Now in its 16th edition - and even bigger again - 415 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 adviser alike.

Revised by: Tom Messere - welfare rights adviser since 1987 and freelance benefits trainer, updating and building on the work of co-author, the late Judy Stenger, whose warmth, wit and wisdom still pervades pages old and new.

NEW / UPDATED FOR 2016/17:

Welfare Reform: the £12 billion of new cuts; other changes and devolution differences; of rabbits and hats; updated changes tables and overview; of two migrations and an offer you can't refuse.

Personal Independence Payment - PIP renewals; updated guidance and page by page tips /examples for PIP2s; mental health and Activity 11; supporting letters; PIP caselaw and appeal submission.

ESA - caselaw update; page by page tips and examples for the ESA/UC50, changes to ESA and the impacts of UC.

Paying for housing and Benefits and work: extensively updated for HB and work changes.

Universal Credit - latest rollout plans; migrations, protections and limits; surviving a UC claim; of disability/pensioner/disabled worker gaps; 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 in working age, Pension Credit, Working Tax Credit and Child Tax Credit, Social Fund and its successors, Attendance Allowance and DLA, Mental Health Diagnoses and disability benefits, From DLA to PIP: bi-polar a case study, Benefits in Hospital, Challenging Decisions, Big Book training courses, 2016/7 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."

"The book puts into words my own experiences, feelings and thoughts..." support worker.

"Your work has been massively important for service users..." service user.

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

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

"The forms practically write themselves..." housing support worker.

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

"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 and 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.

£25.00 plus p&p
WELCOME TO THE BIG BOOK OF BENEFITS AND MENTAL HEALTH 2016/17

Welcome to this sixteenth edition of The Big Book of Benefits and Mental Health.

A year of big changes, with no chapter escaping revision and update, a new Secretary of State after 6 years and £12 billion of extra cuts fed into the implementation pipeline.

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. Our apologies for growing again this year - such is the complexity of benefits “simplification”. With big changes in a different direction in “pension age”, the time has come to implement Jude’s plan of a Big Book of Benefits and Pension Age.

“New” benefits aren’t so new anymore on paper, but some are still to land in peoples lives between now and 2020. This Edition sees an expansion of tips, tools and resources as we get to know the not so new better. Changes to the Book this year include:

- full updating and revising in every chapter, with the latest rates, implementation plans and changes.
- welfare reform tables updated for the £12 billion extra cuts, a revised overview, our open letter to the new Secretary of State and important and emerging devolved differences.
- PIP - updates with the latest guidance, the first PIP renewals, the switch from DLA, and in-depth look at PIP Mobility and mental health, more supporting letters appeal submissions and PIP caselaw - see the PIP chapter.
- ESA and UC limited capability - updates to case law and the new Maximus assessor, latest page by page guidance and example for ESA/UC 50s, cuts ahead, reclaiming after being found fit for work and implications of UC - see sickness route benefits.
- Universal Credit - Now that it is across Great Britain for simple case jobseekers, the next stage is a slow out of the full UC. Area by area all new claims for the old benefits will be closed off and you claim UC. This makes it much more likely to switch to UC early if things change. Latest practical tips, rollout news, work allowance cuts, surplus earnings rules and the “two child” policy and the disability, pension and disabled worker gaps in UC.
- Paying for Housing and Benefits and Work have a thorough going over after the post Election changes.

£12 billion of new cuts

Finally, the Government decided to tell us about the 90% of the cuts that were hidden in the Election. A longer time scale and a possible win-win for those in work made things seem a lot less worse than they could have been. But the Chancellor rabbits out of a hat turned out, once smoke cleared from mirrors, to not quite be as described.

Raising the minimum wage—and so cutting the tax credit bill painlessly, was spoiled by a plan to hit his “strivers” early. A 2nd rabbit in the Autumn seemed to be a U-Turn, but was more swerve, as the Sheriff of Tatton has a cunning plan to get people as they switch to UC.

But he found some limits and again with plans to tighten PIP point scores this March. A final straw to UC’s founding father, coming on top of repeat salami slicing of his UC baby - from welfare reform to cuts too far. In the fallout, those extra PIP cuts were abandoned and a promise made to sin no more. But that’s a long way from repenting, as there are plenty of cuts still to emerge and hit those with health issues right up until 2021.

Two migrations and an offer you can’t refuse

These include:

- ESA migration is almost over, but still not complete, re-assessments are back on, but there are new complications on reclaiming and new cuts from April 2017. See the “sickness route benefits chapter”.
- The next step in UC migration is the slow rollout of the full Digital Service of UC, which will mean that area by area all new claims will be for UC and a change in your circumstances could take you on to UC. The plan is for all areas to go full fat by June 2018 after which “managed migration starts for any one still on “legacy” benefits. See the UC chapter for more details.
- PIP is less migration as you have to opt in, they won’t look at your DLA records and there’s no protection if your award goes down. The aim is a 30% cut in disability support. See the PIP chapter for what’s occurring and practical tools to help new claims or a switch to PIP.

Devolution differences

Localised and devolved differences have been small so far but welcome, so far. N. Ireland is coming late to the welfare reform party, but while there’s rapid catch up with all the UK changes, there will be a number of “mitigations” that will help e.g. those hit by PIP. In Scotland it’s less a set menu and more new powers e.g. they could abolish PIP altogether or run it very differently. Plenty for the new Scottish Parliament to talk about. See the welfare reform chapter for more details.

Good luck

The outlook then is a bit gloomy. 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.”. It still seems as if books are to be balanced on the backs of the working poor and the disabled”. We hope this Book and linked training can offers 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 2016
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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

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Introduction to AA, DLA and PIP, Disability Living Allowance & Attendance Allowance, claims and assessment process, the criteria, some examples of common difficulties, filling in the forms and signposts to extra free Big Book resources

Disability Benefits 2 - Personal Independence Payment

Personal Independence Payment. And timetables, 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, additional tips to tackle mental health discrimination under Activity 11, supporting letters for PIP claims, challenging PIP decisions, PIP Case law, example PIP appeal submission

Mental Health diagnoses and disability benefits

A brief guide to common mental health diagnoses and issues for DLA and PIP. Case study: bi-polar disorder, DLA and PIP

Other Benefit Issues

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Benefits, Work & Conditionality:

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How to challenging benefit decisions

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Training courses & Feedback

You’ve read the book, now see it live! A wide range of training courses linked to the Big Book from beginners to experts. And let us know what you think of the Book and how we could make it better

Benefit Rates Chart 2015 / 2016

NB: each chapter has its own detailed contents first page
Access to Benefits and Mental Health Issues

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

- 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
- 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:

- 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
- 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’

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:

- 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
- 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 they need to communicate their difficulties
- offer breaks for coffee/ cigarettes - or anything that will make the process more relaxed and less threatening
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 will finally start becoming universal for all claimants of means tested benefits in a slow, area by area rollout starting this May.
- Social Fund help and its replacements
- Disability Living Allowance, Personal Independence Payment and Attendance Allowance

Government plans to start to combine all ‘work-related’ means tested benefits into one ‘Universal Credit’ by 2021 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, importing all the complications of the old benefit and adding a few new ones along the way...
### Benefit changes across all “working age” benefits

<table>
<thead>
<tr>
<th>Date</th>
<th>Change/Comment</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2011</td>
<td>Change in uprating for all benefits. Increases will be set by the Consumer Price Index (which produces consistently lower increases) instead of the Retail Price Index or the Rossi index. <strong>CUT of £5,840 million pa by 2014/15</strong></td>
<td>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%</td>
</tr>
<tr>
<td>October 2012</td>
<td>Civil Penalties will be introduced for claimant error in claims for Benefit</td>
<td>Local Authorities and the DWP have discretion to enforce a civil penalty of £50 to claims which contained an error made by the claimant</td>
</tr>
<tr>
<td>April 2013</td>
<td>1% limit uprating limit. Many benefits restricted to 1% for next 3 years. PC Savings Credit – cuts in max SC and increased thresholds. <strong>Benefits Cap</strong> Household Benefits cap on total benefits income for “working age” claimants (unless on DLA/PIP or Working Tax Credit) at “median income” (£350 for single adult, £500 for couples), applied initially by cuts in HB, but in future all UC. Phased in across UK by September 2013. <strong>CUT of £270 million pa by 2015</strong></td>
<td>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</td>
</tr>
<tr>
<td>April 2014</td>
<td><strong>Overall Benefits Cap</strong> Total benefits spending - excluding Pensions and JSA - capped at current levels £119.5 billion</td>
<td>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.</td>
</tr>
<tr>
<td>March 2015</td>
<td><strong>Deaths under Sanction:</strong> 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.</td>
<td>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.</td>
</tr>
<tr>
<td>April 2015</td>
<td><strong>The Election:</strong> Conservatives confirm October announcement of a further £12 billion cuts in “working age” benefits, but are criticized for only spelling out 10% of them</td>
<td>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.</td>
</tr>
<tr>
<td>July 2015</td>
<td><strong>An “emergency budget”</strong> - because the last lot left finances in such difficulties? - outlined where the remaining £10.8 billion of cuts will come from</td>
<td>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</td>
</tr>
<tr>
<td>April 2016</td>
<td><strong>Benefits and tax credits freeze</strong> 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 <strong>Cuts of £6,000 million by 2020</strong></td>
<td>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</td>
</tr>
<tr>
<td>November 2016</td>
<td><strong>The Benefit Cap</strong> The maximum amount a is reduced to a two tier: • in London £23,000 and £15,410 singles • outside London £20,000 and £13,400 singles. <strong>Cuts of £430 million by 2020</strong></td>
<td>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. N ew exemption announced (following a court decision on discrimination) for Carer’s Allowance - no details yet.</td>
</tr>
</tbody>
</table>
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 LCW RA
- 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 of significant discomfort or exhaustion.
2) Transferring between seats
   a) Cannot move from one seated position to another alongside without physical help
3) Reaching
   a) Cannot raise either arm as if to put something in top pocket of jacket
4) Picking up/ moving with hands and upper body
   a) Cannot pick up and move 0.5 litre carton full of liquid
5) Manual Dexterity
   a) Cannot convey a simple message such as the presence of a hazard
6) Making self understood unaided by another - through speaking, writing, typing or other means which could be reasonably used
   a) 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 reasonably be used
   a) Cannot understand simple message such as the location of fire escape
8) Continence
   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.
9) Navigation and maintaining safety, using a guide dog or other aid normally, or that could be reasonably used
   a) Navigate around familiar surroundings
   b) Safely complete a potentially hazardous task such as crossing a road
   c) Navigate around unfamiliar surroundings
10) Awareness of hazard
Due to cognitive impairment or mental disorder cannot learn how to complete a simple task such as setting an alarm clock

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
- 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.

11) Initiating personal actions
   a) Cannot, i.e. function, at least twice actions

12) Coping
   a) Cannot cope with any change, due to impaired mental function, reliably initiate or complete work related activity; or
   b) Cannot deal with any stress, due to cognitive impairment or mental disorder, to the extent that daily life could not be managed

13) Coping with change
   a) Cannot, due to impaired mental function, reliably initiate or complete work related activity; or
   b) Cannot deal with any stress, due to cognitive impairment or mental disorder, to the extent that daily life could not be managed
   c) Has on a daily basis, uncontrollable distress experienced by the

4) Picking up and moving / transferring by use of upper body and arms
   a) Cannot:  
      i. Pick up and move a 0.5 litre carton of liquid (15)
      ii. Pick up and move a 1 litre carton of liquid (9)
      iii. Transfer light but bulky object - e.g. an empty cardboard box (6)
   b) Cannot transfer an empty cardboard box (15)
   c) Above head height as if to reach for something (6)

8) Navigation and maintaining safety, using a guide dog or other aid normally, or that could be reasonably used
   a) Navegate 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 site wearing/ wearing an incontinence aid normally
   a) Navegate around familiar surroundings (15)
   b) Safely complete a potentially hazardous task such as crossing a road (15)
   c) Navigate around unfamiliar surroundings (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 N.B: 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 interaction with others... such as previous occupational history, shopping, childcare, parents nights at school, relationships with neighbours, ability to cope at appointments: GP/ Hospital etc., ability to cope with bills and on the phone, dealing with finances and bills at the post office, appointments with official persons such as the Bank Manager/ Social Worker/ Benefits Personnel’

Jude’s observations:

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 is the place to say so.

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?

[ ] Every day
[ ] Frequently
[ ] Occasionally

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 - not just aggression. If when you’re unwell people might describe your behaviour this way, try to explain how it impacts on them - and on you.

It is important to remember that the descriptors refer to a ‘workplace’ environment - so consider the affect that sort of environment would have on your behaviour. You may manage in the day centre where everyone has an awareness of mental illness or the staff know 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.

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.
Surviving a UC claim:
Top Tips from the UC Pathfinder areas: Helping you to help them to help you 😊
(NB: Many of the computer-system related problems should be a lot easier in full Digital Service areas. Others may remain)

1. Is UC ready for safe landings?
After £700 million has been spent on the project, just 35,000 claimants, 2,700 UC Centre staff and over 2 years of “test and learn”, the UC claims and payments process - as described earlier - should have been running smoothly and seamlessly in the original pathfinder areas.
As resources are readied for the next stage of national rollout, now should be one of the best times to be a UC claimant, ahead of claimant numbers and admin pressures rollout, now should be one of the best times to be a UC claimant, ahead of claimant numbers and admin pressures. But “Oh, dear…” 😔.
Here then are some top tips based on the problems and solutions people have been finding in UC pathfinder areas over the last couple of years.

2. Making a claim for UC

**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.

3. 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:

- 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.
- Proof of ID: either a Passport/ID card/asylum letter/ UK border agency residence permit. Or if you don’t have one of those then 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
- Other evidence: The first two apply to all claims. As UC develop you may need more evidence: children, a new partner’s savings, sick notes etc. A new partner will have to attend their own Claimant Commitment interview so worth them taking any relevant evidence to theirs.

**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.
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 LCW RA element **gaining £20.65**

<table>
<thead>
<tr>
<th>Income-related ESA Applicable Amount</th>
<th>Universal Credit Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Allowance</td>
<td>73.10</td>
</tr>
<tr>
<td>Support Component</td>
<td>36.20</td>
</tr>
<tr>
<td>Enhanced Disability Premium</td>
<td>15.75</td>
</tr>
<tr>
<td><strong>£125.05</strong></td>
<td>£145.70</td>
</tr>
</tbody>
</table>

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 £41.20 a week**.

<table>
<thead>
<tr>
<th>Income-related ESA Applicable Amount</th>
<th>Universal Credit Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Allowance</td>
<td>73.10</td>
</tr>
<tr>
<td>Support Component</td>
<td>36.20</td>
</tr>
<tr>
<td>Enhanced Disability Premium</td>
<td>15.75</td>
</tr>
<tr>
<td>Severe Disability Premium</td>
<td>61.85</td>
</tr>
<tr>
<td><strong>£186.90</strong></td>
<td>£145.70</td>
</tr>
</tbody>
</table>

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 LCW RA rate does not help. **He loses £61.85**

<table>
<thead>
<tr>
<th>Income-related ESA Applicable Amount</th>
<th>Universal Credit Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Allowance</td>
<td>73.10</td>
</tr>
<tr>
<td>W ork Related Activity Component</td>
<td>29.05</td>
</tr>
<tr>
<td>Severe Disability Premium</td>
<td>61.85</td>
</tr>
<tr>
<td><strong>£164.00</strong></td>
<td>£102.15</td>
</tr>
</tbody>
</table>

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 “quadraple expelliarmus” from: lost disability premiums, no benefit from the new LCWRA element, cuts in child disability and the mistreatment of carers with disabilities. He loses £121.84 a week**

<table>
<thead>
<tr>
<th>Income-related ESA Applicable Amount</th>
<th>Universal Credit Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Allowance</td>
<td>73.10</td>
</tr>
<tr>
<td>W ork Related Activity Component</td>
<td>29.05</td>
</tr>
<tr>
<td>Carer’s Premium</td>
<td>34.60</td>
</tr>
<tr>
<td>Severe Disability Premium</td>
<td>61.85</td>
</tr>
<tr>
<td><strong>£322.29</strong></td>
<td>£200.45</td>
</tr>
</tbody>
</table>

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

**NB:** Existing claimants will get transitional protection - but only if they switch to UC under “managed migration” and do not lose it. A “natural migration” means no protection. The protection though does mean 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 2015-16)

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**

<table>
<thead>
<tr>
<th>Category</th>
<th>A. Standard amount:</th>
<th>£</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>per month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aged 16 to 24</td>
<td>£251.77</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aged 25 and over</td>
<td>£317.82</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Joint claims:
- if one or both aged 16 to 24: £395.20
- if both aged 25 or over: £498.89

3) **INCOME**

N.B.: 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**

<table>
<thead>
<tr>
<th>Category</th>
<th>If HC*</th>
<th>No HC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single: no children</td>
<td>£111</td>
<td>£111</td>
</tr>
<tr>
<td>with children</td>
<td>£263</td>
<td>£734</td>
</tr>
<tr>
<td>with “limited capability”</td>
<td>£192</td>
<td>£647</td>
</tr>
<tr>
<td>Couple: no children</td>
<td>£111</td>
<td>£111</td>
</tr>
<tr>
<td>with children</td>
<td>£222</td>
<td>£536</td>
</tr>
<tr>
<td>25 or over</td>
<td>92</td>
<td>£647</td>
</tr>
</tbody>
</table>

B3. **Other income:**

- Maternity Allowance
- IB/SDA
- 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:

<table>
<thead>
<tr>
<th>B.3. Other income:</th>
<th>£</th>
</tr>
</thead>
</table>

| B + C equals Total Income | £ |

| Universal Credit | £ |

An easy to use calculation sheet with all the information to hand when working out Universal Credit entitlement.
Personal Independence Payment descriptors

**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 
     - i. to eat
     - ii. supervision to eat
   - f. Cannot prepare or cook food ....... 8

3. **Managing therapy**
   - b. Needs more than 14 hours a week
   - c. Needs more than 7 to 14 hours a week
   - d. Needs at least 3.5 hours a week
   - e. Does not need medication/therapy

4. **Washing and bathing**
   - b. Needs 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 circs. to remain clothed; or
     - ii. prompting or assistance to be able to select appropriate clothing........ 2

7. **Communicating verbally**
   - a. Either
     - i. do
     - ii. or
   - b. Needs
     - i. to
     - ii. support
     - iii. or
   - c. Cannot express or understand verbal info

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

**Mobility Component**

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

**Easy single page listing of the activities and descriptors for the Personal Independence Payment**

**Notes:**

- a. can manage [activity x] unaided.... 0
- b. Needs to be able to manage [activity x] unaided......
- c. Cannot manage [activity x] unaided

**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**

1. **Preparing food**

**DW P 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”

**Descriptors and specific guidance**

a. Can prepare and cook a simple meal unaided. 0
b. Needs to use aid or appliance to either prepare or cook a simple meal ............................................ 2

c. 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”

d. 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”

e. 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”

f. 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-prepared 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

<table>
<thead>
<tr>
<th>Factor</th>
<th>DWP “reliability” examples</th>
</tr>
</thead>
</table>
| Safely | • 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) | • 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 | • 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 | • Physically capable of preparing a meal, but need for formalized ritual means it takes all morning to prepare breakfast |
Tell us in Questions 3 to 15 how your health conditions or disabilities affect your day-to-day activities.

**Q3** Preparing Food

- **Q3a** Do you use an aid or appliance to prepare or cook a simple meal? Aids and appliances include:
  - perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators.

- **Q3b** Do you need help from another person to prepare or cook a simple meal? Help includes someone:
  - physically assisting you to prepare to cook food,
  - cooking your food for you,
  - supervising you to make sure you are safe,
  - prompting, encouraging or reminding you to cook food or how to do so.

- **Q3 Extra information - Preparing Food**

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

---

**Anxiety/Depression & Self Harm**

- My motivation is so low and my concentration is so poor that 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 don't prepare it, just heating up a ready meal, not cooking.

- When I have tried to cook on the hob I end up burning things or myself - because my concentration just goes. (Descriptors 1c & e)

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

- **Q3** Do you use an aid or appliance to prepare or cook a simple meal?

- **Q3a** Yes [ ]  No [ ]  Sometimes [ ]

- **Q3b** Yes [ ]  No [ ]  Sometimes [ ]

---

**Big Book of Benefits and Mental Health 2016/17**

- Personal Independence Payment
### Personal Allowances

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Person (no children) aged 16 to 25</td>
<td>£57.90</td>
</tr>
<tr>
<td>Single Person aged 16 or 17</td>
<td>£57.90</td>
</tr>
<tr>
<td>Single Person aged 18</td>
<td>£73.10</td>
</tr>
<tr>
<td>HB over PC age</td>
<td>£151.20</td>
</tr>
<tr>
<td>HB over 65</td>
<td>£166.05</td>
</tr>
</tbody>
</table>

### Premiums/Components

#### Any/all of:
- Carer’s premium: £34.60
- Severe Disablement: £61.85
- Enhanced Disablement: £15.75

#### Plus only the highest of:
- Disability: £45.95
- not with pensioner premium

### Tariff Income

- £1 for every £250 or part £250 over £6,000
- £1 per £500 over £10,000

### Housing Costs

- **Waiting Time:** Claims made after previous benefit claim without linking rules apply: 4 weeks @ 0.1 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

### Handy Double Page Benefit Rates Chart

#### Child Tax Credit

- **Maximum CTC:**
  - Single: £2,410.80
  - Couple: £3,392.40

- **Guarantee Credit:**
  - Single: £6,155.60
  - Couple: £11,674.40

- **Savings Credit:**
  - Single: £1,156.00
  - Couple: £2,180.00

#### Pension Credit

- **Max Savings Credit:**
  - single: £3,007.00
  - couple: £3,827.00

- **Income Disregards:**
  - As JSA, ESA, HB plus:
  - Benefits: Retirement Pension, ESA, SB, SMP, War Widow/ers Pension
  - Incapacity Benefit
  - Incapacity Benefit

#### Working Tax Credit

- **Income Disregards:**
  - All: £250 or part £250 over £6,000
  - £1 for every £250 or part £250 over £6,000

#### Universal Credit

- **Capital Limit:** £11,600

### Other Disregards

- **Benefits Cap**:
  - earnings threshold £430.00
  - max benefits single: £1,437.11

- **Work Allowances**
  - monthly: £40.00 (if limits exceeded)
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 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 Assessment 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.

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 overview in 1 day overview or 2 days allows more depth, scenarios, and UC related changes.

Welfarare 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 casework, 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

For detailed course outlines, costs, availability, looking at something tailor made, please contact;
enquiries@bigbookofbenefits.com
Or visit www.bigbookofbenefits.com or see us on Facebook

“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”