



Department  
for Work &  
Pensions

# Modernising Support for Independent Living:

The Health and Disability Green Paper

CP 1061





# **Modernising Support for Independent Living:**

The Health and Disability Green Paper

Presented to Parliament  
by the Secretary of State for Work and Pensions  
by Command of His Majesty

April 2024



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# Ministerial Foreword

My priority as Secretary of State for Work and Pensions is to make sure our welfare system is fair and compassionate. Fair on the taxpayer by ensuring people of working age who can work, do work, and fair on those who are in most need of the state's help. Welfare at its best is about more than just benefit payments; it is about changing lives for the better.

That's why this government has introduced a series of reforms that have brought greater fairness to the welfare system whilst supporting the most vulnerable. We have overhauled an outdated and complex legacy benefit system and introduced Universal Credit, a new modern benefit that ensures people are better off in work than on benefits.

In 2023 we published a landmark White Paper announcing significant reforms to focus the welfare system on what people can do, rather than what they cannot. We announced a £2.5 billion Back to Work Plan, radically expanding the employment support available to help more disabled people and people with health conditions to start, stay and succeed in work. And we are reforming the Work Capability Assessment to better reflect the modern world of work, with the Office for Budget Responsibility (OBR) confirming that this will reduce the number of people assessed as not needing to prepare for work by 424,000 by 28/29.

On top of this the government has provided unprecedented help for the most vulnerable. This includes implementing one of the largest cost of living support packages in Europe, which prevented 1.3 million people from falling into absolute poverty during a time of global inflationary pressure. We have increased benefits by 6.7%, and we have raised the Local Housing Allowance benefiting 1.6m households by around £800 this year on average.

This Green Paper opens a new chapter in the next generation of welfare reforms. It has been more than a decade since the introduction of Personal Independence Payment (PIP). When PIP was introduced, the intention was that it would be a more sustainable, dynamic benefit that would provide better targeted support to help disabled people with the extra costs arising from their disability.

However, since the introduction of PIP the appearance of disability and ill health in Britain has changed profoundly, and the clinical case mix has evolved in line with broader societal changes including many more people applying for disability benefits with mental health and neurodivergent conditions than when PIP was first introduced. With almost a quarter of the adult population (23%) reporting a disability in 2024, up from 16% in 2013, we believe that now is the time for a new conversation about how the benefit system can best support people to live full and independent lives.

I am concerned about the sustainability of the current model. Over the coming 5 years, PIP spending is expected to grow by 63% (£21.6bn to £35.3bn, 23/24 to 28/29).<sup>1</sup> There are now over 33,000 new awards for PIP per month compared to 17,000 before the pandemic.

With 2.6 million working age people in receipt of PIP and DLA, we need to better understand how people are using these payments and whether more can be done to help those most in need to live full and independent lives.

It is not clear at present that the very large scale of government expenditure on PIP translates into support targeted where disabled people and people with health conditions need it most; nor that it is providing value to the public whose taxes make our comprehensive welfare state possible.

I am determined to find ways of making the system work better for those with the most severe disabilities and health conditions, including through improved models of assessment, treatment and support as this consultation sets out.

With this Green Paper, we are inviting views from across society, including disabled people and representative organisations, to ensure everyone has a chance to shape welfare reforms that will modernise the support provided through the benefit system. We will study the findings of

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1 [Benefit expenditure and caseload tables – GOV.UK](https://www.gov.uk)  
([www.gov.uk](https://www.gov.uk))

this consultation carefully, which will support my mission to build a welfare system with fairness and compassion at its heart.

The Rt Hon Mel Stride MP

**Secretary of State for Work and Pensions**

# Executive Summary

1. We are determined to have a welfare system that provides a vital safety net for those who need it most, whilst encouraging and supporting people into work. In recent years, the Government has delivered successive reforms to create a welfare system that is fair and compassionate whilst providing value for the taxpayer.
2. We are tackling the barriers that prevent disabled people from living independent and fulfilling lives, as set out in our Disability Action Plan, published in February 2024. That means making our country the most accessible place in the world for disabled people to live, work and thrive.
3. We want to design a welfare system that is fit for the future, a system that is both fair and compassionate. However, our current disability benefit system for adults of working age is not providing support in the way that was intended.
4. Through *Transforming Support: The Health and Disability White Paper (2023)*, we have taken significant steps to address the barriers and work disincentives within the benefits system as we know that being in suitable work is good for people's physical and mental health, wellbeing, and financial security. We have also invested in expanding our innovative voluntary employment programmes, such as Universal Support, WorkWell and Employment Advisors in NHS Talking

Therapies to ensure more disabled people and people with health conditions can access integrated and tailored support to help them move closer to work.

5. Personal Independence Payment (PIP) was introduced in 2013 to provide non-means tested cash payments to disabled people and people with health conditions to help them live independent lives. The intention was that PIP would be a contribution to extra costs arising from their disability and a more sustainable, dynamic benefit that would also pay greater attention to mental health than its predecessor, Disability Living Allowance (DLA). These additional costs are not defined, and claimants are able to spend the money they receive according to their own priorities.

6. In the decade since then, the nature of health and disability has changed and the caseload and costs of the benefit have risen significantly, reflecting increasing self-reported prevalence of disability. We believe it is the right time to look again at ensuring government support for people with ill health and disabilities is focused where it is most needed. We also believe there may be better ways of supporting people to live independent and fulfilling lives and this is the idea running through this Green Paper. This could mean financial support being better targeted at people who have specific extra costs, but it could also involve improved support of other kinds, such as physical or mental health treatment, leading to better outcomes.

7. There are now 2.6 million people of working age in receipt of PIP and DLA and more UK adults now report a disability than when PIP was first introduced.<sup>2</sup> Nearly a quarter of adults of working age in the UK say they have a disability or health condition which causes substantial difficulty with day-to-day activities, up from 16% when PIP was first introduced.<sup>3</sup> This equates to 8 million people of working age in England and Wales. Many of these people, 3.7 million, say they have difficulties with mental health, and this is reflected in the caseload. The proportion of people receiving PIP and DLA with anxiety or depression as their primary condition has grown since the pandemic. In 2019 there were an average of just under 2,200 new PIP awards a month in England and Wales where the main disabling condition was mixed anxiety and depressive disorders. This has more than doubled to 5,300 a month in 2023.

8. Costs have risen in line with this. Over the coming 5 years, PIP spending is expected to grow by 63% (£21.6bn to £35.3bn, 23/24 to 28/29).<sup>4</sup> Each month there

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2 Benefit Caseload and Expenditure Tables, AS23: Benefit expenditure and caseload tables 2023 – GOV.UK (www.gov.uk) and CBP-9366.pdf (parliament.uk) p.4

3 2022/23 Family Resources Survey: <https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml>

4 Benefit expenditure and caseload tables – GOV.UK (www.gov.uk)

are now 33,000 people joining the benefit, around double the rate before the pandemic.<sup>5</sup>

9. We need to ensure we have a system that is sustainable and fair for all. PIP was designed as a contribution towards the extra costs faced by people with health conditions and disabilities to enable independent living. Some claimants will have considerable extra costs related to their disability; and others will have minimal costs. This Green Paper looks at whether there are ways we can improve how we support people, in a way that it is also fairer to the taxpayer than the current system.

10. Throughout this Green Paper, we are guided by three priorities. These are:

- Providing the right support to the people who need it most.
- Targeting our resources most effectively.
- Supporting disabled people to reach their full potential and live independently.

11. This Green Paper will explore changes we could make to the current PIP system to ensure support is targeted where it is most needed. These options include:

- Making changes to eligibility criteria for PIP.

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5 [StatXplore: 33,000 New Claim Normal Rules Awards in January 24, compared to 17,000 in January 2020. See: Stat-Xplore PIP Clearances tables.](#)

- Redesigning the PIP assessment to better target it towards the individual needs of disabled people and people with health conditions.
- Reforming the PIP assessment so that it is more linked to a person's condition.

12. The Green Paper will also explore whether we should make fundamental changes to the way we provide support to disabled people and people with a health condition. We know that additional costs of having a disability or health condition vary significantly, and that for some people the current system does not meet their needs in the most efficient or effective way. We also recognise that better, more targeted support could be provided by other local services. We want to hear how the welfare system could be improved by exploring new approaches to providing support. These include:

- Moving away from a fixed cash benefit system so people can receive more tailored support in line with their needs.
- Moving towards a better join up of local services and a simpler way for individuals to access all forms of support and care, whilst reducing duplication, to better meet the needs of people with health conditions and disabilities.
- Exploring alternative ways of supporting people to live independent and fulfilling lives. This could mean financial support being better targeted at people who

have specific extra costs, but it could also involve improved support of other kinds, such as physical or mental health treatment, leading to better outcomes.

13. We want to hear from you about the approaches we should consider. Crucially, we want your views on whether we can achieve our ambition within the current structure of health and disability benefits or whether wider change is needed.

14. We will always support those who need it. Throughout this consultation we will continue to listen to and work with disabled people, people with health conditions, and their representatives to reach these important goals. Responsibility for health and disability benefits lies with both the UK Government and Devolved Administrations. We will continue to work with the Devolved Administrations to consider the implications of the proposals in this Green Paper in Scotland, Wales, and Northern Ireland.

# Introduction

15. We want to ensure that we have a welfare system that is fit for the future, a system that supports work for people who can, provides a safety net for people who need it, and that is fair to the taxpayer. This consultation seeks views on whether we should make fundamental changes to how we support disabled people and people with health conditions, and whether our system delivers the right support to people most in need.

16. The consultation will focus on the primary extra costs benefit that provides support to adults of working age with the additional costs of having a disability or long-term health condition: Personal Independence Payment (PIP). The views shared during this consultation period will be used to help shape the future of the health and disability benefits system.

17. PIP is a non-means tested, tax-free benefit which contributes towards the additional costs that disabled people and people with health conditions can face as a result of their disability or health condition. It is often described as an 'extra costs benefit'. It is paid at various rates depending on the level of functional impact of a person's disability or health condition. You do not need to have paid National Insurance contributions to receive PIP, and it is not affected by any earnings or other income you receive, nor is it affected by any capital or savings you have. You can claim PIP whether you are in or out

of work. PIP is not dependent in any way on your ability to work, and around 16% of PIP claimants are in work. PIP is almost always paid in full in addition to any other benefits or tax credits that you are in receipt of.

18. PIP was introduced in 2013 to replace Disability Living Allowance (DLA) for claimants of working age. It maintains a long-standing approach of the Government providing regular cash contributions in recognition of the additional costs that people with disabilities and health conditions face. These additional costs are not defined, and claimants are able to spend the money they receive according to their own priorities. Additionally, PIP was intended to reflect mental health needs better than DLA.

19. PIP can provide access to top-ups (called disability premium payments or additional amounts) for some income-related benefits, including Employment and Support Allowance and Housing Benefit. PIP may also passport to other support including, but not limited to, Carer's Allowance, Benefit Cap exemption, council tax reduction or exemption, access to the Blue Badge Scheme, and the Motability Scheme. See **Chapter 1** for further information on current PIP eligibility.

20. PIP was intended to differ from DLA by being fairer (by paying greater regard to needs arising from mental health, sensory and cognitive conditions), more consistent (through eligibility criteria), more objective (through health professional assessment), more transparent (easier to understand), sustainable

(through regular reviews) and more modern and dynamic (focusing on people with the greatest barriers to living independently and/or participating in everyday life).

21. In this Green Paper, we will consider whether we should make fundamental changes to the way we provide support to disabled people and people with health conditions. We want to hear how the welfare system could be redesigned to better direct financial support to people with the highest costs, or to improve provision of other forms of support such as access to healthcare.

22. This consultation also aims to consider where there are opportunities to join up services in local communities, aiming to enhance the support offered to better meet the needs of disabled people than the current system. We would like to consider how we could better align the support offered by PIP with local NHS health and social care provision, to provide better support for disabled people.

23. Engagement with disabled people, people with health conditions, and their representatives is essential to the development of future policies and will inform the Government's next steps. We welcome all views during the period of consultation.

## **Why Change is Needed**

24. It has been more than ten years since the creation of PIP. The number of adults of working age claiming extra costs benefits for disabilities and health conditions has

been growing since before the pandemic and continues to grow at a rapid rate. We need to consider whether PIP remains fit for purpose, supports the best outcomes for disabled people and provides value for money for the taxpayer, and whether the cash benefit is targeted appropriately to those with the greatest needs and costs.

25. Since 2015, the proportion of the caseload receiving the highest rate of PIP has increased from 25% to 36%<sup>6</sup>. Additionally, 7% of working age people in England and Wales are claiming PIP or DLA. In 2022/3, the Government spent £15.7 billion on extra costs disability benefits for people of working age in England and Wales, and the OBR have forecast that the cost will rise to £29.8 billion in nominal terms by 2028/9.<sup>7</sup> This is significantly higher than the OBR forecasts in the early 2010s and forecast expenditure for PIP has regularly been revised upwards at fiscal events.

26. Additionally, many more people being awarded PIP now have mental health conditions than when it was first introduced. Out of the roughly 8 million adults of working

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6 Stat-Xplore: 25% of the caseload in 2015 received Enhanced Daily Living and Enhanced Mobility, compared to 36% in January 2024. See: [Stat-Xplore – Home \(dwp.gov.uk\)](https://www.dwp.gov.uk/stat-xplore-home) [PIP Cases with Entitlement table](#)

7 [Benefit expenditure and caseload tables 2023 – GOV.UK \(www.gov.uk\)](https://www.gov.uk/benefit-expenditure-and-caseload-tables-2023) [Benefit expenditure and caseload tables 2023 – GOV.UK \(www.gov.uk\)](https://www.gov.uk/benefit-expenditure-and-caseload-tables-2023)

age in England and Wales who say they have a disability or a health condition which causes substantial difficulty with day-to-day activities, 3.7 million say they have difficulties with mental health.

27. We know that across the claimant caseload, some claimants will have significant extra costs related to their disability; and others will have minimal costs. We want to ensure people get the support they need to achieve the best outcomes.

## **The Scope of this Green Paper**

28. The consultation will focus on the main non-means tested benefit paid to adults of working age with disabilities and health conditions – Personal Independence Payment. Other extra costs benefits are not in scope for this consultation.

29. We are committed to delivering support for people in England and Wales who have care needs which arise after they have reached State Pension age and they will be able to claim Attendance Allowance, as now.

30. We recognise that the benefits system has an important role to play in supporting people nearing the end of their lives. We remain committed to there being support for people who have twelve months or less to live.

31. We also recognise the important role that unpaid carers play in supporting disabled people and people with

health conditions. If support for disabilities and long-term health conditions were to be delivered through a new system (as explored in **Chapters 3** and **4**), there would be implications for carers' benefits. We will carefully consider these implications when taking forward this consultation on disability benefits.

32. In March 2023, the Government published *Transforming Support: The Health and Disability White Paper*, which set out our vision to help more disabled people and people with health conditions to start, stay and succeed in work. The White Paper announced the Government's intention to remove the existing Work Capability Assessment so that in the future there is only one health and disability functional assessment, the PIP assessment. This will remove the existing Universal Credit (UC) limited capability for work and work-related activity (LCWRA) element and replace it with a new UC health element. This consultation will consider the implications of PIP reform on the gateway to the UC health element.

## **Priorities for Change**

33. Throughout this Green Paper, we will be guided by three priorities, explained below. These are:

- Providing the right support to the people who need it most.
- Targeting our resources most effectively.

- Supporting disabled people and people with long-term health conditions to live independently and reach their full potential.

## **Providing appropriate support to those who need it most**

34. We know from our research that benefits like PIP are used by recipients to meet a wide range of costs covering all different aspects of their lives, and that these costs are generally integrated into people's daily expenditure rather than specifically for their health and disability-related needs.<sup>8</sup>

35. We know that disabilities and health conditions affect individuals in different ways, and that support needs can vary widely from person to person. We need to understand these varied needs and ensure the right support is provided for people claiming these benefits.

## **Targeting our resources most effectively**

36. As the Government commits significant sums of money each year to PIP, it is only right that we ensure that this resource is spent in the most effective way possible and leads to the best outcomes. We want to ensure people get the services and support they need to live independent lives and reduce their reliance on the welfare system. For some people with certain health

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8 [Uses of Health and Disability Benefits – GOV.UK](https://www.gov.uk)  
([www.gov.uk](https://www.gov.uk))

conditions, it may be that treatment and other support are more effective at helping them live an independent life than cash transfers through the welfare system.

## **Supporting disabled people and people with long-term health conditions to reach their full potential and live independently**

37. As set out in our Disability Action Plan, this Government is committed to tackling the barriers that prevent people with disabilities and long-term health conditions from living independent and fulfilling lives and making this country the most accessible place in the world for people to live, work and thrive.

38. Disabled people and people with long-term health conditions should be provided with the right amount of support, given the opportunity to make their own choices, have equal access to services, be supported to access healthcare, treatment and education and be able to participate in society on the same basis as other people.

## **Previous reviews and consultations**

39. When PIP was introduced, the Government committed to undertake an independent review of the benefit at two years after its introduction, and again a further two years later. Additionally, there have since been two consultations covering PIP. Further information on these can be found in **Annex C**.

40. The first independent review was published in 2014, and focused on improving the claimant experience, ensuring that evidence is appropriately collected and assessments effective.

41. In response, the Government launched a consultation on aids and appliances in 2015. The rationale was that a considerable proportion of PIP awards were based solely on the use of aids and appliances, many of which people might be expected to have already, or which could be obtained free of charge or at a one-off cost, and that a significant number of people qualifying on this basis were likely to have minimal additional costs. The Government believed this was inconsistent with the original policy intent of focusing support on claimants with the greatest needs.

42. Following the consultation, on 11 March 2016, the Government announced its intention to halve the points awarded for aids and appliances for *Managing toilet needs or incontinence* (Activity 5) and *Dressing and undressing* (Activity 6) but did not proceed with implementing the announced changes.

43. The second independent review, in December 2017, built on the progress of the first review, concentrated on clarifying the use of evidence, claimant trust and transparency, quality and consistency of PIP and longer-term considerations. We have continued to implement the recommendations of the independent reviews as we strive to shape PIP into a modern and dynamic benefit.

## Devolution Impacts (Across the UK)

44. The UK Government is committed to improving the lives of disabled people and people with long-term health conditions across the Union. We welcome views from people wherever they live, including in Scotland, Wales and Northern Ireland.

45. Responsibility for health and disability benefits lies with both the UK Government and the Devolved Administrations. We will continue to work with the Devolved Administrations to consider the implications of the proposals in this Green Paper in Scotland, Wales, and Northern Ireland.

46. The extra costs benefits, including PIP, have been devolved to the Scottish Government since April 2020. Since then, the Scottish Government has introduced a replacement benefit for PIP – Adult Disability Payment (ADP). The Scottish Government is currently conducting an independent review into ADP.

47. The aim is to complete the transfer of all PIP awards in 2025. Scottish Government is preparing legislation for the introduction of their replacement benefits for Attendance Allowance (Pension Age Disability Payment), which is due to be introduced from Autumn 2024 and their replacement for DLA claimants of working age and pension age (Scottish Adult Disability Living Allowance), which is due to be introduced from Spring 2025.

# Summary

48. Our three priorities will be considered throughout each of the following chapters:

- In **Chapter 1** we will explore the option of introducing an alternative assessment model.
- In **Chapter 2** we will explore options for amending PIP eligibility.
- In **Chapter 3** we will explore different models that could be used to meet the extra costs disabled people and people with health conditions face.
- In **Chapter 4** we will consider whether greater alignment of the support offered by PIP with existing NHS and social care services could ensure better support for disabled people and people with health conditions in their local communities.

49. In each chapter, we want to hear your views on the areas for consultation. This Government and this Department have bold ambitions for disabled people and people with health conditions. Our priority now is to hear your views on how we might transform these ambitions into reality.

# Chapter 1 – PIP – Overview and assessment reform

## Chapter Summary:

50. In this chapter, we look at the potential for making changes to the PIP assessment by introducing an alternative assessment model.

## Introduction – The PIP Assessment

51. In *Transforming Support: The Health and Disability White Paper (2023)*, we set out some proposals to make improvements to the assessment. These were mainly focused on the assessment process, such as improvements to our use of medical evidence and developing the capability of our assessors.

52. In this chapter, we look at the potential for making changes to the PIP assessment. PIP is over a decade old, and a lot has changed since the assessment was developed. We want to consider in more detail whether the assessment is fit for purpose. This will help us to consider whether financial support is fairly targeted and focused on people with the highest needs and additional costs.

53. At events we ran in 2021, prior to publication of *Shaping Future Support: The Health and Disability Green Paper*, we gathered feedback on the PIP assessment

from charities, disabled people's organisations, disabled people, and people with health conditions. We know that many people have a good assessment experience, but some people continue to find assessments difficult and stressful. They feel they are lengthy and repetitive and do not always trust the assessment or the decisions that they lead to. We were told that the criteria used in functional assessments may not always fully reflect how a disability or health condition impacts on daily living. Stakeholders often criticise the subjectivity of the assessment and point to high overturn rates in mandatory reconsiderations and tribunals. Disability organisations have also raised concerns about the assessment of fluctuating conditions, which they believe are not well captured by the current PIP assessment.

54. We are addressing these issues through the Health Transformation Programme (HTP), which is developing a new single Health Assessment Service (HAS) for all benefits that use a functional health assessment and transforming the PIP service, from finding out about benefits, through to decisions, eligibility and payments. Therefore, we are not seeking further feedback on the experience of the assessment process as it is now. Instead, we want to consider new approaches to the basis on which an assessment is undertaken.

55. PIP currently uses what we call a 'functional assessment' to assess entitlement for financial support. A functional assessment considers the impact that a health

condition or disability has on a person's ability to function, rather than the health condition or disability itself.

56. The PIP assessment criteria were developed over a decade ago in conjunction with independent health, social care, and disability experts, and were designed to increase the consistency, fairness, and transparency of the benefit. Early development work considered various possible ways to identify individuals with the greatest need, including assessing additional costs incurred or using existing measures of the impact of disablement.

57. At the time, the Government concluded that the best approach would be to identify proxies for an individual's ability to participate in everyday life. Twelve key activities which are fundamental to everyday life were chosen, to keep a strong focus on care and mobility, while also providing a more holistic assessment of the impact of a health condition or impairment on an individual's ability to participate.

58. Entitlement to PIP considers the twelve activities relating to daily living and mobility (these can be found in **Annex A**). The descriptors list a range of actions within each activity which people may be able to perform with or without assistance. The activities and the descriptors together make up the assessment criteria. The assessment also looks at whether someone can carry out an activity: safely; within a reasonable time period; repeatedly; to an acceptable standard.

59. The PIP criteria also consider an individual's ability over a 12-month period, ensuring that fluctuations are taken into account. It is essential for the assessment to accurately reflect the impact of variations in an individual's level of impairment – this is important for all health conditions and impairments, not only those which typically fluctuate. Many of the changes set out in the White Paper (2023) aim to improve our assessment of fluctuating conditions, such as the way we use medical evidence and developing the capability of our assessors.

60. Assessments for PIP are undertaken by health professionals who work for contracted assessment providers. They assess self-declared information on a person's condition, and any additional medical evidence that is provided as part of a claim. They ask the claimant questions about their functional ability in a consultation, and they then produce a report for Department for Work and Pensions (DWP) Case Managers containing information on the claimant's circumstances and their recommendations on the assessment criteria.

61. DWP Case Managers use this assessment report in conjunction with any supporting evidence (including medical evidence) that may be provided by the claimant to determine eligibility for the daily living and mobility components of PIP, and whether they are paid at the standard or enhanced rate. There is currently no mandatory requirement to provide medical evidence, since the assessment considers the self-declared effect that a person's disability or health condition has on their

functional ability rather than the condition itself. Each descriptor has a point score, with higher scores indicating a greater level of additional needs. The entitlement threshold for each component is 8 points for the standard rate and 12 points for the enhanced rate.

## **Assessment based on condition**

62. We want to consider if the current functional PIP assessment is still the best way of assessing the need for ongoing additional financial support towards extra costs relating to a health condition or disability, or whether we should consider a new or hybrid approach based entirely or partly on the diagnosis given to an individual.

63. There are many thousands of unique medical conditions and with each one the effect on the individual diagnosed will vary significantly. Many health conditions and disabilities fluctuate and change over time, impacting on a person's ability to function in different ways at different times. We need to understand how we would choose the conditions that would be eligible for support, whether this approach would be fair and if it would help us ensure support goes to people with the highest needs and those who have extra costs associated with their condition.

64. We want to understand if evidence of a clinical diagnosis made by a healthcare professional could provide a more objective assessment of need than the current functional assessment. This would mean that

people could receive entitlement to PIP based on specific health conditions or disability, evidenced by a health care professional, without undergoing an assessment. Some other countries, such as the United States, have a model of disability support that places more emphasis on a list of prescribed conditions. In comparison, the current PIP eligibility is based on an assessment of functional needs with no mandatory requirement for evidence of a specific health condition or disability provided by healthcare providers. Further detail on these international models of disability support can be found in **Annex B**.

65. We want to understand how we could account for the variation in the severity of the disability or health conditions and the effect on the individual if we moved to a full or hybrid condition-based approach. We also want to understand how claimants could provide clinical evidence for this approach.

66. We think an assessment based on condition would require a greater emphasis on the provision of medical evidence of a diagnosis and we would need to consider the requirement this would place on the NHS and health professionals. We have committed across government to reduce administrative burdens on general practice. We would need to carefully consider how to ensure this approach would be fair and whether it would be the best use of resource.

67. Currently, people are encouraged to send their own evidence such as hospital letters or care plans to support

their claim. If further evidence is needed, the assessment provider contacts the GP or hospital via a form for further information, but this form is often not returned or contains limited information. With improved digitalisation of the NHS, it now often shares hospital letters by post or through online services with patients, and people now have access to their own health records through the NHS app. We would like to know if this access to documentation could be used better as evidence of a health condition or disability to support the assessment for eligibility for PIP.

## **Chapter 1 – Consultation Questions**

Q1. What are your views on an assessment that places more emphasis on condition rather than the functional impact of a condition on the person?

Q2. What are your views on people receiving PIP without an assessment if they have specific health conditions or a disability as evidenced by a healthcare professional?

Q3. What are your views on PIP claimants not being subject to an award review if they have a specific health condition or disability as evidenced by a healthcare professional?

Q4. Do you agree or disagree on making provision of evidence or a formal diagnosis by a medical expert a mandatory requirement for eligibility for PIP?

- Agree

- Disagree
- Don't know

Q5. In relation to Question 4, please explain your answer and provide evidence or your opinion to support further development of our approach.

Q6. How could we prevent the provision of evidence or a formal diagnosis by a medical expert from impacting the NHS? *Please explain your answer and provide evidence or your opinion to support further development of our approach.*

Q7. Do you agree or disagree that eligibility for PIP should be based more on condition?

- Agree
- Disagree
- Don't know

Q8. How could we determine eligibility for the following conditions?

- Conditions that fluctuate
- Conditions that vary in severity
- Conditions that might be cured or have access to better/new/novel treatments over time.

*Please explain your answer and provide evidence or your opinion to support further development in our approach.*

# Chapter 2 – PIP – Eligibility reform

## Chapter Summary:

68. In this chapter, we look at the potential for retaining the current PIP assessment but making changes to the PIP eligibility criteria, including whether changes should be made to activities, descriptors, points, and the required period condition.

## Reviewing eligibility criteria

69. Entitlement to PIP considers the twelve activities relating to daily living and mobility (these can be found in **Annex A**). The descriptors list a range of actions within each activity which people may be able to perform with or without assistance. Points are assigned to each descriptor to reflect a level of functional ability. The higher the points, the greater the functional impairment. The activities and the descriptors together make up the assessment criteria.

70. Over time, following successful legal challenges, how we define certain elements within the activities and descriptors has changed and they capture the impacts of some health conditions or disabilities differently than was intended when the activities were designed. We also think that there may be some duplication in the activities in terms of the functional capability that they test. If a

functional assessment is retained, we could consider partially or fully reviewing the PIP entitlement criteria to ensure they are working as intended. Our aim would be to ensure that the criteria are fair and that we focus support on people with the highest needs and significant ongoing extra costs.

71. PIP is designed to provide a financial contribution towards the extra cost of a long-term disability or health condition. Claimants are not required to calculate the extra costs associated with their health condition or disability and are able to spend their award how they see fit. Some people receiving PIP may have relatively small one-off costs or ongoing additional costs related to their disability or health condition. Some people may find the current system does not meet their needs in the most efficient or effective way. Extra costs can include aids, appliances, care services, and a range of other needs (see **Chapter 3** for a fuller discussion of the range of costs faced).

72. To be entitled to PIP, people have to satisfy a qualifying period of three months and meet a prospective test of nine months. The qualifying period establishes that the functional effects of a health condition or impairment are likely to have been present for a certain time period before entitlement can start and the prospective test shows the functional impacts are likely to last for a specified period after the award starts. These two conditions are referred to as the 'required

period condition' and they help establish that the health condition or disability is likely to be long-term.

73. We know many people who have short-term illnesses can make a full recovery. We also know that during the early phase of an illness or condition, it is difficult to understand the full impact the condition will have on you. We would therefore like to understand whether the qualifying period correctly captures people with long-term health conditions and disabilities and the assessment is undertaken when the condition has been present for a long enough period of time to understand the full impact on the individual. We are also interested in views on whether we should retain, remove, or change the length of the prospective test.

## **Chapter 2 – Consultation Questions**

Q9. Do you think the need for an aid or appliance is a good/bad indicator of extra ongoing costs and why?

Q10. Do you think the need for prompting is a good/bad indicator of extra ongoing costs and why?

Q11. Do you think people who accumulate low points across activities have the same level of extra costs as those who score highly in one or more activities?

Q12. Do you think any of the PIP activities measure similar functions and could be merged?

Q13. Do you think any of the PIP activities should be removed or re-written and why?

Q14. Should we consider adding any new activities? If so, which activities should be added and why?

Q15. Do you think the current entitlement thresholds levels are set at the right levels to define the need for Government financial support and why?

Q16. What are your views on changing the length of the current three-month qualifying period for PIP which is used to establish that the functional effects of a health condition or impairment have been present for a certain time period before entitlement can start?

Q17. What are your views on retaining, removing, or changing the length of the current nine-month prospective test which is used to determine if the functional effects of a health condition or impairment are likely to continue long-term?

# Chapter 3 – PIP – What do we provide support for?

## Chapter Summary:

74. In this chapter we are going to consider:

- How the extra costs of disabilities or health conditions are defined.
- Whether DWP should improve the support we offer by finding alternative ways to contribute to the extra costs and needs of disabled people and people with health conditions.
- What kinds of support, beyond help with extra costs, disabled people and people with health conditions need to fulfil their potential and live independently.

## Case for change

75. PIP was designed to help disabled people and people with long-term health conditions by making a cash contribution towards their extra costs. It does not require any calculation of these costs, nor does it require recipients to spend their award in a particular way. Some people on PIP may have relatively small one-off or ongoing additional costs related to their disability or health condition that are fully covered by their award while others may find the current system does not provide enough support to meet their needs.

76. We want to consider whether supporting people through direct, regular cash payments is still the best approach, or whether other approaches would better target our resources, delivering the right support to the people who need it most. We want to know whether there are potentially groups of people who might need more than the current system provides, and what kinds of support they need.

77. Different models are used in other countries. For instance, in New Zealand, people submit supporting medical evidence verifying their health condition and also provide estimates of their additional costs (e.g., £50 per month for physiotherapy), which are then approved for an ongoing award. In Denmark, awards for extra costs are determined on a case-by-case basis and issued by local government.<sup>9</sup>

78. In the United Kingdom, we have had a predominantly cash transfer system for extra costs since the introduction of Attendance Allowance and Mobility Allowance in the 1970s. Given there are other models of support used internationally, and the changes in disability benefit caseloads over time, we think it is right to ask about other models of support and the impact of these approaches, including stopping regular cash payments, if they were to be adopted here.

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9 Further information on international systems can be found in **Annex B**.

# Types of Extra Costs

79. Broadly, there are three different types of costs faced by disabled people and people with health conditions:

- **Tangible costs:** that arise as a result of a person's disability, which could include aids, appliances or care services that only a disabled person would require (for example medication, mobility vehicles, walking aids, wheelchairs, help at home from a paid carer or supported living services). Some aids are one-off costs, while other costs are ongoing. Some items or services may be provided by the NHS or through social care.
- **Costs for non-specialised goods:** that are increased because of a person's disability or health condition. This might include needing to heat their home to a higher temperature due to immobility or breathing difficulties, or increased energy costs due to specialist equipment required at home to support a person's disability or health condition, such as a ventilator. It could also include increased travel costs due to reliance on taxis, and extra costs for clothing and bedding due to incontinence or wear and tear from greater use.
- **Less tangible costs:** such as needing to spend more to access the same goods and services. This might include people paying higher premiums on insurance

products, or they may pay higher housing costs because their needs limit the choice available.

80. In the current PIP system, claimants choose which costs are the greatest priority to them and spend their award money accordingly. We know from research that people often use their PIP payments on core household expenditure (such as utility and housing costs).<sup>10</sup> We also know that some disabled people view their PIP award as compensation for being disabled rather than as an award for extra costs.<sup>11</sup>

81. For some people, various extra costs are already met through other provision and, therefore, financial support may be duplicated. For instance, people receiving the daily living component of PIP and who require aids such as walking sticks may have them supplied by the NHS. Any new scheme would need to work alongside existing provision to ensure the best use of resources.

82. PIP is intended to provide a contribution to a person's extra costs, not necessarily to cover them fully. Equally, alternatives to a cash transfer system like those listed below may not be able to address all of the additional costs and needs related to a person's health condition or disability, particularly any costs that are less tangible.

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10 [Uses of Health and Disability Benefits – GOV.UK \(www.gov.uk\)](http://www.gov.uk)

11 [dla-reform-consultation.pdf \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

Therefore, it is important for us to understand views on possible alternative models, and which specific sorts of cost should be prioritised.

## Alternatives to a cash transfer system

83. If DWP were to consider other ways of supporting people with disabilities and long-term health conditions apart from providing regular cash payments, it could continue to contribute to people's extra costs through alternative models which could include:

- **Catalogue/shop scheme:** in this kind of scheme, there would be an approved list from which disabled people could choose items at reduced or no cost. This would likely work better for equipment and aids rather than for services.
- **Voucher scheme:** in this kind of scheme, disabled people could receive vouchers to contribute towards specific costs. It could work for both equipment/aids and for services.
- **A receipt-based system:** this would involve claimants buying aids, appliances, or services themselves, and then providing proof of their purchase to claim back a contribution towards the cost. This could work in a similar way to Access to Work, which provides grants for equipment, adaptations, and other costs to help disabled people to start and stay in work.

- **One-off grants:** these could contribute towards specific, significant costs such as for home adaptations or expensive equipment. It could involve a person supplying medical evidence of their condition to demonstrate the need for equipment or adaptations.

84. While these alternative models help people with the extra costs of their disability or health condition, other forms of support including health care, social services care provision and respite are also important to help people to realise their full potential and live independently. We would like to understand whether some people receiving PIP who have lower, or no extra costs, may have better outcomes from improved access to treatment and support than from a cash payment.

85. We would also like to know whether there are specific groups of people who have a need of a greater level of support than they currently receive, and whether this support should be financial or take a different form, such as improved access to healthcare (such as mental health provision or physiotherapy) or enhanced local authority support (such as care packages, respite or home adaptations). We will further explore ways of improving people's access to services in **Chapter 4**.

## Passporting

86. PIP passports claimants to a wide range of benefits and services offered by DWP, other government

departments and more widely by other organisations and schemes, such as the Motability Scheme.

87. In *Transforming Support: The Health and Disability White Paper* published in March 2023, we set out our plans to remove the Work Capability Assessment (WCA), and introduce a new PIP-passporting model, where anyone in receipt of PIP and the UC Standard Allowance would receive a new UC Health Element.

88. PIP is also used in the current system to determine whether a person's carer is entitled to Carer's Allowance. We recognise the important role that unpaid carers play in supporting disabled people and people with health conditions.

89. If PIP was replaced by an alternative model, we would need to consider the implications for how we determine eligibility to these linked benefits and services. We would like your views on how this should work.

## **Chapter 3 – Consultation Questions**

Q18. PIP provides a contribution towards extra costs. Which extra costs incurred by disabled people are the most important for a new scheme to address? Please rank the following options in your order of importance:

- Equipment and aids
- Medications and medical products

- Personal assistance (costs arising from hired physical and/or emotional support within and outside the home, e.g., help with household tasks or assistance with transportation)
- Health and personal care (including physical therapies, talking therapies, massages, etc. Also includes greater spending on personal hygiene or appearance)
- Extra transport costs (from reliance on taxis or accessible taxis, hospital parking fees, vehicle adaptations, etc.)
- Additional energy and utility costs arising from disability or health condition (including digital access)
- Additional food costs arising from disability or health condition
- Additional spending on clothing, footwear, and bedding items arising from disability or health condition
- Higher costs of insurance
- Additional housing costs arising from disability or health condition, including home adaptation costs

Q19. In relation to Question 18, please explain your answer below and tell us about any other important kinds of cost not listed above.

Q20. What are the benefits and disadvantages of moving to a new system for PIP claimants?

- A catalogue/shop scheme
  - Benefits
  - Disadvantages
  - Other

*Please explain your answer and provide evidence or your opinion to support further development of our approach.*

Q21. What are the benefits and disadvantages of moving to a new system for PIP claimants?

- A voucher scheme
  - Benefits
  - Disadvantages
  - Other

*Please explain your answer and provide evidence or your opinion to support further development of our approach.*

Q22. What are the benefits and disadvantages of moving to a new system for PIP claimants?

- A receipt-based system
  - Benefits
  - Disadvantages
  - Other

*Please explain your answer and provide evidence or your opinion to support further development of our approach.*

Q23. What are the benefits and disadvantages of moving to a new system for PIP claimants?

- One-off grants
  - Benefits
  - Disadvantages
  - Other

*Please explain your answer and provide evidence or your opinion to support further development of our approach.*

Q24. If PIP could no longer be used to determine eligibility to passport to other benefits and services, what alternative ways could service providers use to determine disability status?

Q25. If PIP could no longer be used as the eligibility criteria to additional financial support in Universal Credit, what alternative ways of determining eligibility should we use?

Q26. Are there specific groups of people whose needs are not being met by the current PIP provision and have a need for a greater level of support? What form should this support take (e.g., help with specific extra costs, access to improved healthcare such as mental health provision or enhanced local authority support such as care packages and respite)?

Q27. Instead of cash payment, are there some people who would benefit more from improved access to support or treatment (for example, respite care, mental health provision or physiotherapy)?

# Chapter 4 – PIP – Aligning Support

## Chapter Summary:

90. We want to understand whether PIP is the best way to support people with any additional needs that arise from having a disability or health condition to ensure that Government resource is targeted where it is most needed.

91. We would like to explore how to better align existing services and offers of support available to disabled people and people with health conditions. We want to better understand if this could create greater opportunities to simplify the application process for disabled people and individuals with health conditions (who currently must apply nationally and locally for different types of support).

92. In this chapter we are going to consider:

- Whether we should align the support offered by PIP with existing health, care and local authority provision for disabled people and people with health conditions.

## Case for Change

93. In **Chapter 3**, we outlined that the needs of adults of working age arising from a disability or health condition, and the associated extra costs, vary significantly from

person to person. This chapter aims to look at whether aligning the support PIP offers with existing local services could improve support for disabled people and people with health conditions. Since local areas understand their local population and available health, care and local authority services, this approach could allow us to offer better joined up and streamlined support than the current system.

94. Local authorities, the NHS and other partners know their current provision of support and services and are well placed to understand the specific needs of their population. They assess many individuals and provide aids, appliances, support, and services.

95. We want to know if aligning the support offered by PIP with local authorities, the NHS and other partners could improve services and support for individuals. Local areas could have the flexibility to choose how best to support individuals based upon the needs they identify within their local population.

96. Currently, many people who apply for PIP undergo an additional assessment of need within their local area. This can be for local authority support (such as respite, care packages and grants to adapt housing) or NHS support (for aids and appliances, medication, and health services such as physiotherapy). We want to know if aligning the support offered by PIP with local authorities and NHS provision could reduce the assessment burden on individuals.

# What we would like to know

97. Through this consultation we would like to understand if aligning the support offered by PIP into existing local services could enhance the support offered, whilst simplifying the assessment burden on individuals.

## Chapter 4 – Consultation Questions

Q28. Do people already receive support from local authorities or the NHS with the need/costs that come with having a disability or health condition?

- Yes
- No
- Don't know

Q29. In relation to Question 28, please explain your answer and provide evidence or your opinion to support further development of our approach.

Q30. Which of the following do local authorities or the NHS help with?

- a. Equipment and aids
- b. Medical products
- c. Personal assistance (e.g., help with household tasks)
- d. Health services
- e. Social care

- f. Respite
- g. Transport
- h. Utility costs
- i. Other

Q31. In relation to Question 30, please explain your answer and provide evidence or your opinion to support further development of our approach.

Q32. Which needs/costs that come with having a disability or health condition could local areas help with further?

- a. Equipment and aids
- b. Medical products
- c. Personal assistance (e.g. help with household tasks)
- d. Health services
- e. Social care
- f. Respite
- g. Transport
- h. Utility costs
- i. Other

Q33. In relation to Question 32, please explain your answer and provide evidence or your opinion to support further development of our approach.

Q34. If we align the support offered by PIP into existing local authority and NHS services how could this improve things for disabled people and people with health conditions?

Q35. Do you think aligning PIP with local authority and NHS services could reduce the number of assessments a person with a disability or health condition would have to undergo? Would this help to reduce duplication?

Q36. What disability support services in your community are the most important services or support to deliver?

Q37. How much flexibility should local areas have to decide their priorities in supporting people with disabilities and health conditions?

Q38. What capacity and capability would be required to better align PIP with local authority and NHS services?

## **Compulsory Question**

Q39. Are you an individual or an organisation supporting claimants applying for PIP?

# Conclusion

98. This Government is determined that people with disabilities and long-term health conditions should be able to reach their full potential and live independent lives.

99. We want to have a welfare system that encourages independence while providing a vital safety net for those who need it most. That is why in recent years, we have delivered successive reforms to create a welfare system that is compassionate whilst providing fairness for the taxpayer. This Green Paper seeks to ensure that this ambition is reflected in our long-term plans for PIP. By consulting on our ambitious proposals for change, this Green Paper has sought to start a conversation that will enable us to better understand how best to support people with additional needs.

100. We know that any additional costs of having a disability or health condition vary significantly for individuals. We also recognise that, for some people, the current system does not contribute to meeting their needs in the most efficient or effective way. This is why we are consulting on ideas to reform the current system, as well as some ideas to fundamentally redesign the way we think about extra costs benefits. We have set these ideas out in this Green Paper and want to hear suggestions about the changes we should or should not make.

- To ensure financial support is fairly targeted and focused on people with the highest needs, we have looked at options to amend the eligibility criteria in PIP as well as reforming the PIP assessment so that it is more linked to a person's condition.
- To determine whether the current functional PIP assessment is still the best way of assessing the need for additional support we are consulting on options to target the PIP assessment better and to explore whether there should be an assessment based on a person's condition.
- Finally, we have explored changes to how we deliver extra costs benefits for working aged adults, including considering options on moving away from a fixed cash benefit system, and want to explore how joining up support at a local level could better support disabled people to live independently.

101. This Green Paper will draw on a wide range of evidence and views from individuals and stakeholder groups. We will hold Green Paper events to hear directly from disabled people.

102. We know that working in partnership with the people who are directly affected by our decisions is crucial if we are to deliver better outcomes. We want to involve more disabled people and people with health conditions in shaping how we work. We will continue to listen to improve how we work in future, so that we can continue to make changes that will improve people's lives.

# How to respond

We encourage you to respond online via the form that can be found here: <https://www.gov.uk/government/consultations/modernising-support-for-independent-living-the-health-and-disability-green-paper> if possible.

Please read the consultation document.

Then submit your responses online.

Please email [consultation.modernisingsupport@DWP.GOV.UK](mailto:consultation.modernisingsupport@DWP.GOV.UK) if:

- you would like to respond via email
- you have any other enquiries specifically relating to this consultation

If you would like to respond by post, please mark your correspondence 'Modernising Support: The Health and Disability Green Paper' and send to:

Disability and Health Support Directorate  
Department for Work and Pensions  
Level 2  
Caxton House  
Tothill Street  
London  
SW1H 9NA

# Data Protection and Confidentiality

Your data, including any personal data, may also be shared with a third-party provider, or other government department or organisation, who may analyse and summarise responses for us and may use technology, such as artificial intelligence. An anonymised version of your response may be published in a list of responses, in a summary of responses received, and in any subsequent review reports. We may also share your personal data where required to by law, for example in relation to a request made under the Freedom of Information Act 2000. We will remove information which could identify you, such as email addresses and telephone numbers from these responses, but apart from this we may publish responses in full. You can leave out personal information from your response entirely if you would prefer to do so.

For more information about what we do with personal data, you can read [DWP's Personal Information Charter](#).

# Summary of Consultation Questions

## Chapter 1 – PIP – Overview and assessment reform

Q1. What are your views on an assessment that places more emphasis on condition rather than the functional impact of a condition on the person?

Q2. What are your views on people receiving PIP without an assessment if they have specific health conditions or a disability as evidenced by a healthcare professional?

Q3. What are your views on PIP claimants not being subject to an award review if they have a specific health condition or disability as evidenced by a healthcare professional?

Q4. Do you agree or disagree on making provision of evidence or a formal diagnosis by a medical expert a mandatory requirement for eligibility for PIP?

- Agree
- Disagree
- Don't know

Q5. In relation to Question 4, please explain your answer and provide evidence or your opinion to support further development of our approach.

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Q7. Do you agree or disagree that eligibility for PIP should be based more on condition?

- Agree
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Q8. How could we determine eligibility for the following conditions?

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- Additional energy and utility costs arising from disability or health condition (including digital access)
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# Compulsory Question

Q39. Are you an individual or an organisation supporting claimants applying for PIP?

# Annex A – PIP assessment criteria

## Daily Living

1. Preparing food	a. Can prepare and cook a simple meal unaided.	0
	b. Needs to use an aid or appliance to either prepare or cook a simple meal.	2
	c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave.	2
	d. Needs prompting to either prepare or cook a simple meal.	2
	e. Needs supervision or assistance to either prepare or cook a simple meal.	4
	f. Cannot prepare and cook food.	8

2. Taking nutrition	a. Can take nutrition unaided.	0
	b. Needs: (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food.	2
	c. Needs a therapeutic source to be able to take nutrition.	2
	d. Needs prompting to take nutrition.	4
	e. Needs assistance to manage a therapeutic source to take nutrition.	6
	f. Cannot convey food and drink to their mouth and needs another person to do so	10

3. Managing therapy or monitoring a health condition	a. Either – (i) Does not receive medication, therapy, or need to monitor a health condition; or (ii) can manage medication, therapy or monitor a health condition unaided.	0
	b. Needs any one or more of the following: (i) to use an aid or appliance to be able to manage medication; (ii) supervision, prompting or assistance to be able to manage medication; (iii) supervision, prompting or assistance to be able to monitor a health condition	1
	c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week.	2
	d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week.	4
	e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week.	6
	f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week.	8

4. Washing and bathing	a. Can wash and bathe unaided.	0
	b. Needs to use an aid or appliance to be able to wash or bathe.	2
	c. Needs supervision or prompting to be able to wash or bathe.	2
	d. Needs assistance to be able to wash either their hair or body below the waist.	2
	e. Needs assistance to be able to get in or out of a bath or shower.	3
	f. Needs assistance to be able to wash their body between the shoulders and waist.	4
	g. Cannot wash and bathe at all and needs another person to wash their entire body.	8

5. Managing toilet needs or incontinence	a. Can manage toilet needs or incontinence unaided.	0
	b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence.	2
	c. Needs supervision or prompting to be able to manage toilet needs.	2
	d. Needs assistance to be able to manage toilet needs.	4
	e. Needs assistance to be able to manage incontinence of either bladder or bowel.	6
	f. Needs assistance to be able to manage incontinence of both bladder and bowel.	8

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

7. Communicating verbally	a. Can express and understand verbal information unaided.	0
	b. Needs to use an aid or appliance to be able to speak or hear.	2
	c. Needs communication support to be able to express or understand complex verbal information.	4
	d. Needs communication support to be able to express or understand basic verbal information.	8
	e. Cannot express or understand verbal information at all even with communication support.	12

8. Reading and understanding signs, symbols, and words	a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses.	0
	b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information.	2
	c. Needs prompting to be able to read or understand complex written information.	2
	d. Needs prompting to be able to read or understand basic written information.	4
	e. Cannot read or understand signs, symbols, and words at all.	8

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

10. Making budgeting decisions	a. Can manage complex budgeting decisions unaided.	0
	b. Needs prompting or assistance to be able to make complex budgeting decisions.	2
	c. Needs prompting or assistance to be able to make simple budgeting decisions.	4
	d. Cannot make any budgeting decisions at all.	6

# Mobility Activities

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

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

# Award rate

- **Enhanced Rate Daily Living Component** Twelve points or more from activities 1-10
- **Standard Rate Daily Living Component** Eight points to eleven points from activities 1-10
- **Enhanced Rate Mobility Component** Twelve points or more from activities 11-12
- **Standard Rate Mobility Component** Eight points to eleven points from activities 11-12

# Annex B – International Comparisons of PIP/Adult Disability Benefits

## New Zealand

The New Zealand Disability Allowance (NZ-DA) aims to help people pay the ongoing, extra costs that arise from having a disability that is expected to last at least six months.<sup>12</sup> Applications are made via an online or paper form and, unlike PIP, people are not assessed and are grouped based on their health-related needs. The amount of Disability Allowance paid is determined based on actual extra costs. The costs must be verified by the person's health practitioner as arising as a result of the person's disability, ongoing, as well as being needed and of therapeutic value for the person. Costs that can be covered include clothing, counselling, medical alarms, gym/swimming pool fees, power (gas and heating) special foods and prescriptions. All costs must have relevant evidence provided in the form of receipts, tickets and bills. This is a means tested benefit with limits based on age, childcare needs and whether the person is in a couple. The disability allowance is paid straight into the person's bank account weekly or fortnightly based on the extra costs submitted.

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12 Disability Allowance – Work and Income

# France

The French system ('Prestation de compensation du handicap' (FR-PCH)) provides financial aid with the intention to reimburse additional expenses related to a loss of independence as a result of disability.<sup>13</sup> To be eligible, people must show an absolute difficulty in carrying out one of five domains: elements of mobility, personal conversation, communication, tasks and general requirements and relationships with others, or a 'serious difficulty' (requiring assistance) in carrying out at least 2 of those activities. FR-PCH is not means tested but it does take income into account. There are five elements, all of which are paid at different rates: human aids, technical aids, housing adaptations, help with transport and animal help.

People apply for FR-PCH online and must submit a medical certificate less than one year old. Assessments are usually carried out in person by in house multi-disciplinary teams comprised of professionals such as clinicians, social workers and academics. People are assessed by a scoring guide for disability assessment and impairment. They have to submit a "life plan" outlining their aspirations and what they would like to be able to do that they cannot currently because of their disability. Following assessment, people are given a personalised compensation plan developed

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13 [Prestation de compensation du handicap \(PCH\) | Service-Public.fr](#)

by the professional panel, which specifies the duration of each element. Support can extend beyond financial assessment and is driven in a large part by the life plan. FR-PCH can be given for life if somebody's condition cannot improve, or a maximum period of 10 years if this is not the case.

## Denmark

The DK-MTV (Merudgiftsydelse Til Voksne)<sup>14</sup> is a monthly cash benefit paid out at local level with the intention to support people with the additional costs of disability. The purpose of the benefit is to help people have equal quality of life to others of the same age and situation. There is also an emphasis on giving people the opportunity to organise for themselves how best to meet their needs. The state has responsibility for the benefit overall, but it is paid out by the equivalent of local authorities. DK-MTV is intended to cover necessary additional costs, and therefore has no maximum award. Costs must meet a minimum threshold for people to be eligible. A full list of costs is not provided, but can include medicine, commuting to work, leisure activities and disability-oriented courses. Due to the localisation of the benefit, assessment processes are subject to slight variation, but broadly speaking people submit a paper application and are assigned a social worker who

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14 Støtte til nødvendige merudgifter for voksne (borger. dk)

works with them to identify what they need. The award is decided on a case-by-case by the social worker, who also decides what evidence is necessary. This can include GP notes, or meetings with the person and healthcare professionals. In cases where need is obvious, such as amputees, assessment can be made solely by the social worker with no need for additional evidence.

## Norway

Disability support in Norway is provided by Basic Benefit (NO-BB).<sup>15</sup> This is a monthly cash payment at one of six set rates awarded to cover, in full or part, extra expenses incurred due to illness, injury or congenital defects and disabilities. Assessment is carried out on paper with no face-to-face assessment. People must provide a letter from their own GP outlining the nature of their condition and the associated extra costs. Receipts may also be required. Additional expenses must remain for 2-3 years, and relate to a medical condition (permanent injury, illness or functional impairment). People can receive financial support for a range of things: the operation of assistive technology (e.g. electricity for charging a wheelchair); transport expenses; foods related to a special diet; clothing; bedding; and shoes. This evidence is reviewed by a doctor contracted to the Norwegian equivalent of DWP who makes the final decision on entitlement.

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15 [Basic benefit – nav.no](http://nav.no)

# Sweden

Sweden provides a monthly cash payment at one of three set rates for people who have a disability or illness and as a result need assistance or have additional expenses.<sup>16</sup> To be eligible, the disability must be presumed to last for at least one year. Additional costs are those that are incurred due to the disability and go beyond what is expected for people of the same age and cover a wide range divided into 7 categories: health, medicines and foods; wear and tear and cleaning; travel costs; assistive devices; assistance in daily life; housing; or other purposes (additional costs which do not meet the above criteria). To apply, people complete an online form and calculate their extra costs, before sending in a medical statement describing their disability. Costs can be calculated online using information provided by the Social Security Insurance Agency. People can opt to describe their costs verbally instead of submitting them upon application. The form is then assessed to ensure costs provided arise due to a disability, go beyond what is expected in non-disabled people of the same age (using information from agencies such as the Swedish consumer agency), and the cost is reasonable or fair.

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16 [Disability allowance – Försäkringskassan \(forsakringskassan.se\)](https://forsakringskassan.se)

# United States

There are two federally delivered disability benefits in the USA; the one which most closely relates to PIP is Supplemental Security Income (SSI).<sup>17</sup> This is a monthly payment that can be paid to adults who suffer from a disability or blindness and have little or no income and resources. It considers the person's ability to work and their earnings. It is payable to people in work, but their income is taken into account.

'Disability' for the purpose of SSI is evaluated using a sequential system:

- 1) the person's current work activity (if any). A person must show they are unable to engage in substantial gainful activity, measured as a varying amount of monthly income based on impairment type.
- 2) the severity of their impairment(s),
- 3) a determination of whether their impairment(s) meets or medically equals an entry on the list (see below),
- 4) the person's ability to perform their past relevant work, and
- 5) their ability to do other work based on age, education, and work experience.

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17 [Part I – General Information \(ssa.gov\), Supplemental Security Income \(SSI\) | SSA \(United States\)](#)

There is a list of eligible conditions split into 14 categories. If a person's condition is on the list, that is usually enough to establish that a person who is not working is disabled. If a person's condition is not on the list, the assessor moves on to the next step and applies other rules in order to resolve the issue of disability.

People apply through an online form, telephone or at a social security office, and are asked to provide their medical history, contact details for medical professionals and give permission to access medical records. They are also asked to provide their work history for the past 2 years and evidence of any other financial resources. If the medical evidence is unavailable or insufficient to determine eligibility for SSI, they may be asked to attend a consultative examination.

SSI is paid by the federal government. Many states pay a supplemental benefit to people in addition to the federal payments. Other states manage their own programs and make their payments separately.

# Annex C – Related documents

First PIP consultation: [Disability Living Allowance reform – GOV.UK \(www.gov.uk\)](#)

Assessment thresholds: [Personal Independence Payment: assessment thresholds – GOV.UK \(www.gov.uk\)](#)

First independent review and response: [Personal Independence Payment \(PIP\) assessments first independent review: government response – GOV.UK \(www.gov.uk\)](#)

Second independent review and response: [Personal Independence Payment \(PIP\) assessment second independent review: government response – GOV.UK \(www.gov.uk\)](#)

Aids and adaptations consultation: [Personal Independence Payment: aids and appliances descriptors – GOV.UK \(www.gov.uk\)](#)

Consultation on the PIP assessment ‘moving around’ activity: [Consultation on the PIP assessment ‘moving around’ activity – GOV.UK \(www.gov.uk\)](#)

Briefing notes on PIP before its launch: [Personal Independence Payment policy briefing notes – GOV.UK \(www.gov.uk\)](#)

Disability prevalence in England and Wales: [Disability, England and Wales – Office for National Statistics \(ons.gov.uk\)](#)

Disability prevalence in the UK: [Family Resources Survey: financial year 2021 to 2022 – GOV.UK \(www.gov.uk\)](#)

Personal Independence Payment (PIP) assessment guide for assessment providers: [Personal Independence Payment \(PIP\) assessment guide for assessment providers – GOV.UK \(www.gov.uk\)](#)





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