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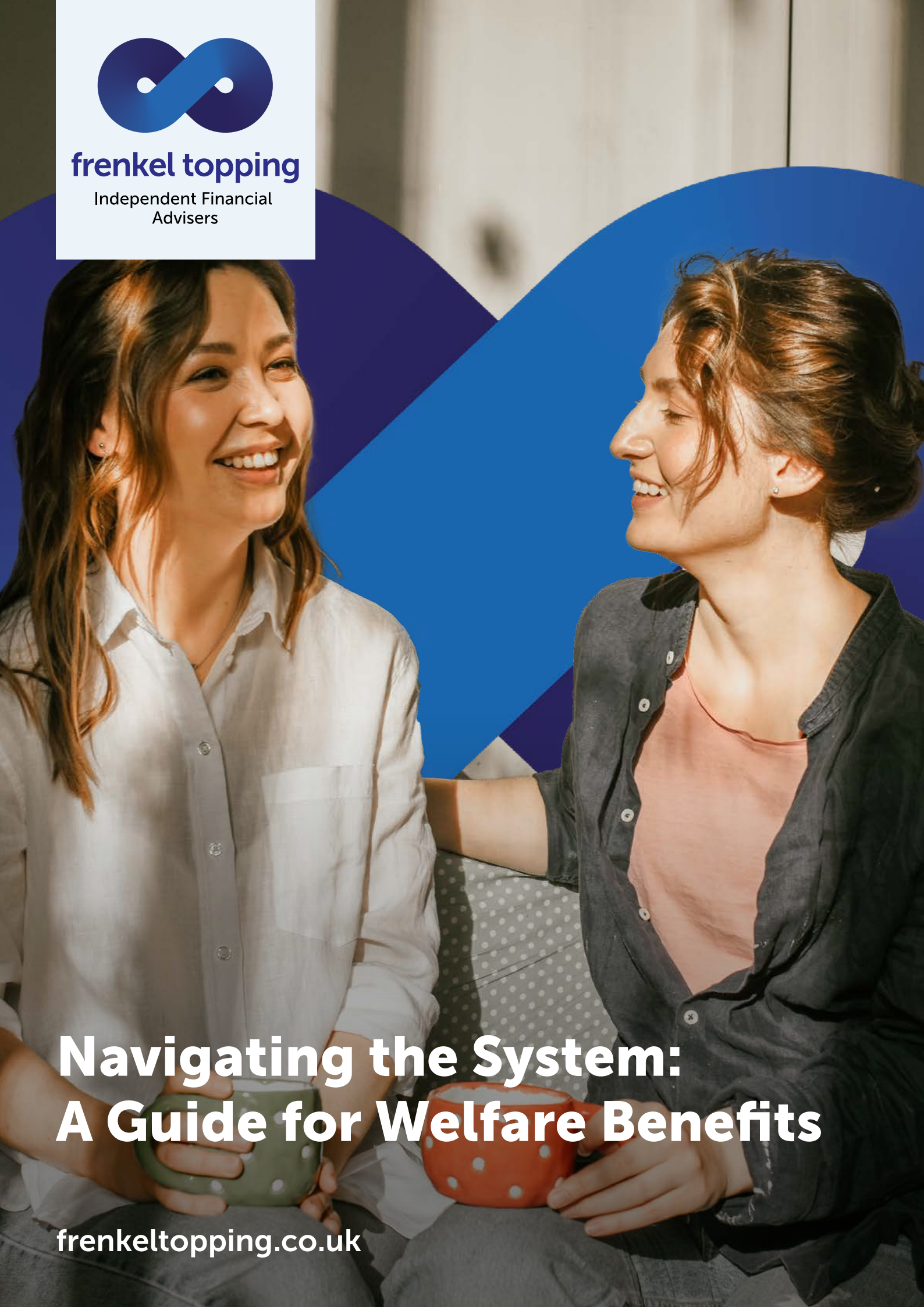
Independent Financial Advisers



Navigating the System: A Guide for Welfare Benefits

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Unlocking a brighter tomorrow for those you represent

The UK welfare benefits system is notoriously complex – layered with outdated processes, overlapping rules, and language that's anything but clear. For individuals already facing life-changing injuries, long-term health conditions, or cognitive challenges, accessing the support they're entitled to can be extremely difficult.

Many struggle to even engage with the system – unsure what to ask for, unable to fully understand what's being asked of them, or unintentionally giving incorrect information that affects their claim.

Claimants often face a maze of confusing terminology, inaccessible forms, and limited support. For those who don't speak English as a first language, available translation services are often not fit-for-purpose. Digital exclusion remains a serious barrier–especially for disabled or older individuals–yet face-to-face services are dwindling. Even when people do submit claims, many give up after rejections, unsure how to challenge decisions or emotionally unable to face the appeals process.

The system too often leaves people feeling isolated and shut out–particularly those it was designed to protect.

Navigating claim forms, providing the right evidence, and keeping up with ever-evolving eligibility criteria is a daunting task. Add inaccessible systems and long wait times, and it's easy to see why so many claims fail to deliver the justice and support those who have undergone life-changing events deserve.

And too often, vital benefits are simply left on the table, not because a person isn't eligible, but because they or their deputy or trustee didn't know they could claim. Even the most diligent can miss opportunities for support due to the system's complexity–especially when benefits interact in confusing ways or fall outside the more well-known entitlements.

Your role as a deputy is pivotal. The decisions you make today help shape your client's future financial security and independence–and we understand the responsibility that comes with that. That's why this guide is designed not just to inform, but to empower, helping you avoid costly missteps and unlock the full range of support available–because we know .you're not just working through a process. Behind every claim is a real person.

The welfare benefits landscape may be opaque, technical, and intimidating, but we're here to work with you, for them.

Together, we can bring clarity to complexity and unlock a brighter tomorrow for those you represent.

Lauren Walsh
Welfare Benefits Manager and Specialist, Frenkel Topping Limited

Common key benefits at a glance

The UK welfare system is a mix of old and new structures, shaped significantly by major reforms introduced between 2012 and 2013. Today, two systems still run in parallel.

First, is the legacy benefits system, which includes income-based Jobseeker's Allowance (JSA), income-related Employment and Support Allowance (ESA), Income Support, Housing Benefit, Child Tax Credit, and Working Tax Credit. These benefits were previously claimed separately, often with overlapping eligibility criteria. Although many individuals still receive them, claims for these are for the most part no longer accepted.

Secondly, is Universal Credit, designed by the Department for Work and Pensions (DWP) to simplify the benefits process by replacing the six legacy benefits with a single monthly payment. Universal Credit has become the default system for most new applicants and is gradually absorbing existing legacy benefit claimants through a DWP-led process known as Managed Migration. While many in employment are used to monthly pay cycles, claimants on low income or irregular work can find it difficult to budget for an entire month at a time, causing financial strain for many.

There are, however, also benefits that don't fall into either the legacy or Universal Credit systems. One of the more common examples is Personal Independence Payment (PIP), a key benefit that supports the extra costs of living with a disability or long-term health condition. PIP was introduced to replace Disability Living Allowance (DLA), which is still available to children under 16. From age 16, anyone making a new claim will need to apply for PIP instead, which has notably stricter eligibility criteria than those for DLA.

While DLA allows more discretion in decision-making, PIP relies on a points-based system that may not fully capture an individual's needs. While the application process remains paper-based, most claimants are required to attend an assessment, often with someone who may not have expertise in their specific condition, which can lead to flawed evaluations and unjust outcomes.

Eligibility explained

Eligibility falls into two main categories:

Means-tested benefits assess income and capital. Personal injury monies which are held within a trust or within a deputyship account may be disregarded if properly ring fenced, but incorrect handling can affect entitlement. Key thresholds to remember:

- £6,000 and under – Capital is ignored for means -tested benefits
- £6,000 to £16,000 – Benefits are usually reduced on a sliding scale
- Over £16,000 – The individual is usually not eligible for most means-tested benefits

Note: Couples must apply jointly for means-tested benefits, which is frequently misunderstood.

Non-means-tested benefits like PIP, are assessed on specific eligibility criteria related to a claimant's health, disability or work history—not finances. Many are underclaimed because people mistakenly assume income or savings will disqualify them.

Common misconceptions:
Misconceptions about benefit eligibility are common—and can stand in the way of vital support. Here are some of the most frequent to watch out for:

- "You can't get PIP if you're working"
- "Universal Credit is only for people who are unemployed"
- "If you're rejected, there's no point appealing"
- "Owning a home means you won't qualify for anything"
- "You can't get anything if your partner works"
- "If you're a carer with health issues, you won't qualify"

Paperwork, proof, and patience: inside the DWP claim process

Creating an account (for Universal Credit only): The process begins with setting up an online account via the government's benefits portal. This serves as a digital record for the individual and is the main way they'll communicate with the DWP throughout the claim.

Submitting the application:

The method of application depends on the type of benefit:

- Universal Credit claims are submitted entirely online.
- Other benefits, such as PIP, still rely primarily on paper-based forms–although digital options are being gradually rolled out in selected postcode areas.

Verification appointment:

Most claimants will need to verify their identity, either online or in person at a Jobcentre. This step is required before a claim can be processed. For PIP and similar benefits, ID checks may occur during phone calls or through posted documentation.

Assessment (if applicable):

Certain benefits involve a formal assessment:

- Universal Credit claimants may undergo a Work Capability Assessment, which includes completing a questionnaire and usually attending a medical.
- For PIP, claimants are typically assessed through a separate health assessment process that evaluates how their condition affects daily life.

DWP decision:

Once all relevant evidence is reviewed, the DWP will make a decision. If successful, payments begin – monthly for Universal Credit – and the individual may be subject to regular reviews to ensure ongoing eligibility.

If a claim is rejected, there is a structured route to challenge the outcome:

- **Mandatory Reconsideration (MR):** After receiving a decision, request an MR within one month where possible. This is a formal review where the DWP reassesses the decision using the same or additional evidence.
- **Appealing the decision:** If the MR is unsuccessful, there's a further month to submit an appeal to an independent tribunal. This step takes the case outside the DWP for impartial consideration.
- **Out-of-time appeals:** Appeals can still be submitted up to 13 months after the original decision. However, any appeal made after the initial one-month deadline must include a valid reason or "good cause" for the delay. The tribunal has discretion to accept or reject late appeals and is under no obligation to allow them. Because of this, we strongly advise against relying on this rule or assuming a late appeal will be accepted.

Results over promises. Top tips for deputies

1. Be prepared: Make sure your client knows what to expect. Understanding timelines, assessments, evidence requirements, and even technical language used by the DWP, can prevent avoidable delays and reduce stress for everyone involved.

2. Keep a copy: Always save a copy of any completed paper-based application forms. You may need it later, especially if the claim is rejected or goes to appeal.

3. Get the right medical evidence: Make sure it's up-to-date, relevant, and clear. Work with healthcare professionals to ensure evidence accurately reflects the claimant's condition and impact on daily life.

4. Use lay language: Avoid vague terms like "good days" or "managed by medication"–they can be misleading. Be specific about what the person can and can't do, even on better days. Don't overstate or understate their abilities; phrases like "manages most tasks" can wrongly suggest full independence.

5. Choose the right support: Sometimes, a family member, support worker or healthcare professional may be better placed to provide context or attend an assessment. Think about who knows the claimant's needs best.

6. Be assessment-ready: Whether it's by phone or in person, preparation is crucial. Have a blank copy of the assessment to hand, and remember that assessors observe more than just answers–things like movement, mood, and behaviour matter. Claimants can request breaks during phone assessments, and it's important this is noted.

7. Double-check everything: Before submission, review the form, notes, and evidence together. Accuracy and completeness matter. Missing or inconsistent details can harm the claim.

8. Use online tools: There are a number of helpful online tools and resources for support in form-filling, benefit calculations and even understanding what assessors are looking for. Examples include The CPAG Welfare Benefits Handbook and The DWP's Decision Makers' Guide, to name a few.

9. Respond quickly and strategically: Request a Mandatory Reconsideration within one month –calling can secure the deadline before paperwork is done. Keep detailed records of all communications and ask for written confirmation, especially for phone submissions. Also, don't assume a rejection means ineligibility; many are due to missing details or unclear wording.

10. Seek advice from a specialist as early as possible: If there's any uncertainty or disagreement with a decision, seek expert advice as soon as the decision letter arrives. Additionally, if appeal papers are issued, that's another key moment to involve a specialist. Their insight can help build the strongest possible case and avoid costly delays or missteps.

Stories that matter

How collaboration helped a brain injury survivor reclaim vital benefits.

When Frank's application for PIP was unexpectedly refused, despite the profound and lasting impact of his injuries, his professional support team acted swiftly to challenge the decision and secure the outcome he rightly deserved.

Frank had sustained a severe brain injury in a road traffic accident, leaving him with life-altering cognitive, behavioural, and physical challenges, including double vision, sensory impairments, and disinhibited anger. Recognised by the Court of Protection as lacking capacity to manage his financial affairs, a deputy was appointed to advocate on his behalf.

Despite the extent of his condition, Frank was awarded zero points in his PIP assessment. The decision not only denied him vital support but also led to the loss of his wife's Carer's Allowance–compounding their financial strain at a time of immense personal difficulty.

Our team was instructed by the deputy to appeal the decision. We prepared a detailed submission for the Tribunal Service, translating medical complexities and DWP jargon into a clear, compelling account of Frank's day-to-day realities.

Following the hearing, the Tribunal awarded him the Enhanced rate for Daily Living and the Standard rate for Mobility, along with a backdated payment of £17,954. His wife's Carer's Allowance was reinstated, with a further £6,851 bringing their total backdated award to £24,805.

This outcome not only restored vital financial support, but brought peace of mind, recognition, and a renewed sense of security.

It's a clear example of what's possible when deputies and trusted specialists like Frenkel Topping Limited work together –collaborating to create a brighter tomorrow for individuals and families, by enhancing life after life-changing injuries.

This case also showcases the value of true partnership between deputies and our Welfare Benefits team–where we bring together unmatched knowledge, experience and understanding, along with a complete commitment to each person as an individual, not just a case file. By combining insight and compassion, we help lighten the load for those navigating complex benefit systems at one of the most challenging points in their lives.

Because behind every benefit claim is a real person –and we're in it for the long haul, every step of the way.

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Our Welfare Benefits team

Frenkel Topping Limited's Welfare Benefits team goes beyond surface-level checks to deliver meaningful reviews, tailored recommendations, dependable support, and actionable guidance that lasts – giving deputies and trustees confidence at every step.

In 2024 alone, our team helped secure over £2.7 million in benefits for our clients – proof of the diligence, expertise and care we bring to every case. But the team's work delivers more than financial gain – it brings reassurance, security, and a stronger future for those who have undergone life-changing events.

Frenkel Topping Limited

Frenkel Topping Limited is a specialist financial adviser.

We enhance life after life-changing injuries, combining unmatched knowledge, experience and understanding with a complete commitment to every individual.

We're focused on getting the best outcomes to create brighter tomorrows. We'll work with you to achieve that–whether that's working alongside legal teams to assemble expert witness reports, or helping people to navigate the complex investment landscape and s ecure the support they need for life.

As part of the Frenkel Topping Group, we're across each stage of the settlement journey, bringing an end-to-end perspective to every conversation.

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