



Department  
for Work &  
Pensions

# The Government's response to the consultation on the PIP assessment Moving around activity

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## Foreword by the Minister of State for Disabled People

The creation of my new role of Minister of State for Disabled People reflects the importance the Government places on supporting disabled people to lead independent lives. The reform of Disability Living Allowance (DLA) and introduction of Personal Independence Payment (PIP) plays a significant role in working towards achieving that.

PIP targets support on those who face the greatest barriers to participation. It is a more modern benefit, considering needs arising from all impairment types equally and on an individual basis, rather than labelling people by their condition. The PIP assessment will ensure awards are determined more fairly, objectively and consistently, and in a way that creates a more financially sustainable benefit – a benefit fit for the 21<sup>st</sup> Century.

Throughout the process of developing PIP we have listened carefully to the feedback received from disabled people and their organisations, including holding one of the biggest consultations ever held at the Department for Work and Pensions. As a result of feedback received, we have made significant changes to the assessment.

The consultation on the *Moving around* activity is another step in seeking that feedback. Disabled people told us they had some concerns about the activity and wanted a further opportunity to have their views considered. So we have provided that opportunity, carrying out the consultation in an open-minded manner and carefully considering all the views expressed.



Mike Penning MP  
Minister of State for Disabled People

# 1. Executive summary

- 1.1 From April 2013 Disability Living Allowance (DLA) began to be replaced with Personal Independence Payment (PIP). Like DLA, PIP is intended to provide a contribution to the extra costs faced by people with disabilities and long-term health conditions.
- 1.2 The Government consulted extensively on the assessment criteria used to determine whether individuals receive PIP, and how much they receive, in 2011 and 2012. Some disabled people and their organisations told us they wanted a further opportunity to have their views considered on the *Moving around* activity, which looks at individuals' physical mobility. On this basis we ran another consultation from 24 June to 5 August 2013.
- 1.3 We asked for views on the *Moving around* activity within the PIP assessment criteria. As part of this we asked people for views on the 20 and 50 metre distances used within the criteria; what they thought the impact of the criteria would be; and whether they thought we needed to make any changes to the criteria or assess physical mobility in a different way.
- 1.4 In the consultation document we explained that whilst the Government's preferred option was to retain the version of the assessment criteria for the *Moving around* activity set out in Regulations, we were committed to carrying out the consultation in a fully open-minded manner.
- 1.5 In total we received 1142 responses to the consultation, from organisations and individuals. We also held a number of consultation events.

## What you told us

- 1.6 Responses to the consultation broadly covered four main themes:
  - Respondents felt that there was no evidence to support the use of 20 metres as the distance for determining entitlement to the enhanced rate of the Mobility component. Many respondents felt that there was little evidence to show that an individual who could walk a little over 20 metres would face lower costs than an individual who could walk less than 20 metres. Respondents pointed out that other Government policies use 50 metres as a measure for mobility.
  - Respondents were concerned that the current 20 metres distance used in the criteria would have negative consequences for individuals. Many respondents were concerned about the impact on people moving from the higher rate of DLA to the standard rate of PIP who would lose access to a Motability scheme car. They felt this could increase isolation and reduce independence, have significant financial impact, and cause deterioration in their physical and mental health.

- Respondents felt the criteria would increase individuals' need for support from other public services and that this would have an increased cost for the Government.
- Respondents welcomed the inclusion in Regulations of the reliability criteria, which are used to measure a person's ability to complete an activity safely, to an acceptable standard, repeatedly and within reasonable time period. However, they wanted to ensure that these were delivered appropriately and consistently in the PIP assessment.

1.7 We also received a number of suggestions for alternative approaches. The most common suggestion made by respondents was to extend the qualifying distance for the enhanced rate from 20 metres to a longer distance. Other people suggested revising the assessment to make it more in line with the social model of disability.

## Our response

- 1.8 The Government has carefully considered all of the representations made during the consultation. We have noted respondents' concerns that the barriers and costs faced by all people who cannot walk more than 50 metres are significant and the impact these criteria may have on individuals, and an equality analysis has been produced (see Annex 3). Due regard has been paid to the information therein.
- 1.9 There is no consensus across the health and social care community of the perfect measure of mobility, but distance is often used as it is clear and easy to understand and apply. Whilst there is no clear evidence for one particular distance, the 20 metre distance was introduced to distinguish those whose mobility is significantly more limited than others and who face even greater barriers on a day-to-day basis - those who have the highest need.
- 1.10 Whilst the 50 metre distance is used to measure mobility in other Government policies, it does not mean that it is the right distance for use in determining entitlement to the enhanced rate of the Mobility component. Government is entitled to use different criteria for different purposes and it is important that decisions on PIP criteria are based on an objective consideration of the policy intent for the benefit.
- 1.11 We recognise that people who are unable to reliably walk more than 50 metres have restricted mobility and independence, to a level that makes it reasonable to offer some support from the Government. This is achieved through the assessment criteria as set out in Regulations which award the standard rate to those who cannot reliably walk between 20 and 50 metres.
- 1.12 It is extremely difficult to estimate the knock-on costs to other parts of government resulting from use of the criteria. During the development of PIP, extensive discussions were held with other Government departments and with the Local Government Association. A small impact on social care budgets was identified, but the potential impact on expenditure is variable across different Local Authorities. This means that the potential financial impact could not be

quantified in a precise way. We will continue to monitor the impact in this area as part of the implementation of PIP.

- 1.13 Suggestions for a social model approach to looking at the specific barriers faced by individuals follow the considerable support for the approach in earlier PIP consultations. We remain of the view that such an approach is not practical or desirable for an assessment to determine benefit entitlement for PIP. It would require a very lengthy and complicated assessment, considering a very wide range of factors, and outcomes would be subjective and inconsistent.
- 1.14 Having considered all these factors, the Government believes that the use of 20 metres is the best way of identifying those whose physical mobility is most limited. We think it is justified to focus support in this way given the policy intent to target support on those with the greatest need and create a more financially sustainable benefit.
- 1.15 The reliability criteria are a key protection for claimants and, recognising the concerns voiced by some respondents to the consultation, we will look to introduce a requirement for Health Professionals involved in the assessment to confirm that they have referred to the criteria when formulating their advice. We will also revisit the guidance on reliability to ensure it captures the situations we have been told about and ensure that the criteria are applied consistently and fairly.
- 1.16 Recognising that some Motability Scheme users will no longer be able to access this support following their re-assessment for PIP, we have worked with Motability who have put in place financial support for those Motability users who no longer have access to the scheme, in order to allow them to make alternative arrangements.
- 1.17 We are committed to a process of ongoing review and improvement of the PIP process and will be commissioning two independent reviews. As part of these, consideration will be given to how the Mobility criteria are operating in practice, and the impact of them. All of the recommendations made in their reports will be carefully considered by the Government.

## 2. The Consultation

- 2.1 From April 2013 Disability Living Allowance (DLA) began to be replaced with a new benefit, Personal Independence Payment (PIP). Like DLA, PIP is intended to provide a contribution to the extra costs faced by disabled people and people who have long-term health conditions. Whether individuals receive the benefit, and how much they receive, will be determined by an assessment of their ability to carry out key everyday activities. The PIP assessment has been designed to ensure that support is targeted at those individuals who face the greatest barriers to independent living. More information about the activities which make up the assessment for the Mobility component can be found in Annex 4.
- 2.2 In developing the initial assessment criteria we worked with a group of independent experts, disabled people and their organisations and carried out two consultations on drafts of the assessment criteria in 2011 and 2012.
- 2.3 We published the assessment criteria on 13 December 2012 in our Government Response to the consultation<sup>1</sup>.
- 2.4 Some disabled people and their organisations told us that they were not happy with the eligibility criteria for the *Moving around* activity and wanted a further opportunity to have their views considered. On this basis we decided to consult again on the *Moving around* activity.

### The consultation process

- 2.5 The Government published the PIP assessment *Moving around* activity consultation on 24 June 2013. The consultation closed on 5 August, although responses received after this point were also considered. We received 1142 responses to our consultation; 129 were from organisations and 1013 were from individuals. Of those 1013, approximately 260 were standard responses generated by stakeholder campaigns.
- 2.6 In carrying out this consultation we sought to ensure that as many people and groups as possible had the opportunity to contribute their views. We publicised the consultation on the gov.uk website, via our press office on social media and we emailed our existing stakeholder contacts. We also emailed all of the organisations who had responded to our previous consultation on the assessment criteria. During the consultation period, DWP officials met organisations and disabled people in London, Wrexham and Edinburgh.
- 2.7 To make the consultation 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

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<sup>1</sup> <https://www.gov.uk/government/consultations/personal-independence-payment-assessment-thresholds>

to the Department. Online versions were also available at [www.dwp.gov.uk/pip](http://www.dwp.gov.uk/pip) with the exception of Braille.

2.8 During the consultation period the webpage for the consultation was visited 15,992 times.

2.9 In the consultation document we asked:

*What are your views on the Moving around activity within the current PIP assessment criteria?*

2.10 As part of this we asked people for views on the 20 and 50 metre distances used within the criteria; what they thought the impact of the criteria would be; and whether they thought we needed to make any changes to the criteria or assess physical mobility in a different way.

2.11 In the consultation document we explained that whilst the Government’s preferred option was to retain the version of the assessment criteria for the *Moving around* activity set out in the Social Security (Personal Independence Payment) Regulations 2013 (the Regulations), we were committed to carrying out the consultation in a fully open-minded manner. We explained that we would carefully examine all of the evidence provided and analyse all of the representations received, to decide whether we needed to make changes to the *Moving around* activity.

## Breakdown of responses

2.12 The responses received gave the Government an understanding of individuals’ and organisations’ views on the *Moving around* activity and suggested some alternative approaches. It has not been possible to include and respond to every comment received in this document. However, we have tried to include as many as possible by grouping together the main themes and responding to these. Pages 11 to 20 provide a summary of these themes and the other views expressed.

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

*Table 1 Breakdown of consultation responses*

<b>Origin of response</b>	<b>Number of responses</b>
Individuals – unique responses	753
Individuals – standard responses	260
Organisations <sup>2</sup>	129
<b>Total</b>	<b>1142</b>

<sup>2</sup> These include joint responses to the consultation from more than one organisation.



## Northern Ireland

2.14 PIP is available in 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 Ireland Department for Social Development carried out their own consultation on the PIP assessment *Moving around* activity in Northern Ireland, feeding responses received into the DWP consultation. In total 13 responses were received in the Northern Ireland consultation.

## Documentation

2.15 Both this response document and the consultation document on the PIP assessment *Moving around* activity are available at <https://www.gov.uk/government/consultations/consultation-on-the-pip-assessment-moving-around-activity>.

2.16 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](mailto:pip.assessment@dwp.gsi.gov.uk).

## 3. What you told us

3.1 There were broadly four main themes arising out of the responses we received and the discussions at our consultation events.

- Respondents felt there was no evidence to support the use of 20 metres as the distance for determining entitlement to the enhanced rate of the Mobility component.
- Respondents were concerned that the 20 metres distance would have negative consequences for individuals.
- Respondents felt the criteria would increase individuals' need for support from other public services and that this would have an increased cost for the Government.
- Respondents were pleased with the inclusion of the reliability criteria in the Regulations but wanted to ensure that these were delivered appropriately and correctly in the PIP assessment.

3.2 Out of 1142 respondents, 914 indicated a clear preference for changing the *Moving around* criteria. Of these, 122 responses were on behalf of organisations and 792 from individuals. Many of these respondents were in favour of extending the qualifying distance for the enhanced rate of the Mobility component from 20 metres to 50 metres.

3.3 Five individual respondents were supportive of retaining the current criteria. Two organisations responded positively on the criteria being more objective and easier to apply consistently but did not express a view on the distances used. 221 respondents commented without expressing a firm view on the *Moving around* activity. Many of these addressed other aspects of the PIP assessment criteria or other elements of PIP.

### The use of 20 metres

3.4 Respondents told us they felt 20 metres was an arbitrary distance and that there was not sufficient evidence to justify its use in the criteria.

3.5 They felt that there was no evidence to say that an individual who could walk more than 20 metres but less than 50 metres would face lower costs than an individual who could walk less than 20 metres. Some respondents therefore considered the use of 20 metres to be unfair.

"I can see no difference whatsoever in the finances needed by someone unable to walk up to 20m as opposed to 50m. Anyone unable to walk over 50m is effectively unable to generally walk to a bus stop or a train station, and then to reach their destination at the other end. After walking 50m my husband often grinds to a halt, or the dyskinesia kicks in, rendering him unable to walk. This happened the other day, so I left him sitting on a bollard while I went to get the Motability car. At other times we've had to get a taxi."

**Parkinson's UK**

"The people we represent have told us that the extra 30 metres between the 20 and 50 metre qualifying distances is not meaningful – being to mobilise this much further does not enable them to use public transport or reduce their costs in any way."

**Disability Benefits Consortium**

- 3.6 A number of respondents suggested that the distance of 20 metres had been chosen in order to limit the number of PIP claimants who will be awarded an enhanced rate for Mobility, and was included in the criteria as a cost saving measure.
- 3.7 Comparisons were made to other Government policies which use 50 metres as a base distance. The Government's accessibility requirements in Building Regulations (January 2013) specify that the distance between a disabled parking space and the entrance of a building should be no greater than 50 metres<sup>3</sup>.
- 3.8 A number of responses referred to the Department for Transport guidance (published December 2005) 'Inclusive Mobility' which recommends distance limits for people with a physical disability to walk without a rest, according to their impairment. For people who have a mobility impairment and use a stick, it suggests the maximum distance they should be required to walk without an opportunity to rest is 50 metres. This is the shortest distance of the mobility impairment options, which also include recommended distances for those who are impaired without an aid, visually impaired and wheelchair users. It also says: "In commonly used pedestrian areas, and transport interchanges and stations, seats should be provided at intervals of no more 50 metres."

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<sup>3</sup> Part M – Access to and Use of Buildings

<http://www.planningportal.gov.uk/buildingregulations/approveddocuments/partm/approved#Download>

- 3.9 Some respondents pointed out that for Employment and Support Allowance, the Work Capability Assessment descriptors award 15 points (maximum award) on the basis of not being able to 'mobilise'<sup>4</sup> 50 metres. However the WCA criteria cannot be directly compared with PIP as they refer to 'mobilising' which includes the use of wheelchairs.
- 3.10 Respondents also identified perceived inconsistencies in previous statements we have made in relation to PIP. For example, in the consultation response issued in 2012 we said that: "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"<sup>5</sup>. Some respondents argued that if 50 metres is considered necessary to achieve a basic level of independence, it should be associated with entitlement to the enhanced rate of the Mobility component.

"The days when I can walk 50m are no cheaper than the days when I can walk 20m or less. I am still unable to access most shops and local services in our area without my wheelchair. I am still unable to get to the top of our road to access public transport and must rely on my own car to get anywhere. I am still unable to do the family shop or shop for clothes. The difference between 20m and 50m means that I might be able to walk further into John Lewis, for example, but I still don't have any more chance of getting around it"

**MS Society**

## Impacts on individuals

- 3.11 A large number of the responses focussed on the adverse impact respondents felt the new criteria would have on an individual's life. As entitlement to the enhanced rate allows an individual to access the Motability Scheme, a change in an individual's entitlement could result in an individual losing access to the scheme. Many respondents articulated the impact they felt the loss of their Motability car would have.
- 3.12 Respondents felt that losing their Motability car could greatly affect an individual's independence and that it could lead to them becoming isolated or housebound. The impact of the loss of Motability cars – rather than the direct loss of the income from the component – was the strongest theme running through the responses received. Some individuals pointed out that they did not use the scheme, instead using their DLA to fund their family car or taxis. These individuals and others highlighted the impact of a financial loss upon their household.

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<sup>4</sup> The WCA criteria cannot be directly compared with PIP as they refer to 'mobilising' which includes the use of wheelchairs.

<sup>5</sup> The Government's response to the consultation on the Personal Independence

Payment's assessment criteria and regulations, 13 December 2012, P.74

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/181181/PIP-assessment-thresholds-and-consultation-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181181/PIP-assessment-thresholds-and-consultation-response.pdf)

- 3.13 Organisations provided case studies and statements from individuals who currently receive benefits, illustrating the practical impacts that the loss of the enhanced rate of the Mobility component may have. The case studies were primarily focused on the loss of independence and increased isolation, and subsequent risk of deterioration of physical and mental health.

“I need my Motability vehicle because it gets me from home to work, door-to-door. I use my car for work, shopping, travel to other parts of the country and visit people. Without it my social life would be hugely hampered if not choked off completely. I wouldn't be able to meet any of my friends which alongside losing my car would be an enormous addition to the depression. I would be left without any independence and in the periods of my life when I have lost my independence I have become suicidal. The vehicle means I can do so many things that I just would not otherwise be able to do. I have access to the outside world and importantly for me can get to the swimming pool which is great for my condition – so not having it would mean my physical condition would deteriorate as well”.

**Disability Benefits Consortium**

- 3.14 Respondents frequently said that they felt the consequence of the use of 20 metres and possible loss of their Motability car would be to give them a significantly reduced quality of life, preventing them from carrying out activities such as socialising, working, carrying out charitable work, caring for others or generally participating in the community around them. Some respondents described how having a Motability vehicle enabled them to undertake activities such as collecting their children from school, or driving to meet a friend, without requiring the support of a carer. Respondents said that they would struggle to undertake such activities without Motability cars, as they frequently find it difficult to reach or use public transport. Many mentioned balance problems or difficulties getting up from a seat, even if they could reach public transport.
- 3.15 Respondents reported that the loss of the enhanced rate and consequently their Motability cars would also impact on their ability to participate in family life, limiting their access to social activities or supporting their partner. Several referred to the impact upon care they provide for children, grandchildren or elderly parents. They may be unable to collect children or grandchildren from school. Elderly parents who they currently provide support for could become more isolated and require additional care support with the loss of an individual's car which is currently used to provide wrap-around care or drive their parents to supermarkets and doctors appointments.
- 3.16 Several felt that their social isolation would increase as they would be unable to drive to their place of worship, to see friends or to visit family.

"I live in a village and my car is my lifeline, the bus stop is at least 200 metres away even if I could physically get on it. My elderly parents live 12 miles away which would involve 3 changes to get there, then another 200 metre walk to the front door."

**We Are Spartacus Community**

- 3.17 Others cited the impact on their volunteering activities, which often involved supporting other vulnerable people. They felt that without their Motability cars they would not be able to provide this support to others and that voluntary services would feel a significant impact of this loss, as would those individuals they supported.
- 3.18 Some respondents particularly highlighted the impact of a financial loss, suggesting that it might cause them to default on mortgages or push them into poverty. Respondents raised concerns about whether there would be an impact upon their other benefits as for some the eligibility is based on DLA entitlement. They felt that these losses could also have a significant impact, raising concerns about the blue badge or concessionary travel on local transport, without which they risked becoming more isolated and unable to go out.
- 3.19 Respondents also frequently cited a deterioration of physical and mental health as an impact of a loss of the enhanced rate and consequently a Motability car. Respondents said that their health could deteriorate as a result of their inability to reach their health professionals or as a result of being unable to undertake activities designed to keep them mobile, such as swimming or specialised exercise classes. Respondents with Cystic Fibrosis, for example, cited not being able to reach their specialist clinics.

"I go to Cardiac Rehab twice a week. I would be unable to get a bus because I would not be able to walk from the bus stop to the centre. If I got a taxi it would cost £10 there and £10 back. I would have no money left to attend other appointments and get my shopping etc."

**Leonard Cheshire Disability**

- 3.20 Many respondents were concerned about the impact of restricted mobility following the loss of a Motability car on their ability to independently access medical care, such as readily attending doctor or hospital appointments. They felt that this would significantly affect their conditions, worsening degenerative or other gradual conditions faster than would normally be expected.
- 3.21 Many respondents also linked a loss of independence and increased isolation with potential deterioration of their mental health. Some felt they would experience a significant drop in their quality of life as a result; others linked it with suicidal feelings or intent.
- 3.22 In addition to a deterioration of physical and mental health, respondents felt that without their Motability cars they would have a greater need for care services as they would be less able to care for themselves independently. A potential consequence frequently mentioned was the impact upon claimants' families, informal carers and formal carers. It was felt that these groups would be significantly impacted by a claimant's loss of a higher rate Mobility award due to increased caring and financial pressures. Some respondents also felt this could in turn impact on their partners' employment, possibly such that their partners would not be able to remain employed while caring for them.

"I live in a rural area, with my partner who is in full time employment. My CF Unit is over 15 miles away with no direct public transport links. Without my car I would be dependent on my partner or parents taking me to hospital appointments, both scheduled and urgent and doing everyday activities that most people take for granted, for example seeing a friend or going to the local shop for milk".

**Disability Benefits Consortium**

- 3.23 Many respondents also argued that those who were not awarded the enhanced rate of the Mobility component of PIP would struggle to access work; in some of the case studies provided, respondents explained that public transport would not be accessible, either in terms of reaching it or being able to manage standing or getting up from a seat. In some instances respondents also said that they would be too tired to work once they did reach their workplace. In some cases their employment involved using their car during the working day. Respondents drew a link between their inability to access their work and moving on to out-of-work benefits, as they frequently felt that they would struggle to find another job due to their disability.

“Losing my Motability vehicle is of huge concern as I work 30 miles from where I live. I have had to go part time due to my health and would struggle to finance a car without Motability which would mean I would have to stop work as I couldn't manage the journey on public transport.”

**Case Study provided by Leonard Cheshire Disability**

- 3.24 Many respondents did consider alternative support through Access to Work but felt that this would not be a good replacement for a Motability car. For example, one respondent analysed the costs, identifying that Access to Work taxis would cost £400 per month, whereas her current DLA payment is £250.
- 3.25 Respondents said that while Access to Work would enable them to reach their workplace, a Motability vehicle afforded them more flexibility and independence – e.g. allowing them to socialise in the evenings and at weekends, travel to medical appointments and do everyday things such as doing the shopping on the way home from work. On this basis they argued that a DLA payment is better value than Access to Work taxis.
- 3.26 Respondents also identified that not being awarded the higher rate Mobility component would have a direct financial impact upon them. Consequences mentioned were respondents' ability to pay their mortgage or afford food. It was frequently mentioned that this might move individuals or families into poverty. This was both from people without Motability cars who used their DLA payment to pay for other things and also from those who feared they would lose their Motability car and were worried about the financial impact of using taxis in place of their Motability car.

## **Impacts on public services and expenditure**

- 3.27 In addition to focusing on the impact on individuals themselves, many respondents suggested that other areas of public expenditure would increase, due to increased reliance on other services from individuals who might have a lower award under the eligibility criteria. Again these particularly focused on the impact of the loss of Motability cars. Many respondents suggested that these additional costs would outweigh the potential savings achieved by the introduction of PIP.
- 3.28 The main areas of suggested increased cost were:
- **Hospital transport** – A common theme was that an increased number of individuals would need to rely on hospital transport where they would have previously driven themselves to hospital. We Are Spartacus calculated



that the increased costs to Government as a result of travel to health related appointments via hospital transport or Dial-a-Ride would be £8m<sup>6</sup>.

- **Social care** – It was suggested that more disabled people would be reliant on social care provision, both as a result of a deterioration in health and an inability for family members to be able to care for them without the additional financial support or a Motability car. We Are Spartacus cited analysis that suggested each Local Authority could lose £7.5m through charges and increased entitlement to social care.
  - **Other Local Authority costs** - Also mentioned by respondents were the wider costs to Local Authorities of providing solutions to barriers created by the loss of the enhanced rate Mobility component – in particular increased need for disability transport solutions.
  - **Unemployment costs** – Many respondents also felt that there would be increased claims for Jobseeker's Allowance and Employment and Support Allowance as a result of people being unable to work, in addition to decreased tax income and a negative impact on the economy as a result of a reduction in spending by people who lose their jobs.
- 3.29 Other potential costs referenced in responses were the financial impacts on Motability-related industries and the taxi industry, if fewer people were awarded the enhanced rate for the Mobility component, with consequent impacts on the wider economy.

"With the 20 metre threshold, those that fail to get support will become more dependent on the ambulance service to access hospital appointments, at increased costs to the NHS."

**Disability Action in Islington**

## The reliability criteria

- 3.30 In March 2013 we introduced an amendment to the Regulations which means that when assessing an individual's ability to undertake the 12 activities in the assessment, consideration must be given to the individual's ability to complete them safely, to an acceptable standard, repeatedly and within a reasonable time period. These criteria are known collectively as the reliability criteria.
- 3.31 Respondents told us that they were pleased with the reliability criteria but had some concerns about how they would be used and whether they would be properly adhered to when individuals are assessed.

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<sup>6</sup> Response cross-referenced We Are Spartacus' Emergency Stop Report, p. 9  
<http://wearespartacus.org.uk/wp-content/uploads/2013/01/Emergency-Stop-final.pdf>

- 3.32 Some respondents suggested that the criteria should be made law. This has already been done through the amendment to the Regulations referred to above. Respondents also wanted to know what more could be done to make sure assessors properly consider the reliability criteria in all cases, as it particularly affects some conditions. Respondents explained that with some conditions it might be possible to undertake the activity but then an individual would need to rest all day so this would mean that they could not carry out the activity 'repeatedly'.
- 3.33 A number of respondents – in particular disability organisations – called for the Regulations to be clearer about the factors that should be taken into account when looking at reliability, such as pain. It was also suggested that claim forms and assessment reports should include more specific reference to reliability issues, such as including them in a box on the assessor's form. However, respondents did not view these changes in themselves as sufficient mitigation of the negative impacts of the use of 20 metres.

## **Proposed alternatives**

- 3.34 Respondents also gave us their views on alternative suggestions they have for how to assess physical mobility. A full list of the suggestions made of alternative ways to assess mobility is listed in Annex 2: Suggested changes.
- 3.35 The most common suggestion made by respondents was to extend the qualifying distance for the enhanced rate from 20 metres to a longer distance. The most frequently suggested alternative distance was 50 metres (suggested by 55% of respondents), with a limited number of people suggesting a distance in between 20 metres and 50 metres, such as 35 metres. Some called for it to be longer, such as 100 metres.
- 3.36 Another common suggestion was revising the premise of the assessment to one which is more in line with the social model of disability – for example, looking more broadly at an individual's ability to access local amenities, rather than a fixed distance which may not relate to the barriers that a particular individual experiences. These comments echoed earlier suggestions made during the initial stages of the development of PIP and was particularly suggested by disability organisations.
- 3.37 Some respondents suggested that greater attention should be paid within the assessment to the use of aids and that additional points should be awarded in each distance band where an individual was reliant on an aid. They felt this would better reflect the extra costs associated with aids, but also the fact that those who are reliant on aids face greater barriers to mobility. A small number of responses suggested the criteria should allow automatic entitlement to the enhanced rate for wheelchair users.
- 3.38 A minority of respondents suggested other changes which could be made to mitigate the impact if the criteria were to remain the same - for example, looking at other ways to provide access to Motability.

## **Other comments**

- 3.39 Respondents also raised concerns about the assessment process and the delivery of the assessment, based on concerns they have about or previous experience of the assessment for Employment and Support Allowance, the Work Capability Assessment.
- 3.40 Some respondents felt that the consultation experience and their concerns about their assessment experience in the future were causing them anxiety, thereby having a detrimental effect on their mental health.

## 4. Our response

- 4.1 In making its decision about whether to make any changes to the *Moving around* activity, the Government considered the original policy intent behind PIP, to create a benefit:
- that allows us to target support on those with the greatest need;
  - that is financially sustainable;
  - that is modern and considers needs arising from all impairment types equally; and
  - where awards are determined objectively and consistently.
- 4.2 Throughout the development of PIP, the Government recognised that achieving these goals would result in some reprioritisation of expenditure and therefore some people would lose and some would gain.
- 4.3 When developing the Mobility criteria, we were aware that although DLA includes deeming provisions which award the higher rate Mobility component to claimants who are deafblind, severely visually impaired and severely mentally impaired, the higher rate Mobility component is predominantly awarded to claimants with physical mobility difficulties only. The DLA lower rate Mobility component has been awarded to those individuals who require guidance or supervision outdoors. This means that many claimants with mental, intellectual and cognitive impairments do not receive DLA higher rate Mobility, despite facing significant barriers to mobility and therefore to independent living. The PIP Mobility component has been designed to reflect the impact of impairments on an individual's ability to get around, regardless of whether it has a physical or non-physical root cause. The Government was aware that this approach would mean a reprioritisation of finite resources and those individuals with a physical health condition or impairment would be more likely to see a reduction in the mobility support they receive relative to those with non-physical impairments requiring support for moving around.

### Response to points raised in the consultation

- 4.4 The Government considered the responses to the consultation against that background. We were keen to see whether there was any evidence which suggested that the criteria were not achieving the policy intent, to consider suggestions for a better way to achieve the policy intent and to consider any negative impacts raised.

## 20 metres and 50 metres

- 4.5 The policy intent for the Mobility component as a whole is that recipients of the enhanced rate should be those who are least able to get around, whatever the cause of this. When considering physical mobility, the objective was that the enhanced rate should go to those who face the greatest barriers to walking.
- 4.6 When developing the *Moving around* activity we considered the best method of achieving the policy intent set out above. There is no consensus across the health and social care professions of the perfect measure of mobility but distance is often used as it is clear to understand and apply. As such we chose to use this as the basis of this activity.
- 4.7 When considering which distances to base entitlement on we started by looking at 50 metres, which is used elsewhere in Government, including guidance on the built environment, eligibility for Blue Badges and Department for Transport guidance on inclusive mobility. 50 metres is also considered by some to be the rule of thumb for entitlement to the higher rate of the DLA Mobility component.
- 4.8 We recognise that people who are unable to reliably walk more than 50 metres have restricted mobility and independence, to a level that makes it reasonable to offer some support from the Government. This is achieved through the assessment criteria as set out in Regulations which award the standard rate to those who cannot reliably walk between 20 and 50 metres. However, we consider that within the group who cannot walk more than 50 metres, there are individuals whose mobility is significantly more limited than others and who face even greater barriers on a day-to-day basis. The policy intent was to award the enhanced rate of the benefit to this group.
- 4.9 In early drafts of the assessment criteria, we differentiated between these two groups on the basis of whether individuals would need to use a wheelchair to reliably move up to 50 metres. However, consultation responses and a testing exercise showed us that this was confusing and would lead to inconsistent outcomes and unfairness. Therefore, there was a need for an alternative differentiation that would be much easier to understand and apply.
- 4.10 Although it is very easy to conclude that a person who literally cannot walk even one step should be entitled to the enhanced rate of the mobility component, the question of what rate should be awarded to a person who can walk some distance is obviously more difficult. Whilst 55% of the respondents to the consultation suggested that the distance of 50 metres should be used for determining entitlement to the enhanced rate, other respondents suggested different distances and there was not complete agreement. The Government has had to consider how to set the assessment criteria in a way which will meet its policy objectives whilst also considering how any entitlement thresholds will impact on individuals claiming PIP, the number of people likely to receive the benefit and welfare expenditure.
- 4.11 Respondents pointed to the use of 50 metres elsewhere in Government as evidence to support the use of 50 metres for determining access to the

enhanced rate Mobility component in PIP. We acknowledge this and it is important to state that we have continued to recognise the importance of 50 metres – all individuals who cannot reliably walk more than 50 metres will receive at least the standard rate of the Mobility component, regardless of their score on the *Planning and following journeys* activity and, under rules established by the Department for Transport, will automatically be eligible for a disabled person's parking permit, or Blue Badge.

- 4.12 However, just because a distance is used elsewhere in Government does not mean that it is the right distance for use in determining the enhanced rate of the PIP Mobility component. Government is entitled to use different criteria for different purposes and it is important that decisions on the PIP criteria are based on an objective consideration of the policy intent for the benefit.
- 4.13 Having considered all the points raised in response to the consultation, we believe that the use of 20 metres in the criteria is the most effective way of identifying those whose physical mobility is most limited.
- 4.14 It must be remembered that the 20 metres distance is not the only factor considered when applying a descriptor for the *Moving around* activity. A key factor when considering the operation of the Mobility criteria is the impact of taking reliability into account. Specific legislation recognises that determining the distance an individual can stand and then move is rarely cut and dried and that individuals are unlikely to only be able to walk a certain distance every time. The reliability criteria ensure that decisions taken on benefit are based on what individuals can actually achieve on a regular, reliable basis, not on what they can do when at their best but are not able to repeat. This means that the enhanced rate of the Mobility component will be awarded to those people who cannot walk beyond 20 metres and those who can walk beyond 20 metres but cannot do so reliably.

## **The use of other distances for entitlement to the enhanced rate**

- 4.15 As well as suggesting 20 metres should be changed to 50 metres, a small number of the responses suggested using other distances as the qualifying distance for the enhanced rate. This included suggestions to increase 20 metres to 100, 250 or even 500 metres. These suggestions would significantly increase the number of individuals who would qualify for the enhanced rate of the Mobility component. The Government does not agree with this approach as it would not meet the policy intent of targeting support at those individuals who face the greatest barriers to mobility in a manner which is sustainable.
- 4.16 A limited number of people suggested using a distance in between 20 and 50 metres, such as 35 metres. The Government does not believe this would meet the policy intent of objectively and consistently targeting available resource on those who face the greatest barriers to mobility. We consider that individuals who effectively have no useful mobility are those who face the greatest barriers to mobility and in order to ensure consistency and objectivity, there needs to be a clear differentiation between descriptors. This is because how far an individual can walk is rarely, if ever, an absolute. Previous experience in

other areas has demonstrated the practical difficulty of differentiating between distances closer together and highlighted the risk of more inconsistent outcomes. We believe that the distances in the criteria as set out in Regulations are effective in allowing assessors to clearly identify those who can't walk at all or who have no useful mobility; those who have some, albeit very limited, mobility; and those whose mobility is less restricted.

## **Adopting a social model approach**

- 4.17 Many respondents, in particular disability organisations, suggested a fundamental change in the way we assess mobility, adopting more of a social model approach to look at the specific barriers faced by individuals – for example, looking more broadly at a person's ability to access local shops and amenities, rather than looking at ability to walk a fixed distance which may not have any bearing on what they can actually do. Respondents ideally wanted similar changes elsewhere in the assessment, rather than in the *Moving around* activity alone. These suggestions follow the considerable support in earlier PIP consultations for a social model approach.
- 4.18 We remain of the opinion that such an approach is neither practical nor desirable for an assessment to determine benefit entitlement for PIP. It would require a very lengthy and complicated assessment, considering a very wide range of factors, and outcomes would be subjective and inconsistent. Having to consider issues such as location and local provision of support services would also lead to inconsistency of outcome depending on where an individual lived and the support available to them, which we do not feel would be fair, reasonable or justifiable for a national universal benefit such as PIP.

## **Use of aids and appliances**

- 4.19 Although the majority of the responses to the consultation focused on distance, there were some alternative suggestions for how we assess mobility related to the treatment of the use of aids, appliances and wheelchairs.
- 4.20 The criteria as set out in Regulations take some account of the use of aids and appliances. Some respondents, including 'We Are Spartacus', suggested greater attention should be paid to the use of aids and that additional points should be awarded in each distance band where an individual was reliant on an aid. They felt this would better reflect the extra costs associated with aids, but also the fact that those who are reliant on aids face greater barriers to mobility – for example, because public transport is not accessible for those using aids, or because they are not suitable for some weather conditions.
- 4.21 We consider that the key determinate in the barriers faced by individuals is whether they can reliably walk a given distance. In previous drafts of the assessment we took greater account of the use of aids, appliances and wheelchairs, but the feedback was that this was unclear and created inconsistencies. There was also a perceived unfairness for individuals unable to use aids or appliances, for example due to upper limb problems, who face the same barriers to mobility as those who can use an aid.

- 4.22 Given that a key part of the policy intent is to create an objective and consistent assessment, and that our previous attempts to put greater emphasis on the use of aids and appliances demonstrated that it creates inconsistencies, we do not feel it would be productive to introduce further differentiation between aided or unaided ability.
- 4.23 A small number of individuals suggested the criteria should allow automatic entitlement to the enhanced rate for wheelchair users. There were slightly different interpretations of this, with some suggesting use of a wheelchair per se should lead to the enhanced rate, with others suggesting consideration should be given to whether the individual reasonably needs a wheelchair for normal day-to-day activities, as opposed to those who may only use a wheelchair occasionally, for example on special days out.
- 4.24 We explicitly referred to wheelchair use in previous drafts of the assessment but were told this was unclear. Particular concerns expressed were that it appeared that only people who have a wheelchair could qualify for the enhanced rate; that some people do not have access to them; and that some individuals choose not to use them – for example, in order to try to keep active and protect what little walking ability they still have. We have sought in the assessment to look at underlying need, regardless of what support individuals have access to. Meanwhile, as we are seeking to focus resources on individuals with the greatest barriers to mobility, we do not consider it reasonable to award the enhanced rate of the Mobility component to someone who only needs a wheelchair on occasional long journeys. We are confident that the assessment criteria as set out in Regulations will clearly and consistently distinguish between those with the greatest barriers and those who have lesser barriers to mobility, and do not believe basing entitlement on the need for a wheelchair would be a better alternative.

## **Cross-Government impacts**

- 4.25 Many respondents suggested that other areas of public expenditure would increase, due to increased reliance on other services from individuals who were previously supported by the higher rate Mobility component. The areas of additional cost suggested most frequently were on Local Authority social care budgets, Access to Work and out-of-work benefits.
- 4.26 It is extremely difficult to estimate the knock-on costs to other parts of Government, particularly as many of them will depend on the behaviour of individuals. During the development of PIP we held regular cross-Whitehall meetings at official level to ensure any impacts on other parts of Government were identified early on in the process. This included discussions with officials from the Department of Health, Department for Communities and Local Government, Department for Transport and from the transport departments in Scotland and Wales. Although these conversations identified areas which would be affected by the introduction of PIP (for example, passporting arrangements to the Blue Badge and concessionary travel), the group did not identify any significant additional cost implications in their areas.



- 4.27 As part of the development of PIP, the Department also worked with the Department of Health, the Department for Communities and Local Government, and the Local Government Association (LGA) to consider its potential impact on the provision of Local Authority-funded social care. It is important to recognise that PIP does not place any statutory requirement on local authorities, and that PIP will mirror the current DLA rules concerning charging<sup>7</sup>. Our assessment identified that there is a potential financial effect, primarily as a result of reducing Local Authorities' ability to charge against income from DLA, although this impact was estimated to be less than one per cent in the context of the total social care budget. The use of DLA care component income is discretionary however, and therefore the potential impact on expenditure is variable across different local authorities; this means that the potential financial impact could not be quantified in a precise way. We have discussed this assessment with the LGA and provided an opportunity for consideration and input. While we have not received information from the LGA to indicate that there would be an undue material impact, we will continue to monitor this as part of the implementation of PIP.
- 4.28 Limited information was given in consultation responses about the likely scale of wider impacts. One response quoted figures based on an Oxford Economics research report estimating the benefit to the economy of the Motability scheme. The response assumed those benefits would be reduced, should the individual no longer have access to their Motability vehicle. For example, they have assumed the cost of hospital transport will increase by £8m, as the research has estimated the use of Motability vehicles currently saves £30m in hospital transport costs. However, this assumes all individuals who lose a Motability vehicle will have no other access to transport. It does not consider, for example, whether individuals will decide to purchase a second-hand car which they will then use to get to hospital appointments.
- 4.29 We do not believe that the *Moving around* criteria as set out in Regulations will lead to a significant increase in spending on out-of-work benefits. Alternative support to help individuals travel to and from work exists in the form of Access to Work. However, even if Access to Work was not available to some individuals, we think the impact on out-of-work benefits is likely to be small as a relatively small proportion of DLA recipients are in work.
- 4.30 We do not collect data on the employment status of DLA recipients, so our estimates are based on survey data, this produces different estimates. Based on the Family Resource Survey, we estimate 14% of working-age DLA recipients are in work, whereas the Work and Pensions Longitudinal Study puts this at 21%. Motability estimate that 17% of their scheme users are in work, and although there will be a number of individuals currently in employment who will lose access to their Motability vehicle following their move to PIP, this is not likely to have a significant impact on out-of-work benefit expenditure, particularly as not all claimants who lose their Motability vehicle will lose their job as a result.

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<sup>7</sup> Under Department for Health guidance local authorities have discretion to take account of PIP daily living component within a charge assessment.

- 4.31 While it is likely that in some cases the cost of paying for the enhanced rate Mobility component, which in turn allows for a Motability car, will be less than the cost of taxis under Access to Work provision, this does not reflect the true cost to the Exchequer of providing a Motability vehicle, which is greater than the enhanced rate of the Mobility component due to the tax exemptions associated with Motability vehicles.

## **Conclusion on the *Moving around* criteria**

- 4.32 The Government has carefully considered all of the representations made during the consultation, including the suggestions for alternative approaches. We have noted respondents' concerns that the barriers and costs faced by all people who cannot walk more than 50 metres are significant and the impact these criteria may have on individuals and an equality analysis has been produced (see Annex 3). Due regard has been paid to the information therein.
- 4.33 The Government believes that the use of 20 metres is the best way of identifying those whose physical mobility is most limited. We think it is justified to focus support in this way, given the policy intent to target support on those with the greatest need and create a more financially sustainable benefit which considers needs arising from all impairment types equally, and where awards are determined more objectively and consistently.

## 5. Next steps

- 5.1 Although the Government has decided not to make any changes to the assessment criteria, we have considered whether steps can be taken to mitigate the impact of the transition from DLA to PIP for those individuals who may lose entitlement or receive a lower award. In response to concerns that the criteria will not be applied fairly in practice, we considered whether any changes to processes and procedures were needed to ensure the criteria are applied fairly and consistently.

### Reliability

- 5.2 We consider that the reliability criteria are a key protection for claimants, ensuring that decisions on benefit entitlement are based on what individuals can actually achieve on a regular, reliable basis, not on what they can do when at their best but not repeat. They have always been central to our plans for the assessment but, given their importance, we were happy to include these concepts in Regulations as well as the guidance we provide to assessment providers. The providers understand the importance of the criteria and have therefore featured them strongly in their own training and guidance.
- 5.3 Although this consultation was focussed only on the *Moving around* activity, rather than the reliability criteria in general, in response to respondents' concerns we have looked again at whether any changes can be made to further stress the importance of these criteria. We will look to introduce a requirement for health professionals to confirm they have considered the reliability criteria when formulating their advice. We will then enforce this by ensuring that reliability is more explicitly referred to in the criteria that assessment providers must use when auditing the quality of assessments. We will also revisit the guidance on reliability given to providers and DWP staff to ensure it captures the situations we have been told about – for example, reference to pain was of particular concern to a number of respondents – and to ensure that the criteria are applied consistently and fairly.

### Motability

- 5.4 The Government recognises that some Motability Scheme users will no longer be able to access this support as a result of reassessment for PIP. We recognise that this transition may be challenging for these individuals. The Government has therefore worked with Motability to put in place a financial package of support that will be made available to Motability users who no longer have access to the Scheme through PIP, to allow them to put in place alternative arrangements.<sup>8</sup>

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<sup>8</sup> More detail about the transitional support package is available on the Motability website <http://www.motability.co.uk/understanding-the-scheme/pip-and-motability/q-and-a-transitional-support-package>

## **Independent review**

- 5.5 The Government is committed to a process of ongoing review and improvement of the PIP assessment and will be commissioning two independent reviews. As part of this, consideration will be given to how the Mobility criteria are operating in practice, and their impact. A report on the first review will be published by the end of 2014. All recommendations made in their reports will be carefully considered by the Government.

# Annex 1: Organisations that responded to the consultation

Access in Dudley

Action for M.E.

Action for Carers Surrey

Action on Disability and Work, UK

Adult Cystic Fibrosis Centre, Birmingham Heartlands Hospital

Advice Portsmouth

Assist UK

Afron Access Group

Arthritis Care

Aspire

Autism NI

BLESMA – The Limbless Veterans

Bradford Strategic Disability Partnership and the Learning Disability Partnership

BRAME

Breakthrough UK Ltd

Bristol Disability Equality Forum

British Academy of Childhood Disability

Bromley Experts By Experience

Bromley Parent Voice

Buckinghamshire Disability Service (BuDS)

Camden Advice Partnership

Capability Scotland

Carers UK

CF Social Workers at Adult Cystic Fibrosis Unit

Chartered Society of Physiotherapy

Citizens Advice Bureau

Citizens Advice Bureau – Glasgow

Citizens Advice Bureau – Northern Ireland  
Colchester Prosthetic User Groups Committee  
College of Occupational Therapists  
Contact a Family  
Coventry Voices for People with Disability  
Cystic Fibrosis Trust  
Darlington Association on Disability  
Disability Benefits Consortium  
Deafblind UK  
Derby City Council  
Disability Action  
Disability Action in Islington  
Disability Powys  
Disability Solutions West Midlands  
Disability Wales  
Disabled Persons Transport Advisory Committee  
Diverse Cymru  
DMUK  
Dystonia Society  
East Riding of Yorkshire Council  
East Sussex Disability Association  
Ekklesia  
Enfield Disability Action  
Enham Care Home  
Epilepsy Action  
Equal Lives  
Equality and Human Rights Commission  
Equality Commission for Northern Ireland  
Evenbreak  
Every Disabled Child Matters  
Falkirk Council  
Gateshead Access Panel  
Glasgow City Council  
Glasgow Disability Alliance  
Greenwich Association of Disabled People

Hanover

Headway

Hertfordshire County Council – Money Advice Unit

HMSA

Inclusion London

Inclusion Scotland

Interface

Nottinghamshire Disabled People's Movement

Joint Committee on Mobility for Disabled People

Leonard Cheshire Disability

Limbless Association

Linkage Community Trust

London Borough of Lambeth

Lothian Centre for Inclusive Living

Macmillan

Manchester Adult Cystic Fibrosis Centre

Merton Centre for Living Independently

MND Scotland

MS Trust

Multiple Sclerosis Society

Myasthenia Gravis Association

National Association of Welfare Rights Advisers

National Federation of the Blind of the United Kingdom

National Network of Parent Carer Forums

National Rheumatoid Arthritis Society

Newcastle Council for Voluntary Service

NFT Family Carer Support Service

NHS Greater Glasgow and Clyde

North West Forum of People with Disabilities

North Worcestershire Disability Information and Advice Line in Connect

Northern Ireland Association for the Care and Resettlement of Offenders

Northern Ireland Public Service Alliance

Northern Ireland Welfare Reform Group

Northumberland Disability and Deaf Network

Nottingham Adult Cystic Fibrosis Team

Papworth Trust  
Portsmouth Disability Forum  
Positive East  
Preston Learning Disabilities Forum  
Public Law Solicitors  
Quarriers  
Redbridge Concern for Mental Health  
Refuge  
Roehampton Limb User Group  
Ruils Community Involvement Group  
Scope  
Scottish Independent Advocacy Alliance  
SHINE  
Sinn Féin  
Social Security Advisory Committee  
South Eastern Health and Society Care Trust  
South Lanarkshire Council's Money Matters Advice Council  
South East Network of Disabled People's Organisations  
Spinal Injuries Association  
Spinal Stenosis UK  
Standing Commission on Carers  
Surrey Coalition of Disabled People  
Surrey Disabled People's Partnership  
Surrey Hard of Hearing Forum  
Surrey Independent Living Council  
Surrey Information on Disability  
Surrey Vision Action Group  
Surrey Welfare Rights Unit  
Thalidomide Trust  
The Access Group, Tunbridge Wells  
The Alliance, Scotland  
The Surrey Empowerment Boards  
The Whitechapel Centre  
Thurrock Coalition  
Turning Point



The Government's response to the consultation on the PIP assessment Moving around activity

United Response

We Are Spartacus

Western Health and Social Care Trust

Weston and North Somerset Disability Information Advice Line

Worcestershire Coalition for Independent Living Service User Lead Co-operative Ltd

York People First

Some of these organisations have responded as part of a joint response and some organisations responded more than once but for ease of reference all organisations that contributed to a response have been listed once.

## Annex 2: Suggested changes

Option Proposed	Response
Change 50 to 100m and 20m to 50m.	This does not meet the policy intent of targeting support at those who face the greatest barriers in a sustainable manner.
Increase 20m to 75m or 100m.	
Replace 20m with 35m.	We know from experience in other benefits that having the distances close together would make it difficult to consistently differentiate between descriptors.
Alter the points structure so that a claimant fitting descriptor 'D' is awarded 12 points.	This would mean those individuals who need to use an aid or appliance to walk 50 metres would receive the enhanced rate and would not meet the policy intent of targeting support at those who face the greatest barriers in a sustainable manner.
Descriptors 'C' and 'D' should score 12 points.	This would mean that those individuals who cannot walk 50 metres would receive the enhanced rate and would not meet the policy intent of targeting support at those who face the greatest barriers in a sustainable manner.
Minimum distance should be 250m.	PIP is intended to provide a contribution to extra costs for those who face the greatest barriers to living independently. An individual who can walk 250-500 metres would have quite a considerable level of independence and therefore would not fall in to the group of people who face the greatest barriers to mobility.
Change the descriptors so that 500m is the distance at which points start to be awarded.	
Change the points structure so that more points are awarded for needing an aid or	We consider that the key determinate in the barriers faced by individuals is whether they

<p>appliance.</p>	<p>can reliably walk a given distance. In previous drafts of the assessment we took greater account of the use of aids, appliances and wheelchairs, but the feedback was that this was unclear and created inconsistencies.</p>
<p>Redesign the assessment on the basis of the social model (i.e. access to amenities, transport).</p>	<p>It would require a wholesale redesign of PIP, which was not within the remit of the consultation on the <i>Moving around</i> activity. The Government believes the current basis of assessing eligibility on ability to carry out everyday activities is the right one. It would be impractical to administer the suggested approach as it would necessitate knowledge of a claimant's local areas and facilities. It would be inconsistent as two claimants with identical needs would receive different amounts of PIP according to where they lived and depending on their ability to access local resources.</p>
<p>The assessment should take into account the additional barriers faced by individuals who can walk but are unable to use their arms for example when attempting to stand up or use public transport.</p>	<p>This does not meet the policy intent of targeting support at those who face the greatest barriers in a sustainable manner.</p>
<p>Alter the Motability Scheme to allow the Access to Work Scheme to contribute to the cost of a Motability vehicle.</p>	<p>Motability is a registered charity, independent of Government, and they would need to consider whether any changes are appropriate for them.</p>
<p>Reliability criteria should be compelled by law.</p>	<p>These are already included in the Regulations so they are compelled by law.</p>
<p>There should be a box on the form about reliability criteria, or something should flash up on the IT randomly, reminding assessors and Decision Makers to consider the reliability criteria.</p>	<p>The reliability criteria are included in Regulations so health professionals and Decision Makers are required to consider them. However, we will look to make assessors explicitly state that they have considered the criteria.</p>

<p>In making the assessment and judging which descriptor applies, surfaces and gradient should be explicitly considered.</p>	<p>The criteria assess ability to walk on the type of surfaces normally expected outdoors, so will include consideration of kerbs and uneven surfaces. The criteria consider the ability to walk on flat ground as we feel this is the most objective and consistent way of assessing mobility. Gradient would be difficult to assess objectively and could lead to decisions being made on individuals' perceptions of steepness, resulting in subjective and inconsistent awards.</p>
<p>The assessment should include consideration of different environmental conditions as, for example, heat particularly affects certain conditions.</p>	<p>Environmental considerations would make the assessment more subjective, for example some individuals live in areas where the environment is more challenging than others. Temperatures or other relevant circumstances could also change from day to day. This would lead to inconsistent outcomes depending on location, which is not in line with the policy intent to make PIP objective and consistent.</p>
<p>The assessment should be made in a realistic or normal environment, rather than an empty office space.</p>	<p>Regardless of where the assessment is carried out, the criteria refer to the surface normally expected outdoors, and the health professional will be aware of that and will consider that in formulating their advice.</p>
<p>The assessment should be made in a familiar environment.</p>	<p>During the assessment the health professional will seek to build up a picture of the claimant's daily life using information from the claimant and any further evidence that is available. We believe this will provide sufficient evidence on which to make an accurate decision about entitlement without needing to visit the claimant's home in every case.</p>
<p>The assessment should be made in the individual's own environment for a duration of</p>	<p>During the assessment the health professional will seek to build up a picture of</p>

<p>a few hours.</p>	<p>the claimant's daily life using information from the claimant and any further evidence that is available. We believe this will provide sufficient evidence on which to make an accurate decision about entitlement. Assessments lasting a number of hours would rapidly make the system unworkable.</p>
<p>The assessment should be made on the basis of the individual's ability to manage day-to-day living as a whole and include access around their local area.</p>	<p>We believe that looking at every barrier or cost that a disabled person might face will lead to subjective decisions, inconsistent outcomes and a more complex and expensive administrative process. These are all things we have always been keen to avoid in PIP. We think that our approach of focusing on an individual's ability to carry out key everyday activities is the right one.</p>
<p>To ensure that the assessments are fair, cases should be reviewed individually.</p>	<p>Each assessment will be undertaken individually to consider the claimant's circumstances, but the eligibility criteria have been created to ensure consistency across all assessments. Claimants have appeal rights against certain decisions if they are dissatisfied with the outcome.</p>
<p>In making the assessment, the return journey should be considered. This would mean that walking 20m is walking 10m and back again.</p>	<p>The return journey will be considered by applying the reliability criteria. The individual is assessed on whether they can complete the distance as many times as an individual could reasonably be expected to repeat that distance in a day.</p>
<p>The assessment should be made on the basis of existing disability provision i.e. passport eligibility from a disabled bus pass to PIP to minimise assessments and ensure consistency.</p>	<p>Many aspects of disability provision, such as transport, are delivered by Local Authorities and include discretionary provisions. This makes it more difficult for eligibility decisions to be consistent across the country. A key principle of PIP is that decisions will be consistent and based on objective criteria; this is not achieved through this suggested approach.</p>

<p>There should be automatic entitlement for some conditions.</p>	<p>We believe it is right for the assessment for PIP to look at disabled people as individuals and not just label them by their health condition or impairment. This is why the assessment is designed to consider an individual's personal circumstances, and the impact that their impairment has on their life.</p>
<p>Someone who needs a wheelchair on a daily basis should automatically qualify for the enhanced rate.</p>	<p>We recognise there are extra costs associated with wheelchair use which is why we considered the need to use a wheelchair in previous drafts of the assessment. However, the feedback was that this was confusing and could lead to inconsistent outcomes.</p>
<p>The assessment should take greater account of fluctuating conditions.</p>	<p>We believe our approach to fluctuating conditions strikes the right balance, looking at the circumstances of the individual and the impact of their health condition or disability over a twelve-month period.</p> <p>It will take into account where their ability to carry out activities is affected on a majority of days in the year, at any point on those days. This is a more generous approach than DLA, whereby a need must be present for the majority of the time before it can be taken into account.</p>
<p>Rather than introducing PIP criteria, claimants should be reassessed according to the existing DLA criteria as this would allow DWP to identify those individuals who are incorrectly receiving DLA.</p>	<p>This defeats the purpose of introducing a new benefit, designed to target resources in a more appropriate way. The DLA criteria are based on an outdated understanding of disability, for example although there are deeming provisions for claimants who are deafblind, severely visually impaired and severely mentally impaired, the higher rate Mobility component is generally only awarded</p>

<p>Keep DLA criteria, but correctly set review dates.</p>	<p>to claimants with physical mobility difficulties. The DLA lower rate Mobility component has been awarded to those individuals who require guidance or supervision outdoors. This means that many claimants with mental, intellectual and cognitive impairments are unable to receive DLA higher rate Mobility, despite facing large barriers to mobility. When designing the PIP assessment criteria, we wanted to start afresh and ensure that the criteria reflect the full range of disabilities.</p>
<p>The assessment should not just focus on the distance. Consideration should be taken of the recovery time, use of stairs, carrying items, using public transport and getting in and out of cars.</p>	<p>Difficulties in repeating the activity or undertaking it safely will be covered by the reliability criteria. 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 means of assessment.</p>
<p>The assessment should be made on the basis of an individual's ability to get in and out of public transport.</p>	<p>The ability to use public transport or get in or out of private transport can be subjective as it depends on environmental factors such as whether the transport is accessible or adapted. We want the PIP assessment criteria to be objective and feel this would introduce too much subjectivity and inconsistency.</p>
<p>The assessments should be regular so that the assessor can build a relationship with the individual and can identify changes in the needs of the individual.</p>	<p>We intend to periodically review all PIP awards to ensure individuals continue to receive the correct amount of benefit. However, we will take a proportionate approach to reviewing awards as we recognise some conditions are unlikely to change significantly over time. Trying to guarantee the same assessor each time a claim is reviewed would lead to delay and the system becoming unworkable. All assessors are trained to ensure consistency of approach.</p>

<p>Reliability elements should be assessed over subsequent days, for example, an individual may be able to walk one day but unable to do so the following day as a result of exertion.</p>	<p>The assessment already considers an individual's ability to carry out activities on the majority of days in a one-year period. This provision will take account of where an individual's ability fluctuates over time. For example, if they are able to walk a distance on average twice a week but would be unable to do so on subsequent days, this would not constitute the majority of days.</p>
<p>Distances should be in yards or feet as people don't know how far a metre is.</p>	<p>We recognise that it can be difficult for an individual to contextualise a distance, regardless of whether it is in metric or imperial units. That is why we give examples in the claim form to help the claimant to visualise the distance.</p>
<p>The assessment should be means tested instead of tightening the assessment criteria so that those in the greatest financial need are supported.</p>	<p>In designing PIP, we wanted to maintain the key principles of DLA – that is why PIP is a non-means tested cash benefit available to people in and out of work, but delivered in a fairer and more consistent manner.</p> <p>PIP, like DLA, is not means tested in order to recognise the additional costs that all disabled people face irrespective of their financial circumstances.</p>
<p>The assessment should be a narrative assessment in discussion with the claimant rather than a physical test.</p>	<p>The assessment involves evaluating all the evidence in relation to an individual's claim. For the majority of claimants it will involve a face-to-face consultation which may include a short physical examination, but claimants will not be required to walk set distances and what they tell the assessor will be taken into account.</p>



<p>The assessment should consider wider factors affecting mobility and ability to undertake activities e.g. age, gender, natural strength, type of amputation etc.</p>	<p>The assessment will consider each individual's ability to complete the activity and consider their personal circumstances. Where wider factors such as age or natural strength affect their ability to carry out the activity, in addition to an underlying health condition or impairment, they will be taken into account.</p>
<p>In order to fully assess the mobility support needed by a claimant, Activities 11 and 12 should be merged.</p>	<p>Points from Activity 11 and 12 are already considered cumulatively, so there is no need to merge the activities.</p>
<p>The assessment should explicitly ask claimants what additional spending they incur due to their mobility impairment.</p>	<p>It would not be administratively feasible to measure the actual costs that individual disabled people incur. Such an approach would be subjective, inconsistent and expensive to deliver.</p>
<p>There should be a presumption that citizens with disabilities are decent, honest and innocent, so the burden is placed on the Government to produce evidence that the rules are being abused.</p>	<p>The assessment has been designed to target support on those who face the greatest barriers to leading an independent life and participating in society. The assessment is not designed to prevent people who are eligible from receiving support, rather it is designed to ensure decisions about benefit are consistent, objective and accurate.</p>
<p>The assessment should be based on the manner in which somebody moves, rather than the distance.</p>	<p>Consideration will be given to the manner in which the activity is completed, including whether the individual can do so safely, to an acceptable standard, repeatedly and in a reasonable time period.</p>
<p>The criteria and rates should be kept as they currently are for DLA but there should be a new higher rate for those who cannot walk 20m.</p>	<p>This does not meet the policy intent of targeting support at those who face the greatest barriers in a sustainable manner.</p>
<p>Leave the criteria as they are for current DLA recipients; only consider changes for new</p>	<p>The policy intent is to introduce a new benefit with an objective and consistent assessment that targets support at those who face the</p>

<p>claims/change of circumstance.</p>	<p>greatest barriers to independence in a manner that is sustainable. Introducing the benefit for new claims/ changes of circumstance would only partially achieve this policy intent.</p>
<p>The assessment should take into consideration the needs of those with learning disabilities who may need to be accompanied due to their mental capacity.</p>	<p>The needs of those who may need support in planning or undertaking a journey are covered by Activity 11.</p>
<p>The format of the assessment is inflexible and instead the distances should be used as a broad guide.</p>	<p>The distance is just one of the factors that will be taken into account. The assessor will also consider whether the claimant is able to walk the distance safely, to an acceptable standard, repeatedly and in a reasonable time period.</p>

# Annex 3: Equality Analysis

## Outline of Policy

- 6.1 From 8 April 2013 we started to replace Disability Living Allowance (DLA) for people aged 16-64 with Personal Independence Payment (PIP).
- 6.2 PIP is intended to be fairer, more consistent and sustainable in the long-term, targeting support at those disabled people who face the greatest challenges to leading independent lives.
- 6.3 The Mobility criteria for PIP have been designed to take account of the impact of physical, sensory, mental, intellectual and cognitive impairments on an individual's ability to get around.

## Evidence and analysis

### Background information

- 6.4 There are currently 3.3 million recipients of DLA. This includes children, 16-64 year olds and those aged 65 and over. The caseload split by age group is shown in table 1 below. Since PIP has only been introduced for those aged 16-64 on 8 April 2013, our equality analysis focuses on this age group in particular. Claimants aged under 16 or 65 or over on 8 April 2013 are not affected by PIP.

*Table 1: Disability Living Allowance recipients by age group*

<b>Age Group</b>	<b>Number of Recipients</b>	<b>Proportion</b>
Children	354,000	11%
16-64	2,018,000	61%
65 and over	926,000	28%
<b>Total</b>	<b>3,299,000</b>	<b>100%</b>

Source: Work and Pensions Longitudinal Study, February 2013.

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

- 6.5 Of those claimants aged 16-64, 1.79 million are in receipt of the Mobility component of DLA. This equality analysis concerns the Mobility component of PIP only and therefore claimants aged 16-64 who face both physical and non-

physical mobility barriers will be the focus of this document. The DLA caseload aged 16-64 by rate of Mobility component received is shown in table 2 below.

*Table 2: Disability Living Allowance Mobility recipients by rate of Mobility*

<b>Rate of Mobility</b>	<b>Number of Recipients</b>	<b>Proportion</b>
Higher rate	994,000	49%
Lower rate	796,000	39%
No Mobility	228,000	11%
<b>Total</b>	<b>2,018,000</b>	<b>100%</b>

Source: Work and Pensions Longitudinal Study, February 2013.

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

6.6 In developing the new benefit and its assessment criteria, the Department was aware that to achieve the policy objectives of PIP, some individuals who received DLA would see their benefit awards reduced or removed completely. Equally others would see their awards increase and some individuals who were not previously entitled to DLA would now receive PIP. This is an inevitable consequence of re-targeting finite resources and support.

6.7 The estimated overall effect of the introduction of PIP on the 16-64 DLA caseload was published on 19 December 2013 in the PIP Reassessments and Impacts briefing note, which can be found on the gov.uk website:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/180964/pip-reassessments-and-impacts.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180964/pip-reassessments-and-impacts.pdf).

6.8 In the above briefing note, the forecast PIP caseloads at October 2015 and May 2018 are compared with estimates of the future 16-64 year old DLA caseloads without the introduction of PIP. The relevant comparisons for this equality analysis are shown in table 3 below which gives the forecast Mobility component caseloads, split by rate of Mobility component, both with and without reform:

*Table 3: Mobility component recipients at May 2018 with and without reform*

<b>Rate of DLA/PIP Mobility Component</b>	<b>With reform: PIP</b>		<b>No reform: DLA</b>	
Higher/Enhanced	602,000	49%	1,030,000	53%
Lower/Standard	634,000	51%	929,000	47%

Note: Figures have been rounded to the nearest 1,000 and percentages to the nearest 1%. The weekly cash value of the higher/enhanced rate is £55.25 and the lower/standard rate is £21.00.

- 6.9 Table 3 above shows that in May 2018 the number of people receiving the highest rate of the Mobility component is expected to be around 428,000 lower under PIP than would have been the case under DLA. 295,000 fewer people are expected to receive the lower rate of the Mobility component.
- 6.10 Table 4 below shows the number of 16-64 year old DLA recipients whose awards will increase, decrease or stay the same as a result of the introduction of PIP. It shows that 548,000 individuals currently receiving the higher rate of the DLA Mobility component will not receive the enhanced rate of the PIP equivalent.

*Table 4: DLA and PIP Mobility Awards for Reassessed Cases*

DLA Mobility Award for Reassessed Cases	PIP Mobility Award for Reassessed Cases			
	Enhanced	Standard	Nil	Total
Higher	344,000	199,000	349,000	892,000
Lower	167,000	284,000	247,000	698,000
Nil	11,000	18,000	131,000	159,000
<b>Total</b>	<b>522,000</b>	<b>501,000</b>	<b>727,000</b>	<b>1,749,000</b>

## Data sources and tables

- 6.11 All figures for DLA within this report are taken from the Department's Work and Pensions Longitudinal Study administrative database and represent the caseloads in payment as at February 2013, unless stated otherwise. DLA caseloads shown are for claimants aged 16-64 as this is the relevant age group for the reform.
- 6.12 PIP caseload figures are based on forecast modelling work carried out on the results of testing the new assessment on a sample of around 900 volunteers who were receiving or had recently claimed DLA in 2011. Volunteers were identified from across Great Britain and reflected the range of different DLA rates, allowing the Department to work with people who had a wide range of health conditions and impairments. The volunteers each attended a face-to-face appointment with a trained health professional. During these appointments a wide range of information on the individuals' circumstances was gathered, to allow the claimants to be considered not just against the initial draft of the assessment criteria, but against subsequent versions of the criteria as they were developed. A report was produced for each volunteer, detailing their medical, social, occupational and functional history, as well as any clinical findings and informal observations from the assessment.

- 6.13 The PIP forecast caseloads given are for May 2018. This date has been chosen as the comparison date as this is when the PIP caseload is expected to have stabilised and reached a “steady state”. Caseloads shown are for claimants aged 16-64 to compare with DLA data.
- 6.14 Numbers in tables have been rounded to the nearest 1000, percentages to the nearest 1%.
- 6.15 In conducting our analysis we looked at groups with protected characteristics within the current 16-64 DLA caseload. These characteristics are defined in the Equality Act 2010 (“the Act”) as: disability; sex; age; race; gender reassignment; marriage and civil partnership; pregnancy and maternity; religion or belief; and sexual orientation. Although it is noted that in terms of s.149 of the Act, advancing equality of opportunity does not apply to marriage and civil partnership but general discrimination does. Therefore for completeness marriage and civil partnership is included in this analysis. In addition to these groups, we considered the impact on people with different types of health conditions and impairments.
- 6.16 Section 149 of the Equality Act 2010, the public sector equality duty, sets out:
- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
    - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
    - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
    - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
  - (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
  - (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
    - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
    - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
    - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
  - (4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

(5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

- (a) tackle prejudice, and
- (b) promote understanding.

(6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.

(7) The relevant protected characteristics are—

age;  
disability;  
gender reassignment;  
pregnancy and maternity;  
race;  
religion or belief;  
sex;  
sexual orientation.

(8) A reference to conduct that is prohibited by or under this Act includes a reference to—

- (a) a breach of an equality clause or rule;
- (b) a breach of a non-discrimination rule.

(9) Schedule 18 (exceptions) has effect.

6.17 We also considered the impact on the Government's obligations under the Human Rights Act 1998 (in particular Article 8, the right to respect for private and family life, and Article 14, prohibition of discrimination) and the UN Convention on the Rights of Disabled People (in particular Article 19, that the state takes progressive measures to promote the right of disabled people to live independently).

6.18 The Human Rights Act 1998 sets out:

**Article 8**

**Right to respect for private and family life**

1 Everyone has the right to respect for his private and family life, his home and his correspondence.

2 There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

**Article 14**

**Prohibition of discrimination**

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

6.19 The UN Convention on the Rights of Disabled People sets out:

**Article 19 - Living independently and being included in the community**

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;



b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

6.20 As equality analysis is a continuous process, it will be reviewed and updated as the policy is developed and implemented.

## Disability analysis

6.21 Since PIP is a benefit for people with a disability, impairment or long-term health condition, it will have a direct effect on disabled people. The definition of disability used in equality analysis is taken from the Act. The vast majority of people receiving DLA are likely to be covered by the Act's definition.<sup>9</sup> We are aware there are individuals covered by the Act's definition who do not currently receive DLA and may not be entitled to receive PIP. Although our testing included some individuals who were no longer receiving DLA, it is unlikely these individuals would have the same characteristics as those who have never received DLA but are covered by the Act's definition. Our analysis therefore uses the DLA caseload as a comparator as this is the best available evidence.

6.22 When developing the Mobility criteria, we were aware that for DLA, although there are deeming provisions for claimants who are deafblind, severely visually impaired and severely mentally impaired, the higher rate Mobility component is generally awarded to claimants with physical mobility difficulties only. The DLA lower rate Mobility component has been awarded to those individuals who require guidance or supervision outdoors. This means that many claimants with mental, intellectual and cognitive impairments are unable to receive DLA higher rate Mobility, despite facing significant barriers to mobility and therefore to independent living.

6.23 This can be seen by comparing tables 5 and 6 which show the ten most prevalent disabling conditions for DLA claimants aged 16-64 on higher rate Mobility and lower rate Mobility respectively. The most common condition for higher rate Mobility recipients is arthritis, whereas for lower rate Mobility recipients it is learning difficulties or psychosis.

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<sup>9</sup> The Family Resources Survey 2011/12 suggests that 98% of DLA recipients aged 16-64 are disabled using this definition.

*Table 5: Higher rate Mobility recipients by main disabling condition (Feb 2013)*

<b>Main Disabling Condition</b>	<b>Number of Recipients</b>	<b>Proportion</b>
Arthritis	153,000	15%
Disease Of The Muscles, Bones or Joints	94,000	9%
Back Pain - Not Specified	77,000	8%
Neurological Diseases	55,000	5%
Psychosis	52,000	5%
Heart Disease	49,000	5%
Malignant Disease	42,000	4%
Multiple Sclerosis	41,000	4%
Learning Difficulties	38,000	4%
Spondylosis	33,000	3%

*Table 6: Lower rate Mobility recipients by main disabling condition (Feb 2013)*

<b>Main Disabling Condition</b>	<b>Number of Recipients</b>	<b>Proportion</b>
Learning Difficulties	179,000	22%
Psychosis	171,000	22%
Psychoneurosis	132,000	17%
Epilepsy	41,000	5%
Blindness	28,000	4%
Neurological Diseases	20,000	3%
Deafness	19,000	2%
Alcohol and Drug Abuse	18,000	2%
Behavioural Disorder	17,000	2%
Back Pain - Not Specified	17,000	2%

6.24 The PIP Mobility component has been designed to reflect the impact of impairments on an individual's ability to get around, regardless of whether it has a physical or non-physical root cause. As a result, we designed two Mobility activities. The first considers an individual's ability to plan and follow journeys – reflecting the barriers faced by individuals with mental, intellectual, cognitive and sensory impairments – and the second their ability to move around physically. For both activities an individual can receive between 0 and

12 points, with the entitlement thresholds for the standard rate being 8 points and the enhanced rate being 12 points. An individual could therefore be awarded the enhanced rate purely on the basis of their ability to carry out one or other of the two activities, or a combination of points from both activities. This approach will ensure that we take full account of both physical and non-physical impairments and the combined impact of one upon the other where an individual has both types of impairment.

6.25 Table 7 shows the PIP Mobility caseload in May 2018 broken down by the rate of Mobility award and the two activities that led to the award. For example, we estimate that 278,000 people will receive enhanced Mobility by scoring 12 points on activity 11.<sup>10</sup> 39,000 will receive between 4 and 10 points on each activity so that their combined Mobility score reaches the threshold for obtaining the enhanced rate. Individuals receiving points under activity 11 – *Planning and following journeys* – are likely to have mental, intellectual, cognitive and sensory impairments, whereas individuals receiving points under activity 12 – *Moving around* are likely to have physical impairments. The analysis shows that PIP enhanced rate Mobility awards are more evenly split between individuals with physical impairments as their primary disability and those with mental, intellectual, cognitive and sensory impairments compared to currently under DLA.

*Table 7: PIP Mobility caseload by rate of Mobility and activity leading to the award (May 2018)*

<b>Activities Leading to Mobility Award</b>	<b>Enhanced Rate</b>	<b>Standard Rate</b>
Activity 11	278,000	361,000
Activity 12	238,000	261,000
Both Activities	46,000	0
Combination	39,000	12,000

6.26 As shown in table 3 above, we expect that a smaller proportion of the Mobility caseload will receive the enhanced rate Mobility component under PIP when compared to DLA. Given that currently those receiving higher rate Mobility tend to receive this because of physical impairments, we can estimate that the reduction in caseload will be more likely to affect those with primarily physical impairments. The Department believes this is an inevitable result of the policy intent set out above but that it can be justified as in the long-term it promotes more equal treatment between individuals with different types of disability compared with DLA, where access to the higher rate of the Mobility component is almost exclusively limited to those with physical impairments.

## **Gender analysis**

6.27 PIP has been introduced for those aged 16-64, regardless of gender, therefore both men and women will be directly affected by DLA reform.

<sup>10</sup> Note that some of these 278,000 may also receive points on Activity 12.

6.28 The proportions of men and women aged 16-64 receiving the DLA Mobility component are almost equal, as shown in table 8 below:

*Table 8: DLA Mobility recipients by gender (Feb 2013)*

<b>Gender</b>	<b>Number of Recipients</b>	<b>Proportion</b>
Women	913,000	51%
Men	877,000	49%

6.29 This is expected to continue under PIP, as shown in table 9 below, which gives the forecast PIP Mobility caseload aged 16-64 by gender in May 2018.

*Table 9: PIP Mobility recipients by gender (May 2018)*

<b>Age Group</b>	<b>Number of Recipients</b>	<b>Proportion</b>
Women	616,000	50%
Men	620,000	50%

6.30 Comparing the volumes before and after the introduction of PIP shows the reduction in the female caseload is 33%, compared to 29% of men.

6.31 When looking at the rate of Mobility component received by each gender, women are marginally more likely to be in receipt of the higher rate, while men are almost equally split between the two rates.

*Table 10: DLA Mobility recipients by gender and rate of Mobility (Feb 2013)*

<b>Rate of Mobility Component</b>	<b>Women</b>	<b>Men</b>
Higher Rate	59%	51%
Lower Rate	41%	49%

6.32 Under PIP we estimate that a smaller proportion of both women and men will be in receipt of the enhanced rate of the Mobility component. As they are currently more likely to be in receipt of the higher rate, women are more likely to lose entitlement to the higher rate. This is believed to be because women are slightly more likely to receive the DLA Mobility component as a result of a physical impairment than men. For example, women are more likely than men to receive their Mobility component as a result of musculoskeletal conditions (30% of the caseload compared with 21%). This is mainly driven by a greater percentage with arthritis (12% vs. 7%). This is also true when we look at just the higher rate Mobility recipients (43% of women have musculoskeletal conditions compared with 36% of men). Again this is mainly driven by a greater percentage with arthritis (18% vs. 12%). The Department believes this

impact is justifiable as in the long term it promotes more equal treatment between individuals of different genders and with different disability types compared with DLA.

*Table 11: PIP Mobility recipients by gender and rate of Mobility (May 2018)*

<b>Rate of Mobility Component</b>	<b>Women</b>	<b>Men</b>
Enhanced Rate	49%	48%
Standard Rate	51%	52%

## Age analysis

- 6.33 PIP has been introduced for those aged 16-64, therefore people in this age group will be directly affected by DLA reform. Claimants aged under 16 or 65 or over on 8 April 2013 are not affected by PIP.
- 6.34 The current DLA Mobility caseload aged 16-64 can be broken down into age groups, as shown in table 12 below:

*Table 12: DLA Mobility recipients by age group (Feb 2013)*

<b>Age Group</b>	<b>Number of Recipients</b>	<b>Proportion</b>
16-24	196,000	11%
25-34	202,000	11%
35-44	298,000	17%
45-54	483,000	27%
55-64	611,000	34%

- 6.35 The age profile under PIP looks very similar to that seen under DLA currently, as shown by table 13 below:

*Table 13: PIP Mobility recipients by age group (May 2018)*

<b>Age Group</b>	<b>Number of Recipients</b>	<b>Proportion</b>
16-24	159,000	13%
25-34	157,000	13%
35-44	177,000	14%
45-54	323,000	26%
55-64	420,000	34%

6.36 Comparing the volumes before and after the introduction of PIP shows that the reduction in the 35-44 caseload is the greatest of all the age groups (41%), while the reduction in the 16-24 age group is the lowest (19%).

6.37 We can also examine the proportions on each rate of the Mobility component by age group. Table 14 below shows that a larger percentage of the older age groups receive the higher rate of the DLA Mobility component than younger age groups.

*Table 14: DLA Mobility recipients by age group and rate of Mobility (Feb 2013)*

	<b>Higher Rate Mobility</b>		<b>Lower Rate Mobility</b>	
<b>Age Group</b>	<b>Number of Recipients</b>	<b>Proportion</b>	<b>Number of Recipients</b>	<b>Proportion</b>
16-24	47,000	24%	149,000	76%
25-34	64,000	32%	137,000	68%
35-44	132,000	44%	166,000	56%
45-54	285,000	59%	198,000	41%
55-64	465,000	76%	146,000	24%

6.38 Table 15 shows that under PIP, a greater proportion of younger people are expected to receive the enhanced rate of the Mobility component. The Department believes this is a result of mental, intellectual and cognitive impairments being proportionately more prevalent amongst the younger population and, as identified at paragraphs 19 and 20 above, the PIP Mobility criteria take full account of both physical and non-physical impairments. The proportion of older recipients in receipt of the enhanced rate Mobility component is likely to be lower since physical health conditions are proportionately more prevalent amongst the older population. The Department believes this impact is justifiable as in the long term it promotes more equal treatment between individuals of different ages and with different disability types compared with DLA.

Table 15: PIP Mobility recipients by age group and rate of Mobility (May 2018)

Age Group	Enhanced Rate Mobility		Standard Rate Mobility	
	Number of Recipients	Proportion	Number of Recipients	Proportion
16-24	72,000	45%	87,000	55%
25-34	72,000	46%	85,000	54%
35-44	77,000	43%	100,000	57%
45-54	155,000	48%	169,000	52%
55-64	227,000	54%	193,000	46%

## Ethnicity analysis

- 6.39 The Department does not hold information on its administrative systems on the ethnicity of claimants as it is not collected when a benefit claim is submitted.
- 6.40 However, the Family Resources Survey can be used to compare the ethnicity of those receiving DLA and the disabled population aged 16-64: table 16 below shows that DLA recipients are marginally more likely to be white than disabled people more generally.

Table 16: DLA recipients and disabled people aged 16-64 by ethnicity

Ethnic Group	DLA Recipients	Disabled People
White	93%	92%
Mixed/Multiple ethnic groups	1%	1%
Asian/Asian British	3%	4%
Black/African/Caribbean/Black British	2%	2%
Other ethnic group	1%	2%

Source: Family Resources Survey 2007/08 – 2011/12. A 5 year average has been used due to small sample sizes.

- 6.41 We are unable to provide a comparable breakdown of the PIP caseload by ethnicity or to break down the current DLA Mobility component caseload by ethnicity. However, the Department believes ethnicity is unlikely to affect the individual's ability to plan and follow a journey and to move around. The Government therefore does not envisage an adverse impact on the grounds of ethnicity.

## **Marital and civil partnership status analysis**

- 6.42 The Department does not hold information on its administrative systems for DLA on the marital status or civil partnership of claimants.
- 6.43 Information from the Family Resources Survey (FRS) suggests that DLA claimants are most likely to be married or in a civil partnership, with around 42% of claimants in this category.<sup>11</sup> 29% of claimants are single.
- 6.44 We are unable to provide a comparable breakdown of the PIP caseload by marital or civil partnership status or to break down the current DLA Mobility component caseload by marital status. However, the Department believes marital or civil partnership is unlikely to affect the individual's ability to plan and follow a journey and to move around. The Government therefore does not envisage an adverse impact on the grounds of marital or civil partnership status.

## **Other protected groups**

- 6.45 The Department does not hold information on its administrative systems on the sexual orientation or religion or belief of claimants. As of 2011/12, the Family Resources Survey has started to collect information on sexual identity and religion or belief; however the sample sizes for DLA recipients for this one year will not allow any analysis to be conducted on these characteristics at present.
- 6.46 The Department only holds information on pregnancy and maternity on its administrative systems where it is the primary reason for incapacity. It cannot therefore be used to accurately assess the equality impacts.
- 6.47 The Department does not hold information on its administrative systems, or through survey data, for DLA on transgender persons.
- 6.48 The assessment criteria have been designed to consider an individual's ability to plan and follow a journey and to move around. The Department believes that sexual orientation, religion or belief, pregnancy and maternity and gender reassignment are unlikely to affect the individual's ability to carry out those activities. The Government therefore does not envisage an adverse impact on these grounds.

## **Decision making**

- 6.49 The Government considered the assessment criteria for the Mobility component of PIP based on this analysis of likely impacts on groups with protected characteristics.
- 6.50 The Government considered whether the impacts on people from groups with protected characteristics could be mitigated. In particular, they considered the suggestion made by over half of the respondents to the consultation that the qualifying distance for the enhanced rate of the Mobility component should be

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<sup>11</sup> Family Resources Survey 2007/08-2011/12.



extended from 20 metres to 50 metres. The Government decided not to take this action as it did not meet the policy intent. Further information on this consideration can be found in the Government's response to the consultation on the PIP assessment *Moving around activity*<sup>12</sup>.

- 6.51 The Government also considered the issues raised around the Motability scheme. Motability have recently announced a package of transitional support for those who lose access to the Motability scheme as a result of the introduction of PIP. The Government believes this will help to mitigate the impact of losing entitlement to the DLA higher rate Mobility component as it will allow individuals to make alternative arrangements.
- 6.52 A number of the responses to the consultation welcomed the inclusion in Regulations that consideration has to be given to whether activities can be carried out reliably (which means safely, to an acceptable, standard, repeatedly and in a reasonable time period). Respondents felt this was a key protection and would help to ensure that those individuals who face the greatest barriers to mobility will receive the enhanced rate of the Mobility component. However, they stressed this would only be the case if the criteria are applied consistently and fairly in practice and expressed their doubt that this would be the case. The Department is confident that the reliability criteria will be taken into account, however we intend to make a number of changes to guidance and process to ensure this will be the case, including asking health professionals to confirm in their reports that they have considered the reliability criteria. Although this will ensure the policy is applied correctly, it will not mitigate the number of losers, as the reliability criteria were taken into account when the caseload estimates were calculated.
- 6.52 The Government concludes that the impacts identified above are a logical result of achieving the policy intent to target a finite amount of support in a fairer, more consistent and sustainable manner at those individuals who face the greatest barriers to living independent lives.

## Monitoring and evaluation

- 6.53 The material in this equality analysis covers the protected characteristics pursuant to the public sector equality duty as contained in section 149 of the Act i.e. age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity, marriage and civil partnerships. Whilst it is noted that in terms of s.149 of the Act, advancing equality of opportunity does not apply to marriage and civil partnership but general discrimination does. Therefore for completeness we have also included marriage and civil partnership in this analysis. The Department for Work and Pensions is committed to monitoring the impacts of its policies and will use evidence from a number of sources on the experiences and outcomes of the protected groups.

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<sup>12</sup> <https://www.gov.uk/government/consultations/consultation-on-the-pip-assessment-moving-around-activity>

- 6.54 We will use administrative datasets, including the Department's Work and Pensions Longitudinal Study (WPLS), to monitor trends in the benefit caseloads for the protected groups and in the level and distribution of benefit entitlements. The administrative data will provide robust material for age and gender although not, as a rule, for the other protected groups. Where it is practical we will endeavour to incorporate information for the other protected groups.
- 6.55 Where there is limited administrative data on particular groups we will use survey data, such as the Family Resources Survey (FRS), to assess trends in DLA and PIP recipients. The FRS collects information on age, disability, gender, ethnicity and marriage and civil partnerships, and more recently sexual orientation and religion or belief.
- 6.56 We will use qualitative research and feedback from stakeholder groups to assess whether there are unintended consequences for the protected groups, and whether the policy is likely to result in adverse consequences for particular groups.
- 6.57 We will utilise feedback from Departmental employee networks and internal management information. For example we will monitor the level of complaints in order to assess the broader impact of the policy.
- 6.58 We will draw on broader DWP research where appropriate, as well as any research commissioned specifically as part of the evaluation of the measure.
- 6.59 Further information on the monitoring and evaluation of PIP can be found on the gov.uk website at:
- <https://www.gov.uk/government/publications/personal-independence-payment-release-strategy>
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/180969/pip-evaluation-proposals.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180969/pip-evaluation-proposals.pdf)
- 6.60 As part of our actions in the context of the data requirements under the Act, we are looking across DWP activities to identify and address further gaps in data provision wherever reasonable.

## **When will the potential impacts be reviewed?**

- 6.61 The Government has committed to commissioning two Independent Reviews of the PIP assessment, the first of which will report to Parliament by the end of 2014. The scope of the review has yet to be finalised, but it is likely to consider whether the assessment criteria are achieving their policy intent. In considering its response to the Independent Review, the Government will continue to review the impacts of the policy on groups with protected characteristics.

# Annex 4: Background to the Mobility activities

- 7.1 PIP, like DLA, provides a contribution to the additional costs faced by people with disabilities and long-term health conditions. Whether individuals receive the benefit, and how much they receive, will be determined by an assessment of their needs. The assessment has been designed to ensure that support is targeted at those individuals who face the greatest barriers to independent living. It looks at their ability to carry out a series of 12 key everyday activities and the barriers they face in doing so. Priority in the benefit is given to individuals who face the greatest barriers to carrying out these activities.
- 7.2 We believe this is 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. 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.
- 7.3 The twelve activities are:

<i>12 Assessed Activities</i>	
Daily Living	Mobility
Preparing food	Planning and following journeys
Taking nutrition	Moving around
Managing therapy or monitoring a health condition	
Washing and bathing	
Managing toilet needs or incontinence	
Dressing and undressing	
Communicating verbally	
Reading and understanding signs, symbols and words	
Engaging with other people face to face	
Making budgeting decisions	

- 7.4 Each activity in the assessment is underpinned by ‘descriptors’ which set out varying degrees of ability to carry out the activity. Generally 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. 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.

- 7.5 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.
- 7.6 Entitlement is 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. The thresholds for each component are:
- Standard rate – 8 points
  - Enhanced rate – 12 points

## **The Mobility activities**

- 7.7 Two of the activities in the assessment are used to assess mobility:
- *Planning and following journeys* – which focuses on individuals' mental, intellectual, cognitive and sensory ability to get around; and
  - *Moving around* – which focuses on their physical ability to move around.
- 7.8 The scores from both activities are added together to determine whether someone will receive the Mobility component of PIP. An individual whose combined score is between 8 and 11 points will receive the standard rate of the Mobility component. An individual whose score is 12 points or more will receive the enhanced rate.

7.9 The current assessment criteria as set out in Regulations for the two activities are as follows:

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

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

The Government's response to the consultation on the PIP assessment Moving around activity

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