

FIT FOR PURPOSE?

A GUIDE TO COMPLETING THE ESA 50

Limited capability for work questionnaire

jobcentreplus
Part of the Department for Work and Pensions

We need you to fill in this questionnaire if you have claimed or are getting any of the following

- Employment and Support Allowance
- National Insurance (NI) credits
- Housing Benefit

Please send this form back as soon as you can. If you do not send it back within 4 weeks you might lose benefit. If you are sending the form in late we need to know why. You can use the space on page 25 to explain.

You may wish to fill in this form a bit at a time as it may take some time to complete.

If we are able to get enough information about you from this form, your doctor or the person treating you, we may not need to ask you to attend a medical assessment.

If you want help filling in this form or any part of it

Ask a friend or relative to help you, or get in touch with Jobcentre Plus. The person from Jobcentre Plus will have a copy of the form and they will go through the questions you are having trouble with over the phone.

Sometimes they may be able to fill in a form for you. If they do this, they will send the form to you. You can then check, sign and send it back. They can send you a completed claim form in braille or large print.

For information about benefits and services visit our website at www.dwp.gov.uk

About you

Please tell us about yourself.

Surname

Other names

Title

Address

Date of birth

National Insurance (NI) number

ESA50 10/08

This ESA50 form, forms part of the Work Capability Assessment, which assesses whether someone has limited capability for work and whether they can remain on Employment and Support Allowance. It does not include all the descriptors used to score points on the test, so this guide aims to assist in completing the form by including what is missing and some hints and tips to help. It has been written as a guide for workers such as support workers, social workers or other professionals to refer to when completing the form with clients, but will also be useful if you are completing the form for yourself.

About you continued

For people filling in this form for someone else

If you are filling in this form on behalf of someone else, please tell us some details about yourself.

Your name

Ms SS Worker

Your address

My Office

Swansea

Postcode

Daytime phone number

Code

Number

Explain why you are filling in the form for someone else, which organisation, if any, you represent, or your connection to the person the form is about.

Mr B would not be capable of completing this form without help, I act as his support worker from the Great Support Agency.

Medical assessments

You may be asked to attend a medical assessment with a specialist in assessing disability. We would like to telephone you to arrange a suitable date and time. To do this we need you to give us at least one up-to-date telephone number so that we can contact you.

Daytime phone number

Code

Number

Mobile phone number

Do not include clients no if they do not answer the phone to unknown numbers

Any other number

Code

Number

Are there any other people you would like us to consider contacting on your behalf?

For example, support worker, social worker, friends or family. If yes, let us know who this is, their telephone number and explain why you would prefer we contacted them instead of yourself.

Mr B does not open/respond to his post or remember appointments due to his mental health problems/learning difficulties/substance misuse problems. Please could you contact Ms Responsible instead on 0000000.

It is important to enter the details of the best person to contact to ensure that your client makes it to the medical appointment. If they do not attend the medical they will be found to be fit for work and payment of Employment and Support Allowance will stop. To change this decision you will need to convince the DWP that your client had reasonable good cause for not attending.

If this is not accepted the decision is appealable, but there is no entitlement to be paid the assessment rate or any rate of Employment and Support Allowance whilst waiting for the appeal to be heard. Job Seekers Allowance, with the need to be actively seeking work, will need to be claimed instead (unless there is any entitlement to Income Support as a lone parent or carer or can be included on a partner's claim).

About you continued

Use this space to tell us about any special help you would need if you have to go for a medical assessment.

Tell us about things like

- if you cannot get up and down stairs
- if you need someone to come with you because of your illness or disability
- if you have difficulty travelling or using public transport
- if you need an interpreter.

If so, please state your first language or if British Sign Language is needed.

Tell us about any times or dates in the next 3 months when you cannot go to a medical assessment.

This might be because of hospital appointments, holidays, school start and finish times, and other arrangements.

For example:

I would not be able to attend a medical assessment without my support worker due to my mental health/learning disability etc.

I would be unable to attend Grove House for a medical because I am housebound due to my severe agoraphobia/physical health problem etc.

I would need a welsh interpreter.

Explain any other problems getting to or attending Grove House in town for a medical due to either physical and mental health problems.

Include dates that you would not be able to attend with your client or anyone else planning to accompany them.

It is especially important not to let your client try to attend alone if you believe they should be awarded points under the descriptors for going out unaccompanied or coping with social situations.

Please tell us about your illness or disability

We will ask you how your illness or disability affects you in doing day-to-day things in the rest of this form.

Tell us about any tablets, medication or special treatment you are taking, including any side effects you have. Special treatment could be things like radiotherapy or chemotherapy.

If you have had a heart attack, stroke, accident or something similar please tell us the approximate dates.

Include details of conditions and medication.

It is especially important to include details of any of the following that apply:

- Receiving or recovering from intravenous chemotherapy
- Are terminally ill (death can reasonably be expected in the next 6 months)
- Have a notifiable disease
- Suffer from a life threatening uncontrolled disease
- Are a hospitable inpatient or recovering from treatment as an inpatient
- Receiving or recovering from renal dialysis, plasmapheresis, radiotherapy, weekly parenteral nutrition
- Pregnant or have recently given birth and in the period from 6 weeks before the birth to 2 weeks after baby is born
- Pregnant and there would be a serious risk to your or the baby's health if you were found capable of work
- There would be a serious risk to your mental or physical health or that of others if you were found capable of work

This is important because in the above circumstances you will be 'treated as' having limited capability for work and do not have to score 15 points on the test. Use this opportunity to highlight that your client can be treated as having limited capability for work without having to attend a medical, provide any proof available. However if your client is asked to attend a medical, it is important that they still attend.

About your care, support and treatment

Name of your doctor

Dr Most Helpful in the Practice

Address of your doctor

Use the details of the GP that knows most about your client and is likely to be the most supportive of their claim.

Postcode

Doctor's phone number

Code

Number

About you continued

Are you receiving care, support or treatment from anyone else?

Please tell us who they are.

For example

- physiotherapist
- community psychiatric nurse
- social worker
- occupational therapist
- support worker

Mr V Supportive

Their address

You can include your details as well as being the person completing the form for your client. Include details of anyone you knows how health problems affect your client, they do not have to be a health professional, could be support worker, home care worker, speech therapist etc. Include details of more than one person if relevant.

Their phone number

Other number

When was your most recent appointment?

If you need more space, please use the box on page 25.

If you are having hospital or clinical treatment

Are you having any hospital or clinical treatment?

No ☐

Yes ☐ Please tell us about this.

Do you attend as a day patient or out patient?

No ☐

Yes ☐

What do you attend the hospital or clinic for?

Include details of all clinics and hospital care, including attending asthma clinic, CDAT, attending hospital for regular blood tests etc.

Name of hospital doctor or consultant

Name and address of hospital

Postcode

If you attend more than one hospital or clinic, please use the box on page 25 to give us more details.

About you continued

If you are having hospital or clinical treatment continued

Have you been in hospital as an in-patient in the last 3 months?

No ☐

Yes ☐ Please tell us about this.

When were you admitted?

When were you discharged?

If you are not sure of the dates, please tell us how long you were in hospital

Name and address of the hospital

Postcode

Please tell us what you were in hospital for. Tell us about any operations and clinical treatment you had and the date you had them.

Treatment as a hospital inpatient and recovering from treatment as a hospital inpatient means you can be treated as having limited capability for work, so it is important to include details.

Do you expect to be admitted to hospital as an in-patient in the next 3 months?

No ☐

Yes ☐ Please tell us about this.

When do you expect to be admitted to hospital?

Name and address of the hospital

Postcode

Tell us what you are going into hospital for. If you expect to have an operation or clinical treatment, please tell us what this is for and the date you expect to have it.

Still include details of forthcoming admissions even if your client has not yet been given a date.

About you continued

Are you pregnant?

No ☐

Yes ☐

When is the baby due?

Drugs, alcohol or other substances

Do you think any of your health problems are linked to drug or alcohol misuse, or misuse of any other substance?

No ☐

Yes ☐

If you have answered **Yes**, use this space to tell us more about these problems and how they affect your health. By *drugs* we mean drugs you get from your doctor and other drugs.

If substance misuse issues form a large part of your clients problems it is important to state this.

The only issue here could be if your client could pass the test without this being taken into account and they are not currently in treatment and they would not be able to cope if in the future having to undergo treatment as part of the conditions to continue to receive payment of benefit. This is part of the new Welfare Reform Act, which at the time of writing, is not yet being acted on. Please seek advice if you are unsure.

How to fill in the rest of this form

The answers you give in the rest of this form will tell us how your illness or disability affects your ability to work.

This form may seem long, but do not be put off. Every question has instructions to take you step-by-step to the end of the form.

Use the boxes after each question to tell us in your own words how your illness or disability affects you in doing day-to-day things.

If you have an artificial limb or something like this, we need to know about the difficulties you have when you are wearing it.

You do not need to try the activities we ask about in the form. Tell us whether or not you **could** do them, based on your experience of the illness or disability.

If you tick the first box, to tell us you have no difficulties, you can go straight to the next numbered question.

IMPORTANT:

Do not just answer the questions on the form—as you will see in this guide many of the descriptors or questions relating to them are not included at all.

Use the boxes to explain how the issues in the actual descriptors affect your client.

The Work Capability Assessment is a points based test very similar to the former Personal Capability Assessment used to assess whether someone is incapable of work.

For the Work Capability Assessment your points must total 15 made up from any of the numbered sections under both physical and mental health descriptors. Only the highest points under each section count—you do not get awarded points for problems sitting, standing and getting up from a chair—only the highest counts.

If when completing the form, your clients points do not total 15, go back and think again about all their health problems and try again.

Part 1 – Physical functions

1. Walking and using steps

If you normally use a walking stick or crutches, tell us how you walk or use steps with these.

Please tick this box if you can walk and use steps without any difficulty.

☐

Now go to question 2.

Can you walk on level ground?

No

☐

Yes

☐

Cannot walk at all = 15 points

Can you walk at least 200 metres (about 220 yards) before you need to stop?

To give you an idea about distances: A double-decker bus is about 11 metres long, and a football pitch is about 100 metres long.

No

☐

Yes

☐

It

varies

☐

Cannot walk more than:

50 metres = 15 points

100 metres = 9 points

200 metres = 6 points

Use this space to tell us how far you can walk and why you might have to stop. For example tiredness or discomfort. If it varies, tell us in what way.

Explain the distance your client can walk without repeatedly stopping or severe discomfort.

Severe discomfort includes pain, breathlessness and fatigue.

Explain where the pain is and type of pain i.e. stabbing, throbbing etc and why you have to stop.

If you can only swing through crutches and cannot bear weight on your legs, you cannot walk and should explain this here.

Going up or down two steps

Can you go up or down two steps, if there is a rail to hold on to?

No

☐

Yes

☐

It

varies

☐

Cannot walk up or down 2 steps with hand-rail = 15 points

Use this space to tell us more about using steps. If it varies, tell us in what way.

Explain why this cannot be managed. If your client could manage this once and then would be in bed for a week explain this.

Is it reasonable for you to attempt this?

Can this be done safely, reliably and repeatedly?

Support Group: If walking is limited to not more than 30 metres, include details of this—it is one of the Support Group descriptors.

The Support Group is the term given to those consider the most severely disabled by their condition. Being placed in the Support Group equals more money and less conditions, your client will not have to take part in work related activity.

Part 1 – Physical functions continued

2. Standing and sitting

Please tick this box if you can stand and sit without any difficulty.

☐

Now go to question 3.

Can you stay standing up, without support from another person?

No

☐

Yes

☐

It varies

☐

If your client cannot stand at all they will meet the 15 points needed to pass the test on the descriptor for being unable to stand for more than 10 mins.

Can you remain standing up, without support from another person, for at least half an hour before you need to sit down?

No

☐

Yes

☐

It varies

☐

Cannot stand more than 10 mins before needing to sit down = 15 points

Cannot stand more than 30 mins before needing to sit down = 6 points

This does not mean standing completely still – it includes being able to shift position while you are standing, and also using a stick.

To give you an idea about time: half an hour is about the length of most television soap-operas or sitcoms.

Use this space to tell us more about standing and sitting and why this might be difficult for you. If it varies, tell us in what way.

If the higher scoring time applies, explain this.

Use an example from real life if possible, such as difficulties standing while the kettle boils.

It is not asking whether you can stand still, you can move around, it is when standing becomes too much and you have to sit down.

Sitting in a chair with no arms, without needing to stand up

Can you sit in a chair?

No

☐

Yes

☐

It varies

☐

NB: Not a comfy chair—answer in relation to a waiting room type of chair with a straight back and no arms

Can you stay sitting on a chair for at least half an hour without needing to stand up?

No

☐

Yes

☐

It varies

☐

Cannot sit more than 10 mins before having to move from chair = 15 points

Cannot sit more than 30 mins before having to move from chair = 6 points

Part 1 – Physical functions continued

2. Standing and sitting continued

Use this space to tell us more about sitting on a chair. Tell how long you can sit for, and why you might need to stand up. If it varies, tell us in what way.

Explain what the difficulties are.
Remember to explain if cannot sit for more than 10 mins applies.
Use a real life example such as difficulty sitting for long when in the GP's waiting room.

Getting up from a chair without help from someone else

Can you get up from a chair that does not have arms without help?

No

☐

Yes

☐

It varies

☐

Cannot rise from sitting to standing from the relevant chair without physical assistance from someone = 15 points

Use this space to tell us more about getting up from a chair. If it varies, tell us in what way.

Explain if this cannot be done safely, reliably and repeatedly.
Again explain what the difficulties are e.g. due to my cerebral palsy I lack the balance to do this safely without help and have a tendency to fall.

Moving from one seat to another nearby without help from another person

Can you move from one seat to another right next to it, without help from someone else?

No

☐

Yes

☐

It varies

☐

For example, moving from a wheelchair to a toilet or another chair

Use this space to tell us more about moving from one seat to another. If it varies, tell us in what way.

Use an example from the clients real life of how this applies. If it can only be managed at home with fixed adaptations but help is needed elsewhere explain why.
Explain if the support group descriptor applies.

Part 1 – Physical functions continued

3. Bending and kneeling

Please tick this box if you can bend and kneel without any difficulty.

☐

Now go to question 4.

Can you bend to touch your knees and stand up straight again?

No

☐

Cannot bend to touch knees and straighten up again = 15 points

Yes

☐

It varies

☐

Cannot bend/kneel/squat to pick up piece of paper from a shelf 15cm from floor and

Can you bend, squat or kneel to pick up something very light off the floor, and stand up again without help from someone else?

No

☐

straighten up again without help = 9 points

Yes

☐

Cannot bend/kneel/squat to pick up a piece of paper from the floor and straighten up again

It varies

☐

without help = 6 points

Use this space to tell us more. Tell us what might stop you bending, squatting, kneeling or getting down to the floor. If it varies, tell us in what way.

If this can be done once and then your client is in traction for a week it doesn't count.

Explain what the consequences would be.

You must be able to do it safely, reliably and repeatedly (but not like reps in a gym).

This is not looking at whether you can actually pick something up when you get down there but the ability to get down and back up without help.

Explain if your client uses some type of grabber to reach things because they cannot bend.

4. Reaching

Please tick this box if you can reach with your arms without any difficulty.

☐

Now go to question 5.

Can you lift at least one of your arms high enough to put something in the top pocket of a coat or jacket while you are wearing it?

No

☐

Cannot raise either arm as if to put something in top pocket of jacket = 15 points & support group

Yes

☐

It varies

☐

Can you put on a coat or a jacket without someone helping you?

No

☐

Cannot put either arm behind back as if to put on jacket = 15 points

Yes

☐

It varies

☐

Can you lift at least one of your arms high enough to hang a coat up?

No

☐

Cannot raise either arm to top of head as if to put on hat = 9 points

Yes

☐

It varies

☐

Cannot raise either arm above head height as if to reach for something = 6 points

Part 1 – Physical functions continued

4. Reaching continued

Use this space to tell us more. Tell us why you might not be able to reach, and whether it affects both arms. If it varies, tell us in what way.

Explain difficulties, again must be able to do it safely, reliably and repeatedly.

E.g. due to the lymphoedema following treatment for breast cancer I have been told not to reach above my head for anything.

Explain if it can only be managed by experiencing severe shoulder or elbow pain.

5. Picking up and moving things on the same level

Please tick this box if you can pick things up and move things without any difficulty and go to question 6.

☐

Now go to question 6.

This is not about carrying—it is about whether you can pick up and move something at table or waist level

Picking up things using only one hand

Can you pick up and move a litre (two pint) carton full of liquid using only one hand?

If you can always do this with one hand but not the other, you should tick Yes.

No

☐

Yes

☐

It

varies

☐

Cannot pick up and move a 1 litre/2 pint carton of milk with either hand = 9 points

Can you pick up and move a half-litre (one pint) carton full of liquid using only one hand?

No

☐

Yes

☐

It

varies

☐

Cannot pick up and move a 0.5 litre/1 pint carton of milk with either hand = 15 points & support group

Use this space to tell us more about picking things up using one hand only. Tell us why you might not be able to pick things up, and whether it affects both hands. If it varies, tell us in what way.

Remember the cartons of milk we usually buy from the supermarket are 2 litre. A can of beer will tend to be about 0.5 litre.

Include details or how lack of co-ordination, limited movement, pain, tremors etc affect the ability to do this.

Part 1 – Physical functions continued

5. Picking up and moving things on the same level continued

Picking up something light that needs two hands

Can you use both hands together to pick up and move something big but light, like an empty cardboard box?

No

☐

Yes

☐

It varies

☐

Cannot pick up and move a light bulky object requiring use of both hands = 6 points

Use this space to tell us more about picking up things with both hands together. Tell us why you might not be able to pick something up with both hands together. If it varies, tell us how.

This involves the co-ordination of both arms, so explain co-ordination or problems such as tremors which affect this.

This involves the use of both hands, arms and shoulders so will include people who have problems on just one side, such as weakness on one side following a stroke.

6. Manual Dexterity (Using your hands)

Please tick this box if you can use your hands without any difficulty.

☐

Now go to question 7.

Can you use your hands to do things like:

- using a pen
- picking up small things like coins
- using a computer
- turning a tap
- doing up buttons
- pouring from a small carton which is already open
- using a telephone?

Some of them

☐

None of them

☐

It varies

☐

Cannot turn star headed tap with either

hand = 15 points & support group

Cannot pick up £1 coin with either hand = 15 points & support group

Cannot physically use pen or pencil = 9 points

Cannot physically use conventional keyboard or mouse = 9 points

Cannot do up/undo small buttons = 9 points

Cannot turn star headed tap with one hand = 6 points

If you have a problem, is it with one hand or both?

One

☐

Both

☐

Cannot pick up £1 coin with one hand = 6 points

Use this space to tell us more. Tell us which of these you might have problems with and why. If it varies, tell us how.

Cannot pour from open 0.5 litre carton = 6 points

A range of different hand, finger, wrist and grip abilities are needed for these descriptors, so your client may be able to grip a coin but not have the range of movements to manage small buttons.

Explain which apply and why.

Remember this does not just apply to conditions such as arthritis but also include details of how conditions that cause tremors or only affect one hand affect your client.

Part 1 – Physical functions continued

7. Speech

By *speech* we mean using your native language.

Please tick this box if you can speak to other people without any difficulty.

☐

Now go to question 8.

Can you speak?

No

☐

Cannot speak at all = 15 points

Yes

☐

Speech cannot be understood by strangers = 15 points

If yes, can you speak clearly enough for a stranger to understand what you are saying?

No

☐

Strangers have great difficulty understanding speech = 9 points

Yes

☐

Strangers have some difficulty understanding speech = 6 points

It varies

☐

Use this space to tell us more. Tell us why you might not speak clearly, or why people can not understand you. If it varies, tell us in what way.

A good example would be how you could not understand your client when first working with them and explain the degree of difficulty.

This is not problems understanding your speech due to language or accent but due to various problems such as brain damage, stroke, hearing, mouth or throat disease/damage, speech disorders such as a stammer etc.

Also include the affects of fatigue, breathlessness or panic on the ability to speak.

8. Hearing

If you normally use a hearing aid tell us about your hearing when you wear one. Please also tell us what your hearing is like when listening to someone speaking a language you know.

Please tick this box if you can hear without any difficulty.

☐

Now go to question 9.

Can you hear?

No

☐

Cannot hear at all = 15 points

Yes

☐

If yes, when someone is talking to you in a busy street, can you hear what they are saying?

No

☐

Cannot hear sufficiently clearly someone talking in a loud voice in quiet room = 15 points

Yes

☐

Cannot hear sufficiently clearly someone talking in a normal voice in quiet room = 9 points

It varies

☐

Cannot hear sufficiently clearly someone talking in a loud voice in a busy street = 6 points

Part 1 – Physical functions continued

8. Hearing continued

Use this space to tell us more.
Tell us why you might not be able to hear them. If it varies, tell us in what way.

Explain any problems using hearing aids, such as unable to use outdoors in a busy street due to pain caused by traffic noise and so are not normally worn in these surrounding.

Remember the ability to hear someone in a quiet room is not included in the tick boxes, so explain the difficulties.

Explain if someone can understand by lip reading but cannot hear.

You should be able to hear sufficiently clearly to follow a conversation, not just pick up odd words.

9. Seeing

If you normally use glasses or contact lenses tell us about your sight when you wear them. Please also tell us how you see in daylight or bright electric light.

Please tick this box if you can see without any difficulty.

☐

Now go to question 10.

Do you have any useful sight?

By *useful* sight we mean things like being able to tell light from dark, or seeing the shape of furniture in a room.

No

☐

Cannot see at all = 15 points

Yes

☐

50% or greater reduction of visual fields = 15 points

Can you see well enough to recognise a friend 15m (just over 15 yards) away?

This is about the width of a main road in a town.

No

☐

Cannot see to recognise friend 5m away = 9 points

Yes

☐

Cannot see to recognise friend 15m away = 6 points

It varies

☐

points

Do you have any other problems with your eyesight?

No

☐

Cannot see to read 16 point print from 20cm away = 15 points

Yes

☐

25% to 50% reduction of visual fields = 6 points

It varies

☐

Use this space to tell us more, and about any problems you have.

These descriptors are looking at what usable sight your client has in good light conditions whilst wearing any glasses or contact lenses. Explain if registered blind or partially sighted and include any copies of opticians or consultants reports.

Covers a range of sight problems which is not made clear on the form—including reading, distance and peripheral sight problems.

You need to be able to actually recognise the friends features not that it is them because they always wear that hat.

Part 1 – Physical functions continued

10. Controlling your bowels and bladder

Please tick this box if you can control your bowels and bladder without any difficulty.

☐

Now go to question 11.

Can you control your bowels so you do not need to change your clothes because of soiling?

Always

☐

Usually

☐

Sometimes

☐

Never

☐

No voluntary control of bowel or bladder = 15 points & support group

At least once a month loses full control of bowels = 15 points

At least once a week loses full control of bladder = 15 points & support group

Occasionally loses full control of bowels = 9 points

Can you control your bladder so you do not need to change your clothes because of wetting?

Always

☐

Usually

☐

Sometimes

☐

Never

☐

At least once a month loses full control of bladder = 6 points

Risks losing full control of bowels/bladder if not able to reach toilet quickly = 6 points

Use this space to tell us more about controlling your bowels and bladder. Tell us how often you might need to change your clothes or wash because of soiling or wetting.

The legislation refers to losing control so cannot control full evacuation of the bowel or full voiding of the bladder—however it does not explain who is going to check! Include details of losing control of bladder or bowels when having an epileptic fit or panic attack. Minor stress incontinence such as laughing following childbirth which means full control is not lost doesn't count.

Do you have a stoma for your bowels?

No

☐

Yes

☐

A stoma is a surgically created opening into the body used to divert waste products from the normal passages out into a bag.

Unable to affix, remove or empty catheter bag, urine collection device or stoma without someone's physical assistance = 15 points & support group

Do you have a stoma for your bladder?

No

☐

Yes

☐

Can you manage your stoma so you do not need to change your clothes because of wetting?

Always

☐

Usually

☐

Sometimes

☐

Never

☐

Unable to affix, remove or empty catheter bag, urine collection device or stoma without causing leakage of contents = 15 points & support group

Additional support group descriptors:

At least once a week loses full control of bowels

At least once a week fails to control full evacuation of bowels or full voiding of bladder due to a severe disorder of mood or behaviour

Part 1 – Physical functions continued

10. Controlling your bowels and bladder continued

Use this space to tell us more about managing your stoma. Tell us how often you might need to change your clothes or wash because of leakage.

An embarrassing subject to discuss with your client, so explain that you need the details to make sure they are awarded the right number of points to pass the test. Explain who your client relies on to help them deal with the stoma and why they need the help and any physical or mental health problems that make it difficult to manage. Unfortunately if your client can successfully and independently manage their device it doesn't count.

11. Staying conscious when awake

Please tick this box if you do not have any problems staying conscious.

☐

Now go to question 12 in Part 2.

While you are awake, do you have fits or blackouts?

No

☐

At least once a week has a involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration

This includes epileptic fits and absences, and diabetic hypos.

Yes

☐

= 15 points

If you have a problem with fits or blackouts, do you get a warning that it is going to happen?

Always

☐

At least once a month has a involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration

Usually

☐

= 9 points

Sometimes

☐

Twice in the previous 6 months had a involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration

Never

☐

= 6 points

Use this space to tell us more. Tell us how often any problem happens and how much warning you might get. Is the warning you get enough to help you avoid danger?

Explain the cause of the loss of consciousness. It is important to explain how disorientated your client feels and how long it takes to recover afterwards as this will continue to disrupt awareness and concentration even after they have regained consciousness. Remember having enough warning to sit down in their own house does not mean the episode has not caused significantly disrupted awareness or left them unable to function while they recover.

Part 2 – Mental, cognitive and intellectual functions

By *mental, cognitive and intellectual functions* we mean things like mental illness, learning difficulties and the effects of head injuries. You may wish to fill in this form a bit at a time as it may take some time to complete. If we are able to get sufficient information about you, we may not need to ask you to attend for a medical assessment.

Please use the boxes after each question to tell us in your own words how your illness or disability affects you in doing day-to-day things.

12. Learning or comprehension in the completion of tasks

By *comprehension* we mean understanding.

Please tick this box if you can learn how to do a task without any difficulty.

☐

Now go to question 13.

Can you learn how to do a simple task as long as someone shows you what to do?

By a *simple task* we mean things like setting an alarm clock, making a sandwich, using a washing machine, using a mobile phone to make a call.

Usually

Sometimes

Not very often

☐☐☐

Think which box to tick—usually is not going to score points.

Explain what you mean by sometimes—is that some simple tasks can be learnt but not all the ones listed.

Can you understand and remember how to do a more difficult task?

By a *more difficult task* we mean things like shopping for and cooking a meal, ironing clothes.

Usually

Not very often, even if someone shows me what to do.

☐☐

NB: the descriptors in the legislation have using a washing machine as a moderately complex task NOT a simple task

Use this space to tell us about any difficulties you have learning to do new things, and why you find it difficult.

The guidance in the Medical Services handbook says this descriptor relates to learning difficulties or brain injury.

But also consider any condition that affects the ability to learn, concentrate and remember.

Depression can cause problems with memory and concentration making learning how to do a new task, e.g. working a new mobile difficult.

Cannot learn or understand how to successfully complete a simple task at all = 15 points & support group

Needs to be shown more than once how to carry out a simple task and would not be able to complete successfully the next day without another demonstration = 15 points & support group

Needs to be shown how to carry out a simple task and would not be able to complete successfully the next day without verbal prompts = 9 points

Needs to be shown how to carry out a moderately complex task and would not be able to complete successfully the next day without verbal prompts = 9 points

Needs verbal instructions how to carry out a simple task and would not be able to complete successfully in the following week without verbal prompts = 6 points

18

Support Group: Fails to learn or understand how or successfully complete a simple task at all or would not be able to without another demonstration the next day due to a severe disorder of mood or behaviour

13. Awareness of hazard or danger NB: Your client may lack insight of risk!

Please tick this box if you can manage your daily life safely.

Can you manage your daily life safely?

By *managing things safely* we mean things like crossing the road, using a sharp kitchen knife without danger to yourself, ironing, or cooking.

Usually

It varies

Not very often

Only if someone stays with me during the day to make sure I stay out of danger.

☐ Now go to question 14.

☐ Reduced awareness of everyday hazards leading to daily instances or near avoidance of injury to self/others/ damage to property so that daily life cannot be successfully managed = 15 points

☐ Instances the majority of the time = 9 points

☐ Frequent instances = 6 points

Use this space to tell us if you can avoid dangers to yourself and others, and how you cope with them. Please give us examples of problems you have with doing things safely.

Ticking usually is not going to score points.

If it varies explain why i.e. when in manic phase of manic depression your client has no concept of risk.

The medical services handbook refers to reduced awareness caused by learning difficulties, conditions affecting concentration (including effects of medication), brain damage, neurological conditions and dementia. Do not consider this list exhaustive.

Give details of anything that causes reduced awareness or puts your client at any risk, including leaving the oven on due to lapses in concentration.

14. Memory and concentration

Please tick this box if you can manage your daily routines without difficulty.

Can you remember to do your usual daily routines?

By *usual daily routine* we mean things like getting up, getting washed and dressed.

Usually

Only if someone reminds me to do things

Only if I plan ahead, for example by making lists of things to do.

Not very often

☐ Now go to question 15.

☐ On a daily basis forgets or loses concentration to such an extent that day to day life cannot be successfully managed without verbal prompting = 15 points

☐ For the majority of the time forgets or loses concentration to such an extent that day to day life cannot be successfully managed without verbal prompting = 9 points

Can you concentrate on your daily routines?

Usually

It varies

Not very often

☐ Frequently forgets or loses concentration to such an extent that day to day life can only be successfully managed with pre-planning, e.g. making a daily written list of all tasks forming part of daily life = 6 points

Again think which box to tick, but the box for usually is not going to score any points.

Daily scores higher points than the majority of the time and again more than frequently.

Caselaw (this comes from decisions made by the Upper Tribunal stage of appeals) does not yet exist to define how often these words actually mean, so even if it is only an occasional issue provide details.

14. Memory and concentration continued

Use this space to tell us what sort of help you need to remember things, and what things you need help with.

The medical services handbook refers to lapses in memory or concentration due to fatigue, anxiety, depression, delusions, hallucinations, memory loss, brain injury or neurological impairment. This is guidance, not an exhaustive list, give details of anything that effects your clients memory or concentration.

Use examples from your clients life i.e. due to my depression I forget to wash until mum nags me.

15. Execution of tasks

By this we mean doing jobs and finishing them.

Please tick this box if you can finish daily jobs without difficulty or without taking a long time.

☐

Do you have difficulties finishing routine daily jobs?

By *daily jobs* we mean things like washing up, dressing, cooking, and shopping.

Usually

☐

Not very often

☐

It varies

☐

Use this space to tell us how long it takes you to do daily jobs. Tell us what stops you doing these jobs, and why it is difficult for you. Tell us if you get help to do these things.

Unable to successfully complete any everyday task = 15 points

Takes more than twice as long as someone without mental health problems to successfully complete a familiar everyday task = 15 points

Takes between 1 ½ times and twice as long = 9 points

Takes 1 ½ times as long = 6 points

Consider how long it will take your client to complete a task due to their mental health, not problems caused by physical disability. The medical services handbook refers to people with obsessive compulsive disorder, learning disability or brain injury and to problems caused by panic attacks, hallucinations or delusions. It states this descriptor does not refer to motivation to commence a task, however I would also consider how conditions such as depression affect motivation to finish a task.

16. Initiating and sustaining personal action

By this we mean starting jobs and continuing them.

Please tick this box if you have no problems organising yourself to start and keep on with routine jobs.

☐

Now go to question 17.

Can you organise yourself to start and keep on with routine jobs?

By *routine jobs* we mean things like washing clothes, preparing and cooking a meal, getting drinks, getting up and dressed to leave the house and attend an appointment.

Usually

☐

Not very often

☐

It varies

☐

Cannot, due to cognitive impairment or severe disorder of mood or behaviour, initiate or sustain any personal action = 15 points & support group

Cannot, due to cognitive impairment or severe disorder of mood or behaviour, initiate or sustain any personal action without needing verbal prompting the majority of the time = 9 points

Support Group:

Cannot initiate or sustain personal action without needing daily prompting or fails to do so due to severe disorder of mood or behaviour

Cannot, due to cognitive impairment or severe disorder of mood or behaviour, initiate or sustain any personal action without needing frequent verbal prompting = 6 points

16. Initiating and sustaining personal action

Do you need encouragement from someone else to start and keep on with routine jobs?

Every day

☐

Most of the time

☐

Not very often

☐

It varies

☐

Use this space to tell us how often you need other people to encourage you to organise yourself to start and keep on with your routine activities.

Verbal prompting and encouragement: all the descriptors relating to prompting are worded that 'verbal prompting given by another person in the person's presence' - so prompting by phone or text doesn't count. Remember that your client doesn't have someone there does not mean they don't need it.

The medical services handbook refers to depression resulting in apathy, fatigue or anxiety and problems caused by schizophrenia.

Use examples from your clients life of what they don't do or give up after starting if they do not have verbal prompting or only do because of the prompting they receive.

If your client has no-one to provide prompting, explain this and emphasise that it is still required but is not available.

17. Coping with change

Please tick this box if you do not have problems coping with change.

☐

Now go to question 18.

Can you cope with small changes to your routine if you know about them before they happen?

Usually

☐

Not very often

☐

It varies

☐

By changes to your routine that you knew about before they happen, we mean things like having a meal earlier or later than usual because you are going out.

Cannot cope with very minor expected changes in routine to the extent that overall daily life cannot be managed = 15 points

Cannot cope with expected changes in routine to the extent that overall daily life is made significantly more difficult = 9 points

Can you cope with small changes to your routine if they are unexpected?

Usually

☐

Not very often

☐

By unexpected changes we mean things like appointments being cancelled, or your bus or train not running on time.

Cannot cope with minor unexpected changes in routine to the extent that overall daily life is made significantly more difficult = 6 points

Use this space to tell us more. Explain your problems, and give examples if you can.

This is not about disliking change, but the inability to cope with it, resulting in reactions such as not being able to do anything for the rest of the day, anxiety or panic attack, angry outbursts, collapsing in a heap crying etc. The medical services handbook states that it would be unlikely to apply to anyone who has managed to attend their medical alone, so make sure your client is aware of this.

Use examples such as how your client has coped when you have had to change the time of an appointment.

18. Going out

Please tick this box if you are confident enough to leave home on your own.

☐ Now go to question 19.

Do you feel confident enough to leave home on your own and go out to places you know?

Usually

☐

Cannot get to any specified familiar place = 15 points

Not very often

☐

Unable to get to a specified familiar place without being accompanied every time = 15 points

It varies

☐

Unable to get to a specified familiar place without being accompanied the majority of the time = 9 points

If you said **not very often** or **it varies**, do you only feel confident about going to a place you know if

someone goes with you every time?

☐

Frequently unable to get to a specified familiar place without being accompanied = 6 points

someone goes with you sometimes?

☐

someone goes with you the first few times until you get used to it?

☐

Do you feel you cannot go out even if someone was there to go out with you?

No ☐

Yes ☐

Use this space to tell us why you can not always get to places that you know well.

This is a harder test than for the low mobility component of disability living allowance which looks a coping alone in unfamiliar places, this is about coping getting to a familiar place.

The medical services handbook states this refers to true panic disorder or severe agoraphobia not lesser degrees of anxiety. However lesser general degrees of anxiety could result in frequently not being able to go to even a familiar place, so explain how your client is affected and what symptoms of anxiety and panic they experience.

19. Coping with social situations

Please tick this box if you have no problems mixing with other people.

☐ Now go to question 20.

Does the thought of meeting new people or going to new places make you anxious or scared?

Often

☐

Normal activities, e.g. new places/social contact, are precluded because of overwhelming fear or anxiety = 15 points

Sometimes

☐

Normal activities are precluded because of overwhelming fear or anxiety the majority of the time = 9 points

By *social situations* we mean things like going to a new place, parties or meetings.

Not very often

☐

I never go out

☐

Normal activities are frequently precluded because of overwhelming fear or anxiety = 6 points

19. Coping with social situations continued

Use this space to tell us why you think it makes you scared or anxious to mix with other people. Tell us what makes mixing with other people difficult for you.

The medical services handbook states that if your client is able to attend their medical alone and do not show signs of anxiety at the medical they will not meet this descriptor, so make sure your client is aware of this and accompany them if possible.

Give details of how your client reacted when they first met you, whether they have not been able to attend or cope at any events you have arranged, how socially isolated they are, how anxiety affects them etc.

20. Propriety of your behaviour with other people

By this we mean behaving in a way that could upset other people.

Please tick this box if your behaviour does not cause you or other people any problems.

☐

Now go to question 21.

Do other people get upset with you because of the way you behave?

For example, do they shout, lose their temper, argue or threaten you.

Often

☐

Sometimes

☐

Now and then

☐

Do you get so upset by little things or by the way other people behave that it affects your daily routine?

By *little things* we mean things like someone calling at your home when you don't expect them, or over-reacting to being pushed or jostled in a crowd.

No

☐

Sometimes

☐

Yes

☐

Can little things lead you to behave in a violent way?

No

☐

Sometimes

☐

Yes

☐

Use this space to tell us why your behaviour upsets other people or why you get upset about things. And tell us how this happens.

Has unpredictable outbursts of aggressive, disinhibited or bizarre behaviour which is either sufficient to cause disruption to others on a daily basis or although less frequently is so severe that no reasonable person would be expected to tolerate = 15 points

Has a completely disproportionate reaction to minor events or criticism that has an extreme violent outburst leading to threatening behaviour or violence = 15 points

Has unpredictable outbursts of aggressive, disinhibited or bizarre behaviour which is sufficient in severity and frequency to cause disruption for the majority of the time = 9 points

Has a strongly disproportionate reaction to minor events or criticism to the extent that daily life cannot be managed when it occurs = 9 points

Has unpredictable outbursts of aggressive, disinhibited or bizarre behaviour which is sufficient to cause frequent disruption = 6 points

Frequently has a moderately disproportionate reaction to minor events or criticism to the extent that daily life cannot be managed when it occurs = 6 points

The wording of the descriptors in this section are mind boggling.

Just explain how your clients behaviour can affect other people, including details of instances of physical or verbal aggression and any behaviour viewed by others as strange or unusual.

Explain how other peoples behaviour, however minor or unintentional, affects your client's ability to cope and get on with their daily life. Shouting, crying, storming off is a disproportionate reaction.

21. Dealing with other people

Please tick this box if you have no problems getting on with other people, and they have no problems getting on with you.

☐

Now go to the next page.

Do you get upset because you can not get on with other people?

Often

☐

Not very often

☐

Does your behaviour upset other people but you don't know why?

Often

☐

Not very often

☐

Do you find yourself getting annoyed with other people very quickly?

No

☐

Yes

☐

Use space to tell us why you find it difficult to get on with other people, and why you get distressed, and how often this happens.

The medical services handbook says this descriptor refers to people on the autistic spectrum, psychotic illness and brain injury.

It also states that a lack of ability to maintain personal hygiene can cause the claimant to be totally unacceptable to other people—you are likely to have noticed if this applies.

Also consider the affects of paranoia, anxiety, impaired brain functioning due to insomnia, any thought disorders or impairments in cognitive function can result in misinterpreting other and result in your client becoming distressed.

Explain any incidents when your client has caused distress or been in distress due to the unintentional comments of others.

Unaware of impact of own behaviour to extent that has difficulty relating to others for brief periods (a few hours) or causes daily distress to others = 15 points

Unaware of impact of own behaviour to extent that has difficulty relating to others for longer periods (a day or two) or causes distress to others majority of time = 9 points

Unaware of impact of own behaviour to extent that has difficulty relating to others for prolonged periods (a week) or frequently causes distress to others = 6 points

Everyday misinterprets verbal or non-verbal communication to extent of causing self significant distress = 15 points & support group

Majority of time misinterprets verbal or non-verbal communication to extent of causing self significant distress = 9 points
Frequently misinterprets verbal or non-verbal communication to extent of causing self significant distress = 6 points

Other information

Please use this space to tell us either why your form is being sent in late or anything else you think we might need to know.

In addition to the support group descriptors referred to under the different sections of the form, the following support component descriptors also apply:

Maintaining personal hygiene:

- Cannot clean torso (excluding back) without physical assistance
- Cannot clean torso (excluding back), without repeatedly stopping, breathlessness or severe discomfort
- Cannot clean torso (excluding back), without regular prompting
- Due to severe disorder of mood or behaviour fails to clean torso (excluding back), without physical assistance or regular prompting

Eating and drinking:

- Cannot chew or swallow food
- Cannot convey food or drink to mouth without physical assistance
- Cannot convey food or drink to mouth, or chew or swallow food, without repeatedly stopping, breathlessness or severe discomfort
- Cannot convey food or drink to mouth, or chew or swallow food, without regular prompting
- Due to severe disorder of mood or behaviour fails to convey food or drink to mouth without physical assistance or regular prompting
- Due to severe disorder of mood or behaviour fails to chew or swallow food or chew or swallow food, without regular prompting

Communication:

- Unable to do any of speak, write, type to standard understood by strangers or sign language to level 3 British sign language standard
- Can do none of above due to severe disorder of mood or behaviour
- Cannot make self understood to others due to disassociation from reality due to severe disorder of mood or behaviour

Use this section to explain if any of the above apply to your client.

Also use this section to explain if there would be a serious risk to your client's mental or physical health or that of others if they were found not to have limited capability for work and/or limited capability for work related activity.

An example of how this can apply is that your client is undergoing a treatment programme for substance abuse and will not be able to continue this treatment or concentrate fully on this treatment if they were having to comply with the conditions of being actively seeking work for Jobseekers Allowance or working and that not continuing with treatment will cause a serious risk to their health. Provide evidence of this if possible.

Declaration

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- **I agree** that
 - the Department for Work and Pensions
 - any health care professional advising the Department
 - any organisation with which the Department has a contract for the provision of medical servicesmay ask any of the people or organisations mentioned on this form for any information which is needed to deal with
 - this claim for benefit
 - any request for this claim to be looked at againand that the information may be given to that health care professional or organisation or to the Department or any other government body as permitted by law.
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to
 - the benefit I am claiming
 - any other benefit I have claimed
 - any other benefit I may claim in the future.
- **I agree** to my doctor, or any doctor who has been treating me, being informed about the Secretary of State's determination on incapacity for work.

You must sign this form yourself if you can, even if someone else has filled it in for you.

Signature

Date

It is important to return the ESA50 form or your client will be found fit for work if you cannot convince the DWP that you have reasonable good cause for not completing and returning the form.

This decision is appealable, but there is no entitlement to be paid the assessment rate or any rate of Employment and Support Allowance whilst waiting for the appeal to be heard. Job Seekers Allowance, with the need to be activity seeking work, will need to be claimed instead (unless any entitlement to Income Support as a lone parent or carer).

If the form is going to be returned late, ring the DWP in advance to agree an extension of the time limit to return the form.

The date the form should be returned by is shown on the letter accompanying the form.

What to do next

Please make sure that

- you have answered all the questions on this form that apply to you
- you have signed and dated this form
- you return the form in the enclosed envelope. This does not need a stamp.

How we collect and use information

The information we collect about you and how we use it depends mainly on the reason for your business with us. But we may use it for any of the Department's purposes, which include

- social security benefits and allowances
- child support
- employment and training
- private pensions policy, and
- retirement planning.

We may get information from others to check the information you give to us and to improve our services. We may give information to other organisations as the law allows, for example to safeguard against crime.

To find out more about how we use information, visit our website www.dwp.gov.uk/privacy.asp or contact any of our offices.

Most of the time your client will be asked to attend a medical assessment after the ESA50 has been completed and returned.

The DWP decision maker will generally just agree with the points awarded by the approved medical practitioner (doctor/nurse/other health professional) and not the points you and your client believe are right.

BUT—the ESA50 will form part of the appeal submission if your client does not pass the Work Capability Assessment. If you appeal it is important that the ESA50 contains the right details which will help the Tribunal to make their decision.

If your client does not pass the test appeal. Just because the doctor at the medical, does not award your client 15 points, this does not mean the decision cannot be changed at appeal.

You can claim Employment and Support Allowance paid at the assessment rate pending an appeal on the grounds your client did not score enough points to pass the Work Capability Assessment, just send in sick notes to allow this.

Good Luck