ADULTS CLAIMING PIP
ASPERGER'S/AUTISM SPECTRUM
FACTSHEET

WHAT IS THE REQUIRED PERIOD CONDITION?

- If you are not in receipt of DLA and make a claim for PIP, you must show you have met the relevant tests for the previous 3 months, and expect to continue to meet them for at least a further 9 months. This does not mean you have to wait 3 months before payments start, you may be able to show you met the disability tests in the 3 months before the claim.

- If moving from DLA to PIP, you don't have to show you met the tests in the previous 3 months, but your needs must still be expected to last for at least 9 months.

- You may be exempt from meeting the 3 month test if reclaiming PIP within two years of a previous award ending. This will apply as long as you are claiming the same component of PIP, and have the same condition (or a condition that has developed from the original condition).

These tests do not apply to either component if a claim is made on the grounds of a terminal illness.

Those turning 16 who receive DLA will be reassessed under PIP even if their DLA award was not due to run out at 16. This also includes those with indefinite awards of DLA. Exceptions to this are:

- Claiming DLA under special rules for the terminally ill
- If in hospital on the date they would normally be asked to claim PIP.

This new rule applies from 29th June 2016

DWP will contact you before you turn 16 to inform you about how to claim PIP, and to find out if you need an appointee.
They should write to you:
- when you are aged 15 years and 7 months
- yhey will send a reminder three months later,
- DWP will send you a letter inviting you to claim PIP shortly after you turn 16.

IF YOU ALREADY RECEIVE DLA, IT DOES NOT MEAN YOU AUTOMATICALLY QUALIFY FOR PIP.

You will have to make a claim for Pip once you receive the invite from DWP within 28 days, or your payments will stop. If you think there will be difficulties making the claim within this time you can request an extension which they may agree to.
- if you don't make a claim within any extended period your DLA payments will be suspended.
- DWP must write to inform you what is happening.
- if your payments are suspended you will be given a further 28 days.
- once the claim has been accepted DLA payments will be restored until a decision on the PIP claim is made.
- if you still don’t claim before the second 28 day deadline, your DLA award will end. You will not be able to appeal that decision and you will have to make a claim for PIP instead.

Adults on DLA are also re-assessed under the PIP rules if:
- they have a change of circumstances that might affect the rate of DLA they are entitled to, or
- their current DLA award is ending, rather than being sent a renewal claim pack for DLA they will be invited to claim PIP, or they volunteer to claim PIP rather than DLA.

VOLUNTEERING TO CLAIM PIP EARLY:

Young people and adults aged 16–64 have the option of volunteering to claim PIP straight away if they want to. Once you choose to make a claim you will not be allowed to change your mind and continue to receive DLA.

ADULTS WITH LONG-TERM OR INDEFINITE AWARDS OF DLA:

If your DLA award is not due to run out for some time, or if you have an indefinite DLA award, you will be asked to claim PIP at some point between now and 2018 randomly.

COMPLETING THE PIP 1 CLAIM FORM FIRST:

- You need to complete a PIP1 form which is done over the phone and should take no more than 20 minutes. However, if you have difficulties using the phone, a paper form can be sent by post.
- Questions are basic i.e. name, contact details, nationality, bank account details and details of the main health professional supporting you.
- This form is also used to check you meet the main basic qualifying conditions, ie. you are at least 16 and meet certain tests linked to your immigration status and presence in the UK.

COMPLETING PIP 2 FORM:

- You will receive a How Your Disability Affects You form. This gives you the opportunity to give a detailed account of how your condition affects your ability to do different activities so give as much detail as possible and attach any medical evidence ie diagnosis, reports from Health teams, supporting professionals or from friends/relatives who help with daily activities

- Your form must be completed and returned within the date on the covering letter. If not, the claim will normally be refused and any existing DLA payments will stop. Always return the form by the date provided. However if you are having difficulties and more time is needed, you should telephone DWP and ask for an extension, you must do this before the original one month deadline is up. They are likely to grant an extension, or more than one extension, if you have good reasons for not completing the form sooner. You must complete and send off the form before this date, not on the date.

- DWP can make exceptions but only if there is good reason. If DWP are aware a claimant has mental or cognitive disabilities and does not return the form, they will refer the claimant directly to a Healthcare professional rather than closing down their claim automatically.

- Some questions may sound intrusive and ridiculous, however you need to remember that simply writing down having Autism Spectrum Condition (ASC) including Asperger’s Syndrome, will not be enough. You have to imagine that the person reading your form may have no experience or understanding of this condition.

- You are basically being asked “how bad do things get and how does your condition impact your daily life" and reflecting on these issues can be distressing. It’s recommended you complete your form form over a few sessions within the time period allowed. Otherwise, you might find yourself exhausted and low at the end of it, if trying to finish it in one session.
- You don’t have to complete the form in order in which the questions appear, some start with Question 11 (How do you engage with other people face to face?) since they feel this is where their ASC impacts the most.

- The important thing is to pace yourself, you don’t want to put pressure on yourself by leaving it until the last minute.
- The questions which ask about your living and mobility issues, do not mean the way your condition impacts you might fit into those questions, as ASC is a very complex condition that can impact upon people in a large variety of ways.
- Imagine you are given the opportunity to describe a rainbow, being allowed only, to use the colour yellow. It wouldn’t sound interesting, writing it's just a yellow arc across the sky, you need to describe all the colours of your ASC.

- There is section at the end of the form where you can elaborate and explain the impact of your condition further.

- This factsheet is focusing more on how ASC impacts on your daily life, so it might be better to complete the form with someone who knows you well, or someone with experience as you don't want to miss anything out, otherwise, it could result in a lengthy appeals process.

DEFINITIONS:

- **Assistance:** physical intervention by another person does not include help provided through speech.
- **Supervision:** the continuous presence of another person ensuring your safety.
- **Prompting:** reminding, encouraging or explaining by another person.
- **Unaided:** without supervision, prompting, assistance or the use of an aid or appliance aid.
- **Appliance:** any device which improves provides or replaces impaired physical or mental function.
- **Prepare:** in the context of food means make food ready for cooking or eating: heat food at or above waist height: cooked one course meal for one using fresh ingredients.
- **Take nutrition:** cut food into pieces, convey food/drink to the mouth and chew, swallow food and drink, or take nutrition by using a therapeutic source.
- **Therapeutic source:** parenteral or enteral tube feeding, using a rate-limiting device ie, delivery system or feed pump
- **Therapy:** therapy to be undertaken at home which is prescribed/recommended by a GP, Nurse, Pharmacist or by a Health Professional regulated by the Health and Care Professions Council.
- **Manage medication or therapy:** take medication or undertake therapy where failure to do so is likely to result in deterioration in health
- **Medication:** medication to be taken at home which is prescribed or recommended by a registered GP Nurse or Pharmacist.
- **Monitor health:** detect significant changes in a health condition which are likely to lead to a deterioration and take action advised by a GP, registered doctor, Nurse or Health Professional who is registered by the Health and Care Professions Council, without which health is likely to deteriorate.
- **Bathing:** includes getting in or out of an un-adapted or adapted bath/shower. Explain the difficulties you have.
- **Toilet needs:** getting on and off an un-adapted/adapted toilet, evacuating bladder and bowel.
- **Manage incontinence:** manage involuntary evacuation of the bowel/bladder, including use of a collecting device or self-catheterisation, to clean you and change clothing afterwards.
- **Dress and undress:** includes putting on and taking off socks and shoes, explain problems you have with this either with mental health issues or mobilisation.
- **Communication support:** support from a person trained or experienced in communicating with people with specific communication needs, including interpreting verbal information into a non-verbal form and vice versa
- **Complex verbal information:** information in native language conveyed verbally in either more than one sentence or one complicated sentence
- **Basic verbal information:** information in native language conveyed verbally in a simple sentence
- **Read:** reading signs, symbols and words but does not include reading Braille, complex written information: more than one sentence of written or printed standard size text in native language, basic written information: signs, symbols and dates written or printed in standard size text in native language.
- **Engage socially:** interact with others in a socially appropriate manner, understand body language and establish relationships.
- **Social support:** support from a person trained or experienced in assisting people to engage in social situations.
- **Psychological distress:** distress related to an enduring mental health condition or a cognitive impairment.
- **Simple budgeting decision:** decisions involving calculating the costs of goods, and calculating change after a purchase.
- **Complex budgeting decisions:** decisions involving calculating household and personal budgets, managing and paying bills, and planning future purchases.
- **Psychological distress:** distress related to an enduring mental health condition or cognitive impairment.

- **Assistance dog:** Dogs trained to guide or assist a person with a sensory impairment.
- **Orientation aid:** specialist aid designed to assist disabled people to help follow a route safely.
- **Stand:** stand upright with at least one biological foot on the ground.
- **Aided:** with supervision, prompting, or assistance, or with the use of an aid or appliance.

VARIABLE CONDITIONS:

- In the activity of ie, preparing food, someone may need prompting to cook a simple meal on 3 days (2 points) but also need assistance to prepare a meal on an additional 2 days (4 points).
- Because the two descriptions added together apply on 58 per cent of days they will score points for this activity, and 2 points will be awarded since that description applies for the greater number of days.
- If 2 descriptions applied for an equal number of days, then the higher score is awarded.

COMPLETING THE PIP FORM:

- DWP will send you a guide about what material you need to send attached with your completed form. These will be copies of i.e. diagnosis letters, statements from your GP, or copies of medical reports, anything relating to you conditions since these will support your claim.

- Question 3 through to Question 14 will ask you two/three short questions asking you to explain and enhance your answer. Mainly your choices will be either **"No",** so you don't have to explain your answer, or **"Yes"**, and you will have to explain why in the comments section, or "**Sometimes"**, if, depending upon mood, circumstances or environment, you may not always need support. Again, you would need to explain the reasons.

- When it comes to "Sometimes", you will need to reflect on the frequency. Even if something has only occurred once or twice, it is better to think of worst case scenarios.

- The completion of the form isn't meant as a criticism of lifestyle, habits and behaviour of people with ASC, those areas the individual find totally natural and logical, could be areas of potential support. To answer "No" to all these questions, but declaring you have ASC will result in your claim being rejected.

TIPS COMPLETING THE PIP FORM:

- Write about what support you need or should be getting as well as what help you actually get.

- Think about what help you need with tasks i.e. you may be able to have a wash, but it takes up to half an hour to prompt/remind/persuade you do so.

- Mention the support you receive, or need even if you do not always get it relating to autism or any mental health difficulty you have such as anxiety or depression.

- Use real-life examples in your answers, to back up your claim.

- Keep a diary for 3 – 4 days with what help you need, and for how long. Just make sure you write down the support you get during the day.

- The person who reads your application form will not know anything about your life, your issues and everyday difficulties you face so this is your opportunity to fully explain your circumstances.

- Be prepared to be emotionally drained and frustrated with answering the questions especially because the emphasis is on writing about things that you cannot do easily rather than your achievements and abilities.

- Photocopy the form and all evidence before you send special next day delivery. DWP occasionally lose forms so always have a back-up. Also when you come to re-do the form in the future you will not have to start from scratch.
- Use supporting information i.e. Consultant reports, letter from GP, Support, anything relating to your condition if it supports your claim.
- Do not send letters from professionals who focus on your positive achievements, DWP need to know how difficult everyday life can be and they can argue things may get better.

Important note about answering some of the key questions. Pip asks you to comment on a number of 'descriptors'.

THE DESCRIPTOR CAN YOU WASH YOURSELF APPLIES TO YOU IF:

- you cannot do this task more than 50% of the time over the period of 12 months

- you cannot complete this activity "reliably, to an acceptable standard, in a timely fashion, repeatedly and safely" (this is very important if you can sometimes do a task but at least 50% of the time you are unable to do so, you should state that you are unable to do this task.

PROFESSIONAL CONTACTS:

- This asks for names, and contact details of professionals who know you well and would be able to outline the impact of your ASC and other medical conditions. These can be your GP, Social Worker, Community Nurse, Support Worker, etc.
- If you feel there is only one professional suitable, you don't have to have all three spaces filled, but it does help to show the professionals who are helping you.

MEDICAL CONDITIONS AND MEDICATIONS:

- This is where you give your medical conditions and what medication you are currently taking, the dosage and any side effects.
- List any medications you are unable to take due to side effects or complications. You can obtain this information from your GP, or perhaps your local pharmacy.

Re - Medical Conditions, it is not enough to say you have ASC, or any other condition, you will need evidence to back this up. This could be a copy of your diagnosis from the Psychologist or GP who provided it, plus anything else from your GP or Specialists etc. You can submit evidence of a Community Care Assessment or Care package if you have one, since this will explain what Adult Social Care feels what your support needs are.

PREPARING FOOD:

This refers to "a simple one course meal using fresh ingredients, such as poached eggs on toast. It does not include something like a ready meal where it's simply put in the conventional oven or microwave. However, if when using either a conventional oven or microwave, and you have trouble timing the cooking of material, or becoming distracted, then this can be mentioned here.
It asks in this question about any appliances you might need to use when preparing a simple meal,however you need to think more about the sequence of cooking a meal.

- Would you be able to shop for your food, if not, why not?
- Think about the manner in which you currently cook.
- Do you cook at odd times because of disturbed sleep patterns, i.e. breakfast at 4pm?
- What items are you familiar with using in your kitchen? Is that a limited list?
- Is it about confidence with using things like ovens or microwaves?
- Have you had any accidents in the kitchen, i.e. burning food, leaving ovens switched on, etc? You might feel you cook okay for your needs, i.e. Cup-a-soups only, but this question is asking what skills you lack to allow you to prepare and cook a meal.
- Are you confident with what portions you have cooked?
- Sequencing cooking, i.e. if a meal had several components, ie peas, potatoes, would you be able to time them so they are all ready at the same time?
- Do you use alarms or timers to monitor the cooking time.?
- Do you need reminding constantly and prompting to cook?
- Do meal times get forgotten because you get caught up in other activities?

Give details of how your condition affects you with this task, you could score points, either 2, 4 or 8 when detailing what happens with your food preparation.

TAKING NUTRITION:

- Here it relates to implements to help you feed, such as feeding tubes, always consider how you eat and if you need reminders to take in nutrition.
  If your intake of fluids and food is prevented because of you might be caught in consuming

activities, then you are impacting upon your general health.

- Do you have any eating rituals? how would this impact upon you if these rituals were denied ie using a particular piece of cutlery or plate.

Example of someone with ASC:
They could cook a simple meal, but never eat it straight away, they had to make sure it was cooked until piping hot (usually in a microwave) then wait until it cooled down, meaning the sequence of eating would often take approx 1 hour or more, however, if that sequence was interrupted, it would cause considerable distress and anxiety, even presenting itself as lashing out at others and then invariably, not taking on any nutrition at all.

- If your routine is disturbed, is there a negative impact, ie if having to change a brand of favourite food or you rigidly stick to a food because of a negative sensory reaction to other flavours or textures, and would this impact if you were eating out?
- Do café's or restaurants reach your hygiene standards, if not, does this prevent you from eating out, which could impact upon your nutrition?
- Are you adverse to foods coming into contact with each other on a plate ie potatoes touching peas.
- Do you have to eat your food in sequence, ie eating sausage, potatoes, peas always in that order?
- This isn't wrong, but **it's the impact on yourself if you are not allowed to eat in this manner**.
- How would you react?
- What are the consequences?

MANAGING THERAPY OR MONITORING A HEALTH CONDITION

- If you have listed you are currently on medication and you need reminders mention it here. These could either be a dosette box with inbuilt alarm, or an app on your phone. Those who you live with, parents, carers, partners, can also act as a prompt and if they are needed on a regular basis, list them here and how they go about it.
- It isn't just reminders of taking medication, but about your safety around them. Does someone look after them for you then provide them when you need them? Are they locked away for your own safety? If you feel you are unable or unsafe to look after your own medication, then this is a clear area of support and you need to explain this.
- Prompting comes into managing a health condition, if you find it challenging to keep GP appointments or Health Care Professional visits, without the aid of support. This could take the form of visual prompts, ie calendars, phone reminders or family and friends, especially if you need to be accompanied on these visits.

MANAGING THERAPY:

- Do you have a self-management system ie Stimming and Totems for when you have been over stimulated by an environmental situation ie too loud, too bright, too busy, etc or a sensory memory, do you initiate a corrective method which can range from rocking, hand flapping, slapping, head shaking to calm yourself down?

WASHING AND BATHING:

- Are you aware of your personal hygiene?
  It may seem perfectly logical to you that not cleaning your teeth or taking a shower is not a problem, and just a concern of others.
- Does thinking of running water flowing over your body, or foaming toothpaste filling your mouth bring on anxiety?
- Some use adaptive methods, ie a LED shower head that alerts what the water temperature is with coloured lights: ie Red - too hot, Amber - just right, Blue - cold, since they were unable to "feel" the temperature of the water appropriately. If they didn't have this, they could either scald themselves or clean appropriately.
- Are there any sensory barriers that prevent you washing and bathing?
  This sensory aspect can also be the opposite where some feel that the routine of showering is vitally important and spend a considerable time doing this process. This could have a knock-on effect where they take up to two hours to go through the process, having a great impact upon their daily schedule. This is where a discussion with someone who knows you well might highlight some of these aspects.
- Do you need prompting to complete these tasks?
  If you're easily distracted, or feel these processes are unimportant, how are you reminded and by whom?

MANAGING TOILET NEEDS OR INCONTINENCE:

- This is probably the most embarrassing section on the form, people don’t usually think of this aspect of their lives, with many giving the answer 'No'. However, based upon answers we have received from others with ASC, some do not see toilet needs linked to anything else, ie some have not seen any connection between their diet and their toileting needs. Others have commented how they will not realise they need to go to the toilet, but instead have an urgency, which can cause distress, depending where they are when it happens.

- Toilet habits, linked to sensory aspects could mean only a particular kind of toilet paper is used. Plus some have refused to use toilets while out and about, due to the perceived unhygienic nature of them, thus causing great discomfort until they reach home, or having to make a trip out short, to get to use a familiar toilet they know reaches their levels of cleanliness.
  Others have stated how toileting needs might be related to the structure of their day and if they haven’t gone to the toilet, then the rest of the day is held up until that planned action occurs.

DRESSING OR UNDRESSING:

- This covers whether you need appliances to dress, while most people with ASC, will be *physically* able to dress, it is the *process* of dressing that will be the challenging aspect. This could be the process of selecting appropriate clothing and how a decision is reached, which sometimes mean an individual will end up wearing the same clothing as the day before.
- This, combined with a lack of attention to personal hygiene, could mean the individual presents in a neglectful manner, even though they could be perfectly happy.

- If prompts are needed from others to select clothes, rotate and a reminder to launder those clothes, then it becomes a support need. If all parts of this task can be accomplished independently, then there is no issue. Other aspects to consider are the sensory aspect of individuals wearing clothes that could be inappropriate for the weather or environment. Someone may watch the morning weather forecast, but then unable to put together a warmer item of clothing is needed rather than their favourite worn t-shirt.

- When there is a sensitivity to material close to the skin, this has resulted in others wearing minimal clothing (shorts, vests, no socks) irrespective of what the outside weather is like, also the reverse, where during warm days, have worn several layers, as they find it reassuring to feel squeezed. If any specialised items of clothing are required, such as weighted jackets, which are used by some to reduce anxiety when they’re out and about. Any of these circumstances need listing in this section.

COMMUNICATING VERBALLY:

- There are some with ASC, who have an associative condition known as Selective Mutism and needs listing here supported with medical evidence If there is no formal diagnosis for this anxiety disorder, you would need to list that you have this condition, but have no formal diagnosis.

- To some it may appear totally natural and logical, but as this section covers “verbal” communication, you need to list there are circumstances which would result in you ***not*** communicating in this way.

- Sometimes associated with the social anxiety aspect is about how well you know the person you are expected to talk to. If you think of a list that includes ie a Family Member - GP - Social Worker - Neighbour,   would the level of conversation be the same? if this would be varied where you feel ill at ease when meeting strangers, then this needs highlighting in this section.

- Do you feel confident starting a conversation with a stranger, around something mundane like the weather? If you need prompting to remain on topic, changing topic, listening to others, then explain here.   If you need prompting for the tone of your voice, since some with ASC speak at the same volume level, irrespective of the environment they’re in (noisy street, quiet library) and someone needs to remind you to adjust this, again, list that here.

- Do **you** need to ask others to modulate their speech? ask them to slow down, explain, rephrase, or to allow you processing time?

READING AND UNDERSTANDING SIGNS, SYMBOLS AND WORDS:

- The obvious aspect here is around appliances, but does not include spectacles or contact lenses, however it can cover coloured overlays, if you have an associative condition, like Dyslexia or Irlan's Syndrome. This would also include, if white paper only documents are difficult to read. You might have adaptive software on laptops or computers, large font reading, or prefer easy-read documents.

- You need to consider *comprehension* of written materials. This means how you might interpret what you see written down, whether you take the written statement or sign at face value, or you find it confusing ie a Bank's ATM machine has a sign above it stating 'FREE CASH' what would you think? Are they giving away money for free? or by using this ATM, there will be no charge on your account. Have these misunderstandings caused confusion in the past and have you encountered difficulties?

- Others have said how sometimes they need someone to translate written material and have someone reveal the "true" meaning, some have said how they've become frustrated coming across a spelling mistake or error in a written document, or at the lack of attention to detail, this has resulted leaving the document not caring about any consequences.

ENGAGING OTHER PEOPLE FACE TO FACE:

- This is viewed as engaging with those you are familiar with and know well and those who you might have to meet through ie appointments for the first time. Think how long it has taken you to get to know someone and be comfortable with and about those you feel uncomfortable with. What barriers did you face getting to know them? Were there any particular methods used, i.e. seeing their photographs first or having a little bit of background information. Does the idea of meeting someone new cause you dread or anxiety?
- This question is around associative behaviour with face to face meetings. Do you become stressed, if so, how does this distress display itself and give examples?

MAKING BUDGETING DECISIONS:

- Firstly, do you have control and full access to your money? If the answer is **no**, then the reasons behind this need to be explained here. It may be that someone else (parent, carer,) has control, if they have, there will be official paperwork stating this.   If they have control because you don't want that responsibility and it's an "unofficial" arrangement you still need to explain the reasons behind this decision.

- There is also a distinct difference between having numeracy skills and budgeting. You might be able to add up accurately all the items you have in a shopping basket, but it is separate from knowing what percentage the total cost represent of your budget.

- Some people can find ***Executive Functioning*** which is being able to plan short term and long term and have a flexibility around it. If you do currently budget, do you do it weekly or monthly and what support do you need with this?

- Budgeting correctly is all about recognising priorities and essentials, but if you are spending money on one day, without consequence, then assuming you can do the same the next day, then it sounds like you might have budgeting issues.

- Are you able to identify what is correctly important? Paying off part of a Gas bill is not as good as going to the cinema and having a meal afterwards, but if the bill is the priority and you've chosen the cinema/meal, then you could have issues when it comes to budgeting.

- Budgeting is also about making choices, some of them difficult. How do you cope with choices? Do you research before reaching a decision, or rush into the first on offer as you dislike the process?
- If you need quite a heavy influence when it comes to choosing, i.e. the consequences of making a choice and the long term impact upon yourself and your budget, then explain here.

These two Questions are around Mobility, which isn't just about the physical act of

moving, it is far from it.

PLANNING AND FOLLOWING JOURNEYS:

- **Mention is made in this section of “orientation aids”, which might constitute a walking stick or travelling with another person, a phone app that plans the distance and quickest route. Some Transport providers, provide Safe Travel Cards, which inform bus drivers that you might have “a hidden disability” or due mobility issues, you may have one stating “please allow me to sit down before driving off”. If you use anything like this, list them here.**

- **On the sensory side, some will constantly have headphones on with music playing to drown out the assault of noise from other passengers.**

- You may have regular routes to familiar locations (shops, GPs, etc) but what have you had to do to become familiar with these routes?
- If you received an official letter requesting you attend an appointment ie DWP, how would you cope? You may feel fine knowing your limited routes, but this question also covers unfamiliar routes.
- What methods of transport do you prefer?
- Does anxiety prevent you from accessing public transport?
- Can you drive, but only on familiar routes, which might not be the most convenient route?
- When you do make a journey, is the aftermath quite bad?
- Some people can feel absolutely drained after only a short bus journey.

MOVING AROUND:

Examples of how someone with Autism/Asperger syndrome might score sufficient points to qualify for PIP

You will need:

- **8 points for the standard rate**
- **12 points for the enhanced rate of each part (Mobility and Daily Living)**

This is where you might score enough points to qualify for this benefit:

Daily Living Activities:

- Needs prompting to be able to prepare or cook a simple meal (using fresh ingredients) – **2 points**
- Needs prompting to be able to wash or bathe – **2 points**
- Needs communication support to be able to express or understand complex verbal information – **4 points** Needs social support to be able to engage with other people – **4 points**
  Total 12 points = enhanced rate

- This appears to be purely about about the physical act of moving around and gives distances for you to imagine, 20 metres, 50 metres, 200 metres.
- These only make sense if you have a good idea of spatial awareness. Do you really know how far 200 metres is? If you currently use a walking aid of any kind (stick, crutch, walking frame, etc) then list it here.
- If you have no physical issues in walking around, i.e. your legs are working fine, we have to consider the environment.
- If we can imagine 200 metres, it would be considerably easier walking down a section of abandoned motorway, no traffic, no noise, than walking down a busy high street, with the sensory problems that would bring.

- Some with ASC, when walking down a busy street, or through a crowded shopping centre, would need to use adaptive techniques, which can include hooded tops and baseball caps, dark glasses, head phones or ear defenders, gloves etc, to reduce the sensory input. Others have had to take breaks when making these journeys, ie just to sit down, and look at the ground and try and block everything out.

- You can add how confident you feel when going out alone, or are you much more comfortable going out when accompanied by someone familiar to you?

ADDITIONAL INFORMATION:

- Think back to the start of this information, The Rainbow Description, where we outlined that possibly the way in which your ASC impacts upon you has not been able to be expressed in all the questions asked.

This section allows you to either put in all the missing pieces, plus expand upon the answers to any of the previous questions. In this part, you can ask carers, friends or family members to make a contribution (only if you agree with it) as they might be able to add in some aspects you have over looked.

- You can always add in an additional sheet of paper, attaching it to the question with your name and National Insurance number.

FACE TO FACE:

- The final section, can be used with Page 12 which relates to your Face to Face Consultation, with an assessor. These usually take place in a Consultation Centre near to you, and are usually in city centres.
- Face to Face meetings take place when the completed form and evidence is not enough to help the decision maker reach a decision that you should be awarded PIP.
- You can write down in this section any specific needs you may require for the planned Face to Face, ie you will need plenty of notice, having a representative/or someone accompany you, or if there are any communication needs you may have. Remember, if there are any that you list, the reasons behind them would needs to appear elsewhere in your previous answers.

FACE TO FACE ASSESSMENTS:

- You may be asked to attend a face to face assessment, if so you must take someone with you for support. If you would find attending difficult you must inform DWP. If you fail to attend the assessment you may not qualify for the benefit.
- Alternative to a face to face is an assessment at your home or over the telephone. You may need to state that because of anxiety, physical health or other reasons you really do not wish to have a face to face assessment – BUT ask for advice

QUESTIONS THEY MAY ASK DURING THE FACE TO FACE ASSESSMENT:

- They may ask general questions such as ‘where did you go to school?’ (they may wish to know if you attended any specialist schools/units)
- did you get any qualifications (this is because they may believe that if you got some GCSEs you need less support)
- “can you manage cooking?”
- If you have a £1 coin can you take away 7p how much money do you have left? If you take away another 7p how much left. If you take away another 7p how much left?
- ask you to spell a word backwards.
- ask you to perform a memory test of three words eg clock, door, kettle then ask you to repeat the three words 10 minutes later.

LAST CHECK

- Read back over the form making certain you’ve answered everything fully and honestly. Remember you’ll need to put in COPIES of any diagnosis or notes from your GP and Medical Professionals.
- Once you’ve signed and dated the form, make sure you make a copy of the entire form and evidence for your records. You can read over the form before your assessment to remind you of what you have written on the form.
- Send off the form in the pre-paid envelope you’ve had provided or a large strong envelope if it won't fit, the return address is on the back of the booklet provided with the form.

FAILURE TO TAKE PART IN THE ASSESSMENT:

- If you are asked to attend a face to face assessment, at home or by phone you **must** attend. If you refuse and there is no good reason, you will be refused PIP.
- When deciding whether someone has good reason, DWP must take into account your disability and state of health. They will contact you to ask reasons why and if they decide you don't have good reason you can ask them to reconsider and appeal.

PIP AND ITS EFFECT ON OTHER BENEFITS:

PIP is not treated as income in calculating other benefits. Receiving PIP can actually lead to an increase in other benefits, or help you qualify for other entitlements.

PIP EXTRA INFO TO BE ADDED:

REASONABLE ADJUSTMENTS REQUIRED AT ASSESSMENT CENTRE:

Should there be a requirement for me to attend a face to face medical at an assessment centre I will require:

- If I arrive by taxi I will require assistance to make arrangements for a return taxi.

- I am sensitive to fluorescent lighting and bright light and will need these switched off in the waiting area and examination room.

- Due to anxiety brought about by my Autism Spectrum Condition and mental health disorders I may need to abort my assessment at any time.

- I will have difficulty understanding some questions.

- It is likely I will speak with unintentional rudeness, become muddled and/or confused.

- I will need prompting and assistance to complete any travel claim paper work.

- I need access to a disabled toilet and prompting to use it. Please ask if I need the toilet.

- If the appointment time is running late I will become impatient and will likely want to leave.