



WELFARE BENEFIT FACT SHEET

The Saffron Resource Centre has produced this guide to help you understand the Welfare Benefits that you may be entitled to claim. Please make an appointment for more detailed information, specific to your circumstances.

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WELFARE BENEFITS FOR WORKING AGE PEOPLE

These rules apply for the majority of cases - but there are exceptions. Seek expert advice if in doubt.

Generally speaking people of working age are expected to seek employment to support themselves and their families.

If people don't work they must fall into one of the following categories in order to qualify for work replacement benefits from the Department for Work and Pensions (DWP);

- **Jobseeker:** Claim Jobseekers Allowance (JSA) contribution or income based.
- **Sick and disabled:** Claim Employment & Support Allowance (ESA) contribution or income based. (Previously Incapacity Benefit).
- **Carer:** Claim Income Support if in receipt of Carers Allowance.
- **Student:** Claim Income Support if under 21 in f/t non-advanced education if estranged from parents and nobody claims Child Benefit/CTC for them.
- **Responsible for a child:** Claim Income Support if;
 1. Lone parent with a child under 5
 2. Lone foster parent/adopter of a child under 16
 3. Expecting a baby in 11 weeks or less, or baby is less than 15 weeks old
 4. On parental or maternity leave from work (in certain circumstances)
 5. Looking after a child under 16, or a partner, who is temporarily ill.

Means-tested work replacement Welfare Benefits

Everyone is entitled to a minimum level of income per week if they don't have savings above £6,000 (£10,000 if over the qualifying age for Pension Credit). This is referred to as their Applicable Amount, which is made up of personal allowances, premiums and components specific to their circumstances.

The personal allowance for 2015/16 for a single person aged 25 or over is £73.10, and £114.85 for a couple. A single person who is also a carer can get an additional premium of £34.60, and/or a disability premium of £32.25, and/or an enhanced disability premium of £15.75, and/or a severe disability premium of £61.85 if they meet the qualifying conditions. A single pensioner will get an additional £78.10.

All income is taken into account for means-tested benefits, unless specifically disregarded. So, if a partner works, or the claimant has an occupational pension, their existing income may exceed their Applicable Amount, and they will not qualify for any means-tested benefits.

Disability Living Allowance (DLA), Personal Independence Payments (PIP) and Attendance Allowance (AA) are always disregarded, as are small amounts of earnings; for example £20 for lone parents and carers, and £10 for a couple on IS. The exception to this rule is where people in receipt of contribution or income based Incapacity Benefit or ESA are allowed to do 'permitted work'. This rule allows IB/ESA claimants to do up to 16 hours work per week for up to 52 weeks, provided



they don't earn more than £104 a week after deductions for tax and NI.

Contribution based work replacement Welfare Benefits

People who have worked and paid National Insurance contributions will generally qualify for contribution based JSA, IB or ESA. The rates are the same as for the means-tested benefits, but (with the exception of IB) they do not incorporate premiums or components, and they are only payable for individuals, not couples.

Contribution based JSA is paid for up to six months, and ESA is paid for a maximum of twelve months to claimants in the Work Related Activity Group. Those in the ESA Support Group and IB claimants are paid indefinitely. However, all IB claimants are being transferred onto ESA, and they will only retain entitlement to premiums and components if they meet the ESA Support Group criteria. This transitional entitlement expires in 2020.

Contribution based benefits are usually paid irrespective of other income or savings, so are of value to those with occupational pensions or working partners. When their contribution based benefits expire, claimants will receive income based benefits if they qualify.

Employment & Support Allowance

ESA was introduced in 2008 as a replacement for IB for people who are unable to work due to sickness or disability. New claimants are in the Assessment Phase for the first 13 weeks, during which time they're expected to provide 'sick notes' from their GP, complete an ESA 50 questionnaire, and attend a medical (Work Capability Assessment).

Entitlement to ESA is generally assessed in a test of the claimant's ability to perform certain activities that are not job specific, using a number of physical (10) and mental, cognitive and intellectual (7) descriptors.

Some people are automatically exempt from the test; e.g. terminally ill or having chemotherapy or radiotherapy treatment for cancer.

Each activity has a list of statements which describe different levels of difficulty, and points are attached to each level. The claimant is awarded points at their assessed level of difficulty. For example; someone who can't grip or manipulate a keyboard mouse because they have arthritis in their fingers (irrespective of whether they have computer skills), would qualify for 9 points under Activity 5. Manual Dexterity.

Someone who is drug or alcohol dependent may qualify under Activity 12. Awareness of Hazard or Danger, if for example, they lack concentration and are often confused, and have a tendency to leave the oven or grill on or fall asleep with a cigarette. They would score 9 points because they need frequent supervision to maintain safety. They may also qualify for 6 points on Activity 13. Initiating Actions, if they need prompting or encouragement to get washed and

dressed and prepare a meal for themselves.

It's necessary to score at least 15 points to pass the test. Points can be scored from one or more activities, and physical and mental health points can be combined.

Work-Related Activity or Support Group

There are two parts to the test; Limited Capability for Work, and Limited Capability for Work-Related Activity.

Those assessed as having Limited Capability for Work are placed in the Work-Related Activity Group and receive £29.05 in addition to the basic allowance of £73.10.

Those who satisfy the higher level Limited Capability for Work-Related Activity test qualify for the Support Component and receive £36.20. This group are not required to attend Work Focused Interviews, and are not subject to the 12 month time limit when in receipt of contribution based benefit.

DWP figures 2012;

43% of claimants were entitled to the benefit. Within this;

- 21% of claimants were placed in the Work Related Activity Group; and
 - 22 per cent of claimants were placed in the Support Group; and
- 57% of claimants were assessed as fit for work and no longer eligible for ESA.

Challenging a decision

Claimants can submit a mandatory reconsideration against the decision if they are found fit for work. appeal the decision if they are found fit for work. They should submit this within one month of the decision date on a special Mandatory Reconsideration Form and send in medical evidence in support. If the decision is still one of refusal DWP will give you the opportunity to lodge an appeal directly to the Tribunal Service. You need to complete an SSCS1 form for this. Claimants will not receive payments pending consideration.

If the decision goes in their favour they will receive a back-payment of either the Work-Related Activity or Support Component, from the date of the original decision.

Housing Benefit

Leicester City Council administers Housing Benefit (HB) and the Council Tax Reduction Scheme (CTR). People in receipt of means-tested IS/JSA/ESA will automatically qualify for maximum help with their rent, although the amount can be reduced if the rent exceeds the Local Housing Allowance (tenants of private landlords), or if the claimant is under occupying the property (tenants of social landlords), or is subject to the Benefit Cap.

A size criteria was introduced in April 2013 (commonly known as the Bedroom Tax) that reduces the 'eligible rent' of social sector claimants by 14% if they

have one spare bedroom, and by 25% if they have two or more spare bedrooms, after allocating one bedroom for each of the people shown below:

- each adult couple
- each other person over 16
- two children of the same sex under 16
- two children under 10, regardless of their sex
- any other child
- an overnight non-resident carer.

Additional bedroom allowances can be made for foster carers (1 room), non-dependants away in the armed forces who reside at the property when home, and where it can be shown that disabled children need an additional room due to their disability.

Private tenants claiming HB are subject to the same size criteria, up to a maximum of 4 bedrooms.

The Local Housing Allowance for each category of dwelling is set by the Rent Officer at the 30th percentile point of local market rents. Current Leicester City allowances are as follows;

Shared; £258.22 / 1bed; £373.97 / 2bed; £473.72 / 3bed; £548.52 / 4bed
£707.03.

A single claimant under 35 is only entitled to the Shared Accommodation rate, unless they qualify for a Severe Disability Premium as part of their Applicable Amount, are under 22 and have been in care, require overnight care, are at least 25 and have been living in a hostel, or are an offender under multi-agency supervision. For those not on a means-tested benefit whose income is greater than their Applicable Amount, it's necessary to do a calculation; maximum HB minus any non-dependent deductions that apply (see below), minus 65% of the difference between their income and their Applicable Amount.

Example for single person in 1 bed accommodation:

Rent £85.00pw, Income £150.00pw, Applicable Amount £73.10.

$85 - (76.90 \times 65\% = 49.99) = £35.01.$

HB deductions (£14.55 to £93.80) are made for non-dependents (usually adult children), but these don't apply if the non-dependent is under 25 and on means-tested IS/JSA/Assessment Phase ESA, or if the claimant or their partner is blind or in receipt of AA or the care component of DLA.

HB for Local Authority tenants is paid as a reduction in their rent (rebate), but is generally paid directly to the claimant if they pay rent to a Housing Association or private landlord. HB is usually payable for only one home, and can be paid for up to 13 weeks during temporary absence, and up to 52 weeks in certain

circumstances.

People with savings in excess of £16,000 don't qualify for HB. Tariff income of £1 is applied for every £250 between the lower (£6,000) and upper (£16,000) limits.

Council Tax Reduction Scheme

The CTR scheme replaced Council Tax Benefit in April 2013. Maximum benefit is restricted to 80% of the Council Tax bill, and is limited to Band B values, even if the property is in Band C or above.

People in receipt of means-tested IS/JSA/ESA will automatically qualify for maximum CTR. For those whose income is higher than their Applicable Amount, the calculation is; maximum CTR minus any non-dependent deductions that apply (see below), minus 20% of the difference between their income and their Applicable Amount.

Non-dependent deductions (£3.65 to £10.95) are made from CTR, however, all means-tested IS/JSA/ESA claimants are excluded (not just those under 25 or on Assessment Phase ESA), and no deduction applies if the claimant or their partner is blind or in receipt of AA or the care component of DLA.

People with savings in excess of £6,000 (£16,000 for people over the qualifying age for Pension Credit) don't qualify for CTR, and no benefit is paid if entitlement is less than £3.70 per week. Temporary absences are assessed in the same way as for HB.

Discretionary Housing Payments and Council Tax Reduction Discretionary Relief

Each LA is allocated a budget by the government to provide extra financial help to people who are struggling to meet their rent or CT liability. These are discretionary and there is no right of appeal. This budget is being increased from £20 million to £60 million a year in order to support vulnerable people through the changes as a result of the benefit reforms. Application forms are available from Leicester City Council.

Benefit Cap

A cap on benefit income was introduced in July 2013 (in Leicester) to restrict benefits to £350 for single claimants and £500 for lone parents and couples. It will mainly affect large families. Local Authorities are responsible for administering the cap by reducing Housing Benefit payments, although this responsibility will eventually transfer to the DWP via Universal Credit.

People in receipt of Working Tax Credit (WTC), DLA or the Support Component of ESA will be exempt from the cap, and there will be a 39 week 'grace period' for those who have lost their job after working for at least 50 weeks.

Tax Credits



Tax Credits are different to other welfare benefits that you might be familiar with;

- because they're paid by the Inland Revenue, as opposed to the DWP
- and because they're far more complicated to work out!

Child Tax Credit (CTC) is available to people responsible for a child or young person, who have income below a certain amount, whether or not they work. The amount awarded will depend on the number of children in the family, and whether they have any disabilities.

Someone counts as a child until their 16th birthday, and then as a 'qualifying young person' until they are 20, provided they are in full -time non-advanced education or approved training.

If as a single person your annual household income is £16,105 or below, you'll get the maximum amount for each Child Tax Credit element you qualify for. This is called the "income threshold". Anything you earn above that will reduce the amount you can get.

The income threshold for Child Tax Credit will be reduced to £12,125 in April 2016.

If you are not working and are on means tested IS/JSA/ESA, parents/carers will get Child Tax Credits of £3,325 for one child and £6,105 for two.

If you are part of a couple then both incomes are taken into account when deciding how much Child Tax Credits you are entitled to. As a rough guide for 2015/2016 the upper income limit is below £25,000 when applying for one child and £35,000 for two children.

From April 2017, if you are making a new Child Tax Credit claim, support will be limited to the first two children (unless you have a multiple birth). You will also no longer be able to claim the family element. You will still be able to claim the disabled child premium for any of your children who are eligible to get it. If you are already claiming Child Tax Credits and you have more than two children you will not be affected by the changes.

Working Tax Credit (WTC) is a payment to top up earnings of working people on low incomes, including those that do not have children. Claimants must generally be aged at least 25 and working 30 hours or more, unless they're classed as disabled or responsible for a child, in which case there is no age restriction, and they only have to work a minimum of 16 hours. Extra amounts are payable if they have a disability, if they work 30 hours or more a week, and where they have childcare costs. A maximum 70% of actual childcare costs up to £175 for one child, and £300 for two or more, are included in the calculation.

Couples with a child are required to work at least 24 hours jointly, with one working at least 16 hours. Both must work at least 16 hours to qualify for help with childcare. The exception to this rule is if one of the couple is incapacitated,



entitled to Carers Allowance, or in prison, in which case the partner only has to work 16 hours to qualify for WTC.

Claimants are classed as disabled if they receive any rate of DLA, or have previously received IB or ESA for at least 6 months.

If you are entitled to Working Tax Credits then the income threshold is £6,420 to get the maximum amount. This will be reduced to £3,850 in April 2016.

Tax Credits are usually paid for a year, from April to April. Couples who live together must make a joint claim. Changes of circumstances such as a partner moving out, a change in working hours, or a young person leaving full-time education, should be notified within one month. Claims can only be backdated one month, so should be made as soon as possible.

Tax Credits are generally calculated based on the previous year's income, so people who are returning to work after being on means-tested IS/JSA/ESA for a year or more, will be paid the maximum award.

The most likely cause of a Tax Credit overpayment is if income increased by more than the disregarded amount (£5,000 for 2015/16), or if a change of circumstances that reduced entitlement (such as a young person going to live elsewhere), wasn't notified at the time it occurred.

If your income drops then £2,500 is the disregarded amount.

One of the most useful things you can do for your clients in relation to their benefits, is to read through their Tax Credit (or HB/CTR) award letter to check that the information in it is correct, and if not, help them to put it right. You might just find that they're not getting the Child Disability Element that they're entitled to because they haven't notified the Tax Credit Office that the child gets DLA. That's worth more than £80 a week, and can be back-dated. One lady we helped, got a lump sum of over £12,000!

The Social Fund

A Budgeting Loan is an interest-free loan intended to help spread the cost of certain one-off expenses over a longer period. A Budgeting Loan can help towards the cost of various items, for example, things needed for the home, clothing and footwear, travelling expenses and certain debts. They are available to people who have been getting means-tested IS/JSA/ESA for at least 26 weeks, and have to be repaid.

Sure Start Maternity Grants are to help pay for things for a new baby. The claimant may be eligible if it is their first child, and they or their partner are getting means-tested IS/JSA/ESA, or Working Tax Credit where a disability or severe disability element is included in the award, or Child Tax Credit at a rate higher than the family element. The grant is a lump sum payment of £500 which doesn't have to be repaid.



Funeral Payments are to help with the necessary costs of a funeral which the claimant is responsible for arranging. Qualifying benefits are the same as for the Sure Start Grant, with the addition of Housing Benefit. The payment covers some, but not all aspects of the funeral, but is recoverable from the deceased person's estate if there is one.

Cold Weather Payments are made to people getting means-tested IS/JSA/ESA to help towards extra heating costs when there is a spell of very cold weather in the area where they live.

PERSONAL INDEPENDENCE PAYMENT (PIP)

Personal Independence Payment (PIP) is a new benefit for people who need help with daily living tasks or who find it difficult to get around. It replaces Disability Living Allowance for people between the ages of 16 and 64.

As was the case with DLA, you can qualify for PIP whether or not you have someone helping you. What matters is the effect your disability or health condition has on you and the help you need, not whether you actually get that help.

PIP is tax free and you do not need to have paid National Insurance contributions to be entitled to it. It is not affected by your earnings or other income or by any capital or savings you have. You can receive it whether you are in work or not. It is almost always paid in full on top of any other benefits or tax credits that you receive

There are two components:

- a daily living component for help participating in everyday life, and
- a mobility component for help with getting around.

You can be paid either the daily living component or the mobility component on its own, or both components at the same time.

Each component is paid at two different levels:

- a 'standard rate' and
- an 'enhanced rate'.

The rate you are paid depends on whether your ability to carry out daily living or mobility activities is 'limited' or 'severely limited'.

How do I qualify?

To be entitled to PIP, you must satisfy all of the following:

Basic qualifying conditions:

- Be aged 16-64 when you claim. You will not be able to claim PIP once you are 65 years old, but you will be able to stay on PIP if you claimed or received it before you reached the age of 65.
- Have been present in Great Britain for 104 weeks out of the 156 weeks before claiming (two out of the last three years). If you are terminally ill, you only have to be present in Great Britain – you do not need to have been present for two out of the last three years.
- Be habitually resident (normally live) in the United Kingdom, the Channel Islands, the Republic of Ireland or the Isle of Man.

Disability conditions:

In addition, you must satisfy both of the following disability conditions:

- The daily living and/or mobility activities test (see below).
- You must also have satisfied the daily living and/or mobility activities test for a 'qualifying period' of at least three months before you can be paid. You must also be likely to continue to satisfy whichever test applies for a period of at least nine months after that three month period. These conditions will not however apply if you are terminally ill and qualify under the 'special rules' by providing a DS1500 medical report.

The disability conditions

The PIP assessment aims to test your ability to participate in everyday life. It is points-related and based on your ability to perform 12 activities related to your daily living needs and mobility. The number of points you score will determine whether or not you are entitled to either component of PIP and if you are, at which rate.

Ten daily living activities:

- Preparing food
- Taking nutrition
- Managing therapy or monitoring a health condition
- Washing and bathing
- Managing toilet needs or incontinence
- Dressing and undressing
- Communicating verbally
- Reading and understanding signs, symbols and words
- Engaging with other people face to face
- Making budgeting decisions

Two mobility activities:

- Planning and following journeys
- Moving around

Within each activity is a series of descriptors with scores ranging from 0 to 12. The descriptors explain related tasks of varying degrees of difficulty, and points are awarded when you are not able to complete a task 'reliably'.

The highest descriptor score from each activity is added together to work out your points for each component.

What is 'reliably'?

- **Safely:** In a way that is unlikely to cause harm to you or anyone else, either during or after you have done the activity.
- **Repeatedly:** Being able to repeat the activity as often as is reasonably required.
- **To an acceptable standard:** If you can wash yourself but you do not realise you have done so inadequately and are still not clean after you have finished washing, this would be an example of not completing an activity to an acceptable standard.
- **In a reasonable time:** No more than twice as long as the maximum amount of time that a person without your physical or mental condition would normally take to complete that activity.

How are points worked out?

When assessing you against the descriptors to decide how many points you score, the DWP will look at:

- your claim form, and
- any evidence you submit; and
- the report from a face-to-face consultation if you are invited to one.

The face-to-face consultation

In most cases, you will be asked to see a healthcare professional at a 'face-to-face' consultation, either at your home or at an Examination Centre. The healthcare professional will identify the descriptors that they consider apply to you with respect to the PIP assessment. To do this, they will ask you questions about your day-to-day life, your home, how you manage at work if you have a job, and about any social or leisure activities that you engage in (or have had to give up).

They will often ask you to describe a typical day in your life. When answering, explain your difficulties as fully as you can. Tell them about any pain or tiredness you feel, or would feel, while carrying out tasks, both on the day of the examination and over time. Consider how you would feel if you had to do the same task repeatedly, and tell them if you need reminding or encouraging to complete the tasks.



If your condition varies, let them know, and tell them what you are like on bad days as well as good days. The healthcare professional's opinion should not be based on a snapshot of your condition on the day of the consultation; they should consider whether your condition is variable, fluctuates or may change over time.

How many points do I need?

To be entitled to the standard rate of the daily living component, you need to score at least 8 points under the ten daily living activities. To be entitled to the enhanced rate, you need to score at least 12 points.

Likewise, to be entitled to the standard rate of the mobility component you need to score at least 8 points under the two mobility activities and at least 12 points under these activities to get the enhanced rate.

How much PIP will I receive?

The rates for 2015/16 are:

- Standard rate daily living component £55.10
- Enhanced rate daily living component £82.30
- Standard rate mobility component £21.80
- Enhanced rate mobility component £57.45

Variable and fluctuating conditions

In the PIP assessment, a descriptor will apply to you if it reflects your ability for the majority of days (over 50%). This will be considered over a 12-month period; looking back three months and forward nine months.

Where one descriptor is satisfied on over half the days in that period, that descriptor will apply. Where two or more descriptors are satisfied on over half the days, the descriptor which scores the highest number of points will apply. PIP does not separate your needs into day and night-time needs; your ability to complete each activity will be considered over the 24-hour period of each day during the period.

How do I claim?

The Department for Work and Pensions (DWP) are responsible for PIP and they will make the decision on your claim. To start a claim for PIP, telephone 0800 917 2222.

How long will I get PIP for?

The duration of your PIP award will be based on your individual circumstances. Shorter term awards of up to two years will be given where changes in your needs could be expected in that period. Longer term awards, of five or ten years, will be given where significant changes are less likely but your award will be reviewed over this time where some change in your needs may be expected. On-going awards will be given in the minority of cases where your needs are stable and changes are unlikely. Awards made under the 'special rules' for terminally ill people will be for three years.

If you are in a hospital or care home

You can make a claim for PIP if you are in hospital but you cannot actually be paid any PIP while you are in there. You will only start to be paid PIP once you leave hospital. If you are already getting PIP when you go into hospital, you will continue to be paid for the first 28 days of your stay, after this, your payments will stop and will only start again when you leave. If you are in a care home, you can claim PIP but you will only be paid the mobility component. If you are already getting PIP when you go into a care home you will stop being paid your daily living component after 28 days but will keep any mobility component.

PIP

Since this benefit came into place on 10th June 2013 the majority of PIP transfers will have now already been or are currently taking place.

All new applicants aged between 16 – 64 who have a medical condition that affects their daily living will be applying under PIP.

Anyone already in receipt of DLA who has a change of circumstances will be reconsidered under PIP and sent the PIP application form.

All fixed term DLAs that are now ending will be reconsidered on a PIP application.

All DLA child applications where the child has reached their 16th birthday will be sent a PIP application form for transfer and reconsideration. Children under the age of 16 will remain on a DLA claim.

All those on an indefinite award of DLA will eventually be sent an invitation by DWP to be transferred to PIP. This is a random selection process but will eventually capture them all. You will not need to contact the DWP.

However this will not apply to those on DLA who have reached the age of 65 by 8th April 2013.

They will remain on DLA as long as they continue to satisfy the eligibility conditions.

Concessionary Benefits

If your claim for PIP is successful then:

- Your carer will continue to receive Carers Allowance as long as you are awarded either rate of the daily living component of PIP.
 - You will be able to continue to lease a vehicle (car, scooter or powered wheelchair) through the Motability Scheme if you are awarded the enhanced rate of the mobility component of PIP.
 - You will still be able to get a free tax disc if you get the enhanced rate of mobility component of PIP and still get a 50% discount if you get the standard rate.
- You will automatically be eligible for the Blue Badge Scheme on an award of PIP motability scored at 8 points or more – because they cannot stand and walk (aided or unaided) more than 50 metres. If you are on HRM DLA you will continue to be eligible for the Blue Badge Scheme. However if an existing award for HRM DLA scores less than 8 points under the “Moving Around” mobility component on a transfer over to PIP, then they will be allowed to retain their Blue Badge until its expiry. If at that point the individual does not automatically qualify for a badge by



virtue of a PIP award, they will be able to apply directly to their local authority to see whether they qualify under any of the other criteria.

If you have a valid Blue Badge you do not have to pay tolls at certain road bridges and tunnels.

If your vehicle is displaying a Blue Badge it must not be clamped on the public highway and can only be towed away in an emergency.

Applicants in receipt of PIP with a score of at least 8 points on account of their inability to walk, or to communicate orally without support should be automatically eligible for a disabled concessionary bus pass.

If you are on Attendance Allowance:-

Your carer can continue to claim Carers Allowance for looking after you at either rate.

You can apply for a Blue Badge but this is discretionary.

You can apply to the local council for a concessionary bus pass but this is discretionary.

You can purchase a disabled persons rail card.

If you are not happy with the decision

If your claim is turned down, or you are unhappy with the level of the benefit that you have been awarded, or the period for which it has been granted, you have one calendar month from the date of the decision in which to ask the DWP to look at their decision again. This is called a reconsideration.

A case manager will look at any further evidence you send. They will then either change their decision in your favour or write back to you explaining that they have been unable to change the decision. You then have one calendar month from the date of the new decision to lodge an appeal to an independent tribunal.

ATTENDANCE ALLOWANCE (AA) AND DISABILITY LIVING ALLOWANCE (DLA)

Attendance Allowance (AA) and Disability Living Allowance (DLA) are tax free benefits if you have a long term illness or disability which means you need help with personal care or supervision to keep you safe and well. You do not actually have to be getting any help. It is the help that you *need* rather than the help you actually get. DLA also includes a part that is paid if you have problems walking.

Neither AA nor DLA depend on your income or savings, and will not reduce your other benefits; in fact it may increase them.

You cannot get both AA and DLA at the same time. DLA must be claimed before your 65th birthday, and can continue to be paid after you turn 65. AA can only be claimed if you are aged 65 or over.

Who can claim AA or DLA?

Since June 2013, adults aged 16 to 64 are no longer able to make a new claim for DLA, and must instead now claim Personal Independence Payment (PIP).

Adults of 65 and over can continue to claim AA. You can claim if you have a physical disability (including sight, hearing or communication difficulties) or a learning difficulty or a mental health problem. Children under 16 can still claim DLA; the care component can be paid from birth, but the mobility component can only be paid from the age of 3. In order to qualify, the child must need substantially more help than a non-disabled child of the same age.

How do I qualify?

Qualifying for AA or DLA care component is based on whether you need help from another person to do every day things like washing and dressing, enjoying pastimes, staying safe, or if you need help at night. If doing daily activities like getting up or washing causes you pain, takes you a long time, puts you or somebody else in danger, or if you simply don't do it, then that counts as needing help. These benefits are awarded at different rates. What rate you get depends on what you need help with and how often.

DLA also has a mobility component that deals with your ability to walk outdoors and go places. You may be entitled to the high rate if you cannot walk or are virtually unable to. For example, if you struggle with even very short journeys such as walking around a supermarket. The lower rate of the mobility component is for people who cannot go to places they don't know without help from somebody else. For example, if you have a learning disability and are easily confused and disorientated on unfamiliar routes.

To claim AA, you must have had care or supervision needs for at least 6 months unless you are terminally ill. To claim DLA, you must have had the care, or supervision, or mobility problems for the past three months, and your disability must be likely to last for at least the next 6 months unless you are terminally ill. You are classed as 'terminally ill' if you have a progressive disease and can be expected to die within six months as a result of that disease. The DWP usually deals with such claims within 10 days. They are referred to as claims under the 'special rules'.

How much is AA and DLA?

There are two rates of AA:

- The higher rate of £82.30 is paid if you need help or supervision during the day as well as the night, or you are classed as terminally ill and are claiming under the 'special rules'.
- The lower rate of £55.10 is paid if you need help with personal care or supervision during the day, or help with personal care, or someone to watch over you during the night only, or someone with you when you are on dialysis.

For example, Joan is 74 years old and has Alzheimer's Disease. She is forgetful and disorientated and needs watching over day and night to make sure she is safe. She gets the highest rate of AA.

There are two components in DLA – one for care and the other for mobility. There are three rates of the care component:

- The higher rate of 82.30 is paid if you need help or supervision during the day as well as the night, or you are classed as terminally ill and are claiming under the 'special rules'. This is the same amount and qualifying conditions as higher rate AA.
- The middle rate of £55.10 is paid if you need help with personal care or supervision during the day, or help with personal care, or someone to watch over you during the night only, or someone with you when you are on dialysis. This is the same amount and qualifying conditions as lower rate AA.
- The lower rate of £21.80 is paid if you need help with personal care for a 'significant portion of the day'. This means for at least an hour on most days, for example, help with washing and getting dressed in the morning. You could also qualify for the lower rate if you cannot prepare a cooked main meal if you have all the ingredients. This is known as the cooking test.

There are two rates of the mobility component:

- The higher rate of £57.45 is paid because of a physical disability, if you are unable or virtually unable to walk without severe discomfort, or at risk of endangering your life or causing deterioration in your health by the effort to walk even when wearing or using an aid or equipment you normally use, or
 - you have no feet or legs, or
 - you are assessed to be both 100 per cent disabled because of loss of

eyesight and not less than 80 per cent disabled because of deafness and you need someone with you when you are out of doors, or

- you are severely mentally impaired with severe behavioural problems and qualify for the highest rate of DLA care component, or
- you are certified as severely sight impaired by a consultant ophthalmologist and were aged 64 or under on 11 April 2011.

- The lower rate of £21.80 is paid if you can walk but you need guidance or supervision most of the time from another person when walking out of doors in unfamiliar places.

For example, Peter is 34 and has learning difficulties. He needs help with personal care during the day and has to have someone with him when he is outdoors. Peter gets middle rate care component and low rate mobility component of DLA.

Awards of AA and DLA

If you get either of these two benefits it could be for an indefinite period or for a fixed period. Fixed periods tend to be for 2 or 3 years.

How do I claim?

AA and DLA are administered by the Department for Work and Pensions (DWP). Claim forms are available from the Saffron Resource Centre, or by calling 0345 605 6055 for AA or 0843 515 8465 for DLA, or by claiming on-line at: www.dwp.gov.uk/eservice.

What happens if AA or DLA is refused?

If you are refused AA or child DLA or only awarded a lower rate, you can ask for the decision to be looked at again. If it is still refused and you disagree with the decision, you can appeal to an independent tribunal. Over 50% of people are successful when they ask for the decision to be looked at again. Don't be put off if you are turned down at first, ask for our advice to help you challenge the decision.

What happens if my condition changes?

If you think your care or supervision needs have changed since the award of AA or DLA was made, you can ask for the award to be looked at again. If your condition has worsened then you may qualify for a higher rate. It's best to seek advice on this, because an award can be reduced, as well as increased. If you are over 65 and you think your mobility is worse and you already get DLA mobility component, it's not possible to move up from the lower mobility rate to the higher rate.

You should seek advice on whether it may be possible to argue that you satisfied the qualifying conditions for the higher rate on a decision made before you turned 65. The same applies if you did not receive an award of the mobility component when you originally claimed DLA. If your condition improves after your 65th birthday and your mobility needs are less, it's not possible to drop down

to the lower mobility rate. The component will be lost altogether.

Please see the Personal Independence Payment Factsheet for changes to DLA under the welfare reforms.

EMPLOYMENT AND SUPPORT ALLOWANCE (ESA)

Employment and Support Allowance (ESA) is a benefit for people who cannot work due to illness or disability, or if your mental health condition means you are unable to work.

ESA has two parts:

- A contribution based part which you may get if you have worked and paid National Insurance contributions.
- An income related part which you may get if you (and your partner if you have one) have no, or a low income. You do not need to have paid National Insurance contributions to get income related ESA.

If you qualify for the contribution form of ESA you may also get a top up of income related ESA, depending on your circumstances.

Who can claim ESA?

You can claim if:

- You are at least 16 years old, and below pension age.
- You can't work because of sickness or disability.
- You're not entitled to Statutory Sick Pay, Income Support or Jobseekers Allowance.

If you have come from abroad there are additional rules. These rules are complicated so seek our advice.

How to claim ESA

ESA is administered by Jobcentre Plus. You can phone a freephone number (0800 055 6688) and speak to a 'contact officer' who takes all the details needed for your claim.

These phone calls can be lengthy, especially if you are claiming the income related part of ESA. You can ask someone to speak on your behalf (you will need to speak briefly to the contact officer to provide authority), or you can ask the contact officer to send you a paper claim form which you can fill in at home and return with all the documents such as proof of your income and capital. You will be sent a print-out of your claim with these details, and information about what you need to send for your claim to be processed.

There is also a claim form on the Directgov website www.direct.gov.uk (search for Employment and Support Allowance). You can either print one off to fill in by hand or fill it in on screen. If you use the on-screen form you can save your entries and go back to it later. Once it's complete you print it off. You then have

to post your form to Jobcentre Plus. The drawback to doing this is that your claim will only be registered from the day Jobcentre Plus receive it. If you phone the Contact Centre your claim is registered as being made on that day, provided you send in any required information within the time limit.

What information do I have to provide?

You need a medical certificate – which used to be called a sick note. Since April 2010 they are called 'fit notes'. You can get a fit note from your GP or a hospital doctor if you are in hospital. If you are terminally ill you should also send a DS1500 form which you can get from your doctor or consultant.

If you are claiming the income related part of ESA you will need to provide proof of your income and capital, for example bank statements, building society books and so on. You normally have to send all the information required for your claim within a month of making the claim. If you don't, the claim may be disallowed. If you know it will be difficult to get the information in the time allowed, or your claim is refused because of this, seek our advice.

What happens after I have made the claim?

Once you have provided all the information requested you should be paid ESA. You get a basic rate until you have gone through the work capability assessment. This is the process used to decide if you are unfit for work. Jobcentre Plus call this 'limited capability for work'. During the assessment phase, which is meant to last 13 weeks, you will usually be asked to complete a self-assessment form called an ESA50, and go to a medical. Some people do not have to go through this assessment process, for example if you are terminally ill or fit into one of the groups who are treated as unfit for work due to your condition or treatment you are having. If you are terminally ill you will also be paid a higher rate of ESA from the start of your claim. In practice, it often takes longer than 13 weeks to be assessed.

After the assessment

Once you have been assessed as unable to work you will continue getting ESA and it will be paid at a slightly higher rate. If you are under 25 the basic allowance goes up to the same rate as for people aged 25 and over. Depending on the result of the assessment you will be put into either the 'support group' or the 'work related activity group'. If you are in the support group you will get ESA without having to attend any interviews or undertake any work related activity.

If you are in the work related activity group you have to go to work focused interviews and may be offered help and support to get back to work. Your ESA will not be stopped or reduced if you do not find a job or get back into work. Once you have been assessed as unable to work you will not have to send any more fit notes (sick notes). If it took longer than 13 weeks for you to be assessed you get the extra money backdated to the start of the 14th week after your claim.

What if Jobcentre Plus says I am fit for work?

If Jobcentre Plus decides you are fit for work you now have to ask DWP for a reconsideration first and if they do not change their mind then you have to ask for a mandatory reconsideration either by phone or in writing. If the DWP's decision is still not overturned you can then apply directly to the Courts and Tribunal Service on a SSCS1 form attaching the reconsideration decision letter from DWP.

Both the application for the mandatory reconsideration and the application for the appeal come with a 30 day deadline, if you miss this deadline you may not be able to qualify.

You will not be paid ESA at the assessment rate during the dispute period of reconsideration and mandatory reconsideration and will need to submit a new benefit claim for JSA for payment of any monies since you have been found fit for work. Jobcentre Plus staff during this dispute period are meant to take account of your condition and reduce your conditionality to seeking work accordingly. Should the ESA claim proceed further on to Appeal with the Tribunals you will have to switch your JSA claim back to ESA and will then be paid at the ESA assessment rate instead until the appeal is heard and a decision has been made. Your ESA claim having been closed when you were found fit for work and then reopened at appeal will still need to be kept valid and open during this switching process and so you will still need to keep on sending in fit notes (sick notes).

How much is ESA?

During the 13 week assessment phase you get a basic rate of ESA. This is currently £73.10, or £57.90 if you are under 25. The only exception to this is if you are terminally ill, in which case you are paid the basic rate plus an additional amount, the support component.

The contribution based form of ESA is a flat rate allowance which is just paid for you as the claimant, and lasts for up to 12 months.

If you are part of a couple and you want to claim for your partner, you will have to claim income related ESA to top up the contribution based part. Income related ESA is means tested. The basic allowance has a single person rate of £73.10 and a couple rate of £114.85. You may get extra amounts called 'premiums' if you meet the qualifying conditions. For example if you get the highest rate of the Disability Living Allowance care component, PIP, or you get Carers Allowance. If you have a partner, their income and savings are taken into account as well as yours, and if your partner works 24 or more hours a week, you cannot get income related ESA.

Income related ESA can also include an amount towards your mortgage interest, or if you are a tenant you can get help to pay your rent. You would also qualify for Council Tax Benefit

Better off in Work?

Are you thinking of coming off benefits and starting work? Do you want to find out if you'll be better off financially?

If so, our welfare rights advisers can carry out a 'better off calculation' for you. You will be able to compare your current income on benefits, with what it would be in work. We can also show you the effect of working a different number of hours, or different rates of pay.

You will need to give us as much information as possible;

- Your age, and the age of your partner (if you have one).
- Other income (e.g. partners wages/pensions)
- The ages of any children, and whether they are in full-time education.
- If anyone in the family has an illness or disability.
- Value of savings and investments.
- How much rent/mortgage and Council Tax you pay.
- Childcare costs.
- Previous year's income.
- How many hours you will work.

We use a software programme to do the calculation, and will provide you with a computer printout to take away.