



## Employment and Support Allowance: a guide to filling in the Limited Capability for Work questionnaire (ESA50)

For forms issued with the date 03/11

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## Background summary

Employment and Support Allowance (ESA) was introduced in October 2008 and replaced Severe Disablement Allowance (SDA), Incapacity Benefit (IB) or Income Support (IS) for people claiming benefits on the grounds of ill health. New claimants had to claim ESA from this date but existing claimants could continue to receive SDA, IB or IS.

When ESA was introduced the intention was that all people on IB, IS and SDA would be reassessed and if eligible they would be transferred (migrated) over to ESA. This process started nationally in 2011 and it is thought that the process will be completed by April 2014.

The Department for Work and Pensions (DWP) hold a review date for everyone who is on incapacity related benefits and it is likely that your reassessment will correspond with your review date. The only people excluded from the migration process are those who are due to reach state retirement age by March 2014.

A new Limited Capability for Work questionnaire (ESA50) was published 14 March 2011 to reflect certain changes to the ESA regulations. The new regulations came into force on 28 March 2011.

The test used to assess a person's ability to work is called the **Work Capability Assessment (WCA)**. Two independent reviews of the WCA have been carried out by Professor Malcolm Harrington and he has made certain recommendations for changes to the WCA. He identified that the WCA does not work well for people with fluctuating conditions and this is an area that he is investigating further. He is currently carrying out a further review.

## Basic rules of entitlement

In order to be eligible for ESA you will need to meet the following criteria:

- have a limited capability for work or work related activity
- be aged 16 years or over and under state pension age
- be resident in Great Britain.

There are two types of ESA: contributory ESA and income-related ESA.

## **Contributory ESA**

To claim contributory ESA you will need to have paid sufficient National Insurance Contributions or a mixture of National Insurance Contributions and Credits. Contributory ESA can be topped up with income-related ESA.

Contributory ESA is not means tested but if you get an occupational or personal pension (including permanent health insurance payments and some other related payments) your ESA may be reduced. You need to inform the DWP if you start to get any of these sources of income whilst in receipt of ESA.

## **Income-related ESA**

Payment of income-related ESA is means-tested and you will not qualify if you have capital over £16,000. Any savings over £6,000 are taken into account and may affect the amount of benefit that you get and savings under £6,000 are disregarded completely.

Any other income that you have is also taken into account and may affect the amount of benefit that you are eligible for. If you have a partner who works more than 24 hours you will not be able to claim income-related ESA. Your partners' income and capital will also be taken into account when assessing whether you are entitled to ESA.

Claimants of income-related ESA may be able to claim additional premiums and help with housing costs.

## The claims process

If you are **being transferred from an existing incapacity-related benefit**, you will initially receive a letter about your reassessment and the DWP will follow this up with a phone call.

The purpose of the letter and phone call is to explain the process to you. It is not to gather information about your illness or disability. You can then expect to receive the limited capability for work questionnaire (ESA50 form) in the post.

This form asks you to provide detailed information about how your illness affects you and we go into more detail about this later in the guide. While you are being assessed you will continue to receive your usual benefit.

**New claimants** will usually start off their claim with a phone call to Jobcentre Plus on 0800 055 6688. You will usually be asked a series of questions over the phone and then be sent the form ESA1 to check and sign.

If you are eligible for ESA on the basis of the initial information that you have given, you will then enter the assessment phase. You will be paid at the assessment rate whilst in this period and once your claim has been assessed, if you are awarded benefit your money will increase. The assessment phase is meant to last for 13 weeks but can be much longer. If your claim is successful you will be awarded any backdated money from week 13 if it took longer for your claim to be assessed.

During this period you can expect to receive the Limited Capability for Work questionnaire (ESA50) form in the post. This guide aims to help you to complete this form. During the assessment phase you will need to provide fit notes, usually issued by your G.P.

Following completion of the Limited Capability for Work questionnaire (ESA50 form; there is detailed information about this form later) **most claimants** will also have to attend a face to face assessment with a health care professional from ATOS healthcare.

Following the assessment stage, if you satisfy the Work Capability Assessment you will go on to main phase ESA and will be placed in either the 'Support Group' or the 'Work-Related Activity Group.'

The amount of benefit that you then receive will depend on which group they are placed in. People being transferred over from their existing incapacity related benefit should not have their benefit reduced but if your current benefit is more than the amount paid by ESA you will not be awarded any increases in benefit until the amount has equalised or until 2020, whichever is sooner.

While your claim is being assessed, you will receive your usual benefit.

## **Support Group**

Under ESA, if people have an illness or disability that is too severe for them to undertake any form of work-related activity, they will get increased financial support and will not be expected to prepare for a return to work.

The Support Group will get a higher rate of benefit. This is intended to offer security for severely disabled claimants who are unable to take part in work-related activities. Support and employment advice can be taken up voluntarily.

Claimants with a terminal illness will be fast-tracked into the Support Group. A very small percentage of people claiming ESA are being placed in this group.

If you think that you meet the criteria for the support group it is important to supply this information on your ESA50 form as it may minimize the chance of having to have a face to face assessment.

To do this, check the Support Group criteria (see section two of the Appendix on p 40) and include information on the ESA50 that demonstrates how you meet the criteria. For example, if you are not able to mobilize more than 50 metres make sure that you state this on your claim form and explain the symptoms that prevent you from doing this.

## **Work-Related Activity Group**

If you are placed in this group it is expected that you will take steps to prepare for a return to work. For most people this will mean attending a series of work focused interviews and possibly participating in work related activity.

The Government has introduced a number of measures intended to support people in getting back to work including the Work Programme and there is more on this later in the guide.

Some people will not need to meet the criteria for these tests if they come into an exempt category (most people with M.E. would not be exempt unless they have another condition).

This factsheet is for people with M.E. so we do not cover the exemptions in detail but they include terminal illness, people receiving chemotherapy and certain other treatments, people with a notifiable disease and some pregnant people as well as hospital in patients. If you feel that you may be exempt please seek further advice.

In addition there are exceptional circumstance regulations (see p 8) that may apply.

## **I am severely affected: do I have to go through all this?**

Some people may qualify for the Support Group without undertaking the whole Work Capability Assessment if there is enough evidence available to make a decision on their initial claim, either under the Special Rules check (if a claimant is terminally ill) or the pre-board check (based on evidence from the claimant's healthcare practitioner and/or ESA50 questionnaire).

For this reason if you think that you do meet the Support Group criteria it is worth stating this at the outset of the claim.

You could either provide this at the ESA1 stage (new claimants) or on the ESA50 form for people transferring over. You may wish to include medical evidence from your GP or consultant that demonstrates how you meet the criteria for the support group.

## The Work Capability Assessment (WCA)

The Work Capability Assessment replaces the Personal Capability Assessment (PCA). If you are transferring from a previous incapacity related benefit you may be familiar with the PCA. Most people transferring will have been assessed under the Personal Capability Assessment in the past, unless you were exempt. People getting Disability Living Allowance, high rate care were exempt from the PCA but will not be exempt from the WCA on those grounds.

Following the completion of the ESA50 form most people will also be asked to attend a face to face assessment which will explore how an individual's illness or disability affects their ability to work and carry out day-to-day activity.

The feedback that we are receiving is that the medical assessment usually lasts for about 20 or 30 minutes but it is variable and can last much longer.

The assessment will usually be carried out at a medical examination center. If you are not able to travel or you are housebound and need a home visit you may ask for one. It seems difficult to get a home visit and you will be asked to provide medical evidence stating that you need a home visit and that you are not able to travel

The Work Capability Assessment consists of three parts:

- Limited Capability for Work Assessment (LCW or LCWA; see p 8)
- Limited Capability for Work-Related Activity Assessment (LCWRA; see p 9)
- Work-Focused Health-Related Assessment (WFHRA; see p 9). This part of the assessment was suspended from 19 July 2010 for two years but so far no information has been given on what will happen after this period is over.

**The Limited Capability for Work (LCW or LCWA) Assessment** aims to identify those people who will be placed in the Work-Related Activity Group. It is a points-based test.

Further information about the points system is given in the Appendix (see p 30) but the basic idea is that if you have scored 15 or more points you will pass the Limited Capability for Work Assessment and remain entitled to ESA. The test comprises a list of activities or descriptors which each have points attached to them.

If you score less than 15 points you will have failed the Limited Capability for Work Assessment. You will have the right to appeal (see p 26) against this decision.

If insufficient points are scored, claimants can still be found unfit for work under the **exceptional circumstances regulations**.

The regulation that may apply to some people with M.E. is Reg 29(b) of the ESA regulations. This says that someone who is: *"suffering from some specific disease or bodily or mental disablement and consequently there would be a substantial risk to the mental or physical health of any person if they were found not to have a limited capability for work."*

The grounds for using the exceptional circumstances regulations are that the person with M.E. is unable to sustain physical or mental activity without experiencing serious consequences.

This could include increased fatigue with progressive deterioration and a worsening of symptoms if s/he continues to be active above his/her own level. This could lead to a serious deterioration in health or a relapse.

You may need to explain that you have a ceiling and that if you have to do any activity above this ceiling this will result in deterioration in your health and that if exertion is continued this could lead to a complete relapse.

You may like to consider what would be involved if you were found fit for work and what impact this could have on your health. Below is an example of the type of information that you could include to demonstrate how this may apply to you:

*EXAMPLE "It is very important that I pace my activities and if I push myself this has serious consequences for my health. I use my very limited energy just doing the basics and many days I am not well enough to even carry out basic activities like washing and food preparation. If I have to do something that is over my base line activity I experience severe and debilitating exhaustion and a worsening of my symptoms. The more I try to do the greater the risk to my health."*



There is a very similar rule (Reg 35)(2)(b) that allows entry to the support group that states that someone who is: *“suffering from some specific disease or bodily or mental disablement and consequently there would be a substantial risk to the mental or physical health of any person if they were found not to have a limited capability for work related activity.”*

You may like to consider what the implications would be of having to attend interviews and possibly participate in work related activity. What effect would this have on your health?

Below is an example of the type of information that you could include to show how you meet this criteria.

*EXAMPLE “If I try to carry out any extra activities that are above my base line this poses a serious risk to my health. It is very important that I pace my activities and if I push myself this has serious consequences for my health. I use my very limited energy just doing the basics and many days I am not well enough to even carry out basic activities like washing and food preparation. If I have to do something that is over my base line activity, for example if I need to attend a medical appointment this has a serious impact on my health. I suffer debilitating exhaustion afterwards and experience a worsening of my symptoms. If I had to keep doing things like this my health would deteriorate substantially leading to a complete relapse.”*

**The Limited Capability for Work-Related Activity (LCWRA)** aims to identify those claimants with severe illnesses or disabilities who will be placed in the Support Group, where interaction with work-related activity is not required. This test comprises a list of activities/descriptors and if it accepted that you meet one of them you will be placed in the support group.

The exceptional circumstance rule above can also be a route into the support group. If you think that you meet the criteria for the support group make sure you include this information on your ESA1 (only new claimants will get this) or your ESA50 or make it known as early as possible in your claim. If you are able to, providing supporting medical evidence from your G.P or consultant may help.

**The Work-Focused Health-Related Assessment (WFHRA)** is an interview which looks at the claimant’s views about moving into work and any health or work related interventions that might help. This part of the assessment was suspended from 19 July 2010 for two years but so far no information has been given on what will happen after this period is over.

## Filling in the Limited Capability for Work Questionnaire (ESA50 form)

### General information

You could consider asking a local welfare rights adviser or someone who knows you well to go through the questionnaire with you, as they may be able to help you set down a clearer picture of the extent of your illness or disability.

Read the questionnaire through carefully before completing it.

Have the descriptors and points (see the Appendix on p 30) available whilst you are filling in the form. This will enable you to provide the most relevant information.

Draft your answers in rough on a separate piece of paper to start with.

Be realistic about what you can and can't do. If your bad days happen more often than not, highlight your problems as they are on bad days but you will still need to explain if there are fluctuations.

Include information on all of your health problems.

If you have to avoid an activity because of after-effects or you are unable to complete it, imagine how you would feel if you did carry it out. Answer the questions on that basis.

If you take medication which affects your ability to perform activities – eg. because it causes dizziness or other side effects – then describe this in full.

If you have recently attempted work of any kind and have been unable to continue due to problems with your health or disabilities, include this.

If you are able to provide medical evidence to send in with your ESA50 questionnaire you should do so.

Keep a copy of your completed questionnaire in case you need to appeal and it is useful to read through this if you are called for a face to face assessment.

It is important to return your completed ESA50 questionnaire before the deadline.

If you are on Disability Living Allowance (DLA) and you inadvertently put conflicting information on your ESA50 questionnaire, particularly about walking distance, this may affect your DLA.

Even if you can do the activities listed you may still score points.

Sometimes it can be hard to see how you would score points as you may be able to do the activities listed but it is very important that you understand that just because you can carry out an activity, that doesn't mean that you are prevented from scoring points on it.

This is because if you have problems with the activity you can still be scored as though you are unable to do it. Use the boxes provided to explain your answers more fully.

You may be able to do an activity once or twice but not repeatedly or regularly. You may only be able to do it with discomfort, pain, exhaustion or other symptoms so you will need to explain this. You may experience a worsening of your symptoms following carrying out an activity and you may need to rest for a prolonged period. You need to record this kind of information on your form.

If your condition varies, as is very likely with M.E., you need to be assessed on how you are the majority of the time. You may find that your condition changes from hour to hour and is unpredictable.

The test is not intended to be a snapshot and should consider how you are the majority of the time. Ensure that you describe how you are at your worst in detail as well as giving information about any fluctuations.

Even on your better days it is very likely that you experience symptoms and are restricted in what you can do so make sure that you make this clear. Using the term good day can create the wrong impression as it can imply that you do not have symptoms on these days when you may just mean that you are comparatively better on these days. Using the term better day may be a more accurate description.

If you have been ill for a long time you may have adapted your life and the way you do things and it may be hard to remember what you used to be able to do. This can lead to you underestimating your problems and the effect your health has on your life.

So although it can be very upsetting it is important to try and think about this when filling in the form. If you have someone to support you this may be helpful as it can be distressing thinking about these issues.

We would advise you to study all the descriptors prior to completing the ESA50 and attending your medical. Please see the Appendix (see p 30) or you can view them online at [www.legislation.gov.uk/ukxi/2011/228/introduction/made](http://www.legislation.gov.uk/ukxi/2011/228/introduction/made)

## Detailed information

The beginning of the ESA50 questionnaire includes six pages of basic information about you, your hospital appointments (if any) your GP/doctor/consultant, the nature of your illness and medication that you are on (as well as information on how to fill in the questionnaire).

In the section that asks about your illness, you will need to give your diagnosis and all the symptoms that you experience as part of your condition. You could also write a bit about the effect that it has on your life and ability to carry out daily tasks. You could include information about how your life has changed as a result of being ill and the restrictions that it places on you.

If anyone you mention is contacted for information about your claim, it is generally your GP. There is no guarantee that the DWP will contact your GP so if you think that your GP would be willing to write a supportive letter it is worth asking them to do this and including it with the form.

After the basic information, the questionnaire focuses on assessing your physical functional ability, followed by your mental or cognitive functional ability.

Before we consider these two sections, please note:

- You should answer each question individually, even if this means that you have to repeat the problems of fatigue, aches, pains and flu-like symptoms that can arise. The DWP says that the assessment should not be just a 'snapshot' of a person's health at one point in time, but must take account of conditions that fluctuate over time.
- If you are unable to fill in the entire questionnaire yourself and someone helps you, mention that this is the case, either in the section on memory and concentration or the section on manual dexterity as appropriate.

Some of the descriptors in the Work Capability Assessment have changed. This guide applies to the new Work Capability Assessment but at present we do not know how some of the new descriptors will be interpreted in practice. This means that we will be reviewing and updating this guide as new information becomes available.

Make sure you have the complete list of the descriptors to hand when you are filling in the ESA50 so you can work out which may apply and give the most relevant information.

**The ESA50 does not always ask questions that would lead to you giving all the information that may allow you to score points or demonstrate that you meet the support group criteria. This is why it is important to look at the descriptors and our guide to the questions to give you more detail.**

You can find the descriptors in the Appendix (see p 30) or online at [www.legislation.gov.uk/uksi/2011/228/introduction/made](http://www.legislation.gov.uk/uksi/2011/228/introduction/made)

It is important to note that sometimes the ATOS healthcare professional and the DWP decision maker may not accept the information that you give and may not give you points in the areas that you think you score points on. This is likely to be upsetting and frustrating for you and may lead to you having to appeal (see p 26)

## **Part one: physical disabilities**

### **1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used**

This is one of the descriptors that have changed. Previously the descriptor was to do with walking rather than mobilising. We will be monitoring how this descriptor is being applied. It seems that it is looking at the ability not only to move by foot but also with the use of a wheelchair or other aid.

You will score points on this descriptor if it is accepted that you are unable to move more than 50 meters, 100 meters or 200 meters without stopping in order to avoid significant discomfort or exhaustion or if you are unable to repeatedly mobilise within a reasonable timescale because of significant discomfort or exhaustion.

Please note that the ESA50 form only asks about your ability to mobilise 50 and 200 metres but you can also score points if your ability to mobilise is between 50 and 100 metres. So it's important to give this information on the form if it applies to you, for example if you can mobilise 75 metres put this information in the text box. Please see the descriptors later in the guide to see how you can actually score points and you will see how the questionnaire may not necessarily capture all the relevant information.

We would suggest giving detailed information about how far you can walk and the symptoms that you experience whilst walking and following walking. You may feel exhaustion, pain, weakness, dizziness, breathlessness or something else. You may have to rest for a prolonged period after walking very short distances. Does walking exacerbate your symptoms? Some days you may feel too unwell to walk any distance and may be confined to bed so make sure you record this.

This descriptor takes into account the distance you can move either by walking or by using a manual wheelchair so it is important to consider any issues that you would have if you were using a wheelchair. Would you be able to self-propel without pain, discomfort or exhaustion? If you are not able to self-propel you could include this information.

If you do not use a wheelchair it may be best to just focus on your walking ability as you are only asked about aids that you usually use, but be prepared to answer questions about any problems that you may have if you did use a wheelchair at your face to face assessment. If you have tried using a wheelchair and found it to be too difficult or you know that it would cause significant problems for you it is worth recording this on your form.

Ask yourself if you could carry out the activity repeatedly or regularly. You may be able to do the activity sometimes but not consistently.

This descriptor also considers your ability to walk up steps so if this is a problem explain how you are affected. You will score points if it is accepted that you cannot mount or descend two steps. Describe any balance problems and dizziness as well as exhaustion and pain. If you experience breathlessness describe what happens. Again think about whether you could repeatedly carry out this activity.

If you cannot mobilise for more than 50 metres without severe discomfort or exhaustion or you are unable to repeatedly mobilise 50 metres within a reasonable time frame you may qualify for entry into the Support Group so give details if this applies to you.

## **2. Standing and sitting**

This descriptor looks at your ability to stand and sit without discomfort and exhaustion as well as transferring from one seated position to another.

You will score points on this if it is accepted that you need help to move from one seated position to another or if you are unable to stand or sit for more than 30 or 60 minutes. The form only asks you if you can stand or sit for an hour but you can score 9 points if you cannot sit or stand for 30 minutes.

So as with the mobilizing descriptor it's important that you also look at the descriptor when you are answering the question and you ensure that you provide extra information to demonstrate where you may score points. You may therefore want to give the exact time that you can stand or sit for the majority of the time.

In the blank box give details of any difficulties you experience with standing e.g. nausea, tiredness, balance problems, muscle fatigue, breathing problems, muscle or joint pain. Also think about whether you can repeatedly stand and whether you need to lie down following standing up for a period of time.

Similarly, consider how long you can sit for without having to move from the chair because the degree of discomfort makes it impossible to continue sitting; is this for less than 30-60 minutes? If you need to lie down after sitting for a while, give details in the blank box.

You could give examples of things that you can no longer do, for example, working at a computer, standing at a bus stop or watching a television programme.

There is some debate about how this descriptor will be interpreted. It is unclear whether it is looking at someone's ability to just stand or sit or whether it's about alternating between the two activities.

ATOS are interpreting it that you would not score points if you could not stand or sit for 30 minutes, if you could alternate between sitting and standing for 30 minutes. This makes it harder to score points and we have yet to see how tribunals will interpret this descriptor.

Give details about any problems that you have with standing and sitting and consider how alternating between the two activities may affect you.

### **3. Reaching**

You should score points on this if you have problems with reaching as if to a top pocket in a coat, or as if to put a hat on or to raise your hands above head height.

When completing the form think about whether you can you raise either arm as if to put something in the top pocket of a coat or jacket? Can you put on a coat or jacket or raise either arm to put on a hat? This section involves using the elbow and shoulder joints to perform simple reaching movements.

Use the blank box to give more information, for instance could you reach up repeatedly or would you tire rapidly, or experience muscle weakness or tremors? Do you experience any pain when making this movement?

### **4. Picking up and moving or transferring by the use of the upper body and arms**

This is about your ability to pick up and move objects but doesn't include your ability to carry them, just move them whilst sitting or standing in one place. You will score points if you are unable to pick up and move a half litre or litre carton full of liquid.

This descriptor also looks at your ability to transfer a light but bulky item such as an empty cardboard box. Think about whether you can you do this repeatedly? Do you have problems with grip, power or coordination? Do you experience tremor or pain? Do you suffer from fatigue or other after effects?

It may help to consider how you cope with lifting and moving pans if you ever cook or if lifting a kettle is a problem.

## **5. Manual dexterity**

You will score points here if you are unable to press a button such as a telephone keypad or turn the pages of a book. If you have difficulties with writing or using a keyboard or mouse you may also score points.

This descriptor also takes into account your ability to pick up a one pound coin with either hand.

Consider any difficulties that you would have with these tasks as well as with picking up small objects like a pound coin. Do you have problems with grip due to muscle weakness, do you experience any tremors or pain? Would you be able to perform the task repeatedly?

## **6. Making self understood through speaking, writing, typing, or other means normally used, unaided by another person**

This question is dealing with your ability to communicate through speech, typing and writing. If you would ever have problems with conveying a simple message through any of the means listed you need to give details here.

Is your ability to communicate affected by fatigue, when you are exhausted is it too much effort to speak? Do you get frequent sore throats that affect your ability to speak? Has your ability to write or type been affected by M.E. eg. through fatigue or pains in the hands and fingers?

## **7. Understanding communication by both verbal means (such as hearing or lip reading) and non-verbal means (such as reading 16 point print) using any aid it is reasonable to expect them to use, unaided by another person.**

This activity is about being able to understand communications from other people either spoken or written. It is about your ability to understand a simple message delivered by another person.

If you have problems with taking in simple information when you are exhausted it is worth saying so here. Do you find that your ability to process information is impaired? Are you affected by brain fog?

Do you have any problems with vision? Do your eyes blur when you are exhausted? Are you light sensitive and are you always able to focus?

## **8. Navigation and maintaining safety, using a guide dog or other aid if normally used**

This question is concerned with sensory/visual impairment and your ability to navigate around familiar and unfamiliar surroundings without being accompanied by another person.



It also takes into account your ability to do something like cross a road without the aid of another.

**9. Absence or loss of control leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bed-wetting) despite the presence of any aids or adaptations normally used**

If you sometimes lose control of your bowels or bladder, say how frequently this happens. If you do not lose complete control but sometimes have to act quickly to avoid situations where this might happen, you should mention this here.

When you are exhausted it is always possible to reach the toilet in time? You may not be able to act quickly enough at times.

**10. Consciousness during waking moments**

Do you have problems staying conscious when awake at least once per week, or once per month? Do you suffer from lost or altered consciousness which results in disrupted awareness or concentration? Has this left you in a dangerous situation? Do you fall and injure yourself?

If any of these apply to you, you should mention them here.

**Part two: mental, cognitive and intellectual function assessment**

**11. Learning tasks**

This question is about learning to complete a simple or moderately complex task, consider whether you have problems with learning how to perform simple tasks such as setting an alarm clock or more complex tasks such as using a washing machine. Do you experience memory and concentration problems to the extent that you cannot learn how to do tasks like this or you forget how to do tasks once you have learnt them?

**12. Awareness of everyday hazards (such as boiling water or sharp objects)**

This question is all about your awareness of danger. Think about the following when answering. Do you suffer from reduced awareness of everyday hazards or need supervision to help keep you safe? This could be because your M.E. affects your concentration. You may have reduced awareness as a result of extreme fatigue.

In other words, have you injured yourself perhaps by cutting yourself on a sharp object or by burning yourself in the kitchen or with the iron? Have you fallen or injured yourself in the street? Have you damaged property, maybe due to a lapse in concentration (for example have you burnt the kettle, the saucepan or your clothes) and has this led to avoidance of attempting tasks?

Is your GP aware of this and do you have evidence of any accidents? Have they been noted in your medical records?

### **13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks)**

This question is about your ability to plan, organize, problem solve, prioritize, and switch tasks. You may score points if you are not able to reliably initiate or complete at least two sequential tasks.

Does brain fog, forgetfulness and lack of concentration prevent you from completing tasks such as cooking a meal, getting drinks, getting up and dressed to leave the house and attend appointments without someone to remind you of what you need to do?

The symptoms of M.E. may mean that you have lapses in concentration or that you get confused and cannot think clearly. This may mean that you forget to do things, or you start things but don't finish them due to poor concentration and mental fatigue.

Even if you have someone to remind you, are you still unable to complete the above tasks? If not, you should say so.

### **14. Coping with change**

This is about your ability to manage change and how it affects your daily life.

Do you find it significantly more difficult to manage your day when there are unexpected minor changes, for instance in the timing of appointments on the day they are due? Do you have to stick to strict pacing routines to enable you manage and get through the day? Is anxiety a problem for you?

### **15. Getting about**

This question is about your ability to get to a familiar or an unfamiliar place without being accompanied by another person. If you need someone with you, explain why.

For instance, do you get forgetful while you are out or do you suffer from brain fog or panic attacks? Can mental fatigue and exhaustion cause you to become disorientated when you are out?

## **16. Coping with social engagement due to cognitive impairment or mental disorder**

When answering this question think about the following: do you get fearful, scared, panicky or anxious when you are visiting new places or engaging in social contact? If you do, do you feel the need to avoid these situations all of the time, for the majority of the time, or frequently? Explain why and how you feel in these situations eg. if you feel overwhelmed and unable to cope, say so.

If your M.E. has changed your ability to deal with social situations and relate to people explain this here. Do you find noisy places difficult and feel that too much external stimulation affects your ability to communicate? Does exhaustion and brain fog make it hard for you to relate to others and do you ever feel distress as a result?

## **17. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder**

This question is about uncontrollable episodes of aggressive behavior. It is unlikely to apply to people with M.E. but if you have another condition that means that you do have problems with aggression and inappropriate behavior, you need to record information about this here.

## **Other Information**

There is a space to provide other information on the form and you can use this to add anything that you haven't had room for elsewhere. If you need to attach additional sheets make sure that you put your name and national insurance number on each page and staple them firmly to your form.

You may also wish to include some further evidence such as a letter from your GP or consultant. If you write to them asking for this information you need to keep a copy, as if you have to go to a tribunal, it is likely that the tribunal will want to see the letter you wrote. This is because they will want to know how much of the information is taken from your letter rather than based on what the GP already knew about you.

You may prefer to speak with you GP or consultant about the matter and we would always suggest that you see your GP prior to making a claim for benefit in order to update them on your condition and how you are affected.

Some GPs, consultants and other healthcare professionals are happy to write letters and reports but be aware that some will make a charge and some will not provide them at all. If you do send in letters and reports it is best to send in photocopies and keep the originals.

## **Limited Capability for Work-Related Activity Assessment (LCWRA)**

To enter the Support Group a claimant must suffer from a severe level of functional disability unless they can be 'treated' as having a Limited Capability for Work-Related Activity by falling within specific groups (such as having a terminal illness). The exceptional circumstance rule (see p 9) also be used to gain access to the support group.

Most claimants who qualify for the Support Group will do so by passing the Limited Capability for Work-Related Activity Assessment (LCWRA).

The assessment will usually be made by the ATOS healthcare professional at the medical assessment after they have gone through the Limited Capability for Work Assessment.

The LCWRA is used to identify claimants who are very severely disabled by their illness or disability. This assessment covers 16 activities some with more than one descriptor and if one of these descriptors applies to you, this should qualify you for the support group. The support group descriptors can be found in section two of the Appendix (see p 40).

There are some similarities between the descriptors in this assessment and the Limited Capability for Work Assessment. However, there are no points attached to the LCWRA.

The LCWRA looks at 16 activities: please look at the complete list of descriptors (see p 40) if you think any may apply to you. You can also view them online at [www.legislation.gov.uk/ukxi/2011/228/made](http://www.legislation.gov.uk/ukxi/2011/228/made)

### **Supporting evidence**

If you can it is helpful to provide some supporting medical evidence. This could be from your GP, consultant, another health professional that you see or a relative, friend or carer who knows you well.

If you write to anyone to ask for a supporting letter, make sure that you keep a copy of the letter that you send (if you have to appeal the tribunal may wish to see it). In many cases it can be a better option to actually see the person that you are asking for a supporting letter and explain to them the difficulties you have.

The supporting evidence is best if it is relevant to the benefit-so ask them to comment on the areas that you think you should score points in and if you think that the exceptional circumstance rule applies perhaps ask them to include information about this in the letter. Make sure you keep the originals of any letters that you send and always ensure you read anything before it is sent to check its accuracy. It is best to get any letters sent to you first and you can forward on to the DWP.

## The face-to-face assessment

The face to face assessment will involve the healthcare professional (HCP) from ATOS asking you a series of questions, they will usually be using a computer programme and so will be reading from the screen and then typing the answers up. They may also ask you to carry out certain functional activities such as reaching your arms up above your head.

If you can do the activities that they ask you about but to do so causes you discomfort, fatigue or pain you need to make the HCP aware of this. Likewise if you cannot do it at all you need to explain why and if you can do it once or twice but could not perform the activity regularly or repeatedly make sure you tell the HCP this.

In addition to asking you questions the HCP will also observe you and may make assumptions about you based on what they observe, for example, they may take into account the distance that you walked to get to the consulting room or how long you sit for as well as observations about your concentration.

All the questions that they ask will be to obtain specific information about how you manage your daily life so for example, a question about watching television will be used to gather information about your ability to sit for a period of time and your ability to concentrate. They usually ask about how you travelled to the assessment, so be sure to describe any problems that you had with the journey. If you know that you will have a particularly bad day following the assessment make sure you tell them that.

As part of the medical examination, the healthcare professional, who may be a doctor or a nurse or other qualified health professional, will identify the 'descriptors' that he/she feels are appropriate for different activities.

You may find it useful to have someone with you at the medical for support. If you have had to rest to prepare for the appointment you will need to explain this to the HCP. If you are having a better day, because you have been resting in preparation for attending the assessment, remember to explain this, otherwise the HCP may think that this is how you are the majority or all of the time.

After the medical examination a decision maker will assess your completed ESA50 questionnaire, any supporting information and the report submitted by the healthcare professional.

## What happens next?

Once you have returned your completed Limited Capability for Work questionnaire (ESA50), had your face to face assessment and other information that is deemed necessary has been gathered, your file will be looked at by a DWP decision maker.

With respect to the Limited Capability for Work Assessment, the decision maker will award 15, nine, six or zero points for each of the descriptors relative to the questions which apply to you. All of the points are then counted.

To qualify as having limited capability for work you will need to score 15 points overall. The exceptional circumstances rules should also be considered. If you score less than 15 points you will be able to appeal against the decision. Please be aware of the time limits for making an appeal, it is important to submit your appeal within the month deadline. If you do not have all the information available do not delay in sending in a brief written appeal, you can send in subsequent information later.

We would advise you to study all the descriptors prior to completing the ESA50 and attending your medical – you can find them in the Appendix (see p 30) or online at [www.legislation.gov.uk/uksi/2011/228/introduction/made](http://www.legislation.gov.uk/uksi/2011/228/introduction/made)

We would suggest that you request a copy of the ATOS report even if your claim is successful. This may prove useful for future claims.

It is likely that you will be periodically reassessed for ESA. How often this takes place will largely be down to the opinion of the HCP, although it is the decision maker at the DWP who actually makes the decision based on the available information.

We have heard from people who have been reassessed only three months after the decision on their claim but more usually it is annually. If you appeal you may find that you are reassessed soon after the tribunal as the reassessment date is based on the original decision.

## Work Related Activity and the Work Programme

The Government has introduced a new Work Programme that replaces previous schemes and programmes including Pathways to work. We have yet to see exactly how it will work and the effect it will have on people with M.E.

The DWP website says: "*We are radically simplifying the back to work system and replacing existing employment schemes, pilots and projects with the new Work Programme. The Work Programme will be an integrated package of support providing personalised help for a wide range of customers.*"

*Although the Work Programme provides a central core of support we need to do more and harness a wide range of talent, ideas and good practice. Doing this will require the help of business, from sole traders to the largest global companies, the public and voluntary sectors and local deliverers of services. With this help we are working to enhance the support that remains at the heart of our commitment to help customers into work."*

For some people in the Work-Related Activity Group, whose return to work could be expected within six months, participation in the Work Programme will be mandatory. Again we have yet to see how this will affect people in practice. This will only affect people getting Income related ESA. Participation in the Work Programme is voluntary for people in the support group.

New regulations have also been issued in relation to work-related activity requirements for certain claimants of employment and support allowance (ESA).

In force from 1 June 2011, the *Employment and Support Allowance (Work-Related Activity) Regulations 2011* (SI.No.1349/2011) introduce new powers which enable the Secretary of State to require ESA claimants who are in the Work-Related Activity Group to undertake work-related activity, defined as 'activity that makes it more likely that the person will obtain or remain in work or be able to do so'. This will not involve people having to apply for jobs or take part in work placements.

The new powers will be exercised by Job Centre Plus advisers and by providers of the Work Programme. As yet we do not know how this will work in practice and how people with M.E. will be affected.

## **What is work-related activity?**

Work-related activity is activity that makes it more likely that a person will get or remain in work, or be able to do so. There are not yet any definite rules about what work-related activity involves, but it is likely to include:

- work tasters, for example, work trials, voluntary work and preparation for self-employment
- improving prospects of employment, for example doing a basic skills programme or a Jobcentre Plus or external training programme
- help finding a job
- considering appropriate childcare options.

The requirement to undertake work-related activity must be reasonable having regard to the person's circumstances and cannot require a person to apply for a job or undergo medical treatment.

Work related activity could be offered by Job center Plus or if you are referred to the Work Programme it will be through an external provider.

## **Work-focused interviews**

A work-focused interview will take place after the decision has been made about your limited capability for work. If you are in the support group you will not have to attend an interview but you can ask to participate in one if you feel it would be useful. If you are in the Work related activity group you usually have to attend one interview and there is the possibility that you will be required to attend further interviews.

If getting to the Work Focused interview would be difficult, you can ask for a home visit, for it to be conducted over the phone or for it to be deferred. You may need to provide medical evidence to support your request. We cannot guarantee your request will be successful but it may be worth asking.

If you feel that a work-focused interview would not be useful or would not be appropriate for you then it may be worth talking to the personal adviser over the phone to give them more information about how your condition affects you and your current situation. You may need to explain that you would love to return to your previous occupation but your condition prevents this and that your main focus is on trying to cope and manage your condition so that you can return to work in the future.

If a work-focused interview would have a negative effect on your health it is best to explain this and try to reach a compromise solution or get it deferred.

The purpose of the work-focused interview is to find out about your employment background and to assess your ability to move back into work. You are likely to be asked questions about your education, employment background, your health and the impact this has on work etc.



If you do have to attend an interview when you feel that going back to work or finding work is be a completely unrealistic option you will need to explain to your personal adviser the problems and barriers that your health causes you. You may have a job that is being held open for you but you are too ill to go back, you will probably still have to attend the interview and explain how your health is preventing a return to work.

Perhaps is likely that attending the interview itself will cause your symptoms to get worse or cause a relapse. If there are things that would help, like being seen in a private room or being able to rest in a quiet place once you have arrived but before you are seen you may wish to request this.

On the other hand if you feel ready to take steps to return to work you may find the work-focused interview useful and will be able to find out about any support that may be available to you in your area.

Some options that you may be offered are voluntary and some may be mandatory so check before agreeing to anything about what exactly will be expected of you and what the consequences would be if you agree to something that you are unable to continue with.

### **What happens if you do not take part in work-related activity**

If you fail to take part in work-related activity and fail to show good cause, you may have your ESA reduced. This is known as a sanction. A sanction can only be imposed on someone entitled to the work-related activity component of ESA. No sanctions can take effect in the first 13 weeks of a claim for ESA.

### **How much is a sanction?**

In the main phase of the ESA claim that is after the first 13 weeks of the claim for most people, if you are placed in the work-related activity group you will receive a work-related activity component on top of the basic allowance.

If you fail to take part in a work-focused interview or work-related activity without good cause, your ESA will be reduced by an amount equal to 50% of the work-related activity component in the first four weeks of the main phase, and by 100% of it in each subsequent week. It can never be reduced by more than this.

## Appeals

If your claim for ESA is not successful, or you think that you are in the wrong group you have a right of appeal. It is very important that you appeal within the time limits

If you decide to appeal, you will be able to claim Employment and Support Allowance at the same level as during the assessment phase. Payment will continue until the appeal tribunal has made a decision.

You will not get your National insurance credits paid while you are waiting for your appeal to be heard and they will only be awarded for that period if you win your appeal. You could choose to claim Jobseekers Allowance (JSA), if you are eligible and you would then get your National Insurance credits paid. Claiming JSA may not be appropriate for you as you will need to be available for and actively seeking work in order to qualify. You may be able to place disability related restrictions on your Job search criteria whilst claiming JSA.

Action for M.E. has produced a guide to ESA appeals which you may find helpful. Download it from [www.actionforme.org.uk](http://www.actionforme.org.uk) or call us (see p 27) for a paper copy.

### Time limiting of contributory ESA

From 30 April 2012, contributory ESA will be time limited to a year for people in the Work-Related Activity Group. People on Incapacity Benefit will be placed on contributory ESA and so may be affected by this. If you are in the Support Group this time limit will not apply to you.

You may qualify for income-related ESA after the year but this is means tested so savings, other income and your partner's income are taken into account. This rule will have immediate effect so if you have been getting contributory ESA for 12 months it will stop straight away. For people transferring from Incapacity Benefit your 12 months will begin at the point of transfer.

If your condition has deteriorated and you think that you should be in the support group you may want to ask for your claim to be looked at again and you may wish to try to get into the support group. Some people may be able to reclaim contributory ESA again after 12 weeks if they can meet the National Insurance contributions using a later year's contribution record than was used on their original claim.

You may wish to continue claiming ESA as although you will no longer be paid you will continue to get your National Insurance credits paid. In order to continue getting credits paid you will still need to satisfy the Work Capability Assessment so may still be asked to complete the ESA50 and attend face to face interviews but you will not need to participate in work-focused interviews and work-related activity.

## Useful contacts

### **Action for M.E.**

*Information and support for people with M.E. and their careers*

General enquiries: 0845 123 2380 or 0117 927 9551 (Mon-Fri 9am-5pm)

Enquiries email: [admin@actionforme.org.uk](mailto:admin@actionforme.org.uk)

Welfare Rights Line: 0845 122 8648 (times vary)

Support Line: 0845 123 2314 (Mon-Fri 11am-3pm)

Support email: [support@actionforme.org.uk](mailto:support@actionforme.org.uk)

[www.actionforme.org.uk](http://www.actionforme.org.uk)

### **Citizens Advice Bureau**

*Offers advice on a range of issues and may complete a benefits check for you*

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

### **Community Legal Advice**

*Free and confidential legal advice service in England and Wales*

Tel: 0845 345 4345 (Mon-Fri 9am-8pm, Sat 9am-12.30pm)

### **Disability Rights UK**

*Information about benefits, tax credits and independent living*

Tel: 0207 250 3222

Email: [enquiries@disabilityrightsuk.org](mailto:enquiries@disabilityrightsuk.org)

[www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)

If you have found the information in this factsheet helpful, please consider making a donation to help us help more people with M.E. Visit [www.actionforme.org.uk](http://www.actionforme.org.uk) or call 0845 123 2380 or 0117 927 9551. Thank you.

### **Disclaimer**

Welfare benefits law is complex and subject to change and the information is correct at the time of writing. We are updating this factsheet as changes occur. Whilst every care has been taken to ensure accuracy at the time of writing, this fact sheet can only be a general guide as the process will vary depending on the severity of the claimant's condition. Action for M.E. cannot accept responsibility for any loss experienced as a result of this document.

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## Glossary

**Appeal:** If a claim for Employment and Support Allowance is refused the claimant has the right to appeal to an independent tribunal. See the Department for Work and Pensions' (DWP) Employment and Support Allowance technical factsheet T9 (September 2008) at [www.dwp.gov.uk/esa/pdfs/t09-esa-factsheet-appeals.pdf](http://www.dwp.gov.uk/esa/pdfs/t09-esa-factsheet-appeals.pdf)

**ATOS healthcare professional:** A doctor or nurse employed by ATOS Healthcare, who has been approved by the DWP's Chief Medical Adviser. ATOS Healthcare provides medical services to the DWP.

**Decision maker:** The person employed by the DWP who decides if a customer is entitled to benefit on behalf of the Secretary of State.

**Disability:** Limitation of ability in an activity area. The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

**Employment and Support Allowance (ESA):** ESA is the welfare benefit that was introduced in October 2008 to replace Incapacity Benefit and Income Support paid on incapacity grounds

**Limited capability for work:** The extent to which a claimant's illness or disability affects their capability for work.

**Limited Capability for Work Assessment (LCWA):** The LCWA helps to determine benefit entitlement based on the extent to which the claimant's illness or disability affects their capability for work.

**Limited capability for work-related activity:** The extent to which a claimant's illness or disability affects their capability for work-related activity. Claimants identified as having limited capability for work-related activity will be in the Support Group.

**Limited Capability for Work-Related Activity Assessment (LCWRA):** The LCWRA aims to assess whether the customer can be placed into the Support Group because the effect of their condition is so severe that they are unable to engage in work-related activity.

**Personal adviser:** An adviser employed by Jobcentre Plus - or by a private or voluntary service contracted by Jobcentre Plus - to agree with the claimant an action plan of steps towards an eventual return to employment and/or to give the claimant help and advice with identifying job goals and any additional support that may be required.

**Support Group:** Claimants placed in this group will not have to take part in any work-related activity. These customers will receive a higher rate of Employment and Support Allowance without the need to engage with a Personal Adviser as a condition of receiving benefit (although they can volunteer to do so).

**Work Capability Assessment (WCA):** The medical assessment process to determine if a person is considered as having limited capability for work. The WCA plays an important role in determining entitlement to benefit. The assessment has 3 components: the Limited Capability for Work Assessment (LCWA), Limited Capability for Work-Related Activity Assessment (LCWRA) and the Work-Focused Health-Related Assessment (WFHRA).

**Work-focused interviews:** Most people claiming Employment and Support Allowance will be expected to take steps to help prepare for work. Claimants will be expected to attend a series of work-focused interviews with a Personal Adviser.

**Work-Related Activity Group:** Claimants placed in this group will take part in work-focused interviews with a Personal Adviser and have access to a range of support to help them prepare for suitable work.

**Work-Focused Health-Related Assessment (WFHRA):** An interview in which the ATOS healthcare professional discusses with the claimant how they feel their illness or disability is stopping them from working, and what help they may need to start work. The report produced by the healthcare professional will advise the claimant's Personal Adviser about potential barriers to work and any relevant health-related interventions identified.

## Appendix: Work Capability Assessment regulations/descriptors

Section one (below) assesses whether a claimant has limited capability for work (part one covers physical disabilities and part two covers mental, cognitive and intellectual function). If you score 15 points or more from section one you will be placed in the Work Related Activity Group.

Section two (p 40) assesses whether a claimant has limited capability for work-related activity. If one or more of the descriptors in section two apply to you and this is accepted, you may qualify for entry into the Support Group.

Please also consider the exceptional circumstance regulations on page 8 of this guide. You may feel that you would score enough points and meet the exceptional circumstance rule or you may think that you would only qualify via one route. You need to try and give enough information to show how you meet this rule and/or information to demonstrate how you would score enough points or which of the Support Group criteria apply.

### Section one: assesses whether a claimant has limited capability for work

<i>Activity</i>	<i>Descriptors</i>		<i>Points</i>
Part one: physical disabilities			
1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used	1(a)	Cannot either: (i) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.	15
	1(b)	Cannot mount or descend two steps unaided by another person even with the support of a handrail.	9
PTO to continue			

Activity	Descriptors		Points
Part one: physical disabilities			
	1(c)	Cannot either: (i) mobilise more than 100 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 100 metres within a reasonable timescale because of significant discomfort or exhaustion.	9
	1(d)	Cannot either: (i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (ii) repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion.	6
	1(e)	None of the above apply.	0
2. Standing and sitting	2(a)	Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.	15
	2(b)	Cannot, for the majority of the time, remain at a work station, either: (i) standing unassisted by another person (even if free to move around); or (ii) sitting (even in an adjustable chair) for more than 30 minutes, before needing to move away in order to avoid significant discomfort or exhaustion.	9

Activity	Descriptors		Points
Part one: physical disabilities			
	2(c)	Cannot, for the majority of the time, remain at a work station, either: (i) standing unassisted by another person (even if free to move around); or (ii) sitting (even in an adjustable chair) for more than an hour before needing to move away in order to avoid significant discomfort or exhaustion.	6
	2(d)	None of the above apply	0
3. Reaching	3(a)	Cannot raise either arm as if to put something in the top pocket of a coat or jacket.	15
	3(b)	Cannot raise either arm to top of head as if to put on a hat.	9
	3(c)	Cannot raise either arm above head height as if to reach for something.	6
	3(d)	None of the above apply.	0
4. Picking up and moving or transferring by the use of the upper body and arms	4(a)	Cannot pick up and move a 0.5 litre carton full of liquid.	15
	4(b)	Cannot pick up and move a one litre carton full of liquid.	9
	4(c)	Cannot transfer a light but bulky object such as an empty cardboard box.	6
	4(d)	None of the above apply.	0
5. Manual dexterity	5(a)	Cannot either: (i) press a button, such as a telephone keypad; or (ii) turn the pages of a book with either hand.	15



Activity	Descriptors		Points
Part one: physical disabilities			
	5(b)	Cannot pick up a £1 coin or equivalent with either hand.	15
	5(c)	Cannot use a pen or pencil to make a meaningful mark.	9
	5(d)	Cannot use a suitable keyboard or mouse.	9
	5(e)	None of the above apply.	0
6. Making self understood through speaking, writing, typing, or other means normally used, unaided by another person	6(a)	Cannot convey a simple message, such as the presence of a hazard.	15
	6(b)	Has significant difficulty conveying a simple message to strangers.	15
	6(c)	Has some difficulty conveying a simple message to strangers.	6
	6(d)	None of the above apply.	0
7. Understanding communication by both verbal means (such as hearing or lip reading) and non-verbal means (such as reading 16 point print) using any aid it is reasonable to expect them to use, unaided by another person	7(a)	Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.	15
	7(b)	Has significant difficulty understanding a simple message from a stranger due to sensory impairment.	15
	7(c)	Has some difficulty understanding a simple message from a stranger due to sensory impairment.	6
	7(d)	None of the above apply.	0

<i>Activity</i>	<i>Descriptors</i>		<i>Points</i>
Part one: physical disabilities			
8. Navigation and maintaining safety, using a guide dog or other aid if normally used	8(a)	Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment.	15
	8(b)	Cannot safely complete a potentially hazardous task such as crossing the road, without being accompanied by another person, due to sensory impairment.	15
	8(c)	Unable to navigate around unfamiliar surroundings, without being accompanied by another person, due to sensory impairment.	9
	8(d)	None of the above apply.	0
9. Absence or loss of control leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bed-wetting) despite the presence of any aids or adaptations normally used	9(a)	At least once a month experiences: (i) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; Or (ii) substantial leakage of the contents of a collecting device sufficient to require cleaning and a change in clothing.	15
	9(b)	At risk of loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder, sufficient to require cleaning and a change in clothing, if not able to reach a toilet quickly.	6

<i>Activity</i>	<i>Descriptors</i>		<i>Points</i>
Part one: physical disabilities			
	9(c)	None of the above apply.	0
10. Consciousness during waking moments	10(a)	At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	15
	10(b)	At least once a month, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	6
	10(c)	None of the above apply.	0.

<i>Activity</i>	<i>Descriptors</i>		<i>Points</i>
Part two: mental, cognitive and intellectual function assessment			
11. Learning tasks	11(a)	Cannot learn how to complete a simple task, such as setting an alarm clock.	15
	11(b)	Cannot learn anything beyond a simple task, such as setting an alarm clock.	9
	11(c)	Cannot learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes.	6
	11(d)	None of the above apply.	0
12. Awareness of everyday hazards (such as boiling water or sharp objects)	12(a)	Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) damage to property or possessions	15

Activity	Descriptors		Points
Part two: mental, cognitive and intellectual function assessment			
		such that they require supervision for the majority of the time to maintain safety.	
	12(b)	Reduced awareness of everyday hazards leads to a significant risk of (i) injury to self or others; or (ii) damage to property or possessions such that they frequently require supervision to maintain safety.	9
	12(c)	Reduced awareness of everyday hazards leads to a significant risk of: (i) injury to self or others; or (ii) damage to property or possessions such that they occasionally require supervision to maintain safety.	6
	12(d)	None of the above apply.	0
13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks)	13(a)	Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.	15
	13(b)	Cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions for the majority of the time.	9
	13(c)	Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions.	6
	13(d)	None of the above apply.	0
14. Coping with change	14(a)	Cannot cope with any change to the extent that day to day life cannot be managed.	15

Activity	Descriptors		Points
Part two: mental, cognitive and intellectual function assessment			
	14(b)	Cannot cope with minor planned change (such as a pre-arranged change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult.	9
	14(c)	Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult.	6
	14(d)	None of the above apply.	0
15. Getting about	15(a)	Cannot get to any specified place with which the claimant is familiar.	15
	15(b)	Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person.	9
	15(c)	Is unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person.	6
	15(d)	None of the above apply.	0
16. Coping with social engagement due to cognitive impairment or	16(a)	Engagement in social contact is always precluded due to difficulty relating to others or significant	15

Activity	Descriptors		Points
Part two: mental, cognitive and intellectual function assessment			
mental disorder		distress experienced by the individual.	
	16(b)	Engagement in social contact with someone unfamiliar to the claimant is always precluded due to difficulty relating to others or significant distress experienced by the individual.	9
	16(c)	Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the individual.	6
	16(d)	None of the above apply.	0
17. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder	17(a)	Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
	17(b)	Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	15
	17(c)	Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	9
	17(d)	None of the above apply.	0.

## Section two: Limited Capability for Work Related Activity Assessment

If one or more of the following descriptors apply to you and this is accepted, you may qualify for entry into the Support Group.

<i>Activity</i>	<i>Descriptors</i>
1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid can reasonably be used.	Cannot either: (a) mobilise more than 50 metres on level ground without stopping in order to avoid significant discomfort or exhaustion; or (b) repeatedly mobilise 50 metres within a reasonable timescale because of significant discomfort or exhaustion.
2. Transferring from one seated position to another.	Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.
3. Reaching.	Cannot raise either arm as if to put something in the top pocket of a coat or jacket.
4. Picking up and moving or transferring by the use of the upper body and arms (excluding standing, sitting, bending or kneeling and all other activities specified in this Schedule).	Cannot pick up and move a 0.5 litre carton full of liquid.
5. Manual dexterity.	Cannot either: (a) press a button, such as a telephone keypad; or (b) turn the pages of a book with either hand.

<i>Activity</i>	<i>Descriptors</i>
6. Making self understood through speaking, writing, typing, or other means normally used.	Cannot convey a simple message, such as the presence of a hazard.
7. Understanding communication by hearing, lip reading, reading 16 point print or using any aid if reasonably used.	Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.
8. Absence or loss of control over extensive evacuation of the bowel and/or voiding of the bladder, other than enuresis (bed-wetting), despite the presence of any aids or adaptations normally used.	At least once a week experiences: (a) loss of control leading to extensive evacuation of the bowel and/or voiding of the bladder; or (b) substantial leakage of the contents of a collecting device sufficient to require the individual to clean themselves and change clothing.
9. Learning tasks.	Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.
10. Awareness of hazard.	Reduced awareness of everyday hazards, due to cognitive impairment or mental disorder, leads to a significant risk of: (a) injury to self or others; or (b) damage to property or possessions such that they require supervision for the majority of the time to maintain safety.



<i>Activity</i>	<i>Descriptors</i>
11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).	Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.
12. Coping with change.	Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.
13. Coping with social engagement, due to cognitive impairment or mental disorder.	Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.
14. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.	Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.
15. Conveying food or drink to the mouth.	<p>(a) Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else; or</p> <p>(b) Cannot convey food or drink to the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort; or</p> <p>(c) Cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; Or</p> <p>(d) Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving: (i) physical assistance from someone else; or (ii) regular prompting given by someone else in the claimant's presence.</p>

<i>Activity</i>	<i>Descriptors</i>
16. Chewing or swallowing food or drink.	<p>(a) Cannot chew or swallow food or drink; or</p> <p>(b) Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort; or</p> <p>(c) Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant's presence; or</p> <p>(d) Owing to a severe disorder of mood or behaviour, fails to: (i) chew or swallow food or drink; or (ii) chew or swallow food or drink without regular prompting given by someone else in the claimant's presence."</p>