Challenging a Personal Independence Payment decision

The rules for challenging decisions have changed. You are no longer able to appeal a decision to not grant you, or question the level of award of Personal Independence Payment without having first asked for a ‘Reconsideration’ of the decision. If you wish to challenge the decision you need to take the following steps. (You might want to ask a Care Coordinator or Support Worker to help you with this):

- Request a reconsideration of the decision, you should do this within a month of the decision letter date. We have attached a copy of an example ‘reconsideration request’ letter. You should add your personal details and any additional information you think relevant about your health problems.

- If you have any medical evidence such as reports from Consultants, GP’s, and other professionals that explain your difficulties then copies of these should be included with your request. Further evidence can be added if the reconsideration request is refused and you go onto appeal. Letters from other people who know you can also be valuable.

- Send your reconsideration request and extra evidence to the address on the decision letter. Once your request is received by the DWP they may phone you to discuss the decision.

The DWP will then send you a ‘Mandatory Reconsideration Notice’. This will either inform you that they have changed their decision and benefit has been awarded or that benefit has been awarded, but this may still not be at the rate you consider appropriate to your difficulties.

- If the Mandatory Reconsideration Notice says that the original decision is unchanged you can then move onto the next stage, which is to appeal to the Independent Tribunal Service. You do this using Form SSCS1. [http://www.justice.gov.uk/downloads/forms/tribunals/sscs/sscs1.pdf]

For further advice/assistance please call The Mind in Croydon Welfare Benefits Advice Line on 0208 763 2037 at the earliest opportunity during the process. Late reconsiderations are possible.
Example:

**PIP reconsideration request letter**

Address to send to

Date

Dear Sir or Madam

**Ref: NI Number**

I am writing to ask you to reconsider the decision of .....(Date of letter sent to you).... that states that a) I am not entitled to PIP or b) I have only been awarded the .... Rate and consider this to be incorrect, for the following reasons:

I do not consider that sufficient weight was given to how my mental/physical health affects my ability to look after myself adequately. In particular the decision maker has failed to take into account that...

*e.g. I cannot speak to people I don’t know, when they talk to me I feel panicked and anxious and become really distressed, sometime aggressive towards them.*

*e.g. I cannot go out on my own at all.*

*e.g. I don’t bother to cook at all, I cannot see the point, my daughter will bring me meals as she knows I will only eat junk food.*

*e.g. I often forget my medication and my daughter will remind me daily.*

*e.g. I will spend many days in bed, not bothering to get dressed or washed, sometimes my daughter or my friend are ringing the bell and shouting through the letterbox at me. My daughter will use her key and try and motivate me to at least get up.*

(The above are examples only, and you may want to think of difficulties you have experienced and write them here, however you do not need to write vast amounts, the most important thing is to get your request in in time. You can write as little as you want to here, but the more you can explain which points you disagree with, the better)

I enclose reports from my GP/ Consultant.

I look forward to hearing from you.

Yours faithfully

Your name and address