

Employment and Support Allowance and Work Capability Assessment

In October 2008, the Department for Work and Pensions (DWP) launched Employment and Support Allowance (ESA) and the Work Capability Assessment (WCA).

This factsheet has been produced by Action for M.E. in association with the Disability Alliance. It aims to help people with M.E. to complete the claim process – particularly the ESA50 form.

As the ESA process is quite complicated, you may find that it is useful to start off by reading the easy-read guide produced by Disability Alliance, Mencap and the National Autistic Society. You can download this from www.disabilityalliance.org/esaeasy.htm.

Please note

ESA and WCA are new and, while every care has been taken to ensure accuracy at the time of writing, this factsheet can only be a general guide as the process will vary depending on the severity of the claimant's condition. Action for M.E. and the Disability Alliance cannot accept responsibility for any loss experienced as a result of this document. The factsheet will be reviewed as the new welfare benefit becomes established and develops.

Action for M.E. would like to hear your experiences of the new system. If you can, please try to complete our ESA 'diary' as you proceed through the application process. This may be downloaded from our website www.afme.org.uk or from:

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SECTION I: INTRODUCTION TO ESA

A brief history

The transformation of the benefit structure has been ongoing since 1997 when, under the New Deal, young people could see their payments cut if they refused to take up available work or training.

In 2006 proposals discussed in the Welfare Reform Green Paper, *A new deal for welfare - Empowering people to work*, made provisions for Employment and Support Allowance (ESA) to replace Incapacity Benefit and Income Support on the grounds of incapacity with a new structure to include a contributory and an income related strand. The idea of conditionality - the idea that aspects of state support are dependent on claimants meeting certain conditions - remained part of the proposals.

The Welfare Reform Bill was introduced in the House of Commons on the 4 July 2006, following a consultation period of three months. It became the Welfare Reform Act when it was given Royal Assent in May 2007. The new service is delivered through Jobcentre Plus offices, Contact Centres and Benefit Delivery Centres and is supported by Pathways to Work.

In October 2008 ESA replaced Incapacity Benefit and Income Support for new claimants. Whilst this had no immediate affect on *existing* Incapacity Benefit and Income Support claimants, they may find themselves having to undergo the Work Capability Assessment (WCA) and it is expected that they will be migrated across to ESA (beginning with the under 25s) during 2009-2013. This will eventually bring all claimants under the same system.

The Department for Work and Pensions (DWP) says ESA has been designed to focus on what people can do rather than what they can't. It has produced a number of factsheets, including an overview of ESA, which can be downloaded from www.dwp.gov.uk/esa

Rules on entitlement

In order to claim ESA you will:

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

You will not be able to claim ESA if you are entitled to Statutory Sick Pay, claim or are entitled to Income Support as a lone parent or as a carer, or are entitled to Jobseekers Allowance.

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

- **Contributory ESA**
To claim contributory ESA you will need to have paid sufficient National Insurance Contributions or a mixture of National Insurance Contributions and Credits (unless your limited capability for work began before you were 20, or 25 if you have been in education or training).

Contributory ESA can be topped up with income-related ESA.

- **Income-related ESA**
Payment of income-related ESA is means-tested and will depend on you having capital of less than £16,000. If you have a partner your joint income/capital will be taken into consideration.

Claimants of income-related ESA may be able to claim additional premiums.

How to claim ESA

You will need to provide a medical certificate from your GP to support your claim.

In most cases, your claim itself will start with a phone call to Jobcentre Plus on 0800 055 66 88 (textphone 0800 023 48 88 for people with speech or hearing difficulties). You will need your postcode and identification such as your National Insurance number.

People who are unable to claim by phone can claim via a representative or interpreter, by completing a printed ESA1 claim form or face-to-face through most Jobcentre Plus offices.

It is also possible to apply online at: www.dwp.gov.uk/eservice

Completing your initial claim by phone

If you call the number given above, you will probably be asked about your circumstances over the phone but some Jobcentre Plus call centres may send the questions out to you (the ESA1 form).

If you have access to a computer, you can see the ESA1 form and guidance notes before you call: ESA1 - www.dwp.gov.uk/advisers/claimforms/esa1.pdf

When you claim by phone, the date that you make the call is the date that your claim will start (otherwise it starts from the date when your form is received).

You will need to provide information about your rent or mortgage, any current employment, income and savings, so it is worth having this information to hand when you call.

After the ESA1 has been completed by phone, Jobcentre Plus will send you a printed Statement to check, sign and return together with your medical certificate and other evidence such as proof of income and savings. **You must send it back within 4 weeks or you might lose benefit.**

Once your claim has been processed you will receive the basic rate payment and will enter the assessment stage.

The DWP has produced a factsheet on the application and assessment process which may be downloaded from: www.dwp.gov.uk/esa/pdfs/process.pdf

Assessment stage

The claims process will vary depending on the severity of the illness and the following summary is intended only as a general guide. 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. a form (the ESA50 questionnaire) asking for more information about their illness or disability, which should be completed and **returned within 6 weeks**. Further information about completing this form is provided later in this factsheet
 - ii. a letter asking them to go to a local medical centre for a Work Capability Assessment
 - 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 will involve a face-to-face interview with a healthcare professional from Atos Healthcare.
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.

The DWP has produced a factsheet, *The Work Capability Assessment and Work Focused Interview* (November 2008), which is available at:
www.dwp.gov.uk/esa/pdfs/wca-wfi.pdf

Following the assessment stage claimants entitled to ESA will be placed in either the 'Support Group' or the 'Work Related Activity (Progression to Work) Group.' The amount that a claimant then receives will depend on which group they are placed in.

- **Support Group**
Under Employment and Support Allowance, if people have an illness or disability that is too severe for them to undertake any form of work-related activity, they will get increased financial support and will not be expected to prepare for a return to work. The Support Group will get a higher rate of benefit. This offers security for severely disabled claimants who are unable to take part in work-related activities. Support and employment advice can be taken up voluntarily. If you are placed in this group you may receive a repeat medical in the future if needed. Claimants with terminal illness will be fast-tracked into the Support Group.
- **Work Related Activity Group**
This Group will be expected to engage with a personalised programme of back-to-work support. New claimants will attend up to 6 Work-Focused Interviews with a personal adviser, generally on a monthly basis. Existing incapacity claimants, transferred to ESA, will attend 3 mandatory interviews. A personal adviser will discuss and agree an 'action plan' of activity intended to enable them to manage their illness and retain or obtain work skills.

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

The DWP says: “Some customers will not need to attend the full Work Capability Assessment, including individuals with a terminal illness and those we can identify as having limited capability for work or limited capability for work-related activity without the need for them to take part in the full assessment. We will work with the customer and their healthcare professionals to gather the necessary information about their illnesses or disabilities to determine whether a full Work Capability Assessment is needed. Customers with a terminal illness will be fast-tracked into the Support Group.” (DWP, Employment and Support Allowance Factsheet 2, *The application and assessment process*, November 2008)

In other words, you may qualify for the Support Group without undertaking a Work Capability Assessment if there is enough evidence available to make a decision on your initial claim, either under the Special Rules check (if a claimant is terminally ill) or the Pre-board check (based on evidence from the claimant’s Health Care Practitioner and/or ESA50 questionnaire).

SECTION II: WORK CAPABILITY ASSESSMENT (WCA)

Introduction

The Work Capability Assessment replaces the Personal Capability Assessment. It is a: “face to face meeting, lasting up to 75 minutes, which will explore how an individual’s illness or disability affects their ability to work and carry out day-to-day activity.

“The Work Capability Assessment is made up of three parts and will assess what someone is able to do, rather than simply what they cannot.” (DWP, Employment and Support Allowance Factsheet 3, *The Work Capability Assessment and Work Focused Interview*, November 2008)

Nearly all sick and disabled people who claim ESA, National Insurance Contributions Credits or Housing Benefit because they cannot work, will have to have a WCA.

Only people with the most severe levels of disability will not have a WCA, either under the Special Rules check or the Pre-board check. Others will have to go through at least 2 interviews.

The assessment will usually be carried out at a medical examination centre. In exceptional circumstances it can be carried out within the claimant’s home.

The Work Capability Assessment consists of three parts...

The Work Capability Assessment consists of three parts:

1. Limited Capability for **Work** Assessment (**LCW** or **LCWA**)
2. Limited Capability for **Work-Related Activity** Assessment (**LCWRA**)
3. **Work-Focused Health-Related** Assessment (**WFHRA**)

The Limited Capability for Work (LCW or LCWA) Assessment “aims to identify those people who currently have a limited capability for work but who would benefit from assistance and support with work and health related activity to maximise their full potential” (*ESA handbook, MED-ESAHB-001*, November 2008). The LCW relates to the ESA50 questionnaire and is discussed on pp 11-19.

The Limited Capability for Work-Related Activity (LCWRA) is a medical assessment which aims to identify those claimants with severe illnesses or disabilities who will be placed in the Support Group, where interaction with work-related activity is not required. The test has a list of 46 descriptors relating to both physical and mental activities and may be filled in alongside the LCW. The LCWRA is discussed in more detail on p 20.

The Work-Focused Health-Related Assessment (WFHRA) is an interview which looks at the claimant’s views about moving into work and any health or work related interventions that might help. The WFHRA is discussed on p 23.

WCA - ASSESSMENT 1:

Limited Capability for Work Assessment (LCW or LCWA)

Overview

The Limited Capability for Work Assessment usually involves filling in the ESA50 questionnaire which, when completed, is returned to Jobcentre Plus. If this is your first ESA questionnaire you may need to provide a medical certificate from your GP to support your claim. In any event it is essential that you update your GP and alert him/her to the fact that you are being assessed.

If the claimant normally wears or uses any prosthesis, aid or appliance, physical ability is assessed at the level of ability experienced when that prosthesis, aid or appliance is being used.

Claimants who are not in an exempt category will probably be asked to attend a medical examination, carried out by an Atos healthcare professional at a medical centre.

It is the job of the Atos healthcare professional to: read the documents which relate to the claim, interview the claimant, give the claimant a medical examination, complete one or more medical report form(s), eg. form ESA85 and advise the DWP decision maker about the claim.

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

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

The Limited Capability for Work Assessment is a points test...

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Further information about the points system is given later in this factsheet (p 24) but the basic idea is that if you have scored 15 or more points you will pass the Limited Capability for Work Assessment, and remain entitled to ESA.

If you score less than 15 points you will have failed the Limited Capability for Work Assessment. You will have the right to appeal in the usual way.

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

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

We have yet to see if a claimant with M.E. might qualify in this category. Please do tell us about your experiences should you do so.

General advice on completing the Limited Capability for Work Questionnaire (ESA50)

- Ask Citizens Advice or someone who knows you well to go through the questionnaire with you, as they may be able to help you set down a clearer picture of the extent of your illness or disability.
- Read the questionnaire through carefully before completing it.
- Draft your answers in rough on a separate piece of paper to start with.
- Be realistic about what you can and can't do. If your bad days happen more often than not, highlight your problems as they are on bad days.
- Use the boxes provided to explain your answers more fully. Explain how performing the activity repeatedly affects you, including the level of any pain and fatigue.
- Include information on all of your health problems.
- If you have to avoid an activity because of after-effects or you are unable to complete it, imagine how you would feel if you did carry it out. Answer the questions on that basis.
- If you take medication which affects your ability to perform activities, eg. because it causes dizziness or other side effects, describe this in full.
- If you have recently attempted work of any kind and have been unable to continue due to problems with your health or disabilities, include this.
- If you are able to provide medical evidence to send in with your ESA50 questionnaire you should do so.
- Keep a copy of your completed questionnaire in case you need to appeal.

It is important to return your completed ESA50 questionnaire before the deadline. If you cannot, contact Jobcentre Plus, explain your problems and ask if they can give you extra time. If they accept your explanation they can give you an extra 2 weeks (especially if you have waited for paperwork from them).

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

Detailed information on completing the Limited Capability for Work Questionnaire (ESA50)

The beginning of the ESA50 questionnaire includes 7 pages of basic information about you, your hospital appointments (if any) your GP/doctor/consultant, the nature of your illness and medication that you are on (as well as information on how to fill in the questionnaire).

If anyone you mention is contacted for information about your claim, it is generally your GP.

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

Before we consider these two sections, please note:

- If you experience difficulties in any of the activities mentioned within the ESA50 questionnaire you will need to give a full explanation of your problems. The questionnaire gives you space to describe variations in the way symptoms affect you: when completing these, consider how you are at your worst.
- Should you find this an impossible task it's useful to talk it over with someone.
- Answer each question individually, even if this means that you have to repeat the problems of fatigue, aches, pains and flu-like symptoms that can arise. The DWP says that the assessment should not be just a 'snapshot' of a person's health at one point in time, but must take account of conditions that fluctuate over time.
- If you are unable to fill in the entire questionnaire yourself and someone helps you, mention that this is the case, either in the section on memory and concentration or the section on manual dexterity as appropriate.
- If you cannot give all of the information that you need to in the boxes provided, continue on plain paper and attach to the questionnaire. Make sure that your name is included on each additional sheet.

ESA50 Part 1: Physical functions

1. **Walking with a stick or other aid if such an aid is normally used**

Ask yourself whether or not you can walk on level ground for 50 metres, 100 metres and 200 metres without having to stop repeatedly. If you normally use an aid to help you, this is about walking with that aid.

If your walking is restricted to any of these distances can you walk without experiencing severe discomfort? If you are unable to walk up two steps even with a handrail then state this.

In the blank boxes, give details of how walking exacerbates your symptoms or, if you experience a delay in recovery from the effort say so. Does walking up steps make you feel dizzy? Do you have balance problems? If yes, say so.

2. **Standing and sitting in one place, unassisted by another person, or sitting in a chair with a high back and arms**

Consider how long you are able to stand without any assistance except from a walking stick. Can you stand for less than 10-30 minutes?

In the blank box give details of any difficulties you experience with standing eg. nausea, tiredness, balance problems, muscle fatigue, breathing problems, muscle or joint pain.

Similarly, consider how long you can sit without having to move from the chair because the degree of discomfort makes it impossible to continue sitting; is this for less than 10–30 minutes? Do you have difficulty holding your head up? If you need to lie down after sitting for a while, give details in the blank box. State if you cannot rise to standing, or move to an adjacent chair, without assistance.

3. **Bending and kneeling**

Are you able to bend at the knees, or squat to pick up a light object 15cm from the floor or a low shelf and to move it and straighten up again without assistance? Do you have difficulty bending over to touch your knees? Can you do this reliably and repeatedly, or would this cause you dizziness, headaches or other discomfort?

Use the blank box to give details about this.

4. **Reaching**
Can you raise either arm as if to put something in the top pocket of a coat or jacket? Can you put on a coat or jacket or raise either arm to put on a hat? This section involves using the elbow and shoulder joints to perform simple reaching movements. Use the blank box to give more information, for instance could you reach up repeatedly or would you tire rapidly, or experience muscle weakness or tremors?

5. **Picking up and moving things on the same level**
Are you able to pick up and move a 0.5 litre or a litre carton full of liquid at table level with either hand? Ask yourself, can you do this repeatedly? Do you have problems with grip, power or coordination? Do you experience tremor or pain? Do you suffer from fatigue or other after effects? The test does not include any other activity than moving the object, eg. it does not include pouring.

Answer the second question about an empty cardboard box giving similar details, or elaborate if this is a more difficult task for you.

6. **Manual dexterity**
Consider whether you have any difficulties manipulating small objects - for instance can you turn a 'star headed' sink tap with either hand, pick up a pound coin and turn the page of a book? Do you have problems with grip, tremor, or pain while carrying these out - and can you perform the task repeatedly?

7. **Speech**
Does speaking cause you pain or make you tired? Do you use wrong words or muddle up sentences to the extent that strangers don't understand you? Do you give wrong answers or instructions? Are you always able to find the words that you need?

8. **Hearing with hearing aid or other aid if normally worn**
Is your hearing over-sensitive? Do you confuse sounds? Can you hear when there is background noise? Do you suffer from tinnitus or a similar condition? If you can hear but cannot sustain concentration, describe this in the later section on mental/cognitive function.

9. **Vision, including visual acuity and visual fields in normal daylight or bright electric light, with glasses or other vision aid if normally worn**
Ask yourself if you have blurred or double vision? Are you sensitive to light? Can you always focus on what you want to when you want to? Can you read 16 point print at a distance greater than 20cm? If you can see clearly but are unable to maintain concentration, describe this in the later section on mental/cognitive function.

10. Controlling your bowels and your bladder

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

11. Staying conscious when awake

Do you have problems staying conscious when awake at least once per week, or once per month or have you had these problems twice in the six months previous to filling in this questionnaire? Do you suffer from lost or altered consciousness which results in disrupted awareness or concentration? Has this left you in a dangerous situation? Do you fall and injure yourself?

ESA50 Part 2: Cognitive assessment...

ESA50 Part 2: Mental, cognitive and intellectual function assessment

Please note: people with M.E. should complete this section, even though the examples of mental, cognitive and intellectual problems listed are “mental illness, learning difficulties and the effects of head injuries.”

12. Learning or comprehension in the completion of tasks

Do you have problems learning or remembering how to perform simple or more complex tasks such as setting an alarm clock or shopping and ironing clothes? Do you need physical help with tasks or verbal prompts?

Remember! If your bad days happen more often than not, highlight your problems as on bad days, and explain those accordingly.

13. Awareness of hazard

Do you suffer from reduced awareness of everyday hazards or need supervision to help keep you safe?

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

Is your GP aware of this and do you have evidence of any accidents? Have they been noted in your medical or other records, for instance dentistry records?

14. Memory and concentration

Give details about lapses in memory or concentration due to fatigue, anxiety or depression and whether or not you need supervision or verbal prompting.

This question is not about the physical symptoms of fatigue, but how they affect your memory and concentration, ie. how do the symptoms you experience affect your day to day life and ability to concentrate and therefore complete tasks reliably over a period of time?

Do you have to pre-plan with lists of tasks to enable you to manage and do you have problems with this even though you have a list? How long do you need to rest after say concentrating for half an hour? Do you suffer anxiety that interferes with activities you want to complete? Do you suffer from short-term memory loss, confusion or have difficulty following instructions or completing sequences?

15. Execution of tasks

Are you unable to complete familiar everyday tasks? If not these tasks should be noted. Do some tasks take longer than they should to complete? Describe your difficulties with everyday tasks and whether or not you need to pace yourself in order to complete them.

For instance, how much moderate activity can you sustain in a day? How long do you need to spend in complete rest during a day to avoid making yourself worse? Is your energy level sufficient to allow you to look after your own basic needs of self care?

16. Initiating and sustaining personal action

Are you able to plan, organise, problem solve, prioritise, and switch tasks due to cognitive impairment without verbal prompting for most of the time, or from time to time?

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

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

17. Coping with change

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

18. Going out

Are you unable to get to places that are familiar to you without being accompanied by another person on every occasion, for the majority of the time, or frequently? If you need someone with you, explain why. For instance do you get forgetful while you are out or do you suffer from brain fog or panic attacks?

19. Coping with social situations

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

20/21. Propriety of behaviour with other people / Dealing with other people

These questions are related to unpredictable outbursts of aggressive behaviour and may not be relevant to M.E. /CFS related illnesses.

WCA - ASSESSMENT 2:

Limited Capability for Work-Related Activity Assessment (LCWRA)

To enter the Support Group a claimant must suffer from a severe level of functional disability unless they can be 'treated' as having a Limited Capability for Work-Related Activity by falling within specific groups (such as having a terminal illness).

We have yet to see if anyone with M.E. will qualify under these special rules.

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

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

The LCWRA is used to identify claimants who are very severely disabled by their illness or disability. It covers 11 activities and 46 descriptors.

If any of the descriptors are met most of the time when an activity that is listed is attempted, claimants will be placed in the Support Group and will not be expected to prepare for work.

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

The LCWRA looks at the following 11 activities:

- **Walking or moving on level ground**
A claimant's mobility is severely restricted to less than 30 metres without repeatedly stopping or experiencing breathlessness or severe discomfort, even with use of a walking stick, wheelchair or crutches.
- **Rising from sitting and transferring from one seated position to another**
A claimant cannot get out of a chair, or move between two chairs located next to each other, without receiving physical assistance from another person.
- **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 within the schedule)**
Claimant is unable to pick up and move a half litre carton full of liquid with either hand.
- **Reaching**
Cannot raise either arm as if to put an object in a top pocket of a jacket.
- **Manual dexterity**
Is so restricted that, for instance, a 'star headed' tap cannot be turned with either hand or cannot pick up a £1 coin or equivalent with either hand.
- **Continence**
Claimant has either no voluntary bowel or bladder control, or regularly loses control over bowel or bladder evacuation. This may be due to severe disorder of mood or behaviour. This section also relates to claimants using a urinary collection device or who have an artificial stoma.
- **Maintaining personal hygiene**
Claimant is unable to wash own body, or is unable to wash own body repeatedly (excluding back) without physical assistance or verbal prompts, this may be due to breathlessness, severe discomfort, or owing to a severe disorder of mood or behaviour.
- **Eating and drinking**
Claimant is unable to put food or drink into their own mouth without physical assistance or regular prompting, or cannot chew without experiencing breathlessness, severe discomfort or owing to severe disorder of mood or behaviour.

- **Learning or comprehension in the completion of tasks**
Cannot learn or understand how to complete simple tasks such as preparation of hot drinks or needs to witness more than one demonstration, or cannot learn or understand owing to severe disorder of mood or behaviour.
- **Personal action**
Cannot initiate or sustain personal action that involves planning, organisation, problem solving, prioritising or switching tasks without verbal prompting or is unable to respond to this due to severe disorder of mood or behaviour.
- **Communication**
The claimant is unable to communicate with strangers by any means, speaking, writing, typing or sign language or misinterprets verbal or non-verbal communication causing self distress.

WCA - ASSESSMENT 3:

Work-Focused Health-Related Assessment (WFHRA)

The Work-Focused Health-Related Assessment (WFHRA) also takes place during the Limited Capability for Work-Related Activity (LCWRA) medical examination (see p 20). Information is then put on a 'capability report.' Both the claimant and their Personal Adviser will be sent a copy of this report and it will be used during the Work-Focused Interviews.

While the Limited Capability for Work Assessment (LCWA) and the Limited Capability for Work-Related Activity Assessment (LCWRA) look at what you can't do, the WFHRA looks at what you can do. The questions on the capability report ask how you see your future, what work-related activities you enjoy and would like to try, how you feel your health, medication and treatment impacts on your daily life and whether or not you have caring responsibilities. It also looks at any support that you receive and what might help you in the future.

Claimants who are in the Support Group will not take part in the Work-Focused Health-Related Assessment, but those who are assessed as capable of work-related activity will usually undergo this assessment.

SECTION III: What happens after the WCA?

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

With respect to the Limited Capability for Work Assessment, the decision maker will award 15, 9, 6 or 0 points for each of the descriptors relative to the questions which apply to you. All of the points are then counted.

To qualify as having limited capability for work you will need to score 15 points overall. If you score less than 15 points you will be able to appeal against the decision.

What follows are two examples of how the points system looks. You can find out more about the other physical and mental descriptors and scores at: www.jobcentreplus.gov.uk/JCP/stellent/groups/jcp/documents/websitecontent/de v_015887.pdf

Example 1 - Part 1: Physical functions

Activity

Walking and using steps with a walking stick or other aid if such aid is normally used

Descriptors

Score

(a) Cannot walk at all	15 points
(b) Cannot walk more than 50 metres on level ground without repeatedly stopping or severe discomfort	15 points
(c) Cannot walk up and down two steps even with the support of a handrail	15 points
(d) Cannot walk more than 100 metres on level ground without stopping or severe discomfort	9 points
(e) Cannot walk more than 200 metres on level ground without stopping or severe discomfort	6 points
(f) None of the above apply	0 points

Example 2 - Part 2: Mental, cognitive and intellectual functions

Activity

Learning or comprehension in the completion of tasks

Descriptors

Score

- | | |
|---|-----------|
| (a) Cannot learn or understand how to successfully complete a simple task such as setting an alarm clock, at all | 15 points |
| (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 points |
| (c) 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 verbal prompt from another person | 9 points |
| (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 points |
| (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 | 6 points |
| (f) None of the above apply | 0 points |

SECTION IV: Further advice

Action for M.E. is currently recruiting a new Welfare Rights Adviser. Once appointed, our Welfare Rights helpline will reopen and our adviser will be available to guide Action for M.E. members through the benefits process. In the meantime, the following contacts may be helpful:

Disability Alliance

Free factsheets are available to download from their website. They also produce a guide, *ESA - Employment and support allowance October 2008 - April 2009*, price £7 (£2 for people on benefits). The guide can be ordered by telephoning 020 7247 8776 (please note that this is not an advice line).
www.disabilityalliance.org

DWP

Benefit Enquiry Line for people with disabilities, plus downloadable factsheets from the website, which links to further information at Jobcentre Plus.
Tel: 0800 882 200, Mon-Fri 8.30am-6.30pm and Saturday 9am-1pm
www.dwp.gov.uk/esa

Jobcentre Plus

How to claim and further information, including how much money you could get.
www.jobcentreplus.gov.uk

Citizens Advice

Your local Citizens Advice Bureau may be able to help you with the forms. See the phonebook for your nearest bureau, or contact: National Association of Citizens Advice Bureau, Myddelton House, 115-123 Pentonville Rd, London N1 9LZ. Tel: 020 7833 2181. www.nacab.org.uk

DIAL UK

Some Disability Information Advice Line offices help with Welfare Rights issues. Check your local phone directory to see if there is a DIAL UK office near you. The national office number is 0130 2310123.

Benefits and Work

The Benefits and Work website contains plenty of information about ESA, as well as information about other benefits. You can become a Benefits and Work member for £18.95 for a full year, which gives you unlimited access to their guides for claimants and also unlimited access to their members forum.
www.benefitsandwork.co.uk

SECTION V: Glossary

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

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

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

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

Employment and Support Allowance (ESA): Employment and Support Allowance is the welfare benefit that was introduced in October 2008 to replace Incapacity Benefit and Income Support paid on incapacity grounds. It aims to offer personalised support and financial help if people are not working due to an illness or disability. There is greater support for the most severely disabled but others will be expected to undertake work-related activity. For entitlement to exist, claimants must be found to have limited capability for work.

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

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

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

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

Personal adviser...

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

Sanctions: ESA payments may be cut if a claimant does not meet deadlines, attend an assessment or fails to participate in work related activity without satisfying the decision maker that there was a good reason. 'Persistent offenders' may face mandatory activity eg. community work.

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

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

Work-Focused Health-Related Assessment (WFHRA): An interview between a claimant and a healthcare professional to identify potential barriers to work and any relevant health related interventions, resulting in a report to the Personal Adviser.

Work-focused interviews: Most people claiming Employment and Support Allowance will be expected to take steps to help prepare for work. Claimants under 50 will be expected to attend a series of work-focused interviews with a Personal Adviser.

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

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