A guide to welfare benefits after brain injury





This booklet has been written for individuals affected by brain injury, their families and carers. It provides information on welfare benefits, the process of applying for benefits, appealing decisions and useful organisations.

This e-booklet is an adaptation, created in May 2016, of the Headway print booklet *A guide to welfare benefits after brain injury* and may contain minor updates to the original version.

published by



Headway – the brain injury association Bradbury House, 190 Bagnall Road, Old Basford Nottingham NG6 8SF

Author: Tamsin Ahmad, Publications and Research Manager, Headway - the brain injury association, Nottingham.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted by any means, electronic, mechanical, photocopying, recording or otherwise, without prior permission in writing from the copyright owner.

ISBN: 978-1-873889-79-4 Printed in the UK by Russell Press Ltd., Nottingham NG6 0BT.

© Headway - the brain injury association, 2016

acknowledgements



Many thanks to Potter Rees Dolan Solicitors who kindly contributed to this booklet and commented on drafts.

Contents

Introduction	2
Statutory Sick Pay	3
Employment and Support Allowance	5
Universal Credit	10
Personal Independence Payment	13
Other benefits	18
Attendance Allowance	
Carer's Allowance	19
Industrial Injuries Disablement Benefits	20
Benefit caps	21
Appealing decisions	
Finding out which benefits you could be entitled to	23
Useful numbers	···· 24

Introduction

rain injury can affect many aspects of everyday life, and you may find that because of the effects of brain injury you are struggling to work or are experiencing higher costs because of your disability. Partners or other family members may also have to reduce their hours of work or leave work completely to take up caring roles. These kind of scenarios might have an impact on your financial situation, and so you may be entitled to claim welfare benefits.

There are different types of benefits, and you could be entitled to more than one type depending upon your circumstances. This booklet is written to help you to understand some of the main benefits that exist for individuals with a disability and the processes involved in applying for them.

It is important to remember that entitlement to benefits is complex and takes many factors into account, so they are always processed on an individual basis and will depend on your own personal circumstances. Welfare reform means that the benefits themselves change regularly. This booklet should therefore only be used as a general guide to welfare benefits.

There are other benefits available that are not covered in this booklet, so it is important to always seek specialist advice from a benefits expert to ensure that you are accessing as much financial support as you are legally entitled to.

Statutory Sick Pay

f you are already employed but are unable to work for more than three consecutive days because of health related reasons, your employer can pay you Statutory Sick Pay (SSP). This is paid in the same way as your normal wages and it is taxable.

You can apply for SSP if you are in full-time or part-time work, an agency worker or on a fixed term contract. You cannot apply for SSP if you are self-employed. You also have to be earning more than £112 per week to be eligible.

If you are feeling unable to work because of a brain injury, you should tell your employer as soon as possible. You might choose to do this in writing, as it can give you an initial opportunity to explain in some level of detail how your injury is affecting your ability to work. However, you don't have to provide medical evidence (such as a medical certificate from your doctor) until a week after your sickness starts. You can also fill out an SC2 form, available from your doctor's surgery or online.

Many employers offer more generous sick pay schemes, so you should check your contract of employment and company policies to find out whether SSP is right for you.

Your employer will then decide if you are eligible to receive SSP. If you are successful, you will receive SSP for up to

■ A guide to welfare benefits after brain injury

28 weeks while you are unable to work. If your employer decides that you are not eligible to receive SSP, they should send you an SSP1 form in which they will explain to you the reason for their decision. This form will also give information about alternative welfare benefits that you might be eligible to instead.

You can at this point request to have the decision reconsidered if you feel that you should be entitled to SSP. This is done by contacting the HMRC Enquiry Centre, whose details you can find in the Useful numbers section.

People can sometimes struggle with making their employers understand the impact of brain injury because the effects can often be 'hidden'. Headway has a range of factsheets on the effects of brain injury and employment that might help with educating employers about brain injury. You can browse through and freely access all of the factsheets from the Headway website.

SSP does not stop being paid if you have to go into hospital during your entitlement.

Statutory Sick Pay (SSP) - key points

- You can apply for SSP if you are unable to work for more than three consecutive days because of health-related reasons
- It is paid by your employer
- It can be paid for up to 28 weeks
- If you do not qualify for SSP or are off work for longer than 28 weeks, you can apply for Employment and Support Allowance (ESA)

Employment and Support Allowance

ou can claim Employment and Support Allowance (ESA) if you are off work for longer than 28 weeks because your brain injury has affected your ability to work. It can be claimed immediately if Statutory Sick Pay (SSP) is not payable or if SSP stops before the 28 week point.

ESA is paid by the government, so decisions are made by the Department of Work and Pensions (DWP).

The amount of ESA that you could be entitled to depends on personal circumstances. There are two different types: contribution-based ESA (c-ESA) and income-related ESA (i-ESA). You can receive either or both, depending on your circumstances.

Contribution-based ESA (c-ESA)

An eligibility criterion of c-ESA is that you need to have paid enough national insurance contributions to be considered for it. It is non-means tested, so your income and savings will not be factored into how much you could be entitled to. However, it can be affected by payments in respect of previous employment. This type of ESA is taxable.

Income-related ESA (i-ESA)

If you have not paid enough national insurance contributions or you have a low household income, you could be eligible for i-ESA. You also need to have savings of no more than £16,000 to be eligible. If you have a partner, their circumstances, income

■ A guide to welfare benefits after brain injury

and savings will also be taken into account. This form of ESA is means tested so your income, savings and other capital will be taken into consideration and will determine how much of the benefit you can receive. This type of ESA is not taxable.

i-ESA can be replaced in some areas of England, Scotland and Wales by the benefit Universal Credit.

Applying for ESA

You can apply for ESA over the telephone with the help of an advisor. Contact numbers for ESA advisors are available in the Useful numbers section. Alternatively, you can access the ESA1 form and fill it out yourself.

Following your initial application, the DWP may send you an ESA50 form, in which you are given the opportunity to offer further information about your health, circumstances and ability to work. It is important to try and include as much information as you can about how your brain injury affects your ability to work. This can include physical issues, such as fatigue or headaches, or cognitive issues, such as difficulties with concentration or sustained attention.

Once this form has been processed, you might be invited for a face-to-face Work Capability Assessment.

You can find more information about filling in the ESA50 form and the Work Capability Assessment in the Headway factsheet *The Work Capability Assessment and completing the ESA50 form.*

Waiting for an assessment

ESA applications can take a long time to process, sometimes longer than 13 weeks. You might be able to receive a fixed rate (called the assessment rate) of financial support during the waiting period.

If your claim is successful you can also backdate your payments for up to three months before the date of claim if you were unable to work during this time. You will need to provide a medical certificate to prove this. A request for backdated payments should be made at the time of application.

The Work Capability Assessment

If the DWP decides that you might be eligible for ESA based upon the information provided in the ESA application, you will usually have to undertake a Work Capability Assessment. This is a medical test in which your ability to work will be assessed. It usually involves a face-to-face interview and a questionnaire.

The assessment is based on a point scoring system. The number of points that you receive in the assessment determines whether you will be able to receive ESA, and if so, which group you will be placed in from the following:

Work-related activity group You will be placed in this group if the DWP recognises that you are unable to work at present. However, you will be supported with improving future chances of returning to work. This can be suitable if you are struggling to work for the time being but would like to return eventually, as the effects of brain injury may improve over time. The benefit will be paid for up to one year if you are receiving c-ESA, but can continue to be

■ A guide to welfare benefits after brain injury

paid for as long as you qualify if you are receiving i-ESA.

If you have been placed in the work-related activity group, you may have to agree to certain expectations to receive ESA, such as attending work interviews. Failure to meet these expectations may mean that your benefit gets reduced. This is called a sanction.

Support group

You will be placed in this group if the DWP recognises that your brain injury severely limits your ability to work both now and in the future. It will be paid for as long as you qualify, regardless of whether you are receiving c-ESA or i-ESA.

You are generally not allowed to work while receiving ESA. However, there may be some circumstances in which you can work; this is called 'permitted work' and there are strict limits to this. Your ability to complete permitted work while receiving ESA will depend on your circumstances, such as the nature of the work that you are doing. You must inform the DWP if you are considering permitted work.

Challenging an ESA decision

If the DWP decides that you are not eligible for ESA, or you feel that you have been placed into the wrong group, you might wish to apply for a mandatory reconsideration. Details of how to do this will be included in your decision letter. You can have someone help you with this process, such as a family member or an advocate. Mandatory reconsiderations should be made within a month of receiving the decision letter.

If your reconsideration still states that you are not eligible for ESA, you can appeal this decision in an independent tribunal. If you decide to appeal, you have a month from the date of the DWP mandatory reconsideration letter to make an appeal. This is done with an SSCS1 form; you can either access this form online or request a copy from your local Citizen's Advice.

The process of appealing against an ESA decision differs in Northern Ireland. For more information, visit the NI Direct government services website.

c-ESA continues to be paid for another 365 days if you go into hospital. i-ESA might get reduced after 28 days in hospital, and then may stop if you are in for longer than 52 weeks.

Employment and Support Allowance (ESA) - key points

- You can apply for ESA if you are unable to work after 28 weeks
- There are two types of ESA: contribution-based ESA and income-related ESA. You can receive either or both, depending on your circumstances
- You will need to undertake a Work Capability Assessment as part of your application process
- If you are able to receive ESA you will be placed in one of two groups: the work-related activity group or the support group
- You may be able to complete some work while receiving ESA: this is called 'permitted work'

Universal Credit

niversal Credit is a new benefit for people of working age who are on a low income. It is gradually being introduced in stages across England, Scotland and Wales. This means that there are currently only some parts of the country that can access Universal Credit while others are still waiting for it to be introduced. To find out whether Universal Credit has been introduced in your area, contact your local Jobcentre Plus, or alternatively, you can browse through the listed areas online.

Universal Credit replaces the following six benefits if you are currently receiving them: Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Housing Benefit, Child Tax Credit and Working Tax Credit. Similarly, if you start receiving Universal Credit, you cannot apply for any of the above listed benefits.

Universal Credit is means tested, so the amount that you get will depend on your financial circumstances such as how much you are earning and any savings that you have. If you are not earning, it will calculate how much you are entitled to based upon how much you need to live on, considering your financial resources. Entitlement will also depend on whether you are living with a partner and if so, whether your partner is also eligible. There are a number of conditions that make someone ineligible for Universal Credit, for instance if you cannot work at all because of your brain injury. To discuss your eligibility, you can ring the Universal Credit helpline,

details of which are available in the Useful numbers section.

Universal Credit offers a standard allowance, the rate of which depends on a number of factors such as how many people per household are claiming. In some circumstances you might be eligible for Universal Credit additional elements, which is an additional payment on top of the standard allowance, such as if there are children in the household or you have a limited capability to work.

Applying for UC

Universal Credit must be applied for online. If you have difficulties with internet access or using the internet, you can contact your local Jobcentre for support with making an application online.

After making an application you will be invited to a Work Capability Assessment and a face-to-face interview, in which you will be told what you need to do in order to receive Universal Credit. This will be a discussion regarding your circumstances, the rate of Universal Credit you could be entitled to, and what you are expected to do in order to be eligible. You will then be required to sign a claimant commitment to show that you understand the expectations that are required. If at any point you fail to meet the agreed expectations, your rate of Universal Credit could be cut. This is called a sanction.

You must report any changes to your circumstances to the Department of Work and Pensions (DWP) such as if you stop or start working or if you are unable to meet any of the requirements initially given in your claimant commitment.

A guide to welfare benefits after brain injury

UC is not affected if you need to go into hospital while receiving it.

Challenging a Universal Credit decision

If you disagree with a decision reached regarding your eligibility to Universal Credit, you might wish to apply for a mandatory reconsideration. Details of how to do this will be included in your decision letter. You can have someone help you with this process, such as a family member or an advocate. Mandatory reconsiderations should be made within a month of receiving the decision letter.

If your reconsideration still states that you are not eligible for Universal Credit, you can appeal this decision in an independent tribunal. If you decide to appeal, you have a month from the date of the DWP mandatory reconsideration letter within which to make an appeal. This is done with an SSCS1 form; you can either access this form online, or request a copy from your local Citizen's Advice.

Universal Credit (UC) - key points

- UC replaces several benefits in parts of England, Scotland and Wales
- It offers a standard allowance and additional elements, which you will be eligible for depending on your circumstances
- You will need to undertake a Work Capability Assessment and an interview to discuss your eligibility as part of your application process

Personal Independence Payment

ersonal Independence Payment (PIP) is a benefit that is replacing Disability Living Allowance (DLA) in England, Scotland and Wales. DLA is still being used in Northern Ireland, and DLA claimants elsewhere are still being transitioned onto PIP. If you are currently on DLA you do not need to do anything unless the Department of Work and Pensions (DWP) contacts you.

PIP is for people between the ages of 16 and 64 who need support with personal care or mobility due to a health reason that is expected to be long-term (twelve months or longer). For many people, a brain injury can cause long-term or even permanent effects, so it is important to make this clear to anyone conducting a PIP assessment, as the 'hidden' effects might not be apparent.

PIP is non-means tested. It is also not considered as income for means tested benefits; rather it can increase the amount of means tested benefits payable.

There are two 'components' of PIP: 1) daily living component 2) mobility component. You will be assessed on both of these components to see how much PIP you are eligible for depending on your needs.

Daily Living Component

This component assesses how capable you are of independently carrying out day to day activities such as cooking, cleaning or bathing yourself. Some people with a brain injury may have difficulties with carrying out these activities, while others may no longer be able to do them safely.

The daily living component of PIP is paid at two rates: standard and enhanced. The rate of the daily living component that you can get is determined by how you score on this part of the assessment stage.

Mobility component

This component assesses how able you are to travel independently outside of the house. Brain injury can affect various physical aspects of mobility, such as causing dizziness and balance problems. It can also result in a variety of cognitive issues that can make planning and following a route difficult or unsafe.

The mobility component of PIP is also at two rates, standard and enhanced. Being on the enhanced rate of the mobility component enables you to access a scheme called Motability, which allows individuals to exchange their mobility component payment for a car, wheelchair accessible vehicle or powered scooter. You do not have to be the driver of the vehicle; up to two other people can be named as drivers for you.

For more information about the Motability scheme, visit the Motability website or ring 0845 456 4566.

Applying for PIP

You can apply for PIP by either ringing the PIP claims line on 0800 917 2222, or by writing and requesting *a How your disability affects you* form to be sent to you by post. To request a form, write to:

Personal Independence Payment New Claims, Post Handling Site B, Wolverhampton, WV99 1AH

You should send your completed form back to the DWP within one month of receiving it, otherwise your claim could be rejected. If you are struggling with filling in the form, you could ask someone to help you fill it in. Do remember that you can ring the DWP on the above phone number if you are struggling to understand any of the questions or would like clarity on the kind of information to include on the form. You can also consider contacting your local Headway group or branch, or the Headway helpline as they might be able to offer support with this or could signpost you onto useful local services that could offer assistance.

For support with making a claim for PIP, you can contact your local Jobcentre, Citizen's Advice or ring the PIP Enquiry Line on 0345 850 3322.

There is also a useful handbook about PIP available online.

PIP assessment

Following your application, you will usually be asked to attend an assessment. This is where your daily living and mobility skills will be assessed by a healthcare professional in a face-to-face meeting. This is usually done in an external centre, but if you struggle with travelling you can make a request for the meeting to take place in your own home. You can also have a relative or friend present with you at the assessment. In some cases this can be useful, as they may be able to identify and address issues that you are either unaware of or forget to bring up due to memory issues.

The assessment is done on a scoring system to determine whether you are eligible for either or both components of PIP and which rate you are eligible for.

PIP can be backdated to the original claim date. It is paid every four weeks directly into your bank account. There will usually be a period set for how long you will receive PIP for, depending on whether your needs are likely to change over time.

You can spend PIP however you want to. If you have a carer, your receiving PIP might make them eligible for Carer's Allowance.

Challenging a PIP decision

If you disagree with the decision reached regarding your eligibility to PIP, you might wish to apply for a mandatory reconsideration. Details of how to do this will be included in your decision letter. You can have someone help you with this process, such as a family member or an advocate. Mandatory

reconsiderations should be made within a month of receiving the decision letter.

If your reconsideration still states that you are not eligible for PIP you can appeal this decision in an independent tribunal. If you decide to appeal, you have a month from the date of the DWP mandatory reconsideration letter to make an appeal. This is done with an SSCS1 form; you can either download this or request a copy from your local Citizen's Advice.

PIP (or DLA) will stop being paid if you are in hospital for more than 28 days.

Personal Independence Payment (PIP) - key points

- PIP is replacing Disability Living Allowance in parts of the UK
- There are two components of PIP: daily living component and mobility component. Both are paid at two rates: standard and enhanced
- You will be required to undertake an assessment as part of your application process

Other benefits

here are a number of other benefits that you could be entitled to, depending on your circumstances. Below is some information on the benefits Attendance Allowance, Carer's Allowance and Industrial Injuries Disablement Benefit.

Attendance Allowance

If you are 65 years old or over and you have care needs because of your brain injury, you might be eligible for Attendance Allowance. This is non-means tested, so your savings and income will not be taken into consideration or used to determine whether you are eligible.

You must have had care needs for at least six months to be eligible and you must have lived in the UK for this time.

There are two rates of Attendance Allowance, a lower rate and a higher rate depending on how much care you require. You will usually be paid every four weeks.

Your Attendance Allowance will stop being paid if you go into hospital and need to be in for longer than 28 days.

You can spend Attendance Allowance however you want to, it does not have to be spent on employing a carer. If you already have a carer, your receiving Attendance Allowance might make them eligible for Carer's Allowance.

You can apply for Attendance Allowance by ringing the Attendance Allowance helpline on 0345 605 6055.

Alternatively you can download an application form from the Government website (if you are in England, Wales or Scotland), or the NI Direct government services website if you are in Northern Ireland.

Attendance Allowance can be backdated to the original claim date.

Carer's Allowance

If you have a carer because you have substantial care needs they could be entitled to Carer's Allowance. Your carer does not have to be living with you or related to you to be entitled to it.

Some eligibility criteria for Carer's Allowance are that the carer must be 16 years old or over, must spend at least 35 hours a week caring for you, and they must be not be in full-time education. They also must not be earning more than £110 per week. There are slightly different rules for eligibility in Northern Ireland, available from the NI Direct government services website.

Receiving Carer's Allowance might have an impact on other means tested benefits being received in a household. You should therefore seek advice before making an application to Carer's Allowance to find out how it might affect your income.

■ A guide to welfare benefits after brain injury

A carer can apply for Carer's Allowance by using the online application system. Alternatively, a Carer's Allowance claim form can be accessed online.

Carers can continue to receive Carer's Allowance if either they or you go on a 'break'. This means that you will continue to be paid for up to four weeks if either of you go on holiday, or up to 12 weeks if either of you go into hospital or respite care.

Carer's Allowance will stop being paid to the carer if you go into hospital and your PIP stops being paid.

Industrial Injuries Disablement Benefit (IIDB)

This benefit is for individuals who have sustained their brain injury from an accident at work in England, Scotland or Wales. The amount that you get depends on individual circumstances such as the severity of the injury. It is paid weekly. It is not available if your injury was caused by self-employed work.

You can apply for the benefit by filling out the IIDB form, which is available online.

Receiving IIDB can negatively affect other benefits that you may be receiving such as income-related Employment and Support Allowance, Universal Credit and Housing Benefit. For more information on entitlement, applying, or for support with making an application, contact the IIDB Centre on 0345 758 5433.

Benefit caps

here is a limit to how much a household can receive in benefit claims. This is called the 'benefit cap'. The level of the cap depends upon the number of people per household. At the time of writing (May 2016), the benefit cap is at the level of £500 a week for couples with children or single parents living with children, and £350 a week for single adults who do not live with children.

Some claimants of benefits are exempt from the cap, such as claimants of the benefit Personal Independence Payment (or Disability Living Allowance).

The Government website has a benefit cap calculator that can help with calculating how much of your benefits could be capped depending on how much you are in receipt of.

Appealing decisions

- nformation about appealing decisions has been provided throughout this booklet. However, some general points to consider are as follows:
 - If you are appealing to receive a higher rate of a benefit than has been decided, it is important to seek financial advice before making an appeal. This is because although an appeal may be successful, it may also lead to a reconsideration of your entitlement and leave you with less than before the appeal.
 - For your own record, always keep dated copies of letters you have sent out
 - Make contact with your local Headway group or branch, or the Headway helpline, as they may be able to support you with the appeal process or direct you to other local sources of support.
 - Be aware of any time limits you may have within which to appeal. If you miss a time limit, you may still be able to appeal if you are able to offer a good reason for why you could not meet the original deadline.

Finding out which benefits you could be entitled to

t is hoped that the information in this booklet has helped to give you a general guide to benefits, what types are available and what the eligibility criteria of different benefits are. Remember, benefit entitlements often depend on personal circumstances, so it is important to seek advice before making an application. You can get more information and advice on benefits by contacting the following services:

 Your local Jobcentre
 The local Jobcentre can help with assessing benefits entitlements and applications

UK Government website

Offers the most up to date information on all types of benefits. Official benefit application forms and details are also available on the website.

Turn2Us

Offers information on different benefits and also has a benefits calculator to help you with calculating benefits that you could be entitled to based on your personal circumstances.

Entitledto

Offers information on different benefits and also has a benefits calculator to help you with calculating benefits that you could be entitled to based on your personal circumstances.

Useful numbers

- Attendance Allowance helpline 0345 605 6055 (telephone)
- HMRC Enquiry Centre 0300 200 3500 (telephone)
- Industrial Injuries Disablement Benefit Centre 0345 758 5433 (telephone)
- Jobcentre Plus/ Employment and Support Allowance (new claims)

England, Scotland and Wales 0800 055 6688 (telephone) 0800 023 4888 (textphone) 0800 012 1888 (Welsh)

Northern Ireland 0800 085 6318 (telephone) 0800 328 3419 (textphone)

- Personal Independence Payment 0800 917 2222 (telephone)
- Scope Disability Information Advice Line (DIAL) 0808 800 3333 (telephone)
- Universal Credit helpline
 0345 600 0723 (telephone)
 0345 600 0743 (textphone)

About Headway



eadway – the brain injury association is a charity set up to give help and support to people affected by brain injury.

A network of local Headway groups and branches throughout the UK offers a wide range of services including rehabilitation programmes, carer support, social re-integration, community outreach and respite care. The Headway helpline provides information, signposts to sources of support and rehabilitation services, and offers a listening ear to those experiencing problems. Other services provided by Headway include:

- Supporting and developing local groups and branches
- Promoting understanding of brain injury and its effects
- An award-winning range of publications on aspects of brain injury
- Accreditation of UK care providers through the Approved Provider scheme
- A comprehensive, newly launched website
- Campaigning for measures that will reduce the incidence of brain injury
- Providing grants from our Emergency Fund for families coping with financial difficulties
- Headway Acute Trauma Support (HATS) nurses to support families with loved ones in hospital
- Freephone helpline: 0808 800 2244
- (Monday-Friday, 9am-5pm)
 Telephone: 0115 924 0800
- Website: www.headway.org.uk
- Fax: 0115 958 4446
- Email: helpline@headway.org.uk

A guide to welfare benefits after brain injury

This booklet has been written for individuals affected by brain injury, their families and carers. It provides information on welfare benefits, the process of applying for benefits, appealing decisions and useful organisations.



the brain injury association

Website: www.headway.org.uk

Helpline: 0808 800 22 44