Now in its 18th longer-life edition, this Big Book - with price held & free online updates to April 2020 - offers 430 pages of user-friendly practical information, tips, tactics, example forms, to support claims for people living with mental health issues. It is also handy in other health areas too. A toolkit for service user, support worker and benefits advisers alike

Revised by: Tom Messere - welfare rights adviser since 1987, freelance benefits trainer and former co-author with the late Judy Stenger (whose warmth, wit and wisdom still pervades pages old and new). Joined this year by Yvonne Bennett, welfare rights adviser of long standing and much experience of ESA and PIP in mental health.

NEW / UPDATED FOR 2018/20:

**Welfare Reform:** revised and updated overview and charts summarising all the changes

**Personal Independence Payment:** a new table of PIP points and definitions / updated guidance after the Court rulings against last years unlawful discrimination and resulting review process; updated page by page tips/examples for completing PIP2 How Your Disability Affects You forms and changes; updated PIP caselaw

**Sickness route to benefits:** “New style” ESA and further updated for UC; migration issues: reviews from IB to ESA and issues from ESA to UC; caselaw update; page by page tips / examples for completing the ESA50 / UC50

**Universal Credit:** latest timetable; migrations: “natural” - and changes that do trigger them - and “managed” - the proposed process; transition protection and gaps; SPD and disability discrimination; the claimant journey, surviving UC and updates on UC “problem areas”; UC health and disability issues - the WCA in UC, switching from ESA, disability gaps in / out of work; Income complications - pay days, MIFFs and surplus earnings; the National Audit Office report

**Plus all 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 updates on UC “problem areas”; UC health and disability issues - the WCA in UC, switching from ESA, disability gaps

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**FEEDBACK FROM PREVIOUS EDITIONS:**

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

Community Care magazine

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

support worker

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

service user

“Your work has been massively important for service users”

support worker

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

Health and Care.com

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

social worker

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

service user

“The forms practically write themselves”

housing support worker

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

Advisor magazine

“Absolutely superb - extremely impressive”

Director - Local Mind Association

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

team leader

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

benefits adviser

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

service user & advocate

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

mental health team leader

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£25.00 plus p&p
Welcome to this eighteenth edition of The Big Book of Benefits and Mental Health. If you are new to the Big Book, we hope you will like it’s friendly, practical, “tell it how it is” approach.

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

Big Book changes
Regular readers will notice a difference this time as - too late for our usual annual - we offer an 18-month edition, (yet with our price held) that will be good to April 2020, thanks to free updates that you will be able to download from www.bigbookofbenefits.com

We also welcome Yvonne Bennett as co-author, bringing her immense experience of work with clients with mental health issues, her geek fascinations and appeals success :-). A silver lining to the cloud of our lateness is that we have been able to capture the latest on the Court rulings over DWP disability discrimination in PIP and UC and their latest plans for corrective action.

The recent and next few years is a tale of two benefits systems running alongside each other: “working age” DLA is due to have given way to PIP by March 2019, but the co-existence between “legacy benefits” and Universal Credit will last until March 2023, at least (with HMRC keeping some tax credit capacity until 2025). Together with emerging - and much more positive - differences in Scotland, our bindings are stretching.

“Pension age” benefits are heading off in a different direction. Old favourites such as Attendance Allowance and Pension Credit remain, though with changes too: to PC, the “New style” Retirement Pension, Pension Choices, and paying for care (residential and in the community).

Our plans for a Big Book of Benefits and Money for Older People - to cover all of these - have been delayed as the Government put off announcements on long term changes in funding care. However, be they ready or not, we will publish the first edition in April 2019. For now, the full coverage of AA and DLA - that were once part of this Big Book - are available at www.bigbookofbenefits.com

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 on case law, “New Style” ESA, and UC’s troubled emergence as a gradual replacement for Income-related ESA

- **Universal Credit** - Some important changes to the benefit in theory, but mainly a much expanded practical coverage to help deal with the systemic problems of UC’s still rather too chaotic implementation.
- **Paying for Housing** and **Benefits and Work** updated for HB and UC changes and the latest on bedroom tax.
- **PIP** - resetting the PIP points chart in the aftermath of Court rulings, the new review process of all PIP claims and latest experience of PIP claims, appeals, renewals.

Changes in the Benefits system
At a just before going to press September gathering of UK benefits advisers in Glasgow, there were stark contrasts:

- frustration at how jaw droppingly chaotic and unfit for purpose, Universal Credit still seems to be. Long held concerns about the design - cuts “in-work”, for disability, children and pensioners caught up in UC - are joined by growing concern at UC in practise.
- But signs of a Scottish Enlightenment to suggest things could be different :-). A new system based on “social security as a human right” and “dignity, fairness and respect” in treatment of claimants. The first big test will be as PIP claimants switch over to Social Security Scotland - if PIP works better for new claims in Scotland, others in the UK will want the same.

2018 has been less about new big changes and more the arrival of past announcements into people’s lives:
- the transition to Full Service UC with every area due to have switched by December 2018, mostly affects new claims and some - but by no means all - who have a change in circumstances. Otherwise, most stay with their current legacy benefit for some time yet.
- the annual stealth cut of the big benefits freeze - basic benefits rates are now 9% down in real terms from subsistence rates set in the 1960s
- the growing impacts of cuts for new ESA claims and children affected by the “Two Child” policy.
- Court rulings forcing changes on unlawful disability discrimination in PIP and UC and just paying in ESA.

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 light in the darkness. Despite the cuts the biggest problem still remains unclaimed benefits. We hope this Book - and linked training - can offer ideas, hope, practical tools and confidence to both protect current incomes and maximise others to make that real difference between “living and merely existing”. Thanks to all our readers for support, keeping their bit of light burning and making a real difference to the lives of those you help.

Tom Messere - October 2018
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**To Begin at the Beginning**  
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**Steps to Maximum Entitlement - what you can claim**  
Three steps to benefits maximization; Benefits, in brief ; The three steps in practice  

**Overview of cuts, changes and “welfare reform”**  
Overview of changes; Cuts and “reforms”; Politics and devolution; Tables of Changes  

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

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

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

**Benefits for Carers**  
Carers Allowance, Carers Credit and Carers Premiums and UC; Universal Credit changes for carers  

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

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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/”New Style” 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 December 2018, ahead of a slow switch over for those on “legacy benefits”.
- 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 2023 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, UC has imported most of 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>Date</th>
<th>Change</th>
<th>Notes &amp; Comment</th>
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| April 2011 | Change in uprating for all benefits
Increases will be set by the Consumer Price Index (which produces \textit{consistently lower increases}) instead of the Retail Price Index or the Rossi index.
\textit{CUT of £5,840 MILLION pa by 2014/15} |Those receiving any benefit will see its value decrease over time, lessening their ability to pay for essentials. Will be the biggest cut of all by 2015
e.g. April 2013 increase 2.2% not 2.6% |
| October 2012 | Civil Penalties introduced for claimant error |Local Authorities and the DWP have discretion to enforce a civil penalty of £50 to claims which contained an error made by the claimant |
| April 2013 | 1% limit uprating limit
Many benefits restricted to 1% for next 3 years
PC Savings Credit – cuts in max SC and increased thresholds |Real cuts of 4% over next 3 years for many, an extra 200,000 children in poverty. DWP claims e.g. carers, disabled and ESA Support Component will be protected, but basic allowances are still hit |
| April 2013 | Benefits Cap
Household Benefits cap on total benefits income for “working age” benefits, except for protected elements (e.g. disability, carers and ESA support component)
\textit{CUT of £27} |Main impact in high rent areas – where people have same low disposable benefits income than other areas, but large rent bills due to failure of the housing market/policy. to ettoization. Also UK.
cite resentment the struggling not so, for the rich and real cuts,  
:al than financial  
choices and cuts |
| April 2014 | Overall Benefits capped at cur | |
| March 2015 | Deaths under Sanction:
Dispatches programme reveals DWP are looking over 49 deaths - 40 of which were suicides among those under sanctions. Parliamentary Select Committee causes for pause and review. |The poorly evidenced and poorly controlled sanctions policy continues to target those with mental health problems and along with other cuts and changes continues to be implicated in deterioration in mental health, self harm and deaths. |
| April 2015 | The Election:
Conservatives confirm October announcement of a further £12 billion cuts in “working age” benefits, but are criticized for only spelling out 10% of them |Left the Conservatives as the only party wanting to cut £12 billion and to retain the bedroom tax. Their former coalition partners agreed on deficit target, but opposed “a plan to balance the books on the backs of the working age poor”. Suggests choice rather than necessity. |
| July 2015 | An “emergency budget”
Because the last lot left finances in such difficulties? Outlined where the remaining £10.8 billion of cuts will come from |The IFS have criticized the lack of accountability in a policy announced in Options will require dramatic changes, which may strain both “one nation” Toryism and the UK. See the rest of this table for changes |
| April 2016 | Benefits and tax credits freeze
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)
\textit{Cuts of £4,000 million by 2020} |Continues the stealth cut that has seen real cuts of 5% including the poorest on bare 1960s subsistence rates.
Limited effect this year as inflation measures are so low, but it will cut again. Protection for carers, the sick and disabled is only partial. The freeze on LHA will further reduce the range of housing available |
| November 2016 | Tightening the Benefit Cap
The maximum amount is reduced to a two tier:
- in London £23,000 and £15,410 singles
- outside London £20,000 and £13,400 singles.
\textit{Cuts of £430 million by 2020} |No longer any attempt to justify re average earnings.
Extends the cap across the UK - e.g. any family with 3 or more children would be capped - if not caught by the Two Child limit. Exemptions continue e.g. if someone on DLA/PIP or in work. New exemption announced (following a court decision on discrimination) for Carer’s Allowance. |
**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
   a) Cannot move from one seated position to another alongside without physical help
   b) Turn the pages of a book
5) Manual Dexterity
   a) press a button such as a keypad, or
   b) Turn the pages of a book
3) Reaching
   a) Cannot raise either arm as if to put something in top pocket of jacket
   b) Cannot pick up and move a 0.5 litre carton full of liquid
4) Picking up / moving with hands and upper body
   a) Cannot pick up and move 0.5 litre carton full of liquid
   b) Fails to do the above due to sensory impairment (e.g. reading 16pt print, Braille)
5) Manual Dexterity
   a) press a button such as a 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
   a) Fails to do the above due to sensory impairment (e.g. reading 16pt print, Braille)
   b) Cannot convey a simple message such as the presence of a hazard
   c) Cannot understand simple message such as the location of a fire escape

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

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

10) Awareness of hazard
Due to cognitive impairment or mental disorder, reduced awareness of everyday hazards leads to a significant risk of
- a) Injury to self or others or
- b) Damage to property or possessions such that they require supervision for the majority of the time.

11) Initiating personal actions
A) Cannot initiate function, at least two actions
12) Coping
A) Cannot cope with any change, due to cognitive impairment or mental disorder, cannot b) Fails to do the above due to sensory impairment (e.g. reading 16pt print, Braille)
13) Coping engagement
A) Engagement in social contact is significantly disrupted awareness or concentration: a) At least once a week (15)
   b) At least once a month (6)
   c) above head height as if to reach for something (6)

4) Picking up and moving / transferring by use of upper body and arms -
   a) Pick up and move a 0.5 litre carton of liquid (15)
   b) Pick up and move a 1 litre carton of liquid (9)
   c) Transfer light but bulky object - e.g. an empty cardboard box (6)
   d) As 15 b) above, but involving the use of arms rather than conveying food or drink to mouth (15)
   e) As 15 b) above, but involving the acts of chewing or swallowing rather than conveying food or drink to mouth (6)

8) Navigation and maintaining safety, using a guide dog or other aid normally, or that could be reasonably 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 bladder or bowel**
   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.
   c) loss of control leading to extensive evacuation of the bladder or bowel

**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 Rapport may be

‘The descriptors considered in an...centre. It is likely beyond verbal a,

‘Consider any a others... such as shopping, childc...relationships wi. appointments: C bils and on the, the post office, a and as the Bank M a Personnel’

If you feel able to describe times when it’s happened then it’ll give a clearer picture. If you’ve ever been arrested because of behaviour linked to your mental health or sectioned, then it may be relevant to say so here.

The guidance says ‘it’s likely the behaviour would extend beyond verbal aggression’ for the descriptors to apply. Don’t leave out verbal aggression alone just the law and a 2r) has found form of atted al meet the ‘d’ behaviour - ell people , try to explain :scriptors refer to r the affect that : behaviour. re everyone the signs of you becoming unwell, or manage by isolating yourself at home etc. BUT what would be likely to happen in a typical workplace.

Part 2 - Mental, cognitive and intellectual functions continued

17. Behaving appropriately

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

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

☐ Now go to question 18 on the next page

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

☐ Every day

☐ Frequently

☐ Occasionally

Actual descriptors for 17:

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

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

- Daily *(15)

- Frequently (15)

- Occasionally (9)

Jude’s observations:

Again the list of likely conditions in the medical guidance is artificially limited. If you lose it - either verbally or physically - with other people, here’s the place to say so.

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

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

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

#### 1) Work out Applicable Amount

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**

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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:
- getting 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:
- 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 2 |

**Becoming single or one of a couple if it means a new claim to a “legacy benefit”**, 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 3 |

**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...
Surviving a UC claim:
Top Tips from UC experiences so far: Helping you to help them to help you 😊

UC problem areas.
UC should be going well and smoothly. The massive delays in the timetable and the failure of the first IT system may have been embarrassing, but that extra time should have been a real opportunity to sort out recurring problems with the benefit, train up staff and get the admin really sorted. DWP have not grasped that opportunity: their “test and learn” seems to be on the IT, rather than for issues around the benefit or needs of their customers.

To be fair, for many - perhaps even most - claimants everything does go smoothly, and there has been rather belated action but there is still too much attachment to dogma and focus on the vision.

There are still some UC problem areas unresolved - perhaps even most - claimants. So you need to be prepared to work things around or even fight a bit. Some guidance may be helpful:

Tip 1: Think before you claim:
- The Full Service UC does open the door to much more means tested benefits then this is the new way to go. The massive delays in the timetable and the failure of the first IT system may have been embarrassing, but that extra time should have been a real opportunity to sort out recurring problems with the benefit, train up staff and get the admin really sorted. DWP have not grasped that opportunity: their “test and learn” seems to be on the IT, rather than for issues around the benefit or needs of their customers.

Tip 2: Think about what you need for an online claim:
- The experience is much better than it was. It is still worth gathering all the information you might need, before you start, but at least you can take it in steps and save as you go. So you can take breaks or go find out some info that’s not to hand. There is help from the UC Helpline, especially now its free 0800 328 5644. Local help is organised via Universal Support led usually by your local council. Or talk to trusted friends, support workers or advisers.

Tip 3: Phone claims are possible:
- If you can get the hang of Online it will be quicker and easier long term, but UC will take a telephone claim if it’s not going to work for you because of health, literacy or access to broadband issues. Be politely assertive if you need to claim by telephone and prepared for a “can’t claim online v. won’t claim online” conversation.

Tip 4: Time your claim if you can:
- Old claims for Housing Benefit, Child Tax Credit or Income-related ESA should stop straightaway, so where possible time your UC claim just after a recent payment of any previous benefit. HB though now runs on for 2 weeks and you wont have to repay it.

Tip 5: Keep a diary of what happens when – e.g. when you claimed, sent in further evidence or had it scanned at the local Jobcentre Plus. And in your online Journal too? This “timeline” will help you - or an adviser - talk the Service Centre through the case and to see the problem and clear any blockage. The new IT should make it easier to act on things.

Tip 6 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.

Tip 7: Take evidence of ID and tenancy:
- HB. So if you haven’t got them then landlord’s letters, bank statements will do. Do check that you enter the same amount on your claim as mismatch’s can also cause delays
- Proof of ID: You may have been able to manage that online. If not can you take a Passport/ID card/ asylum letter/ UK border agency residence permit? If not any two from: bank /credit card, cheque book, bank/building society passbook, utility bill, driving license, birth/marriage/civil partnership certificate, travel card photo id, membership card of a known association
- Other evidence: The first two apply to all claims. But evidence re: children, savings, GP fit notes
- A partner will have to attend their own Claimant Commitment interview so worth them taking any relevant evidence to theirs.

Tip 8: Don’t be misled on Claimant Commitment:
- These can seem a bit intimidating with so many reminders re sanctions and pressure to just agree as your claim can’t proceed until accepted. You may not need one if the online one is enough in your case. Check which work activity group you come under and remind the UC work coach. If it is the “all work requirements”, that can be adjusted for your situation, right down to none at all. The default setting and experience is the full on, full time, fully fit jobseeker; so be aware of your work requirements and flexibilities. It can seem hard to change a supposedly “living, flexible” document. Get advice to do so if you get stuck.
### Universal Credit (April 2019-20)

#### 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>A. Standard amount:</th>
<th>£</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single</strong> per month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aged under 25</td>
<td>£251.77</td>
<td></td>
</tr>
<tr>
<td>aged 25 and over</td>
<td>£317.82</td>
<td></td>
</tr>
<tr>
<td><strong>Joint claims:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>if both aged under 25</td>
<td>£395.20</td>
<td></td>
</tr>
<tr>
<td>if one or both aged 25 or over</td>
<td>£499.89</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Child elements:</th>
<th>£</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>first/oldest child/QYP</td>
<td>£277.08</td>
<td></td>
</tr>
<tr>
<td>1 only if born before 06.04.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>each subsequent child/QYP</td>
<td>£231.67</td>
<td></td>
</tr>
<tr>
<td>2 subject to &quot;Two-Child Policy&quot; for children born after 06.04.17. &quot;UC re-opened to claims from 3+ children households from 01.02.19. UC which will now go by &quot;date of birth&quot; not &quot;date of claim&quot; as had been previously intended.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>addition for child disability:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lower rate (any rate DLA/PIP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>higher rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 if DLA Care highest / PIP Daily Living</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Childcare Costs:</strong> actual child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>take 85% of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>= equals child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 max. £646.35 pcm for one child</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Other UC Element</th>
<th>£</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers and limited capability for work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 only the highest of carers / LC for same person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 only one LCW / LCWR element per couple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 not payable on new claims after April 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing Costs:</strong> per month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>if any</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• eligible rent (LHA / bedroom tax apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• service charges / ground rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Support with Mortgage Interest replaced with a separate secured loan scheme from 04/18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>less any <strong>ineligible service charges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>less any <strong>housing costs contribution</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rent only - £73.89 pcm per non-dep. but not if:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Tenant: on PIP Daily Living, DLA Middle/Highest Care or AA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-Dep.: under 21, resp. for child under 5, on PC, or on: DLA Middle/Highest Care, PIP Daily Living, AA or Carer’s Allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>equals housing costs element</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>equals Maximum Amount</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>less Total Income</strong> (from step 3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3) INCOME

#### A. Earned Income:

**Gross earnings in that assessment period less:** work expenses, income tax, National Insurance and any pension contributions claimant’s monthly earnings …………

partner’s monthly earnings …………

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

**surplus earnings** …………

less **Work Allowance**

<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/limited capability</td>
<td>£287</td>
<td>£503</td>
</tr>
</tbody>
</table>

8 lower Allowances apply if any housing costs.

**equals Net Earnings (after WA)**

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

**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**

**B.2 Tariff income from capital:**

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

**B.3. 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**

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www.bigbookofbenefits.com
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: three 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 it’s 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 led to the 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 £62.86 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 £88.58

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
UC appears to forget the difference between “sickness” benefits - to give a basic income when too unwell to work - and “disability” benefits - for extra help with care and mobility needs.

The plan for a simplified two tier Adult Disability Element gave way to a merger with “limited capability”, based on a “common gateway” via the Work Capability Assessment.

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 duplication, with added costs and stress for claimants. But someone may quite correctly not pass that WCA, as it measures very different things from the PIP assessment. 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 of the WCA - or only passing the LCW element, does not unlock disability support, now hidden 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 £59.29 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 – but UC weekly equivalents aid comparison - at April 1919/20

1. Harry gets ESA with Support Component and DLA Middle Rate Care/ Lower Mobility. He lives with his aunt and uncle so cannot get the Severe Disability Premium. He benefits from the higher LCWRA element gaining £22.13

<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>38.55</td>
</tr>
<tr>
<td>Enhanced Disability Premium</td>
<td>16.80</td>
</tr>
<tr>
<td></td>
<td><strong>£128.45</strong></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 would lose £42.59 a week - or £184.56 a month in UC money :-( But see below *

<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>38.55</td>
</tr>
<tr>
<td>Enhanced Disability Premium</td>
<td>16.80</td>
</tr>
<tr>
<td>Severe Disability Premium</td>
<td>65.85</td>
</tr>
<tr>
<td></td>
<td><strong>£194.30</strong></td>
</tr>
</tbody>
</table>

3. Hagrid also has PIP standard Daily Living/ standard Mobility but, like many ESA claimants, is in the Work Related Activity group. He loses more, as the extra in LCWRA rate does not help. He loses £65.85 a week but see below*

<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>Work Related Activity Component</td>
<td>29.05</td>
</tr>
<tr>
<td>Severe Disability Premium</td>
<td>65.85</td>
</tr>
<tr>
<td></td>
<td><strong>£168.00</strong></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 on PIP standard Daily Living/Mobility too. He is also carer for son, Hewhomustnotbenamedyet, who gets DLA Care (middle rate) due to physical difficulties and supervision needs re danger to others. Ron gets a “quadruple expelliarmus” from: a) losing disability premiums, b) no compensation from the LCWRA element c) cuts in child disability amounts and d) the either/or between LC and carers elements. He loses £130.25 a week *But see below

<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>Work Related Activity Component</td>
<td>29.05</td>
</tr>
<tr>
<td>Severe Disability Premium</td>
<td>65.85</td>
</tr>
<tr>
<td>Carer’s Premium</td>
<td>36.85</td>
</tr>
<tr>
<td>Child Tax Credit :</td>
<td></td>
</tr>
<tr>
<td>Family Element</td>
<td>10.50</td>
</tr>
<tr>
<td>Individual Element</td>
<td>53.34</td>
</tr>
<tr>
<td>Child Disability Element</td>
<td>64.40</td>
</tr>
<tr>
<td></td>
<td><strong>£333.09</strong></td>
</tr>
</tbody>
</table>

N.B. If you move over from “legacy benefits” to UC via a “managed migration” you will get transitional protection to soften but not eliminate the cut. Those switching under a “natural migration” or starting with UC from scratch, just get the lower amounts … But see below * note: Since the 16th January 2019, those with an SDP in a legacy benefit will no longer switch to UC until a protected “managed migration”. Others though, can still switch and lose e.g. those getting DP / EDP, carers with health issues, disabled children.


### Daily Living Component

1. Preparing food
   - b. needs to use an aid or appliance to prepare or cook a simple meal
   - c. cannot cook a simple meal using a cooker but can using 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
   - e. needs
   - f. cannot

3. Managing toileting
   - b. needs:
     - i. to use an aid or appliance to manage needs
   - c. needs supervision or prompting to be able to manage toileting needs
   - d. needs assistance to manage toileting 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. needs supervision or prompting to be able to wash or bathe
   - d. needs assistance to be able to wash
   - e. needs assistance to get in or out of bath or shower
   - f. needs assistance to be able to wash body between shoulders and waist
   - g. cannot wash or bathe at all

5. Managing toileting
   - b. needs an aid or appliance to manage toileting needs or incontinence
   - c. needs supervision or prompting to be able to manage toileting needs
   - d. needs assistance to manage toileting 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. Dressing and undressing
   - b. need aid/appliance to dress/undress
   - c. needs either:
     - i. prompting to dress, undress or determine appropriate circumstances to remain clothed; or
     - ii. prompting or assistance to be able to

7. Communicating
   - b. needs
   - c. cannot
   - d. cannot
   - e. cannot

8. Understanding
   - b. cannot
   - c. cannot
   - d. cannot
   - e. cannot

9. Engaging with others
   - b. needs prompting to engage with other people
   - c. needs social support to engage with other people
   - 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. 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

1. Planning & following journeys
   - b. needs prompting to undertake any journey
   - c. cannot plan the route of a journey
   - d. cannot follow a route
   - 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
  - b. needs
  - c. cannot
  - d. cannot
  - e. cannot
  - f. needs
  - g. needs

- Always consider descriptors in context of variability, variability and without pain and discomfort. See the definitions - with more on variability and reliability - overleaf.

- For more detail, comment, sample PIP2, case law, supporting evidence, submissions see the Big Book of Benefits and Mental Health.

### Standard Rate
- Enhanced Rate = 8 to 11 points
- (one total for each component)
...and activity by activity...
Guidance, comment & PIP2 examples:

**Daily Living Component**

**1. 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>
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<tbody>
<tr>
<td>Safely</td>
<td>• Fire resulting from not understanding how to use an electrical appliance or gas hob correctly</td>
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<td></td>
<td>• Increased risk of cutting oneself or another person</td>
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<td>• Burning or scalding oneself, e.g. if an individual is likely to drop a saucepan or spill contents</td>
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<td>• 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</td>
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<table>
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<th>To an acceptable standard (not in current guidance)</th>
<th>Achieve a simple cooked meal for one prepared from fresh ingredients which is edible and properly cooked</th>
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<td></td>
<td>Not cooking ability so issues such as presentation don’t count</td>
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<td></td>
<td>If never needed to cook - consider physical and cognitive ability if had to</td>
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<td></td>
<td>Nutrition and variety don’t count - is ability to prepare and cook not plan diet</td>
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| 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

Preparing Food

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,
• 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.

Yes ☐ No ☐ Sometimes ☐

Extra information box
Tick the box that applies:

Extra information box
Tell us about any difficulties you have when preparing and cooking food:

Q3c - Extra information - Preparing Food

Anxiety/Depression & Self Harm

My motivation is so low and my concentration is so poor that even if I can push myself to start, I often cannot finish making a meal for myself. When I do it tends to be something quick you can just stick in the microwave, but I won't do that reliably and then not preparing it, just heating up a ready meal, not cooking. (1c&d)

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

Psychosis:
My concentration is poor and I can also get distressed by the voices or thoughts when I am trying to do things. When I have tried to cook, I end up burning things or myself - because my concentration just goes. Other times undercook things and often get a bad stomach. When this happens my tablets don't work as well and I have less control. (Describers 1c & e)

In the microwave, but I won’t do that reliably and then not preparing it. When I do try to make something quick you can just heat up a ready meal, not cooking a meal for myself. My concentration is so poor that even if I can push myself to...

Anxiety/Depression & Self Harm

Personal Independence Payment

Page 3/3

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

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

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

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