



the brain injury association

## **Experiences of Employment and Support Allowance (ESA) and Personal Independence Payment (PIP) after brain injury**

As part of Headway's long-standing campaign to ensure welfare disability assessments are fit for purpose, we are asking people living with the effects of brain injury to share their views on the process of applying for Employment and Support Allowance (ESA) and/or Personal Independence Payment (PIP).

If you receive or have applied for one or both of these benefits in the past two years, we would like to hear from you. This includes those who have applied and are currently waiting for a decision, and those who are in the process of appealing a decision.

This survey can be completed by claimants, or family members/carers on the claimant's behalf. All answers are strictly confidential, unless you give consent to us using your experiences in our campaign.

We have tried to keep this survey as short as possible, while asking enough questions to gain a thorough understanding of the experience of brain injury survivors in claiming benefits.

By sharing your views and experiences, you will be helping Headway to campaign for improvements to the way people with brain injury are treated when applying for welfare benefits.

Thank you.

## **Section 1. About you**

### **1. Are you:**

The person claiming the benefit?

A close family member or friend?

Other (please specify):

### **2. How old are you?**

Under 18

45 – 54 years old

19 – 24 years old

55 – 64 years old

25 – 34 years old

65+ years old

35 – 44 years old

### **3. In which part of the country do you live?**

Channel Islands

Scotland

East

South East

East Midlands

South West

London

Wales

North East

West Midlands

North West

Yorkshire and East Riding

Northern Ireland

Other country

#### 4. How long ago did you sustain your injury?

0 – 6 months	<input type="checkbox"/>	5 – 10 years	<input type="checkbox"/>
6 – 12 months	<input type="checkbox"/>	10 – 20 years	<input type="checkbox"/>
1 – 2 years	<input type="checkbox"/>	20 + years	<input type="checkbox"/>
2 – 5 years	<input type="checkbox"/>		

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## **Section 2. Employment and Support Allowance**

This section asks questions about the benefit Employment and Support Allowance (ESA). This is a benefit that can be claimed if you are off work for longer than 28 weeks because your brain injury has affected your ability to work.

### **Section 2.1. Application**

**5. Do you currently receive Employment and Support Allowance (ESA), or have you applied for this benefit within the last two years?**

<b>Yes</b>	<input type="checkbox"/>	
<b>No</b>	<input type="checkbox"/>	If you have answered 'No', please skip this section and move onto <b>Section 3</b> (on page 11).

**6. For how long have/had you been claiming ESA?**

First claim in progress	<input type="checkbox"/>	2 – 3 years	<input type="checkbox"/>
0 – 12 months	<input type="checkbox"/>	3 – 4 years	<input type="checkbox"/>
1 – 2 years	<input type="checkbox"/>	4+ years	<input type="checkbox"/>

**7. What support did you receive to complete the application form? Tick all that apply:**

No support

Headway group or branch

Advice service (e.g. Citizens Advice, Welfare Rights Service)

Family/ friends

Online information (e.g. Headway factsheet, other benefits advice website)

Other (please specify)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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**8. Please tell us your thoughts about the application form, titled 'ESA50'. Tick all that apply, and you can write more in the 'Other' box if you like:**

The form was easy to understand

The form was difficult to understand

I received enough information on how to complete the form

I did not receive enough information on how to complete the form

It was difficult to explain the effects of my brain injury on the form

The form allowed me to fully explain how my brain injury affects me

The form was too long

The length of the form was about right

Other (please specify)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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**Section 2.2 – The Work Capability Assessment**

**9. When did your most recent assessment for ESA take place?**

Less than 6 months ago	<input type="checkbox"/>	3 – 4 years ago	<input type="checkbox"/>
6 – 12 months ago	<input type="checkbox"/>	Over 4 years ago	<input type="checkbox"/>
1 – 2 years	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
2 – 3 years ago	<input type="checkbox"/>		

**10. How many times have you undergone the face-to-face Work Capability Assessment as part of an application or review of your ESA?**

I have never attended a face-to-face assessment	<input type="checkbox"/>	If you have answered 'I have never attended a face-to-face assessment', please move onto <b>section 2.3</b> (on page 7)
1	<input type="checkbox"/>	If you have answered '1', please move onto <b>question 13</b> (on page 6)
2	<input type="checkbox"/>	
3	<input type="checkbox"/>	
4	<input type="checkbox"/>	
Not sure	<input type="checkbox"/>	If you have answered 'Not sure', please move onto <b>section 2.3</b> (on page 7).

**11. Thinking about the difference between your Work Capability Assessments, do you feel the process has:**

Improved a lot?	<input type="checkbox"/>	Worsened a lot?	<input type="checkbox"/>
Improved a little?	<input type="checkbox"/>	Worsened a little?	<input type="checkbox"/>
Stayed the same?	<input type="checkbox"/>	Not sure	<input type="checkbox"/>

**12. Please tell us how the process has changed**

**13. Do you feel the Work Capability Assessment took your brain injury into account?**

Yes, completely	<input type="checkbox"/>
Yes, a little	<input type="checkbox"/>
Not really	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

**14. Do you feel the assessor(s) understood the effects of brain injury?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

**15. Do you feel you were treated fairly in the Work Capability Assessment?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

**16. Do you think the assessor should offer to make an audio or visual recording of the assessment?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

**If yes, please tell us why**

**17. Did your application or review of ESA take evidence from any of the following third parties into account? Tick all that apply:**

Family members	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
GP	<input type="checkbox"/>	Case Manager	<input type="checkbox"/>
Neurologist/ Neuropsychologist	<input type="checkbox"/>	Headway services	<input type="checkbox"/>
Other (please specify)			

**18. Please tell us a bit more about your most recent Work Capability Assessment**

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**Section 2.3. Results of your assessment and appeals**

**19. After your most recent ESA application, what was the initial result of your claim?**

Awarded ESA – Support Group	<input type="checkbox"/>	Waiting for a decision	<input type="checkbox"/>
Awarded ESA – Work Related Activity Group	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
Not awarded ESA	<input type="checkbox"/>		

**20. Did you appeal the decision?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/> If you have answered 'No' please move onto <b>section 2.4</b> (on page 10).
Neither – still waiting for a decision	<input type="checkbox"/> If you have answered 'Neither – still waiting for a decision', please move onto <b>section 2.4</b> (on page 10).

**21. What form did your appeal take?**

Mandatory reconsideration (no tribunal)	<input type="checkbox"/>
Appeals tribunal	<input type="checkbox"/>
Appeal currently in progress	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

**22. What support did you receive for your appeal? Tick all that apply:**

No support	<input type="checkbox"/>
Headway group or branch	<input type="checkbox"/>
Advice service (e.g. Citizens Advice, Welfare Rights Service)	<input type="checkbox"/>
Family/ friends	<input type="checkbox"/>
Online information (e.g. Headway factsheet, other benefits advice website)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>



**23. Do you feel the appeals process took account of your brain injury?**

Yes, completely	<input type="checkbox"/>
Yes, a little	<input type="checkbox"/>
Not really	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

**24. What was the result of your appeal?**


Awarded ESA – Support Group	<input type="checkbox"/>
Awarded ESA – Work Related Activity Group	<input type="checkbox"/>
Not awarded ESA	<input type="checkbox"/>

Waiting to hear results	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

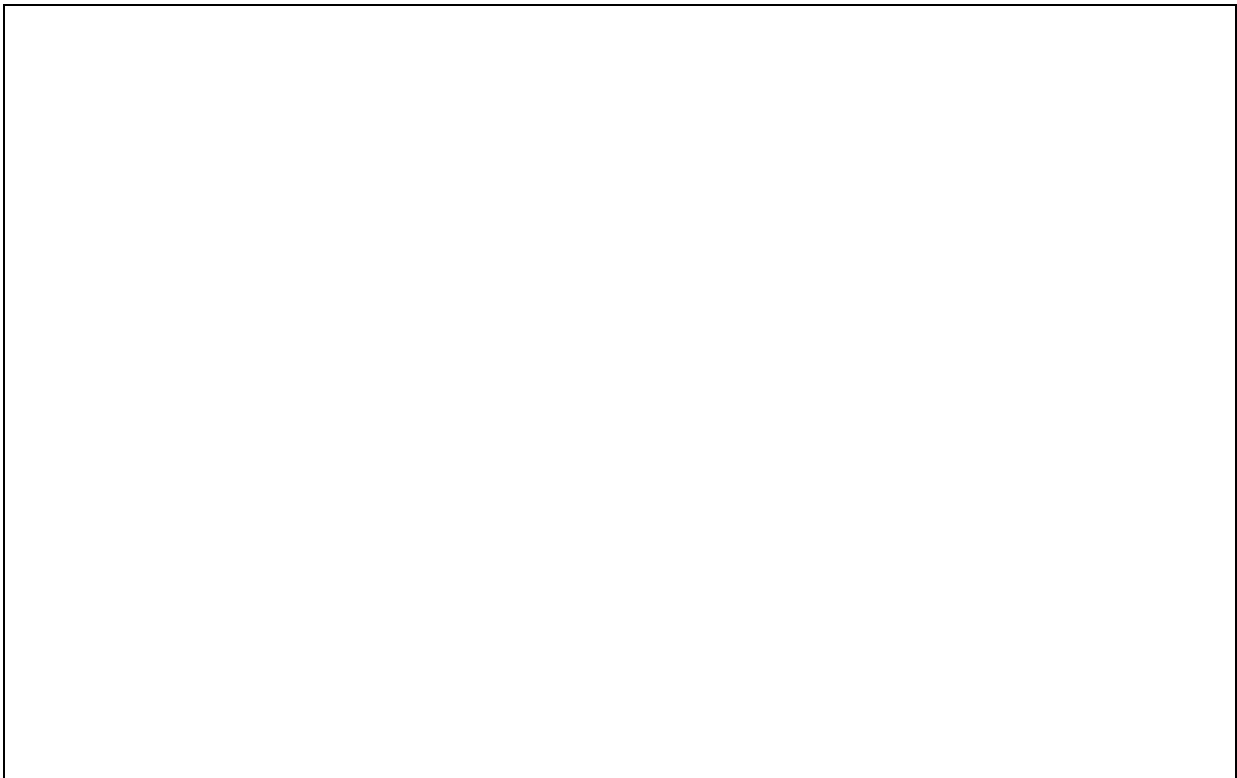
**25. Please tell us a little about your experience of the appeals process.**

**Section 2.4. Final comments on ESA**

**26. What do you think works well with ESA?**



**27. What do you think does not work well with ESA?**



### **Section 3. Personal Independence Payment**

The next section asks questions about Personal Independence Payment (PIP).

This is a benefit that has replaced Disability Living Allowance and can be claimed if you need support with personal care or mobility for a year or longer due to your brain injury.

#### **Section 3.1. Application**

**28. Do you currently receive Personal Independence Payment (PIP), or have you applied for the benefit within the last 2 years?**

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	If you have answered 'No', please move onto <b>section 4</b> (on page 19).
No – I'm still receiving Disability Living Allowance (DLA)	<input type="checkbox"/>	If you have answered 'No – I'm still receiving Disability Living Allowance (DLA)', please move onto <b>section 4</b> (on page 19).

**29. For how long have you been claiming PIP?**

First claim in progress	<input type="checkbox"/>	3 – 4 years	<input type="checkbox"/>
0 – 12 months	<input type="checkbox"/>	Over 4 years	<input type="checkbox"/>
1 – 2 years	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
2 – 3 years	<input type="checkbox"/>		

**30. What support did you receive to complete the application form? Tick all that apply:**

No support	<input type="checkbox"/>
Headway group or branch	<input type="checkbox"/>
Advice service (e.g. Citizens Advice, Welfare Rights Service)	<input type="checkbox"/>
Online information (e.g. Headway factsheet, other benefits advice website)	<input type="checkbox"/>
Other (please specify)	

**31. Please tell us your thoughts on the application form, titled 'How your disability affects you.' Tick all that apply, and you can write more in 'Other' if you like:**

The form was easy to understand

The form was difficult to understand

I received enough information on how to complete the form

I did not receive enough information on how to complete the form

It was difficult to explain the effects of my brain injury on the form

The form allowed me to fully explain how my brain injury affects me

The form was too long

The length of the form was about right

Other (please specify)


**Section 3.2. The PIP assessment**

**32. How many times have you undergone the face-to-face assessment, as part of an application or review of your PIP?**

I have never attended a face-to-face assessment	<input type="checkbox"/>	If you have answered 'I have never attended a face-to-face assessment' please move to <b>section 3.3</b> (on page 16).
1	<input type="checkbox"/>	If you have answered '1', please go to <b>question 36</b> (on page 14).
2	<input type="checkbox"/>	
3	<input type="checkbox"/>	
4	<input type="checkbox"/>	
Not sure	<input type="checkbox"/>	

**33. When did your last face-to-face assessment take place?**

Less than 6 months ago	<input type="checkbox"/>	3 – 4 years ago	<input type="checkbox"/>
6 – 12 months ago	<input type="checkbox"/>	Over 4 years ago	<input type="checkbox"/>
1 – 2 years ago	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
2 – 3 years ago	<input type="checkbox"/>		

**34. Thinking about the difference between your PIP assessments, do you feel the process has:**

Improved a lot	<input type="checkbox"/>	Worsened a lot	<input type="checkbox"/>
Improved a little	<input type="checkbox"/>	Worsened a little	<input type="checkbox"/>
Stayed the same	<input type="checkbox"/>		

**35. Please tell us how the process has changed.**

**36. Do you feel the PIP assessment took your brain injury into account?**

Yes, completely	<input type="checkbox"/>
Yes, a little	<input type="checkbox"/>
Not really	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

**37. Do you feel the assessor(s) understood the effects of brain injury?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

**38. Do you feel you were treated fairly in the PIP assessment?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

**39. Do you think the assessor should offer to make an audio or visual recording of the assessment?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

**Please tell us why**

**40. Did your application or review of PIP take evidence from any of the following third parties into account? Tick all that apply:**

Family members	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
GP	<input type="checkbox"/>	Case Manager	<input type="checkbox"/>
Neurologist/ Neuropsychologist	<input type="checkbox"/>	Headway services	<input type="checkbox"/>
Other (please specify)			

**41. Please tell us a bit more about your most recent PIP assessment:**

**Section 3.3. PIP claim result**

**42. After your most recent PIP assessment, what was the initial result of your claim? Please tick all that apply:**

Awarded mobility component (standard rate)	<input type="checkbox"/>
Awarded mobility component (enhanced rate)	<input type="checkbox"/>
Awarded daily living component (standard rate)	<input type="checkbox"/>
Awarded daily living component (enhanced rate)	<input type="checkbox"/>
Not awarded PIP	<input type="checkbox"/>

**43. Did you appeal the decision?**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/> If you have answered 'No' please move onto <b>section 3.4</b> (on page 18).
Neither – still waiting for a decision	<input type="checkbox"/> If you have answered 'Neither – still waiting for a decision', please move onto <b>section 3.4</b> (on page 18).

**44. What form did your appeal take?**

Mandatory reconsideration (no tribunal)	<input type="checkbox"/>
Appeals tribunal	<input type="checkbox"/>
Appeal currently in progress	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>



**45. What support did you receive for your appeal? Tick all that apply:**

No support

Headway group or branch

Advice service (e.g. Citizens Advice, Welfare Rights Service)

Family/ friends

Online information (e.g. Headway factsheet, other benefits advice website)

Other (please specify)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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**46. Do you feel the appeals process took account of your brain injury?**

Yes, completely

Yes, a little

Not really

Not at all

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**47. What was the result of your appeal?**

Awarded mobility component (standard rate)

Awarded mobility component (enhanced rate)

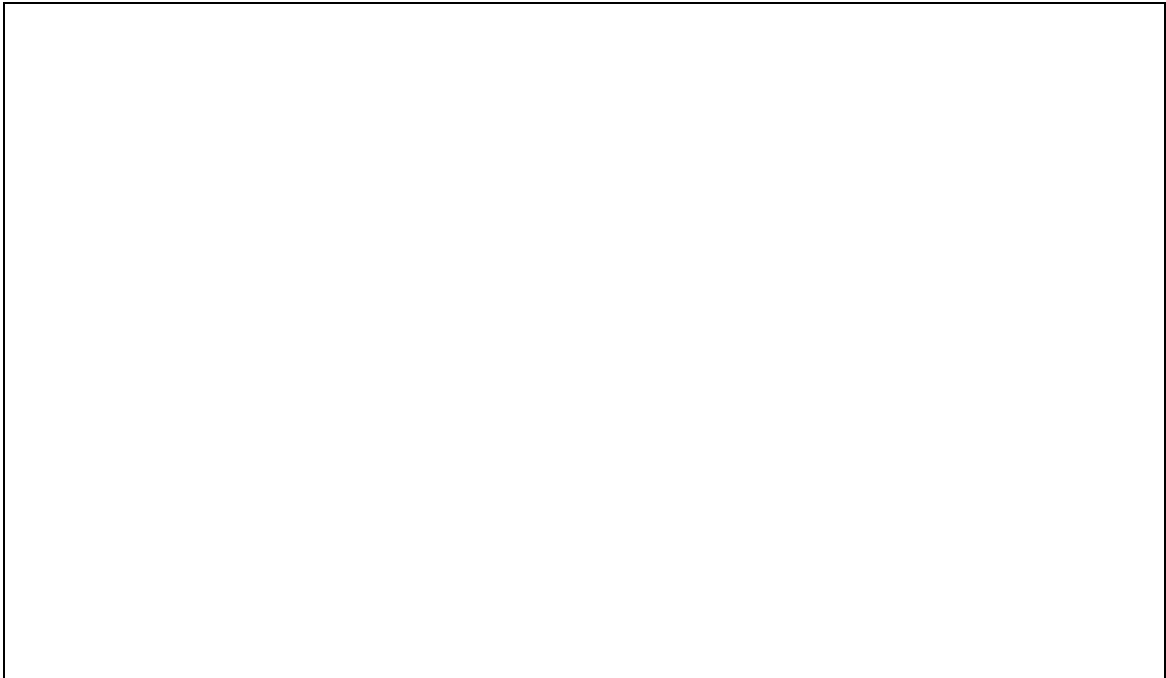
Awarded daily living component (standard rate)

Awarded daily living component (enhanced rate)

Not awarded PIP

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

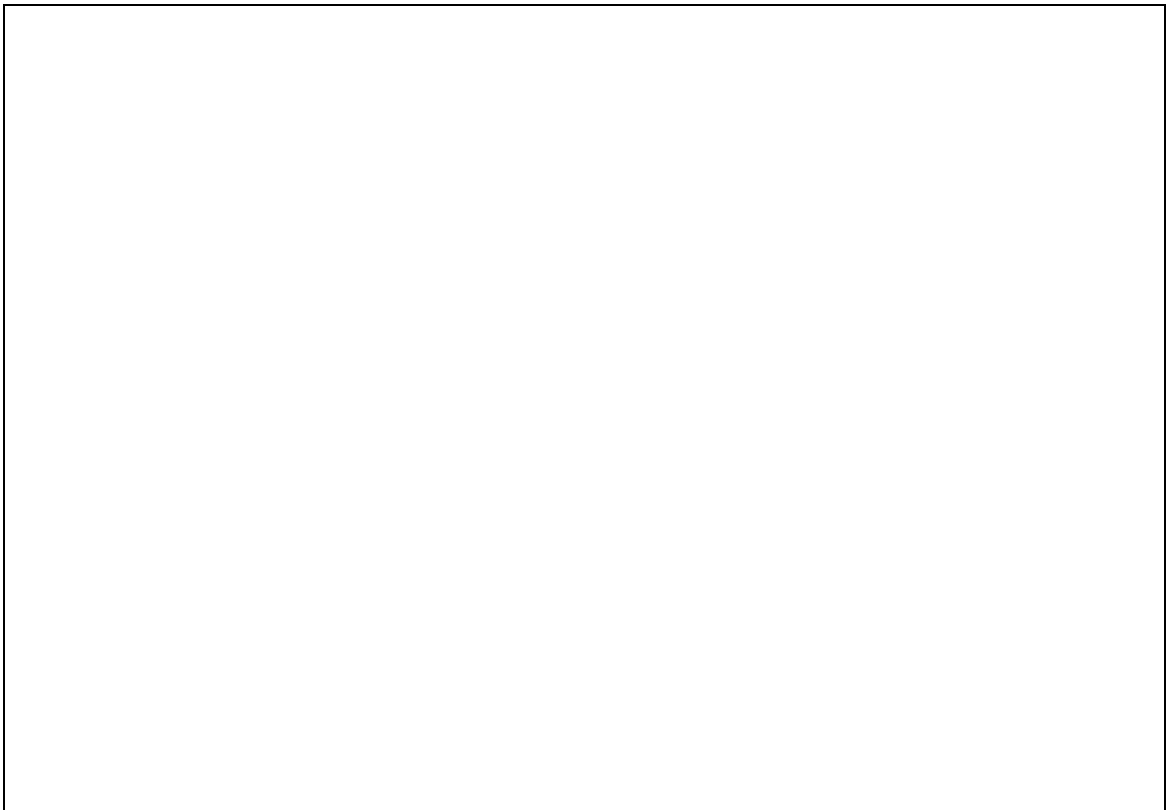
**48. Please tell us about your experience of the PIP appeals process.**



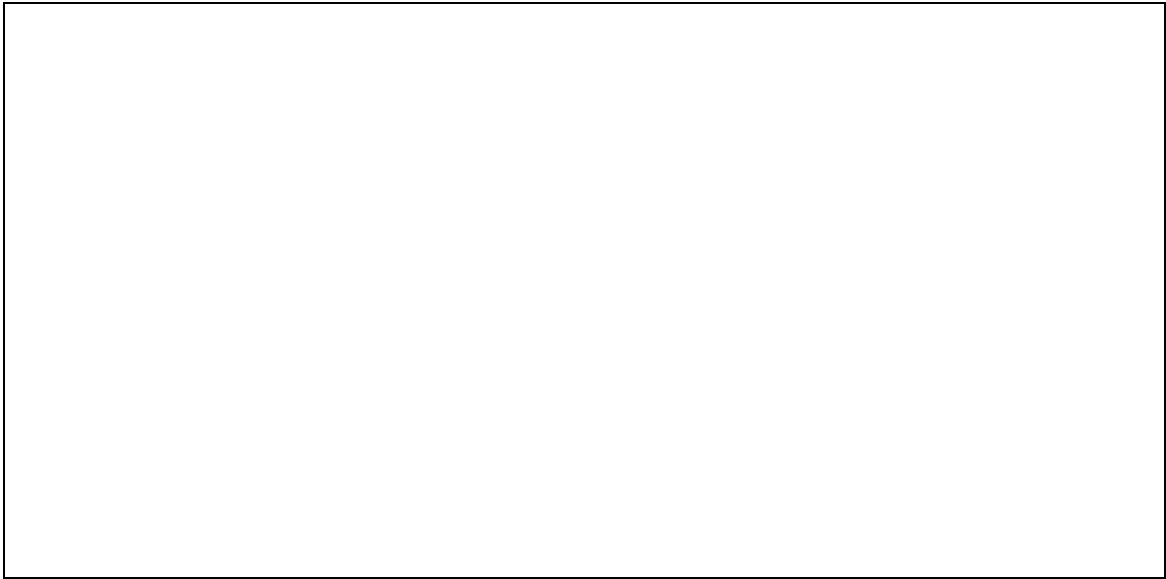
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**Section 3.4. Final comments on PIP**

**49. What do you think works well with PIP?**



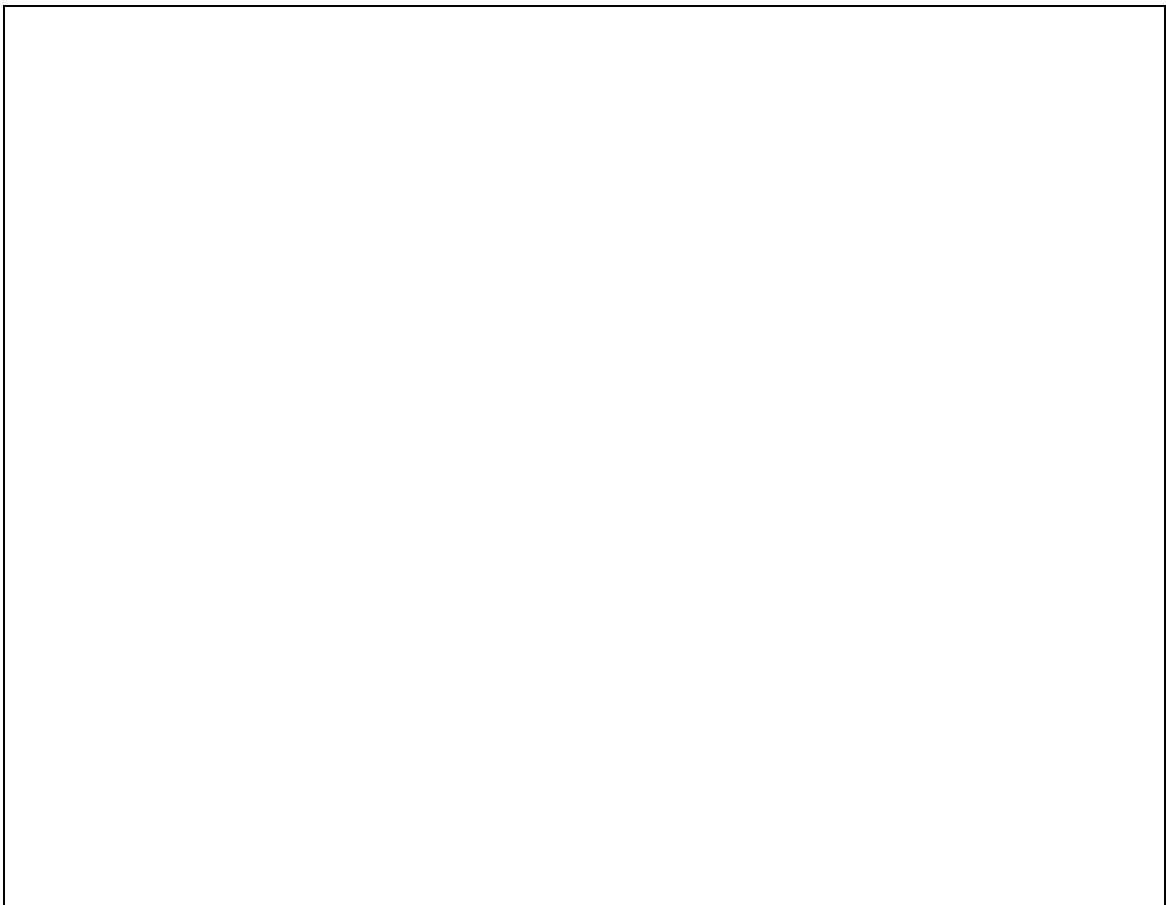
**50. What do you think does not work well with PIP?**



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**Section 4. Final comments**

**51. Do you have any more comments on the welfare benefits system?**



## Thank you

Thank you for taking the time to complete this survey. Your answers will help us to understand how welfare benefits are working for people with brain injury, and campaign for any necessary changes.

**52. Can we use your responses to help our campaign, by posting all or part of it on our website, printed materials, consultation responses and other channels?**

Yes

No

**53. If yes, please enter your contact details here:**

**Please send this form back to:**

**FAO Tamsin Ahmad  
Headway the brain injury association  
Bradbury House,  
190 Bagnall Road,  
Old Basford,  
Nottingham,  
NG6 8SF**