



*Transferring from Disability Living  
Allowance to Personal  
Independence Payments*

***Personal Independence Payments:  
Your experience***

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Registered Charity Number: 1161274

## TRANSFERRING FROM DLA TO PIP

Many people within the dwarfism community are receiving Disability Living Allowance (or have received it in the past), to support them with difficulties in their day to day living and mobility issues. Some of you who have been awarded the high rate of the mobility component of Disability Living Allowance may have used it to obtain a car under the Motability Scheme to enable you to be independent.

Disability Living Allowance (DLA) is being phased out and replaced by Personal Independence Payments (PIP).

This means that most individuals who are between the ages of 16 and 64 will have their DLA come to an end by late 2017 and will be required to make an application for PIP instead. Some of you may have already received a letter about this, or have already gone through the process of transferring from DLA to PIP.

For more information about PIP, please refer to our guidebook at the following link, which contains details on the claiming process, completing the forms and the appeals process:

<http://littlepeopleuk.org/useful-information/dla-pips-transition/transferring-from-disability-living-allowance-to-personal-independence-payments-guidebook>

At Little People UK we are aware that many of our members have had concerns about the process of transferring from DLA to PIP. We are also aware that some people that have been through the process already, have not been awarded PIP and may have had to challenge or appeal the decision.

We are interested in hearing from people who are currently undergoing the process of transferring from DLA to PIP, or have gone through it already, to see what your experiences have been. Our goal is to gather information from people's experiences and how the process has impacted, to highlight problem areas that are occurring and how it is impacting on people as individuals and how DLA has helped you with you with supporting managing your condition. We aim to then use this information to produce a report to suggest ways that the claims and appeals process for PIP could be improved to make it fairer and more accountable, through campaigning and discussion with government and the Department for Work and Pensions (DWP).

We would greatly appreciate it if you could take some time to complete the following questionnaire about your experiences with PIP. Your help may help to bring about positive change for the dwarfism community.

We ask that you complete this questionnaire anonymously, and avoid using personal, identifiable details in your responses.

Completed questionnaires can be sent to:

**Little People UK,  
PO Box 1292,  
Peterborough,  
PE2 2NT**

## TRANSFERRING FROM DLA TO PIP

**1. Please tell us what type of dwarfism you have been diagnosed with?**

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**2. What other health condition(s) do you have (if any)?**

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**3. Tell us in a few words if you have any mobility difficulties and if so whether you use any aids to assist you, such as a powered or manual wheelchair, scooter, walking frame, walking stick, crutches etc. Mention if you experience pain, tiredness, discomfort or breathlessness.**

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**4. Please tell us if there is any medication or treatments that you take for your condition(s), how often you need to take them and whether someone needs to help you with this.** You can include information on any physiotherapy, speech therapy, counselling or other types of treatment or therapy that you have.

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## TRANSFERRING FROM DLA TO PIP

**6. Have you been in receipt of Disability Living Allowance (DLA)?** *(Please select one option)*

YES

NO

*If NO, please move to QUESTION 12. If YES move on to QUESTION 7.*

**7. Did you have an indefinite award of DLA?** This means your DLA was meant to be awarded for life. *(Please select one option)*

YES

NO

**8. If you were in receipt of DLA, which components did you receive?** *(Please select one option for the care component and one option for the mobility component)*

### Care component

Low rate care component

Middle rate care component

High rate care component

No care component

### Mobility component

Low rate mobility component

High rate mobility component

No mobility component

**9. If you received the high rate mobility component of DLA, did you use it for a car under the Motability scheme?** *(Please select one option)*

YES

NO

**10. Tell us in a few words how did your DLA help or support you with your condition.**

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## TRANSFERRING FROM DLA TO PIP

**11. Did you find it easy to understand the letter telling you that your DLA was coming to an end and that you would have to apply for PIP and how to do this? (Please select one option)**

YES

NO

**If NO, tell us below what difficulties you had with understanding the letter:**

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**12. When you made the application for PIP over the phone, how clearly did you find the DWP adviser with explaining the claiming process? (Please select one option)**

Not easy

Easy

Fairly easy

Very easy

Any other comments:

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**13. When you received the PIP form, how did you find understanding and completing the questions? (Please select one option)**

Not easy

Easy

Fairly easy

Very easy

Any additional comments about any difficulties you may have had with understanding and answering the questions on the PIP form:

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# TRANSFERRING FROM DLA TO PIP



**14. Did you receive help with completing the PIP form? (Please select one option)**

YES

NO

If YES, who did you receive help from e.g. family member or friend, Citizens Advice, Age UK or other organisation:

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**15. If you received help with completing the form from another person or organisation, were you able to get the help before the deadline? (Please select one option)**

YES

NO

If NO, did you ring and get an extension of the deadline for returning the form? (Please select one option)

YES

NO

If NO, tell us why you didn't get an extension e.g. you didn't know whether you could ask for one or you rang an extension was not granted.

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**16. After returning your PIP form as part of the claim process you will have been required to undergo a face to face assessment. Did the assessment take place at home, at an assessment centre or at another venue? (Please select one option)**

At home

At an assessment centre

At another venue

If box 'At home' ticked then move to QUESTION 21

**17. If your assessment was at a location outside of your home, was the venue and arrangements suitable for your health needs and condition e.g. for example if you have mobility issues was the building and room accessible for you? Were you provided with an interpreter or signer if you needed one? (Please select one option)**

YES

NO

## TRANSFERRING FROM DLA TO PIP

If **NO**, please tell us why the venue or arrangements for the assessment were not suitable for your needs:

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**18. If you had to travel for your assessment, how did you get there?** *(Please select one option)*

By train

By bus

By car

By taxi

**19. Did you receive help with your travel costs?** *(Please select one option)*

YES

NO

If **NO**, then why did you not receive help?

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**20. How far did you have to travel for your assessment?** *(Please select one option)*

0-15 minutes away

15-30 minutes away

30-45 minutes away

45-60 minutes away

60-90 minutes away

90+ minutes away

**21. If your assessment took place at home, did the assessor look around your accommodation to see whether there were any adaptations to your home or whether there are any aids that you use?** *(Please select one option)*

YES

NO

If the assessment **DID NOT** take place at your home move to **QUESTION 22**.



# TRANSFERRING FROM DLA TO PIP



Please add any other relevant information e.g. whether they checked your home thoroughly, whether they asked you, about how many aids or adaptations that you have that help you:

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**22. How well do you feel the assessor understood your condition(s)?** *(Please select one option)*

- Did not understand at all
- Had some understanding
- Understood my conditions
- Understood my conditions well

Any additional comments:

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**23. Do you feel that the assessor asked you all relevant questions about your condition and how it affects your day to day life and mobility?** *(Please select one option)*

- YES
- NO

If NO, tell us why and whether you felt there was anything that was missed that they should have asked or investigated:

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## TRANSFERRING FROM DLA TO PIP

**24. Were you asked to perform an action or activity during the assessment? (Please select one option)**

YES

NO

If YES, tell us what you were asked to do. Also tell us whether you performed the action or not and if so whether it caused you pain, discomfort or made you feel distressed. Also mention if you felt pressured into doing the activity or action.

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**25. Tell us any additional information about how you felt the assessment went, this can be positive or negative e.g. the attitude/approach of the assessor, the questions that were asked and if you felt they were appropriate, whether you felt comfortable, whether you were asked to do anything that caused you physical pain or emotional distress. If you need more space you can put this information on any additional sheets but clearly number the the pages and state which question it relates to.**

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## TRANSFERRING FROM DLA TO PIP

**26. After your face to face assessment, how long did it take for you to receive a decision letter?**

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**27. What was the result on your PIP decision letter when you received it? (Select one option for each component)**

| <b>Daily living component</b> | <b>Mobility Component</b> |
|-------------------------------|---------------------------|
| No daily living component     | No mobility component     |
| Standard rate daily living    | Standard rate mobility    |
| Enhanced rate daily living    | Enhanced rate mobility    |

**28. How many points did you score for the**

**Daily living component?** .....

**Mobility component?** .....

**29. Did you agree with the decision and points you scored? (Please select one option)**

YES

NO

If **NO**, tell us why you disagreed with the decision, you can mention things like there was incorrect information in the statement of reasons, there was information about your condition they had not taken into account, they said in the decision letter you can could perform a certain activity when you can't etc. If you need more space, write the information on an additional sheet and ensure you put a page number and the question it is to with at the top of the page.

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**30. Do you feel that the decision matched what was happened and was discussed during the face to face assessment? (Please select one option)**

YES

NO

## TRANSFERRING FROM DLA TO PIP

If NO, tell us why:

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**31. If you disagreed with the PIP decision did you challenge it by doing a mandatory reconsideration within the one month time limit given from the date of your decision letter? (Please select one option)**

YES

NO

If NO, then what were the reasons for you not challenging the decision, you can say things like you were outside of the one month time limit, you were not able to get help in time to do this, you weren't sure how to challenge the decision, or some other reason such as there were exceptional circumstances such as severe illness, being in hospital or family member passing falling ill or passing away etc.

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**32. Did you do the mandatory reconsideration over the phone or in writing? (Please select one option)**

By phone

In writing

# TRANSFERRING FROM DLA TO PIP



**33. Did you receive help with the mandatory reconsideration from another person or organisation? (Please select one option)**

YES

NO

If YES, who assisted you e.g. a family member or friend, a support worker or an organisation such as Citizens Advice or Age UK.

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**34. If you needed help with doing a mandatory reconsideration did you find it easy to access help? (Please select one option)**

YES

NO

If NO, please tell us what difficulties you had with getting help, you can mention things like you didn't know where you could go for help, you weren't able to get an appointment for help with the time limit etc:

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**35. Did you send any additional medical evidence to support your mandatory reconsideration? (Please select one option)**

YES

NO

## TRANSFERRING FROM DLA TO PIP

If YES, what type of information did you send, this can include things like GP or consultant letters, reports from health professionals such as psychiatrists or physiotherapists, information about treatment you are receiving, information from any carers or support workers.

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**36. When you received a decision regarding your mandatory reconsideration, what was the result?** (Select one option for each component)

| <b>Daily living component</b> | <b>Mobility component</b> |
|-------------------------------|---------------------------|
| No daily living component     | No mobility component     |
| Standard rate daily living    | Standard rate mobility    |
| Enhanced rate daily living    | Enhanced rate mobility    |

**37. How many points for:**

**Daily living component?** .....

**Mobility component?** .....

**38. Did you agree with the with the mandatory reconsideration decision and the reasons given by the Decision Maker?** (Please select one option)

YES

NO

**If NO, what are the reasons why you did not agree:**

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**39. Did you appeal against the mandatory reconsideration decision to a First Tier Tribunal by completing an SSCS1 form? *(Please select one option)***

YES

NO

If *NO*, why did you not make an appeal, for example you can give reasons like you missed the time limit, you weren't sure how to do an appeal, you couldn't get help with doing the appeal, you weren't able to get additional medical evidence to support an appeal etc:

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**40. Did you have any difficulties with completing the SSCS1 form to lodge the appeal? *(Please select one option)***

YES

NO

If YES, please explain why you had difficulty completing the SSCS1 form:

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## TRANSFERRING FROM DLA TO PIP

**41. Did you receive any help with making an appeal and preparing for the Tribunal hearing?**  
*(Please select one option)*

YES

NO

If YES, who did you receive assistance from:

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**42. If you needed help with making an appeal, did you have any difficulties with accessing help?** *(Please select one option)*

YES

NO

If YES, please tell us what difficulties you face with trying to get help or what issues prevented you from receiving help:

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**43. If you appealed to a First Tribunal, did you have a oral hearing (this means face to face) or a paper hearing (this is where you did not have face to face hearing and it based only on the paperwork you supplied)?** *(Please select one option)*

Oral hearing

Paper hearing

**44. If you attended a Tribunal hearing, was the venue accessible and suitable for your needs?**  
*(Please select one option)*

YES

NO



## TRANSFERRING FROM DLA TO PIP

If NO, what issues did you have accessing the venue?

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**45. If you attended a Tribunal hearing, please tell us about your experience. Did you feel that the Tribunal panel asked appropriate questions about your condition(s) and how it affects your day to day life and mobility? Did you feel that they gave you sufficient time opportunity to explain your condition and answer any questions they had? Do you feel that they fully took into account all the medical evidence and any other information you supplied. Give as much detail as you can. If you need more space then please write any extra information on additional sheets clearing numbering each page and noting at the top of each page what question it is about.**

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**46. What was the decision after the appeal?** *(Select one option for each component).*

| <b>Daily living component</b> | <b>Mobility component</b> |
|-------------------------------|---------------------------|
| No daily living component     | No mobility component     |
| Standard rate daily living    | Standard rate mobility    |
| Enhanced rate daily living    | Enhanced rate mobility    |

**47. How many points did you score for the**

**Daily living component?** .....

**Mobility component?** .....

**48. Do you feel that the Tribunal explained the appeal decision clearly?** *(Please select one option)*

YES NO

If NO, tell us the reasons why you felt the decision was not explained clearly and why you disagreed with the decision.

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## TRANSFERRING FROM DLA TO PIP

**Please tell us any additional information that you want to mention about your experience of the PIP claim process and ways that you think improvements could be made.**

A series of horizontal dotted lines for writing.

**MANY THANKS FROM ALL AT LITTLE PEOPLE UK FOR YOUR TIME WITH COMPLETING THIS QUESTIONNAIRE.**