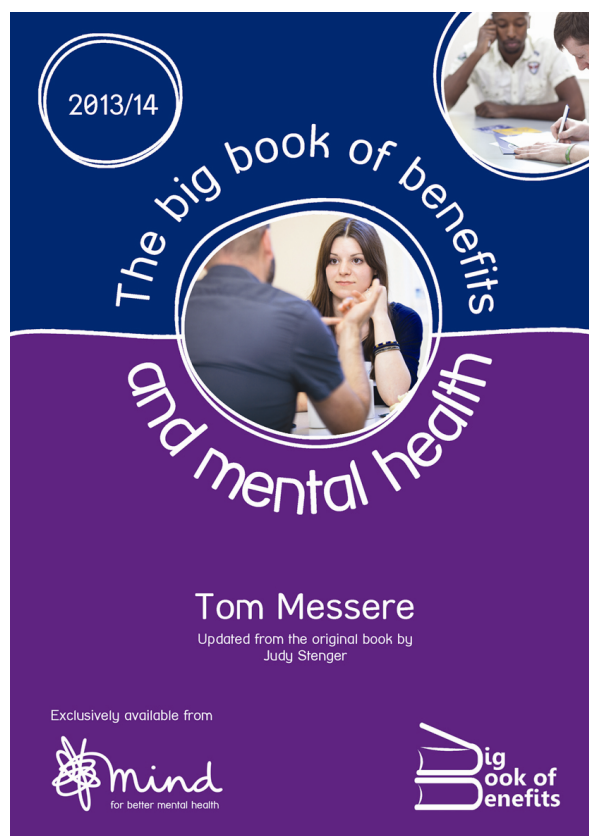


Excerpts from:



The Big Book of Benefits and Mental Health 2013 / 2014

Available exclusively from www.mind.org.uk

For more details of the book and training please visit www.bigbookofbenefits.com or see us on [facebook](https://www.facebook.com/bigbookofbenefits)

Or e-mail:

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NB: each chapter has its own detailed contents first page

17. Behaving appropriately with other people

The Medical Guidance says (excerpts):

'Episodic relapsing conditions such as some types of psychotic illness, as well as conditions resulting in consistently abnormal behaviour.'

'There is likely to be evidence of reduced insight... Rapport may be poor and communication difficult.'

'The descriptors relate to behaviour that would be considered in an average workplace such as a call centre. It is likely that the behaviour would extend beyond verbal aggression for the descriptors to apply.'

'Consider any activity involving interaction with others... such as previous occupational history, shopping, childcare, parents nights at school, relationships with neighbours, ability to cope at appointments: GP/ Hospital etc., ability to cope with bills and on the phone, dealing with finances and bills at the post office, appointments with official persons such as the Bank Manager/ Social Worker/ Benefits Personnel'

Jude's observations:

This descriptor is half of one of the 'old' ones - now happily at least a bit easier to understand. Again the list of likely conditions in the medical guidance is artificially limited.

If you lose it - either verbally or physically - with other people, here's the place to say so. If you feel able to describe times when it's happened then it'll give a clearer picture. If you've ever been arrested because of behaviour linked to your mental health or sectioned, then it may be relevant to say so here.

The guidance says 'it's likely the behaviour would extend beyond verbal aggression' for the descriptors to apply. I think it's on very thin ice with this and that a decent Caselaw decision will emerge to confirm this. Don't leave out verbal aggression alone just because that guidance says - it is *not* the law and as so far (to our knowledge at time of writing) *not* been confirmed by caselaw; so any uncontrolled aggressive behaviour could meet the descriptor.

The descriptor is also though to do with 'disinhibited' behaviour - not just aggression. If when you're unwell people might describe your behaviour this way, try to explain how it impacts on them - and on you.

Part 2 - Mental, cognitive and intellectual functions continued

17. Behaving appropriately with other people

This section looks at whether your behaviour upsets other people

Please tick this box if your behaviour does not upset other people.

☐

Now go to question 18

How often do you behave in a way which upsets other people?

☐

Every day

☒

Often

For example this might be because you are aggressive or act in an unusual way

☐

Occasionally

Use this space to tell us why your behaviour upsets people and how often this happens. Explain your problems and give examples if you can. If it varies tell us how

When I get frightened I don't want to run away - I feel like I'm backed into a corner and get really, really angry - I want to scream at people and have actually hit out at people a couple of times. I've also trashed my place - and my parents' place when I was living with them quite a few times. I know people get frightened and upset by the way I am but it's not something I can control when it happens.

I had a work placement when I first left school but they told me not to come in after the third day because I had a go at some of them - I felt they were watching me and making fun of me. I broke the door.

Actual descriptor for 17:

Appropriateness of behaviour with other people due to cognitive impairment or mental disorder

Has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace:

- Daily *(15)
- Frequently (15)
- Occasionally (9)

Personal Independence Payment descriptors (2013 Regulations)

Daily Living Component

1. Preparing food

- b. Needs to use aid or appliance to prepare or cook a simple meal 2
- c. Cannot cook a simple meal using a cooker but can using a microwave .. 2
- d. Needs prompting to either prepare or cook a simple meal..... 2
- e. Needs supervision or assistance to prepare or cook a simple meal 4
- f. Cannot prepare and cook food 8

2. Taking nutrition

- b. Needs:
 - i. to use an aid or appliance to... ; or
 - ii. supervision to take nutrition; or
 - iii. assistance to cut up food 2
- c. Needs a therapeutic source to 2
- d. Needs prompting to take nutrition... 4
- e. Needs assistance to manage a therapeutic source to take nutrition..6
- f. Cannot convey food and drink to mouth & needs another to do so..... 10

3. Managing therapy or monitoring a health condition

- a. Either
 - i. does not need medication/therapy or to monitor medical condition,
 - ii. or can manage unaided 0
- b. Needs either:
 - i. to use an aid or appliance to manage medication, or
 - ii. supervision, prompting or assistance to manage medication or monitor a health condition 1

Needs supervision, prompting or assistance to manage therapy that takes:

- c. up to 3.5 hours a week 2
- d. between 3.5 and 7 hours a week 4
- e. between 7 and 14 hours a week 6
- f. at least 14 hours a week 8

4. Washing and bathing

- b. Needs to use an aid or appliance 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 hair or body below waist..... 2
- e. Needs assistance to get in or out of bath or shower..... 3
- f. Needs assistance to be able to wash body between shoulders and waist.. 4
- g. Cannot wash or bathe at all 8

5. Managing toilet needs or incontinence

- b. Needs an aid or appliance to manage toilet needs or incontinence 2
- c. Needs supervision or prompting to be able to manage toilet needs 2
- d. Needs assistance to manage toilet needs 4
- e. Needs assistance to be able to manage incontinence of bladder *or* bowel 6
- f. Needs assistance to manage incontinence of bladder *and* bowel.. 8

6. Dressing and undressing

- b. Needs aid/appliance to dress/undress.2
- c. Needs either –
 - i. prompting to dress, undress or determine appropriate circs. to remain clothed; or
 - ii. prompting or assistance to be able to select appropriate clothing..... 2
- Needs assistance to dress or undress:
- d. lower body 2
- e. upper body 4
- f. Cannot dress or undress at all 8

7. Communicating verbally

- b. Needs to use an aid or appliance to speak or hear 2
- c. Needs communication support to be able to express or understand *complex* verbal information 4
- d. As c. for *basic* verbal info 8
- e. Cannot express or understand verbal info at all, even with support 12

8. Reading and understanding signs, symbols and words

- b. Needs to use an aid / appliance (other than contacts/specs) to read or understand written information 2
- c. Needs prompting to read or understand *complex* written info 2
- d. As c. for *basic* written info. 4
- e. Cannot read or understand signs, symbols or words at all..... 8

9. Engaging with others face to face

- b. Needs prompting to engage with other people 2
- c. Needs social support to engage 4
- d. Cannot engage with others as causes:
 - i. overwhelming psychological distress to the claimant; or
 - ii. to exhibit behaviour which would result in a substantial risk of harm to themselves or another person... 8

10. Making budgeting decisions

- b. Needs prompting or assistance to make *complex* budgeting decisions. 2
- c. Needs prompting or assistance to make *simple* budgeting decisions ... 4
- d. Cannot make any budgeting decisions at all 6

Mobility Component

11. Planning and following journeys

- b. *Needs prompting* to undertake any journey to avoid overwhelming psychological distress to self 4
- c. Cannot plan the route of a journey.. 8
- d. Cannot follow route of an *unfamiliar* journey without another person, assistance dog or orientation aid ... 10
- e. *Cannot undertake* any journey because it would cause overwhelming distress to self 10
- f. Cannot follow the route of a *familiar* journey without another person, assistance dog or orientation aid ... 12

12. Moving Around

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

Notes:

Other than indicated, descriptor a in each activity reads:

- a. can manage [activity] unaided 0

Always read descriptors in context of general guidance (e.g. reliability, variability and safety) or guidance relating to that activity or descriptor.

Standard Rate = 8 to 11 points

Enhanced Rate = 12 + points

within each component

...and activity by activity...

Guidance and comment:

Daily Living Component

I. Preparing food

DWP Guidance

A test of the claimants ability to make a simple meal. *“Not a test of their cooking skills but instead a consideration of impairments to perform the tasks required [such as] open packaging, serve food, peel and chop, use a microwave or cooker hob”*

- **Preparing food** means “activities to make food ready for cooking and eating (e.g. peeling and chopping”
- **Cooking food** means “at above waist height using a microwave or hob, not bending to an oven”
- A **simple meal** is a “cooked one-course meal for one from fresh ingredients”
- **Packaging** includes tins and use of a tin opener
- **Aids and appliances** here could include “perching stools, lightweight pans, easy grip handles, single lever taps”

Factor	DWP “reliability” examples
Safely	<ul style="list-style-type: none"> • Fire resulting from not understanding how to use an electrical appliance or gas hob correctly • Increased risk of cutting oneself or another person • Burning or scalding oneself, e.g. if an individual is likely to drop a saucepan or spill contents
To an acceptable standard	<ul style="list-style-type: none"> • Achieve a simple cooked meal for one prepared from fresh ingredients which is edible and properly cooked • Not cooking ability so issues such as presentation don’t count • nutrition and variety don’t count as this ability to prepare and cook not plan diet
Repeated	<ul style="list-style-type: none"> • Can prepare a meal, but the exhaustion from doing so means can only do it once a day so cannot do it repeatedly
In a reasonable time	<ul style="list-style-type: none"> • Physically capable of preparing a meal, but need for formalised ritual means it takes all morning to prepare breakfast



Descriptors and specific guidance

- Can prepare and cook a simple meal unaided.0
- Needs to use aid or appliance to either prepare or cook a simple meal 2
- Cannot cook simple meal using a cooker but can using a microwave 2
might apply to those “who cannot safely use pots or pans”
- Needs prompting to be able to either prepare or cook a simple meal 2
Might apply to those who “lack motivation, who need to be reminded to prepare and cook food or who are unable to ascertain if food is within date”
- Needs supervision or assistance to prepare or cook a simple meal 4
might apply to those who “need supervision to prepare and cannot safely use a microwave oven; or to claimants who cannot prepare or safely heat food”
- Cannot prepare and cook food at all 8

Comment

This echoes the cooking test for DLA Lowest, but is unlikely to get you enough points on its own. But there may be points in other activities that add up to the 8 points needed for the standard rate of PIP.

Descriptor F, the 8 point descriptor, does not include the ability to prepare and cook a simple meal from fresh ingredients - it is any food at all, e.g. a microwave burger.

Note that prompting scores 2 but assistance/supervision score 4; if there are elements of risk involved then it’s definitely worth stressing this.

Examples of difficulties:

- ◇ I feel so low I just can’t make myself do it
- ◇ I can’t think what to eat, let alone cook
- ◇ My anorexia makes it a real struggle being around food just to eat it, let alone during all the preparation
- ◇ I just do ‘convenience’ things, not fresh food
- ◇ My concentration is bad - I can’t co-ordinate things or follow instructions
- ◇ I don’t make sure that things are properly cooked
- ◇ I forget I’ve put food on and go off
- ◇ I let things burn/ there have been fires/ I burn myself
- ◇ I try cooking in the middle of the night and end up leaving things on

Tell us in Questions 3 to 15 how your health conditions or disabilities affect your day-to-day activities.

Q3 Preparing Food

① Use page 6 of the Information Booklet

Please tell us about your ability to prepare a simple one course meal for one from fresh ingredients. This includes things like:

- food preparation such as peeling, chopping or opening a can, and
- safely cooking or heating food on a cooker hob or in a microwave oven.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q3a Do you use an aid or appliance to prepare or cook a simple meal?

Aids and appliances include:

- perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators.

Yes ☐

No ☒

Sometimes ☐

Q3b Do you need help from another person to prepare or cook a simple meal?

Help includes someone:

- physically assisting you to prepare to cook food,
- cooking your food for you,
- supervising you to make sure you are safe, and
- prompting, encouraging or reminding you to cook food or how to do so.

This includes help you have and help you need but don't get.

Yes ☒

No ☐

Sometimes ☐

It is better to tick 'yes' than 'sometimes', even though you can sometimes manage without help, experience from ESA shows 'sometimes' will be dis-counted—use the box to explain any variations or fluctuations in your needs.

Q3 Extra information - Preparing Food

Tell us more information about the difficulties or help you need to prepare and cook food. For example, tell us things like:

- If you cannot do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind (for example whether they need to remind or motivate you to cook, plan the task for you, supervise you while you are doing it, physically help you or prepare all your food for you).
- If you use aids and appliances, tell us what type they are and how you use them.
- If you can only cook using a microwave.
- If your ability to do it varies, tell us in what way and how often - for example, telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If you have side effects from carrying out the activity - either during or after the activity - like pain, breathlessness or tiredness.

If you put something in the box below you don't have to fill all of the box

Anxiety/Depression & Self Harm - My motivation is so low and my concentration is so poor that even if I can push myself to start, I often cannot finish making a meal for myself.
When I do it tends to be something quick you can just stick in the microwave. I'll eat it straight from the plastic
When I have tried to cook on the hob I end up burning things or myself—because my concentration goes.
Psychosis: My concentration is poor and I can also get distracted by the voices or thoughts when I am trying to do things. When I have tried to cook I end up burning things—or myself -because my concentration just goes. Other times I undercook things and often get a bad stomach. When this happens my tablets don't work as well and I have less control.

Mobility Component

11. Planning and following journeys

DWP Guidance

This is about the ability to work out and follow a route

- **Public transport** : You should only be considered to be able to follow an unfamiliar route *“if you are capable of using public transport (a bus or train)”*
- **Orientation aids** are *“specialist aids designed to assist disabled people to follow a route”*
- **Safety and reliability** are particularly important if *“there would be a substantial risk to themselves or others if they went out alone”*
- **Psychological distress** means *“distress related to an enduring mental health condition or intellectual or cognitive impairment”*

Factor	DWP “reliability” examples
Safely	<ul style="list-style-type: none"> • Injury as a result of being unaware of obstacles, e.g. due to visual impairment. • Lacking a perception of danger presenting risk of injury to themselves or others, e.g. running into the road. • Getting into an unsafe situation as a result of getting lost due to a health condition or impairment and being unable to resolve being lost.
To an acceptable standard	<ul style="list-style-type: none"> • The outcome is able to work out how to get somewhere and then follow that route for either a familiar or unfamiliar journey. • When planning the journey the claimant must be able to work out a sensible route, but need not be most direct route, e.g. a longer train journey to minimize changes or a car journey that avoids busy roads/junctions. • Is claimant likely to get lost? Many will get a little lost in unfamiliar places, but most are able to recover. If would get excessively lost, or be unable to recover from getting lost; then not an acceptable standard.

Descriptors and specific guidance

- Can plan or follow the route of a journey unaided 0
- Needs prompting* to undertake any journey to avoid overwhelming psychological distress to self..... 4
e.g. those *“who are only able to leave the home accompanied by another person”*
- Cannot plan the route of a journey 8
- Cannot follow route of an *unfamiliar* journey without another person, assistance dog or orientation aid 10
- Cannot undertake* any journey because it would cause overwhelming distress to self..... 10
e.g. those who *“cannot leave the home at all”*
- Cannot follow the route of a *familiar* journey without another person, assistance dog or orientation aid 12

Comment:

This echoes the DLA Lower Mobility test around needing guidance or supervision when walking in unfamiliar places, but crucially:

- If you have difficulties in even familiar places you might be able to get PIP mobility at the enhanced rate
- You can add in any points from Activity 12: Moving around

However the scoring for the two ‘overwhelming psychological distress’ descriptors (11b and 11e) seems curious, In a way they both sound *more* - rather than less - limiting than the say the ones relating to cannot follow an unfamiliar or familiar journey (11d and 11f). There is a danger that people with mental health difficulties will tend to be considered under the lower scoring psychological distress ones instead, which could result in no mobility award.

Unlike the DLA Lower Mobility, the ability to use public transport is now considered, in relation say following an unfamiliar journey . Difficulties which were previously irrelevant then - e.g. feeling trapped or anxious on public transport - will now be quite important.

DLA Lower Mobility prevented people (e.g. with severe agoraphobia) who could not leave their home *at all*—not even into their garden, from qualifying because they could not walk outdoors; people in this situation will now be able to qualify for PIP Mobility.

Q13 Going out

① Use page 11 of the Information Booklet

Please tell us about your ability to work out and follow a route to another place and if severe anxiety or stress prevents you from going out. A route includes using public transport.

This activity doesn't look at your physical ability to get around which is covered in Q14 Moving around.

We want to know if you can do this safely, to an acceptable standard, as often as you need to and in a reasonable time.

Tick the boxes that apply to you then provide more information in the Extra Information box.

Q13a Do you need help from another person to plan a route to somewhere you know well? Or do you need another person, guide dog or specialist aid to help you get there?

Help includes someone:

- to help you plan a route or plan it for you,
- to prompt or encourage you to go out or be with you when going out to reassure you, and
- to be with you to keep you safe or stop you getting lost.

Aids include:

- long canes and white sticks.

This includes help you have and help you need but don't get.

Yes ☒

No ☐

Sometimes ☐

Q13b Do you need help from another person, guide dog or specialist aid to get to a location that is unfamiliar to you?

Help includes someone:

- to prompt or encourage you to go out or be with you when going out to reassure you,
- to be with you to keep you safe or stop you getting lost, and
- to help you deal with public transport or unexpected circumstances.

Aids include:

- long canes and white sticks.

This includes help you have and help you need but don't get.

Yes ☒

No ☐

Sometimes ☐

Q13c Are you unable to go out because of severe anxiety or distress?

☒

☐

☐

Q13 Extra information - Going out

Tell us more information about the difficulties or help you need to work out and follow a route to another place and whether severe anxiety or stress prevents you from going out. For example, tell us:

- If you can't do this safely, to an acceptable standard, as often as you need to and in a reasonable time.
- If you need help from another person, tell us what kind of help you need (for example whether they need to plan a route for you, encourage you to go out, reassure you or help you to make sure you don't go the wrong way).
- If you use a specialist aid such as a long cane or white stick, please tell us.
- If your needs vary, tell us in what way and how often - for example telling us about good and bad days or how it varies throughout the day.
- If you can do it but it takes you a long time.
- If your needs vary depending on where you're going, or what the route might involve, please tell us.
- If you have side effects from carrying out the activity - including before, during and after the activity - like anxiety and distress.

If you put something in the box below you don't have to fill all of the box

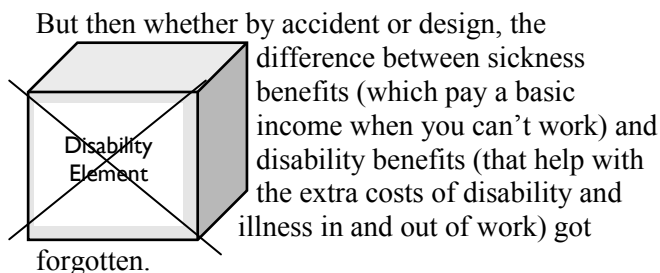
<i>ADST: My panic attacks and anxiety make me being out of doors on my own. very difficult for me - in fact I can't do it unless it's somewhere I know really well, like going to the local shop or post office. Even then I tend to go at times when I know it will be quiet. When the panic comes on my heart feels like it's going to burst. It's pounding away and I break out in sweat. My mouth gets terribly dry and I feel I've got to get away. I feel sort of unreal, detached from other people around me and have in the past stepped out in front of cars without realising they are coming. I also find it hard to concentrate when I am out because of my constantly raised anxiety. I need someone with me in places I don't know well both to re-assure me before the panic starts and to help guide me to somewhere I feel safer. They help me plan and follow a journey and cope with buses.</i>

At current rates, these three existing bits of provision add up to over £109.45 for a single person or potentially £175.55 for a couple. So the new UC element falls nearly £40 or £107 short

On the other hand, not everyone who currently gets the Support Component can access the Severe Disability Premium - e.g. they might not be living alone, or might have someone providing them with support who receives Carer's Allowance. People in this situation would *gain* around £30 a week.

Our *guess*, incidentally, is that a higher proportion of people with mental health problems probably live alone and so are more likely to lose out because of this change. We could of course be wrong.

So far, so logical. Adding some "disability elements" - or a disability route within the two limited capability elements - would have completed the plan, while allowing amounts for each partner would have eased the worst of the "rough justice" above.



Suddenly all the talk was of a "common gateway" to the extra elements through the Work Capability Assessment while the Government even tried to argue attempt to argue that "disability" premiums were not for the extra costs of disability or that was covered by DLA/PIP.. The truth is - as the DWP well knows - is that is exactly what they are.

There is a gaping hole where the simplified adult "disability elements" should be. Those who do claim through the "sickness route" will go through the Work Capability Assessment and so at least have a chance of the one of the limited capability elements.

However many do not because they have another "route" into benefit as carers, lone parents, jobseekers or disabled workers, but access current disability premiums/elements through their DLA/PIP. It seems at best a waste of time and money to require everyone to go through an otherwise unnecessary and expensive WCA for the sake of it, especially when the Government are introducing a new robust medicalised PIP assessment.

At worst the WCA is irrelevant and inappropriate—your disability/illness may not be of a type that limits your work capability even if it qualifies you for PIP—the two tests are very different.

As things stand, a worker with disabilities will have to go for a WCA and prove limited capability for even work related activity to access the extra support they received under Working Tax Credit. So much for simplicity and work incentives...

The way out of this mess is simply to widen the one exception that applies to mixed age older couples. This is when you are in a couple with one of you over Pension credit age and the other under. In the past you claimed Pension Credit, but new claims will have to be for Universal Credit.

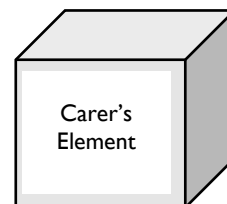
You will notice another huge hole where "Pensioner Element" ought to be, but at least you will be able to access a "disability element" if the older partner gets

- ☞ any rate of DLA or PIP you will be "treated as" having *limited capability for work* , .
- ☞ DLA Highest Care , PIP Enhanced Daily Living or either rate of AA then limited capability for work related activity applies.

Allowing this to all adults of working age would restore the rough justice of the original intentions, along with fairness for couples and pensioners.

For carers

The Carer's Element of Universal Credit will be included in calculations if someone spends at least 35 hours a week looking after a person with disabilities.



Essentially it can be included if you qualify for Carer's Allowance - or have an underlying entitlement to it - and ignoring the earnings rule. So it operates like Carer's Premium in the old system. One gain is that if you can't get Carer's Allowance because of the earnings rule you can still have a carer's element.

But not for *all* carers...

One group of carers stand to lose out significantly under Universal Credit - again in the name of simplification. The reality is that in spite of having their own health problems, many carers struggle on to provide loved ones with care and support - often at additional cost to their health. And in so doing, they save health and social services budgets large sums of money.

While the existing system is hardly generous to carers, they can have extra amounts for both their own health problems *and* their caring responsibilities. Under Universal Credit, this has been deemed to be too confusing, so you can only get either Carer's Element OR one of the two limited capability elements . You will no longer be able to be both unwell *and* a carer. Oh that life were that simple...

INCOME SUPPORT/ Income-based JSA Income-related EMPLOYMENT & SUPPORT ALLOWANCE

BENEFITS RATES
APRIL 2013-14
Means Tested

Abbreviations:

AA	Attendance Allowance
ADA	Adult Dependant Addition
CAA	Constant Attendance Allowance
CB	Child Benefit
CDA	Child Dependant Addition
CTB	Council Tax Benefit
CTC	Child Tax Credit
DLA	Disability Living Allowance
ESA	Employment & Support Allowance
ESDA	Exceptionally Severe Disablement Allowance
GA	Guardians Allowance
HB	Housing Benefit
IBJSA	Income based JSA
ICB	Incapacity Benefit
IDB	Industrial Disablement Benefit
IS	Income Support
JSA	Jobseekers Allowance
MA	Maternity Allowance
PC	Pension Credit
RP	Retirement Pension
SAP	Statutory Adoption Pay
SDA	Severe Disablement Allowance
SFTA	Sorry for the Abbreviations
SMP	Statutory Maternity Pay
SPP	Statutory Paternity Pay
SSP	Statutory Sick Pay
WTC	Working Tax Credit

PERSONAL ALLOWANCES:

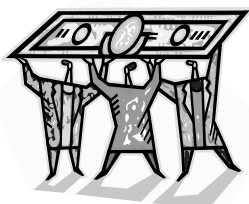
Single Person (no children)
aged 16 to 24 ... 56.80/ 71.70
aged 25 plus 71.70

Lone Parent

aged 16 or 17: 56.80
aged 18 plus 71.70

Couples

either/ both under 18 varies
both over 18 112.55



Dependant children

in almost all cases now covered
by Child Tax Credit/ Child Benefit.
Any existing awards should
transfer to CTC at some point in
the future!

PREMIUMS/ COMPONENTS

Any / all of:

Carer's 33.30
Severe Disability 59.50
Enhanced Disability- not with pensioner premium
single 15.15
couple 21.75

Plus only the highest of:

Disability (NOT ESA)
single 31.00
couple 44.20

Pensioner

Single* (JSA/ESA only) .. 73.70
man over PC age & under 65
Couple* 112.55
claimant under PC age and
partner over
* check if better to claim PC

(ESA ONLY)

Work Related Activity ... 28.45

Support Component 34.80
No couple rates. Even if both
members of a couple are ill, only
one component payable.

CAPITAL LIMIT: £16,000

TARIFF INCOME: £1 income
assumed for every £250 or part of
£250 over £6,000

HOUSING COSTS:

Loans/ mortgage pre 2/10/95:
weeks 0-8 nil, 50% of interest weeks
8 to 13, 100% thereafter
Loans/ mortgage after 2/10/95 :
Weeks 0-13 nil, 100% thereafter

INCOME DISREGARDS:

Earnings:

single: 5.00
couple: 10.00
Higher rate: 20.00
Carer's/ Disability/ lone parent / some
pensioners/ certain jobs/ lower
permitted work:

permitted work higher:

Benefits: All of: HB, CTB, AA, DLA,
Mobility Supplement, Child Tax Credit,
GA, CAA, ESDA, WDP, ADIs for non
family

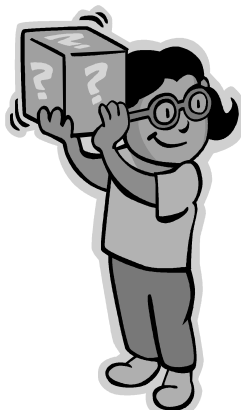
Widowed Parent's Allowance/ War
Pensions 10.00

Others:

Child maintenance all
Vol./ charitable payments .. all
Student loans £10
Student covenanted income £ 5
Boarder's rent £20+50% rest
Sub tenant's rent £20
Actual income from savings all

CHILD TAX CREDIT

PENSION CREDIT



CAPITAL LIMIT: none

MAXIMUM CTC: annual weekly
Family Element 545 . 10.50
Individual Element 2,720 . 52.22
plus disability 3,015 . 57.89
plus severe disability 1,220 22.89

INCOME DISREGARDS:

As WTC

THRESHOLD:

Threshold: 15,910 ... 305.13
Use WTC threshold if claiming
both WTC and CTC

taper 41p/ £1

CAPITAL LIMIT: none

TARIFF INCOME: £1 income
assumed for every £500 or part of
£500 over £10,000

Guarantee Credit:

APPROPRIATE AMOUNT:

single 145.40
couple 222.05

Plus additional amounts for:

Severe disability 59.50
Carers 33.30

Savings Credit:

Threshold:

single 115.30
couple 183.90

Max Savings Credit:

single 18.06
couple: 22.89

INCOME DISREGARDS:

As IS, JSA and ESA plus:

Benefits: Bereavement Payment, SSP,
SMP, SPP, SAP, War widowers
pension (pre- 1973), PC Savings
Credit (for Guarantee Credit), non-dep
increases for non-famly members
Other: Cash in lieu of coal, Student
grants/ loans

**for Savings Credit qual.
income also ignore:**

WTC, IB, Contribution based JSA
SDA, Maternity Allowance,
maintenance from a former spouse

WORKING TAX CREDIT

UNIVERSAL CREDIT

CAPITAL LIMIT: none

MAXIMUM WTC: annual weekly

Basic element 1,920.. 36.89
30 hours + 790... 15.19
Lone Parent /
2nd adult 1,970.. 37.45
Disabled Worker .. 2,855.. 53.55
Severe Disability .. 1,220.. 22.89

Childcare element:

70% of cost up to £175 for 1
up to £300 for 2 or more children

THRESHOLD: 6,420 . 123.13
taper 41p per £1

INCOME DISREGARDS:

First £10,000 of increase in previous
tax year and first £2,500 of any
decrease

Earnings: ignore pension
contributions, non taxable expenses,
payments in kind

Benefits: generally ignore all non-
taxable benefits and SMP—if in doubt
check it out

Other: all
maintenance/ most
student grants/
loans, first £300 of
investment/
pension/ property/ foreign income, any
non taxable income



CAPITAL LIMIT: £16,000

TARIFF INCOME: £1 income
assumed for every £250 or part of
£250 over £6,000

STANDARD ALLOWANCES:

monthly weekly
Single - u 25 246.81 .. 56.80
- 25+ 311.55 . 71.70
Couple: both u25.. 387.42 . 89.16
-one or both 25+ . 489.06 . 112.55

ELEMENTS

Child - 1st/only 272.08 .. 62.62
other children 226.67 .. 52.17
Disabled child 123.62 .. 28.45
higher rate 352.92 .. 81.22
Limited capability 123.62 ... 28.45
for work-related
activity 303.66 .. 69.88
Carers 144.70 .. 33.30

Childcare costs

Max for 1 child .. 532.29 .. 122.50
max for 2 or more .. 912.50 .. 210.00

BENEFITS CAP

earnings threshold 430.00 99.23

EARNINGS DISREGARD

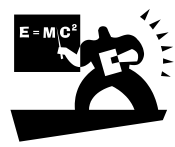
HC=housing costs no HCs If HCs
Single 25.62 ... 25.62
with children 169.38 60.69
limited capability ... 149.31 44.30
Couple 25.62 ... 25.62
with children 123.69 ... 51.24
limited capability . 149.31 ... 44.30

OTHER INCOME DISREGARDS

As IS, ESA, JSA except:
SSP, SMP, SPP, SAP counted as
earnings, boarders and sub tenants
ignored but also for bedroom limits



TRAINING



You've read the book, now see it live...

If you can organise a venue and gather up to 16 people there, we have courses; we will travel...

Introductory courses: aimed at those who help people with benefits - support workers, LMAs, CMHT staff etc.

Benefits and Mental Health

The original course of the book! A two day course looking in depth at income maximisation tactics and strategies. Assumes no prior benefits knowledge. Includes: ESA, PIP, Carer's Allowance, Means tested entitlement and looking ahead to Universal Credit

Welfare Benefits Overview

A one day general course for those new to the benefits system who want to gain the knowledge to signpost with confidence and understand income maximisation, with a nod to all the changes

Welfare Reform and Benefits Update

Exactly what it says on the box. A run through all the recent and forthcoming changes, tailored to highlight changes affecting your particular client group and including more in-depth tactical tips on problem areas - e.g. ESA and a look at PIP and Universal Credit

Welfare Reform: Sickness and Disability Benefits

Our former Sickness and Disability Benefits day updated - the impacts of migration to Employment and Support Allowance in its latest guise and fast approaching switch from DLA to the new Personal Independence Payment. This course - suitable for advisers and non-specialists alike - looks at the background, impacts and practical ways to support clients through the changes

Employment and Support Allowance

A one day course looking at the changing face of sickness route benefits - no prior benefits knowledge assumed - aimed at workers who might help with claim forms, supporting letters etc. No prior benefits knowledge assumed.

Benefits and Older People - 1 or 2 day option

A one day look at income maximisation and entitlement in older age - including Pension Credit calculations and Attendance Allowance claims from both a mental and physical health perspective. Particularly popular with Housing Associations/ supported accommodation providers. No prior benefits knowledge assumed. A 2 day option brings in ESA and DLA for in the run up to retirement.

For detailed course outlines, costs, availability etc.

please contact:
tommessere@gmail.com

Or visit www.bigbookofbenefits.com or
see us on [facebook](https://www.facebook.com/bigbookofbenefits)

Personal Independence Payment

A day course covering PIP in depth and exploring the challenges and opportunities it poses for advisers and support workers. Including PIP structure, timings and "invitation process", non-disability criteria - age limits, residence requirements, qualifying periods etc. disability criteria - activities and descriptors, the claims and assessment process, impact on other benefits, and what happens to existing DLA claimants - likely winners, losers and implications.

Universal Credit - 1 or 2 day option

An in depth look at this ambitious project to simplify the system... including timetables, migration, elements, earnings disregards, calculations, conditionality, payments and appeals. A full overview in 1 day or a chance to cover a wider range of scenarios and get even more familiar with the sums over 2 days

Both PIP and UC courses can be adapted to the needs of either non specialist support workers or benefit advisers

In-depth courses: aimed at those who advise people on benefits entitlement - welfare rights workers, benefits advisers, CAB staff etc. More technical in content but retaining accessibility, a down to earth approach and sense of humour.

Mental health - working with people claiming sickness and disability benefits

A one-day course looking at how common mental health diagnoses relate to PIP, DLA, AA and ESA claims, the barriers people face when accessing both benefits and advice and tactical approaches to income maximisation across the diagnostic spectrum.

ESA for Advisers

The nitty-gritty detail of ESA plus tactical tips for helping people to negotiate it... Aimed at those who need to know the ins-and-outs of ESA/ perform better off calculation/ represent at Appeal. Assumes familiarity with the concept of ESA...

Making Welfare Rights Training Fun

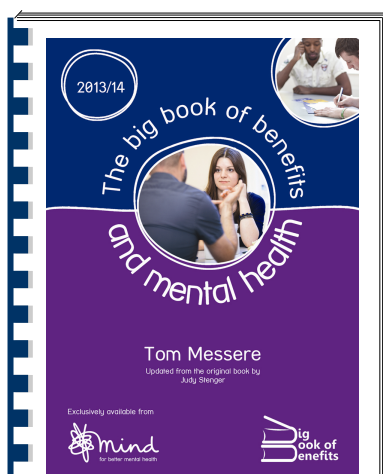
Aimed at people who offer welfare rights training to others... Protect the mental wellbeing of your course participants! What do they really need to know - and is it the same as you tell them? How to take the 'dry' out of information... Games, exercises and other ways of breaking up your 'chalk and talk' sessions. We won't guarantee to keep you awake, but if you do fall asleep, we'll try to make sure you do it with a smile on your face... Assumes a sense of humour...

Recent & forthcoming changes for advisers

A detailed exploration of recent changes across the benefits system and their implications as well as looking at major changes ahead, including PIP and Universal Credit.

"Made a frightening subject interesting and clearer - non jargonistic and thought provoking"
"Informal.....full of humour... Delivery of essential information both verbal and through visual aids"
"The best course I have been on in all the years I've been employed by..."
"Informative, lively, very interesting and essential for my work with service users"
"Superb course - very informative and relevant to client group"





“An essential piece of kit...” Community Care Magazine

Now in its 13th edition - and even bigger again - 300 plus pages of user - friendly information, tips, tactics, sample forms etc. aimed at people with mental health problems and those who help with benefits applications.

Written by: Tom Messere - last year's joint author, freelance trainer and part time welfare rights adviser updating and adapting the work of the late Judy Stenger originator and guiding spirit of the Big Book. The book still contains much of her warmth wit and wisdom based on 14 year's experience with Neath Port Talbot Mind Income Project

NEW/ UPDATED FOR 2013/14:

Personal Independence Payment - new full chapter and example forms

Universal Credit - new full chapter

Council Tax Support

ESA revised example forms , updates and the new descriptors

Welfare reform - new chapter summarising all the changes

The Work Programme - who has to do what and when and surviving as a Jobseeker

Carers and Welfare reform

Social Fund reform - replacing Community Care Grants and Crisis Loans

Contents (all revised and updated): Barriers to Benefit, Steps to Maximum Entitlement, Welfare Reform

The Sickness Route to Benefits (including example ESA50 form/ support letters), , Benefits for Carers,

Means Tested Benefits in working age, Pension Credit, Working Tax Credit and Child Tax Credit,

Social Fund reform, Universal Credit, DLA and AA (including example supporting letters),

A Guide to Mental Health Diagnoses/ Symptoms in a Disability Benefits context, Personal Independence Payment (including example forms)

Options for Work, Permitted Work Rules, Benefits in Hospital, Challenging Decisions, Rates Charts

FEEDBACK FROM PREVIOUS EDITIONS:

“An essential piece of kit for all community mental health teams, community psychiatric nurses, approved social workers and voluntary groups as well as general benefit advisers... If you have a mental health problem and are trying to cope with the benefit system or if you're a professional wanting to give good solid advice there's no better guide that you can buy...” Community Care Magazine

“Your book has brought positive results to so many of my clients and it has always been a joy to work from. Its humour, readability and understandability makes it the best of ways of finding accurate information and gives hope to people... wading through the treacle of the Benefit system.” support worker

“The book puts into words my own experiences, feelings and thoughts...” service user

“Your work has been massively important for service users” support worker

“This substantial but tremendously accessible handbook could well be one of the most useful guides around ...” Health and Care.com

“The DLA form took half the time and was more detailed than it would have been” social worker

“The forms practically write themselves” housing support worker

“Made me re-assess how I approached the form - I was awarded a higher rate of DLA...” service user

“Absolutely superb - extremely impressive” Director - Local Mind Association

“These books have been a goldmine for my Community Support Team and Housing Support Staff” team leader

“I have been a benefits adviser for almost 15 years & bought this book with some doubt, concerned that I might be paying for 'rehashed information'. I just wanted to say how delighted I am, I never thought I would take a benefits book to bed... but I could not put it down. You explained dry legislation and complex rules in a personal and engaging manner, there were even a few laugh out loud moments! Your explanations are clear and lucid, your examples very appropriate & your diagrams summarise information in an approachable and accessible way...” benefits adviser

“I have recently acquired the book which is actually an amazing document. I cannot praise it enough...” service user and advocate

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