



**“An essential piece of kit...”**

Community Care Magazine



**Now in its 17th edition, the Big Book offers over 400 pages of user-friendly practical information, tips, tactics, sample forms to support claims for people with mental and other health issues. A toolkit for service user, support worker and benefits advisers alike**

**Revised by:** Tom Messere - welfare rights adviser since 1987 and freelance benefits trainer and one time co-author with the late Judy Stenger, whose warmth, wit and wisdom still pervades pages old and new.

## NEW / UPDATED FOR 2017/18:

**Welfare Reform:** revised and updated overview and charts summary of the cuts since 2010

**Personal Independence Payment :** the March 2017 changes and a new table of PIP points and definitions; updated guidance and page by page tips /examples for the new PIP2s and changes; updated PIP caselaw

**Sickness route to benefits and ESA:** “New style” ESA, the end of ESA WRAC and UC LCW element; caselaw update; page by page tips / examples for the ESA/UC50, updated for UC / conditionality pending WCA

**Paying for housing and Benefits and work:** updated for bedroom tax caselaw and under 21s

**Universal Credit -** latest final timetable; migrations, protections and limits; new table of changes causing early unprotected migration; news from the UC Full Service issues and survival tips; disability/pensioner/disabled worker gaps updated; Work Allowance cuts; surplus earnings; the two child policy

### Plus other chapter revised and updated throughout:

Contents; Barriers to Benefit; Steps to Maximum Entitlement; Benefits for Carers, Means Tested Benefits; Working Tax Credit and Child Tax Credit; Social Fund and its successors; Disability benefits; Mental Health Diagnoses and disability benefits; From DLA to PIP: bi-polar a case study; Benefits in Hospital; Challenging Decisions, Big Book training courses – You’ve read the Book now see it Live!; 2017/18 Benefits 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 PIP form took half the time and was more detailed than it would have been” **social worker**

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

“The forms practically write themselves” **housing support worker**

“There really is everything you need here... As a tactical handbook that is not frightened to give its opinion on the current direction of social security it is unrivalled” **Advisor magazine**

“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 & advocate**

“Judy’s work made more of an impact on the quality of life of our service users than any pills, potions, therapy or support we were able to offer” **mental health team leader**

ISBN 978-0-9954595-1-9



9 780995 459519 >

**£25.00**  
plus p&p

### Main distributors:

Child Poverty Action Group, 30 Micawber Street, London, N1 7TB

T: 020 7812 5227 E: [bookorders@cpag.org.uk](mailto:bookorders@cpag.org.uk)

W: [www.shop.cpag.org.uk/big-book-of-benefits-and-mental-health-2017-18](http://www.shop.cpag.org.uk/big-book-of-benefits-and-mental-health-2017-18)

# Welcome to the Big Book of Benefits and Mental Health 2017 / 18

**W**elcome to this seventeenth edition of ***The Big Book of Benefits and Mental Health***. We had anticipated smaller changes this year and earlier publication, but late news in and illness got in the way of cunning plans. Thanks to all for kind support and patience :-)

## Big Book changes

With old and new systems likely to run alongside each other for several years to come, we face challenges that stretch our binding to its limits.

There is also a need to deal with an increasingly different world for people over pension age. So we plan to cover a new style Retirement Pension, a changing and more complex Pension Credit and Attendance Allowance and DLA in full in a forthcoming **Big Book of Benefits and Money for Older People**. The new book will also look at wider related money issues such as Pension Choices, grants and paying for care

That means we can free up space in here as we expand coverage on not so new benefits such as PIP and UC and changes within sickness route benefits. Pension Credit has merged into the means tested benefits chapter and it's a fond farewell to most of the AA and DLA chapter though you can download for free from the website.

Changes to the Book this year include:

- **full updating** and revising in every chapter, with the latest rates, implementation plans and changes.
- **welfare reform overview** and tables updated.
- **The sickness route to benefits** - updates to case law "New Style" ESA, new work conditionality while awaiting a WCA on UC, cuts to work related activity component/ESA limited capability
- **Universal Credit** - New timetables, the transition to full Service UC, experiences and tips for dealing with Full Service chaos, a new guide to circumstances likely to cause early switches to UC without protection, and the latest rates, example sums and analysis of UC's disability and pensioner gaps and cuts for workers, families and disabled children
- **Paying for Housing** and **Benefits and Work** updated for 18 to 21 restrictions, bedroom tax case law.
- **PIP** - building more resources as we gather experience a new PIP Descriptors/Definitions chart for the March changes to PIP points, suggested approaches to the new mental health discrimination.

## Changes in the Benefits system

The new post referendum, here till 2020 Government was full of warm words as it pledged "no new cuts in this Parliament". This time we were going to be "all in it together" ...honest. But that was a far cry from stopping the implementation of the cuts already decided.

April 2017 sees:

- ✂ the annual stealth cut of the bib benefits freeze - basic benefits rates are now 7% down in real terms from subsistence rates set in the 1960s
- ✂ the abandonment of the "ESA new deal" with a real cut for new claims, simply because they can. So it's farewell - for new claims - to ESA Work Related Activity Component / UC Limited Capability Element; the groups, conditionality sanctions remain.
- ✂ the pernicious and unjustified "Two Child" policy comes in, with no sound rationale behind it.
- ✂ clearer discrimination against people with mental health in the March 2017 changes to PIP
- ✂ more singling out of 18 to 21 year olds
- ✂ the expansion of the coalition of chaos and incompetence that is Universal Credit Full Service. Once a "welfare reform" now a vehicle for cuts, UC will come into readers lives more and more. It has real problems in theory: cuts for those in work, loss of disability and pensioner premiums, cuts for families and even halving amounts for disabled children. But it's the chaos in delivery of a "safety net" benefit that is so inexcusable. Strong and stable UC certainly ain't.

Yes it's Election time again :-). It's a chance to ask searching questions of all the parties and make your voice heard. One of the reasons for harshness in recent years is that people at the receiving end tend not to vote and when they do not for the last lot :-). Compare that with benefits approaches in pension age...

For those that do care about benefits and mental health - and there are many in all parties - we wish every success and courage in speaking out: "*All that is necessary for the triumph of evil, is that good people do nothing*". But whatever new Government emerges on June 8th, we hope they will do better than before. Some changes could restore a measure of dignity and respect at very little cost. Devolved Governments too can make a real difference

## Good luck

As Jude wrote, back in 2012: : "*Certainly for those reliant on benefits paid on grounds of ill health or disability, anxiety is rapidly becoming a way of life rather than a diagnosis.*"

But there is hope amongst the gloom :-). Whatever the new Government does - and local and devolved Governments offer in mitigation - the biggest cut of all is just not to claim. Don't let that happen to you ! Please make those claims, seek support and advice if you get stuck or get a "no" for an answer at the end of it.

We hope this Book - and linked training - can offer some ideas, hope, practical tools and confidence. Best wishes and thanks for your support and for continuing to make a real difference :-)

Tom Messere - April 2017



# Contents

Barriers to Benefits	5
<i>Benefit complications, mental health considerations, and anti-claimant rhetoric</i>	

Steps to Maximum Entitlement - what you can claim	13
<i>Three steps to benefits, brief summaries of benefits, examples of the three steps</i>	

Overview of cuts, changes and “welfare reform”	27
<i>Overview of changes, cuts and “reforms” overview, politics and devolution, Tables of Changes</i>	

## **Step 1: Earnings replacement benefits and statutory payments**

The basic non-means tested benefit when you are not working and statutory payments from an employer. You claim in your own right and usually can only get one at a time, but it can be worth claiming others. But in both chapters we look at connections and common sickness and carers issues for Step 1 benefits like Contributory / New Style ESA and Carers Allowances and Step 2 equivalents such as Income-related ESA and Universal Credit.

Sickness Route to Benefits -	47
<i>Sick from work and Statutory Sick Pay, Claims and assessment processes for Employment and Support Allowance (all three types) and Universal Credit for sickness, Surviving the Migration from IB/SDA and IS (for sickness) and preparing for the switch to UC (for sickness) . The Work Capability Assessment (for ESA and UC): page by page tips and example for completing ESA50s/UC50, prepare for a medical, sample supporting letters. Challenging WCA decisions, WCA caselaw</i>	

Benefits for Carers	127
<i>Carers Allowance, Carers Credit and Carers Premiums and UC Universal Credit changes for carers</i>	

## **Step 2: Means tested benefits**

Some help with low income - paid on top of - or instead of Step 1 benefits to or to help top up earnings from paid work. Others help with specific bills - rent, council tax - or one off spending see under Social Fund . Big changes ahead with Universal Credit

Means tested benefits	133
<i>Income Support, Income-related ESA, Income based JSA and Pension Credit. How to do the sums and check the amounts, worked examples, deductions and gaps</i>	

Child Tax Credit and Working Tax Credit	165
<i>Who can claim, elements, working it out elements income, annual reviews and calculations, overpayments welfare reforms cuts and changes, passported benefits</i>	

Universal Credit	183
<i>What is UC, and why? Key features and Plan A, “accelerated roll out and transition to full UC, migration and protection gaps, differences in different UC areas and devolved nations, claims and assessments, top tips to survive a UC claim, issues from the Full Service UC areas, monthly assessments and payments, overpayments, calculating UC - elements, the “disability” and “pensioner gaps”, income and work allowance cuts - and worked examples, disability and work in UC, the “surplus earnings” rules, overpayments and challenging UC decisions</i>	

Paying for Housing Costs – help with rent, mortgage and council tax Housing Benefit (who can claim, rent restrictions, the Local Housing Allowance and the bedroom tax), help with mortgage interest , differences with Universal Credit housing costs element, Council Tax Support	227
--	-----

The changing Social Fund What stays, what goes and what's moved? English local welfare schemes, the Scottish Welfare Fund, the Discretionary Assistance Fund Wales and NI Discretionary Support	249
--	-----

### **Step 3: Extra non-means tested benefits**

Help with the **extra** costs of children and living with a long term illness or disability. Paid on top of other benefits and often increasing entitlement in benefits under Step 2 or enabling carers to claim under Step 1

Introduction and a little bit of AA and DLA <i>Introduction to the disability benefits—Attendance Allowance, Disability Living Allowance and Personal Independence Payment, A summary of AA and DLA criteria and key differences with PIP, suggestions for other Big Book resources to help with AA and DLA forms</i>	257
--	-----

Personal Independence Payment (PIP) <i>What is PIP? Why and When? The PIP claims and assessments: the story so far and top tips from claim to appeal, the switch to PIP and PIP renewals, page by pages tips and examples to fill in PIP 2 forms, tackling mental health discrimination under Activity 11, supporting letters for PIP claims, challenging PIP decisions, PIP Case law, example PIP appeal submission</i>	269
---	-----

Mental Health diagnoses and disability benefits <i>A brief guide to common mental health diagnoses and issues for DLA and PIP. Case study: bi-polar disorder, DLA and PIP</i>	345
--	-----

### **Other Benefit Issues**

Work conditionality and moving into work: <i>Sickness and work conditionality: ESA and UC work related activity and while you wait for an assessment, the Work Programme, Safeguarding and challenging sanctions, Surviving as a jobseeker. In Work options: ESA Permitted Work v Tax Credits, UC Work Requirements and Sanctions</i>	357
--	-----

Benefits and Hospital <i>What happens to your benefits if you are admitted</i>	385
---	-----

How to challenging benefit decisions <i>Don't take no for answer! Revisions, supersessions and appeals, Mandatory Reconsiderations and independent appeals , issues for ESA / UC (for sickness) and PIP, appeal papers, evidence and hearings. See also information under individual benefits</i>	391
--	-----

Training courses & Feedback <i>You've read the book, now see it live! An updated wide range of training courses linked to the Big Book from beginners to experts. If it's not on the list contact us for something to suit. And let us know what you think of the Book and how we could make it better</i>	400
---	-----

Benefit Rates Chart 2017 / 2018	403
---------------------------------	-----

**NB: each chapter has its own detailed Contents**

## Access to Benefits and Mental Health Issues

When accessing benefits, any or all of the following can be involved:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• spending ages on 'hold'</li> <li>• having to select from the options without knowing what your options are</li> <li>• trying to explain complex, very personal things - on the phone or in an open-plan office</li> <li>• getting to the Jobcentre or medical examining centre by public transport</li> <li>• having to wait</li> </ul> | <ul style="list-style-type: none"> <li>• dealing with busy staff who can sometimes seem unsympathetic</li> <li>• being asked to complete long and complex claim forms</li> <li>• being asked to claim on-line</li> <li>• keeping appointments</li> <li>• being asked to submit to medical examinations</li> <li>• getting official letters using language you don't understand</li> </ul> |
|--|---|

When you live with mental health problems, the following can cause problems:

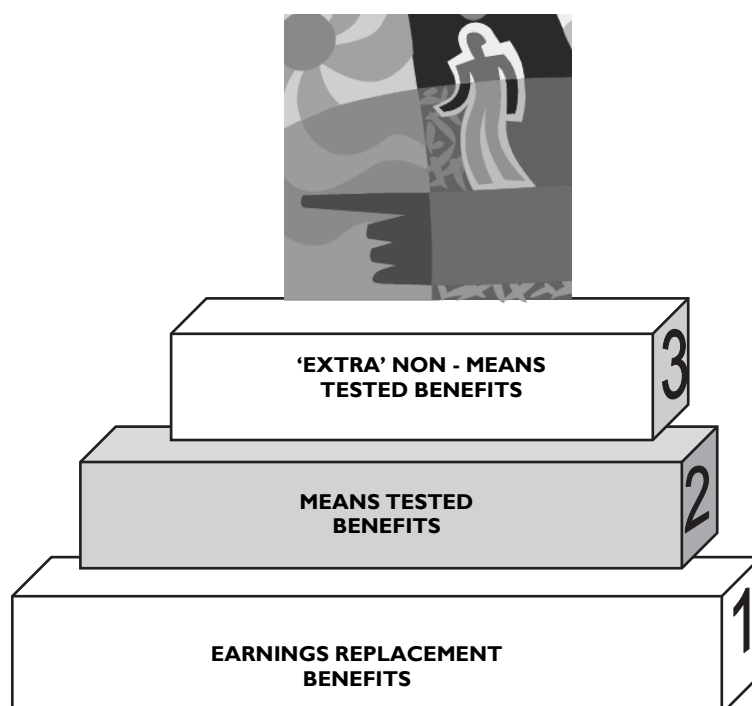
- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• anxiety using the phone</li> <li>• fear that your phone calls are somehow being 'monitored'</li> <li>• fear of opening your post</li> <li>• panic attacks when outside or dealing with unfamiliar/ crowded settings</li> <li>• a terror of being enclosed on public transport and/ or in waiting rooms/ interview rooms</li> <li>• difficulty remembering things you're told</li> <li>• a 'fight or flight response' when stressed that results in anger</li> <li>• difficulties accepting your own problems</li> <li>• difficulties communicating your problems</li> </ul> | <ul style="list-style-type: none"> <li>• fear of communicating the extent of your problems because of previous compulsory admissions/ child protection issues</li> <li>• previous bad experiences of doctors</li> <li>• problems with concentration due to side-effects of medication, anxiety or because of hearing voices</li> <li>• feelings that people are against you or want to harm you</li> <li>• feeling that you are being watched or followed</li> <li>• fear of 'officialdom'</li> </ul> |
|--|---|

Many of the same difficulties can make it difficult to access advice agencies.

Financial insecurity and ever changing circumstances are, then, direct consequences of living with mental health difficulties and the resulting anxiety can often, in turn, exacerbate mental health problems. By informing people of their rights to Social Security benefits and working with them to communicate their needs, independent advisors can help overcome barriers to benefit. For example:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• provide services at places already familiar to people - drop in centres, day hospital facilities, psychiatric clinics, day care groups, through home visits etc.</li> <li>• actively encourage people to bring company if they feel this will help them</li> <li>• offer to accompany people to interviews/ medicals /tribunals.</li> <li>• work in as informal a way as possible/ try to be jargon free!</li> <li>• aim to involve people in their claims process as far as is possible</li> <li>• use non-brown envelopes</li> </ul> | <ul style="list-style-type: none"> <li>• hand write non-standard letters</li> <li>• offer appointments so that people know they will not have to sit for any length of time in a crowded waiting area</li> <li>• offer open ended appointments so that each person will have the time <i>they</i> need to communicate their difficulties</li> <li>• offer breaks for coffee/ cigarettes - or anything that will make the process more relaxed and less threatening</li> </ul> |
|---|---|

# Three Steps To Maximum Benefits



Although we all probably know about *some* benefits, feeling confident that we've applied for *all* the benefits we're entitled to when the system is such a maze is a very different matter. What's more, the DWP doesn't have a duty to help us identify benefits we may be missing out on, so accessing full benefit entitlement often depends on knowing the right questions to ask.

But by breaking the benefits system down into 'steps' and then working our way from step one through to three, (and sometimes back to two - and one - but more of that later!) it *is* possible to feel sure that we've considered all the options. And what's more, we don't *have* to sing tunes from the '*Sound of Music*' whilst doing it...

What follows is an explanation of these three steps in greater detail, each step being followed by a brief description of the benefits it covers. There are also some example situations in which various benefits might apply.

Many of the benefits most likely to be of relevance to people with mental health problems are also covered in far greater detail later on in this book.

These include:

- Employment and Support Allowance - both Contributory and Income-related varieties
- Carer's Allowance
- Other means tested help: Pension Credit, Income-based JSA, Income Support, Housing Benefit and the new Council Tax Reduction schemes
- Child Tax Credit and Working Tax Credit
- The new Universal Credit that is finally rolling out it's universal Full Service form—beginning very slowly last May and due to be national for new claims by September 2018.
- Social Fund help and its replacements
- Personal Independence Payment

Government plans to start to combine all 'work-related' means tested benefits into one '*Universal Credit*' by March 2022 will of course make identifying which means tested benefit you might be entitled to easier. However, it seems that the rules governing that single benefit are many and complex. It's a bit like putting a big box over some separate benefits and labelling them something else, as they did when ESA replaced Incapacity Benefit and Income Support. Along the way, they have imported all the complications of the old benefit and added a few new ones along the way, as repeated cuts pile on the complexity to UC...

# Benefit changes across all “working age” benefits

see also other changes under individual benefit over the next few pages and in the relevant chapters in the rest of the Book

April 2011	<b>Change in uprating for all benefits</b> Increases will be set by the <i>Consumer Price Index</i> (which produces <b>consistently lower increases</b> ) instead of the <i>Retail Price Index</i> or the <i>Rossi index</i> . <b>CUT of £5,840 MILLION pa by 2014/15</b>	Those receiving any benefit will see its value decrease over time, lessening their ability to pay for essentials. Will be the biggest cut of all by 2015 e.g. April 2013 increase 2.2% not 2.6%
October 2012	Civil Penalties will be introduced for claimant error in claims for Benefit	Local Authorities and the DWP have discretion to enforce a civil penalty of £50 to claims which contained an error made by the claimant
April 2013	<b>1% limit uprating limit</b> Many benefits restricted to 1% for next 3 years PC Savings Credit – cuts in max SC and increased thresholds	Real cuts of 4% over next 3 years for many, an extra 200,000 children in poverty. DWP claims e.g. carers, disabled and ESA Support Component will be protected, but basic allowances are still hit
April 2013	<b>Benefits</b> <b>Household</b> income for DLA/PIP or income” (couples), ap future all U 2013. <b>CUT of £2</b>	<p>Summary tables of the cuts and changes arranged by types of benefits you tackle the forms</p> <p>ere people have e than other areas, the housing affordable housing. id ghettoization. areas of UK. o incite envy and owerless, among the on from earful. And so soften opinion up for real cuts,</p>
April 2014	<b>Overall Benefits Cap</b> Total benefits spending - excluding Pensions and JSA - capped at current levels £119.5 billion	Little overall impact in itself. More political than financial impact. The real impact comes from the choices and cuts already made/planned to achieve it.
March 2015	<b>Deaths under Sanction:</b> Dispatches programme reveals DWP are looking over 49 deaths - 40 of which were suicides among those under sanctions. Parliamentary Select Committee causes for pause and review.	The poorly evidenced and poorly controlled sanctions policy continues to target those with mental health problems and along with other cuts and changes continues to be implicated in deterioration in mental health, self harm and deaths.
April 2015	<b>The Election:</b> Conservatives confirm October announcement of a further £12 billion cuts in “working age” benefits, but are criticized for only spelling out 10% of them	Left the Conservatives as the only party wanting to cut £12 billion and to retain the bedroom tax. Their coalition partners agreed on deficit target but opposed “a plan to balance the books on the backs of the working age poor”. Suggests choice rather than necessity.
July 2015	<b>An “emergency budget”</b> - because the last lot left finances in such difficulties? - outlined where the remaining £10.8 billion of cuts will come from	The IFS have criticized the lack of accountability in a policy announced in Options will require dramatic changes, which may strain both “one nation” Toryism and the UK. See the rest of this table for changes
April 2016	<b>Benefits and tax credits freeze</b> A freeze on “working age” benefits - i.e. no uprating of benefits or LHA allowances. Except for protected elements (e.g. disability, carers and ESA support component) - however low CPI rate meant no increase in April 2016 <b>Cuts of £4,000 million by 2020</b>	Continues the stealth cut that has seen real cuts of 5% including the poorest on bare 1960s subsistence rates. Limited effect this year as inflation measures are so low, but it will cut again. Protection for carers, the sick and disabled is only partial. The freeze on LHA will further reduce the range of housing available
November 2016	<b>The Benefit Cap</b> The maximum amount is reduced to a two tier: <ul style="list-style-type: none"> <li>in London £23,000 and £15,410 singles</li> <li>outside London £20,000 and £13,400 singles.</li> </ul> <b>Cuts of £430 million by 2020</b>	Extends the cap across the UK - e.g. any family with 3 or more children will be capped across the UK. Exemptions continue e.g. if someone on DLA/PIP or in work. New exemption announced (following a court decision on discrimination) for Carer’s Allowance - no details yet.

# Limited Capability for Work Related Activity

- i.e. eligibility for the Support Component - from 28th January 2013

## Physical health:

### Treated as in support component:

- Has a progressive disease from which death can reasonably be expected within 6 months
- Receiving / recovering from chemotherapy or radiotherapy or is likely to receive it in the next six months - and DWP are satisfied should be treated as LCVRA
- There would be a substantial risk to anyone's physical or mental health if found not to have limited capacity for work related activity
- Is pregnant and there is serious risk to the health of mother or unborn child if she does not refrain from work-related activity

## Support Component descriptors:

### 1) Mobilising - unaided by another - on level ground - using a walking stick, manual wheelchair or other aid that can be reasonably used

- a) Cannot mobilise more than 50m on level ground without stopping to avoid significant discomfort or exhaustion; or
- b) cannot repeatedly mobilise 50m within a reasonable timescale because

## Mental health:

- There would be a substantial risk to anyone's physical or mental health if found not to have limited capacity for work related activity; or

### 9) Learning tasks:

- Due to cognitive impairment or mental disorder cannot learn how to complete a simple task such as setting an alarm clock

### 10) Awareness of hazard

Due to cognitive impairment or mental disorder, reduced awareness of everyday hazards leads to a significant risk of

- a) Injury to self or others or
- b) Damage to property or possessions such that they require supervision for the majority of the time.

of significant discomfort or exhaustion.

### 2) Transferring between seats

- Cannot move from one seated position to another alongside without physical help

### 3) Reaching

- Cannot raise either arm as if to put something in top pocket of jacket

### 4) Picking up/ moving with hands and upper body

- Cannot pick up and move 0.5 litre carton full of liquid

### 5) Manual Dexterity

Cannot, with either hand, either:

- a) press a button such as a telephone keypad, or
- b) Turn the pages of a book

### 6) Making self understood unaided by another - through speaking, writing, typing or other means which could be reasonably used

- Cannot convey a simple message such as the presence of a hazard

### 7) Understanding communication (verbally by hearing, lip reading non verbally - by reading 16 point print, Braille) using any aid that could reasonable be used

- Cannot understand simple message such as the location of fire escape

### 8) Continence

At least once a week experiences :

- a) loss of control leading to extensive evacuation of the bowels/ voiding of the bladder or
- b) substantial leaking of the contents of a collecting device sufficient to have to clean themselves and change clothing.

### 15) Conveying food or drink to mouth

- a) Cannot convey food or drink to own mouth without physical help, repeatedly stopping, experiencing breathlessness or severe discomfort or regular prompting by another present or

### 16) Chewing or swallowing

- As 15 b) above, but involving the act of

### 8) Navigation and maintaining safety, using a guide dog or other aid normally, or that could be reasonably used

Cannot - due to sensory impairment - without being accompanied by another:

- a. Navigate around familiar surroundings (15)
- b. Safely complete a potentially hazardous task such as crossing a road (15)
- c. Navigate around unfamiliar surroundings (9)

### 9) Absence or loss of control leading to extensive evacuation of the bowel or bladder - other than

while wearing/ normally or that

(\* if weekly, experiences: of the ladder; or from efficient to f & change of (15)

majority of h a toilet (6)

during

of lost/

resulting in significantly disrupted awareness or concentration:

- a. At least once a week (15)
- b. At least once a month (6)

## Easy single page listings of the latest Work Capability Assessment descriptors for ESA

(NB these are overlapping reduced sizes pages for illustration )

### 11) Initiating personal actions

- Cannot, function, at least to actions

### 12) Coping

- Cannot cope with cognitive disorder, cannot be

### 13) Coping engagement

- Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the

- As 15 b) above, but involving the acts of chewing or swallowing rather than conveying food or drink to mouth

- c. above head height as if to reach for something (6)

### 4) Picking up and moving / transferring by use of upper body and arms -

Cannot:

- a. Pick up and move a 0.5 litre carton of liquid (15)
- b. Pick up and move a 1 litre carton of liquid (9)
- c. Transfer light but bulky object - e.g. an empty cardboard box (6)

## Work Capability Assessment 'Physical Disabilities' from 28th January 2013

\* also acts as a Support Component descriptor

(italics = changes from previous test in 1,2,5,7,8 and 9  
NB: all only apply if have a physical health condition)

## 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.'*

*'Conditions such as brain injury that result in lack of insight...difficulties people with autistic spectrum disorder may have in social 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 i others... such as previous occupa shopping, childcare, parents nigh relationships with neighbours, ab appointments: GP/ Hospital etc., bills and on the phone, dealing w the post office, appointments with as the Bank Manager/ Social Wor Personnel'*

### Jude's observations:

Again the list of likely conditions guidance is artificially limited. If verbally or physically - with other 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. Don't leave out verbal aggression alone just because the guidance says so- it is *not* the law and a caselaw decision (see later in this chapter) has found that what a claimant said was '*a classic form of disinhibited behaviour*'; so any uncontrolled aggressive or disinhibited behaviour could meet the descriptor.

The descriptor is to do with '**disinhibited**' behaviour -

Page by page help with ESA 50s & UC50s - useful DWP guidance and observations, common issues to help you tackle the forms

### Part 2 - Mental, cognitive and intellectual functions continued

#### 17. Behaving appropriately

This section asks about whether your behaviour upsets other people. By this we do not mean minor arguments between couples.

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

☐

Now go to question 18 on the next page

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

For example, this might be because your health condition, illness or disability results in you behaving aggressively or acting in an unusual way.

☐

Every day

☒

Frequently

☐

Occasionally

Actual descriptors 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)

Use this space to tell us or provide examples of how your behaviour upsets other 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.*



## Working it Out

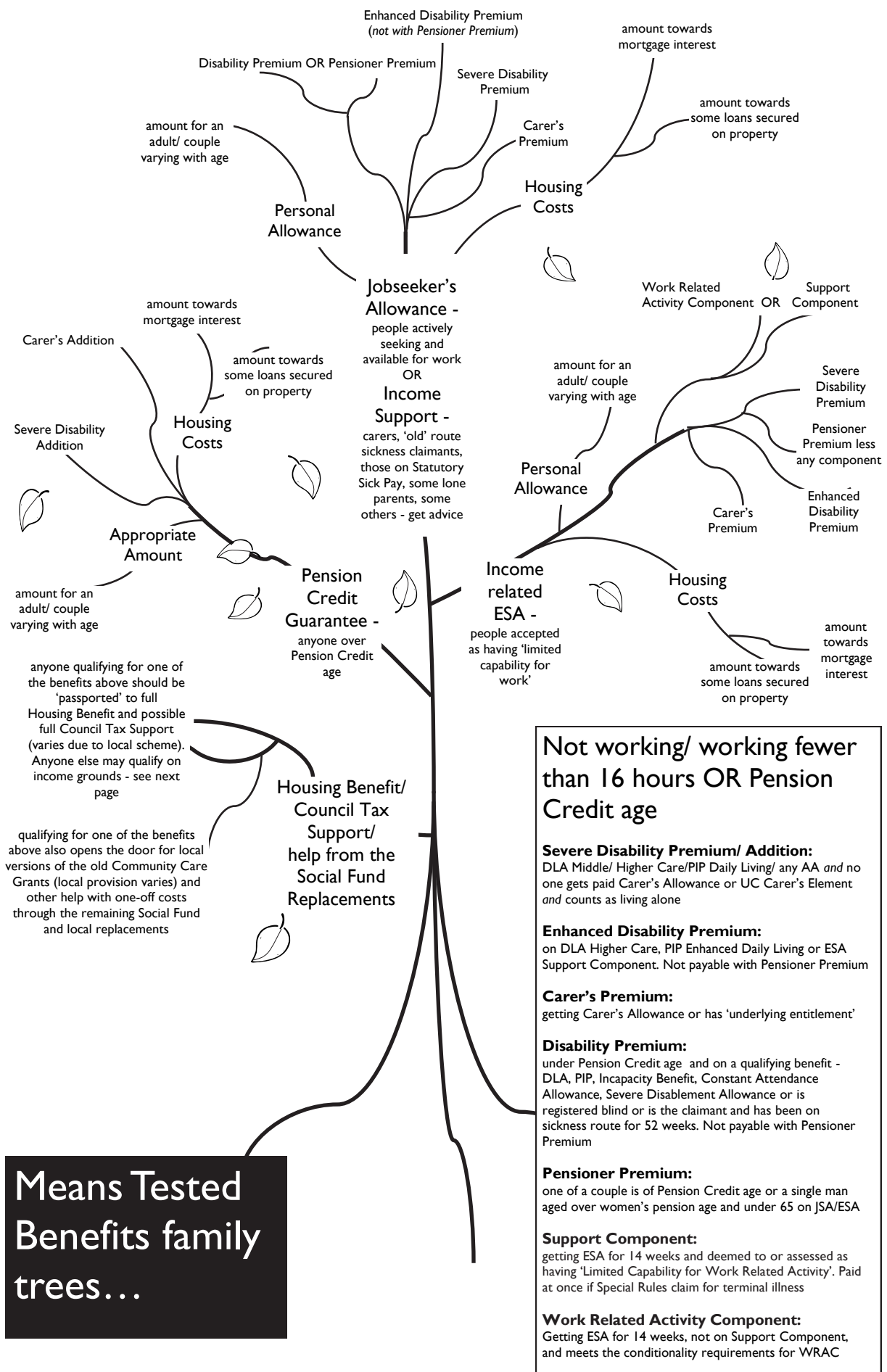
1) Work out Applicable Amount	2) Work out Income
<p>Add together your</p> <ul style="list-style-type: none"> <li>• Personal Allowances</li> <li>• Premiums or/ and Components</li> <li>• any Housing Costs that count minus any non dependant deductions</li> </ul>	<p>Add together your</p> <ul style="list-style-type: none"> <li>• Earnings (minus the disregards)</li> <li>• Benefits income</li> <li>• Other income</li> <li>• any 'Tariff Income' from Capital</li> </ul>

3) Work out amount payable...
<p>Take your</p> <ul style="list-style-type: none"> <li>• Income from your</li> <li>• Applicable Amount</li> </ul> <p><b>AND THERE'S YOUR INCOME SUPPORT, INCOME RELATED ESA or INCOME BASED JSA</b></p>

Bob's your uncle...

Well you can't claim for him then...





## Changes and “natural migration” to UC

(reproduced and adapted by kind permission of  
Newcastle City Welfare Rights and Money Advice Service)

Change in your circumstances	What could happen before UC?	What happens in a Full Service UC area ?
<b>Change in employment status</b>		
On Ib-JSA / IS / Ir-ESA and start work or increase hours to meet WTC (16, 24 or 30hrs)	Claim WTC See note <sup>1</sup>	Claim UC
On ‘legacy benefit’ - e.g. Ib-JSA and HB - and start work, but not enough hours to satisfy WTC	‘Legacy benefits’ adjusted	<b>Choice</b> – remain on adjusted ‘legacy benefit’ or claim UC if better off. See ‘Swapping from ‘legacy benefit’ to claim UC’ below
On WTC and hours fall below 16	Claim IS / Ib-JSA	Claim UC
On Child Tax Credit only and start work to with enough hours for Working Tax Credit	Claim WTC	Remain on CTC and claim WTC
On WTC and increase hours Stay on WTC	Stay on WTC	See Choice above
On Working Tax Credit and becomes sick	Count as a worker for WTC for first 28 weeks. Claim Ir-ESA	Count as a worker for WTC for first 28 weeks. Claim UC
<b>Sickness - see also under “Change in employment status” above</b>		
On Ir-ESA doing permitted work and work becomes permanent, hours increase over 16 or other reason no longer “permitted work”	Potential Working Tax Credit claim	Claim UC
On Ib-JSA and becomes sick	Switch to Ir-ESA	Claim UC
On Ir-ESA and fails Work Capability Assessment (WCA) i.e. is found fit for work or not to have “limited capability” See note <sup>2</sup>	Claim Ib-JSA during mandatory reconsideration, then back to Ir-ESA pending appeal	<b>Either:</b> Claim UC during MR but will then remain on UC pending appeal and after a successful WCA appeal. <b>Or:</b> manage through MR, then claim Ir-ESA pending appeal. See note <sup>3</sup>
<b>Becoming single or one of a couple if it means a new claim to a “legacy benefit” <sup>4</sup>, claim UC e.g. :</b>		
Couple on Tax Credits separate	Make separate claims for ‘legacy benefits’	Both claim UC as single people
Lone parent on e.g. Income Support and Child Tax Credit becomes a couple	Claim e.g. Ib-JSA or Ir-ESA and make new CTC claim as a couple	Claim UC as a couple
Couple on Ib-JSA with child under 5 becomes a lone parent	Claim IS / Ib-JSA	Both claim UC as single people
Single person under pension age on ‘legacy benefit(s)’. Becomes a couple with person of Pension Credit (PC) qualifying age	Claim Pension Credit (PC)	Claim PC. When Full Service UC fully rolled out across the country, claim UC. See note <sup>5</sup>
<b>Carers</b>		
Satisfies Carer’s Allowance rules which means a new ‘legacy benefit’ claim	Claim the relevant benefit ‘legacy benefit(s)’ e.g. IS	Claim UC
On IS and stops being a carer	Unless another reason to be on IS, claim Ib-JSA	Claim UC
<i>continued on next page...</i>		

# Surviving a UC claim:

## Top Tips from the UC Pathfinder: Helping you to help them to help you ☺

(NB: Many of the computer related problems should be easier in Full Service areas. Others seem to remain)

### Was UC ready for rollout?

Back in 2015, UC may have been late, but with £700 million spent on the project, just 35,000 claimants at the time, 2,700 UC Centre staff and over 2 years of accumulated “scrap and burn” the UC claims and payments

- **Tenancy agreements:** if you have them but alternatively a letter from your landlord or copies of bank statements showing rent being paid. UC regulations do **not** require a tenancy agreement in the last 12 months **nor** that you be the formal tenant, but that tends to be UC’s default request.

## Practical survival guides when UC goes wrong along with shared experiences from UC Full Service areas

• **Proof of address:** You may need to provide a Passport/ID card/asylum letter/tenancy residence permit. Or if you have any of those then any **two** from: bank statement, mortgage book, bank/building society statement, utility bill, driving license, birth certificate, partnership certificate, travel card, membership card of a known association. The first two apply to all claims. As you may need more evidence: ✓ partner’s savings, sick notes etc.

• **Claimant Commitment:** You will have to attend their own Claimant Commitment interview so worth them taking any relevant evidence to theirs.

☞ **Tip 1: Allow plenty of time, quiet space and good connection to claim UC:** Assemble all the information you might need and allow up to an hour. If you time out, the connection/UC connection goes down you cannot save your work as a go. Be politely assertive if you need to claim by telephone and prepared to deal with a “can’t claim online v. won’t claim online” conversation.

☞ **Tip 2: Time your claim if you can:** Old claims for Housing Benefit, Child Tax Credit or Income-related ESA will stop straightaway, so where possible time your UC claim just after a recent payment of any previous benefit.

☞ **Tip 3: Keep a diary of what happens when –** when you claimed, sent in further evidence or had it scanned at the local Jobcentre Plus. This “timeline” will help you - or an adviser—talk the Service Centre through the case and help them spot and clear the blockage. Evidence that is apparently missing or not visible on first look, can then be spotted tucked away in the recesses.

☞ **Tip 4 Getting through “voice recognition”:** UC uses a “voice recognition” system that can send you round in the seven circles of UC hell :-). After 3 goes it will allow menu options, but “Check status of my claim” seems a good way through.

### .At your First Claim Interview

☞ **Tip 5: Take evidence of ID and tenancy agreements to your claim interview:** You will be asked to produce evidence which UC don’t tell you to bring beforehand.

Taking it along on the day will mean it will be recorded as seen within that interview, will save a repeat trip to the Job Centre and speed up the claim:

☞ **Tip 6: Don’t be misled on Claimant Commitment.** These can seem a bit intimidating – lots of warning of sanctions and a big pressure to agree and sign, as your UC claim cannot proceed until you do. Work out which of the four “work requirement” levels apply in your case (see under Work Conditionality).

If it is the “full work requirement”, there is significant scope for adjustments for particular circumstances. However, there seems a strong default setting to treat all claimants as full on, full time fully fit jobseekers. You could get stuck with an unlawful or unreasonable commitment.

It is proving rather hard to get this “living flexible” document changed. Get advice if you get stuck.

### Waiting for that first payment

☞ **Tip 7: How will you manage until first payment?** It could be 6 to 8 weeks before you get a first payment, rather than the 5 weeks promised. And for many new claims (check if you are exempt from waiting days) that first payment will not include anything for the first week. Could you manage until then? If not apply for an **Advance Payment** within 21 days of your claim.

☞ **Tip 8. Don’t wait to ask:** There was shocking evidence from undercover filming by Channel 4’s Dispatches programme (9/03/15) of a policy of not disclosing the existence of:

- Advance Payments -
- The Flexible Support Fund (for one off grants to help take up a job) and
- Hardship Payments (when sanctioned).

**You now know, so ask when needed.**

# The UC “disability gap”

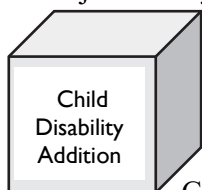
## ...protecting the most vulnerable?

So how does UC deal with disability? And what are the implications for new and existing claimants?

The DWP’s first thought was to simplify the complex range of disability support: 3 types of disability premiums in means tested benefits, two elements in tax credits and two ESA components. The UC model was to build on the tax credit two tier approach and for added tidiness align the rates to limited capability ones. This is exemplified in arrangements for children:

### Additions for child disability

Technically these are an addition to the child element, but just as easy to think of it as a separate element.



UC picks up the two tiers of the equivalent additions in Child Tax Credit, with the same criteria. The big change is the aligning with UC’s LCW Element which left a Cameron Government halving the addition for most disabled children.

- ☞ The lower rate - as with CTC - applies to children getting any rate of DLA (or dependant young people on any rate of PIP). It is set at the LCW element rate of £29.05, which is less than half the £60.90 in Child Tax Credit.
- ☞ The higher rate - again as with CTC - applies to children or QYPs getting the top rates of either DLA Care or PIP Daily Living. Here the Government has pledged to match the CTC rate and is set at a weekly equivalent of £85.90

This could then have been the model for similar two tier adult disability elements linked more closely to LCW element rates.

### Pensioner with disabilities

In future, couples where one partner is above Pension Credit age but the other is below, will have to claim Universal Credit rather than Pension Credit.

However, if the older partner gets a disability benefit, they will be “treated as” passing the tests for limited capability, as follows:

- ☞ limited capability for work element applies where the older partner receives any rate of DLA or PIP
- ☞ limited capability for work related activity element will apply if that older partner gets either of the top rates of PIP Daily Living or DLA Care or either rate of Attendance Allowance.

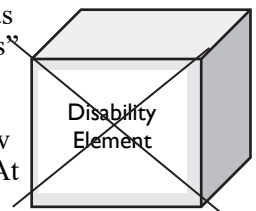
This gives some recognition for disability, though such a couple will still be considerably worse off than under Pension Credit. Extending this provision to working age claims could be another way to close UC’s disability gap.

### Adult Disability Elements

The Government seem to have forgotten the difference between “sickness” benefits - to give a basic income when too unwell to work - and “disability” benefits - for extra help with care and mobility needs. A first though of a simpler two tier Adult Disability Element gave way to a merger with “limited capability”, based on a “common gateway” via the Work Capability Assessment; “alignment” gave way to abolition.

Many people with disabilities may also be unable to work and so come under the WCA. Others though will have disabilities, but be working full time, actively looking for work or caring for children or people with disabilities.

With no “treated as” provision - as for “mixed age” pensioner couples” - such claimants will have to undergo an extra test, despite having recently undergone the new robust PIP disability assessment. At best then a waste of resources .



But apart from the waste and added stress for claimants, someone may quite correctly not pass the WCA. The WCA and PIP assessment measure two very different things, and many with long term health issues or disabilities may not necessarily be too unwell to work, as the Government is only too keen to point out. But under UC only passing *both* limited capability tests will do; a fail or only passing the LCW element, does not unlock the residual disability support that lies within the LCWRA element.

### Workers with disabilities

Someone who currently gets a disability worker element under Working Tax Credit faces the absurd prospect of popping in for a WCA assessment to prove they have limited capability for even work related activity on their way to a possibly full time job!! More seriously the loss is equivalent to £57.54 a week

### Summary

Whether by accident or design the DWP have come up with an irrational mess. The result is potentially discriminatory cuts against people with disabilities. The DWP have even argued that disability premiums were never intended to help with disability costs!! The clue is in the name and in the logic behind the last biggest change since Beveridge back in 1988. The end result is that UC effectively has no disability elements for “working age” adults, while disability support is significantly cut for pensioners and children. *See the next page for examples of how this hits people*

Simpler ? Possibly. Protecting the vulnerable? Making work pay? That’s another matter :-(

## Disability: winners and losers under Universal Credit...

DWP estimates of winners and losers need recalculating for the latest cuts to UC. But it seems for people with disabilities or long term illnesses the losers may outweigh the winners. With apologies to JK Rowling :-)

NB: Universal Credit is always calculated monthly. We use the UC weekly equivalents to aid comparison.

**1. Harry** gets ESA with Support Component and DLA Middle Rate Care/ Lower Mobility. He lives with his aunt and uncle so cannot get the Severe Disability Premium. He benefits from the higher LCWRA element **gaining £21.05**

Income-related ESA Applicable Amount		Universal Credit Maximum Amount	
Personal Allowance	73.10	Standard Amount	73.10
Support Component	36.55	Limited Capability for Work Related	
Enhanced Disability Premium	15.90	Activity Element	73.50
	<b>£125.55</b>		<b>£ 146.60</b>

**2. Hermione** was on the same benefits as Harry. Having wisely looked at Big Book before her PIP assessment, she continues as before but now with PIP standard Daily Living/standard Mobility. She lives in her own place. She **loses £41.40 a week**.

Income-related ESA Applicable Amount		Universal Credit Maximum Amount	
Personal Allowance	73.10	Standard amount	73.10
Support Component	36.55	Limited Capability for Work Related	
Enhanced Disability Premium	15.90	Activity Element	73.50
Severe Disability Premium	62.45		
	<b>£188.00</b>		<b>£ 146.60</b>

**3. Hagrid** also has PIP standard Daily Living/ standard Mobility but, like many ESA claimants, is on the Work Related Activity Component. He loses more, as the new higher LCWRA rate does not help. He **loses £62.45 a week**

Income-related ESA Applicable Amount		Universal Credit Maximum Amount	
Personal Allowance	73.10	Standard amount	73.10
Work Related Activity Component	29.05	Limited Capability for Work	
Severe Disability Premium	62.45	Element	29.05
	<b>£164.60</b>		<b>£ 102.15</b>

Hagrid is philosophical and has heard that UC will at least make work pay, so looks at an opportunity in a local school. We will revisit him after exploring the full UC sums, but the news is not good / clear for workers with health issues. If he takes a job and breaks his claim after April 2017, the above totals fall to £134.95 on ESA or £73.10 on UC.

**4. Ron is a carer** is also on PIP standard Daily Living/Mobility. He is main carer for son, Hewhomustnotbenamedyet who gets Middle Rate DLA Care claims because of physical difficulties and extensive supervision needs re danger to others. Ron gets a "quadruple expelliamus" from: losing disability premiums, no compensation from the LCWRA element, cuts in child disability and the mistreatment of carers with disabilities. He **loses £123.65 a week**

Income-related ESA Applicable Amount		Universal Credit Maximum Amount	
Personal Allowance	73.10	Standard amount	73.10
Work Related Activity Component	29.05	(No LCW element as he gets more in Carers)	
Carer's Premium	34.95	Carers Element	34.95
Severe Disability Premium	62.45	(no SDP as abolished, with no compensation in LCW)	

### Child Tax Credit :

Family Element	10.45	Child Element - first child	63.70
Individual Element	53.20	Child Disability element	29.05 (halved)
Child Disability Element	60.90		
	<b>£324.10</b>		<b>£200.45</b>

Ron is sceptical when his MP explains that welfare reform will protect the vulnerable and not increase child poverty.

N.B. Existing claimants will get transitional protection - but only if they switch to UC under "managed migration" and then do not lose it. A "natural migration" means no protection. Even with protection, benefit will be frozen until ordinary UC catches up, which may be many years, while each month everything gets that little bit harder...



# Universal Credit (April 2017-18)

**1) CHECK CAPITAL** Upper Limit: £16,000.  
Ignore any capital under £6,000. Tariff income applies to capital in between. Some capital is ignored.

## 2) MAXIMUM UC

### A. Standard amount:

**Single** per month  
aged 16 to 24 ..... £251.77  
aged 25 and over ..... £317.82

### Joint claims:

if one/both aged 16 to 25 ..... £395.20  
both aged 25 or over ..... £498.89

### B. Child elements:

first/oldest child/QYP<sup>1</sup> ..... £277.08  
each subsequent child ..... £175.00

addition for  
lower rate  
higher rate  
<sup>2</sup> if DLA

### Childcare

tax credit  
£  
Max. £646.35

### C. Other Carers and

carer's - per

limited capability for work ..... £140.11  
LC for work related activity<sup>3,4</sup> ..... £315.60

<sup>3</sup> only the highest of carers / LC for same person

<sup>3</sup> only one LCW / LCWRA element per couple

<sup>5</sup> not payable on new claims after April 2017

### Housing Costs- if any

- mortgage interest: (3 month waiting period)
- interest on certain other secured loans
- eligible rent/ Local Housing Allowance
- service charges / ground Rent

less any ineligible service charges

less any housing costs contribution

rent only - £70.06 pcm per non-dep. but not if:

- tenant on PIP Daily Liv., DLA Middle/Higher Care, AA
- non Dep.: u21, resp. for child u5, on PC, DLA Middle Higher Care, PIP Daily Liv., AA or Carer's Allowance

equals housing costs element

equals **Maximum Amount**

less **Total Income** (from step 3)

**Universal Credit** due

before any transitional additions OR deductions for e.g. arrears, sanctions, advances, surplus earnings

## 3) INCOME

NB: convert all amounts to calendar monthly: multiply by 52, 26, 13 or 4 as appropriate, then divide by 12

### A. Earned Income

Gross earnings less: work expenses, income tax, National Insurance and any pension contributions

claimant's monthly earnings

partner's monthly earnings

statutory payments (SSP, SMP, SAP, SPP, SSPP)

less **Work Allowance**

Category	If HC*	No HC
no children or limited capability	£0	£0
with children/limited capability	£192	£397

If both

after WA)

e. x 0.63

income

SA

**x 0.63**

### • Carer's Allowance

All other benefits (including AA, DLA, PIP, Child Benefit) are ignored.

### B.2 Tariff income from capital:

£4.35 per £250 between £6,000 and £16,000

### B3. Other income:

Ignore all payments: in kind, fostering, s17 & s24, loan protection, all voluntary/ charitable payments

Ignore all child maintenance

Count in full:

- occupational or works pension
- spousal maintenance
- student grants or loans
- any other taxable income:

equals **B. Unearned Income**

A + B equals **Total Income**

An easy to use calculation sheet with  
all the information to hand when  
working out  
Universal Credit entitlement





# Personal Independence Payment descriptors

(changes from 17.03.2017 shown underlined. **PTO for:** PIP definitions, reliability and variability)

## 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 take nutrition ... 4
- f. cannot cut up food & needs : .....

### 3. Managing medication

- a. either
  - i. does not need to monitor medication
  - ii. or can monitor medication
- b. needs either
  - i. to use an aid or appliance to manage medication
  - ii. supervision to manage medication
  - iii. sup. p. i to manage medication

- 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. need aid/appliance to dress/undress...2
- c. needs either :
  - i. prompting to dress, undress or determine appropriate circumstances to remain clothed; **or**
  - ii. prompting or assistance to be able to select appropriate clothing ..... 2

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

### 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 & 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

..... of a **familiar** person, orientation aid ..... 12

for reasons distress...

..... or unaided ... 0  
more than 200m. .... 4

..... a. but less than ..... 8

..... **more** more than 10m ..... 10

..... more than 20m, ..... 12

Easy single page listing of the activities and descriptors for Personal Independence Payment, including March 2017 changes with the definitions on the back

### Notes:

Other than where indicated, descriptor a. in each activity reads:

- a. can manage ... unaided..... 0

Always consider descriptors in context of **reliability**, variability and without pain and discomfort . See the definitions - with more on variability and reliability - overleaf. For more detail, comment, sample PIP2, case law, supporting evidence, submissions see the Big Book of Benefits and Mental Health.

Standard Rate = 8 to 11 points

Enhanced Rate = 12 + points

(one total for each component)

...and activity by activity...

Guidance, comment & PIP2 examples:

## Daily Living Component

### I. Preparing food



#### DWP definitions

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** is legally defined as 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”* (legal definition)
- A **simple meal** is legally defined as 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"> <li>• Fire resulting from not understanding how to use an electrical appliance or gas hob correctly</li> <li>• Increased risk of cutting oneself or another person</li> <li>• Burning or scalding oneself, e.g. if an individual is likely to drop a saucepan or spill contents</li> <li>• An ‘actively’ suicidal person may require supervision, or be unable to do safely at all, due to the risk of self harm posed by access to knives, naked flames, hot implements and food - if applies is likely to have a care plan</li> </ul>
To an acceptable standard (not in current guidance)	<ul style="list-style-type: none"> <li>• Achieve a simple cooked meal for one prepared from fresh ingredients which is edible and properly cooked</li> <li>• Not cooking ability so issues such as presentation don’t count</li> <li>• If never needed to cook - consider physical and cognitive ability if had to</li> <li>• nutrition and variety don’t count - is ability to prepare and cook not plan diet</li> </ul>
Repeatedly	<ul style="list-style-type: none"> <li>• Can prepare a meal, but the exhaustion from doing so means can only do it once a day so cannot do it repeatedly</li> </ul>
In a reasonable time	<ul style="list-style-type: none"> <li>• Physically capable of preparing a meal, but need for formalized ritual means it takes all morning to prepare breakfast</li> </ul>

### 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 a cooker hob”* e.g.: *“a cognitively impaired person who would be likely to leave a gas cooker on”*
- Needs prompting to be able to either prepare or cook a simple meal .....2  
might apply to those who *“on the majority of days...lack motivation to prepare and cook a simple meal due to a mental health condition, or who need to be reminded how to prepare and cook food”*
- Needs supervision or assistance to prepare or cook a simple meal .....4  
might apply to those who *“need supervision to safely heat or cook food using a microwave oven”* ... or *“who are unable to determine whether food is safe to eat”* ... *“In cases of a risk of self-harm, there should be good evidence of the risk to the individual”* and captures *“significant risk of self harm or suicide intent”*
- Cannot prepare and cook food at all .....8

#### Comment

This echoes the cooking test for DLA Lowest Care but is unlikely to get you enough points on its own. But there may be points in other activities that can add to any here to get you the 8 for standard rate.

Heating up a pre-pared ready meal in the microwave is **not** using a microwave to cook a simple meal from fresh - explain if this the limit of your motivation.

Descriptor F, 8 points, 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.

Pre-chopped vegetables are not considered an aid/appliance in the guidance, but reliance on them could show a need for aids or assistance.

#### What people often say:

- ◇ 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 wander off
- ◇ I let things burn/ there have been fires/ I burn myself
- ◇ I try cooking in the middle of the night & leave things on

## Section 3 - How your health condition or disability affects your day-to-day life

Tell us in the rest of this form how your health conditions or disabilities affect your day-to-day activities.

### Q3 - Preparing Food

① Use page 7 of the Information Booklet to help answer these questions

**Tell us about whether you can prepare a simple one course meal for one from fresh ingredients.**

This includes things like:

- food preparation such as
- safely cooking or heating
- Tick the boxes that apply to Extra Information box.

**Q3a - Do you need to use or appliance to prepare a simple meal?**

Aids and appliance things like:

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

**Q3b - Do you need help from another person to cook a simple meal?**

By this we mean:

- do they remind or motivate you to cook?
- do they plan the meal with you?
- Do they supervise you?
- Do they physically help you?
- Do they prepare a meal for you?

Page by page help with the revised PIP 2s - useful DWVP guidance, reliability, comments and common difficulties alongside example forms.

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

### Q3c - Extra information - Preparing Food

Tell us more about any difficulties you have when **preparing and cooking food**:

- tell us how your condition affects you doing this activity
- tell us how you manage at the moment and the problems you have when you can't do this activity
- tell us how long it takes to prepare and cook food
- does whether you can do this vary throughout the day? Tell us about good and bad days
- can you cook using an oven safely? If not, tell us why not
- tell us about the aids to appliances you need to use to help you prepare and cook food
- do you experience any other difficulties, **either during or after the activity**, like pain, breathlessness or tiredness?
- tell us about the **help you need from another person** when preparing food. This includes help you have **and** help you need but don't get

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, but I won't do that reliably and then not preparing it, just heating up a ready meal, not cooking. (1c&d)
When I have tried to cook on the hob I end up burning things or myself—because my concentration goes. (Desc 1e)
Psychosis: My concentration is poor and I can also get distressed 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 undercook things and often get a bad stomach. When this happens my tablets don't work as well and I have less control. (Descriptors. 1c & e)

If you need to add more please continue at Q15 Additional Information .

# BENEFITS RATES

## APRIL 2017-18

### Means Tested

## Income Support, Income-based JSA, Income-related ESA & Housing Benefit

### PERSONAL ALLOWANCES:

<b>Single Person</b> (no children)	
aged 16 to 25.....	57.90/ 73.10 <sup>1</sup>
aged 25 plus.....	73.10
HB over PC age.....	159.35
HB over 65.....	172.55

<sup>1</sup> applies if in main phase of ESA

### Lone Parent

aged 16 or 17.....	57.90
aged 18 plus .....	73.10
HB over PC age / 65+ rates if applicable	

### Couples

either/ both under 18.....	varies <sup>2</sup>
both over 18 .....	114.85
HB over PC age.....	243.25
HB over 65.....	258.15

<sup>2</sup> varies from 57.90 to 114.85. For HB its 87.50 if both u18 or 114.85 if only 1 ptrn is

### HB dependant children / QYP

Mostly replaced by CTC for IS, JSA & ESA. Always counted in HB calculations to offset any CTC income from working claimants

Personal allowance <sup>3</sup> .....	66.90
Family premium <sup>4</sup> .....	17.45
disabled child.....	60.90
enhanced disability (child)....	24.78

<sup>3</sup> two child limit for new **children** after 4.17

<sup>4</sup> abolished for new claims from 4.16

### PREMIUMS/ COMPONENTS

#### Any / all of:

Carer's.....	34.95
Severe Disability .....	62.45
Enhanced Disability <sup>5</sup>	
single.....	15.90
couple.....	22.85

<sup>5</sup> not with pensioner premium

#### Plus only the highest of:

Disability <sup>6</sup> (not ESA)	
single.....	32.55
couple.....	46.40

<sup>6</sup> not with pensioner premium/HB PC+

### Pensioner

#### single<sup>7</sup>

#### couple<sup>8</sup>

<sup>7</sup> if a mc

<sup>8</sup> if claim

NB: check cases PP

### ESA

#### work r

#### suppor

<sup>9</sup> no couj

<sup>10</sup> both quc

<sup>10</sup> WRAC

### CAPIT

(no limit

**TARIFF INCOME:** £1 for every £250 or part £250 over £6,000. HB over PC age/65+: £1 per £500 over £10,000

### HOUSING COSTS:

**Waiting time:** Claims made after 04/01/09 (unless linking rules apply): Weeks 0-13 nil, 100% thereafter

**Limits:** £200,000 ceiling. Limited to 104 weeks for JSA

### INCOME DISREGARDS:

#### Earnings:

single: .....	5.00
couple: .....	10.00
higher rate: .....	20.00

carers / disability / lone parent / some

Handy double page  
benefit rates chart with a  
similar non-means tested  
benefits page

### Abbreviations:

AA	Attendance Allowance
ADI	Adult Dependency Increases
CAA	Constant Attendance Allowance
CB	Child Benefit
CDA	Child Dependent Addition
CTC	Child Tax Credit
CTS	Council Tax Support
	Disability Living Allowance
	Employment and Support Allowance
	exceptionally Severe Disablement Allowance
	Guardians Allowance
	Housing Benefit
	Incapacity Benefit
	Industrial injuries Disablement Benefit
	Income Support
	Jobseekers Allowance
	Maternity Allowance
	Pension Credit
	Retirement Pension
	Statutory Adoption Pay
	Severe Disablement Allowance
	Sorry for the Abbreviations
	Statutory Maternity Pay
	Statutory Paternity Pay
	Statutory Sick Pay
	Universal Credit
	War Disability Pension
	Widowed Parents Allowance
	Working Tax Credit

## CHILD TAX CREDIT



Note: CTC and WTC are calculated over a tax year, or over days in an assessment period when elements/circumstances change. Weekly amounts reflect actual payments in many CTC cases especially and to aid comparison

**CAPITAL LIMIT:** none

<b>MAXIMUM CTC:</b> annual weekly	
family element <sup>1</sup> .....	545 ... 10.50
individual element <sup>2</sup> ..	2,780 ... 53.34
plus disability.....	3,175 ... 60.90
plus sev disability.....	1,290 ... 24.78

<sup>1</sup> not included for new claims after 4.17

<sup>2</sup> two child limit for new **children** after 4.17

### INCOME DISREGARDS:

as for Working Tax Credit

### THRESHOLD:

for CTC only <sup>3</sup> .....	16,105 ... 308.87
taper .....	41p/ £1

<sup>3</sup> use WTC threshold if claiming with WTC

## PENSION CREDIT

**CAPITAL LIMIT:** none

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

### GUARANTEE CREDIT:

#### Standard minimum Guarantee:

single .....	159.35
couple .....	243.25

#### Additions:

severe disability.....	62.45
carers .....	34.95

### SAVINGS CREDIT:

#### Threshold:

single .....	137.35
couple .....	218.42

### Max Savings Credit:

single .....	13.20
couple: .....	14.90

### INCOME DISREGARDS:

As IS, JSA, ESA, HB plus:

**Benefits:** Bereavement Payment, SSP, SMP, SPP, SAP, War widowers pension (pre-1973), PC Savings Credit (for Guarantee Credit), non-dep increases for non-family members

**Other:** Cash in lieu of coal, Student grants/ loans

### Savings Credit for qualifying

income also ignore: WTC, IB, Contribution based JSA, SDA, Maternity Allowance, maintenance from a former spouse

## WORKING TAX CREDIT

**CAPITAL LIMIT:** none

<b>MAXIMUM WTC:</b> annual weekly	
basic element.....	1,960 ... 37.59
lone parent /	
second adult .....	2,010 ... 38.57
30 hours +.....	810 ... 15.54
disabled worker .....	3,000 ... 57.54
severe disability.....	1,290 ... 24.78

NB WTC is calculated annually with daily when elements circumstances change. Weekly amounts reflect actual payments

### Childcare element:

70% of cost up to:

for 1 child, .....	£175
for 2 or more .....	£300

<b>THRESHOLD:</b> ...6,420 ... 123.13	
taper .....	41p per £1

### INCOME DISREGARDS:

From previous tax year:

- first £2,500 of any increase in income
- first £2,500 of any decrease in income

**Earnings:** Gross (before tax and NI) but 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 child maintenance / most student grants / loans, first £300 of (investment/ pension/ property/ foreign income), any non taxable income



## UNIVERSAL CREDIT

**CAPITAL LIMIT:** £16,000

**TARIFF INCOME:** £4.35 monthly for every £250 or part £250 over £6,000

### STANDARD ALLOWANCES:

	monthly	weekly <sup>1</sup>
single - u 25.....	251.77 ...	57.90
- 25+ .....	317.82 ...	73.10
couple: both u25 .....	395.20 ...	90.90
-one or both 25+ .....	498.89 ...	114.85

### ELEMENTS

carers .....	151.89 ...	34.95
child - 1st/only <sup>2</sup> .....	277.08 ...	63.84
other children <sup>3</sup> .....	231.67 ...	53.34
disabled child.....	126.11 ...	29.05
higher rate.....	372.30 ...	85.90
lim. cap. for work <sup>4</sup> ..	126.11 ...	29.05
limited capability for work-related activity.....	318.76 ...	73.55

<sup>1</sup> UC is always calculated - and usually paid - monthly. Weekly amounts to aid comparison

<sup>2</sup> abolished for new claims from 4.17

<sup>3</sup> two child limit on new **claims** from 4.17

<sup>4</sup> abolished for new claims from 4.17

childcare costs: (85% from 4/2016)

max for 1 child .....	646.35
max for 2 or more .....	1,108.04

### BENEFITS CAP - UC & HB

earnings threshold... 430.00... 99.23

<sup>5</sup> WTC secures exemption under HB

max benefits single....1,284 / 1,117

couple/lone parent....1,917 / 1,666

### WORK ALLOWANCES (monthly)

HC= housing costs no HCs if HCs

no kids or lim.cap. .... nil ... nil

with children..... 397.00... 192.00

limited capability..... 397.00... 192.00

### OTHER DISREGARDS

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



# TRAINING COURSES



## You've read the Book, now see it live...

If you can organise a venue and gather up to 16 people, we have courses; we will travel !  
"In house" Big Book training courses from as little as £30 per person per day including a Big Book as handout and familiar toolkit to take with you as you make a real difference. If you can't see what you want, just ask:-)

**Introductory courses:** for beginners and non-specialists - e.g. support workers, CMHTs, LMAs. No prior benefits knowledge is assumed

### An introduction to changing benefits

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

### Benefits and Mental Health (2 day)

The original course of the book! Now - extensively revised and updated - looking in depth at income maximisation tactics and strategies. Introductory only in that it assumes no prior benefits knowledge, but takes you beyond by focussing in more detail on core benefits. You will get a practical confidence in tackling ESA and PIP forms, write effective supporting letters, and checking means tested benefit sums. Popular with support workers, CMHTs and Housing Associations.

### Benefits and Older People - 1 or 2 day option

In one day, a similar plan as the course above, but focussing on the less complex, but still baffling, issues for people over pension age - focussing on poorly taken up Pension Credit and Attendance Allowance. (from both a mental and physical health perspective. Over two days we can look at ESA and PIP which become increasingly relevant at 50 plus. Popular with Housing Associations/ supported workers .

**Intermediate courses:** for those with some overview awareness wanting to focus in on specific benefits

### Welfare Reform: Sickness and Disability Benefits

Fully updated - the impacts of migration to Employment and Support Allowance in its latest guise and the 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

### Benefits when too unwell to work

As Employment & Support Allowance assessments restart this one day course focuses in on the benefits and assessments.. What happens when I become ill? What's changing with ESA and how will UC affect things? How is sickness assessed and points make prizes? How can I help fill in an ESA/UC 50 or support a claim or help with an appeal?

### Success with Personal Independence Payment

As we all get a bit more used to PIP, this course helps clarify the basics of PIP's process and problems, but focusses in on the practical skills of identifying points to make prizes :-), filling in those PIP2 forms, fully, surviving the switch from DLA and challenging PIP decisions. And not forgetting the positive effects on means tested benefits and UC gaps.

For detailed course outlines, costs, availability, looking at something tailor made, please contact:  
[enquiries@bigbookofbenefits.com](mailto:enquiries@bigbookofbenefits.com)  
Or visit [www.bigbookofbenefits.com](http://www.bigbookofbenefits.com) or see us on [facebook](https://www.facebook.com/bigbookofbenefits)

### Universal Credit in practise - 1 or 2 day option

An in depth look at this delayed and cutback flagship reform: latest timetables, migration, elements, cutback work allowances, practical tips and claiming issues, doing sums with confidence, work conditionality sanctions, payments and appeals. A full 1 day overview or 2 days allows more in depth coverage, scenarios, and UC related changes .

### Welfare Reform: An overview

Exactly what it says on the tin. 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 . Assumes some good general awareness of the current system If not see **An Introduction to Changing Benefits** instead.

### From Housing Benefit to UC/PC housing credit

A 1 day catch up on all the changes to Housing Benefit - local housing allowances, bedroom tax, single room rents, benefit caps, two child policies, payments etc. in HB's last years. And issues for EEA nationals With a look ahead to changes as HB largely carries over, but with some key changes to UC and PC.

**Advanced courses:** aimed at those who advise people on benefits entitlement - welfare rights workers benefits advisers, CAB advisers etc. More technical in content but retaining accessibility, practicality and a sense of humour.

### Mental health & sickness and disability benefits

A one-day course for those who may know their PIPs and ESA , but want to look more at how to relate common mental health diagnoses to PIP, DLA, AA and ESA claims, and approaches to ESA/UC50s and PIP2 and AA forms. Also to look at the barriers people with mental health issues face in accessing benefits and

### ESA and UC limited capability for Advisers

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

### 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.

### PIP for Advisers or UC for advisers

Two different 1 day courses - separately or together . You may have already got to grips with the basics,, so we focus instead on: for PIP

- for PIP - ways through the chaos, issues for specific client groups and PIP caselaw, challenging PIP decisions
- For UC - sums in detail, conditionality and sanctions, better off issues and challenging decisions..

**Other Courses:** We get asked for other courses too. We can mix and match or something completely different such as: **Benefits for EEA nationals** and **Children, Young People & Disability**

"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"

