webpage for the assessment criteria consultation was visited more than 36,000 times and the PDF version of the document was viewed more than 23,500 times.

2.6 During the consultation period Ministers and officials held a range of meetings with disability organisations and officials attended events held with disabled people. In total we met with around 50 organisations during this period.

2.7 In the consultation document we asked:

Question 1
What are your views on the latest draft Daily Living activities?

Question 2
What are your views on the weightings and entitlement thresholds for the Daily Living activities?

Question 3
What are your views on the latest draft Mobility activities?

Question 4
What are your views on the weightings and entitlement thresholds for the Mobility activities?

Question 5
What are your views on how the regulations work regarding benefit entitlement?

Question 6
What are your views on how we are dealing with fluctuating conditions?

Question 7
What are your views on the definitions of 'safely', 'reliably', 'repeatedly' and 'in a timely manner'?

Question 8
What are your views on the definitions in the Regulations?

Question 9
Do you have any other comments on the draft Regulations?

2.8 This document does not follow the order of the questions in the original consultation document but instead considers some principles underpinning the assessment, before looking at the activities related to the Daily Living component and then those relating to the Mobility component. This provides a more logical flow for the reader.

2.9 It has not been possible to include and respond to every single comment received to our consultation in this document. However, we have tried to include as many comments as possible by grouping together the main themes and responding to these.

Breakdown of responses

2.10 The responses we received to our consultation provided constructive feedback and insight concerning our proposals, including a wide variety of views on what works well and what respondents felt ought to change. In some cases there were differences between the views of individuals and larger disability organisations.

2.11 Responses to the consultation were received via post and email.

Table 1 Breakdown of consultation responses

Origin of response	Number of responses
Individuals – unique responses	412
Individuals – standard responses	497
Organisations[1]	173
Total	**1,082**

[1] These include joint responses to the consultation from more than one organisation.

Northern Ireland

2.12 DLA reform applies to England, Wales and Scotland. Social Security is a devolved matter in Northern Ireland. However, the UK Government is working closely with the devolved administration in Northern Ireland to seek to maintain a single system across the United Kingdom. Colleagues in the Northern Irish Department for Social Development carried out their own consultation on the assessment criteria in Northern Ireland, feeding any responses received into the DWP consultation. In total 21 responses were received in the Northern Ireland consultation.

Documentation

2.13 Both this response document and the consultation document *Personal Independence Payment: assessment criteria and regulations* are available at www.dwp.gov.uk/pip.

2.14 If you would like to receive this response in a particular format - for example, large print, Braille, audio, or Easy Read - please contact:

Department for Work and Pensions
PIP Assessment Team
2nd Floor, Caxton House
Tothill Street
London
SW1H 9NA

You can also send an email to pip.assessment@dwp.gsi.gov.uk.

3. The assessment background

Background

3.1 This chapter sets out the background of the assessment, including its development and our approach, and explains the underlying rationale behind the assessment and, at a high level, how it will work.

Development of the assessment

3.2 The development of the assessment has been carried out in an iterative, transparent and consultative manner. The criteria have been developed in collaboration with an advisory group of independent specialists in health, social care and disability and with considerable engagement with disabled people and disability organisations.

3.3 We have shared our drafts of the criteria throughout the development process in order to gain views and opinions at the earliest opportunities and to feed them into the design of the criteria. We informally consulted on our first draft of the assessment criteria in May 2011 and made considerable changes as a result, making it clearer, fairer and more effective. We then published our formal consultation on the second draft of the PIP assessment criteria in January 2012. Throughout the consultation period we met with over 50 disability organisations, and received nearly 1,100 written responses from both individuals and organisations.

3.4 As well as consulting on the assessment, we have tested the criteria to help us understand how the assessment will work in practice. We previously carried out sample assessments of over 1,000 volunteers from across Great Britain and Northern Ireland. We tested our revised draft of the criteria against information gathered from the initial phase of the testing. This has allowed us to estimate the likely effect on the benefit caseload.

3.5 The feedback from both the testing and the consultations has been extremely valuable in shaping and refining the assessment. While we have not been able to reflect all of the comments we received, we have tried to take account of as many suggestions as possible in our final assessment criteria and regulations.

The assessment approach

3.6 PIP, like DLA will provide a contribution to the additional costs faced by individuals with health conditions or impairments. Throughout the development of the assessment, we considered various options for determining entitlement, including whether it would be feasible to assess the actual extra costs incurred by individuals as a result of their health condition or impairment. However, we did not believe this to be a practical approach, as the very wide range of factors affecting costs could have led to the assessment being subjective and inconsistent. Instead we chose to

look at individuals' ability to participate in society as a proxy for their overall levels of need. We believe that this will be a fair and effective method of determining entitlement to the benefit, enabling us to target PIP on those who face the greatest barriers to living an independent life.

3.7 Individuals' levels of participation in society will be assessed by looking at their ability to carry out a series of key everyday activities and the barriers they face in doing so. Priority in the benefit will go to individuals who face the greatest barriers to carrying out these activities. Most of the activities relate to entitlement to the Daily Living component, others relate to entitlement to the Mobility component.

3.8 The activities have been carefully selected to act as a proxy for participation, levels of need and likely extra cost. We have not sought to assess each and every activity an individual might perform on a daily basis but rather we have selected a range of activities which cumulatively act as a good proxy. For example, individuals who have difficulties dressing and undressing are likely to have difficulties in other areas that involve bending and reaching, while individuals who have difficulty preparing food are likely to have difficulties carrying out other activities that require manual dexterity. Individuals who have difficulties making budgeting decisions are likely to face similar difficulties with decision making throughout the course of their lives. We believe it is therefore unnecessary to assess every aspect of daily living.

3.9 In selecting the activities we sought to ensure that the assessment takes a holistic view of the impact of disability, fairly taking into account the full range of impairments, including physical, sensory, mental, intellectual and cognitive impairments.

How the assessment will work

3.10 Each activity in the assessment is underpinned by 'descriptors' which set out varying degrees of ability to carry out the activity. The first descriptor in each activity describes an individual being able to complete an activity unaided, which means without the need of an aid or appliance or help from another person. The remaining descriptors consider other ways in which an individual might be able to complete the activity - for example, with the use of aids and appliances or with supervision, prompting or assistance from another person etc. The further down the scale a descriptor is within an activity, the greater the level of need it relates to. The final descriptor is generally where an individual cannot complete the activity at all and/or needs to have someone else to complete the activity for them.

3.11 Each descriptor in the assessment has a point score allocated to it. The scores have been selected to relate to the level of need described within the descriptor, with the higher scores indicative of higher levels of need.

3.12 Entitlement will be determined by selecting, for each activity, the descriptor which best applies to the individual. Only one descriptor can be selected for each activity. Individuals' total scores in relation to each component will be added up and, if they reach or exceed the set thresholds, they will receive entitlement to the component at either the standard or enhanced rate.

3.13 In determining which descriptors are appropriate to individuals, consideration will be given to a range of issues, such as whether the individual uses aids or appliances, if they can complete the activities reliably and whether the impact of their disabilities fluctuates. These issues and the comments received on them are set out in Chapter 4, along with the Government's final position.

3.14 Chapters 5 and 6 set out the activities and descriptors relating to the Daily Living component and Mobility component respectively, in addition to the comments received in the consultation and the changes the Government is making in response to these.

3.15 The final assessment criteria are set out in Annex 1 and finalised Regulations have been published alongside this document.

4. Assessment principles

Background

4.1 There are a number of overarching principles and approaches which must be applied across the PIP assessment, in relation to both the Daily Living component and Mobility component. The principles will be set out in the Regulations governing the assessment and/or in supporting guidance. This section outlines the comments received on these principles as set out in the consultation document and draft Regulations, and gives our response, including changes made as a result of the comments received.

Reliability

4.2 One fundamental principle of the assessment is that an assessment descriptor can only apply to an individual if they can complete it at the level described in a way that is safe and reliable, does not take too long and can be repeated as needed. If they cannot do so, another descriptor must be chosen and ultimately the individual may be considered to be unable to complete the activity at all.

4.3 For example, if an individual can complete a particular descriptor, and regularly does so during their daily life, but they cannot satisfy it safely, they would not be deemed able to complete it. They would then be allocated a descriptor which considered a higher level of need. This principle is essential to allow the assessment to accurately assess individuals' needs.

4.4 In the last draft of the criteria we said that activities must be carried out 'safely, reliably, repeatedly and in a timely manner'. We set out the following proposed definitions of these terms and sought views on them, as well as asking whether the terms should be included in Regulations, as well as guidance:

- **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.
- **Reliably** means to a reasonable standard.
- **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.
- **In a timely manner** means in less than twice the time it would take for an individual without any impairment.

Comments and Government response

4.5 Most respondents were extremely supportive of our proposals in this area and were pleased that we are including consideration of issues of safety, reliability, repeatability etc.

> Many respondents expressed their concern that their ability to complete an activity, but only with great pain and over a prolonged period of time, would make them ineligible for support. We therefore welcome the express inclusion of "reliably", "safely", "timely" and "repeatedly" but we would like to see these brought further forwards in the assessment so it is clear to claimants that each descriptor comes in this context.
>
> Leonard Cheshire Disability

4.6 Some respondents suggested that these issues should be dealt with in the individual activities and their descriptors – for example, making clear in the descriptors that the activities need to be carried out to safe completion. Having considered this suggestion, we concluded that incorporating these terms into the individual activities would be too cumbersome and unnecessarily increase the length of the assessment criteria. As a result it was decided that these definitions should remain as an overarching principle which applies to every activity relating to both the Daily Living and the Mobility components.

4.7 A considerable number of respondents suggested that we tighten our definitions for these terms to improve understanding of their meaning. However, we received very few suggestions on how we could do this in such a way that would take account of the range of factors that the terms need to cover. We do not want these terms to be overly prescriptive but instead to be flexible enough to cope with individuals' circumstances and the varied lives claimants lead. For example, having reflected further we do not feel it appropriate to define 'in a timely manner' as in twice the time that it would take an individual without an impairment. Instead we think consideration should be given to what is reasonable in the circumstances.

4.8 As a result we have decided not to give definitions which are overly restrictive. We will, however, provide guidance for Assessment Providers and Decision Makers, using examples to help explain the criteria and their use but without being prescriptive.

4.9 In amending the criteria we have decided to group these terms under a broad heading of reliability, which all these issues relate to. For a descriptor to be able to apply to an individual, that individual must be able to reliably complete the activity as described in the descriptor. 'Reliably' means whether they can do so:

- Safely – in a fashion that is unlikely to cause harm to themselves or to another person.
- To a necessary and appropriate standard – given the nature of the activity.
- Repeatedly – as often as is reasonably required.
- In a timely manner – in a reasonable time period.

4.10 This retains the original intent but acknowledges that the word ‘reliably’ better described the combination of these factors, rather than just the standard to which activities can be completed. We have replaced the previous reference to ‘reliably’ with to a necessary and appropriate standard, which respondents to the consultation felt was more appropriate than ‘to a reasonable standard’. We have also broadened the definition of ‘repeatedly’ so this is no longer limited to looking at repeatability on the same day but potentially allows longer considerations – i.e. if an individual walking on one day would prevent them doing so on the next. This reflects concerns raised in the consultation. While we accept that these terms are potentially more subjective than the previous draft, we think they are fairer, more flexible and more accurate.

4.11 Most respondents to the consultation were keen to have the terms included and defined in the legislation itself. We carefully considered whether this would be a viable option but concluded that the broad definitions we are using are not conducive to a legislative framework and without definitions we could not include them in the Regulations. As such we have not referred to these matters in the final Regulations. We can offer reassurance that, while these terms will not be in the legislation, they remain an integral part of the PIP assessment.

4.12 Some respondents expressed concern that we do not explicitly refer to pain, fatigue, breathlessness, nausea and motivation when looking at these issues. These will be key factors to examine when considering whether people can complete the activities reliably. However, we again believe that by including lists of symptoms we might unintentionally narrow the scope of the assessment – lists are necessarily definitive and it would be likely that some symptoms would not be included. As a result we have not included specific references to symptoms in the assessment at all. By taking this approach we aim to ensure that if, because of such factors, an individual is unable to complete an activity reliably, it will be taken into account. We will, however, make reference to some of these issues in our guidance, for illustrative purposes.

Risk and safety

4.13 As explained above, we believe that, in order for a descriptor to be deemed to apply to an individual, that individual must be able to complete the activity as described safely. We propose that, to determine whether an individual is capable of carrying out an activity safely, consideration should be given to whether they are at risk of a serious adverse event occurring. If it is decided there is a high risk of such an event occurring, the individual would not be considered able to complete the activity safely at the level described and should be assessed against other descriptors reflecting higher levels of need.

Comments and government response

4.14 Various respondents suggested that our definition of ‘safety’ was too strict, they questioned the reference in the second draft of the criteria that there has to be ‘evidence’ that if the activity was undertaken, the adverse event is likely to occur. We did not intend that individuals should have to provide evidence but simply that it must be likely that the adverse event would happen. However, the use of ‘evidence’ has clearly concerned people so we have removed it. The definition of safety has

now been changed to: ‘when considering whether an activity can be undertaken safely it is important to consider the risk of a serious adverse event occurring. However, the risk that a serious adverse event may occur due to impairments is insufficient – the adverse event must be likely to occur if the activity was undertaken’. We believe that this strikes the right balance.

Fluctuations in disabilities and their impact

4.15 From the earliest design of the assessment we have worked to ensure that it takes account of health conditions and disabilities that have fluctuating symptoms or impacts. Our proposal was that a descriptor will apply if the impact of a health condition or impairment is experienced on the ‘majority of days’ over a 12 month period. If a descriptor applies at any point during a 24 hour period, it should be considered as applying on that day. For example, if a descriptor applies to an individual on an average of four days out of seven, throughout the course of the year, they would satisfy the descriptor. However, if a descriptor applied to an individual on average on two days out of seven throughout the course of a year, they would not satisfy the descriptor.

4.16 While it may seem that this ‘50 per cent rule’ sets a high threshold, we consider that it is in fact a more generous provision than currently exists in DLA – the PIP assessment considers the impact experienced on the ‘majority of days rather than the ‘majority of the time’ as in DLA. This means that if a descriptor applies at any point during a 24 hour period, it is considered to apply for the entire day, whereas in DLA it would have to apply for the ‘majority of the day’ in order to apply. In addition, the PIP assessment allows descriptors to be combined to meet the 50 per cent rule, as a result of this we believe that 50 per cent of days is a reasonable threshold to consider.

Comments and government response

> While some expressed doubt that 50% was a fair benchmark, there was widespread agreement with the principle of considering those limitations a person faces on a certain proportion of days. There was considerable confusion over the idea that a limitation counts for a day if it is faced at any time on that day, but once it was understood, people felt this was a very strong, sensible way to calculate the amount of time a limitation is faced. For example, these rules would seem to suggest that a person who cannot dress themselves in the morning, but can change for bed at night, will count as unable to dress themselves on that day. Although it was found to be unclear, it was strongly supported.
>
> We are Spartacus

4.17 This was an area of the consultation which generated a lot of comments, some technical in nature, others which disagreed with our approach and some that asked for clarification about how this would work in practice.

4.18 It was brought to our attention that selecting the descriptor that applied for the greatest amount of time in Regulation 4(4)(c)(ii) was unfair, as those with the greatest needs could lose out. The way the Regulation was drafted meant that an individual who satisfies two or more descriptors on more than 50 per cent of days would be allocated the descriptor which applies for the greatest time, rather than the one with the highest point score. This was not our intention and as a result we have amended this regulation to: 'where two or more descriptors are each satisfied on over 50 per cent of the days of the required period, the highest scoring descriptor applies'.

> We recommend that 4(4)(c)(ii) be redrafted such that, if more than one descriptor is satisfied on more than 50% of days, the descriptor that scores the greatest number of points is selected.
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> We are Spartacus

4.19 We have also changed Regulation 4(4)(c)(iii) to ensure that only descriptors that have a point score attached are taken into account in this situation. Previously it would have been possible to link descriptors that had zero points allocated to them with two other scoring descriptors in order to satisfy the 50 per cent of the time rule, which would undermine the policy intent.

4.20 Many respondents raised concern that the 50 per cent rule would mean that individuals who have short but severe periods of impact over a year will not be able to receive support from the benefit. However, the policy intent for PIP is that the benefit should support those individuals who have a long-term health condition or impairment that affects them most of the time. The Government believes that its proposals already achieve this and does not intend that the benefit should meet support needs arising from short, acute periods of impairment.

4.21 We received some suggestions that we should include separate criteria in the assessment that would allow the assessor to use their discretion when considering whether and how the fluctuating conditions rules should apply, without reference to the 50 per cent rule. However, we do not consider it necessary or appropriate to introduce any criteria that rely solely on discretion in this manner. We believe that the assessment is comprehensive enough to take all conditions into account; the inclusion of a discretionary descriptor would make the assessment subjective and inconsistent and would undermine the policy intent of the benefit.

4.22 Various respondents queried why seasonal changes were not directly taken into account in the assessment. We have given this careful consideration but believe that our approach to fluctuating conditions does already take seasonal changes into account. If an individual is affected by seasonal changes and the effects of this occur on the majority of days in a twelve month period, they could be eligible for PIP – we believe that this is the right approach.

Aids and appliances

4.23 We believe that the assessment should take into account the successful use of aids and appliances, recognising the barriers and costs that individuals who need to use such aids can face. However, we also recognise that these barriers and costs may be less than those for individuals unable to complete activities at all, or who are reliant on help from other people. We have tried to ensure that our approach is fair and proportionate, which is why we proposed that the assessment takes into account aids and appliances that are normally used and those that could 'reasonably be expected' to be used or worn. Whether an aid or appliance could 'reasonably be expected' to be used will reflect issues of availability, cost and cultural considerations. So, for example, we will not take into account where individuals may benefit from expensive aids and equipment that they do not have.

Comments and government response

4.24 While we believe that our approach to aids and appliances is right, concerns have been raised in relation to how expensive aids and appliances will be taken into account in the assessment, some recommending they be exempt and others asking that they be included.

4.25 We recognise that there is a wide diversity in the aids and appliances that individuals might use and that these might vary from having a very low cost to having a very high cost. We considered having different categories of aid in the assessment, reflecting the relative costs and difficulties in use between aids – for example, the difference between a magnifier and a Braille reader for someone with a visual impairment. However, we felt that this would make the assessment more complicated. We have taken a simpler approach, usually referring to aids and appliances in one descriptor within each activity and awarding a relatively low score for this. This recognises that the majority of aids are relatively low cost, easy to use and allow a good degree of participation.

4.26 We have, however, designed the criteria to try and ensure that individuals who are reliant on expensive aids should still receive an appropriate score, without expressly referring to the aids themselves. For example, in the new *Reading and understanding signs, symbols and words* activity, we refer to the need to use aids to read. Someone who needs a magnifier, for example, would score in this descriptor and receive two points. However, someone who needs a Braille reader not only faces extra costs but will face considerably greater barriers to participation on a day-to-day basis. For the sake of the assessment, using Braille has not been defined as reading. Therefore someone totally reliant on Braille would be assessed as not being able to read and would therefore score 8 points.

4.27 Many respondents argued that it was unfair to only consider aids that are designed to be used by people with a health condition or disability and to exclude non-specialised aids and appliances that might also be used by an individual without an impairment. They noted that some individuals who have a health condition or impairment may rely completely on these aids and appliances in order to complete an activity and therefore face increased barriers and/or cost. We accept this and have therefore amended the regulations to include the use of non-specialised aids and appliances, where they are essential to the completion of an activity because of

a health condition or disability. They will not be included where their use is by preference alone rather than necessity.

> Disabled people often use aids and appliances that are available to, and used by the general public, rather than specifically adapted for disability. Examples may include electric toothbrushes or razors, kitchen gadgets such as food processors or microwaves, cooking ingredients such as pre-chopped vegetables, or dry shampoo. However, while using such aids and appliances is a choice for those without a disability or impairment, it may be a necessity for someone with a disability.
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> MS Society

Supervision, prompting and assistance

4.28 The Government recognises that individuals may need help from other people to carry out daily activities and that the degree of support they need can play a significant part in the barriers and extra costs that they face. As such the assessment considers whether individuals need supervision, prompting or assistance to complete the activities.

Comments and government response

4.29 Firstly, the policy intent is that the assessment will take into account whether individuals have an underlying need for support from another person, regardless of whether they have access to this. This ensures a fairer assessment of individuals. We are now making this clearer in the guidance supporting the assessment.

4.30 Several respondents argued that defining ‘supervision’ from another person as ‘their continuous presence throughout the task to prevent a potentially dangerous incident occurring’, was too high a threshold. However, having given this careful thought, we do not propose to change our definition in this instance. As supervision in this context is about ensuring safety, we do consider that the person supervising the individual needs to be nearby throughout the activity and, for example, not simply there at the start or end.

4.31 Some respondents felt that the points awarded for the need for supervision and prompting were not high enough in the assessment. We appreciate that an individual who needs either supervision or prompting may face significant barriers and costs and we believe that this has been reflected in the assessment by ensuring descriptors that refer to needing supervision or prompting attract an appropriate score. Some individuals who require supervision or prompting on just a small number of activities may not receive a score that would entitle them to the benefit. However, many individuals who need this type of support will do so in multiple activities. In such cases they may score sufficient points to entitle them to the benefit. As such we believe that our proposals are fair.

4.32 A number of respondents made similar comments, suggesting that we introduce a separate activity looking at whether supervision is needed in general. As we feel that supervision has been fairly reflected in the activities, we have not included a separate supervision activity.

4.33 We received various comments from respondents stating that, where prompting and assistance are referred to in the criteria, they should apply for some of the time rather than the majority of the time. This is in fact the policy intent. One of the changes made in the second draft of the criteria was that, in order for prompting or assistance to apply, it simply had to happen at some point during the activity not for most or all of the time. There are also no longer any references to intermittent and continuous in relation to support.

Overwhelming psychological distress

4.34 A number of the activities in the assessment refer to a situation where carrying out the activity might cause 'overwhelming psychological distress'. In the draft Regulations we stated the distress must be 'caused by an enduring mental health condition or an intellectual or cognitive impairment'.

> We still have concerns that 'overwhelming psychological distress' is a high threshold at which to start considering the impact of an activity. This could exclude many people who face significant barriers to participation as a result of stress and anxiety it can cause. This in turn could further isolate people from sources of support.
>
> Mental Health Sector Joint Response

Comments and government response

4.35 Respondents were concerned that the threshold for 'overwhelming psychological distress' is too high and that individuals should receive points where they are distressed at a lower level. Some have suggested that this might exclude people who have serious anxiety issues.

4.36 Having considered this in detail, we have decided to maintain this terminology in order to ensure that the assessment captures those individuals who, as a result of distress, face the greatest barriers to participation. Where we have referred to overwhelming psychological distress in the activities, we have deliberately meant to capture people who would have very significant psychological consequences as a result of the act of completing the activity, and who therefore face very serious barriers to participation. We believe that our threshold is reasonable and will not exclude individuals who have serious anxiety issues that result from their health condition or impairment, where the act of completing the activity would have significant consequences.

4.37 Some respondents were unclear about why we specified in our definition that the 'overwhelming psychological distress' means distress caused by an enduring mental health condition or an intellectual or cognitive impairment.' They were concerned that this definition would exclude individuals who had severe anxiety as a result of a physical health condition or impairment. We do not consider that this is the case. For example if, as a result of a health condition or impairment, an individual is incontinent, and subsequently has such high levels of anxiety that they cannot complete an activity, they could be considered as having 'overwhelming psychological distress' and be awarded the appropriate descriptor. On reflection, however, we feel that 'caused by' is not the most appropriate choice of language and have amended this to 'related to', making it clearer.

Weightings and entitlement thresholds

4.38 Although there are differing numbers of activities related to the two components of PIP, to ensure ease of understanding we chose to have the same entitlement thresholds for both components. We proposed:

Standard rate – eight points

Enhanced rate – twelve points

4.39 Individuals can achieve entitlement to the Daily Living component at either rate by achieving lower-level scores across the Daily Living activities or achieving higher scores in a small number of activities. Entitlement to the Mobility component, at either rate, can potentially be achieved by scores in either of the two activities alone, or by a combination of scores from both.

4.40 In questions two and four of our consultation document we asked for views on the proposed weightings and entitlement thresholds in the Daily Living and Mobility activities and if they would successfully distinguish between differing levels of need in each activity and prioritise individuals on the basis of their overall need.

Comments and government response

4.41 We received varying comments in response to this question, the majority of respondents were broadly content with our proposed thresholds – which we have therefore not changed – but suggested some changes to the weightings. Specific suggestions are referred to in relation to specific activities in Chapters 5 and 6.

4.42 Some of these comments we received were based on misunderstandings around how the assessment will work. In particular we received comments around the differing values associated with the Daily Living activities, which tend to have lower weightings than the Mobility activities.

4.43 As the thresholds for the two components are the same, but the number of activities assessed for each very different, we have had to take a slightly different approach to point scoring across the Daily Living and Mobility activities. As such many of the scores on the Daily Living activities are lower than their Mobility equivalents. Having equivalent point scores in each would make it very easy to accumulate a score that significantly exceeds the thresholds that have been set, likely requiring us to increase the thresholds. The Daily Living scores should not be compared directly with those in the Mobility component as they do not reflect relative importance between the two. Instead they reflect relative importance within the Daily Living component, relating to the relative impact on participation.

4.44 Various respondents also questioned why some descriptors in the second draft criteria carried a point score of 15, when the thresholds were 12. Some were concerned that the Government might increase the threshold to 15 as a result of this consultation. The scores of 15 were simply included because the point scores were developed prior to the thresholds being set, with a score of 15 reflecting that we thought the descriptor reflected a higher level of need than a score of 12. To avoid any confusion, all descriptors which had a point score of 15 have now been reduced to 12.

5. Daily Living activities

Background

5.1 The Daily Living activities have been selected to determine entitlement to the Daily Living component.

5.2 The activities have been selected to cover the key activities that are essential to everyday life, cumulatively providing a good proxy for individuals' levels of participation. They cover a cross-section of the key skills and actions that individuals need on a daily basis – such as dexterity, bending, reaching, decision making etc.

5.3 While we do not underestimate the importance of any of the individual activities within the assessment and appreciate that they are all integral to participation, each Daily Living activity in the Daily Living component has been individually weighted, based on the relative importance of the activity. This means that the maximum number of points available for each activity varies.

5.4 This section sets out the comments we received on each of the activities proposed in the second draft and our response, including where we are making changes as a result of comments received. Under each activity we include the descriptors from the second draft of the criteria and the final version. A full set of the revised assessment criteria, including notes, is included at Annex 1.

Preparing food and drink

5.5 This activity was designed to establish whether individuals have difficulty preparing and cooking food and drink.

5.6 The descriptors proposed for this activity in the second draft of the criteria were as follows:

Second draft activity 1 – Preparing food and drink		
Descriptor		Points
A	Can prepare and cook a simple meal unaided.	0
B	Needs to use an aid or appliance to either prepare or cook a simple meal.	2
C	Cannot cook a simple meal using a conventional cooker but can do so using a microwave.	2
D	Needs prompting to either prepare or cook a simple meal.	2
E	Needs supervision to either prepare or cook a simple meal.	4
F	Needs assistance to either prepare or cook a simple meal.	4
G	Cannot prepare and cook food and drink at all.	8

Comments and government response

5.7 Several respondents noted that it was unclear why cooking food was restricted to 'heating food at or above waist height' and asked whether this was fair. While we accept that many ovens are at ground level, this activity is designed to focus solely on an individual's ability to prepare and cook food, not to assess their ability to bend – this is taken into account elsewhere in the assessment in the *Washing and bathing* and *Dressing and undressing*. We specify that food should be prepared at waist height and cooked on a conventional cooker or in a microwave because this ensures that individuals do not receive points twice for the same barrier.

> Many conventional cookers are placed at below waist height, causing considerable difficulties for those unable to bend or with paralysis of the abdominal muscles which would prevent them from removing something from the oven 'reliably and safely'. In terms of nutrition, this must also recognise the greater breadth of meals which can be made using an oven as opposed to merely a hob.
>
> Spinal Injuries Association

5.8 There has also been some concern about our inclusion of microwaves in this activity; 'cannot cook a simple meal using a conventional cooker but can do so using a microwave'. Various respondents argue that it is unfair to consider using a microwave as a replacement for a conventional cooker, making it more difficult to make healthy meals and increasing costs. However, by specifying a microwave in this descriptor it was not our intention to imply that a microwave is an equal substitute for using a conventional cooker or that disabled people should have to rely on microwaved food. A microwave is referred to in this activity because it indicates the level of need – an individual who is only able to use a microwave rather than a cooker is likely to have higher needs than an individual who could use both. Therefore, if an individual is unable to reliably make a meal using a conventional cooker, but they could do so using a microwave, they would be given higher priority in the benefit than someone who is able to use a conventional cooker.

5.9 Some respondents have raised concerns that we have not given adequate consideration to safety in this activity. Safety is always taken into account throughout the assessment by considering whether an activity can be completed 'reliably'. We have also taken into account whether individuals need to be supervised or assisted to be able to complete the activity safely. In this way we believe that we have taken adequate account of safety within this activity.

5.10 Some respondents have suggested that we award additional points in this activity where individuals require special diets. We recognise that special diets are likely to result in additional costs; however, the intention is that the assessment does not take account of all areas where extra costs may be incurred but rather acts as a proxy for overall cost and need. We consider that the inclusion of special diets would take the assessment away from its core focus on ability and would add additional subjectivity and inconsistency.

5.11 All references to drink have been removed from this activity, as requested by some respondents. On reflection, we agree that any actions required to prepare a simple meal are sufficient to indicate whether an individual is also able to pour themselves a drink. Removing these references makes this activity clearer and easier to apply.

5.12 As explained in Chapter 3, we are now including non-specialised aids and appliances if they are essential to the completion of an activity. For example, an individual who is unable to open a can with a manual can opener, but who could do so with an electric can opener, would be considered as needing an aid or appliance to complete the activity.

5.13 Respondents also questioned whether pre-chopped vegetables would be included as aids in the assessment. We do not consider that chopped vegetables are aids and appliances. However, where an individual is reliant on pre-chopped vegetables because they face difficulties in chopping and peeling fresh vegetables themselves, they are likely to be considered as needing an aid or appliance or support from another person to prepare food, and receive appropriate priority in the activity.

5.14 Some respondents have commented that the point scores in this activity seem low; however, as mentioned in the weightings and thresholds section, the scores in general tend to be slightly lower in the Daily Living activities because the expectation is that individuals can accumulate points across the activities. This ensures that the thresholds remain meaningful.

5.15 The final version of the assessment criteria for this activity is as follows:

Final activity 1 – Preparing food		
Descriptor		Points
A	Can prepare and cook a simple meal unaided.	0
B	Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
C	Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
D	Needs prompting to be able to either prepare or cook a simple meal.	2
E	Needs supervision or assistance to either prepare or cook a simple meal.	4
F	Cannot prepare and cook food.	8

Taking nutrition

5.16 This activity was designed to assess an individual's ability to take nutrition, either by eating and drinking or using a therapeutic source such as a feed pump.

5.17 The descriptors proposed for this activity in the second draft of the criteria were:

Second draft activity 2 – Taking nutrition		
Descriptor		Points
A	Can take nutrition unaided.	0
B	Needs either – (i) to use an aid or appliance to take nutrition; or (ii) assistance to cut up food	2
C	Needs a therapeutic source to take nutrition.	2
D	Needs prompting to take nutrition.	4
E	Needs assistance to manage a therapeutic source to take nutrition.	6
F	Needs another person to convey food and drink to their mouth.	10

Comments and government response

5.18 A considerable number of respondents were concerned that we had not taken into account that individuals with some impairments may have an increased risk of choking. Following this feedback we have now included ‘supervision’ in this activity to account for this.

5.19 We were asked to clarify our approach to prompting. Where we refer to needing ‘prompting’ to take nutrition, the prompting can occur at any point, but in order for it to apply the prompting would have to be essential for the individual to complete the activity.

5.20 We had some recommendations that this activity should also factor in the ability to buy food. However, we do not believe that it is necessary to include this in the activity as other activities within the assessment address the kinds of abilities needed to buy food – for example, the ability to get out and about, and the ability to make decisions.

5.21 Some respondents were concerned that there is no direct reference to motivation in this activity and asked for clarity. Motivation will be taken into account by considering whether the individual is able to complete the descriptor reliably. An individual who could feed themselves, but would not do so as a result of motivational problems, would not be considered able to carry out the activity reliably, and so would be given an appropriate descriptor that takes these needs into account – for example, recognising that they might need prompting to eat. The inclusion of prompting in this activity was specifically designed to recognise that some individuals will lack the motivation to eat as a result of an impairment.

5.22 It was suggested that having only one descriptor in this activity that applies to individuals with cognitive impairments or mental health conditions is not enough. We do not agree that this is the case. There is only one descriptor that refers directly to prompting but the assessment considers every individual’s personal circumstances, and whether they are able to reliably complete the descriptors, when determining which is the most accurate descriptor for them. The assessment is not prescriptive, and regardless of the type of health condition or impairment an individual may have, they could score on any of the descriptors if they are an appropriate reflection of their needs. If they need encouragement or motivating to eat then they would receive descriptor D, or if they need to be physically helped to eat, they would receive either descriptor E or F.

5.23 Some respondents argued that there is little difference between needing assistance to manage a therapeutic source and needing another person to feed them, stating that if assistance was not available, the individual would be unable to complete the activity in both cases. We do not agree. We consider that someone who needs help in managing a therapeutic source – for example, setting up a feed pump – is likely to face lower overall barriers and needs to individuals who need to be hand-fed.

5.24 One group suggested that this activity did not take into account where individuals may need to use an aid or appliance to take nutrition as well as needing assistance to cut up food, and that a higher scoring descriptor should be introduced for this. We have carefully considered this suggestion, however, we believe that the overall award of points where assistance is needed is right and an additional descriptor is

not necessary. It is also likely that individuals who are awarded points for needing assistance in this activity will also score in other activities, which could result in entitlement to either the standard or the enhanced rate of the component.

5.25 The final version of the assessment criteria for this activity is as follows:

Final activity 2 – Taking nutrition		
Descriptor		Points
A	Can take nutrition unaided.	0
B	Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food.	2
C	Needs a therapeutic source to be able to take nutrition.	2
D	Needs prompting to be able to take nutrition.	4
E	Needs assistance to be able to manage a therapeutic source to take nutrition.	6
F	Cannot convey food and drink to their mouth and needs another person to do so.	10

Managing therapy or monitoring a health condition

5.26 This activity was designed to assess an individual's ability to manage taking any medication they have; monitor their health condition and detect changes, for example, checking blood sugar levels; and manage therapeutic activities which are prescribed or recommended by health professionals. All the activities must take place at home.

5.27 The descriptors proposed for this activity in the second draft of the criteria were:

Second draft activity 3 – Managing therapy or monitoring a health condition		
Descriptor		Points
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.	0
B	Needs supervision, prompting or assistance to manage medication or monitor a health condition.	1
C	Needs supervision, prompting or assistance to manage therapy that takes up to 3.5 hours a week.	2
D	Needs supervision, prompting or assistance to manage therapy that takes between 3.5 and 7 hours a week.	4
E	Needs supervision, prompting or assistance to manage therapy that takes between 7 and 14 hours a week.	6
F	Needs supervision, prompting or assistance to manage therapy that takes at least 14 hours a week.	8

Comments and government response

5.28 Some respondents suggested that individuals are more likely to rely on complementary therapies and health management techniques and that these should be taken into account in addition to those recommended by a health professional. However, we have not made any amendments to include these. We believe that by including therapy which is prescribed or recommended by a registered doctor, nurse or pharmacist, we will be taking into account a wide spectrum of therapies and as a result we do not intend to broaden our definition.

5.29 A considerable number of respondents were very concerned that needing to use an aid or appliance to manage medication did not attract a point score in this activity. In response to these comments we have changed this activity to ensure that needing to use an aid or appliance to manage medication attracts one point – this includes needing to use aids such as dossett boxes. Similarly, needing assistance to open medication such as blister packs or bottles would also attract one point. Both these changes recognise that a need is there, although overall it is low compared to other elements of the assessment.

5.30 One group suggested that regardless of whether an individual is able to take medication without aids, appliances or assistance, they should still be entitled to a point score in the assessment by virtue of the fact they have to take medication. We disagree as we do not consider that use of medication in itself necessarily results in barriers to participation or extra costs. We have therefore decided not to make any changes to this effect.

5.31 Some respondents queried whether mobile phone applications individuals use to remind them to take medication and other devices for this purpose would be considered as aids or appliances. Our altered approach to aids and appliances would now include this kind of reminder if the individual could not or would not take their medication without it – the use must be out of necessity and not simply preference.

5.32 Some groups commented that prompting to take medication should be included and awarded an appropriate score. Prompting is now included throughout the activity and appropriate point scores apply.

5.33 Some respondents also noted that the timings in descriptors C, D, E and F were not clear if people have levels of support that are on the boundaries between the descriptors. They were concerned it could make it difficult to select an appropriate descriptor. As such we have now changed the wording to make it clearer.

5.34 We specified in the draft regulations that this activity is expected to be undertaken at home, however there was some concern that this was limiting as people do not always take their medication or manage their therapy in their own home. However, the use of the word home in this context does not apply solely to an individual's own home – it is intended to include all domestic settings and can apply to homes belonging to family members and friends.

5.35 It was suggested in one response that this activity should include the time it takes for a carer to get to and from the claimant's home. However, we believe that this would not be practical to include and would create subjectivity and inconsistency.

The activity is not designed to replicate the exact amount of time a carer might spend supporting an individual but to identify the amount of time their circumstances require.

5.36 Some respondents assumed that this activity was primarily aimed at individuals who have physical health conditions or impairments rather than mental heath conditions, however, this is not the case. The PIP assessment looks at the impact that a health condition or impairment has on the individual, regardless of its type. Where the individual's health condition or disability creates a need for support in carrying out this activity, it will be taken into account.

5.37 Some concern was raised about how the assessment would take account of individuals who do not accept or have a low awareness that they have a mental health condition, and as a result do not take their medication. In a case like this, the fact that a mental health condition might be present should be established during consideration of the evidence of the case, and in particular the face-to-face consultation. Claimants will be encouraged to bring someone with them to support them at the face-to-face consultation who may be able to explain the situation. Claimants who have prescribed medication, but who do not take it because of a mental health condition, would require prompting to manage their medication and would therefore be awarded descriptor B.

5.38 One group suggested that we consult informally on guidance as to what therapy would be considered long term. Following consideration of this point, and in order to prevent confusion, we have removed the reference to 'long-term' from this activity as it is not necessary. In order to satisfy the descriptor, the claimant's needs must be present for the 'majority of days' in a year, in the same way as other elements of the assessment.

5.39 We would like to clarify that, for the purpose of this activity, the majority of days test does not require the individual to actually be receiving therapy on the majority of days in a year. However, the descriptor would still need to accurately describe the claimant's circumstances on a majority of days – i.e. on a majority of days the statement about how much support an individual needs a week must be true. For example, if a claimant needs assistance to undergo home dialysis for three hours on Monday and Friday, they would not actually be receiving therapy on a majority of days in a year. However, on a majority of days in the year, the statement that they need 'assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week' would still apply as it accurately describes the level of support needed in a week.

5.40 Some respondents have suggested that this activity is not heavily weighted enough. However, the weighting allocated is intended to reflect the relative importance of this activity and to ensure that the thresholds remain meaningful. We believe that the weighting of this activity is correct within the context of the assessment.

5.41 There was some suggestion that PIP should take into account the cost of prescriptions. However, as the assessment for PIP is a proxy assessment, we do not take into account actual extra costs. Instead we look at the barriers that individuals face to participation. Because of this we have not included specific reference to the cost of prescriptions.

5.42 The final version of the assessment criteria for this activity is as follows:

Final activity 3 – Managing therapy or monitoring a health condition		
Descriptor		Points
A	Either – (i) Does not receive medication or therapy or need to monitor a health condition; or (ii) can manage medication or therapy or monitor a health condition unaided.	0
B	Needs either – (i) to use an aid or appliance to be able to manage medication; or (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition.	1
C	Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	2
D	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
E	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
F	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8

Bathing and grooming

5.43 The intention of the bathing and grooming activity was to assess the difficulties that individuals with health conditions or impairments may face in this area. The proposed activity considered an individual's ability to clean their face, hands, underarms and torso, and to clean their teeth and wash and brush their hair.

5.44 The descriptors proposed for this activity in the second draft of the criteria were as follows:

Second draft activity 3 – Bathing and grooming		
Descriptor		Points
A	Can bathe and groom unaided.	0
B	Needs to use an aid or appliance to groom.	1
C	Needs prompting to groom.	1
D	Needs assistance to groom.	2
E	Needs supervision or prompting to bathe.	2
F	Needs to use an aid or appliance to bathe.	2
G	Needs assistance to bathe.	4
H	Cannot bathe and groom at all.	8

Comments and government response

5.45 Feedback on this activity indicated that it was unclear – in particular the elements related to grooming, which people found confusing. As a result of this, we have changed both the structure and the title of the activity, to focus it on washing and bathing alone. By focusing on fewer and clearer activities, we believe that this will be easier to understand and apply, leading to more objective outcomes.

5.46 The activity has been re-focused by combining some of the elements of bathing and grooming that were included in the original activity, so rather than specifying 'cleaning the face, hands, underarms and torso' and 'combing/brushing and washing hair', it now simply refers to 'washing the whole body and getting in and out of a bath or shower', we believe that this makes the activity clearer and more inclusive. It also removes confusion around the definition of 'torso' – for example, whether this includes genitals.

5.47 Respondents cited particular concerns that the activity did not encompass washing the lower half of the body. This particular ability was initially excluded in order to avoid people being considered for, and scoring in relation to, the same action twice in the assessment. However, we do consider that the second draft of the criteria did not take sufficient account of difficulties individuals might have with bending and reaching etc and we have therefore widened the activity to include washing the entire body.

> We do not accept that the Government wants disabled people to be unable to keep the whole body clean. But the current plans do not include the full body and seem, largely, to stop at the waist.
>
> Disability Rights UK

5.48 We received various comments suggesting that we should include 'help to check grooming' in this activity. However, this has not been incorporated because other parts of the assessment will consider whether an individual is able to access visual information.

5.49 Various respondents have suggested that this activity should take into account shaving, cutting nails and applying make-up. While we do not underestimate the importance of these activities, as we have already explained, this is a proxy assessment and does not take into account all activities performed in the course of a day. We believe that the activities we are assessing will provide a good indication of an individual's level of need and their corresponding extra costs.

5.50 Some respondents queried why needing prompting to groom only received one point. As a result of these comments, and because prompting receives a higher score in other activities, the point score for needing prompting in this activity has been increased to two.

5.51 It was suggested that this activity should also consider the ability to dry oneself after bathing and grooming. This has been given careful consideration but we consider that the actions required to wash and bathe are similar to those needed to dry oneself, so there is no need to consider drying separately. As such we have not included this in the activity.

5.52 Some respondents noted that an individual who needed assistance to bathe should not be considered able to bathe at all. We are clear that this is not the case – there are varying levels of assistance that can be provided and it is not necessarily the case that a person who needs assistance to wash their body would consider themselves as being unable to wash themselves at all. As such we will continue to differentiate between these in the assessment.

5.53 Although we have received comments that this activity appears to have a low weighting, we do not agree that this is the case. The activities have been weighted according to their relative importance within the assessment and we believe that the scores allocated are correct and give an accurate reflection of levels of need.

5.54 The final version of the assessment criteria for this activity is as follows:

Final activity 4 – Washing and bathing		
Descriptor		Points
A	Can wash and bathe unaided.	0
B	Needs to use an aid or appliance to be able to wash or bathe.	2
C	Needs supervision or prompting to be able to wash or bathe.	2
D	Needs assistance to be able to wash either their hair or body below the waist.	2
E	Needs assistance to be able to get in or out of a bath or shower.	3
F	Needs assistance to be able to wash their body between the shoulders and waist.	4
G	Cannot wash and bathe at all and needs another person to wash their entire body.	8

Managing toilet needs or incontinence

5.55 This activity was designed to establish whether an individual has difficulties managing going to the toilet, cleaning oneself afterwards and dealing with incontinence.

5.56 The descriptors proposed for this activity in the second draft of the criteria were as follows:

Second draft activity 5 – Managing toilet needs or incontinence		
Descriptor		Points
A	Can manage toilet needs or incontinence unaided.	0
B	Needs to use an aid or appliance to manage toilet needs or incontinence.	2
C	Needs prompting to manage toilet needs.	2
D	Needs assistance to manage toilet needs.	4
E	Needs assistance to manage incontinence of either bladder or bowel.	6
F	Needs assistance to manage incontinence of both bladder and bowel.	8
G	Cannot manage incontinence at all.	8

Comments and government response

5.57 Various respondents asked us to clarify whether we consider incontinence pads and adapted toilet seats as aids and appliances. We recognise that both of these can create additional costs and therefore they are considered as aids and appliances for the purposes of the assessment.

5.58 Several respondents noted that supervision was missing from this activity and we have now rectified this by incorporating a descriptor which includes supervision – in particular in relation to whether people can get on and off the toilet safely.

5.59 Some respondents have expressed concern that menstruation is not taken into account in the assessment. The appropriate descriptor that is selected for an individual will reflect their level of ability to manage their toilet needs or incontinence. While the management of menstruation is not taken into account, the likelihood would be that, if an individual had difficulties managing their toilet needs, they would have similar difficulties in managing menstruation. The descriptor selected would therefore act as a proxy for all these kinds of additional costs. If an individual is unable to manage menstruation because they are unable to open packaging, for example sanitary towels or tampons, this is accounted for in activity 1 – *Preparing food*, which considers the ability to do tasks that require manual dexterity.

5.60 It was argued in some responses that it is superfluous to include '*needs assistance to manage incontinence of both bladder and bowel*' and '*cannot manage incontinence at all*'. To ensure clarity we have removed descriptor G from this activity.

5.61 Some respondents have suggested that we include a descriptor in this activity that relates to 'finding a toilet in an unfamiliar location'. We have given careful thought to this, however, as the ability to access written information and orientate oneself when out of doors are covered elsewhere in the assessment, we do not believe it necessary to include this again here.

5.62 It was suggested in several responses that this activity should specifically consider the ability to get to and go to the toilet during the night, awarding higher priority where supported is needed here. Similar comments have been raised in relation to 'night needs' elsewhere in the assessment. We do not believe that it is necessary for the assessment to consider day and night needs separately – PIP has been designed to consider levels of need and does not differentiate between the times of day that the needs might occur. By considering activities over a 24 hour period it allows the assessment to take equal account of different levels of need. While we recognise that night-time care needs can create specific costs, we consider that individuals' overall need and level of participation will already be fairly reflected by the assessment.

5.63 We received frequent comments that the assessment should better reflect the consequences of incontinence, such as additional laundry costs caused by needing to wash clothes more frequently. However, we are not intending to identify extra costs such as this directly in the assessment. As explained earlier, the assessment acts as a proxy for these costs. Where people struggle with incontinence, and therefore have higher laundry costs, they should already receive a high point score reflecting the barriers and costs that they face.

5.64 We have received some responses commenting that the weightings for this activity seem low, particularly with reference to needing prompting to manage toilet needs and needing assistance to manage incontinence of the bowel. One group suggested that complete inability to manage incontinence should result in an award of the enhanced rate of the Mobility component. While we appreciate that this is an extremely important aspect of people's lives, we believe that, when this activity is considered as part of the whole assessment, the weighting attached to it is appropriate.

5.65 The final version of the assessment criteria for this activity is as follows:

Final activity 5 – Managing toilet needs or incontinence		
Descriptor		Points
A	Can manage toilet needs or incontinence unaided.	0
B	Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
C	Needs supervision or prompting to be able to manage toilet needs.	2
D	Needs assistance to be able to manage toilet needs.	4
E	Needs assistance to be able to manage incontinence of either bladder or bowel.	6
F	Needs assistance to be able to manage incontinence of both bladder and bowel.	8

Dressing and undressing

5.66 This activity was designed to look at the help an individual might need or use in order to be able to dress and undress themselves.

5.67 The descriptors proposed for this activity in the second draft of the criteria were as follows:

Second draft activity 6 – Dressing and undressing		
Descriptor		Points
A	Can dress and undress unaided.	0
B	Needs to use an aid or appliance to dress or undress.	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.	2
D	Needs assistance to dress or undress lower body.	3
E	Needs assistance to dress or undress upper body.	4
F	Cannot dress or undress at all.	8

Comments and government response

5.68 Various respondents suggested that it was inappropriate to limit individuals to wearing slip-on shoes in this activity. As a result we have removed this reference and now simply refer to 'the ability to put on/take off socks and shoes'.

> We welcome the inclusion of the ability to put on shoes and socks; prompting and assistance to select appropriate clothing within activity 6, dressing and undressing. However we remain concerned that shoes is explicitly defined as 'slip-on shoes', which could be seen to be degrading, humiliating or inappropriate by some individuals and cultures.
>
> Diverse Cymru

5.69 One strong theme from some of the responses was that in this activity the clothing individuals wear should be both culturally and contextually appropriate. As a result of this the notes have been altered and now read 'This activity assesses a claimant's ability to put on and take off culturally appropriate, un-adapted clothing that is suitable for the situation'.

5.70 Some respondents mentioned that this activity should specify that clothing is co-ordinated and clean. However, there is no need to include this level of detail as this will be taken into account by considering whether the activity is being carried out reliably. For example an individual would not be considered able to perform the activity reliably if they are unable to determine when it is appropriate to change into clean clothes.

5.71 Some respondents have raised concern that the assessment does not take into account of the fact that some individuals with health conditions or impairments may have increased utilities costs from additional laundry etc. We recognise these costs, however, they have not been directly addressed in the assessment because it is not possible, or practical, to accurately assess these kinds of extra costs on an individual basis. By acting as a proxy, the assessment and the activities within it are designed to identify where individuals are likely to face barriers and have additional costs.

5.72 It has been suggested that this activity does not take enough account of individuals with cognitive impairments or mental health conditions. We do not agree with this. The inclusion of prompting, for example, was designed to refer to where people need encouragement or verbal support. Meanwhile, regardless of the type of impairment an individual may have, if they need physical assistance to dress or undress, they can be awarded a descriptor which is indicative of their level of need. The PIP assessment has been designed to take fair account of all conditions and impairments, which is why it focuses on the impact of impairments and the needs arising from them, rather than impairment type.

5.73 Some respondents have suggested that needing assistance to be able to dress or undress the lower body should receive the same point score as needing assistance to dress the upper body. In this case we disagree – the assessment is designed to identify areas of need and establish where individuals face the greatest barriers to participating in society. Being able to dress and undress the upper body is generally an easier task than dressing and undressing the lower body, as less bending and reaching is involved. An individual who is unable to dress and undress their upper body is likely to have greater functional limitation, and face greater barriers in everyday life, than an individual who can dress and undress their upper body but had difficulties dressing and undressing their lower body.

5.74 The lack of reference to ‘supervision’ in this activity was commented on by some respondents. The reason for this is that our definition of ‘supervision’ in the regulations is very specific – ‘‘supervision’ means the continuous presence of another person for the purpose of ensuring the safety of the claimant’’. We do not believe that this is a particular area of concern in this activity and that is why supervision has not been included.

5.75 The final version of the assessment criteria for this activity is as follows:

Final activity 6 – Dressing and undressing		
Descriptor		Points
A	Can dress and undress unaided.	0
B	Needs to use an aid or appliance to be able dress or undress.	2
C	Needs either – (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing.	2
D	Needs assistance to be able to dress or undress their lower body.	2
E	Needs assistance to be able to dress or undress their upper body.	4
F	Cannot dress or undress at all.	8

Communicating and reading

5.76 This activity was designed to establish an individual’s ability to be able to convey and understand verbal communication and access written communication.

5.77 The descriptors proposed for this activity in the second draft of the criteria were as follows:

Second draft activity 7 – Communicating		
Descriptor		Points
A	Can communicate unaided and access written information unaided, or using spectacles or contact lenses.	0
B	Needs to use an aid or appliance other than spectacles or contact lenses to access written information.	2
C	Needs to use an aid or appliance to express or understand verbal communication.	2
D	Needs assistance to access written information.	4
E	Needs communication support to express or understand complex verbal information.	4
F	Needs communication support to express or understand basic verbal information.	8
G	Cannot communicate at all.	12

Comments and government response

5.78 We received some very positive feedback about our inclusion of a *communication* activity, designed to assess whether an individual might face barriers to participation through difficulties with communicating. We did, however, receive a range of comments that have helped us to improve the criteria.

5.79 In particular, we received strong feedback that grouping verbal communication and the ability to read together was unhelpful and does not allow us to sufficiently take into account how much impact being unable to read can have on an individual's day-to-day life and participation. It was suggested that this would in particular mean that individuals who face barriers to both verbal communication and reading are not given sufficient priority in the assessment.

> The current descriptors fail to take account of the combined impact for someone who uses both assistance or aids to access written information and communication support to access verbal information, such as people with a dual sensory impairment or some people living with autism, learning disabilities or multiple impairments.
>
> Sense

5.80 Some respondents also suggested that, in addition to looking at reading, we should take into account whether people can understand written material. While we have always intended that this was included in the definition of 'accessing written material' we accept that this may not have been clear.

5.81 Having considered these comments we decided that further refinement was needed in this area to ensure that the assessment is effective. We have therefore divided this activity into two new ones: *Communicating verbally* and *Reading and understanding signs, symbols and words.* In this way we ensure that we take effective account of the barriers to participation that relate to communication and reading.

5.82 Some respondents commented on our definition of 'communication support'. They felt that it was too restrictive, limiting the support solely to trained professional help. This was not our intention and our definition in the second draft of the Regulations made this clear by stating that it included support from 'someone experienced in communicating with the claimant' – for example, friends, family members and support workers. On reflection, however, we think this definition should be broadened to include individuals experienced in communicating with people with communication barriers but who do not necessarily know the actual claimant. We have therefore amended the definition. We have also made clear that communication support includes individuals trained or experienced in interpreting information from a verbal to a non-verbal form, such as sign-language, and vice-versa.

5.83 One group suggested we define non-verbal communication as ‘the ability to infer meaning by accurately interpreting other peoples’ body language, facial expressions, intonation and tone of voice’ as some individuals’ ability to understand information is dependent on these additional factors. We do not feel this is appropriate. However, issues of understanding body language and social interaction are considered elsewhere in the assessment in the *Engaging with other people face to face* activity.

5.84 It was suggested by some respondents that severe exhaustion or illness has not been taken into account in this activity. We do not believe this is the case; the assessment has been deliberately designed to consider these kinds of difficulties. If an individual was unable to complete a descriptor in an activity due to severe exhaustion, they would not be considered able to complete the activity reliably at that level. This would also apply to individuals who may have pronunciation difficulties or problems with slurring, which other respondents commented on. If they were unable to make themselves understood, they would not be considered able to express verbal communication to a necessary and appropriate standard.

5.85 We received suggestions that the definition of aid and appliance in relation to communicating should include specialist communication systems and aids such as the Picture Exchange Communication System (PECS) or Alternative and Augmentative Communication (AAC) systems. We can confirm that these would be considered aids in this activity.

5.86 Some respondents raised concerns that the activity does not take into account mental and cognitive impairments. As with elsewhere in the assessment, we do not consider the type of impairment that an individual has but the impact it has on the activity. Where a mental or cognitive impairments prevents an individual from being able to convey information – and in particular to understand information conveyed to them – they can potentially score in this activity.

5.87 One group suggested that there is little value in differentiating between simple and complex information in an activity such as this. We disagree – we believe it is essential to ensure that the assessment considers as broad a range of health conditions and impairments as possible and allows us to differentiate between the barriers that individuals face. While for many individuals, dividing simple and complex information may not make any difference to their assessment, for others it will be essential to help to establish their true level of need – for example, differentiating between the barriers caused by different levels of cognitive or intellectual impairment. For this reason we have retained our distinction between complex and simple information.

5.88 Some respondents queried why we are not assessing ability to write, in addition to ability to read. We do not feel that this is necessary as people who have sensory, mental, intellectual and cognitive barriers to writing are likely to receive points for facing similar barriers to reading, while those who have difficulties with manual dexterity are likely to score elsewhere in the activities.

5.89 The final versions of the assessment criteria for the communication activities are as follows:

Final activity 7 – Communicating verbally		
Descriptor		Points
A	Can express and understand verbal information unaided.	0
B	Needs to use an aid or appliance to be able to speak or hear.	2
C	Needs communication support to be able to express or understand complex verbal information.	4
D	Needs communication support to be able to express or understand basic verbal information.	8
E	Cannot express or understand verbal information at all even with communication support.	12

Final activity 8 – Reading and understanding signs, symbols and words		
Descriptor		Points
A	Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	0
B	Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex information.	2
C	Needs prompting to be able to read or understand complex written information.	2
D	Needs prompting to be able to read or understand basic written information.	4
E	Cannot read or understand signs, symbols and words at all.	8

Accessing information and understanding both verbal and written information are both important. This needs to include support to think through what the information means and how it may apply to them. Many people with learning difficulties can understand the actual words but not what they mean or how to apply the information to their lives.

People First (Scotland)

5.90 *Communicating Verbally* has been designed to establish whether an individual has difficulties expressing verbal information, understanding verbal information or both expressing and understanding verbal information. It also considers whether an individual needs communication support to do this.

5.91 *Reading and understanding signs, symbols and words* has been designed to establish whether an individual has barriers to reading and understanding written information, both basic and complex. Basic written information is considered to be signs, symbols and dates. Complex information is considered more than one sentence of written or printed text of a standard size. The activity will consider both the visual act of reading and the cognitive elements of understanding written information.

5.92 In this activity, to be considered able to read, we have stated that claimants must be able to see the information they are reading. For the purposes of this activity, tactile and auditory methods used to access written information – such as using Braille – will not be considered reading. This approach ensures that individuals who might

need expensive equipment or another person to be able to access written information are given appropriate priority in the assessment.

5.93 We are aware that information is not always available in alternative formats. This new activity takes this into account by assuming that such formats are not available and considering the support individuals need to access information in standard formats.

Engaging socially

5.94 This activity was included to allow an assessment of the barriers that some individuals can face to the mental and cognitive elements of engaging with other people, such as not being able to understand body language, tone or social cues.

5.95 The descriptors proposed for this activity in the second draft of the criteria were as follows:

Second draft activity 8 – Engaging socially		
Descriptor		Points
A	Can engage socially unaided.	0
B	Needs prompting to engage socially.	2
C	Needs social support to engage socially.	4
D	Cannot engage socially due to such engagement causing either – (i) overwhelming psychological distress to the individual; or (ii) which would result in a substantial risk of harm to the individual or another person the individual to exhibit uncontrollable episodes of behaviour	8

Comments and government response

5.96 The inclusion of this activity in the second draft of the assessment criteria was widely welcomed. However, we have again received comments that have helped us to refine the activity.

> We welcome the fact that this activity takes into account non-verbal communication, such as understanding body language, which will be very relevant to many people with a learning disability.
>
> Mencap

5.97 Some respondents have noted their concerns that the scope of this activity is too limited. They suggested that it should include additional elements, for example physical barriers to socialising with other people – such as being able to get to social situations. These concerns reflect a misunderstanding of the purpose of this activity, which is not about assessing overall ability to maintain social relationships or activities but to look at whether they have difficulties with the mental and cognitive elements of social interaction. To make this clearer, we have renamed the activity *Engaging with other people face to face*.

5.98 We received some comments that this activity focuses too much on cognitive impairments and mental health conditions. As above, the activity was designed to focus on mental and cognitive ability and, as such, may apply primarily to individuals with mental, intellectual and cognitive impairments. We do not consider this inappropriate because barriers to participation caused by an inability to engage with others can be significant, and it is important that these are taken into account. We also consider that, as a whole, the assessment does take account of the full range of barriers that individuals face, regardless of impairment type.

5.99 Respondents asked about how issues such as concentration and fatigue will be taken into account. This will happen in the same way as elsewhere in the assessment. Such factors will always be considered when determining whether an individual can complete this activity and where they can do so reliably.

5.100 Some respondents commented that this activity is unfairly excluding those with visual impairments who might be unable to judge body language in social situations. We have carefully considered this, and while this is not directly taken into account in the assessment, the ability to see is considered in the new activity *Reading and understanding signs, symbols and words*, which establishes an individual's ability to see information. As such we believe that people with significant visual impairment will receive the appropriate priority in the assessment.

5.101 Concerns were raised with regard to the words 'overwhelming psychological distress' in descriptor D. This has been dealt with in Chapter 3.

5.102 It was suggested that we include some differentiation in this activity to establish whether individuals have difficulties engaging with different people, such as people who are familiar or unfamiliar, or different sizes of groups. However, we believe that our approach is more generous, by not differentiating in this way, we are establishing difficulties with engaging with other people generally, and thereby encompasses a wider group of people.

5.103 It was noted that there are some individuals who adapt to their health condition or impairment by restricting what they do, and it might be as a result of this that they face barriers to engaging socially. While we are clear that this activity will only apply where someone is unable to engage socially due to the impact of their impairment, and not simply because they prefer not to, it would be possible for an individual who does not interact with others to be awarded a descriptor in this activity, provided that the difficulties they face result from their impairment. For example, an individual might not receive a descriptor simply because they choose to avoid social engagement, but if they suffer from anxiety which directly prevents them from social engagement, or means they need support, they would be awarded the most appropriate descriptor.

5.104 Some respondents were concerned that our definition of social support excludes friends and family. This is not the case, we recognise the importance of friends and family and that is why our definition of social support is: 'support from a person trained or experienced in assisting people to engage in social situations'. By referring to 'experienced' we mean both people such as friends and family who know the individual well and can offer support, or those who do not know them but are more generally used to providing social support for individuals with health conditions or impairments.

5.105 The final version of the assessment criteria for this activity is as follows:

Final activity 9 – Engaging with other people face to face		
Descriptor		Points
A	Can engage with other people unaided.	0
B	Needs prompting to be able to engage with other people.	2
C	Needs social support to be able to engage with other people.	4
	Cannot engage with other people due to such engagement causing either – (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	8

Making financial / budgeting decisions

5.106 This activity was included in the assessment to act as a proxy for an individual's overall cognitive decision-making ability. We chose financial decisions as the proxy because the majority of people need to make financial decisions regularly

5.107 The descriptors proposed for this activity in the second draft of the criteria were as follows:

Second draft activity 9 – Making financial decisions		
Descriptor		Points
A	Can manage complex financial decisions unaided.	0
B	Needs prompting to make complex financial decisions.	2
C	Needs prompting to make simple financial decisions.	4
D	Cannot make any financial decisions at all.	6

Comments and government response

5.108 The consultation responses showed that there has been a lack of understanding about this activity. Some respondents interpreted the activity as focusing on wider financial planning such as around investments and mortgages rather than budgeting decisions. Others thought it should relate to tasks such as paying in cheques and getting money out from cash points. The majority of respondents were unaware that this activity is intended to assess an individual's decision making ability in relation to money. To make this clearer, we have renamed it *Making budgeting decisions*.

5.109 This activity specifically focuses on mental and cognitive ability, as there was a gap in the assessment previously in relation to decision-making ability. It does not consider physical or sensory actions involved in managing money – such as being able to use a cash-point or engage with a clerk in a bank. We believe that the barriers that people may have in completing these actions are already sufficiently covered elsewhere in the assessment.

5.110 Some respondents expressed concern that prompting was not necessarily the best way to describe the kind of support that may be needed to enable someone to make a financial decision. In some cases it will be because individuals will need to be reminded or encouraged to make decisions, or have them explained to them.

However, we accept that in other cases individuals will need another person to make some or all of the decisions for them. As a result assistance has now also been included in this activity.

5.111 Various respondents have suggested that the weighting of this activity is too low, with one suggesting that the inability to make financial decisions at all should give entitlement to the benefit. While we are aware of the importance of being able to make decisions, this activity has been weighted in line with the rest of the assessment. If an individual was unable to make any budgeting decisions at all, they are also likely to accumulate points elsewhere in the assessment.

5.112 The final version of the assessment criteria for this activity is as follows:

Final activity 10 – Making budgeting decisions		
Descriptor		Points
A	Can manage complex budgeting decisions unaided.	0
B	Needs prompting or assistance to be able to make complex budgeting decisions.	2
C	Needs prompting or assistance to be able to make simple budgeting decisions.	4
D	Cannot make any budgeting decisions at all.	6

Other comments on the Daily Living component

5.113 There was considerable support from respondents for introducing a new activity in the Daily Living activities around *'maintaining a safe and clean home environment'*. Suggestions for what such an activity might include varied but largely focused on assessing an individual's ability to carry out housework, although there were some suggestions that this should extend to gardening too. The respondents stated that disabled people can often struggle to complete these activities which can either lead to them having untidy or unhygienic homes or having to pay for someone else to complete the activity.

5.114 The Government recognises that disabled people can face barriers to maintaining safe and clean homes and does not believe that they should have to live in a dirty or unsafe environment. However, a key principle in the assessment is that all the activities assessed should be clear and easy to assess. We do not consider that this would be the case for this activity. In particular, this activity could actually potentially involve a wide range of sub-activities, such as sweeping, using a vacuum cleaner, dusting etc. Considering all of these elements would create a complicated activity, which is likely to lead to inconsistency and subjectivity. Meanwhile, we do not believe that the activity is needed. The assessment is not designed to take into account every area of daily life but to look at a range of activities which, as a whole, act as a proxy for overall level of need. Individuals who face barriers to maintaining a safe and clean home environment are likely to score in other activities, meaning that they should still receive the appropriate priority in the benefit as a result.

6. Mobility activities

Comments and changes to the Mobility component activities

6.1 Entitlement to the Mobility component will be based on an assessment of the two activities that we consider essential to an individual's ability to get around: their ability to plan and follow a journey; and their physical ability to move around.

6.2 This section sets out the comments we received on the activities proposed in the second draft and our response, including where we are making changes as a result of comments received. Under each activity we include the descriptors from the second draft of the criteria and the final version. A full set of the revised assessment criteria is included at Annex 1.

Planning and following journeys

6.3 This activity was designed to assess the barriers to mobility that individuals may face that are associated with mental, cognitive, intellectual or sensory ability, as opposed to physical ability – looking at whether people can leave home to make journeys and whether they are able to plan and successfully follow those journeys.

6.4 Environmental factors may be considered in this activity if they prevent an individual from reliably completing the activity. For example, if an individual is unable to complete the activity because of being unable to cope with crowds or loud noises, this would be taken into account in the assessment.

6.5 The descriptors proposed for this activity in the second draft of the criteria were:

Second draft activity 10 – Planning and following a journey		
Descriptor		Points
A	Can plan and follow a journey unaided.	0
B	Needs prompting for all journeys to avoid overwhelming psychological distress to the individual.	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.	8
D	Cannot follow any journey because it would cause overwhelming psychological distress to the individual.	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

Comments and government response

6.6 Some respondents were concerned that this activity did not take sufficient account of individuals who have disinhibition or little awareness of risk. This is, however, dealt with by the fact that individuals must be able to follow journeys safely. If, for example, they need to be supervised or supported to follow a journey safely because they are unaware of the risks associated with it, they are likely to receive a high-scoring descriptor.

6.7 While the decision to include reference to support dogs was welcomed, we received a large number of comments that we should be treating individuals reliant on orientation aids such as long canes in the same way, as the barriers they face are similar. We had not intended to exclude individuals who use such aids from the Mobility component. However, we had not felt it necessary to include specific reference to these aids in the criteria as we considered that blind and visually impaired people who relied on them to make journeys would already receive high scores in this activity, as they would likely need some support from another person. However, recognising the strength of the concern here, we are making the policy intention absolutely clear by amending the criteria to include specific reference to orientation aids.

> Activity 10 must acknowledge the way in which guide dogs and other orientation aids such as long canes fulfil the same function: to help someone who is blind or partially sighted safely and reliably to navigate and orientate themselves as they make a journey.
>
> Joint submission from the visual impairment sector

6.8 We also had a considerable amount of respondents requesting that we take into account satellite navigation systems. We can confirm that specialist satellite navigation systems will be considered orientation aids. We are defining orientation aids as specialist aids ‘designed to assist disabled people to follow a route safely’. We are not taking into account similar aids that are non-specialist, such as generically available satellite navigation systems because many people rely on these, whether or not they have a health condition or impairment.

6.9 Some respondents suggested we should change our terminology, and instead of referring to ‘support dog’, we should use the more common ‘assistance dog’. We have therefore amended the criteria to reflect this.

6.10 Some comments reflected concern that the activity did not take into account individuals who need assistance to deal with unexpected changes to their journey – one group recommended including an additional descriptor to cover this. We have given this very careful consideration but have not included a descriptor for this. We are aware of the difficulties that some individuals may have when faced with disruption to their journey, but we are confident that this is already taken into account in the activity. Small disruptions and unexpected changes, such as roadworks and changed bus-stops, are commonplace when following journeys and this must be taken into account when considering whether individuals can follow journeys reliably. Where individuals would be unable to complete the activity if commonplace disruptions occur, they may be considered unable to carry out the activity without support and awarded the appropriate descriptor.

6.11 A few respondents have noted that, while an individual may adapt to their health condition or impairment over time, they usually do so by restricting what they do. They were concerned that assessors will assume that there is adaptation over time and that this could result in unfair assessments. The Government does not assume that individuals will adapt and that their circumstances will improve over time. In some cases individuals will and in others they will not. We are committed that the assessments will always be carried out objectively and will always be based on each individual's personal circumstances and actual, not presumed, needs.

6.12 Various respondents queried why we used the term 'destination' in some of the descriptors and suggested that we use the term 'route' instead. Where possible, we have changed the descriptors to reflect this.

6.13 This activity has received numerous comments in relation to the wording 'overwhelming psychological distress', with particular reference to why we proposed to award more points for needing support to undertake journeys to familiar locations than where someone cannot undertake journeys because of overwhelming psychological distress. We believe that individuals who are unable to leave their homes as a result of overwhelming psychological distress will face additional costs and barriers and that therefore a high level of points should be awarded in recognition of these extra costs. However, we believe that individuals who can leave their homes but require considerable support to do so, such as needing constant supervision or to take more journeys by taxi, may face even higher extra costs and barriers, and that this reflects a higher overall level of need. We therefore consider it appropriate to award them higher priority in the benefit.

6.14 Concern was raised that the activity takes insufficient account of the impact of mental health conditions on mobility. We do not consider this the case. Individuals could potentially score in a number of descriptors in the activity if they cannot go outside to commence journeys because of their condition or need prompting or another person to accompany them to make a journey.

6.15 A number of respondents asked about how people who taxis to make journeys will score in this activity. This depends on the reason for the use of the taxi. If it is entirely because of a physical barrier to mobility, they would not score in this activity. However, if the use of a taxi is because they are unable to follow the route of a journey without another person present, they can potentially score.

6.16 Some respondents suggested that descriptor B in the second draft was technically the same as descriptor E and our differentiation between the two was incongruous. However, we believe there is a significant difference between someone who requires prompting to leave the house in order to follow a journey and someone who is unable to follow a familiar journey at all unless accompanied by another person. We believe this justifies the differences between the descriptors. However, in light of this point and other comments referred to above, we have simplified the criteria and made some changes to terminology to make them clearer and simpler to apply. For example the differentiation between the new descriptor B and new descriptor F is clearer now.

6.17 Some clarity was requested about why pain and fatigue are not included in this activity. While pain and fatigue are considered in all activities because claimants need to be able to reliably complete the activity, they are less relevant to this

activity. This activity is concerned with whether an individual is able to plan the steps of a journey and then follow those steps, looking primarily at sensory, mental, cognitive and intellectual ability. It is not about the physical acts involved, such as standing and walking, so pain and fatigue do not feature as much in this activity. Where they do, this will be taken into account.

6.18 The final version of the assessment criteria for this activity is as follows:

Final activity 11 – Planning and following journeys		
Descriptor		Points
A	Can plan and follow the route of a journey unaided.	0
B	Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant.	4
C	Cannot plan the route of a journey.	8
D	Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid.	10
E	Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant.	10
F	Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	12

Moving around

6.19 This activity was designed to assess the barriers an individual may face related to physical ability moving around. It considers their ability to move around in an outdoor environment, such as on pavements and roads.

6.20 The descriptors proposed for this activity in the second draft of the criteria were:

Second draft activity 11 – Moving around		
Descriptor		Points
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
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.	4
C	Can move up to 50 metres unaided but no further.	8
D	Cannot move up to 50 metres without using an aid or appliance, other than a wheelchair or a motorised device.	10
E	Cannot move up to 50 metres without using a wheelchair propelled by the individual.	12
F	Cannot move up to 50 metres without using a wheelchair propelled by another person or a motorised device.	15
G	Cannot either – (i) move around at all; or (ii) transfer unaided from one seated position to another adjacent seated position.	15

Comments and government response

6.21 A considerable number of comments reflected significant concern that the enhanced rate of the mobility component would only be available to individuals who use wheelchairs. Concern was raised that individuals who do not use wheelchairs but face considerable barriers to physical mobility – such as those faced by many bilateral amputees – might miss out on the component. This has never been the intention of this activity. Some of the descriptors referred to wheelchairs but this was to establish whether an individual might need a wheelchair to move around in a reliable way, not whether they currently have or use one. If they were assessed as needing a wheelchair to be able to move up to 50 metres in a reliable way, they could be awarded the enhanced rate of the benefit, regardless of whether they actually have a wheelchair. For example, an individual who uses a frame might be able to walk 50 metres but in a way that is unsafe or takes a very long time. In such circumstances they might be assessed as needing a wheelchair to move this distance reliably. However, the activity was clearly confusing and concerning to people and as such we have re-written it to make the policy intent clearer.

6.22 The activity has been refocused to look at an individual's ability to 'stand and then move' a certain distance. In this way the activity continues to concentrate solely on an individual's physical ability to move around. In this activity we have defined the word 'stand' as meaning 'stand upright with at least one biological foot on the ground'. This means an individual must have at least one non-prosthetic leg and be able to raise themselves to a standing position with or without suitable aids and appliances to be considered able to stand.

6.23 The revised criteria do not make any reference to wheelchairs, removing the confusion this caused in the second draft. We believe that the amended criteria – while not changing the policy intent – are clearer to apply and ensure fair outcomes to individuals who face physical barriers to mobility.

6.24 It is clear that many respondents are concerned that this activity does not take into account symptoms such as breathlessness, pain and fatigue. As explained earlier in this document, we have not included any symptoms or side-effects in the criteria but it is implicit in the assessment that such matters should be looked at when considering whether an activity is undertaken reliably. Where someone is unable to complete any of the activities because of breathlessness, pain, fatigue, or any other symptom of their health condition or impairment, they would not be considered able to complete the activity at that level and would be awarded another appropriate descriptor.

> Moving around should include moving around in the home with the use of stairs also included to provide a full true picture of a person's needs with regard to mobility.
>
> Northern Ireland Public Service Alliance

6.25 Some respondents have queried why we have not included an activity to assess an individual's ability to move around inside the home. We believe that to include an activity for this would be effectively assessing the same ability as the *Moving around* activity does but in a less effective way, as most people find it easier to move around inside because they are not faced with different walking surfaces. We therefore decided that, to establish an individual's ability to move around, we should

consider outdoor surfaces, including pavements, roads and kerbs. In practice this means that an individual who has little difficulty moving around their home, but is unable to easily move around out of doors, may be entitled to some points in the *Moving around* activity as it is currently designed, but would not have received points in an activity that looked at moving around inside the home.

6.26 It was noted in some responses that the notes to this activity were inconsistent and interchanged the words ‘walk’ and ‘move’. This has now been amended to ensure consistency.

6.27 Respondents pointed out that, due to the fact the descriptors referenced distances ‘up to 50 metres’, individuals who can move only very small distances, but who do not require a wheelchair, would not qualify for the enhanced rate of the mobility component, despite having significant mobility restrictions. In the revised criteria we have changed the descriptors to make clear that those individuals who do not need a wheelchair but can only move short distances of less than 20 metres will qualify for the enhanced rate.

6.28 The final version of the assessment criteria for this activity is as follows:

Final activity 12 – Moving around		
Descriptor		Points
A	Can stand and then move more than 200 metres, either aided or unaided.	0
B	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	4
C	Can stand and then move unaided more than 20 metres but no more than 50 metres.	8
D	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	10
E	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	12
F	Cannot, either aided or unaided – (i) stand; or (ii) move more than 1 metre.	12

7. Other comments on the draft Regulations

7.1 A variety of respondents made additional comments on other aspects of the draft Regulations. Most comments we received were in relation to the kinds of information or evidence that may be required of the claimant.

7.2 There was some suggestion that, if evidence is available, individuals should be exempt from attending a face-to-face consultation. We agree that where a health professional has enough paper evidence to provide robust advice to the Department, they can do so without the need for a face-to-face consultation. However, we believe that this should be decided on an individual basis, reflecting the circumstances and evidence of the case. We feel that listing circumstances would be inflexible and would mean that assessment providers advise on some claims without sufficient evidence.

7.3 It was noted by several respondents that providing seven days notice of a consultation is not enough. However, we do not agree with this – previous experience suggests that seven days notice is sufficient, although individuals will have an opportunity to reschedule their appointment if it is not convenient. This ability to reschedule is a discretionary right that the Department is offering individuals and is not contained in the Regulations. Should claimants not attend a scheduled appointment, the Department will consider whether they had good reason for not doing so – for example, because of the impact of their health condition or disability. If it is decided that they have good reason, the claimant will be given another opportunity to re-schedule their appointment.

7.4 The draft Regulations stipulated, in relation to the provision of additional evidence that the Department could request ‘any additional information’ (Regulation 5(1)(b)). Some respondents suggested that this is too broad and is unreasonable. Having carefully considered these comments, the Regulation has been narrowed to ‘ensure that the evidence is limited to ‘evidence required to determine whether C has limited ability or severely limited ability to carry out Daily Living activities or Mobility activities’ (Regulation 8(1)). This reflects the intention behind this power.

7.5 There was strong feeling that the one calendar month timeframe given for claimants to return the claimant questionnaire is not generous enough. We disagree. It is important that claimants return this questionnaire, which will contain key information about the impact of the claimant’s health condition or disability and who we might seek further evidence from. It is in the claimant’s best interest to return the questionnaire as quickly as possible. From our experience of other benefits we believe that one calendar month is a reasonable period and that most claimants will be able to return their form within this time. The time period set out in the Regulations is a minimum period and the Department will have the discretion to extend the time limit where the claimant has good reason for needing longer – for example, where they need support to complete the questionnaire and this is not available within one calendar month.

7.6 Some respondents questioned the extent of the evidence that they might be requested to provide and whether they would need to obtain evidence that they did not already have. They considered that it would be unreasonable to ask claimants to gather evidence from others, such as health professionals involved in supporting them, in 30 days. However, we will only ask claimants to provide information they already have in their possession – we will not ask them to gather information from others. Should information need to be gathered from others, this will be the responsibility of the assessment providers.

7.7 Some respondents queried whether the claimant questionnaire and the reminder letters would be available in alternative formats. We agree that where claimants need an alternative format this should be provided but do not feel this should to be stipulated in Regulations. In the event that an individual has notified the Department that they require an alternative format, such as large print, audio or Braille, there are processes in place to ensure that they receive all communications in their accessible format. Historically there has not been demand from claimants to be able to return claim forms in alternative formats such as Braille. As such we are not planning to receive claimant questionnaires in such formats. However, the Department will keep the demand for such a service under review once PIP has been introduced.

7.8 Respondents were concerned that making a negative determination if claimants do not supply the claimant questionnaire and supporting information within the specified timeframe is overly harsh. We do not agree and believe that it is reasonable to allow us to end claims where claimants do not provide the necessary information. As set out above, the questionnaire contains vital information that will help in the processing of claims. We consider one calendar month is an acceptable timescale. However, we have put in place safeguards to protect claimants in vulnerable situations and ensure that as many people as possible return the questionnaires.

7.9 All claimants will be issued with a reminder 19 calendar days after the issue of the questionnaire. Meanwhile, any decision to disallow a claim for the failure to return information can be reconsidered, if the claimant can show good reason for not doing so – for example, because of the nature of their health condition or impairment. We also recognise that some individuals may be more likely to not respond to our requests for information, due to their health condition or impairment – for example, because they do not understand the request or the consequences of not complying with the process. If the DWP is aware that an individual has a mental, intellectual or cognitive health condition or impairment and does not return the claimant questionnaire, their claim will not be immediately disallowed. Instead their case will be passed to the assessment provider who will schedule a face-to-face consultation.

7.10 There were some queries about why there is no definition in the regulations for ‘good reason’ for not complying with the claim requirements. We believe that by including a definition we would be being overly prescriptive and might limit our ability to consider the wide range of circumstances that might cause an individual to fail to comply. Instead, good reason will determined by a departmental Decision Maker, who will consider each individual claimant’s circumstances on a case-by-case basis. This will always include a consideration of the state of their health at the time and the nature of their health condition or impairment and any other relevant factors that they may present.

8. Testing the criteria

8.1 In the previous publications on the assessment criteria[2], we set out how we have tested earlier drafts of the assessment criteria against a sample of volunteers who currently receive or have recently claimed DLA. We have updated this analysis for the final draft of the assessment criteria to test whether it remains a reliable and valid measure of the impact of disability; and to assess its effect on the caseload.

8.2 We used trained health professionals to re-assess the original written reports from our earlier testing against the final criteria. Qualitative feedback was that the final criteria were clearer and easier to use than the last draft, particularly those relating to mobility. This is supported by the quantitative results which indicate that the criteria have a very good level of overall reliability and remain a valid measure of the impact of disability.

Caseload with the introduction of PIP

8.3 We also used the testing results to estimate the likely PIP caseload. Since the last estimates were published in January 2012, the Department has produced a different, more sophisticated approach to modelling this information – for example, taking better account of benefit in-flows and off-flows. We have also updated our plans for reassessing the existing DLA caseload, taking a more gradual approach to ensure that we learn from early experience.

8.4 Table 1 below gives a breakdown of the modelled eligible PIP caseload aged between 16 and 64 in October 2015, at the point that managed reassessment of the DLA caseload will begin, broken down by the combination of Daily Living and Mobility component awards.

8.5 We estimate that in October 2015:

- Around 147,000 people will receive the enhanced rate of both PIP components.
- In total, around 280,000 people will receive the enhanced rate of the Daily Living component and around 254,000 will receive the enhanced rate of the Mobility component.
- In total, around 237,000 people will receive the standard rate of the Daily Living component and around 273,000 people will receive the standard rate of the Mobility component.

[2] Personal Independence Payment: second draft of assessment criteria – http://www.dwp.gov.uk/policy/disability/personal-independence-payment/the-assessment-criteria/personal-independence-payment-second/
Personal Independence Payment: assessment thresholds and consultation – http://www.dwp.gov.uk/consultations/2012/pip.shtml

8.6 Because we have adopted a new modelling approach and are estimating figures at a different time point, it is not possible to compare any caseload figures set out in this document with those published in January 2012. To allow comparisons to be made between the second and final draft of the assessment criteria, we have remodelled the likely caseload under the second draft of the assessment criteria, using the new model. This is also included in Table 1.

Table 1: Breakdown of eligible PIP caseload (16-64) in October 2015 under the final and second draft assessment criteria, by Daily Living (DL) and Mobility (Mob) component combination

	Final Assessment		2nd draft Assessment	
PIP rate combination	Caseload	Proportion	Caseload	Proportion
Enhanced DL, Enhanced Mob	147,000	22%	143,000	22%
Enhanced DL, Standard Mob	80,000	12%	53,000	8%
Enhanced DL, No Mob	53,000	8%	41,000	6%
Standard DL, Enhanced Mob	51,000	7%	59,000	9%
Standard DL, Standard Mob	84,000	12%	83,000	13%
Standard DL, No Mob	103,000	15%	86,000	13%
No DL, Enhanced Mob	56,000	8%	72,000	11%
No DL, Standard Mob	109,000	16%	120,000	18%
	682,000		658,000	

Note: figures have been rounded to the nearest 1,000, percentages to the nearest 1%.

8.7 The key differences between the outcomes in October 2015 under the two versions of the assessment criteria are:

- The overall PIP caseload in October 2015 will be around 24,000 higher under the final draft of the assessment criteria than under the second draft.
- The number of people receiving the enhanced rate of the Daily Living component will be around 42,000 higher under the final draft of the assessment criteria than under the second draft.
- The number of people receiving the enhanced rate of the Mobility component will be around 20,000 lower under the final draft of the assessment criteria than under the second draft.

8.8 By October 2015, less than a third of DLA recipients will have been reassessed for entitlement to PIP. The remaining DLA caseload is set out in Table 2.

Table 2: Breakdown of eligible DLA caseload (16-64) in October 2015, by rate combination, with the introduction of PIP

DLA rate combination	Caseload	Proportion
Highest Care, Higher Mob	190,000	16%
Highest Care, Lower Mob	88,000	8%
Highest Care, No Mob	3,000	0%
Middle Care, Higher Mob	158,000	14%
Middle Care, Lower Mob	256,000	22%
Middle Care, No Mob	18,000	2%
Lowest Care, Higher Mob	148,000	13%
Lowest Care, Lower Mob	124,000	11%
Lowest Care, No Mob	85,000	7%
No Care, Higher Mob	67,000	6%
No Care, Lower Mob	23,000	2%
	1,160,000	

Note: figures have been rounded to the nearest 1,000, percentages to the nearest 1%.

8.9 We have also used the modelling to estimate the likely PIP caseload aged between 16 and 64 in May 2018, when reassessment is complete and the new benefit has reached steady state. Table 3 sets out comparative outcomes under the final and second drafts of the assessment criteria in May 2018.

8.10 We estimate that in 2018:

- Around 357,000 people will receive the enhanced rate of both PIP components.
- In total, around 674,000 people will receive the enhanced rate of the Daily Living component and around 602,000 will receive the enhanced rate of the Mobility component.
- In total, around 536,000 people will receive the standard rate of the Daily Living component and around 634,000 people will receive the standard rate of the Mobility component.

8.11 These figures are forecasts which could be subject to change as a result of operational experience or the independent review of the PIP assessment planned to report by the end of 2014.

Table 3: Breakdown of eligible PIP caseload (16-64) in May 2018 under the final and second draft assessment criteria, by Daily Living (DL) and Mobility (Mob) component combination

	Final Assessment		2nd draft Assessment	
PIP rate combination	Caseload	Proportion	Caseload	Proportion
Enhanced DL, Enhanced Mob	357,000	23%	348,000	23%
Enhanced DL, Standard Mob	198,000	13%	127,000	8%
Enhanced DL, No Mob	119,000	8%	95,000	6%
Standard DL, Enhanced Mob	117,000	7%	138,000	9%
Standard DL, Standard Mob	198,000	13%	205,000	13%
Standard DL, No Mob	221,000	14%	188,000	12%
No DL, Enhanced Mob	128,000	8%	167,000	11%
No DL, Standard Mob	238,000	15%	258,000	17%
	1,575,000		1,526,000	

Note: figures have been rounded to the nearest 1,000, percentages to the nearest 1%.

8.12 The key differences between the likely outcomes in May 2018 under the two versions of the assessment criteria are:

- The overall PIP caseload by May 2018 will be around 49,000 higher under the final draft of the assessment criteria than under the second draft.
- The number of people receiving the enhanced rate of the Daily Living component will be around 104,000 higher under the final draft of the assessment criteria than under the second draft.
- The number of people receiving the enhanced rate of the Mobility component will be around 51,000 lower under the final draft of the assessment criteria than under the second draft.

8.13 We believe that a significant driver behind the increase in the number of people receiving the Daily Living component under the final assessment criteria is likely to be the introduction of the separate reading activity. Other changes to point scores will also contribute. The decrease in the number of people receiving the enhanced rate of the Mobility component is likely to be because the final criteria are clearer and easier to apply, leading to more accurate testing results, rather than because the final criteria are less generous than the previous draft.

Caseload without the introduction of PIP

8.14 To allow comparisons to be made against the likely caseload without the introduction of PIP, the latest forecasts of the likely DLA caseload aged between 16 and 64 in both October 2015 and May 2018 are set out in Table 4.

Table 4: Breakdown of eligible DLA caseload (16-64) in October 2015 and May 2018, without the introduction of PIP

	October 2015 DLA caseload		May 2018 DLA caseload	
DLA rate combination	Number	Proportion	Number	Proportion
Highest Care, Higher Mob	344,000	16%	354,000	16%
Highest Care, Lower Mob	166,000	8%	175,000	8%
Highest Care, No Mob	9,000	0%	10,000	0%
Middle Care, Higher Mob	289,000	14%	293,000	13%
Middle Care, Lower Mob	439,000	21%	476,000	22%
Middle Care, No Mob	38,000	2%	34,000	2%
Lowest Care, Higher Mob	269,000	13%	270,000	12%
Lowest Care, Lower Mob	226,000	11%	235,000	11%
Lowest Care, No Mob	182,000	9%	179,000	8%
No Care, Higher Mob	127,000	6%	113,000	5%
No Care, Lower Mob	48,000	2%	43,000	2%
	2,139,000		2,182,000	

Note: figures have been rounded to the nearest 1,000, percentages to the nearest 1%.

8.15 The key comparisons between the DLA and PIP estimates in October 2015 are:

- Overall, the combined PIP and DLA caseload in October 2015 will be around 298,000 lower than the DLA caseload would have been without the introduction of PIP.
- The number of people receiving the highest rate of either the PIP or DLA Mobility components will be around 212,000 lower than the number that would have received the highest rate of the DLA Mobility Component without reform.
- The number of people receiving the highest rate of either the PIP Daily Living component or the DLA Care component will be around 42,000 higher than the number that would have received the highest rate of the DLA Care component without reform.
- Compared to DLA without reform, an increased proportion of the combined PIP and DLA caseload will receive both components at the highest rate (18% compared to 16%). The same proportion will receive at least one component at the highest rate (56%).

8.16 The key comparisons between the DLA and PIP estimates in May 2018 are:

- Overall, the PIP caseload in May 2018 will be around 608,000 lower than the DLA caseload would have been without the introduction of PIP.
- The number of people receiving the highest rate of the Mobility component will be around 428,000 lower in PIP than would have been the case in DLA.
- The number of people receiving the highest rate of the PIP Daily Living component will be around 135,000 higher than the number that would have received the highest rate of the DLA Care component.
- Compared to DLA, an increased proportion of the PIP caseload will receive both components at the highest rate (23% compared to 16%) or at least one component at the highest rate (58% compared to 56%).

Outcomes of reassessment

8.17 We are also able to estimate the number of existing DLA recipients who are likely to see increases or decreases in their benefit awards as a result of being reassessed for entitlement to PIP. These are set out in Table 5.

Table 5: Reassessed DLA cases by likely outcome of award under PIP

	Reassessed DLA recipients by October 2015		Reassessed DLA recipients by May 2018	
Likely outcome under PIP	Number	Proportion	Number	Proportion
Award increased	150,000	27%	510,000	29%
Award unchanged	80,000	14%	270,000	15%
Award decreased	160,000	29%	510,000	29%
No award	170,000	30%	450,000	26%
	0.56 million		1.75 million	

Note: figures have been rounded to the nearest 1,000, percentages to the nearest 1%.

Equality Impacts

8.18 We have also considered the equality impacts of the finalised proposals for PIP and its assessment, included the proposals for reassessing existing DLA recipients, on differing groups of individuals. The results are as follows:

- **Gender** – At this stage, no potential adverse impacts on either gender have been identified on those receiving DLA. The proportion of men and women who are receiving DLA now is almost equal. This will continue in PIP. As such there is no reason to suggest that either men or women are more likely to be affected by the new benefit.

- **Disability** – As PIP is intended be better targeted than DLA on those who face the greatest need, it is likely that some disabled people, who may have self-assessed as needing support but face lesser barriers to participation, will receive reduced support. Equally others who receive limited support through DLA may receive increased support in PIP.
- **Ethnicity** – A slightly higher proportion of people from a white background receive DLA, which suggests that this group may be more likely to be affected by the introduction of PIP. There is no evidence to suggest that PIP will be more likely to affect any particular ethnic minority group.
- **Age** – The reform of DLA initially focuses on those aged 16-64 and so this group is more likely to be affected than others.
- **Sexual orientation** – Based on our knowledge of the policy design and of the customer group, we do not envisage an adverse impact on these grounds.
- **Religion / Belief** – Based on our knowledge of the policy design and of the customer group, we do not envisage an adverse impact on these grounds.
- **Marriage and civil partnerships** – Based on our knowledge of the policy design and of the customer group, we do not envisage an adverse impact on these grounds.
- **Pregnancy and maternity** – Based on our knowledge of the policy design and of the customer group, we do not envisage an adverse impact on these grounds.
- **Gender Reassignment** – Based on our knowledge of the policy design and of the customer group, we do not envisage an adverse impact on these grounds.

9. Next steps

9.1 Given the considerable consultation and engagement that have gone into producing this final draft of the assessment criteria and Regulations, we do not intend to carry out any further consultation activity. However, the Regulations will be subject to approval by Parliament through the affirmative procedure. Subject to Parliamentary approval, we expect them to come into force on 8 April 2013.

9.2 During the passage of the Welfare Reform Act 2012, the Government agreed to commissioning two independent reviews of the PIP assessment and its operation within four years of the assessment regulations coming into force. We intend that the first of these reviews will be complete by the end of 2014, to allow us to consider its findings and make any necessary changes before the majority of existing DLA recipients begin to be reassessed from October 2015. This will ensure that we can learn from our early experiences.

Annex 1 – The final assessment criteria

Guidance on applying the criteria

The assessment will consider a claimant's ability to undertake the activities detailed below. Inability to undertake activities must be due to the effects of a health condition or impairment and not simply a matter of preference by the claimant.

Health conditions or impairments may be physical, sensory, mental, intellectual or cognitive, or any combination of these. The impact of all impairment types can be taken into account across the activities, where they affect a claimant's ability to complete the activity and achieve the stated outcome. For example, a claimant with a severe depressive illness may physically be able to prepare food and feed himself, but may lack the motivation to do so, to the extent of needing prompting from another person to carry out the task. However, some activities focus on specific elements of function. For example, *Moving around* relates to the physical aspects of walking, whilst *Engaging with other people face to face* relates to the mental, cognitive or intellectual aspects of interacting with other people.

Descriptor choice

When assessing a claimant, within each activity the most appropriate descriptor to the claimant will be chosen. An activity descriptor is generally deemed to apply if the disabling effect applies, at some stage of the day, on more than 50 per cent of days. Where more than one descriptor specified in an activity applies to the claimant, the highest scoring descriptor should be chosen.

A claimant must be able to complete an activity descriptor reliably and, where indicated, using aids and appliances or with support from another person (or, for activity 11, an assistance dog). Otherwise they should be considered unable to complete the activity described at that level.

Reliability

For a descriptor to be able to apply to a claimant, the claimant must be able to reliably complete the activity as described in the descriptor. Reliably means whether they can do so:

- Safely – in a fashion that is unlikely to cause harm to themselves or to another person;
- To a necessary and appropriate standard – given the nature of the activity;
- Repeatedly – as often as is reasonably required; and
- In a timely manner – in a reasonable time period.

Time periods, fluctuations and descriptor choices

The impact of most health conditions and disabilities can fluctuate over time. Taking a view of ability over a longer period of time helps to iron out fluctuations and presents a more coherent picture of disabling effects. Therefore the descriptor choice should be based on consideration of a **12 month** period. This should correlate with the Qualifying Period and Prospective Test for the benefit – so in the **three months before** the assessment and in the **nine months after**.

A scoring descriptor can apply to claimants in an activity where their impairment(s) affects their ability to complete an activity, at some stage of the day, on more than 50 per cent of days in the 12 month period. The following rules apply:

- If one descriptor in an activity is likely to apply on more than 50 per cent of the days in the 12 month period – i.e. the activity can 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 is likely to apply on more than 50 per cent of the days in the period, then the descriptor chosen should be the one which is the highest scoring.

- Where one single descriptor in an activity is likely to not be satisfied on more than 50 per cent of days, but a number of different scoring descriptors in that activity together are likely to be satisfied on more than 50 per cent of days, the descriptor likely to be satisfied for the highest proportion of the time should be selected. For example, if descriptor ‘B’ is likely to be satisfied on 40 per cent of days and descriptor ‘C’ on 30 per cent of days, descriptor ‘B’ should be chosen.

If someone is awaiting treatment or further intervention it can be difficult to accurately predict its level of success or whether it will even occur. Descriptor choices should therefore be based on the likely continuing impact of the health condition or impairment as if any treatment or further intervention has not occurred.

Risk and Safety

When considering whether an activity can be undertaken safely it is important to consider the risk of a serious adverse event occurring. However, the risk that a serious adverse event *may* occur due to impairments is insufficient – the adverse event has to be likely to occur.

Support from other people

The assessment takes into account where claimants need the support of another person or persons to carry out an activity – including where that person has to carry out the activity for them in its entirety. The criteria refer to various types of support:

- **Supervision** is a need for the continuous presence of another person to avoid a serious adverse event from occurring to the claimant. The risk must be likely to occur in the absence of such supervision. To apply, supervision must be required for the full duration of the activity.

- **Prompting** is support provided by another person by reminding or encouraging a claimant to undertake or complete a task or explaining it to them but not physically helping them. To apply, this only needs to be required for part of the activity.

- **Assistance** is support that requires the presence and physical intervention of another person to help the claimant complete the activity - including doing some but not all of the activity in question. To apply, assistance only needs to be required for part of the activity.

A number of descriptors also refer to another person being required to complete the activity in its entirety. These descriptors would apply where the claimant is unable to reliably undertake any of the activity for themselves, even with help.

Activities 7 and 9 refer to **Communication support** and **Social support**, which are defined in the notes to the activities.

The assessment does not look at the availability of help from another person but rather at the underlying need. As such claimants may be awarded descriptors for needing help even if it is not currently available to them – for example, if they currently manage in a way that is reliable but could do so with some help.

Aids and appliances

The assessment takes into account where individuals need aids and appliances to complete activities. In this context:

- **Aids** are devices that help a performance of a function, for example, walking sticks or spectacles.

- **Appliances** are devices that provide or replace a missing function, for example artificial limbs, collecting devices (stomas) and wheelchairs.

The assessment will take into account aids and appliances that individuals normally use and low cost, commonly available ones which someone with their impairment might reasonably be expected to use, even if they are not normally used.

This may include mainstream items used by people without an impairment, where the claimant is completely reliant on them to complete the activity. For example, this would include an electric can-opener where the claimant could not open a can without one, not simply where they prefer to use one.

Activity 11 refers specifically to ‘orientation aids’, which are defined as **specialist** aids designed to assist disabled people in following a route.

Claimants who use or could reasonably be expected to use aids to carry out an activity will generally receive a higher scoring descriptor than those who can carry out the activity unaided.

Assistance dogs

We recognise that guide, hearing and dual sensory dogs are not ‘aids’ but have attempted to ensure that the descriptors capture the additional barriers and costs of needing such a dog where they are required to enable claimants to follow a route safely. Activity 11 therefore explicitly refers to the use of an ‘assistance dog’. Assistance dogs are defined as dogs trained to help people with sensory impairments.

‘Unaided’

Within the assessment criteria, the ability to perform an activity ‘unaided’ means without either the use of aids or appliances or help from another person.

Daily Living activities

Activity 1 – Preparing food

This activity considers a claimant's ability to prepare a simple meal. This is not a reflection of a claimant's cooking skills but instead a consideration of the impact of impairment on ability to perform the tasks required. It assesses ability to open packaging, serve food, peel and chop food and use a microwave oven or cooker hob to cook or heat food.

Notes:

Preparing food means the activities required to make food ready for cooking and eating, such as peeling and chopping.

Cooking food means heating food at above waist height – for example, using a microwave oven or on a cooker hob. It does not consider the ability to bend down – for example, to access an oven.

A simple meal is a cooked one-course meal for one from fresh ingredients.

Packaging includes tins, which may require the use of a tin opener.

In this activity aids and appliances could include, for example, prostheses, perching stool, lightweight pots and pans, easy grip handles on utensils and single lever arm taps.

A	Can prepare and cook a simple meal unaided.	0
B	Needs to use an aid or appliance to be able to either prepare or cook a simple meal.	2
C	Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
	For example: may apply to claimants who cannot safely use a cooker hob and hot pans.	
D	Needs prompting to be able to either prepare or cook a simple meal.	2
	For example: may apply to claimants who lack motivation, who need to be reminded how to prepare and cook food or who are unable to ascertain if food is within date.	

E	Needs supervision or assistance to either prepare or cook a simple meal.	4
	For example: may apply to claimants who need supervision to prepare and cannot safely use a microwave oven; or to claimants who cannot prepare or safely heat food	
F	Cannot prepare and cook food.	8

Activity 2 – Taking nutrition		
This activity considers a claimant's ability to be nourished, either by cutting food into pieces, conveying to the mouth, chewing and swallowing; or through the use of therapeutic sources. *Notes:* *A therapeutic source means parenteral or enteral tube feeding using a rate limiting device such as a delivery system or feed pump.*		
A	Can take nutrition unaided.	0
B	Needs – i. to use an aid or appliance to be able to take nutrition; **or** ii. supervision to be able to take nutrition; **or** iii. assistance to be able to cut up food.	2
C	Needs a therapeutic source to be able to take nutrition.	2
	For example: may apply to claimants who require enteral or parenteral feeding but can carry it out unaided.	
D	Needs prompting to be able to take nutrition.	4
	For example: may apply to claimants who need to be reminded to eat or who need prompting about portion size.	
E	Needs assistance to be able to manage a therapeutic source to take nutrition.	6
	For example: may apply to claimants who require enteral or parenteral feeding and require support to manage the equipment.	
F	Cannot convey food and drink to their mouth and needs another person to do so.	10

Activity 3 – Managing therapy or monitoring a health condition

This activity considers a claimant's ability to:

(i) appropriately take medications in a domestic setting and which are prescribed or recommended by a registered doctor, nurse or pharmacist;
(ii) monitor and detect changes in a health condition; and
(iii) manage therapeutic activities that are carried out in a domestic setting and prescribed or recommended by a registered doctor, nurse, pharmacist or healthcare professional regulated by the Health Professions Council;

and without any of which their health is likely to deteriorate.

Notes:

Managing medication means the ability to take prescribed medication in the correct way and at the right time.

Monitoring a health condition or recognise significant changes means the ability to detect changes in the condition and take corrective action as advised by a healthcare professional.

This activity does not take into account medication and monitoring requiring administration by a healthcare professional.

Examples of prescribed or recommended medication include tablets, inhalers and creams and therapies could include home oxygen, domiciliary dialysis, nebulisers and exercise regimes to prevent complications such as contractures. Whilst medications and therapies do not necessarily have to be prescribed, there must be a consensus of medical opinion that supports their use in treatment of the condition.

Supervision due to the risk of accidental or deliberate overdose or deliberate self harm is captured in these descriptors as the person would require continuous support from another person in order to prevent this.

A	Either – i. Does not receive medication or therapy or need to monitor a health condition; **or** ii. Can manage medication or therapy or monitor a health condition unaided.	0
B	Needs either – i. to use an aid or appliance to be able to manage medication; **or** ii. supervision, prompting or assistance to be able to manage medication or monitor a health condition.	1
C	Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	2

D	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
E	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
F	Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8

Activity 4 – Washing and bathing		
This activity considers a claimant's ability to wash and bathe, including washing their whole body and getting in and out of an un-adapted bath or shower.		
A	Can wash and bathe unaided.	0
B	Needs to use an aid or appliance to be able to wash or bathe.	2
	For example: suitable aids could include a long-handled sponge, shower seat or bath rail.	
C	Needs supervision or prompting to be able to wash or bathe.	2
	For example: may apply to claimants who lack motivation or need to be reminded to wash or require supervision for safety.	
D	Needs assistance to be able to wash either their hair or body below the waist.	2
	For example: may apply to claimants who are unable to make use of aids and who cannot reach their lower limbs or hair.	
E	Needs assistance to be able to get in or out of a bath or shower.	3
F	Needs assistance to be able to wash their body between the shoulders and waist.	4
G	Cannot wash and bathe at all and needs another person to wash their entire body.	8

Activity 5 – Managing toilet needs or incontinence

This activity considers a claimant's ability to get on and off the toilet, to clean afterwards and to manage evacuation of the bladder and/or bowel, including the use of collecting devices.

This activity does **not** include the ability to manage clothing, for example fastening and unfastening zips or buttons, as this is covered in activity 6.

Notes:

Toilet needs means the ability to get on and off the toilet and clean oneself afterwards.

Managing incontinence means the ability to manage evacuation of the bladder and/or bowel including using collecting devices and clean oneself afterwards.

Claimants with catheters and collecting devices are considered incontinent for the purposes of this activity.

A	Can manage toilet needs or incontinence unaided.	0
B	Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
	For example: suitable aids could include commodes, raised toilet seats, bottom wipers, bidets, incontinence pads or a stoma bag.	
C	Needs supervision or prompting to be able to manage toilet needs.	2
	For example: may apply to claimants who need to be reminded to go to the toilet or need supervision to get on and off the toilet safely.	
D	Needs assistance to be able to manage toilet needs.	4
E	Needs assistance to be able to manage incontinence of either bladder or bowel.	6
F	Needs assistance to be able to manage incontinence of both bladder and bowel.	8

Activity 6 – Dressing and undressing		
This activity assesses a claimant's ability to put on and take off culturally appropriate, un-adapted clothing that is suitable for the situation. This may include the need for fastenings such as zips or buttons and considers the ability to put on/take off socks and shoes.		
A	Can dress and undress unaided.	0
B	Needs to use an aid or appliance to be able to dress or undress.	2
	For example: suitable aids could include modified buttons, zips, front fastening bras, trousers, velcro fastenings and shoe aids.	
C	Needs either – i. prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; **or** ii. prompting or assistance to be able to select appropriate clothing.	2
	For example: may apply to claimants who need to be encouraged to dress. Includes a consideration of whether the claimant can determine what is appropriate for the environment, such as time of day and the weather.	
D	Needs assistance to be able to dress or undress their lower body.	2
E	Needs assistance to be able to dress or undress their upper body.	4
F	Cannot dress or undress at all.	8

Activity 7 – Communicating verbally

This activity considers a claimant's ability to communicate verbally with regard to expressive (conveying) communication and receptive (receiving and understanding) communication.

Notes:

This activity considers the ability to convey and understand verbal information with other people in one's native language.

Communication support means support from another person trained or experienced in communicating with people with specific communication needs (for example, a sign language interpreter) or someone directly experienced in communicating with the claimant themselves (for example, a family member).

Basic verbal information is information conveyed in a simple sentence.

Complex verbal information is information conveyed in either more than one sentence or one complicated sentence.

Verbal information can include information that is interpreted from verbal into non-verbal form or vice-versa – for example, speech interpreted through sign language.

A	Can express and understand verbal information unaided.	0
B	Needs to use an aid or appliance to be able to speak or hear.	2
	For example: may apply to claimants who require a hearing aid or an electrolarynx.	
C	Needs communication support to be able to express or understand complex verbal information.	4
	For example: may apply to claimants who require a sign language interpreter.	
D	Needs communication support to be able to express or understand basic verbal information.	8
	For example: may apply to claimants who require a sign language interpreter.	
E	Cannot express or understand verbal information at all even with communication support.	12

Activity 8 – Reading and understanding signs, symbols and words		
This activity considers a claimant's ability to read and understand signs, symbols and words. *Notes:* *This activity considers the capability to read and understand written or printed information in the person's native language.* *Basic information is signs, symbols or dates. Complex information is more than one sentence of written or printed standard size text.* *To be considered able to read, claimants must be able to see the information.* *For the purpose of this activity, accessing information via Braille is not considered as reading.*		
A	Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	0
B	Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	2
	For example: may apply to claimants who require low vision aids.	
C	Needs prompting to be able to read or understand complex written information.	2
	For example: may apply to claimants who require another person to explain information to them.	
D	Needs prompting to be able to read or understand basic written information.	4
	For example: may apply to claimants who require another person to explain information to them.	
E	Cannot read or understand signs, symbols or words at all.	8
	For example: may apply to claimants who require another person to read everything for them.	

Activity 9 – Engaging with other people face to face		
This activity considers a claimant's ability to engage with other people which means to interact face to face in a contextually and socially appropriate manner, understand body language and establish relationships. *Notes:* *An inability to engage socially must be due to the impact of impairment and not simply a matter of preference by the claimant.* *Social support means support from a person trained or experienced in assisting people to engage in social situations, or someone directly experienced in supporting the claimant themselves (for example a family member), who can compensate for limited ability to understand and respond to body language, other social cues and assist social integration.* *'Psychological distress' means distress related to an enduring mental health condition or an intellectual or cognitive impairment.*		
A	Can engage with other people unaided.	0
B	Needs prompting to be able to engage with other people.	2
	For example: may apply to people who need encouragement to interact with others by the presence of a third party.	
C	Needs social support to be able to engage with other people.	4
	For example: may apply to people who are only able to interact with others by the presence of a third party.	
D	Cannot engage with other people due to such engagement causing either – i. overwhelming psychological distress to the claimant; **or** ii. the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person.	8

Activity 10 – Making budgeting decisions		
This activity considers the ability of a claimant to make everyday budgeting decisions. *Notes:* *Complex budgeting decisions are those that are involved in calculating household and personal budgets, managing and paying bills and planning future purchases.* *Simple budgeting decisions are those that are involved in activities such as calculating the cost of goods and change required following purchases.* *Assistance in this activity can include carrying out elements, although not all, of the decision making process for the individual.*		
A	Can manage complex budgeting decisions unaided.	0
B	Needs prompting or assistance to be able to make complex budgeting decisions.	2
	For example: may apply to claimants who need to be encouraged or reminded to make complex budgeting decisions.	
C	Needs prompting or assistance to be able to make simple budgeting decisions.	4
	For example: may apply to claimants who need to be encouraged or reminded to make simple financial decisions.	
D	Cannot make any budgeting decisions at all.	6

Mobility activities

Activity 11 – Planning and following journeys		
This activity considers a claimant's ability to work out and follow a route. *Notes:* *A person should only be considered able to follow an unfamiliar journey if they are capable of using public transport (bus or train).* *Orientation aids are specialist aids designed to assist disabled people in following a route.* *Safety and reliability are particularly important considerations here if there would be a substantial risk to the claimant or others if they went out alone.* *'Psychological distress' means distress related to an enduring mental health condition or an intellectual or cognitive impairment.*		
A	Can plan and follow the route of a journey unaided.	0
B	Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. *For example: may apply to claimants who are only able to leave the home when accompanied by another person.*	4
C	Cannot plan the route of a journey.	8
D	Cannot follow the route of an unfamiliar journey without another person, assistance dog, or orientation aid.	10
E	Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant. *For example: may apply to claimants who are unable to leave the home at all.*	10
F	Cannot follow the route of a familiar journey without another person, an assistance dog or an orientation aid.	12

Activity 12 – Moving around

This activity considers a claimant's physical ability to move around without severe discomfort such as breathlessness, pain or fatigue. This includes the ability to stand and then move up to 20 metres, up to 50 metres, up to 200 metres and over 200 metres.

Notes:

This activity should be judged in relation to a type of surface normally expected out of doors such as pavements and roads on the flat and includes the consideration of kerbs.

20 metres is considered to be the distance that a claimant is required to be able to walk in order to achieve a basic level of independence in the home such as the ability to move between rooms.

50 metres is considered to be the distance that a claimant is required to be able to walk in order to achieve a basic level of independence such as the ability to get from a car park to the supermarket.

50 to 200 metres is considered to be the distance that a claimant is required to be able to walk in order to achieve a higher level of independence such as the ability to get around a small supermarket.

Standing means to stand upright with at least one biological foot on the ground with or without suitable aids and appliances (note – a prosthesis is considered an appliance so a claimant with a unilateral prosthetic leg may be able to stand whereas a bilateral lower limb amputee would be unable to stand under this definition)

Aids or appliances that a person uses to support their physical mobility may include walking sticks, crutches and prostheses.

As with all activities, the person must be able to perform the activity safely and in a timely fashion - however, for this activity this only refers to the actual act of moving. For example, danger awareness is considered as part of activity 11.

A	Can stand and then move more than 200 metres, either aided or unaided.	0
B	Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided.	4
C	Can stand and then move unaided more than 20 metres but no more than 50 metres.	8

D	Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres.	10
	For example, this would include people who can stand and move more than 20 metres but no further than 50 metres, but need to use an aid or appliance such as a stick or crutch to do so.	
E	Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided.	12
F	Cannot, either aided or unaided – i. stand; or ii. move more than 1 metre.	12

Annex 2 – Organisations that responded to the consultation

25% ME Group and Stonebird

Access in Dudley

Act Now for Autism

Action for Blind People

Action for Blind People in Stafford

Action for M.E

Adapt North East

Advanced Personnel Management

Advice Services Coventry

Afasic

Alzheimer's Society – Doncaster & Rotherham

Ambitions 4 Kirklees

AmicusHorizon

Andover & District Mencap

ARChive

Arthritis Care

Aspire

Association of Disabled Professionals

Autism Cymru

Autism NI

Bipolar Scotland

Blackpool Low Vision Group

Blind Veterans UK

Blue Ribbon for Awareness of ME (BRAME)

Bradford People First

Bradford Strategic Disability Partnership

Breakthrough UK

Bristol and South Gloucestershire Local Involvement Network

Bristol Disability Equality Forum

Bristol Local Involvement Network

British Deaf Association

British Limbless Ex-Service Men's Association (Blesma)

British Lung Foundation

Bucks Physically Disabled and Sensory Impaired Consultative Group

Bucks Vision

Camphill Families and Friends

Camsight

Capability Scotland

Cardiff and the Vale Parents' Federation

Carers NI

Carers UK

Carers' Resource

Caritas Social Action Network

Centre for Cross Border Studies

Centre for Mental Health

Children in Wales

Civil Service Pensioners' Alliance

Commission for Victims and Survivors Northern Ireland

Contact A Family

Crohn's and Colitis UK

Cymorth Cymru

Cystic Fibrosis team, Royal Brompton Hospital

Deafblind Scotland

Deafblind UK

Devon in Sight

Disability Action

Disability Association Carlisle and Eden

Disability Benefits Consortium

Disability Law Service

Disability Rights UK

Disability Solutions West Midlands

Disability Wales

Disabled Motoring UK

Diverse Cymru

DLA Help Group

Durham County Council

Dystonia Society

East Sussex County Council Adult Social Care Department

Enable Scotland

Enham

Epilepsy Action

Equality 2025

Equality Commission for Northern Ireland

Every Disabled Child Matters

Fibromyalgia Support Group

Gateshead Advocacy & Information Network

Gateshead LA Partnership

Go4M

Guide dogs

hafal

Hampshire County Council Adult Services

Headway – The Brain Injury Association

HFT

Hypermobility Syndrome Association

Ideal for All

Inclusion London

Inclusion Scotland

Independent Living in Scotland

Knightstone Housing Association's Disability Equality Scrutiny Group

Law Centre NI

Learning Disability Alliance Scotland

Leonard Cheshire Disability

LINk and Knowsley - Sefton and St Helens LINKs

Liverpool Central Citizens Advice Bureau

London Borough of Camden – Adult Social Care Directorate

Mencap

Mencap NI

Mental Health Action Group Derby

Mental Health Foundation

Mental Health Sector Joint Response

Merton CIL

mind

Motor Neurone Disease Association

MS Society

Multiple Sclerosis Trust

National AIDS Trust

National Association of Deafened People

National Association of Financial Assessment Officers

National Association of Welfare Rights Advisors

National Autistic Society

National Blind Children's Society

National Deaf Children's Society

National Federation of the Blind Norwich

National Federation of the Blind Nottingham Branch

Newcastle City Council

Norfolk Coalition of Disabled People

Northern Ireland Association for the Care and Resettlement of Offenders

Northern Ireland Public Service Alliance

Northern Trust

Nottinghamshire Disabled People's Movement

Nystagmus Network

OCD-UK

Oxford Diocesan Council for the Deaf

Papworth Trust

Parkinson's UK

PAVIS Foundation for Visually Impaired People

People First (Scotland)

Physically Disabled & Sensory Impaired Consultative Group

Plymouth Guild Hearing and Sight Centre

Portsmouth Disability Forum

Positive East

Prader-Willi Syndrome Association

Preston Learning Disabilities Forum

Redbridge Assertive Outreach Team

Rethink Mental Illness

Richmond AID

Richmond and Kingston ME Group

Royal National Institute of Blind people (RNIB)

Royal National Institute of Blind People Northern Ireland (RNIB NI)I

Royal College of Psychiatrists – Midlands Division

Royal College of Psychiatrists

Royal London Society for Blind People

RSI Action

Scottish Association for Mental Health (SAMH)

Scope

Scottish Council on Deafness

Scottish Council on Visual Impairment

See Ability

Self Unlimited

Sense

Sense Scotland

Sheffield Royal Society for the Blind

Shine

Sight Support

Social Inclusion Unit, City and County of Swansea

Social Security Advisory Committee

South Gloucestershire LINk Adult Social Care Group

South Tyneside Council

Southampton Learning Disability Partnership Board

Speakeasy N.O.W

Spinal Injuries Association

St Joseph's Hospice

Standing Commission on Carers

Stockport Metropolitan Borough Council

Surrey Coalition of Disabled People

Terence Higgins Trust

The Access Group

The Action Group

The Children's Society

The Disabilities Trust

The HIV Support Centre

The Macular Disease Society

The National Federation of the Blind of the United Kingdom

The Royal British Legion

The Stroke Association

Tourettes Action

Treat Us Fairly Advocacy Group

University College Union

VADM Centre for Ethnic Minority Mental Health

Visionary

Visionsense

Visual Impairment Sector Joint Response

VOX – Voices of eXperience

WAVE Trauma Centre

We Are Spartacus

Willow Glen Residents' Association

Wiltshire & Swindon Users Network

Wiltshire Citizens' Advice

Wiltshire Council Hearing and Vision Team

York People First

Some of these organisations have responded as part of a joint response, but for ease of reference all respondents have been listed individually.