Department for Work & Pensions

The Government response to the consultation on aids and appliances and the daily living component of Personal Independence Payment

Presented to Parliament
by the Secretary of State for Work and Pensions
by Command of Her Majesty
March 2016

Cm 9194

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This publication is available at **https://www.gov.uk/government/consultations/personal-independence-payment-aids-and-appliances-descriptors**

Any enquiries regarding this publication should be sent to us at
Strategy, Policy and Analysis Group
Disability Benefits
PIP Policy Team
Caxton House
Tothill Street
London
SW1H 9NA

Email contact: pip.consultationfeedback@dwp.gsi.gov.uk

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1 Executive Summary

1.1 Personal Independence Payment (PIP) helps claimants meet the extra costs arising from a disability or long-term health condition. It replaces Disability Living Allowance (DLA) for working-age claimants and was introduced to create a modern, dynamic and sustainable benefit which would focus support on those in greatest need and assess conditions equally. In line with this, it was expected that these extra costs would be significant and on-going.

1.2 In response to concerns that the policy on aids and appliances might not be not working to achieve this, the Department consulted stakeholders on five potential reforms of the aids and appliances regime between December 2015 and January 2016: a lump sum payment (option one), a lower weekly payment (option two), a new condition of entitlement (option three), a new definition of aids and appliances (option four) and halving the points awarded for aids and appliances (option five). The Department also asked stakeholders for their own suggestions.

1.3 The majority of responses to the consultation questioned the robustness of the current assessment process, believed that aids and appliances were a good indicator of additional costs, and expressed concern about the impact of any reforms on claimants and public services.

1.4 The PIP assessment was designed after significant consultation and is subject to demanding quality and audit regimes. Responses did not highlight new concerns.

1.5 Further work by DWP health professionals has found that aids and appliances are not a reliable indicator of extra costs in all cases. In 96% of the cases they reviewed their view was that claimants were likely to have low, minimal or nil on-going extra costs. Many of the aids and appliances likely to be used are also often provided free of charge by the NHS and local authorities or can be purchased for a low one-off cost. The Department therefore believes that change is required to ensure that PIP achieves its original policy objectives.

1.6 Taking account of responses to the consultation and further work, the Department does not believe that a lump sum payment, a lower weekly payment, a new condition of entitlement or a new definition of aids and appliances would be appropriate.

1.7 The Department has therefore decided, following full consideration of the equality impacts, to halve the number of points awarded for aids and appliances for some daily living activities. The majority of claimants with low, minimal or no extra costs score their points from preparing food (activity one), washing and bathing (activity four), dressing and undressing (activity five) and managing toilet needs (activity six).

1.8 These activities tend to rely on similar physical actions and there is significant overlap between them. Within these activities, the Department's view is that activities five and six are less reliable indicators of extra cost than one and four.

1.9 As a result, and in order to limit the number of people affected by the changes, the Department has decided that the points awarded for the use of aids and appliances should be halved from two to one but for activities five and six only.

1.10 This change will apply to new claims, claimants who report a change of circumstances and DLA claimants who are reassessed for PIP from 1 January 2017. The change will affect existing PIP claimants who do not report a change of circumstances from the later of 1 January 2017 or the date the Department reviews their current award.

1.11 This revised approach should help ensure that the points available for aids and appliances are a more accurate proxy for extra costs incurred and support the original policy intent of PIP to focus support on those with the greatest need.

1.12 In addition to delivering these changes, the Department remains committed to ensuring that we offer the most appropriate and effective support and best possible claimant experience for disabled people. Following feedback from disabled people and stakeholder organisations about the need for better co-ordination across health and disability support services and the potential to improve outcomes for those with a long term disability or health condition through closer working between services, the Department will therefore also be considering options for the long-term reform of disability benefits and services.

1.13 Work will be taken forward over the coming months across Government and in consultation with those who provide relevant health and disability services. The findings will be reported later in this Parliament.

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 tasks. More information about the activities which make up the assessment for the daily living component can be found in Annex C.

2.2 The introduction of PIP was intended to create a more modern and dynamic benefit that:

- Enabled support to be targeted at those with the greatest need;
- Was financially sustainable;
- Considered needs arising from all impairment types equally, giving parity of esteem between mental and physical health conditions; and
- Determined awards consistently and objectively.

2.3 Unlike in DLA, PIP takes into account claimants' need to use aids and appliances to complete the activities assessed. This includes specialised items as well as everyday items that are in common use. As highlighted by the first independent review of the PIP assessment by Paul Gray, this policy does not appear to be working as intended. A subsequent review of cases by DWP health professionals suggested that significant numbers of people who are likely to have low or minimal additional costs are being awarded the daily living component of the benefit solely because they may benefit from aids and appliances across a number of the activities, despite the relatively low point score that claimants are awarded for their use when completing the daily living activities assessed. The definition of aids and appliances has also been broadly construed in judicial decisions, meaning that beds and chairs, which are unlikely to be a reliable indicator of extra costs, can be considered as aids and appliances.

2.4 These developments are inconsistent with the original policy intent of awarding the benefit to claimants with the greatest need. The Department therefore decided to launch a consultation on how aids and appliances are taken into account when determining entitlement to the daily living component.

2.5 In line with the Government's consultation principles guidance, the Department decided that a period of 6 weeks was a sufficient time period in which to seek a wide range of views given the specific and discrete nature of the issue. As the consultation ran over Christmas, this period was extended by 8 days, meaning the consultation ran for 7 weeks and one day.

The consultation process

2.6 The Government published the *Aids and appliances and the daily living component of Personal Independence Payment* consultation on 10 December 2015. The consultation closed on 29 January, although we considered responses received within a reasonable time after this point also.

2.7 We received 281 written responses to our consultation. 193 were from individuals and 88 were from organisations. A list is at Annex A. One response was a joint response from 10 organisations of, or for visually impaired people.

2.8 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 and emailed our existing stakeholder contacts which includes over 80 organisations.

2.9 Department for Work and Pensions (DWP) officials also held one-to-one meetings with Scope, RNIB, Disability Rights UK, the Disability Benefits Consortium (an umbrella group of over 60 organisations), and Scottish and Welsh government officials. A meeting was also held specifically for members of the PIP Implementation Stakeholder Forum Working Group[1] and public meetings were also held for organisations and disabled people in London, Birmingham, Cardiff, Leeds and Edinburgh. These were advertised on GOV.UK[2] and were promoted to more than 80 organisations. Finally we also met with both assessment providers, Atos and Capita, to discuss the impact of any policy change on the delivery of assessments.

2.10 To make the consultation as accessible as possible, the consultation documents were produced in a wide range of formats. Standard and large print versions were available on GOV.UK[3] from 10 December and a wider range of formats was available from 17 December, including: audio, BSL video and Easy Read. Braille copies were also available on request. Hard copies of the consultation were circulated to certain stakeholder organisations. The online version could be found at: **https://www.gov.uk/government/consultations/personal-independence-payment-aids-and-appliances-descriptors**

1 This is a Department stakeholder forum made up of over 50 charities who support disabled people and carers.
2 www.gov.uk/government/consultations
3 Ibid.

2.11 In the consultation document we asked for views on the current policy on how aids and appliances are taken into account when determining entitlement to the daily living component of PIP and whether we should change it. Five broad options were suggested for reform and we requested views on the practicality, operational suitability, financial suitability, feasibility and acceptability of each. Respondents did not need to limit their response to these five options and additional suggestions were welcomed. It was also made clear that the options were not mutually exclusive and could be combined. For each option we asked:

> *What are your views on the advantages and disadvantages of option [x] compared to the current system and [the other] options?*

2.12 We also asked for views on specific sub questions related to each option. These focused on key related areas such as, the value of potential alternative payment mechanisms such as vouchers or lump sum payments, the number of points awarded for aids and appliances and the link to other parts of the welfare system, such as the benefit cap.

2.13 In the consultation document we explained that 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 what, if any change to make.

Northern Ireland

2.14 PIP is currently reserved in England, Wales and Scotland, though will be devolved to Scotland once the Scotland Bill is enacted. 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. In total two responses were identifiable as being from respondents based in Northern Ireland, although the majority of respondents did not indicate where they were based. These have been shared with the Department for Social Development for information.

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 that reliance on aids and appliances is a good indicator of additional costs.
- Respondents questioned the effectiveness and accuracy of the PIP assessment, both in terms of the policy underpinning it and the application of the policy.
- Respondents were concerned that any of the options for change would have a negative impact on the individuals affected.
- Respondents felt that any of the options for change would increase individuals' needs for support from other public services and could lead to increased PIP expenditure.

3.2 The vast majority of respondents who provided a view on the substantive issue of the policy on aids and appliances therefore thought that the current policy was preferable to any of the options for change. Many also pointed to the fact that PIP is still a relatively new benefit, arguing that making changes now would be hasty and would create unnecessary uncertainty for claimants.

3.3 Of the 281 written responses received, 11 indicated that they thought change was required. All of these were from individuals. On the question of which of the options was preferable if a change were to be made, respondents' views were mixed.

Aids and appliances as an indicator of additional costs

3.4 Most respondents were of the view that if a claimant is wholly reliant on an aid or appliance to complete a number of daily living activities then this is a good indicator that they are likely to face a range of extra costs, regardless of what the aid and appliance is or how it is obtained. An indicative list is at Annex B. Many respondents therefore questioned the premise of the consultation and the validity and robustness of the 105 case reviews referred to in the consultation document, as well as raising concerns about the size of the sample.

3.5 The Spartacus Network highlighted that of the 55 respondents who completed their survey on the consultation, 39 were of the view that beds and chairs should be classed as aids and appliances, and are a reliable indicator of additional need, if they are relied on.

3.6 However, some respondents did express concerns that there is significant variability in the level of need indicated by the use of aid and appliances. Several were of the view that some articles, such as beds, chairs and grab rails, are not good proxies of extra costs and should not be taken into consideration.

The effectiveness and accuracy of the assessment

3.7 Some respondents raised concerns about the design of the assessment, namely that many claimants who score all of their points from aids and appliances require assistance in other areas of their life not measured by the PIP assessment, such as getting in and out of bed, cleaning and maintaining their home or looking after children.

3.8 Others raised concerns about the quality of assessments, with some stating that they believed that many people awarded points for aids and appliances (and more generally) are being 'under-scored' due to the reliability criteria[4] not being properly applied, or assessors awarding the aids and appliances descriptor by default despite a descriptor of equal value, or higher, being more appropriate. It was argued that in many cases claimants are not challenging these decisions because they have received an award and do not believe it to be worth the effort.

3.9 Some respondents also suggested that if there is a problem with aids and appliances it is because assessors are not accurately differentiating between claimants who need aids and appliances and those who choose to use them because they may benefit from them. One respondent, a medical panel member at PIP and DLA tribunal hearings, made the point that differentiating in this way is challenging and would require 'an experienced assessor to make an argument that would be accepted by the judiciary.'

4 Assessors must consider whether a claimant can do each activity safely, to an acceptable standard, repeatedly and in a reasonable time period. More information can be found in the PIP Assessment Guide (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449043/pip-assessment-guide.pdf)

Impact on individuals affected

3.10 Many respondents raised concerns about the impact any changes would have on those affected, noting that all of the five options would amount to a reduction in, or removal of, support from PIP. It was highlighted that for many claimants this would have knock-on impact on their entitlement to nationally administered benefits, premiums and exemptions as well as locally administered and private sector schemes, for example discount cinema tickets and gym memberships, meaning the cumulative financial impact would be significant. Many were particularly concerned about this as they believe the support provided is already insufficient to cover the extra costs claimants are likely to face, pointing to the Extra Costs Commission work as evidence of this.

> *"Almost 58 per cent of survey respondents felt that even a small reduction [£20-£30 a month] in PIP would have a significant impact on their ability to live independently, making it more difficult do things like work, study or see friends and family."*
> **Scope**

3.11 A significant number also thought that any change would act as a disincentive for disabled people to live as independently as possible. Many also argued that the extra costs faced by claimants scoring all, or the majority, of their points due to their use of aids and appliances across a range of activities are likely to be just as significant as those faced by claimants who have greater needs across fewer activities. Relatedly, some pointed out that claimants with physical impairments would be most likely to be affected by any change, potentially leading to inequality in the treatment between claimants with physical and mental impairments. Some went on to highlight that many claimants with fluctuating health conditions who score their points from aids and appliances require assistance for a significant proportion of the time to complete the daily living activities that are assessed as well as other activities that are not. Finally, some also raised the point that the provision of aids and appliances by the NHS and adult social care services varies significantly by area. One respondent, for example, stated that some local authorities have stopped providing items under £50.

Impact on expenditure and public services

3.12 A significant number of respondents were of the view that any change would likely lead to increased pressures on other areas of government spending, such as the NHS and adult social care. Some also suggested that it would potentially drive PIP expenditure up because a) many of those who currently score points on aids and appliances could make a credible case that they should be scoring on descriptors with a higher points score as they require support or care; and b) it would lead to a significant increase in requests for Mandatory Reconsiderations (MRs) and appeals.

> *"It seems likely that cutting financial support... would not reduce costs to the Government, as these needs and costs would remain. Instead there is a risk that it would simply force costs onto other areas of the state, such as health and social care services"*
> **Disability Benefits Consortium**

Option one: Lump sum payments

3.13 A number of respondents made the point that this option would mean that aids and appliances were no longer viewed as a proxy for additional costs.

3.14 Many respondents felt that this could be a good option for claimants who have only recently become disabled and who need to purchase expensive aids and appliances that incur few on-going costs. However, most respondents felt that the majority of claimants who are reliant on aids and appliances have on-going extra costs which they need help with, not least because many aids and appliances have on-going costs associated with them, such as updates, insurance, maintenance and repairs. For example, one respondent cited the fact that screen readers and OCR software have to be updated every year at a cost of approximately £300.

3.15 Some raised concerns about claimants' ability to budget effectively if given a lump sum amount and others feared that if lump sums were issued with the express intent of helping claimants purchase aids and appliances then the NHS and adult social care services would start charging for articles they currently provide free of charge. Some also queried how the lump sum would be taken into account if a claimant's condition deteriorated and they were subsequently reassessed and found to be entitled to an on-going award.

3.16 This meant that whilst some thought it would be positive to give claimants the option to have a lump-sum, very few thought it should be the only option for claimants. Some asserted that the ideal system would be a mixture of on-going payments and one-off lump sums for when claimants needed a top-up to their on-going payments in order to purchase an expensive aid or appliance.

3.17 Some respondents were of the view that making the lump sum a discretionary amount would be positive if it allowed support to be better tailored to claimant need. However, significant numbers questioned the Department's administrative capacity to deliver such a system and argued that it would make the system more complex and difficult to understand. Many also sought assurances that if it was a discretionary amount, claimants would have the right to request an MR and , if the decision remained unchanged, bring an appeal to challenge the amount awarded.

3.18 Some respondents responded positively to the idea of vouchers on the basis that they could enhance claimants' purchasing power. Most, however, thought they would unnecessarily restrict claimants' freedom and some raised concerns that they would undermine claimants' dignity. Others also questioned whether economies of scale could actually be achieved given the wide range of aids and appliances that are used and the specialised nature of many of them. Some took this further and argued that vouchers would lead to an increase in prices as there would likely be only a small number of approved providers. A handful of respondents also raised the issue that there are large second hand and online markets in aids and appliances which a voucher scheme would preclude claimants from participating in.

> *"...The use of vouchers is not only limiting in choice but stigmatising to disabled people dependent on the benefits system where disabled people with their own means will have the choice of the wider market including choosing to purchase refurbished used aids."*
> **Cheshire Centre for Independent Living**

3.19 The vast majority of claimants were opposed to any change to passporting arrangements, arguing that it would significantly increase the financial impact of any changes on those affected and would lead to a two-tier system for PIP claimants. Many also argued that any change would have a significant impact on other areas of government spending, such as the NHS and adult social care.

Option two: Lower weekly rate, paid an on-going basis

3.20 Most respondents who compared the options against each other thought that a lower weekly payment would be preferable to option one. This was on the basis that they felt that most claimants who score their points from aids and appliances have on-going extra costs that they need support with.

3.21 A few were also of the view that of all the options it was the fairest. Despite this, very few were in favour of this option in absolute terms.

3.22 Many respondents compared this option to the lower rate of care in DLA with some going on to comment that it would therefore represent a step backwards.

3.23 The vast majority of claimants were opposed to any change to passporting arrangements, arguing that it would significantly increase the financial impact of any changes on those affected and would lead to a two-tier system for PIP claimants. Many also argued that any change would have a significant impact on other areas of government spending, such as the NHS and adult social care.

Option three: New condition of entitlement that claimants must score some points from a non aids and appliances descriptor to qualify

3.24 A number of respondents made the point that this option would mean that aids and appliances were no longer viewed as a proxy for additional costs.

3.25 The vast majority of respondents believed this option to be the least proportionate as it would completely remove entitlement from claimants with low level physical impairments across a range of functions, such as visually impaired people.

> *"This raises the threshold extremely high. It will penalise people who are trying to be more independent and people who live alone, as they tend to rely much more on aids and appliances than help from others."*
> **Sense**

3.26 Some respondents stated they thought this option would have little impact as most claimants would be able to score points from other descriptors with relative ease. Relatedly, many also thought this option would be the option that would lead to the most significant increases in MRs and appeals.

3.27 Many respondents said that this option would be the most difficult to understand and would complicate the system.

Option four: Amending the definition of aids and appliances

3.28 Some believed this to be the 'most logical and appropriate option' but the majority of respondents did not think it was a workable option and thought that it would result in repeated legal challenges. However, a few did suggest that only items prescribed by a medical professional should be taken in account.

3.29 Many were of the view that there is not a direct relationship between the specialised or non-specialised nature and/or cost of aids and appliances and the extra costs associated with them so did not think a definition that ruled out non-specialised and/or low cost items would have the intended impact.

3.30 Some were concerned that this would increase costs for disabled people, either by creating a perverse incentive for them to buy expensive specialist items that they did not actually need or because retailers would begin to classify aids as specialist items, which would encourage them to put up costs.

3.31 Some also questioned how we would define low cost, arguing that as many disabled people are on low incomes any additional costs can have a significant impact on their finances.

3.32 Others made the point that it would not be right to exclude items used by disabled people that are also used by non-disabled people for the same purpose. This is because for the former group it is a necessity as opposed to a choice.

> *"Neither the purchase cost nor whether the item might be used by a non-disabled person tells us, in itself, whether or not the item, when used by a disabled person, indicates a disability that might be expected to entail extra costs."*
> **Joint response by organisations or and for visually impaired people (Action for Blind People, Blind Veterans UK, Deafblind UK, Guide Dogs, National Federation of the Blind, Royal London Society for Blind People, Royal National Institute of Blind People, Sense, Thomas Pocklington Trust, Visionary)**

Option five: Halving the number of points awarded for some, or all, activities

3.33 Although the majority of respondents did not like this option, a few respondents believed it would make the system more balanced, particularly if the points were halved for only some of the eight daily living activities for which the use of aids and appliances are taken into consideration as opposed to all.

3.34 However, there were very few suggestions for which activities the points should be halved and which activities should be left unchanged. Many respondents argued that, if the number of points was halved for all activities, this would ultimately have the same effect as option three (i.e. removing entitlement from claimants with low level physical impairments across a range of functions) and that this would be disproportionate.

3.35 Others highlighted that it was the option that would likely have the widest impact, potentially significantly affecting claimants' entitlement to the enhanced as well as standard rate and impacting those who score some of their points from aids and appliances as well as those who score the majority, or all of their points in this way.

"Limiting points on aids and adaptations would seem appropriate in some sections with greater points given where need for assistance and an aid/adaptation is required."
College of Occupational Therapists

Other suggestions for changes to aids and appliances policy

3.36 One respondent proposed the removal of consideration of the use of aids and appliances from the assessment completely, so that no points are awarded for their use, as with DLA.

3.37 Another recommended that the Department halves the points awarded for the use of aids and appliances, but only for low-cost and/or non-specialised items.

4 Our response

4.1 In deciding whether to change the policy on aids and appliances, and if so, how, the Government considered the original policy intent behind PIP. This was to create a more modern and dynamic benefit that:

- Enabled support to be targeted at those with the greatest need;
- Was financially sustainable;
- Considered needs arising from all impairment types equally, giving parity of esteem between mental and physical health conditions; and
- Determined awards consistently and objectively.

4.2 Consultation responses were carefully considered against this background, and full consideration was given to equality impacts. The results of a review conducted by DWP health professionals of 400 cases where claimants scored all, or the majority[5], of their points from aids and appliances were also taken into account.

4.3 This review built on the work referenced in the consultation and its purpose was to consider, based on the available evidence, the likely level of extra costs, that may be incurred by such claimants. The results of this statistically significant sample found that in 96% of cases, claimants were likely to have low, minimal or nil extra costs.

5 At least 75%.

Effectiveness and accuracy of the assessment

4.4 The Department undertook significant analysis and consultation during the original design of the PIP assessment to ensure that the assessment was likely to identify claimants with high levels of need. This was discussed in the *Government's response to the consultation on the Personal Independence Payment assessment criteria and regulations*[6].

4.5 Respondents to this consultation raised many of the same issues and no new issues were identified as a consequence.

4.6 Comprehensive processes are in place to allow claimants to provide detailed information on their level of need and to seek further evidence or information as required.

4.7 Providers are only permitted to recruit suitably skilled and experienced healthcare professionals. They then go through a comprehensive training programme and series of appraisals. Only those who are able to consistently meet high quality standards are approved, on behalf of the Secretary of State, and permitted to undertake assessments. After this approval their performance continues to be monitored through assessment provider quality and audit regimes which are designed to ensure that healthcare professionals accurately assess claimants and present the Department's case managers with robust and reliable advice as part of the decision making process

Proposed changes

4.8 Most respondents to the consultation were of the view that aids and appliances were a reliable indicator of extra costs, felt that changes would have an adverse impact on individuals and that changes may place additional pressure on wider Government services.

4.9 However, the results of the review of 400 cases by DWP health professionals referenced in paragraph 4.2 indicates that, whilst in some cases it is challenging to distinguish between those who might benefit from an aid or appliance and those who are reliant on an aid or appliance to complete an activity, the use of an aid or appliance is not a reliable indicator of extra costs in all cases (even in cases where reliance is clearly demonstrated). Many of the aids and appliances likely to be used are also often provided free of charge by the NHS and local authorities or can be purchased for a low one-off cost. Consequently the Department believes that changes are required.

4.10 In light of the additional evidence from the 400 cases, options one (a lump sum payment) and two (a lower weekly payment) for claimants scoring their points in this way are not appropriate. This is because they cannot be justified by the additional costs to the claimant given the policy intent of focusing support on those with the greatest need and ensuring the benefit is financially sustainable. As highlighted in chapter three, feedback from the consultation also highlighted issues with the practicalities and principle of option one.

6 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181181/pip-assessment-thresholds-and-consultation-response.pdf

4.11 A significant number of respondents to the consultation suggested that option three (a new condition of entitlement) would be the least proportionate as it would completely remove entitlement from claimants with low level physical impairments across a range of functions, such as visually impaired people. Option three is also therefore not believed to be appropriate.

4.12 This is also true of option four (amending the definition of aids and appliances) as responses to the consultation and further work by the Department highlighted the difficulty in robustly defining which aids and appliances should be taken into account. This challenge is also illustrated by previous legal judgments which determined that a bed or chair could be considered an aid or appliance if an individual used it to help them dress.

4.13 The Government has therefore decided that, to best achieve the original policy intent, option five (halving the number of points awarded for aids and appliances for some or all daily living activities) should be implemented, but only in relation to two of the activities for the reasons explained below.

4.14 In the majority of the 96% of cases where health professionals were of the view that the claimant would likely have low, minimal or nil extra costs relating to daily living, points had been awarded for the use of aids and appliances for activities one, four, five and six: preparing food, washing and bathing, dressing and undressing and managing toilet needs or incontinence. This was not the case for other activities[7] and is consistent with the national data which shows that the significant increase in the proportion of claimants scoring all of their points from aids and appliances has largely been driven by a sustained rise in the points awarded in relation to activities one, four, five and six.

4.15 Activities one, four, five and six tend to rely on similar physical actions in order to complete them such as a certain level of manual dexterity, similar movements or the ability to reach. There is therefore significant overlap between activities and, when considering aids and appliances in this context, some activities will be better proxies of extra costs than others.

4.16 The Department's view is that activities five and six are likely to be less reliable in this regard. For activity six very simple activities, such as sitting down to dress, and relying on items that are easy to put on, such as Velcro fastening shoes and elasticated clothing, say little about level of disability and therefore do not reliably link to significant extra costs. Similarly, for activity five, key related actions necessary for managing toilet needs, such as dressing/undressing and washing oneself, are already considered elsewhere. There is therefore little that aids and appliances are likely to be adding making them a poorer proxy in this activity too.

4.17 In light of this, and in order to limit the number of people affected by the changes, the Government has decided that the points awarded for the use of aids and appliances should be halved from two to one but for activities five and six only. The points awarded for aids and appliances in relation to all other activities will remain the same.

4.18 This change will apply to new claims, claimants who report a change of circumstances and DLA claimants who are reassessed for PIP from 1 January 2017. The change will affect existing PIP claimants who do not report a change of circumstances from the later of 1 January 2017 or the date the Department reviews their current award.

7 Of the 383 cases where DWP health professionals were of the view that the claimants were likely to have low, minimal or nil extra costs, 357 had scored 1B, 90 had scored 2B, 88 had scored 3B, 349 had scored 4B, 354 had scored 5B, 362 had scored 6B, 29 had scored 7B and 13 had scored 8B. See Annex 3 for more information on these scores.

4.19 The Government will continue to work with Assessment Providers to ensure that changes are clearly communicated and that the advice assessors provide continues to be comprehensive, fair and objective based on claimants' ability to undertake the relevant daily living activities.

4.20 This revised approach should help ensure that the points available for aids and appliances are a more accurate proxy for extra costs incurred and support the original policy intent of PIP to focus support on those with the greatest need.

4.21 We estimate that in 2020/21 there will be a total of 640,000 people who will be in some way affected by these changes. However, a significant number will continue to qualify for an award, and claimants affected may also remain eligible for other forms of Government support. This includes, but is not limited to, the mobility component of PIP, ESA, local welfare provision, support through the NHS, adult social care and the Disabled Facilities Grant. It is important to remember that this forecast figure does not take into account all possible changes in behaviour that could offset the impact of the change. In addition, for many the losses are notional because they are not yet receiving the benefit. Final numbers affected will depend on additional factors such as caseload, and DLA reassessment outcomes. We estimate that these changes will reduce the growth in spending by £1.2bn in 2020/21 compared to spend in this year under the current system.

4.22 In addition to delivering these changes, the Department remains committed to ensuring that we offer the most appropriate and effective support and best possible claimant experience for disabled people. Following feedback from disabled people and stakeholder organisations about the need for better co-ordination across health and disability support services and the potential to improve outcomes for those with a long term disability or health condition through closer working between services, the Department will therefore also be considering options for the long-term reform of disability benefits and services.

4.23 Work will be taken forward over the coming months across Government and in consultation with those who provide relevant health and disability services. The findings will be reported later in this Parliament.

Annex A Organisations that provided written responses

Access in Dudley
Action for Blind People (3 x responses and 1 x joint)*
Adapt North East
Arthritis Research UK
ASPIRE
Association of disabled professionals
Autism Anglia
Bath & NE Somerset Citizens Advice
Big Book of Benefits / Welfare Rights Advisers Cymru
Blesma
Blind Veterans UK*
Bristol Disability Equality Forum
Buckinghamshire Disability Service
Carers UK
Citizens Advice, Coventry
Citizens Advice, Leiston, Saxmundham & District
Citizens Advice, Plymouth
Citizens Advice, Saint Helens
Citizens Advice, Scotland
College of Occupational Therapists
Community Housing Cymru/Care & Repair Cymru
Compassionate Britain
Deafblind UK*
Deafblind Scotland
DIAL Lowestoft and Waveney
Disability Action (Northern Ireland)
Disability Benefits Consortium
Disability Can DO
Disability Dynamics
Disability Equality North West
Disability Solutions West Midlands
Elcena Jeffers Foundation
Enable Scotland
Enfield Disability Action
Equal Lives
Glasgow Council for the Voluntary Sector
Glasgow City Council
Grand Union Housing Group
Guide Dogs*
Hackney Well Family Plus Service
Hanover Housing Association
Headway – the brain injury association
Hertfordshire County Council
Horizon Housing Association

Inclusion London
Inclusion Scotland
Isle of Wight Citizens Advice Bureau
Local Government Social Security Advisers Group
Lothian Centre for Inclusive Living
Low Incomes Tax Reform Group
Macmillan Cancer Support
Manchester City Council, Children and Families Directorate, on behalf of Welfare Rights Unit
Motor Neurone Disease Association
MS Society
National Aids Trust
National Federation of the Blind*
Neuromuscular Centre in Winsford
Newcastle Society for Blind People
NIPSA
Norfolk Community Law Service Welfare Rights team
Northumberland Low Vision Action Group
Northumbrian CAB
Nottinghamshire Disabled People's Movement
Oxfordshire Welfare Rights
Parkinson's UK
RAISE – Benefits and Money Advice at Home
Royal London Society for Blind People*
Royal National Institute of Blind People*
Roehampton Limb User Group
Salford Welfare Rights and Debt Service
SCOPE
Scottish Disability Equality Forum
Scottish Federation of Housing Associations
Scottish Government – from Alex Neil MSP
Sense (1 x individual and 1 x joint)*
Shaw Trust and Disabled Living Foundation
South Eastern Health and Social Care Trust
South-East Network of Disabled People's Organisations (SENDPO)
Spartacus Network (x 2)
Shine
Spinal Injuries Association
Stroke Association
Suffolk Advice Network
Surrey Welfare Rights Unit
Swansea Tackling Poverty Unit
Talking Money (formerly Bristol Money Advice Centre, helps claimants apply for PIP)
The Access Group (Tunbridge Wells)
The Advice Shop, 249 High Street, Edinburgh EH1 1YJ
The National Deaf Children's Society
Thomas Pocklington Trust*
Thurrock Coalition
Vipers: Visually Impaired People, Embracing Recreation & Support
Visionary*
West of England Centre for Inclusive Living (WECIL)
Wheatley Group
York & District Citizens Advice Bureau

*These organisations of, or for, visually impaired people provided a joint response.

Annex B
Indicative list of aids and appliances mentioned in response

Sock handler
Ceiling hoist
Incontinence pads
Bed grab rail
Toilet grab rail
Magnifying glass
Tablet – for magnification and scan and read functions
Desktop CCTV
Smart phones with voice control
Assistive computer software (magnification and speech)
Talking scanner
Talking newspapers, talking books and equipment to play them
Large keypad telephone
Talking microwave
Tactile microwave jugs
Talking cooker timer
Talking kitchen and bathroom scales
Adapted chopping board, finger guard, electric chopper
Food processor
High-contrast and non-slip cutlery
Brightly-coloured containers
Easy-to-pour kettle
Liquid level indicator
Tactile “bump-ons” (raised stickers)
Audio labelling machine (for shopping and other items)
Shower seat, grab rails
Non-slip mats
Talking watch
Talking clock
Talking thermometer
Task lighting
Braille machine and hand frame
Braille diary

Annex C
The PIP Daily Living Activities

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, is determined by DWP decision makers following an assessment by qualified health professionals.

2. PIP has two components: daily living and mobility. Individuals can receive either or both components, depending on whether and how their disability or health condition impacts on their ability to undertake a series of 10 daily activities, such as: preparing food, washing and bathing or dressing and undressing or 2 mobility activities: planning and following journeys or moving around. This consultation only affects the daily living component of PIP.

3. There are a range of descriptors for each activity, reflecting the ease or difficulty with which a person can carry out the task as a proxy for additional costs. Only one descriptor can be selected for each activity. Claimants' scores in relation to each component are summed to determine entitlement. Claimants scoring 8 points across the relevant activities qualify for the standard rate and those scoring 12 points receive the enhanced rate.

4. The assessment criteria, as set out in regulations, for the ten daily living activities are:

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

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 be able to take nutrition.	4
	e. Needs assistance to be able to manage a therapeutic source to take nutrition.	6
	f. Cannot convey food and drink to their mouth and needs another person to do so.	10

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

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 or 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

4. The current assessment criteria can be found in the Social Security (Personal Independence Payment) Regulations 2013, as amended by the Social Security (Personal Independence Payment) (Amendment) Regulations 2013.[8]

5. More details can be found in the PIP Assessment Guide.[9]

8 http://www.legislation.gov.uk/uksi/2013/377/contents
9 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449043/pip-assessment-guide.pdf

This publication can be accessed online at:
https://www.gov.uk/government/consultations/personal-independence-payment-aids-and-appliances-descriptors

For more information about this publication, contact:

Strategy, Policy and Analysis Group
Disability Benefits
PIP Policy Team
Caxton House
Tothill Street
London
SW1H 9NA

Email contact: pip.consultationfeedback@dwp.gsi.gov.uk

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