

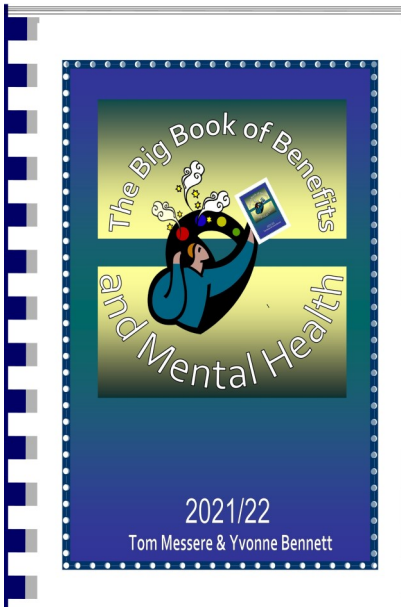
The Big Book of Benefits



True Mental Health

2021/22

Tom Messere & Yvonne Bennett



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



Now in its 19th edition, this Big Book offers 500 pages of user-friendly practical information, tips, tools, tactics, health assessment forms (page by page guidance and tips), effective support letters, caselaw and example appeal submissions

An essential resource to help make your own claims or support those for others, especially if living with mental health issues

But many others find the Book invaluable for all sorts of general information and making sense of an increasingly confusing, changing and sometimes chaotic benefits. More specific content around mental health can also spark ideas in other hard to express health issues too.

Written by: Tom Messere - welfare rights adviser for way too long, freelance benefits trainer and former partner in crime of founding author Judy Stenger (whose warmth, wit and wisdom still pervades the pages). And Yvonne Bennett, welfare rights adviser of many years, supporting front line workers and winning appeals.

NEW / UPDATED FOR 2021/22:

Benefit changes: revised and updated overview and charts covering recent pandemic and other changes and a new chapter on the **HMRC Emergency Coronavirus Support Schemes**.

Personal Independence Payment: the latest on anti-mental health discrimination, change in assessments processes, case law, and a new approach starting in Scotland later in 2021. And all that practical help with PIP2 forms

Sickness benefits: Making sense of the sickness benefits scene: what is going and what stays changing mix of sickness; issues when swapping from income-related ESA to UC, how the ESA/UC Work Capability Assessment works with page by page guidance through an example form, how to effectively support and challenge claims and ESA changes in doing that.

Universal Credit: now split into two. *Part 1:* a practical guide to how UC works, moving over to it, claiming, the UC sums, practical tips and pitfalls to avoid in surviving UC. *Part 2:* separates out more complex and problem areas into their own chapter alongside reports and calls for change. and calls for change.

See our contents pages for further info and all the other fully updated chapters contained within

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 is a joy to work from. Its humour, readability and understandability makes it the best of ways of finding 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

“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 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, with even a few laugh out loud moments! Explanations are clear and lucid, examples appropriate & diagrams summarise issues 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

£28.00

Free updates to April 2022 and other info at: www.bigbookofbenefits.com
Available from: CPAG and all good bookshops
and now alternatively available as an e-publication

Welcome to the Big Book of Benefits and Mental Health 2021 / 22

Welcome to this nineteenth edition of *The Big Book of Benefits and Mental Health*. If you are new to the Big Book, we hope you will like its friendly, practical, “tell it how it is” approach.

While this book has a mental health focus in tips and examples, readers also tell us that its practical toolkit approach also helps with claims across other health and disability issues too. And means tested benefits and Universal Credit apply to all, as we each struggle to be names, not just numbers, in the benefit sums :-)

Changes here at Big Books

As for everyone, these pandemic times have been ones of big changes and challenge. At one point, it seemed as if we were going to only be able to come out as a virtual publication, but we are delighted to be here in print, as well as taking our first hesitant virtual steps too.

For me, a choice had to be made between going full time as an adviser and putting Big Books to one side :- (or focusing on Big Books full time. A busy start to get things going, so apologies for running late in getting to you.

We again welcome **Yvonne Bennett** as co-author, with her immense experience of work with clients with mental health issues, her geek fascinations and appeals success :-).

The book has put on lockdown weight, because of so many changes related to coronavirus, both in:

- entirely new Coronavirus benefits from HMRC
- big changes to the way the usual benefits operate as face to face interactions become very difficult.

These have piled on the pages to a longer running “tale of two systems”, as benefits slowly switch over from the old (like DLA and “legacy benefits”) that many still claim, to the not quite so new (like PIP and UC) where people now start new claims. So we cover both old and new and the worries around switch overs from one to t’other.

Our bindings also burst with happier changes, as we start our coverage of Scottish disability benefits, appearing later this year. Switching will be automatic - no re-assessments involved - but the plans prioritise treating new claimants with “dignity, fairness and respect”. Not just relevant to Scotland, as others may rightly ask “Why not here?”

A companion Big Book coming soon

Pension age” benefits are becoming increasingly separate. We aim to make good on past promise for a companion Big Book of Benefits, Money and Older People to: bring back updated coverage of AA and DLA, cover State Retirement Pension changes, pension choices, wider issues for Pension Credit and other money matters in older age and changing social care.

For now, our previous full coverage of AA and DLA is available as a free download at www.bigbookofbenefits.com

Changes to benefits and this edition

These include:

- **putting on weight and full updating / revising** in every chapter, with the latest rates, implementation plans and changes and Covid impacts.
- **welfare reform overview** and tables updated, with covid related and other recent changes highlighted.
- **the sickness route to benefits** - updates on how the new mix of sickness benefits fit together and key differences in how the same assessment operates in ESA and UC. What’s the latest on switching, protecting any SDP and news on ESA pending appeal?
- **Universal Credit** - DWP liked to say UC is “so simple”, but we have had to split it into two chapters:
 - ◇ Part 1: a practical toolkit to get through UC; and
 - ◇ Part 2: a look at more complex and problem areas.UC, as an IT project, did really well to take on 2.5 million new claims in Spring 2020. But as a benefit, it can still struggle to meet legal obligations on disability, mental health and doing sums rationally.
- **Paying for Housing and Benefits and Work** updated for HB and UC changes and the latest on bedroom tax.
- **PIP** now covers **ADP** to come - we catch up with twists in unlawful disability discrimination, small hopes of DWP improvements and larger ones in Scotland.

At the DWP it’s a slow time of return to “business as usual”, with emergency benefits, uplifts and processes due to fade by September. But can they learn from changes forced and spotlights shone during the pandemic?

Real failings have been revealed in the system’s fitness for purpose in this public health emergency. Can it wean itself off failed sanctions and snapshot health assessments? Or change anti-social behaviour against children and people with health issues? Can it forego habits of harming life chances and independence? Can “dignity fairness and respect” go UK-wide as part of “building back better”?

Good luck

As Jude wrote: “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 we hope we can join you to in shedding a little light in the darkness. Despite the cuts, financial and emotional, vast sums go unclaimed and incomes **can** be protected. We hope this Book - and linked training - offers ideas, hope, practical tools and confidence to help make that difference between “living and merely existing”.

Thank you to all our readers for their work and creative ideas in struggling on through barriers to make claims go better for yourself or for others you support.

Tom Messere - May 2021

Available from: CPAG and all good bookshops Published by: Big Book of Benefits

Our website: www.bigbookofbenefits.com

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Training courses & Feedback 430

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, do contact us for something to suit. And let us know what you think of the Book and how we could make it better :-)

Benefit Rates Chart 2021 / 2022 433

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

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

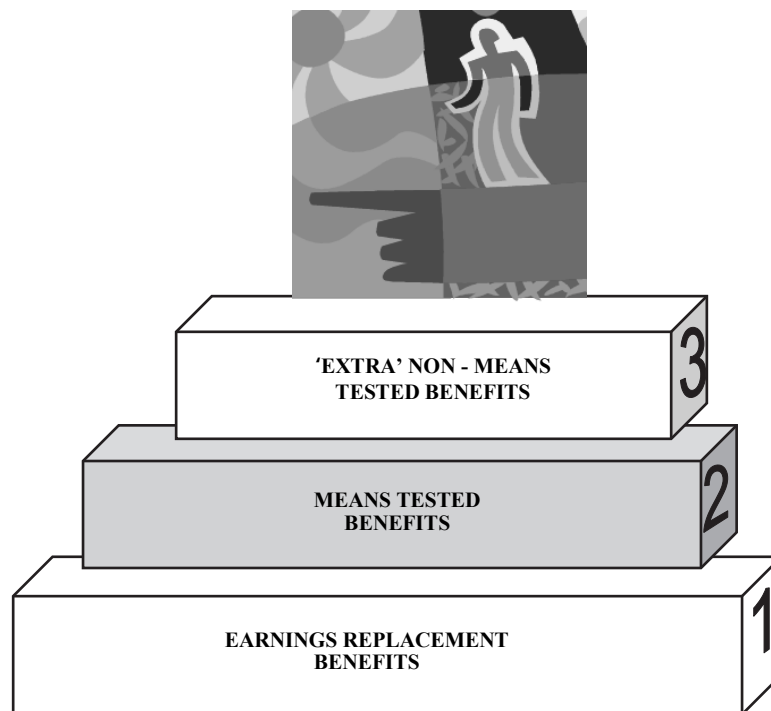
- | | |
|--|--|
| <ul style="list-style-type: none">• anxiety using the phone• fear that your phone calls are somehow being 'monitored'• fear of opening your post• panic attacks when outside or dealing with unfamiliar/ crowded settings• a terror of being enclosed on public transport and/ or in waiting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

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.

Many of the same difficulties can make it difficult to access advice agencies. There may be ideas in which advice services could rethink and adapt services. For example:

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

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 on that step. There are also some example situations of how the steps stack

Benefits most likely when unwell

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

These include:

From Step 1:

- *Contributory Employment and Support Allowance (C-ESA)*
- *Carer's Allowance (CA)*

From Step 2

- If pension age: *Pension Credit*
- If working age: **either** *Universal Credit (UC)*; **or** "legacy benefits": *Income-related ESA, Income-based JSA, Income Support, Housing Benefit, Child Tax Credit* and *Working Tax Credit*
- *Council Tax Support*
- *Social Fund* help and its replacements

From Step 3:

- *Personal Independence Payment*

The temporary Covid 19 schemes can be used in some sickness situations too: the *Job Retention Scheme* if furloughed or *Self-Employment Income Support*

The switch to Universal Credit

UC is *not* taking over the benefits world, but it is having a big impact at Step 2, as it takes over from the previous six "legacy benefits" by September 2026. This adds extra issues of which system and how to switch. But UC's aim - once done - is to make things simpler: e.g. no working out which legacy benefits applies nor switching between them if things change.

Sadly, though, it's been a missed opportunity to leave some complications behind, while UC has added a few of its own. Cuts have added complexity and confusion not planned in the original UC design. And the promised *Universal Support* to help those who may struggle with UC, has been rather forgotten, to the dismay of UC's founding father :-)

Changes related to coronavirus

Note: changes evolved over these months so dates of introduction of measures are less relevant as measures have been continuously amended and a planned “return to normal” procedures rather pre-announced. The aim is broadly a phased return to normal from July 2020, but emergency measures may return in response to second waves of both huge numbers needing to claim UC or of coronavirus infections.

Change	Notes & Comment
<p>Support during self-isolation shielding</p> <ul style="list-style-type: none"> Statutory Sick Pay (SSP) from day 1 instead of day 4. HMRC covers for 2 weeks for small employers. Contributory ESA - paid from day 1 rather than day 8 but not increased to match SSP. This is done via UC or WTC and linked HB UC standard allowances increased - extended to 30th September 2021 to match SSP rates Underfunded £500 in England, with better provision in the devolved nations No GPs sick note but an NHS online note accepted. Back to sick notes on all claims from July Measures extended to those “shielding” for longer periods when following NHS and quarantining on return from 	<p>This was to make it financially possible to follow self-isolation guidelines. But a convoluted and still very basic income, with many low paid workers unable to afford to drop down to SSP levels e.g. a major issue in the failure to protect care home residents.</p> <p>Other countries could rely on sickness benefits of c£200 a week with top ups to incentivise and support compliance.</p> <p>A belated £500 allowance for self isolation has failed in England, but done better with top ups in the other nations - less restrictions/more funding. A big impact on people’s ability to self isolate.</p> <p>Increases to UC to match SSP while welcome, tended to help younger and unemployed claimants and leave out older and the unwell and disabled who are mainly on legacy benefits</p> <p>Longer term absences - e.g. when shielding - have mainly been dealt with by furloughing rather than SSP</p>
<p>New Covid schemes</p> <ul style="list-style-type: none"> Job Retention Schemes - fi Self Employment Income : 	<p style="text-align: center;">Summary tables of the cuts and changes arranged by types of benefits you tackle the forms</p> <p>RC aimed to put it right. In a big wave of UC schemes. Initially finish on 30th of current criteria.</p> <p>er numbers and s on next page /</p>
<p>Changes to UC</p> <p>Changes in processes: to deal claimants peaking at 640,000 in one week in late march (compared to normal 55,000pw)</p> <ul style="list-style-type: none"> “Don’t call us, we’ll call you” no longer need to set up post claim interview. Local JC+ offices closed Extension of existing Verify.gov online verification but can also use a Government ID. Not operationally possible to not reclaim Advance Payments - as in other DWP recoveries- see below Changes in work conditionality, health assessments and housing element - see below “Minimum Income Floors” for the self employed, waived for those affected by impacts Managed migration pilots stopped and start up of main managed migration uncertain. <p>NB: Since January 2021 a new phased back to normal see below. Double check on info at end of claim, and locally for your area / in your case.</p> <p>(NB: table continues on next page)</p>	

Limited Capability for Work Related Activity

- i.e. eligibility for the Support Component -

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

11) Initiating personal actions

- Cannot, without physical help, perform a simple action, at least to a degree that is necessary for the action to be completed

12) Coping with physical demands

- Cannot cope with physical demands of work related activity, cannot be reasonably expected to do so

13) Coping with social demands

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

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 a) but involving the acts of

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

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:

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

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

due to wearing/using a device normally or that

- As 8) above, but involving the acts of
- (* if weekly, experiences: n of the adder; or from efficient to f & change of (15)
- majority of h a toilet (6)

during

of lost/missing in significantly disrupted awareness or concentration:

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

- 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:

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

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

(NB these are overlapping reduced sizes pages for illustration)

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 a significant impact on the Rapport may be

'The descriptors considered in a centre. It is likely to be beyond verbal a

'Consider any a others... such as shopping, childc relationships wi appointments: C bills and on the , the post office, a as the Bank Mar Personnel'

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

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

he law and a
er) has found
form of
olled
ould meet the

'd' behaviour -
ell people
, try to explain

criptors refer to
r the affect that
r behaviour.
re everyone

the staff know

Jude's observations.

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.

the signs of you becoming unwell, or manage by isolating yourself at home etc. **BUT** what would be likely to happen in a typical workplace.

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

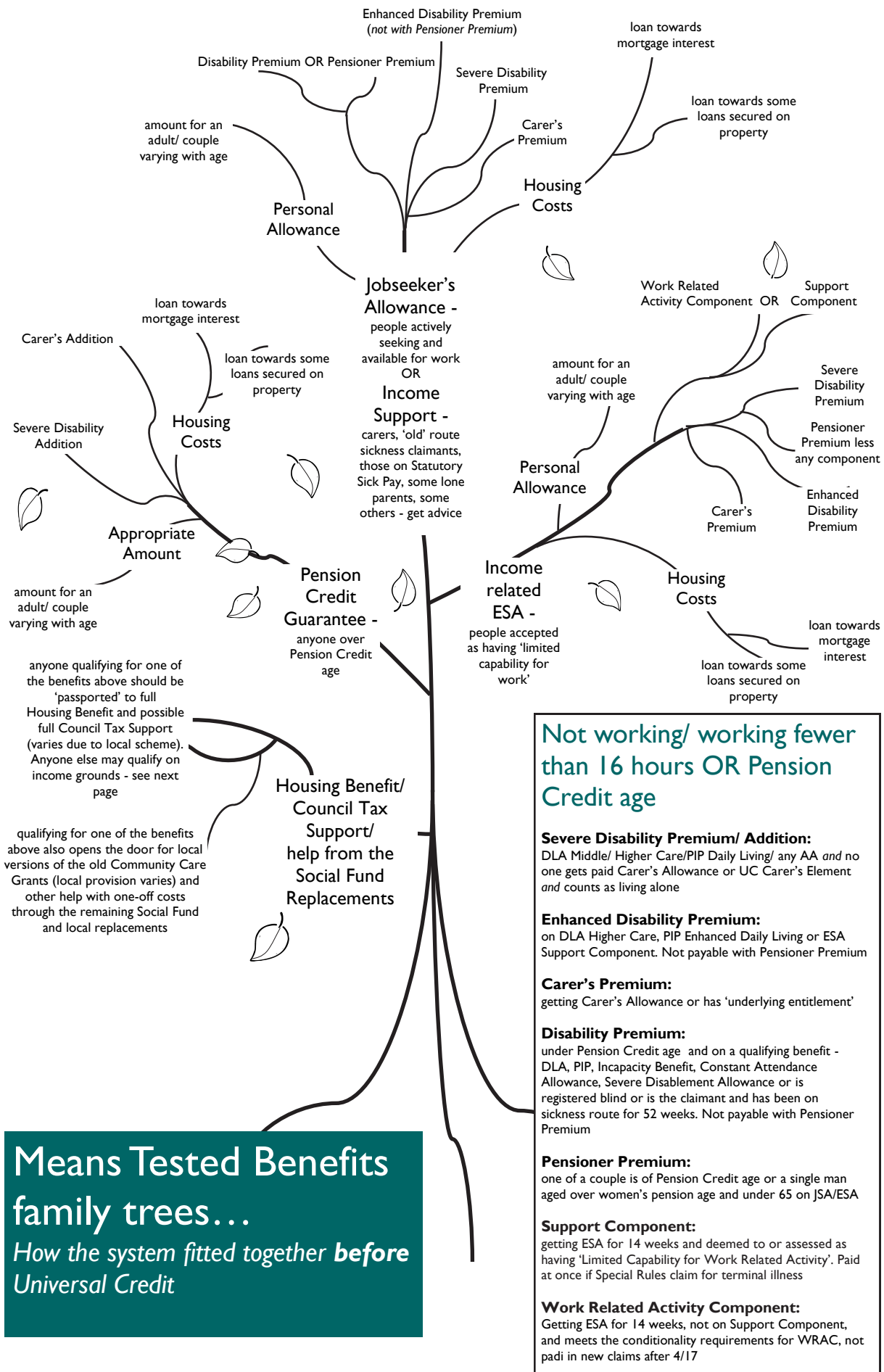
Has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace:

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

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

Bob's your uncle...

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



Universal Credit (April 2021-22)

Step 1: CHECK CAPITAL

Upper Limit: £16,000. Ignore capital under £6,000. Tariff income applies to capital in between. Some capital is ignored.

Step 2: MAXIMUM UC

A. Standard amount:

Single **per month**
 aged under 25..... £257.33¹
 aged 25 and over £324.84¹

Joint claims:

if both aged under 25 £403.93¹
 If one or both aged 25 or over £509.91¹

¹ all standard allowances will have an extra £86.67 Covid uplift until September 2021. **Don't forget to add this on**

86 67

B. Child elements:

first/oldest child/QYP² £282.50
² only if born before 06.04.2017
 each subsequent child/QYP³ £237.08
³ subject to "Two-Child Policy" for children born after 06.04.17

addition for child disability:
 lower rate (any rate DLA/
 higher rate⁴
⁴ if DLA Care highest / PIP Daily Living

Childcare Costs: actual
 take 85% of a
 equals childc
⁵ max. £646.35 pcm for one

C. Other UC Elem

carer's - per qualifying adul
 limited capability for work
 LC for work related activ
⁶ only the highest of carers / LC for
⁷ only one LCW / LCWRA element per couple
⁸ not payable on new claims after April 2017

Housing Costs- if any

- eligible rent (LHA / bedroom tax apply)
 - service charges/ground rent /crown tenants
 (Support with Mortgage Interest now via separate loan)
- less any **ineligible service charges**
- less any **housing costs contribution**
- rent only - £75.53 pcm per non-dep. but **not** if:
- **Tenant:** on PIP Daily Living, DLA Care middle/highest or AA
 - **Non-Dep:** under 21, resp. for child u5, on PC, or on: DLA Middle/High Care, PIP Daily Living, 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. third party payments, repaying advances, sanctions, benefits cap

Step 3: INCOME

£ p

A. Earned Income:

Gross earnings in that assessment period **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)
 surplus earnings

less **Work Allowance**

Category	If HC ⁸	No HC
no children or limited capability	£0	£0
with children or limited capability	£293	£515

⁸ lower Work Allowances apply if any housing costs element

equals **Net Earnings (after WA)**

take 63 % of this figure - i.e. x 0.63

x 0.63

equals **A Earned Income**

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

Tariff income from capital:

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

Other unearned 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**

Surviving a UC claim:

Top Tips from UC experiences so far: Helping you to help them to help you ☺

UC problem areas.

UC should be going well and smoothly. The delays in the timetable and the collapse of the first UC computer, may have been embarrassing, but that extra time should have been used to sort out recurring problems with the benefit, train up staff and get the admin really sorted. DWP have been very slow to believe anything could be wrong and their “test and learn” seems to be more on the system than issues about the benefit or needs of their customers.

To be fair, for many claimants everything goes smoothly, and DWP eventually accept and resolve issues. And UC did extraordinarily well to process so many claims in 2020. But there remains much more to do to get UC working safely. Too much still depends on the discretion and time and willingness of many good people to troubleshoot and UC can feel uncertain hope then the

I. Making

Tip 1: This means telling the UC if you are switching or doubt get early is the “no one

There is confusion about as to whether you need to switch so check a) if you “win” or “lose” in the sums and b) do you really need to switch at all or if you can arrange things so that you don’t have to.

Tip 2: Think about what you need for an online claim: The current online system is much better than the old one, but it still helps to gather all the information you might need, before you start. You can save as you go and take breaks. There is help from the UC Helpline, especially now its free **0800 328 5644**. You can get help from the DWP funded Help to Claim service at Citizens’ Advice.

Tip 3: Phone claims are possible: If you *can* get the hang of online it has real benefits, but UC can take a telephone claim if online is just not possible. Think not just the claim but also running an online account. UC will push you to try Help to Claim first. UC guidance is based on vulnerability (health, literacy) or poor internet/access to devices to manage online to identify that you “*can’t claim online rather than won’t claim online*”. But in law you have a right

Tip 4: Time your claim if you can: Old claims for Housing Benefit, Tax Credits or Income-related ESA stop straightaway, though with important run-ons. So, time your UC claim just after a recent payment of any previous benefit.

If you are working avoid UC claims near your pay day (e.g. at the end of the month) as UC sums can really misbehave)

Tip 5: Keep a diary of what happens when – e.g. when you made first contact with DWP, sent in further evidence or had it scanned at the local Jobcentre Plus. And in your online Journal too? This “timeline” will help you - or an adviser - talk the Service Centre through the case and to see where the problem is if your claim gets stuck.

At your First Claim Interview

Tip 6: Get as much evidence in to support your claim as early as possible: You can increasingly send evidence in online. In more usual times taking

interview is one: better at a recent guidance tenancy. An landlord should ensures in your refusals and is Element payment.

- **Proof of ID:** You may have been able to manage that online. If not can you take a Passport/ID card/ asylum letter/ UK border agency residence permit? If not any **two** from: bank /credit card, cheque book, bank/building society passbook, utility bill, driving license, birth/marriage/civil partnership certificate, travel card photo id, membership card of a known association
- GP fitness for Work notes: If you are starting a UC claim because you are unwell get the sicknote in on the day you claim or you could lose a month of any extra income for sickness.
- **Other evidence:** UC can ask for evidence of e.g. savings, children, caring responsibilities
- A partner will have to attend their own Claimant Commitment interview, so it is worth them taking any relevant evidence to theirs.

Tip 7: Don’t be misled on Claimant Commitment. These can seem intimidating with so many reminders re sanctions and a pressure to just agree to it, as your claim can’t proceed until you do. You may not need one if the online basic commitment covers it. Know which work activity group applies and remind the UC work coach.

Changes and “natural migration” to UC

(adapted/updated from the original by kind permission of Newcastle City Welfare Rights and Money Advice Service - January 2021)

What changes might lead to a claim for Universal Credit?

Universal Credit (UC) has rolled out across the country. Normally, anyone making a new claim for any of the six ‘legacy benefits’ that UC is replacing may have to claim UC instead & usually stops any claim to those legacy benefits - unless the person is in ‘specified’ (e.g. supported or temporary) accommodation, where Housing Benefit is still paid. See page 5 regarding the ‘severe disability premium’ (SDP).

But what about people already on legacy benefits?

If they have a change in circumstances which would have meant a claim for another legacy benefit, they will normally have to claim UC instead & their legacy benefits will stop – apart from the ‘specified accommodation rule above. The Department for Work & Pensions (DWP) call this ‘natural migration.’

However, there are other reasons where a UC claim is not necessary. See the table, page 5 & endnotes. What are the changes in circumstances that mean a claim for UC (or not)? This table lists some examples. Please read alongside the exceptions & see below for abbreviations & more details

What are the changes in circumstances that mean a claim for UC (or not)?

This table lists some examples. Please read alongside the exceptions & see below for abbreviations & more details

Change in your circumstances	What could happen before UC?	What happens under UC?
Change in employment status		
On ‘legacy benefit’ - e.g. Ib-JSA and HB - and start work, but not enough for WTC u	‘Legacy benefits’ adjusted	Choice - stay on ‘legacy benefit’ or claim UC. See ‘Swapping’ on 5th page
No children (and so no CTC) and starts or increase work to enough hours for WTC	New tax credits claim for WTC <small>See note 1</small>	Choice stay on other legacy benefits with earnings adjustments or swap to UC
On CTC only & starts with enough hours to meet the WTC rules	Request WTC to be added not a new claim, but an adjustment of TC claim.	As it’s not a new claim, no requirement to claim UC. So it’s a Choice as above <small>Note 2</small> . See also ‘change in family circumstances’ below
On Ir-ESA doing permitted work and extra hours, earnings or other reasons mean this is no longer “permitted work”	Potential WTC claim	Claim UC (but may want to stay with permitted work by cutting hours / pay, as might otherwise be worse off <small>See note 3</small>)
On WTC and increase hours	Stay on WTC	See Choice above
On WTC and becomes sick	Claim Ir-ESA. Can count as a worker for WTC for first 28 weeks (deducted off Ir-ESA)	Choice: Hang on with WTC and e.g. HB and Ns-ESA for up to 28 weeks or switch to UC
Change in Family Circumstances		
On a legacy benefit, but not WTC & becomes responsible for a first child	Claim CTC - a new claim for tax credits	Claim UC
On WTC, becomes responsible for a first child	Remain on tax credits and request CTC be added to TC claim	See ‘ Choice ’ & explanation about ‘TC adjustment’ above
Lone parent on IS & youngest child turns 5	Unless another reason to stay on IS, claim Ib-JSA	Unless another reason to stay on IS, claim UC
On Ib-JSA & baby due within 11 weeks	Claim IS	Claim UC - could remain on Ib-JSA if meets conditionality, but would be UC anyway for amount for child when s/he is born
On CTC and have a third / subsequent child	Remain on CTC, but may not get help for a third or subsequent child <small>see note 4</small>	Remain on CTC, but may not get help if a third or subsequent child <small>see note 4</small>

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 that it was to inherit: three types of disability premiums in means tested benefits, two elements in tax credits and two ESA components. The UC first plan model was to build on the tax credit “two tier” approach for disability elements added to ESA level components, and for added tidiness and cuts align the rates to those of the limited capability ones. This is what they did with child disability:

Additions for child disability



UC picks up the two tiers of the equivalent additions in Child Tax Credit, with the same criteria. The big change came in the idea of aligning rates with adult limited capability elements.

- ☞ The *lower* rate applies to 70% of eligible children / qualifying young people (QYPs): those getting any rate of DLA / PIP, bar the top one. It’s set at the LCW element rate £29.70, less than half the £65.94 equivalent in Child Tax Credit.
- ☞ The *higher* rate applies to children or QYPs getting either DLA Care (highest rate) or PIP Daily Living (enhanced rate. Instead of following the LCWRA rate of £79, the Government pledged to match the CTC rate add 10p and show that it was focussing help on the most severely disabled. So it is set at £92.54

But the same two tier principle was envisaged—this time matching the element rates. The LCWRA element would probably have been lower, closer to ESA rates £56.90 (with EDP) but with one of two disability elements on top.

Pensioner with disabilities

However the Government chose to merge disability and sickness provision. In that case there could be an option to allow PIP to also trigger an LCWRA element as when a partner over pension age is dragged into UC—an eccentric choice up until May 2019 an enforced one for new claims since.

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

- ☞ LCW element applies where the older partner receives any rate of DLA or PIP bar top ones
- ☞ The LCWRA if that older partner gets either of the top rates of PIP Daily Living or DLA Care or either rate of Attendance Allowance.

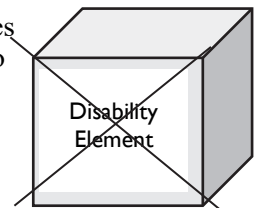
This is still a worse deal than Pension Credit, but it does show another way of recognising extra disability costs that could be extended to all adult claims.

No adult disability elements

The plan for a simplified two tier Adult Disability Element aligned with limited capability rates of say £29.70 and £56.90, gave way to a merger with, based on a “common gateway” via the Work Capability Assessment. An extra £20 or so was added in to the LCWRA element but not into the LCW one.

All very managerially tidy, but a nonsense in benefit terms. UC seemed to forget 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. They got this idea from one of the ways of getting an enhanced disability premium in ESA is from being in the Support group

Now, many people with disabilities may also be unable to work and so come under the WCA. Others though, may have disabilities, but not ones that stop them working, job seeking or being carers or parents.



With no “treated as” provision - as for “mixed age” pensioner couples, claimants have to undergo an extra test - the WCA - despite having recently undergone the new robust PIP disability assessment.

At best then this duplication adds costs and stress for claimants. But it may well be that someone with a disability award would not pass the WCA, as it measures different things. Many with long disabilities may not be too unwell to work, as the Government is only too keen to point out. But in UC, only passing the WCA with LCWRA unlocks disability support.

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 £62.16 a week plus lost allowances and steeper tapers

Summary

Whether by accident or design the DWP have come up with a disability dog’s dinner, in their confusion and desire for cuts. DWP argued that disability premiums were never intended to help with disability costs (they were) or that there was double provision in having them

UC has no adult disability elements, undermining support into work and targets people who won’t pass a WCA. Making the pensioner treated as more general or going back to plan A could get UC out of this mess, if they wanted. *See the next page for examples of cuts*

Simpler? Possibly. Protecting the vulnerable?

Disability: winners and losers under Universal Credit...

Below we look at the difference between you get under Income - related ESA and what you would get as new claimants to UC. We have left out help with rent and council tax to see the differences more clearly

NB: Universal Credit is always calculated monthly, but we use weekly to aid comparison with ESA (* with Covid uplift until September 2021)

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 £22.40** (£42.40*)

<u>Income-related ESA Applicable Amount</u>		<u>Universal Credit Maximum Amount</u>	
Personal Allowance	74.70	Standard Amount	74.70 (£ 94.70*)
Support Component	39.40	Limited Capability for Work	
Enhanced Disability Premium	<u>17.20</u>	Related Activity Element	<u>79.00</u>
	£131.30		£153.70 (£173.70*)

2. Hermione was on the same benefits as Harry. She lives in her own place. She loses **£44.90 a week** (24.90*) - or £194.57 a month in UC monthly money in UC sums. But see the box below if moving from Ir-ESA to UC.

<u>Income-related ESA Applicable Amount</u>		<u>Universal Credit Maximum Amount</u>	
Personal Allowance	74.70	Standard amount	74.70 (£ 94.70*)
Support Component	39.40	Limited Capability for Work	
Enhanced Disability Premium	17.20	Related Activity Element	79.00
Severe Disability Premium	<u>67.30</u>		
	£198.60		£153.70 (£173.70*)

3. Hagrid also has PIP standard Daily Living / standard Mobility but, like many ESA claimants, is in the Work Related Activity group. He loses more, as there is no extra disability in the LCW element He **loses £67.30 a week**, but see below*

<u>Income-related ESA Applicable Amount</u>		<u>Universal Credit Maximum Amount</u>	
Personal Allowance	74.70	Standard amount	74.70 (£ 94.70*)
Work Related Activity Component	29.70	Limited Capability for Work	
Severe Disability Premium	<u>67.30</u>	Element	<u>29.70</u>
	£171.70		£104.40 (£124.40*)

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 see what happens later. He will need to consider whether he can keep his WRA Component / LCW element.

4. Ron is on PIP standard Daily Living / Mobility too. He is also carer for his son, Hewhomustnotbenamedyet, who gets DLA Care (middle rate) due to supervision needs re danger to others. Ron gets a quadruple hit from the UC sums from: a) losing disability premiums, b) none of the LCWRA extra c) cuts in child disability amounts and d) the either/or between LCW and carers elements. He **loses £133.24** a week . BUT see below

<u>Income-related ESA Applicable Amount</u>		<u>Universal Credit Maximum Amount</u>	
Personal Allowance	74.70	Standard amount	74.70 (*£ 94.70)
Work Related Activity Component	29.70	(no LCW element as he gets more in Carers)	
Carer's Premium	37.70	Carer's Element	37.70
Severe Disability Premium	67.30		
<u>Child Tax Credit :</u>			
Family Element	10.50	Child Element - first child	65.10
Individual Element	54.60	Child Disability Addition	<u>29.70</u>
Child Disability Element	<u>65.94</u>		£207.20 (*£227.20)
	£340.44		

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

N.B. If you move over from "legacy benefits" to UC via a "managed migration" and lose in the sums you will get transitional protection the to let you down gently to UC rates. But those switching under a "natural migration" or who are starting with UC from scratch, just get the UC rates ... **BUT** Court rulings forced some help from DWP for switchers from ESA to UC. Step 1, the SDP Gateway prevented a switch to UC until 27th January 2021. Now you could have to switch but get some limited SDP only transitional protection, but still far short of the full protection promised on a "managed migration. Others get no protection until then e.g. if you lose a Disability or enhanced disability premium are a disabled workers, a carers with health issues. However, we await as to what DWP will do after a recent Court cases re child disability.





PIP & ADP Activities and Descriptors

(Note: The same descriptors under ADP but applied in a different way **PTO for:** PIP definitions, reliability and variability)

Daily Living Component

DLI. 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 prompt g 4
- e. needs assis therapeutic 4
- f. cannot con & needs an 4

3. Managing monitorir

- a. either
 - i. does not to monit 0
 - ii. or can m 4
- b. needs eithe
 - i. to use an medicati 4
 - ii. supervisi to manag health condition*) * deleted from 17.03.17 8
 - iii. sup. prompt or assist to be able to manage 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. 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 4

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

MI. 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 10

Easy single page listing of the activities and descriptors for Personal Independence Payment, and the coming Adult Disability Payment (in Scotland), including the partially withdrawn March 2017 changes, with the key PIP definitions on the back

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

- 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**
 - to exhibit behaviour which would result in a substantial risk of harm to themselves or another person 8

- e. 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 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"> • 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 • 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
To an acceptable standard (not in current guidance)	<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 • If never needed to cook - consider physical and cognitive ability if had to • nutrition and variety don’t count - is ability to prepare and cook not plan diet
Repeatedly	<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 formalized 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 microwave2
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 meal2
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 meal4
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”... “there is strong evidence that the altered consciousness is unpredictable and that they would not reliably be able to use a microwave ”*
- cannot prepare and cook food at all8

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

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?
 - Do they supervise?
 - Do they physically help you?
 - Do they prepare a meal for you?

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

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

After to tick 'yes' sometimes', even if you can sometimes manage without experience from how 'sometimes' is discounted—use it to explain any issues or fluctuations in needs.

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 .



TRAINING COURSES



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

We can come to you - physically or online- for in-house training of up to 16 people. If you can't see what you want, do contact us. Our practical "in-house" training courses - with or without a mental health twist & adapted for devolved differences - is from £40 a head per **including** a copy of the Big Book as course pack and trusty companion.

Introductory courses: for beginners with no prior knowledge assumed - e.g. support workers, CMHTs, LMAs.

An introduction to changing benefits (1-day)

A one-day overview course for those new to the benefits system who want feel able to understand the changing system, peoples questions and signpost with confidence. A firm foundation for further more in depth training. Also available as a more limited **half-day awareness** session

Benefits and Mental Health (2 day)

The original Course of the Book! A revised and updated in-depth look at maximising income in 3 steps.. "Introductory" **only** in that **no** prior benefits knowledge, assumed, but takes you to the next level with a practical focus on key benefits in a mental health context. You will gain confidence in tackling ESA/UC and PIP forms, writing effective supporting letters and checking benefit sums. For support workers, CMHTs & HAS

Benefits and Older People - 1 or 2-day option

In one day, a similar plan as the course above, but now looking at the less complex, but still baffling, issues for people over pension age - and the often missed *Pension Credit* and *Attendance Allowance* (from both a mental and physical health perspective). Over two days, we can also look at key benefits in 50s. For support works, grants, assessors & HAS

Intermediate courses:

for those with intro awareness to focus in specific benefits

Changing Sickness and Disability Benefits 1-day

Just as **Sickness benefits** settled from the last migration, a new shake-up (and partial migration) changes things for *Employment & Support Allowance* and *Universal Credit (for limited capability)*. In **disability benefits**, many await the switch from DLA to PIP, changes are afoot in Scotland and new issues around reviews and renewals. A catch-up building on experience.

Benefits when too unwell to work 1-day

This course focuses in-depth on the benefits for "sickness" - *Statutory Sick Pay, Employment and Support Allowance and Universal Credit (limited capability)*. What happens and when, on becoming unwell? What's changing for ESA and how does UC do things differently? Sickness assessment? How to fill in forms, support a claim or help with an appeal?

Success with PIP and ADP (1-day)

This course helps clarify the basics of *Personal Independence Payment's* processes & problems and differences coming in Scotland. How to make difficulties fit the criteria and points grids on the form? How to make the switch from *DLA*? How to make sure extras happen and support a claim, review or renewal.? And how to take challenge adverse decisions?

AA and DLA from claim to appeal 1-day

The "old" disability benefits - *Disability Living Allowance and Attendance Allowance*—are still there for younger and older folk. Same aim as PIP but very different assessment and so ways and tips to: fill forms, support claims and reviews and challenge an adverse decisions

For detailed course outlines, costs, availability, requests for something tailor-made, please contact us on:

enquiries@bigbookofbenefits.com

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

Universal Credit (UC) in practise - 1 or 2 day option

An in-depth look at this flagship reform: latest timetables, migration issues, elements, cutback, work allowances, practical tips and claiming issues, doing sums with confidence, work conditionality & sanctions, payments and appeals. A full overview in 1 day or combine over 2 days with **UC "problem areas"** - see below.

Welfare Reform and cuts: An overview (1-day)

A catch-up and run-through of the all the recent benefit cuts and "welfare reform" changes, tailored to the impacts for your client groups, and in-depth tactical tips on problem areas. Assumes a good general benefits awareness. If not see *An Introduction to Changing Benefits*

Housing Benefit to UC housing costs (1-day)

A one-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. And how do things change under *Universal Credit's housing costs element* and what happens under *Pension Credit*.

Advanced courses:

aimed at those who advise people on benefits entitlement - welfare rights workers benefits advisers, CAB advisers etc. More technical, but retaining accessibility, practicality and humour.

Mental health: sickness & disability benefits

A 1-day course for those who may know their PIPs and ESAs, but want to explore best ways to express tricky linked to common mental health diagnoses on WCA and PIP/DLA forms, and in MRs and appeals.. And the added barriers people with face in accessing benefits and advice

ESA and UC limited capability for advisers

The nitty-gritty detail of ESA/UC and the WCA - and recent changes - plus tactical tips for helping people through assessments and migration. An in depth look ESA/UC and differences switches from Ir-ESA and why C-ESA remains important, appeals etc Assumes some WCA familiarity.

Recent & forthcoming changes for advisers

A detailed exploration of recent and forthcoming changes across the benefits system, the special Covid-19 arrangements and their implications as well as catching up on reforms such as PIP, UC and Scottish benefits.

PIP for Advisers or UC "problem areas"

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

- **for PIP** - tricky processes/issues for specific client groups and PIP caselaw, challenging PIP decisions updates and *Adult Disability Payment*
- **For UC** - ways through the chaos, complexities, the sums in detail, better off and migration issues, income confusions and other issues

Other Courses:

We get asked for other courses too. :-) We can mix and match from the above **or** work up something completely different for your need e.g. : **Benefits for EEA nationals or Children, Young People & Disability or Changing Benefits in Scotland**

All courses can adapt to your needs and be presented with and without a mental health bias and adapted for devolved differences. For **online courses** timings are different - so, an e.g. "one-day" course would be delivered over two half days)

"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"



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

PERSONAL ALLOWANCES:

Single Person (no children)
 aged 16 to 25..... 59.20/ 74.70¹
 aged 25 plus..... 74.70
 HB over PC age..... 191.15
¹ applies if in main phase of ESA

Lone Parent

aged 16 or 17:..... 59.20
 aged 18 plus 74.70
 HB over PC age..... 191.15

Couples

either/ both under 18 varies²
 both over 18..... 117.40
 HB over PC age..... 286.05
² varies from 58.90 to 116.80. For HB it's 89.00 if both u18 or 116.80 if only 1 ptrnr is

HB dependent children / QYP

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

personal allowance³ 68.60
family premium⁴ 17.65 / 22.20
disabled child 65.94
enhanced disability (child) ... 26.67

³ two child limit for **children** born after 4.17
⁴ abolished for new claims from April 2016
 Higher amount applied to lone parents who claimed pre April 1998

PREMIUMS/ COMPONENTS

Any / all of:

Carer's 37.70
Enhanced Disability⁵
 single..... 17.20
 couple..... 24.60
⁵ not with pensioner premium

Severe Disability..... 67.30

Plus only the highest of:

Disability⁶ (not in Ir-ESA)
 single..... 35.10
 couple..... 50.05
⁶ not with pensioner premium/ HB for PC age

Pensioner: (not HB as already in Pers. All.)
 couple⁷ 152.90
⁷ if claimant under PC age, partner over.

ESA Components⁸:

work related activity⁹ 29.70
support 39.40

⁸ no couple rates & one component only, even if both partners qualify. Deducted from pensioner premium / HB for PC age

⁹ WRAC not paid for new claims after 4.17, but check if protections apply

HOUSING COSTS:

Support for Mortgage Interest is a separate loan scheme. Other housing costs e.g. service charges, ground rent etc still apply

INCOME DISREGARDS:

Earnings disregards

single: 5.00
 couple: 10.00
 higher rate: 20.00¹⁰
¹⁰ carers / disability / lone parent / some pensioners / certain jobs
 lone parents (HB only) 25.00
 workers on WTC or work over 30/16 hrs (HB only) 17.10¹¹
 permitted work lower 20.00
 permitted work higher: 143.00
¹¹ no longer £20 uplift as now a grant in TC

Benefits disregards:

All of: HB/CTS, AA, DLA, Mobility Supplement, CB, CTC (not for HB), GA, CAA, ESDA, WDP, ADIs for non family, Bereavement Support Payment
First £10 of WPA and war pensions (+ HB local disregards)

Other income disregards:

child maintenance all
 vol./ charitable payments all

BENEFITS RATES APRIL 2021-22 Means Tested

Abbreviations:

AA	Attendance Allowance
ADI	Adult Dependency Increases
CAA	Constant Attendance Allowance
CB	Child Benefit
CDA	Child Dependant Addition
CTC	Child Tax Credit
CTS	Council Tax Support
DLA	Disability Living Allowance
ESA	Employment and Support Allowance
ESDA	Exceptionally Severe Disablement Allowance
GA	Guardians Allowance
HB	Housing Benefit
IB	Incapacity Benefit
IIDB	Industrial injuries 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
UC	Universal Credit
WDP	War Disability Pension
WPA	Widowed Parents Allowance
WTC	Working Tax Credit

WORKING & CH

Note: Tax credits calculated annually for income and days in 1 or more (if changes in year) assessment periods for elements. Weekly for comparison and payments

CAPITAL LIMIT: none

MAXIMUM TC: annual weekly
CTC family¹ 545 10.50
child element² 2,845 54.60
disabled child 3,435 65.94
severely disabled 4,825 92.54
¹ not included for new claims after 06.04.17
² two-child limit for new child from 04.17

WTC basic 2,005³ 38.50³
lone parent/2nd adult 2.060 39.55
30 hours + 830 15.96
disabled worker 3,240 62.16
severe disability 1,400 26.88
childcare: 70% of costs **up to:**
 £175pw one child / £300 for 2 or more

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

benefits and first £100 of SMP, SAP, SPP, SSPP, SPBP ignored - if in doubt, check it out

Other: all child maintenance / most student finance/first £300 of (investment/pension/property/foreign income), any non-taxable inc.

THRESHOLD & TAPER:

if WTC 6,565 125.91
 if CTC only 16,480 316.06

Taper 41p/£1

¹ uplift replaced by a £500 grant if on WTC or WTC & CTC (inc if WTC tapered away).

other children 54.60

Additions:

disabled child - lower 29.66
 disabled child - higher 92.54
 severe disability 67.30
 carers 37.70

PC SAVINGS CREDIT:

Threshold: single 153.70
 couple 244.12

UNIVERSAL CREDIT

Max Savings Credit:

single 14.04
 couple: 15.71

INCOME DISREGARDS:

As IS, JSA, ESA, HB plus:

Benefits:

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



UNIVERSAL CREDIT (UC)

Note: **UC** is calculated **monthly**, based on income by 1 elements applying on last day of each month. Weekly for comparison only

MAXIMUM UC

Standard Allowances:

monthly weekly
single under 25 257.33¹ 59.20
 -aged 25+ 324.84¹ 74.70
couple: both u25 403.93¹ 92.85
 -one or both 25+ 509.91¹ 117.40
¹ plus £86.67 uplift to end of September MAP

UC Elements (children):

child - 1st / only² 282.50 65.10
 other children³ 237.08 54.60

² abolished for 1st child born after 6th April 17
³ two child limit for children born after Apr 17

disabled child 128.89 29.70
 higher rate 402.41 92.54

childcare: 85% of costs up to:

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

UC elements (adults) :

carer's⁴ 163.73 37.70

limited capability for:

work (LCW)⁵ 128.89 29.70
work-related activity (LCWRA) 343.63 79.00

transitional⁶ varies

⁴ carers element cannot be counted for same person as an LC element. But partners in a couple could get one each

⁵ LCW element abolished for new claims from Apr 17; check for protections for older claims

⁶ transitional element only applies if were on SDP or in future "managed migrations" eroded by other increase in UC. Can be lost.

(NB: UC does **not** have any adult disability elements; **nor** pensioner element)

UC CAPITAL LIMIT:

£16,000. Ignored if under £6000. **Tariff income** if in between: £4.35 per month for every £250 - or part of.

INCOME DISREGARDS

Earned income:

Net of income tax, national insurance and all pension contributions

Work Allowances (monthly)

if either have children or limited capability if housing costs 293
 if no housing costs 515

Taper 63% after WVA (note: taper from council tax support and impact of MIF / surplus earnings / variability)

Unearned income

As for IS, ESA & JSA except:

- SSP, SMP, SPP, SAP count as earnings
- all of war disability pensions
- boarders and sub-tenants ignored, but also for bedroom limits.

DEDUCTIONS:

Housing Costs Contributions replaces HB non-dependant deduction with single rate per non-dependant 75.53

Sanctions % of standard allowance (SA)

single 100%
 couple 50% or 100%
 lowest rate 40%

Other deductions

subject to maximum of 25% Std Allowance

UC repayments: advance & budgeting payments, o/payments 15%
 overpayments if in work 25%
 fraud & Hardship Payments .. 30%

Third Party Deductions

Normally 5% of SA , **except:**

rent arrears 10%⁶ / 20%
 court fines max 108.35
⁶ only if normal 20% takes over maximum

BENEFITS CAP - UC & HB

earnings threshold⁶ 430.00 99.23
⁷ WTC secures same exemption under HB
 max benefits single 1,284⁸ / 1,117
 couple/lone parent 1,917⁸ / 1,666
⁸ higher rate in Greater London