

Employment and Support Allowance (ESA) Diary

In October 2008, the Department for Work and Pensions (DWP) launched Employment and Support Allowance (ESA) and the Work Capability Assessment (WCA). Action for M.E. has produced a factsheet about ESA, which is available free of charge, together with an 'easy-read' guide to ESA produced by Disability Alliance, Mencap and the National Autistic Society.

As ESA is a new benefit and a new system, it is vitally important that we monitor it. This will help us to:

- highlight problems which will need to be identified and addressed urgently through political lobbying or as part of the review process
- identify any improvements there may be, compared to the old system.

Please help us by keeping a record of what happens as you progress through the process and by sending your experiences in to us.

This form may help you – or you may prefer to keep your own record using a diary. Either way, we would like to know how the new system works for you. You may send in your experiences at any stage but we hope you will keep the diary 'open' for as long as you claim ESA because of M.E.

This form is intended to provide a general framework within which you can record your comments. Just use the questions to get you started if you wish. Feel free to add extra sheets or questions as you go. Like ESA, this form is new and untested and it will change as people like you let us know how we can improve it.

Please send your experiences of ESA to Action for M.E., PO Box 2778, Bristol BS1 9DJ or e-mail consultations@afme.org.uk

Please mark your envelope or e-mail 'ESA'. Thank you!

Contents

Summary of the ESA process	3
Section 1: About you	4
Optional questions	5
Section 2: Claiming ESA	6
Section 3: ESA50 questionnaire	8
Section 4: The Work Capability Assessment (WCA)	10
Section 5: Outcome of the Work capability Assessment	11
- Outcomes	11
- Appeals	12
Section 6: Payments	13
Section 7: The Initial Work Focused Interview	14
Section 8: WFIs, the action plan and work-related activity	15
- WFI interview record sheets	16
Section 9: Further assessments	23
Section 10: Any other comments?	24

Important note

You are strongly advised to keep photocopies of any forms you complete for your benefits and any letters you receive from the Department for Work and Pensions, JobCentre Plus, Atos Healthcare or other agencies which provide services on behalf of these organisations, for your own personal use, in case you need to refer to them in future.

Summary of the ESA process

The claims process will vary depending on the severity of the illness and the following summary is intended only as a general guide. Please see our ESA factsheet for further details. What follows is a summary:

1. For the first 13 weeks (the assessment stage) most claimants will receive a basic rate payment.
2. During this period, all but the most severely disabled claimants are likely to be sent:
 - i. The ESA50 questionnaire
 - ii. A letter asking them to go to a local medical centre for a Work Capability Assessment (WCA)
 - iii. A letter asking them to attend a Work-Focused Interview (WFI).
3. The Work Capability Assessment (WCA) will probably take place about 6 weeks after the initial claim has been made. It consists of three parts:
 - i. Limited Capability for Work Assessment (LCW or LCWA)
 - ii. Limited Capability for Work-Related Activity Assessment (LCWRA)
 - iii. Work-Focused Health-Related Assessment (WFHRA)
4. A Work-Focused Interview will take place about 8 weeks after the ESA claim has been made. An adviser will discuss the claimant's benefit entitlement, work aspirations and available support.
5. Following assessment claimants entitled to ESA will be placed in either the 'Support Group' or the 'Work Related Activity Group.'

The Work Related Activity Group may also be called the 'Progression to Work' Group.'

The amount that a claimant then receives will depend on which group they are placed in.

6. Claimants placed in the Work Related Activity Group will have a series of meetings (work-focused interviews) with a personal adviser, with whom they will agree an individualised action plan of activities intended to help them back into work.

Section 1: About you

1. Are you male or female? (please tick)

- Female Male

2. How old are you? (please tick)

- 0 – 15 yrs 16 – 17 yrs 18 – 25 yrs
 26 – 40 yrs 41 – 65 yrs 66 yrs or over

3. Town or city where you live:.....

4. Where in the UK is this?

- England N. Ireland Scotland Wales

5. If you know the name of your MP please print it here:

.....

6. ESA is for new claimants of benefits on the basis of incapacity and for existing incapacity claimants who are being transferred from Incapacity Benefit. What type of claimant are you?

- New claimant
 Existing Incapacity Benefit claimant
 Other (please state):

.....

7. What is your connection with M.E.?

- I have M.E.
 I am a carer completing this survey on behalf someone with M.E.
 Other (please state):

.....

8. If you have M.E., how long ago were you diagnosed?

- Under 2 years
 2 – 5 years
 6 – 10 years
 More than 10 years (please specify)

.....

Optional questions

1. Your contact details

Completing this section is optional but it would be useful for us, in case we need to clarify anything with you.

Your name:.....

Full address:.....

.....

.....

Tel (landline):.....

Mobile:.....

E-mail:.....

2. Would you be willing to be a media case study?

Would you be willing to describe your experiences of ESA to a journalist, for use in articles which may appear in the media as a result of the findings of this survey?

NB. any journalist would want to use your name and possibly a photo. We would never release your details to any journalist without getting your approval first.

Yes*

No

** If yes, we will need your contact details (see above)*

Section 2: Claiming ESA

1. How did your claim start?

- Phone call to Jobcentre Plus
- Claim via a representative or interpreter
- By completing a printed ESA1 claim form, sent by post
- Face-to-face at Jobcentre Plus
- Online at: www.dwp.gov.uk/eservice
- Other – please specify:

.....

2. When was this? (Please give date if known)

3. Did you have any problems or difficulties with your claim at this stage?

- No
- Yes – please specify. (If you need more room please use a separate sheet of paper)

.....

4. Did Jobcentre Plus send you a printed Statement to check, sign and return?

- No
- Yes

5. When was this? (Please give date if known)

6. What further evidence were you asked to provide?

- Proof of savings on income
- Medical certificate
- Other (please state):

.....

7. If you were asked to provide a medical certificate, did you have any difficulties obtaining one?

- No
- Yes – please specify. (If you need more room please use a separate sheet of paper)

.....

.....

8. When did you return your Statement? (Please give date if known)

.....

9. Did you have any problems or difficulties with your claim at this stage?

No Yes – please specify. (If you need more room please use a separate sheet of paper)

.....

10. Some claimants may be given early entry to the Work Capability Assessment. Was this the case with you?

No Yes Don't know

11. Did the DWP contact your GP or other health professional for further evidence?

No Yes Don't know

12. If the DWP did contact your GP or other health professional, and you know what further evidence they were asked to provide, please state:

.....

.....

13. By day 11 your initial claim should have been processed and you should receive your first basic rate payment. When did you receive your first basic rate payment? (Please give date if known)

.....

14. How much did you receive for your first ESA payment?

.....

15. Did you have any problems or difficulties with your claim at this stage?

No Yes – please specify. (If you need more room please use a separate sheet of paper)

.....

Section 3: ESA50 questionnaire

By day 30 you should be sent an ESA50 questionnaire. You will have six weeks to complete and return it.

1. Were you sent the ESA50 questionnaire by post?

Yes No (please say what happened)

.....

2. When did you obtain your ESA50 questionnaire? (Please give date if known)

.....

3. When did you return your ESA50 questionnaire? (Please give date if known)

.....

4. How many hours did it take you to complete?

.....

5. Did you have any problems or difficulties completing the ESA questionnaire?

No Yes – please specify. (Use more paper if necessary)

.....

6. Did you find out later that there were problems or difficulties with your ESA questionnaire?

No Yes – please specify. (Use more paper if necessary)

.....

7. Some people may be allocated to the Support Group or Work Related Activity Group on the basis of their ESA50 questionnaire and any supporting evidence alone ie. they will not have to have a medical examination or Work Capability Assessment.

Were you allocated to the Support Group or Work Related Activity Group on the basis of your ESA50 questionnaire and any supporting evidence alone?

Yes, I was allocated to a Group without a Work Capability Assessment

No, I had to have a Work Capability Assessment (***please go to next page***)

8. **If you were allocated to a Group without a medical assessment, when did you receive a decision letter informing you of this?** (Please enter date if known)

.....

9. Which Group were you allocated to?

Support Group

Work Related Activity Group

Section 4: The Work Capability Assessment (WCA)

If you are not allocated to the Support Group or Work-Related Activity Group on the basis of the evidence already received, you will get an appointment for a Work Capability Assessment ie. a medical examination with a health professional from ATOS Healthcare.

The Work Capability Assessment (WCA) consists of three parts:

- Limited Capability for Work Assessment (LCW or LCWA)
- Limited Capability for Work-Related Activity Assessment (LCWRA)
- Work-Focused Health-Related Assessment (WFHRA)

It should take place at around day 43 of your claim.

You should be notified about it at least 7 days in advance, unless you agreed to accept a shorter period of notice.

1. How were you notified about the medical examination?

- By telephone
- By post
- Other (please state)

.....

2. When were you notified about your medical examination? Please enter the date if known

.....

3. When did your medical examination take place? Please enter the date if known

.....

4. Did you have any difficulties arranging the medical examination

- No
- Yes (please state, using extra paper if necessary)

.....

.....

.....

Section 5: Outcome of the Work Capability Assessment

- 1. After 13 weeks, claimants who are found eligible for ESA will enter the main phase of ESA as a member of either the Work-Related Activity Group or the Support Group.

If a decision has not been made by the end of 13 weeks, eg. because you have been too ill to be assessed, the assessment phase can be extended.

Was your assessment phase extended?

- No – please go to question 4
- Yes

- 2. **If yes, why was this?**

- I was too ill to be assessed
- Other (please state):

.....

- 3. **If your assessment phase was extended, how long was it extended for?**

.....

- 4. Claimants receive a letter telling them the outcome of their Work Capability Assessment and a copy of their Work-Focused Health-Related Activity report. **When did you receive this information? Please give the date(s) if possible:**

.....

- 5. **What was the outcome?**

- I was put into the Support Group
- I was put into the Work-Related Activity Group
- Other (please state, using extra paper if necessary)

.....

.....

.....

.....

6. Did you agree with this decision?

No Yes

7. If no, what did you do?

- I accepted the decision reluctantly
- I appealed
- I discontinued my claim
- Other (please state, using extra paper if necessary)

.....

8. If you appealed the decision, did you win your appeal?

No Yes

.....

9. If you appealed, please describe what happened (using extra paper if necessary)

.....
.....
.....
.....

10. Any other comments

.....
.....
.....
.....

Section 6: Payments

1. After you were placed in the Support Group or Work Related Activity Group, what is the regular payment you receive?

£.....

2. Did you have any problems receiving your payments or with anything else related to your claim?

No Yes – please specify. (If you need more room please use a separate sheet of paper)

.....
.....
.....

3. **Have your ESA payments been reduced or stopped** because you did/could not do what was requested?

No Yes – please specify. (If you need more room please use a separate sheet of paper)

.....
.....

4. **Have you been subject to any other sanctions** because you did/could not do what was requested?

No Yes – please specify. (If you need more room please use a separate sheet of paper)

.....
.....

5. **If you have answered yes to either 4 or 5, please tell us how/whether this was resolved or make any further points you wish to make here.** (Use extra paper if necessary)

.....

Section 7: The Initial Work Focused Interview

The great majority of claimants will receive a letter asking them to attend a Work Focused Interview. This interview may be as early as week 8 of your claim, unless it is waived or deferred.

If you are aged under 50, it is likely to be the first in a series of interviews.

This section is about your first Work–Focused Interview only.

1. Were you asked to take part in a Work Focused Interview?

No Yes

2 If no, was your interview waived or deferred?

No Yes

Comment if any:

.....

3. If you were asked to take part in a Work Focused Interview, how were you notified about the date?

By telephone
 By post
 Other (please state)

.....

4. When were you notified about this interview? Please enter the date if known

.....

5. When did it take place? Please enter the date if known

.....

6. Did you have any difficulties with the interview

No Yes (please state, using extra paper if necessary)

.....

Section 8: WFIs, the action plan and work-related activity

Claimants in the Work-Related Activity Group are expected to attend a series of Work Focused interviews (WFIs) with a personal adviser and to undertake activity intended to help them to prepare for an eventual return to work.

The activities agreed between the claimant and personal adviser constitute an individualised action plan.

If you have been placed in the Work Related Activity Group, please try to keep a brief record of each interview and its outcome as you go along.

Please use this section only to describe interviews which take place after you have been placed in the Work-Related Activity Group.

Recording sheets start on the next page...

Interview 1

1. Name of personal adviser:
2. Location of interview eg. JobCentre, Newtown:.....
3. How far did you have to travel to attend this meeting?
4. Length of meeting:
5. Topics discussed:.....
.....
6. Outcome ie. what was agreed:.....
.....
7. Was the meeting useful?
 No Yes
8. Did attending the meeting itself have any impact on your health?
 No Yes – please specify. (If you need more room please use
a separate sheet of paper)
.....
9. Do you have any comments about any work-related activity you were
asked to do? (Please use extra paper if necessary)
.....

Interview 2

1. Name of personal adviser:
2. Location of interview eg. JobCentre, Newtown:.....
3. How far did you have to travel to attend this meeting?
4. Length of meeting:
5. Topics discussed:.....
.....
6. Outcome ie. what was agreed:.....
.....
7. Was the meeting useful?
 No Yes
8. Did attending the meeting itself have any impact on your health?
 No Yes – please specify. (If you need more room please use
a separate sheet of paper)
.....
9. Do you have any comments about any work-related activity you were
asked to do? (Please use extra paper if necessary)
.....

Interview 3

1. Name of personal adviser:
2. Location of interview eg. JobCentre, Newtown:.....
3. How far did you have to travel to attend this meeting?
4. Length of meeting:
5. Topics discussed:.....
.....
6. Outcome ie. what was agreed:.....
.....
7. Was the meeting useful?
 No Yes
8. Did attending the meeting itself have any impact on your health?
 No Yes – please specify. (If you need more room please use
a separate sheet of paper)
.....
9. Do you have any comments about any work-related activity you were
asked to do? (Please use extra paper if necessary)
.....

Interview 4

1. Name of personal adviser:
2. Location of interview eg. JobCentre, Newtown:.....
3. How far did you have to travel to attend this meeting?
4. Length of meeting:
5. Topics discussed:.....
.....
6. Outcome ie. what was agreed:.....
.....
7. Was the meeting useful?
 No Yes
8. Did attending the meeting itself have any impact on your health?
 No Yes – please specify. (If you need more room please use
a separate sheet of paper)
.....
9. Do you have any comments about any work-related activity you were
asked to do? (Please use extra paper if necessary)
.....

Interview 5

1. Name of personal adviser:
2. Location of interview eg. JobCentre, Newtown:.....
3. How far did you have to travel to attend this meeting?
4. Length of meeting:
5. Topics discussed:.....
.....
6. Outcome ie. what was agreed:.....
.....
7. Was the meeting useful?
 No Yes
8. Did attending the meeting itself have any impact on your health?
 No Yes – please specify. (If you need more room please use
a separate sheet of paper)
.....
9. Do you have any comments about any work-related activity you were
asked to do? (Please use extra paper if necessary)
.....

Interview 6

1. Name of personal adviser:
2. Location of interview eg. JobCentre, Newtown:.....
3. How far did you have to travel to attend this meeting?
4. Length of meeting:
5. Topics discussed:.....
.....
6. Outcome ie. what was agreed:.....
.....
7. Was the meeting useful?
 No Yes
8. Did attending the meeting itself have any impact on your health?
 No Yes – please specify. (If you need more room please use
a separate sheet of paper)
.....
9. Do you have any comments about any work-related activity you were
asked to do? (Please use extra paper if necessary)
.....

Please copy this page if you need to take a note of any further interviews with a Personal Adviser

Interview no. _____

1. Name of personal adviser:
2. Location of interview eg. JobCentre, Newtown:.....
3. How far did you have to travel to attend this meeting?
4. Length of meeting:
5. Topics discussed:.....
.....
6. Outcome ie. what was agreed:.....
.....
7. Was the meeting useful?
 No Yes
8. Did attending the meeting itself have any impact on your health?
 No Yes – please specify. (If you need more room please use
a separate sheet of paper)
.....
9. Do you have any comments about any work-related activity you were
asked to do? (Please use extra paper if necessary)
.....

Section 10: Any other comments?

If you have anything else you would like to say about claiming ESA, undertaking work-related activity, or this diary, please feel free to do so:

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Thank you very much indeed for keeping this diary.

You may wish to keep a copy for your own purposes. Please send a copy to:

Action for M.E., PO Box 2778, Bristol BS1 9DJ.

E-mail: consultations@afme.org.uk

Please mark your envelope or e-mail 'ESA'.