

Welfare

R I G H T S

B r i e f i n g N o t e

**Employment
& Support Allowance
A Basic Guide**



**Leicestershire
County Council**

July 2009

The information contained in this booklet is intended to make you aware of some of the complex benefit issues that may arise. It is not a statement of the law on these issues. Every effort has been made to compile this booklet using information which is up to date at the time of publication. Leicestershire County Council however cannot accept responsibility for any loss arising from the use of the information contained in this guidance or any omissions therein.

You are advised to seek independent advice if you believe that any of the information in this booklet might be relevant in your particular situation.

This booklet is available in other languages. If you would like a translated copy please contact the Welfare Rights Training & Information Officer, Tel: 0116 2787111.

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Part One – Claiming Employment & Support Allowance

What is Employment & Support Allowance?

Employment & Support Allowance (ESA) was a new benefit introduced in October 2008 to replace Incapacity Benefit, Income Support paid because of an incapacity for work, Severe Disablement Allowance and National Insurance Credits paid because of an incapacity for work.

ESA is a benefit for those people who are too ill or disabled to work. If you have a long term disability you may be entitled to Disability Living Allowance which is a benefit paid to people who need help on a daily basis. See the companion guides in this series, *DLA: What is it? And How to Claim*, and the various guides on completing the claim forms.

When claiming ESA those people who pay rent or Council Tax you may be entitled to Housing Benefit and/or Council Tax Benefit. An award of Income-Related ESA will entitle the claimant to their maximum Housing Benefit and full Council Tax Benefit

Who will it affect?

Initially it will only affect people who make a new claim for benefit because they are too ill or disabled to work. However those claimants already in receipt of an incapacity related benefit will be migrated over to ESA and be subject to the new tests on their ability to work. Those claimants under 25 will be the first to move over to ESA and this process is due to start in 2009 with the remainder of claimants being transferred by 2013.

Transitional protection will be in place so that nobody will be worse off when they are moved to ESA.

Why are they changing?

The DWP and government believe that an overhaul of the benefit system is necessary, especially for incapacity related benefits. They claim that ESA looks at what people can do rather than what they cannot do and will also provide assistance for ill and disabled people to get back to or into work.

How is ESA made up?

ESA is made up of two kinds of benefit:

- i) **Contribution-Based ESA – ESA(C)** *This is a non mean-tested benefit paid on the basis of having paid enough National Insurance contributions or because the claimant became ill or disabled under the age of 20 (aged under 25 in some cases)*
- ii) **Income-Related ESA – ESA(IR)** *This is a means-tested benefit paid to those who have not paid enough National Insurance contributions or as a top up in addition to ESA(C).*

For the current rates of ESA see the *Guide to Benefit Rates* leaflet.

What happens when I claim ESA?

When you make a claim for ESA you will initially be part of the **Assessment Phase**. This is a 13 week period where the DWP assess whether you are too ill or disabled to work. During this assessment phase you will undergo several tests to determine your **Limited Capability for Work** (the phrase for being too ill to work), and your **Limited Capability for Work-Related Activity** (this determines whether you will be expected to take part in activities that will help you find employment or not). In the Assessment Phase you are paid a basic rate of benefit determined by your age. During this assessment phase you must send in sick notes to continue to receive ESA.

After this initial 13 week Assessment Phase if you are found to have a Limited Capability for Work you will be put into one of two groups and have an extra amount added to your benefit:

- i) **Support Group** – This is the most ill and disabled group. Those in this group will not be expected to take part in Work-Related Activity (although they can opt to take part if they wish). The Support Component will also be added to your basic allowance. Those in the Support Group will also have an Enhanced Disability Premium added to their applicable amount for Income-Related ESA.
- ii) **Work-Related Activity Group** – This group consists of those the DWP consider able to return to or start work at some point in the future and to receive all of their benefit they must take part in Work-Related Activity. The Work-Related Activity Component will be added to your basic allowance if you participate in the agreed Work-Related Activity. If you do not take part as agreed then some of your benefit will be sanctioned.

How does the DWP decide if I am too ill to work and which group I will be put into?

When you claim ESA you will be sent a form ESA50 that asks about your illness or disability. This is a long and complicated form, so take your time and fill it in as fully as you can. You must send this form back to the DWP by the date specified or you will not be entitled to ESA (you should be sent a reminder after 4 weeks). The form also asks for details of any treatment you receive, your GP and any other professionals that may know about your illness or disabilities (eg consultant, CPN, Social Worker etc) so that they can get additional information if they think it necessary.

The DWP will look at the information on the ESA50 and any other information they have asked for and decide whether you are entitled to ESA or call you in for a medical examination. Most people will be called in for a medical examination conducted by a specially trained healthcare professional. If an appointment is made you must attend in order to continue to be paid ESA. If you cannot make the appointment you can ask for it to be changed, if you do not attend and you have a good reason (illness, bereavement or something like this) you must tell the DWP within 5 working days or your benefit will be stopped.

To have a Limited Capability for Work you will have to score 15 points or more on one or more of a list of descriptors (see Appendix 1 Limited Capability for Work Descriptors) that are assessments of how your illness or disability affects you and your ability to perform certain tasks and activities, how it affects your cognitive functions, ability to learn, cope with change, interact with other people, your awareness of danger and your behaviour with other people.

If you have a physical disability you may have a physical examination, if you have a mental health problem or a learning disability the healthcare professional will ask you how your illness or disability affects you. The healthcare professional will need to know what medicines you take and what help you get and things along these lines. The examination can begin before you get into the examination room as the doctor/healthcare professional can assess you from when they first meet you.

The medical examiner will ask about how your illness or disability affects you, if you suffer pain or get tired and breathless when you perform certain tasks make sure you tell them in as much detail as possible. If you have a mental health problem make sure you explain how much your problems affect your ability to do things.

If you score 15 points or more you will be treated as having a Limited Capability for Work, if you score less you will be considered to be well enough to work and will have to claim Job-Seekers Allowance or appeal the decision (see Appeals and Reconsiderations page 5).

Limited Capability for Work-Related Activity

At the same time as your Limited Capability for Work is being assessed your Limited Capability for Work-Related Activity will also be determined. The DWP can do this from your ESA50 but it is more likely that you will be called in for a medical; if you are called in for a medical the Healthcare professional will determine both your Limited Capability for Work and your Limited Capability for Work-Related Activity.

To be assessed as having a Limited Capability for Work-Related Activity you must meet the criteria for at least one of the descriptors that form this test (see Appendix 2 Limited Capability for Work-Related Activity Descriptors).

If you pass this test you will go into the Support Group and you will not be subject to the Work-Related Activity regime. If you do not have a Limited Capability for Work-Related Activity you will be put in the Work-Related Activity Group and be subject to the Work-Related Activity regime and if you do not comply with the rules you will have your benefit sanctioned.

Work-Focused Health-Related Assessment

If you are put into the Work-Related Activity Group you will have to attend another appointment with a Healthcare Professional to undergo the Work-Focused Health-Related Assessment that looks at what are the barriers and problems preventing you from starting or returning to work and also look at the support that will enable you to re-enter the world of work, if you do not participate in this assessment your ESA will be sanctioned (see page 6 sanctions). If you are in the Work-Related Activity Group you will also have to attend 6 Work Focused Interviews with a Personal Adviser who will try to get you work ready by addressing any problems that are preventing you from returning to or starting work. Your Personal Adviser will look at what help you need and may advise things like condition management programmes or education and training to help you get ready for work.

It is important to remember if the DWP have decided that you have a Limited Capability for Work then they are stating you are too ill to work and cannot be made to work, they can only insist that you participate in Work-Related Activity

Work Focused Interviews

When you make a claim for ESA you will normally be given a date for a Work-Focused Interview (WFI), usually about week 8 of the claim, to discuss with your Personal Adviser your work prospects. You must attend this interview or your benefit will be stopped.

If you are put in the Work-Related Activity Group you will have to attend a further 5 WFIs that are also mandatory. If you do not attend your benefit will be sanctioned.

A WFI can be deferred (ie postponed) by your Personal Adviser if they believe it would not be of assistance or be appropriate in the circumstances at that particular time. A deferral can be made at any time before or after the WFI. If the WFI is deferred your Personal Adviser should agree with you another time and date for the WFI to take place. So you can request that your WFI is deferred if you have a good reason, you must contact your Personal Adviser to arrange this.

A WFI can only be waived if the Personal Adviser believes it would not be of assistance because you are starting or returning to work in the near future.

When you attend your WFIs you must also participate which involves discussion with your Personal Adviser on any of the following matters:

- Any activity you are willing to undertake to improve your job prospects
- Any such activity you have done previously
- Any progress you have made in returning to or finding work
- Any Work Focused Health Related Assessment you have taken part in

Your Personal Adviser will have a copy of the Work Focused Health Related Assessment report which will help them address the issues around your health and work.

Work-Related Activity

At present there is no Work-Related Activity set out; it will be introduced when finances and personnel permit. It is believed it will involve things like condition management programmes, training or education opportunities amongst other things.

Sanctions

If you do not attend or take part in WFIs or participate in Work-Related Activity your benefit will be sanctioned.

Only the Work-Related Activity component of ESA can be sanctioned, the basic allowance cannot be touched. If you fail to comply with the conditions imposed you will be sanctioned in two stages:

- First 4 weeks 50% of the Work-Related Activity Component
- If you do not comply after 4 weeks then you will be sanctioned 100% of the Work-Related Activity component

Any sanction should stop when you comply with the conditions, become a member of the Support Group, become entitled to Pension Credit or cease to be entitled to ESA.

If you show that you had good cause for not complying with the conditions **within 5 working days** then you should not be sanctioned.

However the DWP should follow certain rules and guidelines before imposing any sanction. These guidelines include such things as:

- Advising the claimant at the point of claim about WFI process
- Contact the claimant before each WFI to remind them it is due
- Consider in the context of each WFI whether it should be deferred or waived
- Notifying the claimant of the date, time and place of the WFI and asking them to get in touch if they cannot make it
- Offering a more convenient location or a home visit where appropriate and encouraging advocacy and support if needed
- Identifying any relevant issues from medical evidence, where available, that might impact on attendance
- Visiting those claimants with whom there have been no verbal contact prior to a WFI
- Visiting every claimant, with their representative, if appropriate, with a stated mental health or learning disability if a sanction is to be imposed
- Lifting all sanctions and reinstating benefits in full when the claimant participates in a WFI

Appeals and Reconsiderations

Decisions concerning ESA can be appealed and reconsidered as with any other state benefit.

Appealable decisions:

- Whether you are entitled to ESA
- Whether you should be in the Work-Related Activity Group or the Support Group
- The imposition of a sanction

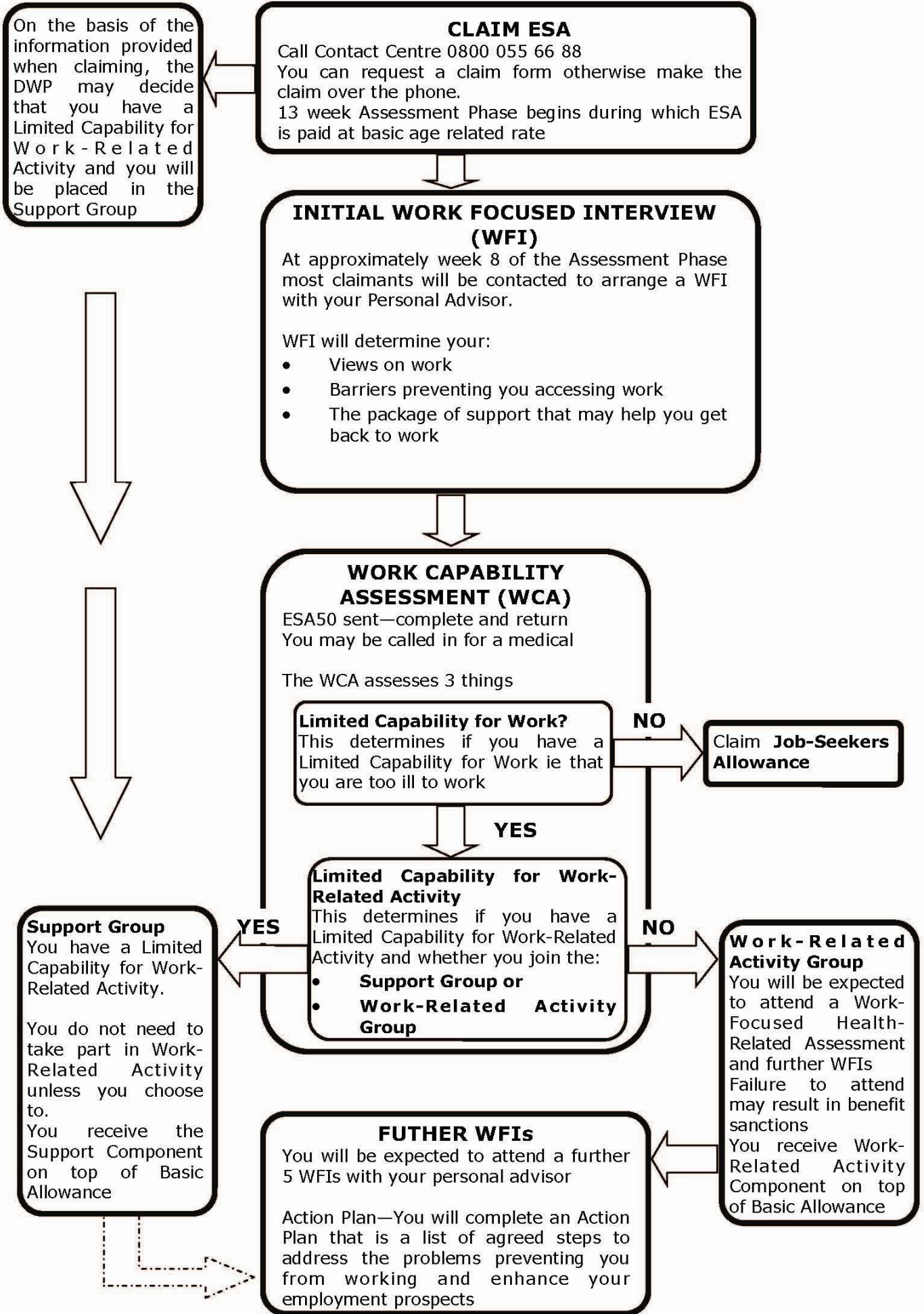
You cannot appeal the following decisions:

- Which partner should claim ESA
- Treating a claim for Maternity Allowance as a claim for ESA
- The amount of any sanction
- The time and manner of an ESA payment

If you wish to request a reconsideration or lodge an appeal you must do so within one month of the date of the decision you disagree with. This is the date on the letter not the date you receive any correspondence. Late appeals can be considered but you will need to have good reason for not appealing within the specified time (seek advice if this is the case).

If you wish to appeal a decision you should do so on form GL24 detailing why you think the decision is wrong.

Claiming ESA



Part Two – The Limited Capability for Work Questionnaire or ESA50

During the assessment phase you will be sent the ESA50 questionnaire that is intended to ascertain the extent that your illness or disability affects your ability to work. In this guide we will concentrate on how to complete the questionnaire from a mental health perspective.

Pages 1 – 7: About You

The first part of the questionnaire concerns your identity and the nature of your illness or disability and any help you receive.

Page 1 – Asks for name, address, date of birth and National Insurance number. This is to make sure you are who you say you are. If you do not have a National Insurance number complete the form anyway and you should be allocated one.

Page 2 – If you are completing and signing the form on behalf of someone else, for example if you are their official appointee for state benefits or they are too unwell to complete it themselves, then complete this part giving reasons why.

Medical Assessments – This part requests contact telephone numbers to enable the DWP to arrange times and dates for any medical assessment you will be required to attend. If you are able to deal with these matters yourself put down your contact number(s). If you are unable to deal with these issues, due to panic/anxiety or you do not answer unknown phone calls or you have difficulty communicating with people, or for any other reason and there is someone else who can deal with appointments for you, you can put their telephone number here and give your reasons why you cannot be contacted directly. REMEMBER to ask the person who you wish to act on your behalf if it is okay for you to put their details here.

Page 3 – If you require any special help to attend a medical assessment explain your difficulties here. If you physically need someone to accompany you, if you need help to use stairs or need an interpreter or signer, If you cannot go alone because you suffer panic/anxiety attacks or you suffer intrusive paranoid thoughts and do not feel safe on your own you need to explain this here. You may not be able to use public transport because of the above reasons. It may be that you are unable to attend a medical assessment and would need a home visit from a medical assessor, if this is the case you will need strong medical evidence from your GP or Consultant explaining why this is the case.

Unavailable dates – the second box is for you to list any dates that you are unavailable for a medical assessment, if you need someone to go with you make sure you check the dates that they are available as well.

Page 4 – Your Illness or Disability. Here you have an opportunity to outline your diagnosis and any medication or treatment you receive. List all of the illnesses and disabilities you have and any medication you are prescribed. Describe the effect your treatment or medication has on you if it impacts on your health, for example your tablets might make you drowsy or lethargic. Also list any counselling or therapy you receive and how frequently you see a professional about your condition. If you receive support from the Community Mental Health Team (CMHT) write it here and explain how often you see someone to provide support. Are you undergoing chemotherapy or some other treatment, list any dates of heart attacks/strokes or similar problems. Describe as fully as possible the nature of your illness or disability and the professional involvement you receive.

About your care, support & treatment – In the boxes provided put the details of your GP.

Page 5 – Care, support or treatment from anyone else. In this part of the form put the details of any professional who is involved in your treatment. This could be you Consultant, Occupational Therapist, Community Nurse, CPN, Social Worker or Support Worker, therapist or someone else who you see in respect of your mental health problems. If you receive help from more than one person add these details on page 25.

Hospital or clinical treatment – if you see a consultant or hospital doctor tick the appropriate box and put there details here. Explain why you see the doctor, it may be to monitor your condition or therapeutic support or some other reason.

If you attend a day programme, eg Pain Clinic, Physiotherapy, the Eating Disorders Service or the Therapeutic Community at Francis Dixon Lodge, explain this here and if you need more room go to page 25 and explain that it is considered necessary for you to attend the programme for a set period of time to aid your recovery.

Again if you see more than one consultant/doctor use the space on page 25 to write this information.

Page 6 – Hospital or clinical treatment continued. This question asks if you have been an inpatient in hospital in the last 3 months. If you have been an inpatient give the details of any stay here. In the space for explaining why you were in hospital you can detail the reasons for your admission, for example a relapse, an operation, observation, detained due to the Mental Health Act, medication review.

If you expect to be admitted to hospital in the next 3 months put the details here, if you are going in for treatment or an operation write it here.

Page 7 – Pregnancy. People at certain stages of pregnancy are exempt from the Work Capability Assessment, tick the appropriate box and enter the expected date of birth if relevant.

Drugs, alcohol or other substances. This part asks if you think your health problems are linked to alcohol or drug misuse. Tick the appropriate box and if you believe you have a alcohol/drug related problem explain what the problem is and how it affects your ability to work. It may be that you have an alcohol dependency and you need alcohol to enable you to function, you may be a registered addict whether on a treatment programme or not.

It is important to remember that at the present your benefit cannot be sanctioned or stopped because of alcohol/drug-related problems or a refusal to undergo rehab or other treatment. However the government is hoping to introduce laws that make it compulsory for people with drug/alcohol-related problems to get treatment if they wish to receive their full amount of benefit.

Page 8 Part 1 – Physical Functions

In the questions on the form you will be asked to tick a box that applies to your situation. The questions ask if you can or cannot perform a particular task all or some of the time. If your condition affects you all of the time make this clear, if your condition varies and you cannot perform the tasks some of the time you should explain in the large box how often and to what degree you are affected. In addition you need to outline what happens if you do something, e.g. does it affect you negatively for days afterwards. Also if your condition is unpredictable and you do not know when you will be affected and it affects you in different ways you should indicate this where appropriate.

Question 1 – Walking and using steps

If you have no problems with walking or using steps tick the box and go on to the next question.

Tick the appropriate box(es) about your walking difficulties.

If you have difficulties walking explain them in the box. This may be that you cannot walk at all and have to use a wheelchair. Explain how far you can walk before you have to stop. Explain why you have to stop, which may be because you suffer severe pain or discomfort, or you get breathless, or your legs may give way or something similar.

Going up or down two steps

If you can walk up or down two steps without a rail tick the box and move on to the next question.

If you have problems using two steps without a rail tick the box and outline the problems you have in the box. This might be because you fall or stumble, or you cannot use your legs to climb, or the pain and discomfort are too much or for other reasons.

Question 2 – Standing and sitting

If you have no problems standing and sitting tick the box and move on to the next question.

If you have problems remaining standing without the support of another person or you cannot stand at all tick the box that applies.

If you cannot remain standing without the support of another person for half an hour or more before having to sit down tick the appropriate box.

In the box describe the problems you have with remaining standing without the support of someone else. It could be that the pain and discomfort become too much and you have to sit down; you may lose balance and fall.

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

The chair in this case is a chair without a padded seat, like a dining room chair.

If you cannot sit in a chair like this at all tick the appropriate box.

If you have problems sitting in a chair like this for more than half an hour tick the appropriate box.

In the box describe the problems you have when sitting down. You may get pain and discomfort that mean you cannot stay seated for periods of time. You may have very poor balance and would fall from a chair without arms.

Getting up from a chair with no arms without help from someone else

Tick the box that applies if you can or cannot get up from a chair with no arms without assistance from another person. If you need assistance from someone else explain why in the box provided. It may be that you are too weak to get up without being able to use the arms on a chair for support, or you are too tired to rise. You may suffer extreme pain that means you need help. You may not be able to get out of a chair without the use of a hoist or something like this.

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

Indicate whether you need assistance from another person to move from one chair to another by ticking the appropriate box.

If you need help from another person to move from one chair to another outline the reasons in the box. It may be because you suffer too much pain and discomfort to move without assistance, or your legs are too weak to support your weight. You may need a hoist to enable you to move between chairs, if so explain it here.

Question 3 – Bending and kneeling

If you have no problems with bending and kneeling tick the appropriate box and move on to the next question.

If you have difficulty bending down to touch your knees and standing up again tick the appropriate box.

If you have difficulty squatting or kneeling and picking something light up off the floor and standing up again without the assistance of someone else tick the appropriate box.

In the box provided explain the difficulties you have with bending, kneeling and squatting and getting up again. It may be that you are in severe pain and discomfort and cannot bend at all. You may be able to lower yourself but find it impossible to get up again. You may seize up without warning and become unable to bend down or straighten up again.

Question 4 – Reaching

If you have no problems reaching with your arms tick the box and go on to the next question.

If you have problems with reaching tick the relevant box(es) to indicate the problems you have.

In the large box explain the difficulties you have with reaching, it may be things like you suffer extreme pain and discomfort when you move your arms, or your arm movements are very limited or non-existent. You should explain in what direction(s) your reaching is limited e.g. above your head, behind your back or to the side.

Question 5 – Picking up and moving things on the same level.

Picking up things using only one hand

If you have no problems picking up and moving objects go to the next question.

If you have difficulty picking up a 12 litre or ½ litre of liquid e.g. a carton of milk tick the appropriate box(es)

In the box explain the difficulties you have with picking up and moving objects. It may be that you get severe pain and discomfort when you lift even the smallest things, do you have problems with both hands or just one. It may be because your hands are numb and you have no sensation, you cannot keep a grip on anything or something like this.

Picking up something light that needs two hands

If you have problems picking up large, light objects with both hands tick the appropriate box.

In the box explain the difficulties you have lifting large, light objects. It might be that even lifting light things causes pain and discomfort or you lose grip and drop things because you have no feeling in your hands or something like this.

Question 6 – Manual Dexterity

If you have no problems using your hands to do everyday things like writing, turning on taps or doing up buttons etc tick the box and go to the next question.

If you have problems with using your hands doing things on the list tick the appropriate box that indicates the task(s) that you find difficult.

Indicate whether you have problems with one or both hands by ticking the box.

In the box explain the difficulties you have with using your hands. It may be things like you suffer arthritis and the pain means you find moving your hands/fingers extremely difficult, or you cannot move your hands/fingers as they have seized up. It may be that you have no feeling or sensation in your hands and cannot do anything with them or they are so swollen that you cannot do small fiddly things.

Question 7 – Speech

If you have no problems speaking to other people and making yourself understood tick the box and move on to the next question.

If you are unable to speak tick the appropriate box, if you can speak but have problems making yourself understood tick the appropriate boxes and in the large box explain the problems you have with speaking and making yourself understood. This may be because you mispronounce words or you are unable to articulate words properly, you lack confidence or something like this.

Question 8 – Hearing

If you have no problems with hearing, including when wearing any hearing aid you normally use, tick the box and move on to the next question.

If you cannot hear tick the box, if you can hear but still have problems tick the boxes that apply to you.

In the large box explain the difficulty you have with hearing, it may be that you cannot hear well in crowded places and all the sounds seem to make one big noise. You may have to lip read to help you understand what people say because you can only hear a little bit or something like this.

Question 9 – Seeing

If you have no problems seeing when wearing any contact lenses or glasses you normally wear then tick the box and move on to the next question.

Tick the relevant box concerning useful sight, if your sight is so poor that you cannot tell light from dark or discern shapes tick no.

Is your eyesight so poor that you cannot recognise a friend from about 15 metres away, tick the relevant box

Tick the appropriate box if you have other problems with your sight.

In the large box explain the difficulties you have with your eyesight, this may be that you cannot read large print books or something like this.

Question 10 – Controlling your bowels and bladder

If you have no problems with continence tick the box and move on to the next question.

If you have problems with controlling your bowels so that you soil yourself, indicate to what degree this is the case by ticking the appropriate box.

If you have problems with controlling your bladder so that you wet yourself, indicate to what degree this is the case by ticking the appropriate box.

In the large box explain the problems you have with continence. It may be because you have no idea and no control of your bowel/bladder or you have an illness like Crohn's Disease and lose control of your bowels without warning. State how often you have these problems and the consequences of an episode of incontinence.

If you have a stoma bag for your bowels or your bladder indicate by ticking the appropriate boxes.

If you cannot manage your stoma bag without soiling your clothes indicate how often by ticking the appropriate box.

If you cannot manage your stoma bag explain the problems you have in the box provided. It may be that you have problems changing the bag as you find it too fiddly or you may have problems with the bag overflowing or something like this. Explain how often these problems with your stoma bag occur.

Question 11 – Staying conscious when awake

If you do not have problems with fits, blackouts or things like this tick the box and move on to the next question.

Indicate if you have fits/blackouts when awake by ticking the appropriate box.

Show if you have an indication of an impending fit or blackout or not by ticking the appropriate box.

In the large box explain how often you suffer from fits or blackouts. If they are unpredictable and can happen without warning explain this here, explain what happens when you have a fit and how it affects you. It may be that you have fallen and seriously injured yourself or have been admitted to hospital or something like this.

Page 19 Part 2 – Mental, Cognitive and Intellectual Functions

The questions in this part also ask how you cope with certain situations and what you are able to do. You should tick the boxes that apply to you; many questions look at how often you are affected, if it is all of the time tick the appropriate box, if it varies explain this where appropriate and outline if it is unpredictable or for prolonged periods or if there is a knock on effect.

Question 12 – Learning or comprehension in the completion of tasks

Do you have problems learning how to do a new task? If no, tick the box and go to the next question.

- i) Simple Tasks – if you cannot learn a simple task tick how often your learning ability is impaired. This could be because your memory is very poor or your concentration is impaired. You may suffer intrusive negative thoughts or hear voices that distract and confuse you.
- ii) Complex Tasks – if you cannot learn a more complex task tick how often your learning ability is impaired. This could be because your memory is very poor or your concentration is impaired. You may suffer intrusive negative thoughts or hear voices that distract and confuse you.

In the box outline why your learning ability is impaired, for instance because of any of the reasons above.

Question 13 – Awareness of Hazard or Danger

If you have no problems with potential danger to yourself, tick the box and go to the next question.

Are you unaware of potential dangers that may affect you, if no tick the box how often you need help or supervision for.

Explain in the box why you are unsafe, this could be because that:

- Your memory and concentration is poor and you leave things like cookers/irons on
- You self-harm, you cannot be left alone because you cut/burn yourself
- You are at risk of wandering
- You are easily distracted and confused because of thoughts/voices
- You are vulnerable to exploitation
- You could cause harm to another person

It will help if you can give examples of any incidents that have occurred.

Question 14 – Memory and Concentration

If you have no problems with memory or concentration tick the box and move to the next question.

- i) Memory – can you remember to do your usual daily routines? Tick the box that applies. This may be that your memory is so bad that you forget things like taking your medication, forget to eat, forget appointments, and forget to go shopping. You may need to make lists to remind you to do everything.
- ii) Concentration – can you concentrate on normal day to day things? Tick the box that applies. This may be that your concentration is so poor that you sit around all day doing nothing, you lose all track of time, you cannot follow a television programme or read a newspaper, do you go shopping and forget what you have gone for, do you get distracted and confused easily?

Write in the box the problems you have, it could be because you have learning difficulties or suffer low mood, manic episodes or suffer intrusive thoughts or voices that affect your memory and/or concentration. Do you need someone to constantly remind you or prompt you to look after yourself?

Question 15 – Execution of Tasks

Can you complete day to day jobs like washing up, dressing etc in a reasonable amount of time, if so tick the box and go to the next question.

If you have difficulty completing everyday tasks tick the box to indicate how often and how long it takes you to do the tasks in question.

In the box outline the difficulties you encounter. It may be because:

- Your memory and concentration are poor and you are easily distracted and confused
- You start jobs but never finish them
- You lack motivation to see things through
- You keep stopping and starting things because you get distracted and it takes you a long time to complete anything.
- You do not start things because you feel so tired and lethargic
- You suffer paranoid thoughts that interfere with ability to do things
- You have manic episodes which mean you cannot settle on any one thing
- You feel too low to do things
- You have difficulty sequencing
- You find tasks too difficult and do not understand how to do them

Question 16 –Initiating and Sustaining Personal Action

Can you organise your day to day life to start and complete routine tasks. If so tick the box and go to the next question.

- i) Organisation – can you plan and organise yourself to do routine tasks, if not tick the box that indicates how often you have problems
- ii) Encouragement – do you need someone to prompt and encourage you to do routine tasks, if so tick the box that indicates how often you need this help.

Outline the problems you have in the box provided, this might be because:

- You suffer low mood and you lack any motivation or inclination to do anything
- You suffer intrusive thoughts or voices that make it impossible to organise yourself
- You hear voices or have thoughts that tell you what to do/what not to do
- You suffer manic episodes that mean you try to do too many things without completing any of them
- You sit around all day in your nightclothes
- You need someone to prompt/motivate you to do things all of the time
- You miss appointments etc because you cannot plan or organise yourself
- You have an eating disorder and will not eat without someone else being there
- You have problems sequencing
- You do not know how to do the tasks

Question 17 – Coping with Change

If you do not have any problems with coping with change, tick the box and go to the next question.

- i) Expected Changes – can you cope with changes in your daily routine that you have some warning about, if not indicate how often you have these problems
- ii) Unexpected Changes – can you cope with changes in your daily routine that you have no warning about, if not indicate how often you have these problems

Explain the problems you have in the box provided, it could be things like:

- Expected changes
 - Even when you know you have to go somewhere or do something you suffer panic and anxiety
 - Any change in routine causes you distress
- Unexpected changes
 - You hate surprises of any kind
 - If there is a change in your routine you have a panic/anxiety attack
 - You get distressed/tearful if anything happens without warning

Explain what help you get from other people to assist you to cope with change.

Question 18 – Going Out

If you do not have problems going out tick the box and go to the next question.

Do you have difficulty going out even to places you know without someone with you, if so tick the box that says how often you have these problems.

Tick the box that applies to you about how often you need someone to go with you.

If you cannot go out, even with someone with you tick the box that applies.

In the box outline the problems you have with going out, it may be that:

- You do not know how to get there
- You suffer panic and anxiety without someone with you
- You suffer panic and anxiety even if you are accompanied and you need someone to help you to calm down and get to your destination
- You suffer agoraphobia and cannot go out unaccompanied
- You suffer paranoid thoughts and think people mean to harm you
- You get confused and disorientated easily and get lost/forget where you are going
- You are not safe with traffic

Question 19 – Coping with Social Situations

If you have no problems with social situations tick the box and move on to the next question.

If you have problems dealing with social situations, tick the box that applies to how often this is a problem, if you do not go out at all tick this box.

Outline the reasons you have difficulty in social situations, this may be that:

- You suffer panic and anxiety attacks when in strange places
- You have paranoid ideas, you do not trust people
- You are vulnerable to exploitation
- You are easily distracted and confused and get upset very easily
- Even the thought of going somewhere new brings on a panic attack
- You are scared of meeting new people and visiting new places
- You have difficulty interacting with people without assistance

Explain the help you get from other people to overcome these problems.

Question 20 – Propriety of Behaviour

If there are no problems with your behaviour tick the box and go to the next question.

- i) Upsetting other people – does your behaviour upset other people, if so tick the box that indicates how often this happens.
- ii) Do you get upset – do you get upset by other people or small things, if so tick the box that indicates how often this happens
- iii) Do you behave violently – do you react to things in a violent way, if so tick the box that indicates how often this happens.

In the box outline why there are difficulties with your behaviour, this could be because:

- You do not realise when you appear aggressive
- You have paranoid thoughts and think people wish to harm you
- You hear voices that tell you to do things
- You get distressed when someone knocks at your door
- You cannot answer the phone as it upsets you too much
- You get verbally aggressive
- You talk to strangers who get upset with you
- You cannot stand it when people ignore you
- You behave in a way that other people find strange and cannot understand
- You cannot accept criticism

Question 21 – Dealing with Other People

If you have no problems dealing with other people tick the box and continue.

If you have difficulty with dealing with people tick the appropriate boxes that describe how often you feel that you:

- i) get upset because you cannot get on with people
- ii) upset other people
- iii) get annoyed easily

In the box outline the problems you have with dealing with other people, this could be:

- I do not trust people
- I have paranoid thoughts and think people wish to harm me
- I get angry and frustrated for no apparent reason
- My temper is very quick
- People seem to get upset when I talk to them
- I approach strangers and try to talk to them

Page 25 – Other Information

This page can be used to explain anything you have not been able to fit on the form, extra people involved in your care etc. If there is not enough room you can add further pages, remember to put your name and National Insurance number on any additional sheets you insert.

Finally read and sign and date the declaration on page 26.

Appendix 1

Assessment of Whether a Person has a Limited Capability for Work

Assessment of Whether a Person has a Limited Capability for Work

Part 1 – Physical Disabilities

| (1) Activity | (2) Descriptors | (3) Points |
|--|--|---------------|
| 1. Walking with a walking stick or other aid if normally used | (a) Cannot walk at all | 15 |
| | (b) Cannot walk more than 30 metres on level ground without repeatedly stopping or severe discomfort | 15 |
| | (c) Cannot walk up or down two steps even with the support of a handrail | 15 |
| | (e) Cannot walk more than 50 metres on level ground without stopping or severe discomfort | 9 |
| | Cannot walk more than 200 metres on level ground without stopping or severe discomfort | 6 |
| | None of the above apply | 0 |
| 2. Standing and Sitting | (a) Cannot stand for more than 10 minutes, unassisted by another person, even if free to move around before needing to sit down | 15 |
| | (b) Cannot sit in a chair with a high back and no arms for more than 10 minutes before needing to move from the chair because the degree of discomfort experienced make it impossible to continue sitting | 15 |
| | (c) Cannot rise to standing from sitting in an upright chair without physical assistance from another person | 15 |
| | (d) Cannot move between one seated position and another located next to one another without receiving assistance from another person | 15 |
| | (e) Cannot stand for more than 30 minutes, even if free to move around before needing to sit down | 6 |
| | (f) Cannot sit for more than 30 minutes without having to move from a chair with a high back and no arms because the degree of discomfort makes it impossible to continue sitting | 6 |
| | (g) None of the above apply | 0 |
| 3. Bending or Kneeling | (a) Cannot bend to touch knees and straighten up again. | 15 |
| | (b) Cannot bend, kneel or squat, as if to pick a light object, such as a piece of paper, situated 15cm from the floor on a low shelf, and to move it and straighten up again without the help of another person. | 9 |
| | (c) Cannot bend, kneel or squat, as if to pick a light object off the floor and straighten up again without the help of another person. | 6 |
| | (d) None of the above apply. | 0 |

| | | |
|---|--|-----------|
| 4. Reaching | (a) Cannot raise either arm as if to put something in the top pocket of a coat or jacket. | 15 |
| | (b) Cannot put either arm behind back as if to put on a coat or jacket. | 15 |
| | (c) Cannot raise either arm to top of head as if to put on a hat. | 9 |
| | (d) Cannot raise either arm above head height as if to reach for something. | 6 |
| | (e) None of the above apply. | 0 |
| 5. Picking up and moving or transferring by the use of the upper body and arms (excluding all other activities specified in Part 1 of this Schedule) | (a) Cannot pick up and move a 0.5 litre carton full of liquid with either hand. | 15 |
| | (b) Cannot pick up and move a one litre carton full of liquid with either hand. | 9 |
| | (c) Cannot pick up and move a light but bulky object such as an empty cardboard box, requiring the use of both hands together. | 6 |
| | (d) None of the above apply. | 0 |
| 6. Manual dexterity | (a) Cannot turn a "star-headed" sink tap with either hand. | 15 |
| | (b) Cannot pick up a £1 coin or equivalent with either hand. | 15 |
| | (c) Cannot turn the pages of a book with either hand. | 15 |
| | (d) Cannot physically use a pen or pencil. | 9 |
| | (e) Cannot physically use a conventional keyboard or mouse. | 9 |
| | (f) Cannot do up/undo small buttons, such as shirt or blouse buttons. | 9 |
| | (g) Cannot turn a "star-headed" sink tap with one hand but can with the other. | 6 |
| | (h) Cannot pick up a £1 coin or equivalent with one hand but can with the other. | 6 |
| | (i) Cannot pour from an open 0.5 litre carton full of liquid. | 6 |
| | (j) None of the above apply. | 0 |

| | | |
|--|---|----|
| 7. Speech | (a) Cannot speak at all. | 15 |
| | (b) Speech cannot be understood by strangers. | 15 |
| | (c) Strangers have great difficulty understanding speech | 9 |
| | (d) Strangers have some difficulty understanding speech. | 6 |
| | (e) None of the above apply. | 0 |
| 8. Hearing with a hearing aid or other aid if normally worn. | (a) Cannot hear at all. | 15 |
| | (b) Cannot hear well enough to be able to hear someone talking in a loud voice in a quiet room, sufficiently clearly to distinguish the words being spoken. | 15 |
| | (c) Cannot hear someone talking in a normal voice in a quiet room, sufficiently clearly to distinguish the words being spoken. | 9 |
| | (d) Cannot hear someone talking in a loud voice in a busy street, sufficiently clearly to distinguish the words being spoken. | 6 |
| | (e) None of the above apply. | 0 |
| 9. Vision including visual acuity and visual fields, in normal daylight or bright electric light, with glasses or other aid to vision if such aid is normally worn. | (a) Cannot see at all. | 15 |
| | (b) Cannot see well enough to read 16 point print at a distance of greater than 20cm. | 15 |
| | (c) Has 50% or greater reduction of visual fields. | 15 |
| | (d) Cannot see well enough to recognise a friend at a distance of a least 5 metres. | 9 |
| | (e) Has 25% or more but less than 50% reduction of visual fields. | 6 |
| | (f) Cannot see well enough to recognise a friend at a distance of at least 15 metres. | 6 |
| | (g) None of the above apply | 0 |

| | | |
|---|---|-----------|
| 10 (a) Continence other than enuresis (bed wetting) where the claimant does not have an artificial stoma or urinary collecting device. | (a) i) Has no voluntary control over the evacuation of the bowel. | 15 |
| | (a) ii) Has no voluntary control over the voiding of the bladder. | 15 |
| | (a) iii) At least once a month loses control of bowels so that the claimant cannot control the full evacuation of the bowel. | 15 |
| | (a) iv) At least once a week, loses control of bladder so that the claimant cannot control the full voiding of the bladder. | 15 |
| | (a) v) Occasionally loses control of bowels so that the claimant cannot control the full evacuation of the bowel. | 9 |
| | (a) vi) At least once a month loses control of bladder so that the claimant cannot control the full voiding of the bladder. | 6 |
| | (a) vii) Risks losing control of bowels or bladder so that the claimant cannot control the full evacuation of the bowel or the full voiding of the bladder if not able to reach a toilet quickly. | 6 |
| | (a) vii) None of the above apply | 0 |
| 10 (b) Continence where claimant uses a urinary collecting device, worn for the majority of the time including an indwelling urethral or suprapubic catheter | (b) i) Is unable to affix, remove or empty the catheter bag or other collecting device without receiving physical assistance from another person. | 15 |
| | (b) ii) Has no voluntary control over the evacuation of the bowel. | 15 |
| | (b) iii) At least once a month, loses control of bowels so that the claimant cannot control the full evacuation of the bowel. | 15 |
| | (b) iv) At least once a month, loses control of bowels so that the claimant cannot control the full evacuation of the bowel. | 15 |
| | (b) v) Occasionally loses control of bowels so that the claimant cannot control the full evacuation of the bowel. | 9 |
| | (b) vi) Risks losing control of bowels so that the claimant cannot control the full evacuation of the bowel if not able to reach a toilet quickly. | 6 |
| | (b) vii) None of the above apply. | 0 |

| | | |
|---|--|-----------|
| 10 (c) Contenance other than enuresis (bed wetting) where claimant has an artificial stoma | (c) Is unable to affix, remove or empty stoma without receiving assistance from another person | 15 |
| | (c) ii) Is unable to affix remove or empty stoma appliance without causing leakage of contents. | 15 |
| | (c) iii) Where the claimant's artificial stoma relates solely to the evacuation of the bowel, at least once a week, loses control of bladder so that the claimant cannot control the full voiding of the bladder. | 15 |
| | (c) iv) Where the claimant's artificial stoma relates solely to the evacuation of the bowel, at last once a month, loses control of bladder so that the claimant cannot control the full voiding of the bladder. | 9 |
| | (c) v) Where the claimant's artificial stoma relates solely to the evacuation of the bowel, risks losing control of the bladder so that the claimant cannot control the full voiding of the bladder if not able to reach a toilet quickly. | 6 |
| | (c) vi) None of the above apply. | 0 |
| 11. Remaining conscious during waking moments. | (a) At least once a week, has an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration. | 15 |
| | (b) At least once a month, has an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration. | 9 |
| | (c) At least twice in the six months immediately preceding the assessment, has had an involuntary episode of lost or altered consciousness, resulting in significantly disrupted awareness or concentration. | 6 |
| | (d) None of the above apply. | 0 |

Part 2 – Mental, Cognitive and Intellectual Function Assessment

| (1) Activity | (2) Descriptors | (3) Points |
|---|--|---------------|
| <p>12. Learning or comprehension in the completion of tasks.</p> | (a) Cannot learn or understand how to successfully complete a simple task, such as setting an alarm clock, at all. | 15 |
| | (b) Needs to witness a demonstration, given more than once on the same occasion, of how to carry out a simple task before the claimant is able to learn or understand how to complete the task successfully, but would be unable to successfully complete the task the following day without receiving a further demonstration of how to complete it. | 15 |
| | (c) Needs to witness a demonstration of how to carry out a simple task, before the claimant is able to learn or understand how to complete the task successfully, but would be unable to successfully complete the task the following day without receiving a verbal prompt from another person. | 9 |
| | (d) Needs to witness a demonstration of how to carry out a moderately complex task, such as the steps involved in operating a washing machine to correctly clean clothes, before the claimant is able to learn or understand how to complete the task successfully, but would be unable to successfully complete the task the following day without receiving a verbal prompt from another person. | 9 |
| | (e) Needs verbal instructions as to how to carry out a simple task before the claimant is able to learn or understand how to complete the task successfully, but would be unable, within a period of less than one week, to successfully complete the task the following day without receiving a verbal prompt from another person. | 6 |
| | (f) None of the above apply. | 0 |

| | | |
|--------------------------------------|--|-----------|
| 13. Awareness of hazard. | (a) Reduced awareness of the risks of everyday hazards (such as boiling water or sharp objects) would lead to daily instances of or to near-avoidance of: | 15 |
| | (i) injury to self or others; or | |
| | (ii) significant damage to property or possessions, to such an extent that overall day to day life cannot successfully be managed. | |
| | (b) Reduced awareness of the risks of everyday hazards would lead for the majority of the time to instances of or to near-avoidance of | 9 |
| | (i) injury to self or others; or | |
| | (ii) significant damage to property or possessions, to such an extent that overall day to day life cannot successfully be managed without supervision from another person. | |
| | (c) Reduced awareness of the risks of everyday hazards has led or would lead to frequent instances of or to near-avoidance of: | 6 |
| | (i) injury to self or others; or | |
| | (ii) significant damage to property or possessions, but not to such an extent that overall day to day life cannot be managed when such incidents occur. | |
| | (d) None of the above apply. | 0 |
| 14. Memory and concentration. | (a) On a daily basis, forgets or loses concentration to such an extent that overall day to day life cannot be successfully managed without receiving verbal prompting, given by someone else in the claimant's presence. | 15 |
| | (b) For the majority of the time, forgets or loses concentration to such an extent that overall day to day life cannot be successfully managed without receiving verbal prompting, given by someone else in the claimant's presence. | 9 |
| | (c) Frequently forgets or loses concentration to such an extent that overall day to day life can only be successfully managed with pre-planning, such as making a daily written list of all tasks forming part of daily life that are to be completed. | 6 |
| | (d) None of the above apply. | 0 |

| | | |
|---|--|-----------|
| 15. Execution of tasks. | (a) Is unable to successfully complete any everyday task. | 15 |
| | (b) Takes more than twice the length of time it would take a person without any form of mental disablement, to successfully complete an everyday task with which the claimant is familiar. | 15 |
| | (c) Takes more than one and a half times but no more than twice the length of time it would take a person without any form of mental disablement to successfully complete an everyday task with which the claimant is familiar. | 9 |
| | (d) Takes one and a half times the length of time it would take a person without any form of mental disablement to successfully complete an everyday task with which the claimant is familiar. | 6 |
| | (e) None of the above apply. | 0 |
| 16. Initiating and sustaining personal action. | (a) Cannot, due to cognitive impairment or a severe disorder of mood or behaviour, initiate or sustain any personal action (which means planning, organisation, problem solving, prioritising or switching tasks). | 15 |
| | (b) Cannot, due to cognitive impairment or a severe disorder of mood or behaviour, initiate or sustain personal action without requiring daily verbal prompting given by another person in the claimant's presence. | 15 |
| | (c) Cannot, due to cognitive impairment or a severe disorder of mood or behaviour, initiate or sustain personal action without requiring verbal prompting given by another person in the claimant's presence for the majority of the time. | 9 |
| | (d) Cannot, due to cognitive impairment or a severe disorder of mood or behaviour, initiate or sustain personal action without requiring frequent verbal prompting given by another person in the claimant's presence. | 6 |
| | (e) None of the above apply. | 0 |
| 17. Coping with change. | (a) Cannot cope with very minor, expected changes in routine, to the extent that overall day to day life cannot be managed. | 15 |
| | (b) Cannot cope with expected changes in routine (such as a pre-arranged permanent change to the routine time scheduled for a lunch break), to the extent that overall day to day life is made significantly more difficult. | 9 |
| | (c) Cannot cope with minor, unforeseen changes in routine (such as an unexpected change of the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult. | 6 |
| | (d) None of the above apply. | 0 |

| | | |
|--|--|-----------|
| 18. Getting about. | (a) Cannot get to any specified place with which the claimant is, or would be, familiar. | 15 |
| | (b) Is unable to get to a specified place with which the claimant is familiar, without being accompanied by another person on each occasion. | 15 |
| | (c) For the majority of the time is unable to get to a specified place with which the claimant is familiar without being accompanied by another person. | 9 |
| | (d) Is frequently unable to get to a specified place with which the claimant is familiar without being accompanied by another person. | 6 |
| | (e) None of the above apply. | 0 |
| 19. Coping with social situations. | (a) Normal activities, for example, visiting new places or engaging in social contact, are precluded because of overwhelming fear or anxiety. | 15 |
| | (b) Normal activities, for example, visiting new places or engaging in social contact, are precluded for the majority of the time due to overwhelming fear or anxiety. | 9 |
| | (c) Normal activities, for example, visiting new places or engaging in social contact, are frequently precluded, due to overwhelming fear or anxiety. | 6 |
| | (d) None of the above apply. | 0 |
| 20. Propriety of behaviour with other people. | (a) Has unpredictable outbursts of aggressive, disinhibited, or bizarre behaviour, being either: (i) sufficient to cause disruption to others on a daily basis; or (ii) of such severity that although occurring less frequently than on a daily basis, no reasonable person would be expected to tolerate them. | 15 |
| | (b) Has a completely disproportionate reaction to minor events or to criticism to the extent that the claimant has an extreme violent outburst leading to threatening behaviour or actual physical violence. | 15 |
| | (c) Has unpredictable outbursts of aggressive, disinhibited or bizarre behaviour, sufficient in severity and frequency to cause disruption for the majority of the time. | 9 |
| | (d) Has a strongly disproportionate reaction to minor events or to criticism, to the extent that the claimant cannot manage overall day to day life when such events or criticism occur. | 9 |
| | (e) Has unpredictable outbursts of aggressive, disinhibited or bizarre behaviour, sufficient to cause frequent disruption. | 6 |
| | (f) Frequently demonstrates a moderately disproportionate reaction to minor events or to criticism but not to such an extent that the claimant cannot manage overall day to day life when such events or criticism occur. | 6 |
| | (g) None of the above apply. | 0 |

21. Dealing with other people.

- (a) Is unaware of impact of own behaviour to the extent that: **15**
- (i) has difficulty relating to others even for brief periods, such as a few hours; or
 - (ii) causes distress to others on a daily basis.
- (b) The claimant misinterprets verbal or non-verbal communication to the extent of causing himself or herself significant distress on a daily basis. **15**
- (c) Is unaware of impact of own behaviour to the extent that: **9**
- (i) has difficulty relating to others for longer periods, such as a day or two; or
 - (ii) causes distress to others for the majority of the time
- (d) The claimant misinterprets verbal or non-verbal communication to the extent of causing himself or herself significant distress to himself for the majority of the time. **9**
- (e) Is unaware of impact of own behaviour to the extent that: **6**
- (i) has difficulty relating to others for prolonged periods, such as a week; or
 - (ii) frequently causes distress to others.
- (f) The claimant misinterprets verbal or non-verbal communication to the extent of causing himself or herself significant distress on a frequent basis. **6**
- (g) None of the above apply. **0**

Appendix 2

Assessment of Whether a Person has a Limited Capability for Work-Related Activity

Assessment of Whether a Person has a Limited Capability for Work-Related Activity

| Column 1 Activity | Column 2 Activity |
|--|--|
| <p>1. Walking or moving on level ground.</p> | <p>Cannot -</p> <p style="padding-left: 40px;">(a) walk (with a walking stick or other aid if such aid is normally used);</p> <p style="padding-left: 40px;">(b) move (with the aid of crutches if crutches are normally used); or</p> <p style="padding-left: 40px;">(c) manually propel the claimant's wheelchair;</p> <p>More than 30 metres without repeatedly stopping, experiencing breathlessness or severe discomfort.</p> |
| <p>2. Rising from sitting and transferring from one seated position to another.</p> | <p>Cannot complete both of the following—</p> <p style="padding-left: 40px;">(a) rise to standing from sitting in an upright chair without receiving physical assistance from someone else; and</p> <p style="padding-left: 40px;">(b) move between one seated position and another seated position located next to one another without receiving physical assistance from someone else.</p> |
| <p>3. 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).</p> | <p>Cannot pick up and move 0.5 litre carton full of liquid with either hand</p> |
| <p>4. Reaching.</p> | <p>Cannot raise either arm as if to put something in the top pocket of a coat or jacket.</p> |
| <p>5. Manual dexterity.</p> | <p>Cannot—</p> <p style="padding-left: 40px;">(a) turn a "star-headed" sink tap with either hand; or</p> <p style="padding-left: 40px;">(b) pick up a £1 coin or equivalent with either hand.</p> |
| <p>6. Continence.</p> | <p>(a) Continence other than enuresis (bed wetting) where the claimant does not have an artificial stoma or urinary collecting device.</p> <p style="padding-left: 40px;">i) Has no voluntary control over the evacuation of the bowel;</p> <p style="padding-left: 40px;">ii) Has no voluntary control over the voiding of the bladder;</p> <p style="padding-left: 40px;">iii) At least once a week, loses control of bowels so that the claimant cannot control the full evacuation of the bowel;</p> <p style="padding-left: 40px;">iv) At least once a week, loses control of bladder so that the claimant cannot control the full voiding of the bladder;</p> <p style="padding-left: 40px;">v) At least once a week, fails to control full evacuation of the bowel, owing to a severe disorder of mood or behaviour; or</p> <p style="padding-left: 40px;">vi) At least once a week, fails to control full-voiding of the bladder, owing to a severe disorder of mood or behaviour.</p> |

(b) Contenance where the claimant uses a urinary collecting device, worn for the majority of the time including an indwelling urethral or suprapubic catheter.

- i) Is unable to affix, remove or empty the catheter bag or other collecting device without receiving physical assistance from another person;
- ii) Is unable to affix, remove or empty the catheter bag or other collecting device without causing leakage of contents;
- iii) Has no voluntary control over the evacuation of the bowel;
- iv) At least once a week loses control of bowels so that the claimant cannot control the full evacuation of the bowel; or
- v) At least once a week, fails to control full evacuation of the bowel, owing to a severe disorder of mood or behaviour.

(c) Contenance other than enuresis (bed wetting) where the claimant has an artificial stoma appliance.

- i) Is unable to affix, remove or empty stoma appliance without receiving physical assistance from another person;
- ii) Is unable to affix, remove or empty stoma without causing leakage of contents;
- iii) Where the claimant's artificial stoma relates solely to the evacuation of the bowel, has no voluntary control over voiding of bladder;
- iv) Where the claimant's artificial stoma relates solely to the evacuation of the bowel, at least once a week, loses control of the bladder so that the claimant cannot control the full voiding of the bladder; or
- v) Where the claimant's artificial stoma relates solely to the evacuation of the bowel, at least once a week, fails to control the full voiding of the bladder, owing to a severe disorder of mood or behaviour.

7. Maintaining hygiene.

personal

(a) Cannot clean own torso (excluding own back) without receiving physical assistance from someone else;

(b) Cannot clean own torso (excluding back) without repeatedly stopping, experiencing breathlessness or severe discomfort;

(c) Cannot clean own torso (excluding back) without receiving regular prompting given by someone else in the claimant's presence; or

(d) Owing to a severe disorder of mood or behaviour, fails to clean own torso (excluding own back) without receiving—

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

8. Eating and drinking.

(a) Conveying food or drink to the mouth.

- i) Cannot convey food or drink to the claimant's own mouth without receiving physical assistance from someone else;
- ii) Cannot convey food or drink to the claimant's own mouth without repeatedly stopping, experiencing breathlessness or severe discomfort;
- iii) Cannot convey food or drink to the claimant's own mouth without receiving regular prompting given by someone else in the claimant's physical presence; or
- iv) Owing to a severe disorder of mood or behaviour, fails to convey food or drink to the claimant's own mouth without receiving—
 - a) physical assistance from someone else; or
 - b) regular prompting given by someone else in the claimant's presence.

(b) Chewing or swallowing food or drink.

- i) Cannot chew or swallow food or drink;
- ii) Cannot chew or swallow food or drink without repeatedly stopping, experiencing breathlessness or severe discomfort;
- iii) Cannot chew or swallow food or drink without repeatedly receiving regular prompting given by someone else in the claimant's presence; or
- iv) Owing to a severe disorder of mood or behaviour, fails to—
 - a) chew or swallow food or drink; or
 - b) chew or swallow food or drink without regular prompting given by someone else in the claimant's presence.

9. Learning or comprehension in the completion of tasks.

- a) Cannot learn or understand how to successfully complete a simple task, such as the preparation of a hot drink, at all;
- b) Needs to witness a demonstration, given more than once on the same occasion of how to carry out a simple task before the claimant is able to learn or understand how to complete the task successfully, but would be unable to successfully complete the task the following day without receiving a further demonstration of how to complete it; or
- c) Fails to do any of the matters referred to in (a) or (b) owing to a severe disorder of mood or behaviour.

10. Personal action.

- a) Cannot initiate or sustain any personal action (which means planning, organisation, problem solving, prioritising or switching tasks);
- b) Cannot initiate or sustain personal action without requiring daily verbal prompting given by someone else in the claimant's presence; or
- c) Fails to initiate or sustain basic personal action without requiring daily verbal prompting given by some else in the claimant's presence, owing to a severe disorder of mood or behaviour.

11. Communication.

(a) None of the following forms of communication can be achieved by the claimant—

i) speaking (to a standard that may be understood by strangers);

ii) writing (to a standard that may be understood by strangers);

iii) typing (to a standard that may be understood by strangers);

iv) sign language to a standard equivalent to Level 3 British Sign Language;

(b) None of the forms of communication referred to in (a) are achieved by the claimant, owing to a severe disorder of mood or behaviour;

(c) Misinterprets verbal or non-verbal communication to the extent of causing distress to himself or herself on a daily basis; or

(d) Effectively cannot make himself or herself understood to others because of the claimant's disassociation from reality owing to a severe disorder of mood or behaviour.