

Employment and Support Allowance  
ESA214 (November 2011)– The Work Capability Assessment

**A guide to Employment and Support Allowance – The Work Capability Assessment**

This guide gives detailed information about the 'Work Capability Assessment' element of Employment and Support Allowance. It is aimed mainly at professionals and contractors, but can also be read by customers. Because of the detailed nature of this guide, it is more complicated than the main information leaflets produced by the Social Security Agency and some words or phrases may be unfamiliar.

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## Terminology

**Approved Health care Professional:** A health care professional (doctor or nurse), who has been approved by the Department for Social Development's Chief Medical Adviser.

**Decision maker:** The person who decides if a customer is entitled to benefit on behalf of the Department for Social Development.

**Disability:** Limitation of ability in each activity area.

**Work Capability Assessment:** The medical assessment process to determine if a person is considered as having limited capability for work.

**Employment Service Adviser:** A trained Employment Service Adviser who will give the customer help and advice with identifying realistic job goals and any additional support that may be required. The Employment Service Adviser may work for the Department of Employment and Learning.

**Limited capability for work:** The extent to which a customer's health condition or disability affects their capability for work.

**Limited capability for work-related activity:** The extent to which a customer's health condition or disability affects their capability for work-related activity.

**Work-Related Activity Group:** Customers identified for this group will take part in Work focused Interviews with a Employment Service Adviser, and have access to a range of support to help them prepare for suitable work.

**Support Group:** If the effects of a customer's health condition or disability are so severe that it would be unreasonable to expect them to prepare for work, they will join the Support Group. These customers will receive the higher rate of Employment and Support Allowance and do not have to take part in any work-related activity as a condition of receiving benefit (although they can volunteer to do so).

## **Introduction**

The Work Capability Assessment is the medical assessment process for customers claiming Employment and Support Allowance. It identifies how a customer's health condition or disability affects their ability to work and plays an important role in determining entitlement to benefit.

For entitlement to exist, customers must be found to have limited capability for work which means that their current health condition or disability restricts their ability to work.

The Work Capability Assessment has two components:

- 1) Limited Capability for Work:  
Assessment to help determine benefit entitlement based on the extent to which a customer's health condition or disability affects their capability for work
- 2) Limited Capability for Work-Related Activity:  
Assessment to determine whether the customer can be placed into the Support Group because the effect of their condition is so severe that it would be unreasonable to expect them to engage in work-related activity.

This leaflet sets out in detail how each of the above components of the assessment operates in practice.

Medical Support Services supplies the approved health care professionals who will provide the Social Security Agency decision maker with an independent medical opinion on how a customer's health condition or disability affects their ability to undertake work.

**Social Security Agency is an executive agency of the Department for Social Development.**

## **Medical quality – the approval process**

An approval process, which has been agreed by the Department for Social Development's Chief Medical Adviser, helps to make sure that:

- approved health care professionals work to a consistently high standard throughout the country, and
- customers get a thorough and objective assessment of how their health condition or disability affects their ability to carry out the activities in the Work Capability Assessment.

## **Social Security Agency professional standards**

### **The Customer Charter**

The Charter sets out the standard of service you can expect, what you can do to help us to help you and what you can do if things go wrong. It also provides information

about our service if you claim benefit, help someone who claims benefit or just want information about benefits.

Staff will help you by:

- dealing with your claim as quickly as possible and keeping you informed about progress and decisions
- being polite and easy to talk to
- giving you accurate benefit advice and information
- being fair
- following the rules of the Social Security and Data Protection Acts, and the principles of Open Government, and
- asking for your views and using them to give you the service you want.

For more information about the Customer Charter, get leaflet Customer Charter from your local Social Security Office or Jobs & Benefits office.

### **Professional standards**

#### **Non-Discrimination**

All the work of HCPs (health care professionals) will be carried out in a manner consistent with the DWP policy of non-discrimination. In summary all of this recognises the right of everyone to be treated with respect whatever their gender, sexual orientation, race, religion, nationality, culture, age, health, (dis)ability, marital status and physical characteristics or appearance.

The above principles apply in the professional relationship between the HCP and the customer and also in relation to the customer's approach to the HCP.

#### **Personal Conduct**

In dealings with customers and their representatives HCPs will be:

- Accessible
- Punctual
- Reliable
- Presentable
- Approachable
- Courteous
- Friendly.

## **Examination**

When carrying out an examination of a customer, the HCP will:

- Introduce themselves to the customer and wear a name badge or offer other official identification.
- Make the customer feel welcome and at ease
- Be polite at all times
- Explain the purpose of the assessment.
- Explain what the assessment entails.
- Allow the customer time to give their history, asking questions in a non-adversarial manner and following the relevant benefit guidance.
- Carry out a relevant examination to provide the information necessary to give and justify clinically reasonable advice.
- Avoid any unnecessary discomfort, where possible assessing active movement of limbs before embarking on any passive movement; however passive movements should only be carried out if essential to the outcome of the assessment.

## **Advice and Reporting**

When giving advice within a report:

- The HCP's advice will be objective, independent, fair and impartial, ethical, and given in accordance with the practitioner's contractual obligations.
- Advice will conform to the consensus of medical opinion and the balance of probability.
- Advice will be of an appropriate depth, scope and focus, and presented with a clarity that will permit the DM to give reasonable consideration to the medical issues.

Complaints about the way medical examinations are carried out are considered by Medical Support Services. Full details about complaints procedures are available to customers when they attend examinations.

## **How the approval process works**

The approval process includes a formal assessment of the health care professional's

- skills
- knowledge, and

- attitude to customers.

The approval process helps to make sure that all approved health care professionals can produce satisfactory reports on a patient's medical condition to the professional and medical quality standards expected by the Social Security Agency. Continued approval by the Department depends on the health care professional's on-going satisfactory performance and continued attendance at future professional educational events.

The approval process is divided into four stages, followed by a consolidation process.

### **Stage 1 – The prescribed training course**

This is a prescribed training course made up of 7 days (doctors) & 14 (nurses) classroom training including:

- customer service training
- analysing audio visual recordings of role play assessments
- looking at examples of casework
- practice in completing Employment and Support Allowance medical reports for the Work Capability Assessment, and
- an emphasis on assessing the mental health of the customer.

### **Stage 2 – The written assessment of medical knowledge**

This consists of a written multi-choice questionnaire and Lima competency assessment. For nurses this stage also includes competency assessments of physical and mental health examination skills. All of which have to be completed to a satisfactory standard.

### **Stage 3 – Supervised practical training and appraisal**

In this stage the health care professional carries out assessments under the supervision of an experienced trainer. The emphasis is on:

- customer service
- medical assessment techniques, and
- report completion skills.

The health care professionals are provisionally approved to carry out unsupervised medical assessments once they have successfully completed the first three stages of the approval process. This will include at least one report on a customer with mental health problems.

### **Stage 4 – Appraisal of casework**

During the period of provisional approval, the health care professional's trainer will assess all reports completed by the health care professional until his or her competence is assured. This will be demonstrated by achievement of 4 consecutive fully acceptable cases at audit.

## Maintenance of approval

Maintenance of the health care professional's approval is dependent upon the health care professional continuing to satisfy the required quality standards.

## The Work Capability Assessment

The Work Capability Assessment should be applied to all customers within the first 13 weeks of claiming Employment and Support Allowance. It will assess, for the purposes of determining entitlement, whether a customer can be considered to have limited capability for work. It will also help determine the rate at which Employment and Support Allowance is awarded from Week 14, when the main phase is applied if the customer is found to have LCW.

To determine whether limited capability for work exists, the Work Capability Assessment will look at the effects of any health condition or disability on a customer's ability to carry out a range of everyday activities.

This will involve the following:

- **activities** – for example mobilising, standing and sitting, learning tasks and awareness of hazards which are relevant to work.
- **descriptors** – lists a range of actions within each activity, which customers may be able to perform. Where more than one descriptor for any activity applies, only the highest score will count
- **a score, or set of scores** – each descriptor that is relevant to a customer's health condition or disability has a relevant points weighting, called a 'score'
- **exceptional circumstances (non-functional descriptors)** – conditions where although customers could carry out the activities in the Work Capability Assessment, they would be treated as having limited capability for work.

The outcome of the Work Capability Assessment determines if a customer has limited capability for work.

For customers with limited capability for work, most will be placed in the Work-Related Activity Group. Those customers that meet one of the limited capability for work-related activity descriptors outlined later in this guide, will be placed in the Support Group.

If a customer does not have limited capability for work, they will be provided with advice about registering for employment and claiming other benefits.

## Activities

The activities relevant to the physical assessment:

- Mobilising unaided
- Standing and sitting

- Reaching
- Picking up and moving or transferring by the use of the upper body and arms
- Manual dexterity
- Making self understood
- Understanding communication
- Navigation and maintaining safety
- Continence
- Consciousness during waking moments.

The activities relevant to the mental, cognitive and intellectual function assessment

- Learning tasks
- Awareness of everyday hazards
- Initiating and completing personal action
- Coping with change
- Getting about
- Coping with social engagement
- Appropriateness or behaviour with other people

To describe what is meant by activities, the descriptors within each activity and associated scores can be found later in this guide, but as an example, within the activity 'mobilising unaided by another person with or without a walking stick, manual wheelchair or other such aid if such aid can reasonably be used' there are five descriptors:

- (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
- (b) Cannot mount or descend two steps unaided by another person even with the support of a handrail.
- (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.
- (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.

(e) None of the above apply.

Within each activity, the descriptors cover a range of ability.

### **Combinations of disabilities**

Many people may suffer with more than one disability. The assessment therefore includes a means of assessing the combined effects of different disabilities.

For example, if a customer cannot mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion, this by itself would score 6. However, if they also had difficulties with 'Manual dexterity' such as cannot physically use a pen or pencil to make a meaningful mark, this would score an additional 9. If a customer is awarded a score of 15 or more, they will be entitled to Employment and Support Allowance and considered as having limited capability for work.

### **Limited Capability for Work-Related Activity**

There are also a further sixteen activities which are considered to determine if a customer has 'limited capability for work-related activity'. The approved health care professional will provide advice if at least one of the descriptors for any activity applies to the customer. This will determine the customer's entitlement to the 'Support' component.

### **Exceptional circumstances (Non-functional descriptors)**

There are a small number of cases where the customer could carry out all the activities in the assessment, but would still qualify for Employment and Support Allowance, either limited capability for work if either of the following criteria apply or limited capability for work related activity if only the second one applies.

The circumstances when this would apply are:

- A customer is suffering from a severe life threatening disease in relation to which –
  - there is medical evidence that the disease is uncontrollable, or uncontrolled, by a recognised therapeutic procedure, and
  - in the case of a disease that is uncontrolled, there is a reasonable cause for it not to be controlled by a recognised therapeutic procedure.
- A customer is suffering some specific disease or bodily or mental disablement and, by reasons of such disease or disablement, there would be a substantial risk to the mental or physical health of any person if the customer were found not to have limited capability for work.

The evidence available to the decision maker will include advice from the approved health care professional.

## Special Rules

There are circumstances in which a person will be treated as having limited capability for work, even though they would not score 15 points in the assessment. Where possible, the Social Security Agency will try to identify such customers without the need for a medical examination. Customers would be treated as having limited capability for work in the following instances:

- terminally ill, defined as having a progressive health condition, as a result of which death can be reasonably expected within 6 months
- receiving treatment by way of intravenous, intraperitoneal or intrathecal chemotherapy or likely to receive such treatment within six months after the date of the determination of capacity for work, or
- recovering from that treatment and the Department is satisfied the customer should be treated as having limited capability for work
- is excluded or abstains from work, or from work of such kind, pursuant to a request or notice in writing lawfully made under an enactment; or otherwise prevented from working pursuant to an enactment, by reason of the customer being a carrier, or having been in contact with a case, of a relevant disease
- for a pregnant woman, there is a serious risk of damage to her health or to the health of her unborn child if she does not refrain from work
- for a pregnant woman, she is within the maternity allowance period; and is entitled to a maternity allowance under Section 35(1) of the Social Security Contributions and Benefits (NI) Act 1992
- a pregnant woman whose expected or actual date of confinement has been certified in accordance with the Social Security (Medical Evidence) Regulations (NI) 1976, on any day in the period –
  - beginning with the first date of the 6<sup>th</sup> week before the expected week of her confinement or the actual date of her confinement, whichever is the earlier; and
  - ending on the 14<sup>th</sup> day after the actual date of her confinement if she would have no entitlement to a maternity allowance or statutory maternity pay were she to make a claim in respect of that period
- receiving regular weekly treatment by way of haemodialysis for chronic renal failure; treatment by way of plasmapheresis or by way of radiotherapy; or regular weekly treatment by way of total parenteral nutrition for gross impairment of enteric function, is to be treated as having limited capability for work during any week in which that customer is engaged in that treatment or has a day of recovery from that treatment.
- Students in full time education or approved training who are in receipt of Disability Living Allowance

There are also further circumstances in which a person will be treated as having limited capability for work-related activity, even though they would not score 15 points in the assessment. Customers would be treated as having limited capability for work-related activity in the following instances:

- terminally ill, defined as having a progressive health condition, as a result of which death can be reasonably expected within 6 months
- receiving treatment by way of intravenous, intraperitoneal or intrathecal chemotherapy, or likely to receive such treatment within six months after the date of the determination of capacity for work, or
- recovering from that treatment and the Department is satisfied the customer should be treated as having limited capability for work-related activity
- for a pregnant woman, there is a serious risk of damage to her health or to the health of her unborn child if she does not refrain from work
- suffers from some specific disease or bodily or mental disablement and by reasons of such disease or disablement, there would be a substantial risk to the mental or physical health of any person if the customer were found not to have limited capability for work-related activity.

### **Application of the Work Capability Assessment**

This section describes the procedures for applying the assessment to the majority of claims.

#### **Questionnaire**

It is expected that the Work Capability Assessment will be completed within the first 13 weeks of the Employment and Support Allowance claim.

The basic rate of Employment and Support Allowance will be paid during the first 13 weeks (known as the 'Assessment phase'). During this time, the Work Capability Assessment will be undertaken which will determine the rate received from Week 14, i.e. whether the customer will be placed into the Work-Related Activity Group or the Support Group (known as the 'Main phase').

When the Work Capability Assessment is applied, Social Security Agency staff will attempt to identify those customers who are not required to complete the information gathering stages of the assessment – see 'Special Rules' within this guide.

The questionnaire will seek the customer's views on the effects of their disabling condition in each of the functional areas in the assessment. The customer will be asked to identify (by a tick in a box) the descriptor in each affected area which best describes the effect of their disabling condition, and to give any further information that they think should be taken into account. It also gives the customer the opportunity to provide information on any special needs they may have. For example, the customer may require an interpreter at their examination.

The customer will then return the questionnaire to Medical Support Services. Given the wide variability of effects of disabling conditions between individuals, the majority of cases, except those with the most severe levels of disability, will be referred for a face to face medical assessment from an approved health care professional.

In the case of people with the most severe levels of disability, the approved health care professional will consider all the available evidence on the claim and they may form a view that they can give advice to the decision maker on the basis of that evidence.

The approved health care professional may consider that further information from the customer's doctor or other appropriate source is required and/or that the customer should be medically examined. **No customer will be found not to have limited capability for work without either having a medical examination or having been offered one.**

### **The medical assessment**

An assessment does not always mean that the approved health care professional will undertake a physical examination. They may just want to talk to the customer about how their health condition or disability affects their everyday activities. The customer will have an opportunity to give any other information relevant to their assessment.

The approved health care professional will consider all the information and exercise clinical judgement to reach an opinion on the nature and severity of the effects of the disabling condition. They will also take full account of factors such as pain, fatigue, stress and of the possible variability of the condition.

For example, if the customer can perform a particular activity only by incurring a considerable degree of pain, they will be classed as being incapable of performing that activity. The approved health care professional will also consider the effects of the condition on the customer for the majority of the time, so that the opinion will not be based on a snapshot of their condition on the day of the medical assessment.

The approved health care professional's task of considering the effects of a condition is different from that of a GP needing to make a diagnosis and plan treatment. The interview and assessment may therefore be different from that which the customer might expect from their GP.

The approved health care professional provides advice to the benefit decision maker for each activity area. They will also provide a full explanation for their advice particularly where the opinion is different from the customer's own perception of their functional limitations.

The approved health care professional will also provide advice to the decision maker on whether any of the Exceptional Circumstances (non-functional descriptors) apply.

Medical Support Services will try, where possible, to provide a same sex health care professional should the customer request one. The customer can make arrangements for a relative or friend to be present during the assessment.

When the approved health care professional decides that the customer should be medically assessed it is important that they keep the appointment and attend the assessment. The customer's entitlement to benefit may be affected if they miss the appointment for no good reason. If the customer cannot attend the assessment, they should contact Medical Support Services beforehand to arrange another date.

## **How assessments are decided**

### **Principles of decision making**

Benefit decisions are made by decision makers who are suitably trained and experienced to do so. The decision maker must make a decision by considering all the evidence and applying the law to the facts of each claim. Their judgement must be reasonable and made with unbiased discretion.

### **The role of the decision maker**

As with other social security benefits, the decision on entitlement to Employment and Support Allowance will be taken by a decision maker, who will consider carefully all the evidence. This will include the completed customer questionnaire, the information provided by their doctor and the advice of the approved health care professional.

If the customer scores 15 points in any physical and/ or mental activity or a total of 15 or more points from a combination of activities, then the criterion for limited capability for work is met for benefit entitlement purposes. At this stage the decision maker will also consider whether a customer is to be placed into the Support Group, if the advice from the approved health care professional indicates one of the criteria for limited capability for work-related activity has been met.

If the score is below 15 points, the customer will not have limited capability for work and therefore not be entitled to Employment and Support Allowance.

However, before this decision is confirmed, consideration will be given by the decision maker to all available medical evidence. If other medical evidence is considered, and confirms that one or more descriptors apply, totalling at least 15 points, then the criteria for limited capability for work will be met for benefit entitlement purposes.

The customer's own doctor will be required to give an opinion on fitness for work, on a Med 3 medical certificate of incapacity, prior to the application of the Work Capability Assessment. This opinion will be considered by the decision maker along with all the other evidence. Following the Work Capability Assessment, the customer's own doctor will be advised that they are no longer required to issue any further certificates during their claim. The decision maker will also consider any evidence of a significant change in the customer's medical condition.

### **Information about the decision**

The decision maker will notify the customer whether they are entitled to Employment and Support Allowance or not.

If the customer does not qualify for Employment and Support Allowance, they will also be provided with advice about registering for employment and claiming other benefits.

### **If the customer thinks the decision is wrong**

The customer needs to get in touch with the Social Security Agency within one month of the date of the decision letter. If contact is made later, then we may not be able to help.

The customer, or someone else who has the authority to act on their behalf, can:

- ask us to explain our decision
- ask us to write to the customer with the reasons for our decision
- ask us to look at our decision again (the customer may think we have overlooked some facts or they may have more information to give us which affects our decision), or
- appeal against our decision to an the Appeal Service (but this must be in writing)

The customer can do any of the actions listed above, or they can do all of them.

### **Reporting changes of circumstances**

While the customer is receiving Employment and Support Allowance they must tell us straight away if any of their circumstances change. If the customer is not sure if we need to know something, they should tell us anyway. When the customer gets in touch with us, they must tell us their full name and National Insurance number.

### **If the customer's condition changes**

The customer must tell us straight away if their medical condition changes. Their condition may:

- get better
- get worse, or
- change to another condition.

This could be because of:

- surgery
- using aids or appliances, or
- a change in medication.

The customer must tell us straight away if this happens, because we may have to look at their claim again. We may ask them to fill in a questionnaire and to have another medical assessment.

### **Future Work Capability Assessments**

The Work Capability Assessment will continue to be applied at regular intervals during the life of a claim to ensure the conditions for entitlement are maintained.

The timing of further assessments is determined by the Social Security Agency decision maker. To assist the decision maker, the approved health care professional includes advice on the medical report about when it is likely the customer will be able

to return to work. However, the assessment can be applied sooner if the decision maker considers there has been a significant change in the customer's health condition or disability.

**Limited Capability for Work**  
**Descriptors and scores for each physical activity**

**Activities**

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

Descriptor	Points
(a) 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.	15
(b) Cannot mount or descend two steps unaided by another person even with the support of a handrail.	9
(c) Cannot either: (ii) 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
(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
e) None of the above apply.	0

## 2. Standing and sitting

<b>Descriptor</b>	<b>Points</b>
(a) Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.	15
(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
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
d) None of the above apply.	0

## 3. Reaching.

<b>Descriptor</b>	<b>Points</b>
a) Cannot raise either arm as if to put something in the top pocket of a coat or jacket.	15
(b) Cannot raise either arm to top of head as if to put on a hat.	9
c) Cannot raise either arm above head height as if to reach for something.	6
d) None of the above apply.	0

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

Descriptor	Points
a) Cannot pick up and move a 0.5 litre carton full of liquid.	15
b) Cannot pick up and move a one litre carton full of liquid.	9
c) Cannot transfer a light but bulky object such as an empty cardboard box.	6
d) None of the above apply.	0

#### 5. Manual dexterity.

Descriptor	Points
a) Cannot either (i) press a button, such as a telephone keypad: or (ii) turn the pages of a book with either hand.	15
b) Cannot pick up a £1 coin or equivalent with either hand.	15
c) Cannot use a pen to make a meaningful mark.	9
d) Cannot use a suitable keyboard or mouse.	9
e) None of the above apply.	0

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

Descriptors	Points
a) Cannot convey a simple message, such as the presence of a hazard.	15
b) Has significant difficulty conveying a simple message to strangers.	15
c) Has some difficulty conveying a simple message to strangers.	6
d) None of the above apply.	0

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

<b>Descriptors</b>	<b>Points</b>
a) Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.	<b>15</b>
b) Has significant difficulty understanding a simple message from a stranger due to sensory impairment.	<b>15</b>
c) Has some difficulty understanding a simple message from a stranger due to sensory impairment.	<b>6</b>
d) None of the above apply.	<b>0</b>

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

<b>Descriptors</b>	<b>Points</b>
a) Unable to navigate around familiar surroundings, without being accompanied by another person, due to sensory impairment.	<b>15</b>
b) Cannot safely complete a potentially hazardous task such a crossing the road, without being accompanied by another person, due to sensory impairment.	<b>15</b>
c) Unable to navigate around unfamiliar surroundings, without being accompanied by another person, due to sensory impairment.	<b>9</b>
d) None of the above apply.	<b>0</b>

**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.**

<b>Descriptor</b>	<b>Points</b>
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.	<b>15</b>
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.	<b>6</b>
c) None of the above apply.	<b>0</b>

### 10. Consciousness during waking moments.

<b>Descriptor</b>	<b>Points</b>
(a) At least once a week, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness of concentration.	15
b) At least once a month, has an involuntary episode of lost or altered consciousness resulting in significantly disrupted awareness or concentration.	6
c) None of the above apply.	0

### Descriptors and scores for each mental cognitive and intellectual function assessment.

### 11. Learning tasks.

<b>Descriptor</b>	<b>Points</b>
a) Cannot learn how to complete a simple task, such as setting an alarm clock.	15
b) Cannot learn anything beyond a simple task, such as setting an alarm clock.	9
c) Cannot Learn anything beyond a moderately complex task, such as the steps involved in operating a washing machine to clean clothes.	6
c) None of the above apply.	0

### 12. Awareness of 15 everyday hazards (such as boiling water or sharp objects).

<b>Descriptor</b>	<b>Points</b>
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 such that they require supervision for the majority of the time to maintain safety.	15
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
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
c) None of the above apply.	0

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

<b>Descriptor</b>	<b>Points</b>
a) Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.	<b>15</b>
b) Cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions for the majority of the time.	<b>9</b>
c) Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions.	<b>6</b>
d) None of the above apply.	<b>0</b>

**14. Coping with change.**

<b>Descriptor</b>	<b>Points</b>
a) Cannot cope with any change to the extent that day to day life cannot be managed.	<b>15</b>
b) Cannot cope with minor planned change (such as the 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.	<b>9</b>
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.	<b>6</b>
d) None of the above apply.	<b>0</b>

**15. Getting about**

<b>Descriptor</b>	<b>Points</b>
a) Cannot get to any specified place with which the customer is familiar.	<b>15</b>
b) Is unable to get to a specified place with which the customer is familiar, without being accompanied by another person.	<b>9</b>
c) Is unable to get to a specified place with which the customer is unfamiliar without being accompanied by another person.	<b>6</b>
d) None of the above apply.	<b>0</b>

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

<b>Descriptor</b>	<b>Points</b>
a) Engagement in social contact is always precluded due to difficulty relating to others or significant distress experienced by the individual.	<b>15</b>
b) Engagement in social contact with someone unfamiliar to the customer is always precluded due to difficulty relating to others or significant distress experienced by the individual.	<b>9</b>
c) Engagement in social contact with someone unfamiliar to the customer is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the individual.	<b>6</b>
d) None of the above apply.	<b>0</b>

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

<b>Descriptor</b>	<b>Points</b>
a) Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	<b>15</b>
b) Frequently has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	<b>15</b>
c) Occasionally has uncontrollable episodes of aggressive or disinhibited behaviour that would be unreasonable in any workplace.	<b>9</b>
d) None of the above apply.	<b>0</b>

**Limited Capability for Work-Related Activity Descriptors**

**Descriptors for each activity**

<b>1. Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such can reasonably be used.</b>
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.
<b>2. Transferring from one seated position to another.</b>
Cannot move between one seated position and another seated position located next to one another without receiving physical assistance from another person.
<b>3. Reaching.</b>
Cannot raise either arm as if put something in the top pocket of a coat or jacket.
<b>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).</b>

Cannot pick up and move a 0.5 litre carton full of fluid.
<b>5. Manual dexterity.</b>
Cannot either: (a) press a button, such as a telephone keypad; or (b) turn the pages of a book with either hand.
<b>6. Making self understand through speaking, writing, typing, or other means normally used.</b>
Cannot convey a simple message, such as the presence of a hazard.
<b>7. Understand communication by hearing, lip reading, reading 16 point print or using any aid if reasonably used.</b>
Cannot understand a simple message due to sensory impairment, such as the location of a fire escape.
<b>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.</b>
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.
<b>9. Learning tasks.</b>
Cannot learn how to complete a simple task, such as setting an alarm clock, due to cognitive impairment or mental disorder.
<b>10. Awareness of hazard.</b>
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.
<b>11. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks).</b>
Cannot, due to impaired mental function, reliably initiate or complete at least 2 sequential personal actions.
<b>12. Coping with change.</b>
Cannot cope with any change, due to cognitive impairment or mental disorder, to the extent that day to day life cannot be managed.
<b>13. Coping with social engagement, due to cognitive impairment or mental disorder.</b>
Engagement in social contact is always precluded due to difficult relating to other or significant distress experienced by the individual.
<b>14. Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder.</b>
Has, on a daily basis, uncontrollable episodes of aggressive or disinhibited behaviour that would be reasonable in any workplace.
<b>15. Conveying food or drink to the mouth.</b>
a) Cannot convey food or drink to the customer's own mouth without receiving physical assistance from someone else; b) Cannot convey food or drink to the customer's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort; c) Cannot convey food or drink to the customer's own mouth without receiving regular prompting given by someone else in the customer's physical presence; or

d) Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the customer's own mouth without receiving:

- (i) physical assistance from someone else; or
- (ii) regular prompting given by someone else in the customer's presence.

**16. Chewing or swallowing food or drink.**

- a) Cannot chew or swallow food or drink;
- b) Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;
- c) Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the customer's presence; or

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 customer's presence.

**Further information**

If the customer has any problems to do with Employment and Support Allowance they must get in touch with the Social Security Agency. They will find the phone number under Government – Social Security Agency in the phone book.

Remember that this information is a guide only. It is not meant to say exactly what the customer's legal rights are. While we have tried to make sure that the information is correct, it is possible that there may be incorrect information or some items may be oversimplified. Also, please remember that the information is likely to become less accurate over time, for example because of changes to the law.