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

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

NEW / UPDATED FOR 2017/18:

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

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

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

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

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

Plus other chapter revised and updated throughout:

Contents; Barriers to Benefit; Steps to Maximum Entitlement; Benefits for Carers, Means Tested Benefits; Working Tax Credit and Child Tax Credit; Social Fund and its successors; Disability benefits; Mental Health Diagnoses and disability benefits; From DLA to PIP: bi-polar a case study; Benefits in Hospital; Challenging Decisions, Big Book training courses – You’ve read the Book now see it Live!; 2017/18 Benefits Rates Charts

FEEDBACK FROM PREVIOUS EDITIONS:

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

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

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

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

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

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

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

“The forms practically write themselves” - housing support worker

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

“Absolutely superb - extremely impressive” - Director - Local Mind Association, team leader

“These books have been a goldmine for my Community Support Team and Housing Support Staff” - support worker

“I have been a benefits adviser for almost 1.5 years & bought this book with some doubt, concerned that I might be paying for ‘rehashed information’. I just wanted to say how delighted I am, I never thought I would take a benefits book to bed... but I could not put it down. You explained dry legislation and complex rules in a personal and engaging manner, there were even a few laugh out loud moments! Your explanations are clear and lucid, your examples very appropriate & your diagrams summarise information in an approachable and accessible way...” - benefits adviser

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

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

£25.00 plus p&p

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

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

Big Book changes

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

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

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

Changes to the Book this year include:

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

Changes in the Benefits system

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

April 2017 sees:

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

Yes it’s Election time again :) It's a chance to ask searching questions of all the parties and make your voice heard.

One of the reasons for harshness in recent years is that people at the receiving end tend not to vote and when they do not for the last lot :). Compare that with benefits approaches in pension age…

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

Good luck

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

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

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

Tom Messere - April 2017

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Personal Independence Payment (PIP)

*What is PIP? Why and When? The PIP claims and assessments: the story so far and top tips
from claim to appeal, the switch to PIP and PIP renewals, page by pages tips and examples
to fill in PIP 2 forms, tackling mental health discrimination under Activity 11, supporting
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Training courses & Feedback

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

Benefit Rates Chart 2017 / 2018

**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:

- 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 is finally rolling out it’s universal Full Service form—beginning very slowly last May and due to be national for new claims by September 2018.
- Social Fund help and its replacements
- Personal Independence Payment

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

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

<table>
<thead>
<tr>
<th>Month</th>
<th><strong>Change in uprating for all benefits</strong></th>
<th><strong>Overall Benefits Cap</strong></th>
<th><strong>Deaths under Sanction:</strong> Dispatches programme reveals DWP are looking over 49 deaths - 40of which were suicides among those under sanctions. Parliamentary Select Committee causes for pause and review.</th>
<th><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</th>
<th><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</th>
<th><strong>Benefits and tax credits freeze</strong></th>
<th><strong>The Benefit Cap</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2011</td>
<td><strong>Increase will be set by the Consumer Price Index (which produces consistently lower increases) instead of the Retail Price Index or the Rossi index. CUT of £5,840 MILLION pa by 2014/15</strong></td>
<td><strong>Total benefits spending - excluding Pensions and JSA - capped at current levels £119.5 billion</strong></td>
<td><strong>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.</strong></td>
<td><strong>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.</strong></td>
<td><strong>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</strong></td>
<td><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 Cuts of £4,000 million by 2020</strong></td>
<td><strong>The maximum amount is reduced to a two tier:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>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%</strong></td>
<td><strong>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.</strong></td>
<td><strong>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.</strong></td>
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</tr>
<tr>
<td></td>
<td><strong>Local Authorities and the DWP have discretion to enforce a civil penalty of £50 to claims which contained an error made by the claimant</strong></td>
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<td><strong>The maximum amount is reduced to a two tier:</strong></td>
</tr>
<tr>
<td>October 2012</td>
<td>Civil Penalties will be introduced for claimant error in claims for Benefit</td>
<td><strong>Overall Benefits Cap</strong></td>
<td><strong>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.</strong></td>
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<td><strong>The maximum amount is reduced to a two tier:</strong></td>
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<tr>
<td>April 2013</td>
<td><strong>1% limit uprating limit</strong></td>
<td><strong>Overall Benefits Cap</strong></td>
<td><strong>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.</strong></td>
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<td><strong>The maximum amount is reduced to a two tier:</strong></td>
</tr>
<tr>
<td>April 2013</td>
<td><strong>Benefits for protected elements (e.g. disability, carers and ESA Support Component) will be protected, but basic allowances are still hit</strong></td>
<td><strong>Overall Benefits Cap</strong></td>
<td><strong>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.</strong></td>
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<td><strong>The maximum amount is reduced to a two tier:</strong></td>
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<tr>
<td>November 2016</td>
<td><strong>The maximum amount is reduced to a two tier:</strong></td>
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<tr>
<td></td>
<td><strong>in London £23,000 and £15,410 singles</strong></td>
<td><strong>Overall Benefits Cap</strong></td>
<td><strong>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.</strong></td>
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</tr>
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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 LCWRA
- 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
   - Cannot move from one seated position to another alongside without physical help

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

4) Picking up / moving with hands and upper body
   - Cannot pick up and move 0.5 litre carton full of liquid

5) Manual Dexterity
   - Cannot, with either hand, either:
     a) press a button such as a telephone keypad, or
     b) Turn the pages of a book

6) Making self understood unaided by another - through speaking, writing, typing or other means which could be reasonably used
   - Cannot convey a simple message such as the presence of a hazard

7) Understanding communication (verbally by hearing, lip reading non verbally - by reading 16 point print, Braille) using any aid that could reasonably be used
   - Cannot understand simple message such as the location of an escape

8) Contingency
   - 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.

9) Absence or loss of control leading to extensive evacuation of the bowels or bladder - other than site wearing/uniform or that
   - Can't reasonably be used
     a. Navigate around familiar surroundings (15)
     b. Safely complete a potentially hazardous task such as crossing a road (15)
     c. Navigate around unfamiliar surroundings (9)

9) Absence or loss of control leading to extensive evacuation of the bowels or bladder - other than site wearing/uniform or that
   - Can't reasonably be used
     a. Navigate around familiar surroundings (15)
     b. Safely complete a potentially hazardous task such as crossing a road (15)
     c. Navigate around unfamiliar surroundings (9)

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, 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.

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
    - Cannot, i.e. function, at least to actions

12) Coping
    - Cannot cope with any change, due to significant discomfort or exhaustion

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

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

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

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

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 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 occupations shopping, childcare, parents' high relationships with neighbours, ab appointments: GP/ Hospital etc., bills and on the phone, dealing w. the post office, appointments with as the Bank Manager/ Social Woi Personnel'

Jude's observations:

Again the list of likely conditions: guidance is artificially limited. If verbally or physically - with other place to say so.

Part 2 - Mental, cognitive

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

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.

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

Actual descriptors for 17: Appropriateness of behaviour with other people due to cognitive impairment or mental disorder

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

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

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.
## Working it Out

### 1) Work out Applicable Amount

Add together your
- Personal Allowances
- Premiums or/ and Components
- any Housing Costs that count minus any non dependant deductions

### 2) Work out Income

Add together your
- Earnings (minus the disregards)
- Benefits income
- Other income
- any ‘Tariff Income’ from Capital

### 3) Work out amount payable...

Take your
- 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...
Not working/ working fewer than 16 hours OR Pension Credit age

Severe Disability Premium/ Addition:
- DLA Middle/ Higher Care/PIP Daily Living/ any AA and no one gets paid Carer’s Allowance or UC Carer’s Element and counts as living alone

Enhanced Disability Premium:
on DLA Higher Care, PIP Enhanced Daily Living or ESA Support Component. Not payable with Pensioner Premium

Carer’s Premium:
going Carer’s Allowance or has ‘underlying entitlement’

Disability Premium:
under Pension Credit age and on a qualifying benefit - DLA, PIP, Incapacity Benefit, Constant Attendance Allowance, Severe Disablement Allowance or is registered blind or is the claimant and has been on sickness route for 52 weeks. Not payable with Pensioner Premium

Pensioner Premium:
one of a couple is of Pension Credit age or a single man aged over women’s pension age and under 65 on JSA/ESA

Support Component:
going ESA for 14 weeks, not on Support Component, and meets the conditionality requirements for WRAC

Work Related Activity Component:
Getting ESA for 14 weeks, not on Support Component, and meets the conditionality requirements for WRAC
## Changes and “natural migration” to UC

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

<table>
<thead>
<tr>
<th>Change in your circumstances</th>
<th>What could happen before UC?</th>
<th>What happens in a Full Service UC area?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in employment status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On Ib-JSA / IS / Ir-ESA and start work or increase hours to meet WTC (16, 24 or 30hrs)</td>
<td>Claim WTC See note 1</td>
<td>Claim UC</td>
</tr>
<tr>
<td>On ‘legacy benefit’ - e.g. Ib-JSA and HB - and start work, but not enough hours to satisfy WTC</td>
<td>‘Legacy benefits’ adjusted</td>
<td>Choice – remain on adjusted ‘legacy benefit’ or claim UC if better off. See ‘Swapping from ‘legacy benefit’ to claim UC’ below</td>
</tr>
<tr>
<td>On WTC and hours fall below 16</td>
<td>Claim IS / Ib-JSA</td>
<td>Claim UC</td>
</tr>
<tr>
<td>On Child Tax Credit only and start work to with enough hours for Working Tax Credit</td>
<td>Claim WTC</td>
<td>Remain on CTC and claim WTC</td>
</tr>
<tr>
<td>On WTC and increase hours Stay on WTC</td>
<td>Stay on WTC</td>
<td>See Choice above</td>
</tr>
<tr>
<td>On Working Tax Credit and becomes sick</td>
<td>Count as a worker for WTC for first 28 weeks. Claim Ir-ESA</td>
<td>Count as a worker for WTC for first 28 weeks. Claim UC</td>
</tr>
</tbody>
</table>

### Sickness - see also under “Change in employment status” above

|                                |                              |                                       |
|--------------------------------|------------------------------|                                       |
| On Ir-ESA doing permitted work and work becomes permanent, hours increase over 16 or other reason no longer “permitted work” | Potential Working Tax Credit claim | Claim UC |
| On Ib-JSA and becomes sick | Switch to Ir-ESA | Claim UC |
| On Ir-ESA and fails Work Capability Assessment (WCA) i.e. is found fit for work or not to have “limited capability”  See note 2 | Claim Ib-JSA during mandatory reconsideration, then back to Ir-ESA pending appeal | Either: Claim UC during MR but will then remain on UC pending appeal and after a successful WCA appeal. Or: manage through MR, then claim Ir-ESA pending appeal. See note 3 |

### Becoming single or one of a couple if it means a new claim to a “legacy benefit” 4, claim UC e.g. :

|                                |                              |                                       |
|--------------------------------|------------------------------|                                       |
| Couple on Tax Credits separate | Make separate claims for ‘legacy benefits’ | Both claim UC as single people |
| Lone parent on e.g. Income Support and Child Tax Credit becomes a couple | Claim e.g. Ib-JSA or Ir-ESA and make new CTC claim as a couple | Claim UC as a couple |
| Couple on Ib-JSA with child under 5 becomes a lone parent | Claim IS / Ib-JSA | Both claim UC as single people |
| Single person under pension age on ‘legacy benefit(s)’. Becomes a couple with person of Pension Credit (PC) qualifying age | Claim Pension Credit (PC) | Claim PC. When Full Service UC fully rolled out across the country, claim UC. See note 5 |

### Carers

|                                |                              |                                       |
|--------------------------------|------------------------------|                                       |
| Satisfies Carer’s Allowance rules which means a new ‘legacy benefit’ claim | Claim the relevant benefit ‘legacy benefit(s)’ e.g. IS | Claim UC |
| On IS and stops being a carer | Unless another reason to be on IS, claim Ib-JSA | Claim UC |

*continued on next page...*
Top Tips from the UC Pathfinder: Helping you to help them to help you 😊
(NB: Many of the computer related problems should be easier in Full Service areas. Others seem to remain)

Was UC ready for rollout?
Back in 2015, UC may have been late, but with £700 million spent on the project, just 35,000 claimants at the time, 2,700 UC Centre staff and over 2 years of “voice and learn” (the UC claims and conversations)

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

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

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

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

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

At your First Claim Interview

Tip 5: Take evidence of ID and tenancy agreements to your claim interview: You will be asked to produce evidence which UC don’t tell you to bring beforehand.
Taking it along on the day will mean it will be recorded as seen within that interview, will save a repeat trip to the Job Centre and speed up the claim:

- 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.
- Your passport/ID card/asylum letter/ascendancy residence permit. Or if you: one of those then any two from: bank /equity book, bank/building society bill, driving license, birth/ partnership certificate, travel card, membership card of a known association
- The first two apply to all claims. As you may need more evidence:
- partner’s savings, sick notes etc.

You 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.
The UC “disability gap”
...protecting the most vulnerable?

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

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

**Additions for child disability**

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

- UC picks up the two tiers of the equivalent additions in Child Tax Credit, with the same criteria. The big change is the aligning with UC’s LCW Element which left a Cameron Government halving the addition for most disabled children.
  - The lower rate - as with CTC - applies to children getting any rate of DLA (or dependant young people on any rate of PIP). It is set at the LCW element rate of £29.05, which is less than half the £60.90 in Child Tax Credit.
  - The higher rate - again as with CTC - applies to children or QYPs getting the top rates of either DLA Care or PIP Daily Living. Here the Government has pledged to match the CTC rate and is set at a weekly equivalent of £85.90

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

**Pensioner with disabilities**

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

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

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

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

**Adult Disability Elements**

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

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

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

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

**Workers with disabilities**

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

**Summary**

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

Simpler? Possibly. Protecting the vulnerable? Making work pay? That’s another matter...
Disability: winners and losers under Universal Credit...

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

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

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

Income-related ESA Applicable Amount | Universal Credit Maximum Amount
--- | ---
Personal Allowance | 73.10
Support Component | 36.55
Enhanced Disability Premium | 15.90

£125.55 | £146.60

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

Income-related ESA Applicable Amount | Universal Credit Maximum Amount
--- | ---
Personal Allowance | 73.10
Support Component | 36.55
Enhanced Disability Premium | 15.90
Severe Disability Premium | 62.45

£188.00 | £146.60

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

Income-related ESA Applicable Amount | Universal Credit Maximum Amount
--- | ---
Personal Allowance | 73.10
Work Related Activity Component | 29.05
Severe Disability Premium | 62.45

£164.60 | £102.15

**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 “quaduple expelliarmus” from: losing disability premiums, no compensation from the LCWRA element, cuts in child disability and the mistreatment of carers with disabilities. He **loses £123.65 a week**

Income-related ESA Applicable Amount | Universal Credit Maximum Amount
--- | ---
Personal Allowance | 73.10
Work Related Activity Component | 29.05
Carer’s Premium | 34.95
Severe Disability Premium | 62.45

£324.10 | £200.45

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

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

Big Book of Benefits and Mental Health 2017/18

211
# Universal Credit (April 2017-18)

## 1) CHECK CAPITAL

**Upper Limit: £16,000.**

Ignore any capital under £6,000. Tariff income applies to capital in between. Some capital is ignored.

## 2) MAXIMUM UC

<table>
<thead>
<tr>
<th>Category</th>
<th>£</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Standard amount:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aged 16 to 24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aged 25 and over</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint claims:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>if one/both aged 16 to 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>both aged 25 or over</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B. Child elements:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>first/oldest child/QYP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>each subsequent child/QYP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Addition for lower rate
- if DLA

Max. £646.35

### C. Other Carers

Carer’s - per child
- limited capability
- LC for work related activity
- only the highest of carers / LC for same person
- only one LCW / LCWRA element per couple
- non payable on new claims after April 2017

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

Less any ineligible service charges

Less any housing costs contribution
- rent only - £70.06 pcm per non-dep. but not if:
  - tenant on PIP Daily Liv., DLA Middle/Higher Care, AA
  - non Dep.: u21, resp. for child u5, on PC, DLA Middle Higher Care, PIP Daily Liv., AA or Carer’s Allowance

Equals housing costs element

Equals Maximum Amount

Less Total Income (from step 3)

### Universal Credit due

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

## 3) INCOME

### 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, PIP, SSPP)

Less Work Allowance

<table>
<thead>
<tr>
<th>Category</th>
<th>If HC*</th>
<th>No HC</th>
</tr>
</thead>
<tbody>
<tr>
<td>no children or limited capability</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>with children or limited capability</td>
<td>£192</td>
<td>£397</td>
</tr>
</tbody>
</table>

If both

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

### B.2 Tariff income from capital:

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

### B3. Other income:

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

**Ignore all child maintenance**

**Count in full:**
- occupational or works pension
- spousal maintenance
- student grants or loans
- any other taxable income:

Equals B. Unearned Income

A +B equals Total Income

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

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

## Daily Living Component

1. **Preparing food**
   - b. needs to use aid or appliance to prepare or cook a simple meal
   - c. cannot cook a simple meal using a cooker but can use a microwave
   - d. needs prompting to either prepare or cook a simple meal
   - e. needs supervision or assistance to prepare or cook a simple meal
   - f. cannot prepare and cook food

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
   - c. needs a therapeutic source to
   - d. needs prompting to take nutrition
   - e. needs assistance to manage a
   - f. cannot convey food and drink to mouth

3. **Managing toilet needs or incontinence**
   - b. needs either:
     - i. prompting to dress, undress or determine appropriate circumstances to remain clothed; or
     - ii. prompting or assistance to be able to select appropriate clothing
   - c. needs supervision or prompting to be able to manage toilet needs
   - d. needs assistance to manage toilet needs
   - e. needs assistance to be able to manage incontinence of bladder or bowel
   - f. needs assistance to manage incontinence of bladder and bowel

4. **Washing and bathing**
   - b. needs to use an aid or appliance to wash or bathe
   - c. cannot wash or bathe at all
   - d. needs supervision or prompting to be able to wash or bathe
   - e. needs assistance to be able to wash either hair or body below waist
   - f. needs assistance to get in or out of bath or shower
   - g. cannot wash or bathe at all

5. **5. Managing toilet needs or incontinence**
   - b. needs an aid or appliance to manage toilet needs or incontinence
   - c. needs supervision or prompting to be able to manage toilet needs
   - d. needs assistance to manage toilet needs
   - e. needs assistance to be able to manage incontinence of bladder or bowel
   - f. needs assistance to manage incontinence of bladder and bowel

6. **6. Dressing and undressing**
   - b. needs aid/appliance to dress/undress
   - c. needs either:
     - i. to use an aid or appliance to...; or
     - ii. supervision to take nutrition; or
     - iii. assistance to cut up food
   - d. needs a therapeutic source to
   - e. needs prompting to take nutrition
   - f. cannot convey food and drink to mouth

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

8. **8. Reading and understanding**
   - b. needs either:
     - i. to use an aid or appliance to...; or
     - ii. supervision to take nutrition; or
     - iii. assistance to cut up food
   - c. cannot express or understand verbal information
   - d. needs supervision or prompting to be able to understand written information
   - e. cannot read or understand signs, symbols or words at all

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

10. **10. Making budgeting decisions**
    - b. needs prompting or assistance to make complex budgeting decisions
    - c. needs prompting or assistance to make simple budgeting decisions
    - d. cannot make any budgeting decisions at all

## Mobility Component

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

### Notes:
- Other than where indicated, descriptor a. in each activity reads:
  - a. can manage ... unaided
  - Always consider descriptors in context of reliability, variability and without pain and discomfort. See the definitions - with more on variability and reliability - overhead. For more detail, comment, sample PIP2, case law, supporting evidence, submissions see the Big Book of Benefits and Mental Health.

### Standard Rate
- Enhanced Rate = 12 + points (one total for each component)

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**Easy single page listing of the activities and descriptors for Personal Independence Payment, including March 2017 changes with the definitions on the back**
...and activity by activity...
Guidance, comment & PIP2 examples:

Daily Living Component

I. Preparing food

DWP definitions
A test of the claimant’s 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”

<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 |

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
Section 3 - How your health condition or disability affects your daily life

Tell us in the rest of this form how your health conditions or disabilities affect your daily life activities.

Preparing Food - useful DWP guidance, reliability, comments and common difficulties alongside example forms.

Q3c - Extra information

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
• tell us how your condition affects you doing this activity

Extra Information Box - Use page 7 of the Information Booklet to help answer these questions

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

Aids and appliances include things like:
• perching stools, lightweight pots and pans, easy grip handles on utensils, single lever arm taps and liquid level indicators.

Yes
No
Sometimes

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

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

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

Extra Information Box - Talk us about the help you need from another person when preparing food.

1. Are you able to:
• tell us how the help you need from another person helps you do this activity
• tell us about the help you need from another person
• tell us about the help you receive from another person
• tell us about the help you need from another person

If you need to add more please continue at Q15 Additional Information.
### Income Support, Income-based JSA, Income-related ESA & Housing Benefit

#### PERSONAL ALLOWANCES:
- **Single Person** (no children):
  - aged 16 to 25: £7.90/73.10
  - aged 25 plus: £7.10
- **HB over PC age**: £19.35
- **HB over 65**: £172.55

- **Lone Parent**:
  - aged 16 or 17: £7.90
  - aged 18 plus: £7.30
  - *HB over PC age / older rates if applicable*

- **HB dependant children / QYP**:
  - 2 or more: £87.50 if both u18 or 114.85 if only 1 ptnr is both over 18
  - *either / both under 18 varies 2, 2 or more plus disability / lone parent / basic element family element individual element* varies from 57.90 to 114.85. For HB its 87.50 if both u18 or 114.85 if only 1 ptnr is both over 18

#### PREMIUMS/ COMPONENTS

- **Any / all of**
  - Carer’s: 34.95
  - Severe Disability: 62.45
  - Enhanced Disability: 15.90
  - couple: 22.85
  - *not with premium pension*

- **Plus only the highest of**
  - Disability: 32.55
  - couple: 46.40
  - *not with premium premium/HB PC+

- **Pension**
  - single: 21.50
  - couple: 12.25
  - *if no inc / dis*
  - *NB: chi cases PP*

- **ESA**
  - **work r supp**
  - single: 21.90
  - couple: 44.70
  - *no coug / both qti / WRAC*

- **CAPI**
  - (no limit)

#### TARIFF INCOME:
- £45 for every £250 or part £250 over £6,000

#### HOUSING COSTS:
- **Weekly**: Claims made after 04/01/09 (unless linking rules apply): Weeks 0-13 nil, 100% thereafter
- **Limits**: £200,000 ceiling. Limited to 104 weeks for JSA

#### INCOME DISREGARDS:

- **Earnings**: 5.00
- **higher rate**: 20.00
- **carers / disability / lone parent / some**

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

### Abbreviations:
- AA: Attendance Allowance
- ADI: Adult Dependancy Increment
- CA: Constant Attendance Allowance
- CAA: Child Benefit
- CDA: Child Dependent Addition
- CTC: Child Tax Credit
- CTS: Council Tax Support
- CTC: Disability Living Allowance
- ESS: Employment and Support Allowance
- ESA: Exceptionally Severe Disablement Allowance
- GAA: Guardians Allowance
- HB: Incapacity Benefit
- IDB: Industrial Injuries Disablement Benefit
- IS: Income Support
- JSA: Jobseeker’s Allowance
- IP: Jobseekers Premium
- LS: Lone Parent Premium
- NSI: National Insurance
- PC: Pensioner Premium
- PWC: Pensioner Work Credit
- RPI: Retirement Pension
- RTA: Statutory Maternity Pay
- SAA: Statutory Adoption Pay
- SSB: Statueary Sick Pay
- WCA: Working Tax Credit
- WTC: Work Disability Premium
- WTC: Widowed Parental Allowance
- WTC: Working Tax Credit

### Child Tax Credit

#### CAPITAL LIMIT: none

<table>
<thead>
<tr>
<th>MAXIMUM CTC:</th>
<th>£545 / 10.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>annual weekly</td>
<td></td>
</tr>
<tr>
<td>family element</td>
<td>2.780 / 35.34</td>
</tr>
<tr>
<td>individual element</td>
<td>1.735 / 60.90</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Severe disability</th>
<th>1.290 / 24.78</th>
</tr>
</thead>
<tbody>
<tr>
<td>not included for new claims after 4.17</td>
<td></td>
</tr>
<tr>
<td>2 child limit for new children after 4.17</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME DISREGARDS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>for: CTC only</td>
</tr>
<tr>
<td>taper:</td>
</tr>
<tr>
<td>use WTC threshold if claiming with WTC</td>
</tr>
</tbody>
</table>

### PENSION CREDIT

#### CAPITAL LIMIT: none

<table>
<thead>
<tr>
<th>MAXIMUM PEN:</th>
<th>£16,105 / 308.87</th>
</tr>
</thead>
<tbody>
<tr>
<td>annual weekly</td>
<td></td>
</tr>
<tr>
<td>basic element</td>
<td>2.780 / 35.34</td>
</tr>
<tr>
<td>plus margin</td>
<td>1.735 / 60.90</td>
</tr>
<tr>
<td>plus sv disability margin</td>
<td>1.290 / 24.78</td>
</tr>
</tbody>
</table>

| NB WTC is calculated annually with daily |
| elements circumstances change. |
| Weekly amounts reflect actual payments in many CTC cases especially and to aid comparison |

### Universal Credit

#### CAPITAL LIMIT: £16,000

<table>
<thead>
<tr>
<th>MAXIMUM UC:</th>
<th>£646.35</th>
</tr>
</thead>
<tbody>
<tr>
<td>monthly</td>
<td></td>
</tr>
<tr>
<td>basic element</td>
<td>£16.105 / 308.87</td>
</tr>
<tr>
<td>taper:</td>
<td>41p per £1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME DISREGARDS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>From previous tax year:</td>
</tr>
<tr>
<td>- first £2,500 of any increase in inco ne</td>
</tr>
<tr>
<td>- first £2,500 of any decrease in inco ne</td>
</tr>
<tr>
<td>Earnings: Grass, before tax and nil but ignore pension contributions, non taxable expenses, payments in kind</td>
</tr>
<tr>
<td>Benefits:</td>
</tr>
<tr>
<td>generally ignore all non-taxable benefits and SMP - if in doubt, check it out</td>
</tr>
</tbody>
</table>

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

### Work Tax Credit

#### CAPITAL LIMIT: none

<table>
<thead>
<tr>
<th>MAXIMUM WTC:</th>
<th>£2,010 / 38.57</th>
</tr>
</thead>
<tbody>
<tr>
<td>annual weekly</td>
<td></td>
</tr>
<tr>
<td>basic element</td>
<td>2.780 / 35.34</td>
</tr>
<tr>
<td>plus margin</td>
<td>1.735 / 60.90</td>
</tr>
<tr>
<td>plus sv disability margin</td>
<td>1.290 / 24.78</td>
</tr>
</tbody>
</table>

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

### Working Tax Credit

#### CAPITAL LIMIT: none

<table>
<thead>
<tr>
<th>MAXIMUM WTC:</th>
<th>£2,010 / 38.57</th>
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</tbody>
</table>

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

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

- **Capital Limit**: none
- **Maximum CTC**: annual weekly
- **Maximum PEN**: annual weekly
- **Maximum UC**: monthly
- **Maximum WTC**: annual weekly

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- WTC: Widowed Parental Allowance
- WTC: Working Tax Credit
**TRAINING COURSES**

**You’ve read the Book, now see it live...**

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

---

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

**An introduction to changing benefits**

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

**Benefits and Mental Health (2 day)**

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

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

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

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

**Welfare Reform: Sickness and Disability Benefits**

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

**Benefits when too unwell to work**

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

**Success with Personal Independence Payment**

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

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

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

**Welfare Reform: An overview**

Exactly what it says on the tin. A run through all the recent and forthcoming changes, tailored to highlight changes affecting your particular client group and including more in-depth tactical tips on problem areas. Assumes some good general awareness of the current system If not see An Introduction to Changing Benefits instead.

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

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

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

**Mental health & sickness and disability benefits**

A one-day course for those who may know their PIPs and ESA, but want to look more at how to relate common mental health diagnoses to PIP, DLA, AA and ESA claims, and approaches to ESA/UICS0s and PIP2 and AA forms. Also to look at the barriers people with mental health issues face in accessing benefits and

**ESA and UC limited capability for Advisers**

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

**Recent & forthcoming changes for advisers**

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

**PIP for Advisers or UC for advisers**

Two different 1 day courses - separately or together. You may have already got to grips with the basics... so we focus instead on: for PIP
- for PIP - ways through the chaos, issues for specific client groups and PIP caselaw, challenging PIP decisions
- for UC - sums in detail, conditionality and sanctions, better off issues and challenging decisions.

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